HRET HIIN HAPI PFE Sprint

December 14, 2018
10:30 AM – 11:30 AM CT
WELCOME AND INTRODUCTIONS
Jessica T. Claudio, MBA
Program Manager, HRET
AGENDA

- Welcome and Introductions
- Winter 2018 HAPI PFE Sprint
- HAPI PFE Sprint Tools
- Questions and Answers
- Bring it Home
Hello, My Name is…

- Name
- Hospital/State Hospital Association
- City, State
Happy holidays! Polling question

How prepared are you for the upcoming winter holidays?

a) I have all my shopping, wrapping and decorating done
b) I have 75% of my holiday tasks complete
c) I have 50% of my holiday tasks complete
d) I have just started preparing
e) I prefer to prepare at the last minute
f) Don’t ask
Winter 2018 HAPI PFE SPRINT

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Jackie Conrad, RN, BS, MBA
Improvement Advisor, Cynosure

Tara Bristol Rouse, MA
Patient Family Engagement Project Consultant, HRET
Your HRET HIIN HAPI PFE Sprint Team

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Program Manager  
HRET HIIN

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Improvement Advisor  
Cynosure

Tara Bristol Rouse, MA  
Patient and Family Engagement  
Project Consultant  
HRET HIIN
<table>
<thead>
<tr>
<th>Hospital</th>
<th>State Hospital Association</th>
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<tr>
<td>AllianceHealth Ponca City</td>
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<td>Holy Cross Hospital</td>
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<td>Florida Hospital Association</td>
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<td>New Hampshire – Foundation for Healthy Communities</td>
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Polling Question

Do you conduct prevalence studies? i.e. visually assess every patient on the unit at one point in time to assess for pressure injuries

a) Yes – monthly
b) Yes – Quarterly
c) Yes – in a modified version
d) No
Polling Question

Do you have a front line skin champion on your unit?

a) Yes – one person
b) Yes – more than one person
c) No
Polling question

Do you have any patient education materials or resources to support patients and families learning about and participating in pressure injury prevention?

a) No
b) Yes – not sure if I can share
c) Yes – I will share with my sprint colleagues
Polling question

What stage is your hospital or organization at in adopting patient family engagement as an improvement strategy?

a) Not thinking about it, yet
b) Thinking about it
c) Planning
d) Actively working on PFE integration
e) Sustaining PFE integration
HRET HIIN HAPI PFE Strategy

Keep it Simple

Activate Patients and Families
Why Are We Here?

- To use quality improvement techniques to assess root causes of hospital acquired pressure injuries and engage patients and their family members in prevention.
HRET HIIN HAPI PFE Sprint Webinar Schedule

- January 9, 2019 (12:30PM – 1:30PM CT) – Skin Inspection
- January 30, 2019 (12:30PM – 1:30PM CT) – Keep Moving
- February 20, 2019 (12:30PM – 1:30PM CT) – Incontinence/Moisture
- March 13, 2019 (12:30PM – 1:30PM CT) – Nutrition & Hydration

Calendar invitations with the platform link will be sent by HRET HIIN
HRET HIIN Role and Responsibilities

- **Send** calendar invitations for all HAPI PFE Sprint webinars to participants
- **Provide** HAPI PFE Process Improvement Discovery Tool to hospitals
- **Provide** hospital pre-assessment and post-assessment survey links
- **Share** completed hospital pre-assessment with state hospital associations
- **Send** recap email to participants with recorded webinar and resources
- **Update** the Winter 2018 HRET HIIN Sprint Tracking Tool
Hospital Role and Responsibilities

- **Select** hospital lead for HAPI PFE Sprint
- **Complete** pre-assessment and post-assessment
- **Accept** invitation and participate in HRET HIIN webinar sessions
- **Review** hospital HAPI rates, PFE performance, hospital policies, practices and processes that support patient and family engagement
- **Submit** HAPI PFE Process Improvement Discovery Tool to state hospital association
- **Schedule** and complete one-on-one coaching with state hospital association
State Hospital Association Role and Responsibilities

- **Review** hospital HAPI rates and PFE performance
- **Accept** invitation and participate in HRET HIIN webinar sessions
- **Review** hospital HAPI PFE Process Improvement Discovery Tool
- **Schedule** and complete one-on-one coaching with hospital
- **Monitor** hospital attendance and completion of deliverables via the Winter 2018 HRET HIIN Sprint Tracking Tool
- **Submit** the hospital HAPI PFE Process Improvement Discovery Tool to HRET
We will...

- SIGN UP
- SHOW UP
- FINISH UP
- HARM DOWN!
Share your proud

- Each hospital, share one quality improvement you have made on your unit that has been sustained?
- Consider what elements made this project a success.
The role of patients in pressure injury prevention: a survey of acute care patients

Elizabeth McInnes, Wendy Chaboyer, Edel Murray, Todd Allen and Peter Jones

Abstract

Background: Pressure injury prevention (PIP) is an important area of patient safety. Encouraging patient participation in care is a growing trend in healthcare as it can increase adherence to treatment plans and improve outcomes. Patients in acute care settings may be able to take on an active role in PIP. However, there is limited information on patients’ views of their perceived role in PIP. The aims of our study were to survey hospitalised patients’ views on a) their perceived roles in PIP and, b) factors that enable or inhibit patient participation in PIP strategies.

Methods: Eligible participants were 18 years of age or older, from a neurology or orthopaedic ward and had been admitted to hospital at least 24 hours prior to enrolment in the study. A questionnaire comprising of fixed and open-ended questions was administered by researchers to participants. Analytical data was analysed descriptively and free-text comments were content analysed and grouped into themes.

Results: The mean age of participants (n = 51) was 65 years (sd = 16.6); over half were female and three quarters were orthopaedic surgical patients. Eighty-six per cent of participants understood the concept of pressure injury and 80% agreed that patients have a role in PIP. Participants nominated the following PIP strategies that could be undertaken by patients: Keep skin healthy, Listen to your body and Looking after the inside. Strategies required for patient participation in PIP were represented by three themes: Manage pain and discomfort, Work together, Ongoing PIP education.

Conclusion: To ensure successful participation in PIP, patients require education throughout admission, management of pain and discomfort and a supportive and collaborative relationship with healthcare staff. Healthcare professionals should identify patient ability and motivation to prevent pressure injury (PI), work in partnership with patients to adhere to PIP, and ensure that PIP actions are facilitated with appropriate pain relief.

Keywords: Patient views, Patient participation, Pressure injury prevention
Partnering with Patients + Focus on the Basics = Healthy Skin

- Skin Inspection
- Keep Moving
- Incontinence
- Nutrition
- Hydration
Patient and Family Engagement Metrics

**Point of Care**
- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

**Policy & Protocol**
- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

**Governance**
- Patient and family on hospital governing and/or leadership board (Metric 5)
PFE and Readmissions

- **N = mean of 98 hospitals**
- **High PFE performers** meet 4 or 5 of the PFE metrics
- **Low PFE performers** met 3 or less of the PFE metrics
Share your hopes. What do you want to accomplish?

- Please share in the chat box what you want to accomplish as part of this sprint? Is there a barrier that this sprint can help you overcome?
HAPI PFE Sprint Tools

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HAPI PFE PROCESS IMPROVEMENT DISCOVERY TOOL

- Review the last 5-10 charts with hospital acquired pressure injury Stage 2 or greater
  - < 99 licensed beds (5 charts)
  - >100 licensed beds (10 charts)

- Place check mark for every process failure in each chart

- Spend no more than 20-30 minutes per chart
### Mini RCA HAPI Process Improvement Discovery Tool (Minimum 5 charts/Maximum 10 charts)

**Instructions:**
1. If the answer to the question is "NO", mark an X in the box to indicate a possible process failure. You may check more than one box per chart.
2. The processes with the most common failures could be a priority focus.

*Note: Do NOT spend more than 20-30 minutes per chart!*

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<tr>
<th>HAPI DETAIL</th>
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**PROCESS**

| RISK SCREENING                                                                 |         |         |         |         |         |         |         |         |         |
| A standard HAPI risk screening tool was used to assess this patient's risk. |         |         |         |         |         |         |         |         |         |
| Are individual risk factors addressed in the plan even if the total risk score is not high risk? |         |         |         |         |         |         |         |         |         |

**SUPPORT SURFACE**

| Support surface - at risk patient is on a specialty support surface       |         |         |         |         |         |         |         |         |         |
| Was pt placed on specialty surface in OR? / Ht length of stay (ie N/6hrs) |         |         |         |         |         |         |         |         |         |
| Was pt placed on specialty mattress in the OR? / Ht length of stay (ie Y/8 hrs) |         |         |         |         |         |         |         |         |         |

**SKIN ASSESSMENT**

| Head to toe skin assessment is documented per policy on admission         |         |         |         |         |         |         |         |         |         |
| Skin inspection is conducted per policy                                  |         |         |         |         |         |         |         |         |         |
| Redness is recognized before skin breakdown occurs and is alleviated with pressure relief |         |         |         |         |         |         |         |         |         |

**KEEP MOVING**

| Mobilization - patient is mobilized to their highest ability. Pressure redistribution is documented Q 2 Hr for Immobile patients |         |         |         |         |         |         |         |         |         |
| Immobile patients are mobilized using lifting equipment to minimize friction and shear |         |         |         |         |         |         |         |         |         |

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**Example**

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[Footer Image: AHA CENTER FOR HEALTH INNOVATION]
Who can participate in this activity?

- Nurse Manager
- Staff Nurse
- Quality/Nursing Council
- Quality Improvement staff
- Nurse Educator
- Skin Champion
- Patient Family Advisors
- Who else?
Let's do this together...

- Was a standard HAPI risk screening tool used?
- Are individual risk factors addressed in the plan despite the total score?
- Was the at risk patient placed on a specialty support surface?
- Was the patient placed on a specialty mattress in the ER? What was the ER LOS?
- Head to toe skin assessment is documented on admission?
- Redness is recognized before skin breakdown occurs and is alleviated?

NO = Process Failure
Hospital HAPI PFE Sprint Pre-Assessment

- Link
- We have extended the deadline
- Due by COB on Friday, December 21st
Hospital Submission Deadline

- HAPI PFE Process Improvement Discovery Tool
  - Due at COB on Wednesday, January 2, 2019
- Submit to State Hospital Association lead
State Hospital Association Submission Deadline

- Hospital HAPI PFE Process Improvement Discovery Tool
  - Due at COB on Monday, January 7, 2019
- Submit to Jessica Claudio at jclaudio_ct@aha.org
Did you know that patients understand that they play an important role in pressure injury prevention?

- Keep skin healthy – skin checks, skin care, injury prevention
- Listen to your body – repositioning and movement, use of supports and cushions
- Looking after the inside – drink more, eat well

Read the full, free article: BMC Nursing
HRET Resources

HAPI Change Package

HAPI Top 10 Checklist

Top 10 Checklist

Sacral Injury Top 10 Checklist
Resources for Building Front Line Champions

- Complementary NPUAP webinar recordings:
  - FAQs about Pressure Injury Staging
  - Unavoidable Pressure Injuries, Terminal Ulcers and Skin Failure
  - OR Positioning and Pressure Injury Prevention
  - Why is this wound not healing?
  - Considerations for Bariatric Patients in Pressure Injuries & Wound Care
  - Nutrition & Pressure Injuries

- NDNQI Pressure Ulcer Training

- AHRQ Resources and RN Attitude and Knowledge Assessments
Questions?

QUESTIONS ANSWERED HERE EVEN THE SILLY ONES
THANK YOU!