THE PREVENTION OF HOSPITAL-ACQUIRED PRESSURE INJURIES IN AN ACUTE CARE HOSPITAL

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PRACTICE PROBLEM

•Nationally, pressure injuries are a problem that over 2.5 million people develop each year (AHRQ, 2023).
•CMS can financially penalize hospitals for advanced pressure injuries staged at 3, 4, and unstageable.
•AHRQ estimates financial burden of HAPIs to be around $10 billion
•Other estimates have exceeded $26.8 billion (Wassel et al., 2020).
•In the facility, there were 156 pressure injuries in 2022. Six were reportable to CMS.

Project Aim

•Implementing the AHRQ toolkit to reduce pressure injuries in the facility's intensive care unit.

PRACTICE QUESTION

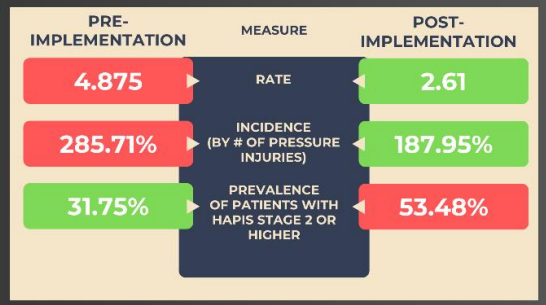
In a Midwest hospital, does the implementation of the AHRQ pressure injury reduction toolkit, compared to current practice, effect the rate of pressure injuries in 8 weeks?

METHODOLOGY

•**Translational Science Model:** The knowledge-to-action (KTA) model.
•**Setting:** A Midwest acute care hospital, located in the second largest city in Indiana. **Population:** Four intensive care units at an acute care hospital that consists of 52 inpatient beds collectively.
•**Inclusion Criteria:** Admission to the intensive care unit.
•**Exclusion Criteria:** Any patient with pressure injuries on admission to the specified site, and patients with an exfoliative skin disorder.
•**Intervention:** In the AHRQ toolkit for pressure injury reduction, steps include a comprehensive skin assessment, a risk assessment, and planning care based on those assessments (AHRQ, 2014).
•**Formative Evaluation:** Analysis of intervention fidelity in new pressure injuries.
•**Summative Evaluation:** Analysis of any occurrences of pressure injuries, locations, and types.
•**Outcome:** Reduction in pressure injury rates.
•**Data Collection:** Manual collection of pressure injury occurrences from the wound/ostomy department.
•**Instrument or Data Source:** Manual chart abstraction.
•**Data Analysis:** Descriptive statistics of pressure injury cases.
•**Timeframe:** 10 weeks with 8 weeks of intervention implementation.

RESULTS

•Findings: The use of the AHRQ toolkit for pressure injury reduction was successful in reducing pressure injuries.
•Reduced: Rate and incidence of pressure injuries
•Increased: Prevalence of pressure injuries
•Statistical Analysis: Determination of number of patients, pressure injuries, and patient days.
•Relationship of Findings to Practice Problem: Increased intervention fidelity, showing an impact to rates and incidence of pressure injuries.



IMPLICATIONS

•Reduced rate of pressure injuries in ICU patients
•Increase use of evidence-based practice and fidelity to interventions.
•Change the focus of nursing practice to preventative instead of treatment

CONCLUSIONS

•Reduction in rate and incidence of pressure injuries
•Brought evidence-based practice to the forefront of nurse's minds
•Increased awareness of pressure injury reduction
•Renewed fidelity to the interventions
•Created a sustainable practice for pressure injury reduction

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