HRET HIIN HAPI PFE Sprint Session 3

January 30, 2019
12:30 P.M. – 1:30 P.M. CT
WELCOME AND ANNOUNCEMENTS

Radhika Parekh, MHA
Program Manager, HRET
AGENDA

- Welcome and Announcements
- PrU Data Submission Polls
- Pre-Assessment Data on Reposition and Mobility
- K – Keep Moving: Facts and Best Practices
  - Engaging Patients in Mobilization, using bedside handoffs to communicate skin plan
  - Strategies for heel and sacral injury prevention
- Hospital Sprinters: What did you discover?
  - What have you done since the last webinar?
  - Who are you engaging with?
  - What success did you encounter?
  - What barrier did you encounter?
- Questions and Answers
Attendance Verification

- Name
- Hospital/State Hospital Association
- City, State
ANNOUNCEMENTS

- Thank you to all who submitted your Pre-Assessment

- Submit completed HAPI PFE Process Improvement Discovery Tool to your State Hospital Association ASAP!
HRET HIIN HAPI PFE Sprint Webinar Schedule

- February 20, 2019 (12:30PM – 1:30PM CT) – Incontinence/Moisture
- March 13, 2019 (12:30PM – 1:30PM CT) – Nutrition & Hydration

Please let us know if HRET needs to add any team members to the communication list.
Polling Question

- What is your role at your hospital? Pick the one that fits you best

- Front Line Nurse
- Front Line Non-Nurse
- Skin Champion
- Wound Specialist - WOCN, WCC, CNS
- Quality / Risk Team Member
- Nursing Leader
Polling Question

- Are you responsible for pressure injury data collection on your unit?
  - Yes
  - No

- Do you submit the pressure injury data to the HIIN?
  - Yes
  - No
Prevalence Reporting – How to increase reporting

- Current Facts – 10/13 pre assessments report prevalence studies are done
Q14: Is a process in place to notify the care giving team, including patient and family, that a Stage 1 HAPI has developed?

- Yes: 53% (9/17)
- No: 35% (6/17)
- Other (please specify): 12% (2/17)
Q15: Is there a modified repositioning plan put in place to avoid the affected anatomical position if a Stage 1 HAPI has developed?

- Yes: 59% (10/17)
- No: 23% (4/17)
- Other (please specify): 18% (3/17)
Q16: Is there a policy and process in place to assure that skin and mucosa that are impacted by medical devices are inspected every shift each time the patient is repositioned or adjusted?

- Yes: 70% (12/17)
- No: 24% (4/17)
- Other (please specify): 6% (1/17)
Q17: Is there a standard process to assure that patients unable to reposition themselves will be repositioned every two hours?

100% (17/17)
Q18: Are safe patient handling techniques used to minimize staff injury and patient friction and shear, including lifting equipment and lateral transfer devices used to minimize injury?

100% (17/17)
Q21: Does your organization have an OR strategy in place for PIP for cases > 3 hours? For example, high quality mattress pad and sacral dressing applied?

- **Yes**: 35% (6/17)
- **No**: 35% (6/17)
- **Not sure**: 30% (5/17)
Polling Questions

Logistics of a Prevalence Study: Team of 2-3 staff round on every patient on the unit to conduct a head to toe assessment of their skin integrity. This is done at a single point in time – either monthly or quarterly.

- Data submitted:
  - Numerator: the # of patients with a stage 2 or greater injury that was not present on admission.
  - Denominator; the # of patients that were assessed that day, exclude those off the unit

- Is this methodology used for your prevalence studies?
  - Yes
  - No
  - Kind of
  - Don’t know
Chat your ideas, or raise your hand

- What ideas do you have to make conducting prevalence studies achievable in your work area?
Polling Question

- How can the HRET HIIN support the spread of prevalence studies to achieve 80% of hospitals submitting at least quarterly?
  - Spotlight hospitals of different sizes conducting prevalence studies efficiently
  - Prevalence study sprint – 2-3 sessions to learn the methodology, conduct a study, come back together to learn from peers
  - Prevalence study webinar
  - Other ideas?
Chat in YOUR ideas.

- How can the HRET HIIN support the spread of prevalence studies to achieve 80% of hospitals submitting?
K – Keep Moving

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

Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant, AHA
Focus on the Basics

Partnering with Patients

**Skin Inspection**

**Keep Moving**

**Incontinence**

**Nutrition**

**Hydration**

= Healthy Skin
K – Keep Moving

Repositioning

Early mobility
K – Keep Moving Facts

- A friction score of 1 or 2 has the highest association with pressure injury development.
- Not all risk factors are equal (Tescher, et al 2012)
  - Braden friction score of 1 or 2 has the highest association for PU development
  - Moisture, and low sensory perception are also more predictive than other sub scores (mobility, nutrition and activity were less predictive)
Friction

• Static friction
  • resistance at rest
  • keeps the object in place
  • friction load peaks before movement occurs

• Dynamic friction
  • resistance during movement

How does moisture impact friction?
Shearing forces cause damage to tissue

- Distortion or deformation of tissue by two oppositely directed parallel forces. Pressure and friction are the forces
  - Shear stress augments the ischemic effect of pressure
  - Shear strains fracture fine biological structures
**K – Keep Moving Evidence**

- Consider condition of the patient and the support surface when deciding on a repositioning plan.
  - No support surface provides complete relief

Repositioning frequency is determined based upon the patient’s needs:
- Tissue tolerance
- Level of activity and mobility
- General medical condition
- Overall treatment objectives
- Skin condition
- Comfort
K – Keep Moving Evidence

- Teach the patient to do pressure relief lifts or other pressure relieving maneuvers
K – Keep Moving Evidence – The BASICS

- Position in a way that pressure is relieved or redistributed
- Avoid positioning over bony prominences
- Avoid pressure and shear forces
- Avoid positioning over medical devices
- Do not leave a patient on a bed pan longer than necessary
K – Keep Moving Evidence - sitting

- Provide sitting position to allow full range of activities
- Select a seated posture that minimizes pressure and shear
  - No sliding down in the chair
- Ensure feet are properly supported when seated
K – Keep Moving Evidence

- Don’t position on an existing pressure injury or reddened skin
- Don’t use a ring or donut shaped device
- Don’t use synthetic sheep skin pads, cut outs IV bags or water filled gloves to elevate heels
K – Keep Moving Best Practices

- Integrate HAPI prevention with safe patient handling
  - “Lift don’t drag”
  - 2 person boost and / or assistive devices
K – Keep Moving – Leave Lift Sling in Place?

Summary:

- Studies have shown pressure, skin temperature and pH were not negatively impacted by a sling.
- Benefit of the mobility enabled by the sling out weighs the risk in most cases. Clinicians must use critical thinking.

Do Lift Slings Significantly Change the Efficacy of Therapeutic Support Surfaces? A National Pressure Ulcer Advisory Panel White Paper

Date: March 2015

Authors: David Brienza, Michelle Deppisch, Carroll Gillespie, Margaret Goldberg, Paula Gruccio, Rosalyn Jordan, Charles Lachenbruch, Susan Logan, Dianne Mackey, Cynthia Sylvia, Kristen Thurman

Key words: safe patient handling devices, repositioning slings, therapeutic support surfaces, specialty mattresses, air assisted technology, repositioning aids, lift slings

The intention of this paper is to increase critical thinking when lift slings are used in combination with therapeutic support surfaces.

NPUAP White Paper
Why sacral injuries are so prevalent
Sacral Injury Prevention

- Patient education on repositioning
- Protect from friction and shear in mobilizing and positioning
- Protective dressing: Expert consensus recommendation: for critically ill patients, include a five layer soft silicone bordered dressing on the sacrum to reduce pressure, shear and microclimate

http://www.hret-hiin.org/resources/display/dressings-as-an-adjunct-to-pressure-ulcer-prevention-consensus-panel-recommendations
Why Heel Injuries are so prevalent?

- Sustained high pressure over small area
- Supine position is highest risk
- Friction and shear when sliding down in bed, or if agitated, spasms
- Blood supply may be poor
- Very little padding, thin skin

Image from NDNQI training module
Evidence: Preventing Heel Injuries

- Inspect heels regularly
  - Look up, look down
  - Feel all around
- Ensure heels are free of the surface of the bed – “floated”
- Use a heel suspension device for patients requiring long term support
- Heel is suspended and pressure is distributed along the calf
Boot or Pillow or Dressing

- Soft foam protective dressing: agitated patients to reduce friction damage

- Pillows: alert patients who can maintain extremities on pillows. Avoid pressure on Achilles tendon

- Boot: decreased level of consciousness, spinal cord injury, contractures
PFE as an integral part of Keep Moving???

Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant, AHA
Ensuring Multi Level Patient and Family Engagement (PFE)

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<td><strong>As early in the admission as possible, share and review the resource, Preventing Pressure Ulcers: A Patient’s Guide, with the patient/family. Emphasize the important role they play in prevention and early detection.</strong></td>
<td><strong>Educate patient/family on how to conduct skin inspections and ask them to record their observations using the Action Chart for Patients, Carers, and Relatives.</strong> During daily rounds, review the chart and ask if they’ve noted anything concerning.</td>
<td><strong>Identify a team member in nursing to educate fellow nurses on how to discuss and engage the patient/family in SSkin assessments.</strong> Following education, have the team member conduct audits to ensure implementation has been successful.</td>
<td><strong>Invite a former patient/family member who experienced a pressure injury to review your patient/family education tools and provide suggestions for making them easier to understand and use. Make changes to the tools based on their feedback.</strong></td>
<td><strong>Invite Board Members to tour your unit and learn how you are preventing pressure injuries through patient and family engagement. Select one or two patients/family members to share their role in skin inspections with the Board Members.</strong></td>
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**Point of Care**
- Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers
- **HAPI**

**Policy & Protocol**
- Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders

**Governance**
- Implementation Partners: Board of Directors, C-Suite
Updates from the Sprint Hospitals

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

Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant, AHA
Updates from YOU!

- What have you done since the last sprint session?
- Who are you engaging with in this work?
- What success have you encountered?
- What barriers have you encountered
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HAPI PFE Process Improvement Discovery Tool

- Please submit your Process Improvement Discovery Tool to your State Hospital Association Today

- State Hospital Associations
  - Please submit the Discovery Tool to JClaudio_ct@aha.org
NPUAP Evidence Based Practices

NPUAP.org
Resources for Building Front Line Champions

- Complimentary 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
THANK YOU