Hospital-Acquired Pressure Injuries (HAPIs)
New Year Kick Off

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Hospital-Acquired Pressure Injuries (HAPI) Team

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Polling Question #1

Who is in the room?
A. Nursing Leaders/Directors
B. HAPI Lead/Coordinator
C. Wound Care Nurse(s)
D. Quality Improvement Leaders/Staff Members
E. Other
Webinar Objectives

• Learn new recommendations for prevention and treatment of HAPIs.
• Use strategies to improve integrating several harm areas into a common safety prevention approach.
• Learn new HAPI prevention and reduction interventions provided through HSAG HIIN.
2019 EPUAP-NPIAP-PPPIA Guideline

• The International Guidelines 2019—Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline
  – https://guidelinesales.com/page/Guidelines

• Quick Reference Guide 2019—Prevention and Treatment of Pressure Ulcers/Injuries
Structure of the 2019 NPIAP Guideline

HAPI Prevention

HAPI Treatment

HAPI Program
Build Together the 2020 HAPI Prevention Support Plan for the HIIN

• Which items of the evidence-based practices have you been able to implement and sustain?
• Which items would you like to be the focus of our next webinars/peer groups?
• Broad areas of prevention are unchanged
  – Risk factors and risk assessment
  – Skin and soft tissue assessment
  – Preventive skin care
  – Nutrition assessment and treatment
  – Repositioning and early mobilization
  – Heel pressure injury (PI) prevention
  – Support surfaces for prevention
  – Device-related PI prevention
Prioritize the assessment based on:

- **Individuals with limited mobility, limited activity, and a high potential for injury from friction and shear** to be at-risk of PIs.
- **Additional risk factors include:**

  | Diabetes mellitus | - Existing PI (if risk remains) | - Previous PI (history of) |
  | Perfusion and circulation deficits | - Oxygenation deficits | - Other skin alterations |
  | Increased body temperature | - Nutritional status | - Pain at pressure points |
  | Existing PI (if risk remains) | - Moist skin | - General and mental health status |
  | - Older age | - Impaired sensory perception | - Blood tests |
2019 NPIAP Guideline—Prevention: Skin and Soft Tissue Assessment

• Conduct a **comprehensive skin and tissue assessment** for all individuals at risk of PIs
  – ASAP after admission/transfer (within 8 hours, preferably 4 hours)
  – Part of every risk assessment
  – Repeat based on risk, prior to discharge

• **Assessment** should include
  – Erythema (blanchable or non)
  – Temperature differences
  – Tissue consistency differences (edema)
  – Pain at pressure points
  – + Special attention for **darkerly pigmented skin**
2019 NPIAP Guideline—Prevention: Preventive Skin Care

• **Implement skin care regimen** that includes
  – Keeping skin clean and appropriately hydrated
  – Cleansing skin promptly after episodes of incontinence
  – Avoiding use of alkaline soaps and cleansers
  – Protecting skin from moisture with a barrier product

• **Avoid vigorously rubbing skin** that is at-risk of PIs
Use **high absorbency incontinence products** to protect the skin in individuals with or at-risk of PIs who have urinary incontinence.

Consider using **textiles with low friction coefficients** for individuals with or at-risk of PIs.

Use a **soft silicone multi-layered foam dressing** to protect the skin for individuals at-risk of PIs.
2019 NPIAP Guideline—Prevention: Repositioning and Early Mobilization

- Reposition all individuals with or at risk of PIs on an **individualized schedule**, unless contraindicated.

- Determine **repositioning frequency** with consideration to the individual’s
  - Level of activity, mobility, and ability to independently reposition
  - Skin and tissue tolerance
  - General medical condition
  - Overall treatment objectives
  - Comfort and pain

- **Keep the head of bed as flat as possible.**
  - 30 degree elevation
Implement **repositioning reminder strategies** to promote adherence to repositioning regimen:

- Wearable sternal sensors
- Musical cues
- Turning clocks and prompts

Consider using **continuous bedside pressure mapping** as a visual cue to guide repositioning.

Reposition the individual to relieve or redistribute pressure using **manual handling techniques and equipment** that reduce friction and shear.
2019 NPIAP Guideline—Prevention: Seating and Early Mobilization

- **Promote seating out of bed** in an appropriate chair or wheelchair for limited periods of time.
- **Teach and encourage** individuals who spend prolonged durations in a seated position to perform pressure relieving maneuvers.
- **Implement an early mobilization program**
  - Increases activity and mobility as rapidly as tolerated
2019 NPIAP Guideline—Prevention: Heel PI Prevention

• Assess the **vascular/perfusion status** of the lower limbs, heels, and feet
  – Performing a skin and tissue assessment
  – Part of a risk assessment

• **Offload the heel completely** in such a way as to distribute the weight of the leg along the calf without placing pressure on the Achilles tendon and the popliteal vein.

• **Use a prophylactic dressing as an adjunct** to heel offloading and other strategies to prevent heel PI.
2019 NPIAP Guideline—Prevention: Support Surfaces for Prevention

• Select a support surface that meets the individual’s need for pressure redistribution based on the following factors
  – Level of immobility and inactivity
  – Need to influence microclimate control and shear reduction
  – Size and weight of the individual
  – Number, severity, and location of existing PIs
  – Risk for developing new PIs

• Select seat and seating support
  – Body size and configuration
  – Effects of posture and deformities
  – Mobility and lifestyle needs
• **High specification** reactive single layer foam mattress over foam mattress without high specification

• Reactive **air mattress or overlay**

• Pressure redistribution **support surface in procedural areas (operating room [OR], CathLab, interventional radiology [IR])**

• Pressure redistribution **cushion for high risk in chair**

• **Bariatric pressure redistribution cushion**

• Pressure redistributing support surface **during transit**

• **Transfer off spinal hardboard** as soon as safely possible
• Care in device selection
• Regularly monitor tension of securement and comfort
• Assess skin under and around device
• Reduce or redistribute pressure
• Prophylactic dressing under device
• When safe (and with qualified consultation), replace extrication cervical collar with acute care rigid collar.
• Which areas of the evidence-based practices have you been able to implement and sustain?
• What topics from this section would you like to be the focus of our next webinars/peer groups?
2019 NPIAP Guideline—Treatment

HAPI Treatment
• Biological dressings
  – Consider applying collagen dressings to nonhealing PIs
    • Improve rate of healing
    • Decrease signs and symptoms of wound inflammation

• Growth factors
  – Consider applying platelet-rich plasma for promoting healing in PIs.

• Biophysical agents
  – Consider using non-contact low frequency ultrasound therapy as an adjunct therapy to facilitate healing in Category/Stage III and IV PIs and suspected DTI.
  – Consider using high frequency ultrasound therapy at 1MHz as an adjunct therapy to facilitate healing in Category III and IV PIs.
2019 NPIAP Guideline—Treatment (cont.)

• **Support surfaces**
  – Assess the relative benefits of **using an air fluidized bed** to facilitate healing
  – Assess the relative benefits of using an **alternating pressure air cushion** for supporting PI healing in individuals who are seated in a chair/wheelchair.

• **Cleansing and debridement**
  – **Cleanse** the PI
  – **Debride** the PI of devitalized tissue and suspected or confirmed biofilm
Surgery

– Evaluate and mitigate physical and psychosocial factors may impair surgical wound healing or influence recurrence of a PI

– When the surgical site is sufficiently healed commence a progressive sitting protocol.

– Fully excise the PI, including
  • Abnormal skin, granulation, and necrotic tissue
  • Sinus tracts, bursa, and involved bone to the extent possible
• Which areas of the evidence based practices have you been able to implement and sustain?

• What topics from this section would you like to be the focus of our next webinars/peer groups?
2019 NPIAP Guideline—HAPI program
Components of a Successful PI Program

• **Level 1: Treatment Considerations**
  - Topical therapy
  - Support surfaces
  - Medical devices

• **Level 2: Healthcare Professional Considerations**
  - PI knowledge
  - PI attitudes
  - PI education
  - Wound care professionals

• **Level 3: Organizational Considerations**
  - Staffing characteristics
  - Evidence-based protocols/procedures
  - Quality improvement (QI) initiatives
  - Outcomes evaluation
2019 NPIAP Guideline—HAPI Program Treatment Considerations

• Assess and maximize the availability, quality, and standards for use of equipment in the facility to facilitate implementation of a QI program.

• Provide clinical decision support tools that support QI programs
• Provide clinical leadership in PI prevention and treatment from a specialized health professional as part of a QI program.

• Engage or train a wound care champion/coach/clinical educator to provide clinical leadership.

• Consider incorporating referrals to a wound ostomy continence (WOC) nurse into the organization’s QI initiative.

• Consider developing a wound care team within the organization.
• Assess the **knowledge health professionals** have about PIs to facilitate an education program and QI program.

• Assess and maximize **workforce attitudes and cohesion** to facilitate implementation of QI program.

• Provide **education in PI prevention and treatment** as part of a QI program.

• Develop and implement a **multi-faceted education program** for PI prevention/treatment.
Organizational Considerations

• **Engagement and QI programs**
  
  – Develop and implement a structured, tailored, and multi-faceted QI program.
    
    • Assess *barriers and facilitators*
  
  – Engage in oversight and implementation of the QI program to
    
    • Management
    
    • Health professionals
    
    • Patient individuals
    
    • Informal caregivers
• **Staffing expectations**
  
  – Assess and maximize staffing characteristics (e.g., staffing hours) to facilitate implementation of a QI program.

• **Policies, procedures, and protocols**
  
  – Use **evidence-based policies, procedures, protocols**, and standardized documentation systems to support the QI program.

  – Use existing **evidence-based clinical guidelines** to underpin local policies, procedures, and protocols.
• Organizational performance in PI prevention & treatment
  – Regularly monitor and analyze facility-acquired PI rates
    • Consider electronic system to report
    • Track PI incidence and prevalence
  – Consider implementing benchmarking
Outcomes of QI program

- **Promote the QI program** and its progress, achievements, and outcomes to stakeholders.
  - Use *brochures/flyers and posters* to provide health professionals, individuals, and informal caregivers information about organization’s QI initiative.
  - Consider introducing *recognition and rewards* to encourage HP to actively engage in organization’s QI initiative.
  - Consider using *reminder systems* to promote health professional engagement in organization’s QI initiative.
• Which areas of the evidence-based practices have you been able to implement and sustain?
• What topics from this section would you like to be the focus of our next webinars/peer groups?
"A structure with many fragmented processes leads to inefficiencies. Systems have a tendency to complicate the reduction of patient harm, and in a state of confusion break it down into many parts that address limited components of the greater problem."

Use strategies to improve integrating several harm areas into a common safety prevention approach.
Integrating Several Harm Areas into a Common Safety Prevention Approach (cont.)

- CDI
- CLABSI
- CAUTI
- HAPI
- Sepsis
- VAP
- VTE
- ADE
- SSI
- Falls

**Definitions**
- SSI = Surgical site infection
- VTE = Venous thromboembolism
- ADE = Adverse drug event
- VAP = Ventilator-associated pneumonia

**Additional Topics**
- Nutrition
- Mobility program
- Risk assessment
- Infection prevention
- Moisture management
- Medical devices indication
Integrating Several Harm Areas into a Common Safety Prevention Approach (cont.)

- **CAUTI**
- **CLABSI**
- **Falls**
- **CDI**
- **VAP**
- **ADE**
- **SSI**
- **VTE**
- **HAPI**
- **Sepsis**
- **Readmissions**

**Huddles/Rounds**
- Safety handoff
- Common checklists

**Safety across the board**
- Multidisciplinary committee

**Patient and family engagement**
• Which initiatives have you utilized to streamline your patient safety approach?

• Which initiatives (linked to HAPI) would you like to be the focus of our next webinars/peer groups?
Build Together the 2020 HAPI Prevention Support Plan for the HIIN (cont.)

- Peer groups
- One-on one coaching calls, HAPI tracers
- HAPI prevention
- Webinar series
- HAPI Treatment
- HAPI Program
HSAG HIIN—HAPI Support Plan Through 2020

I—HAPI webinar series:

- Webinar 1—January—Kickoff meeting. Overview of NPIAP guideline and implementation considerations
- Webinar 2—March—Focus on clinical/business considerations of the new 2019 NPIAP guideline HSAG HIIN Team and NPIAP
- Webinar 3—May—Focus on business/clinical considerations of the new 2019 NPIAP guideline HSAG HIIN Team and NPIAP
II—HAPI Focused Peer Groups (FPG):

- Session 1—February—Share your journey with other hospitals to implement new 2019 NPIAP guideline
- Session 2—April—Share your journey with other hospitals to implement new 2019 NPIAP guideline
- Session 3—June—What’s next? Back to basics: Skin assessment, early interventions, treatment options?
- Session 4—August—What’s next? Build, improve, and assess your HAPI prevention program?
- Session 5—October—What’s next? TBD
- Session 6—December—What’s next? TBD
HSAG HIIN—Targeted Interventions

- 1:1 discussion
- HAPI focused day

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<thead>
<tr>
<th></th>
<th>Hospitals with at least one HAPI 3+ event</th>
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<tbody>
<tr>
<td>Q3 2018</td>
<td>22</td>
</tr>
<tr>
<td>Q4 2018</td>
<td>33</td>
</tr>
<tr>
<td>Q1 2019</td>
<td>35</td>
</tr>
<tr>
<td>Q2 2019</td>
<td>38</td>
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HSAG HIIN—HAPI Support Plan
Overview of a HAPI Focused Day

• **Purpose:** help you/your facility identify HAPI risk factors and areas of improvement.

• The visit (roughly 6 hours) consists of:
  – Looking at the policies and processes in place to prevent and treat HAPIs.
  – Discussing with people responsible for HAPI prevention efforts
    • Wound care nurses
    • Hospital leadership (e.g., Chief nursing officer [CNO])
    • Quality director
    • Dietitians
  – Observing the implementation of best practices in the clinical settings
    • Emergency department (ED)
    • Intensive care unit (ICU)
    • Non-critical care nursing unit
    • Operating room (OR)

• **The visit is not a survey** ... resembles a The Joint Commission (TJC) tracer framework, with a short potential action plan report of discrepancies from generally accepted best practice.
Overview of a HAPI Focused Day
HAPI Tracer Worksheet

**HAPI Tracer Question/Scenario**
The HAPI tracer worksheet helps you/your facility identify HAPI risk factors and areas of improvement. Create a scenario, if no patient is available, then interview the appropriate staff members to answer the questions below. At the end, review the answers with your team(s) to identify solutions and improvements.

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>Areas of Concern</th>
<th>Areas of Excellent Care</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>General Infrastructure, Capacity, and Processes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Does your hospital’s senior leadership actively promote HAPI prevention activities? Please describe.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Is the unit-level leadership involved in HAPI prevention activities? Please describe.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Does your hospital currently have a team/work group focusing on HAPI prevention? Interdisciplinary Team with representation from across the facility</td>
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Overview of a HAPI Focused Day
HAPI Tracer Report

• A report provides a snapshot of the observations of the HSAG HIIN Team at a specific time. It includes 4 sections which summarizes the main strengths and opportunities for improvement at the level of the facility (HAPI prevention program) and at the level of the departments (ED, Inpatient units, OR).

• Each section includes a radar chart with several axes representing subsections/categories. The “zero” of each axis is the center of the wheel. The further towards the edge of the spoke a point reaches, the higher your performance is for the category.

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Completed</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. General Infrastructure, Capacity, and Processes</td>
<td>Hospital’s senior leadership actively promotes HAPI prevention activities&lt;br&gt;2. Thorough education program including Skin care and Just Culture led by Quality Department and Wound Care Nurse</td>
<td>37.5%</td>
<td></td>
</tr>
<tr>
<td>B. Data Collection and Reporting</td>
<td>Data collection delineates by units and prevalence studies results reported to the Quality Committee during monthly patient safety meetings&lt;br&gt;4. Use of an algorithm to determine if the pressure injury was avoidable or not</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>C. Risk Assessment</td>
<td>7. Use of Braden Scale (Inpatient Units) built in the EMR or Scott Triggers (OR)&lt;br&gt;6. Risk assessment done upon admission and every shift</td>
<td>62.5%</td>
<td></td>
</tr>
<tr>
<td>D. Wound Care Nurse/Team</td>
<td>7. Wound Care Nurse providing thorough house-wide education and support</td>
<td>40%</td>
<td></td>
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<tr>
<td>E. Nutrition/Dietitian</td>
<td>Individuals Identified as &quot;at risk for PI from malnutrition&quot; referred to a dietitian&lt;br&gt;9. Use of an algorithm to prioritize the consultation schedule based on their patients’ risk/profile</td>
<td>62.5%</td>
<td></td>
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</table>
Overview of a HAPI Focused Day
HAPI Tracer Report

• The recommendations might include references from the literature (best practices, guidelines, and articles) => Reference 1—2019 NPIAP Clinical Practice Guideline and/or from successful strategies and tactics implemented in other acute care facilities.

• **This report does not include**
  – Clinical recommendations for wound prevention and treatment (scope of expertise of the Certified WOC Nurses)
  – Any choice of products or preferred brands for the diagnostic and treatment of PIs
Next Steps

• Peer Group 1—February
  – Share your journey with other hospitals to implement this new 2019 NPIAP guideline

• Webinar 2—March
  – Focus on clinical/business considerations of the new 2019 NPIAP guideline
Questions

QUESTIONS?
We can help!
For further information:

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HSAG HIIN Quality Advisors
Upcoming Peer Groups—Registration Links on HSAG HIIN Event Calendar

• January 31: Health Equity Office Hours
• February 19: Sepsis—ICU Liberation Bundle
• February 12: Glycemia Control Part II
• March 11: Glycemia Control Part III
Upcoming Webinar Events—Registration Links on HSAG HIIN Event Calendar

• January 16—The Opioid Crisis: Rural and Critical Access Hospitals (CAHs) Effect and Response
  – Note: This webinar is targeted to the rural and CAH participants.

HSAG is the CE provider for this event. Provider approved by the California Board of Registered Nursing, Provider Number 16578, for 1 contact hour for this event. Pending approval. There is no charge for attendance for this event.
Upcoming Event—Registration Links on HSAG HIIN Event Calendar

• January 24—HSAG HIIN and San Antonio Regional Hospital (SARH): Focus on the Patient in the New Era of Opioid Prescribing Workshop
  — Note: This is an in-person interactive no-cost learning event for HSAG HIIN participants. SARH will offer CEUs for attending this event.
Please complete the evaluation in order to obtain (1) Continuing Education Unit (CEU) at:


If you registered online for this event, you will also receive the link via email.

A recording of today’s session will be available at:

www.hsag.com/en/hiin/events

(Click on today’s event date to access the recording link)