

Implementation of The AHRQ Pressure Injury Prevention Toolkit



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AIM & BACKGROUND

AIM STATEMENT

To decrease the incidence of pressure injuries of adult inpatients in the Neuro Critical Care unit (NCCU) with no existing pressure injuries, greater than 18 years of age and a stay of greater than 48 hours from 31% to 10% by April 19, 2021.

TEAM MEMBERS

Project Lead: Nora Billodeaux
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 Project Sponsor: MDMC
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FACILITY

MDMC

BACKGROUND

HAPIs are an ongoing challenge for hospitals because they cause more suffering for the patient, increased workload for the nursing staff and are a financial burden for the organization. In 2020, MDMC recorded 148 pressure injuries with 21 of them in NCCU. In the first quarter of 2021, 60 pressure injuries were documented hospital wide with 15 occurring in NCCU. Based on a site visit in late 2020, Joint Commission established a benchmark recommending all hospitals to have no more than nine pressure injuries per month. The recommended rate was lower than the current MDMC rate, which inspired an opportunity for improvement in HAPIs utilizing the AHRQ Pressure Injury toolkit.

IMPROVEMENT METHODOLOGY

The Knowledge-to-Action translational science model (KTA) (Ilesanmi et al., 2015).

TIMELINE

Project Start Date: September 2020
Pilot Start Date: November 2nd 2020
Project Implementation Date: February 14th 2021
Project End Date: April 19th 2021

MEASURE

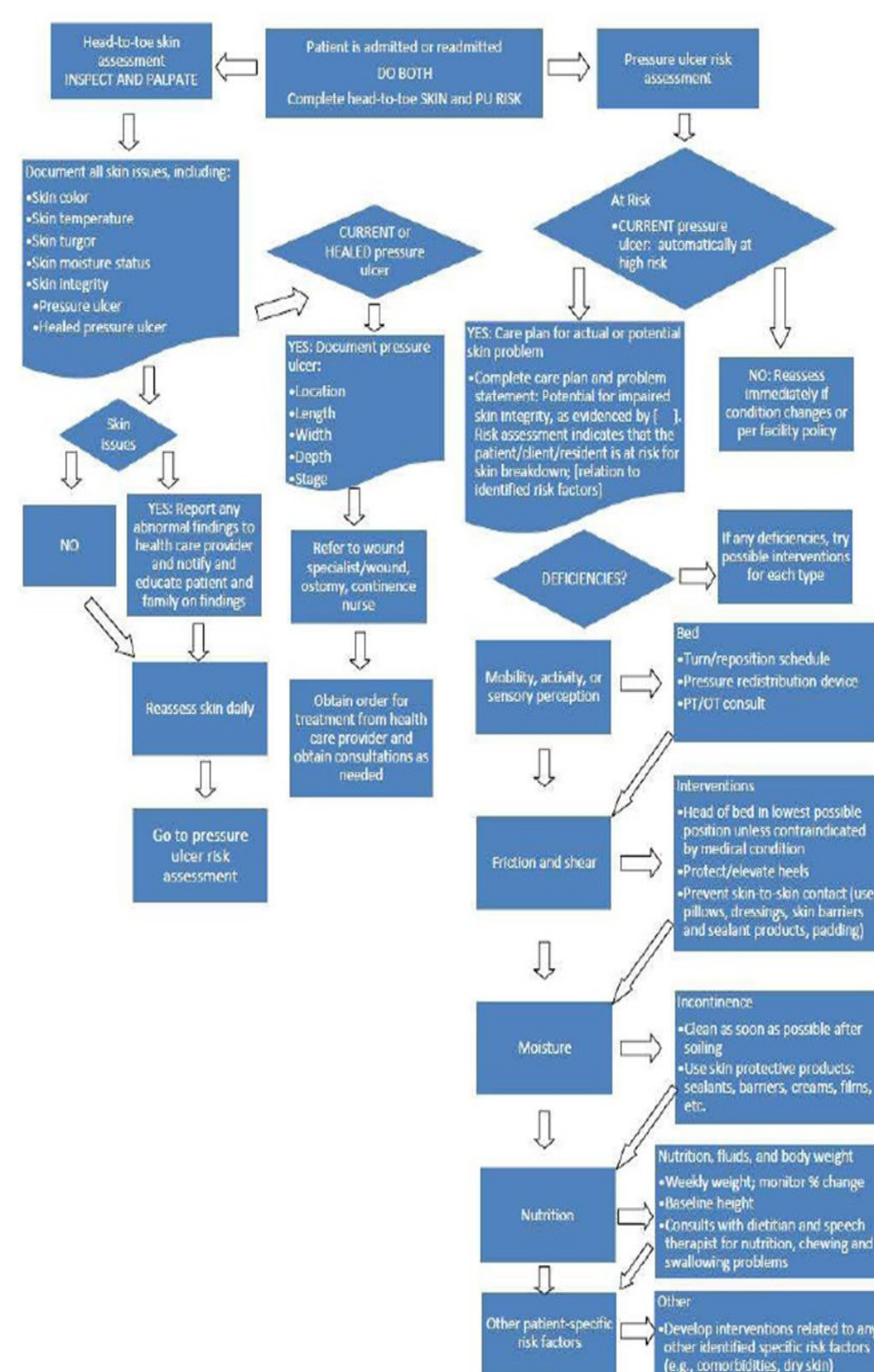
BASELINE MEASURE

Number of documented HAPIs for inpatients in 2020

LIST OF MEASURES

- Process measures*
- Standardized risk assessment performance – Completed chart audits
 - Care planning rates to address each risk on standardized risk assessment – Completed chart audits
- Outcome Measures:*
- Care Planning Rates
 - HAPI rates
- Balancing Measures:*
- Hospital length of stay

AHRQ PRESSURE ULCER PREVENTION PATHWAY



CHANGES

CHANGES TESTED

- Braden Scale documentation which included implementing appropriate interventions for each Braden subscale
- Creation of a plan of care for each subscale identifying a risk

RESULTS

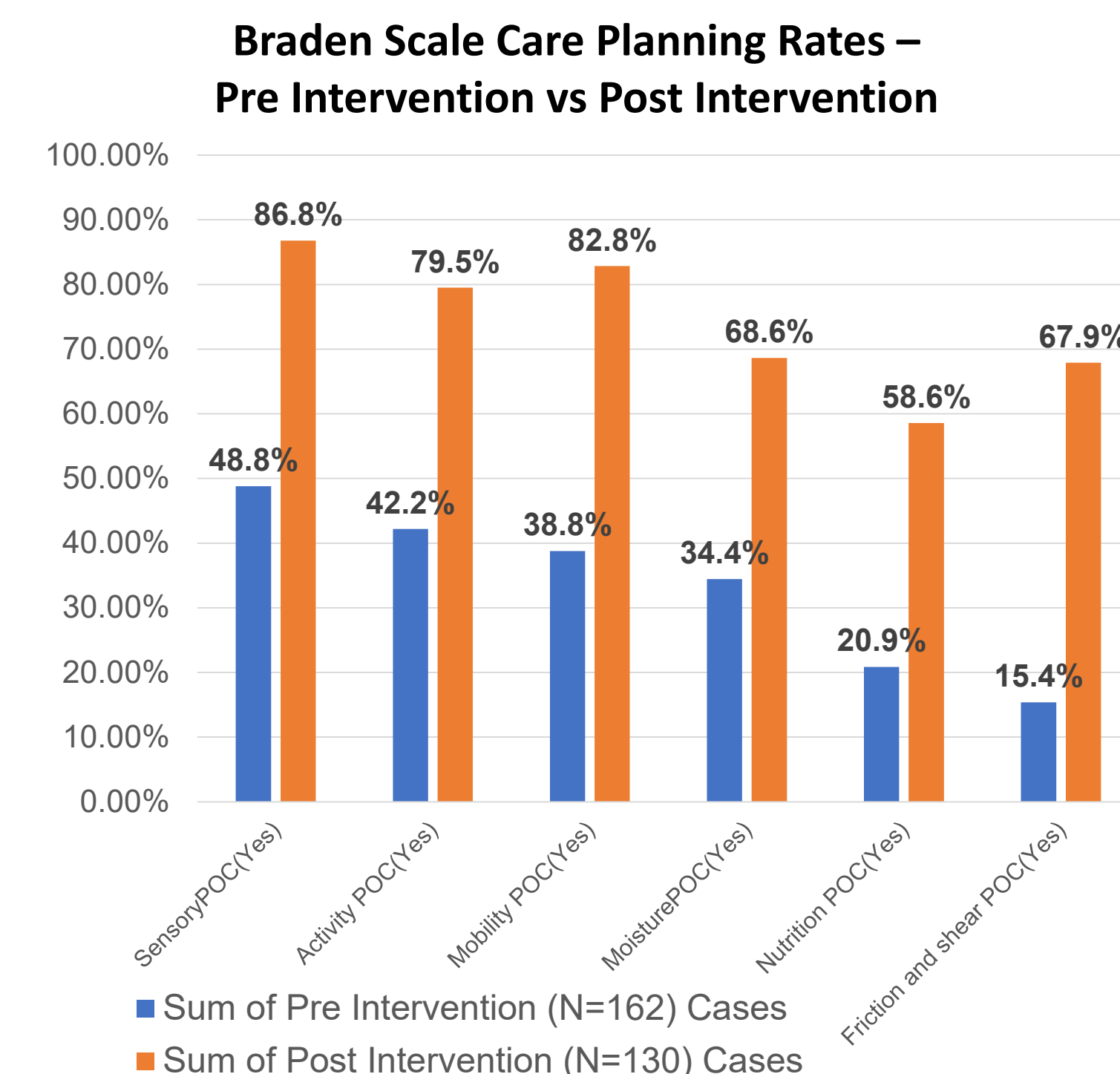
The NCCU had no cases of HAPIs during the timeframe of the project implementation. Nurses standardized their risk assessments by identifying appropriate interventions for each subscale. Creation of care plans increased in each Braden subscale for the 51.23% of patients at risk by over 50% in each subscale.

DATA ANALYSIS REPORT

Variables	Pre-Intervention (N=162)	Post Intervention (N=130)
Sensory Score		
Total # of patients at risk	83 51.23%	68 52.31%
No Impairment	79 48.77%	62 47.69%
Reflection in care plan (Sensory Perception)		
No	43 51.19%	9 13.24%
Yes	41 48.81%	59 86.76%
Moisture Score		
Total # of patients at risk	60 37.04%	50 38.46%
Rarely Moist	102 62.96%	80 61.54%
Reflection in care plan (Moisture)		
No	40 68.57%	16 31.37%
Yes	21 34.43%	35 68.63%
Activity Score		
Total # of patients at risk	142 87.65%	117 90%
Walks frequently	20 12.35%	13 10.00%
Reflection in care plan (Activity)		
No	85 57.82	24 20.51%
Yes	62 42.18	93 79.49%
Mobility Score		
Total # of patients at risk	125 77.16%	99 76.15%
No limitation	37 22.84%	31 23.85%
Reflection in care plan (Mobility)		
No	79 61.24%	17 17.17%
Yes	50 38.76%	82 82.83%
Nutrition Score		
Total # of patients at risk	138 85.19%	111 85.38%
Excellent	15 9.26%	19 14.62%
Reflection in care plan (Nutrition)		
No	77 84.62%	26 32.10%
Yes	14 15.38%	55 67.90%
Friction and Shear Score		
Total # of patients at risk	87 53.7%	80 61.54%
No apparent problem	75 46.30%	50 38.46%
Reflection in care plan (Friction and Shear)		
No	77 84.62%	26 32.10%
Yes	14 15.38%	55 67.90%

Exclusion criteria: Pre admitted pressure injury, less than 18 years of age and hospital stay less than 48 hours

BRADEN SCALE PLAN OF CARE



SUSTAINABILITY

NEXT STEPS

- Use audit tool for HAPI prevention competency?
- Partnering with EPIC to create care plans that reflect Braden Scale assessments
- Continuous audits for documentation compliance
- All units will implement interventions for Braden subscales that put patients most at risk
- Appropriate care planning for patients at risk will continue to be measured.
- Additional Pilots on other units

OWNERSHIP

Nursing leadership will own the project and continue to monitor Braden scales and plan of cares..

HARDWIRING

Quarterly audits will be done to ensure compliance of documentation and interventions.

KEY LEARNINGS

- Complete assessment of the Braden scale with appropriate intervention, and planning is effective in HAPI prevention
- Further improvement on the use of the Braden scale and how it affects length of stay.
- Collaboration is key to having a successful project
- Nursing staff have a better understanding of how to interpret and utilize the risk assessment tool.
- The organization reduces the financial burden associated to HAPIs

REFERENCES/ ACKNOWLEDGEMENTS

Ilesanmi, R. E., Gillespie, B. M., Adejumo, P. O., & Chaboyer, W. (2015). Tailoring International Pressure Ulcer Prevention Guidelines for Nigeria: A Knowledge Translation Study Protocol. *Healthcare (Basel, Switzerland)*, 3(3), 619–629. <https://doi.org/10.3390/healthcare3030619>

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