

Waikato DHB Pressure Injury Project

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Service

Waikato DHB Pressure Injury Steering Group



Waikato District Health Board

Te Hanga Whaioranga Mō Te Iwi – Building Healthy Communities

Background 2012

- Increasing numbers of pressure injuries
 - Data
 - Coding
 - Incident Management System (3x stage 3 HAPI)
 - Health Roundtable
- Pressure Ulcer Risk Assessment Nursing Practice audit
- Certification audit findings and corrective actions
- Anecdotal observation from wound care team

Response


- Support from executive management to resolve
 - COO
 - DONM
 - GM
- Report to Patient Safety Committee (2013)
 - Project bigger than Ben Hur!
 - Restructure project to align with available resource to implement and evaluate
 - Collaborative project – WCT/SQC
 - Steering group formed to oversee and drive pilot
 - Identified pilot wards – OPR, CTV, Orthopaedics


Pilot set up phase 2013/2014

- Identify aims of pilot
 - Identify prevalence and reduce to 6%
 - Nil stage 3 or 4 hospital acquired pressure injuries
 - Reduce hospital acquired pressure injuries by 10%
 - Improve risk assessment compliance
 - Move focus of nursing practice from equipment to pressure injury reducing strategies based on the individual's risk factors
- Engage stakeholders
 - Meet with CNMs, identified problem
 - Ward staff meetings
 - Staff questionnaire – identify knowledge deficit

Pilot implementation 2014 revamp risk assessment tool

- Identified high risk profile





Waikato District Health Board
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Pressure Injury Risk Assessment

A7043HWF

Patient Label

Name: _____

NIH: _____ DOB: _____

Address: _____

Date (dd/mm/yyyy)																		
Please tick 'Yes or No'	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Has this patient come into hospital with a pressure injury? If yes, please state stage	Stage		Stage		Stage		Stage		Stage		Stage		Stage		Stage		Stage	
Have they developed one since admission? If yes, state date.																		
Does patient need assistance to change position in bed?																		
Is patient incontinent?																		
Has patient had recent weight loss or difficulty eating?																		
Does patient have at least two of the following co-morbidities Hypertension, Peripheral Vascular Disease or Diabetes Mellitus?																		
RN/RM initial and designation																		

- If 'Yes' to any one of the above questions complete a full Pressure Injury Risk Assessment and implement appropriate package of care.
- If 'No' to all of the above questions a full Pressure Injury Risk Assessment is **not required**.
- Repeat above questions on all patients
 - on transfer to another ward/service
 - weekly
 - or if a change in patients condition or deterioration in health status.
- If patient has an existing Pressure Injury implement high risk package of care, report on Datix, complete ACC treatment injury claim for stage two PI and above.

To be filed in Clinical Record in clinical notes section

1 of 4

Name	Designation	Initial	Signature

08/16JB

Pilot implementation revamp risk assessment tool

- Utilise Braden risk assessment score to identify package of care required

High Package (12 OR LESS)	Medium Package (13 – 18)	Low Package (19 – 23)
<ul style="list-style-type: none"> • Full skin integrity check <u>once a shift</u> & document • 2 hrly turning schedule • Teach or do frequent small shifts of body weight if chair fast • Ref to PT and OT for supports if required • Consult with OT for specialist cushions if chair fast • Monitor nutritional intake • Consult with Dietician for use of supplement if concerned with intake • Minimum of 2 people + manual handling devices to move patient up bed • Keep bed linen clean dry and wrinkle free • Keep elevation of bed at 30 degrees or less if not clinically contraindicated • Elevate heels off bed • Use protective skin barrier creams • Use mild soap and soft cloths of package cleanser wipes • Check incontinence pads frequently • If patient has an existing pressure injury, stage pressure injury and document in clinical file, care plan and source alternating air mattress 	<ul style="list-style-type: none"> • Full skin integrity check <u>daily</u> & document • Turn/reposition frequently • Teach or do frequent small shifts of body weight • Consider PT consult for structured mobility plan including strengthening/conditioning if required • Keep food chart and fluid balance chart including output if appropriate • Keep bed linen clean dry and wrinkle free • Use protective skin barrier creams • Use mild soap and soft cloths of package cleanser wipes • Check incontinence pads frequently 	<ul style="list-style-type: none"> • Full skin integrity check <u>daily</u> & document • Encourage mobilisation and change of position • Encourage patient to use skin barrier lotions and report any skin moisture concerns • Encourage patient to report pain over bony prominences

Pilot implementation

- Staff education
 - Staging PI
 - Prevention and management
 - Use of support surfaces
- Monthly prevalence audits
 - Random selection 5 patients on each ward same day every month

Pilot results

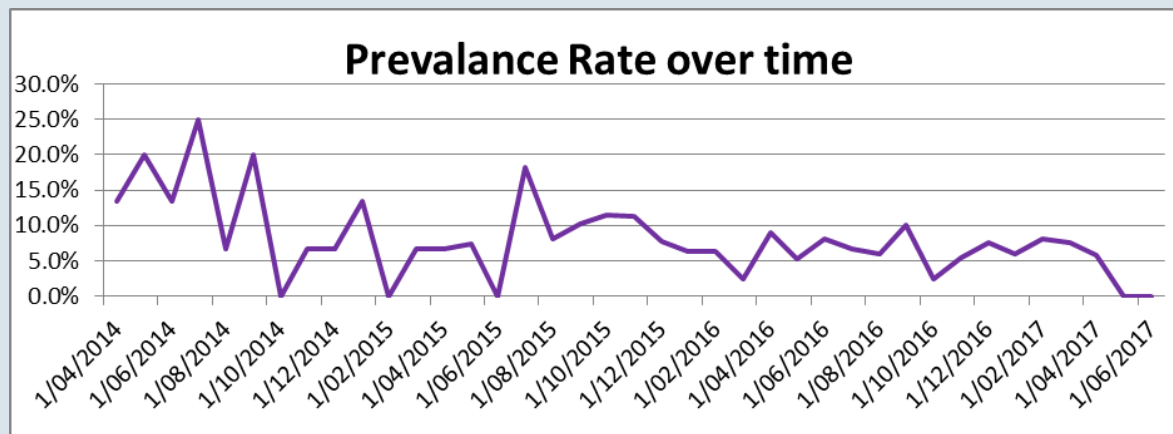
- Pilot project evaluated at month six
- No stage 3 or 4 hospital acquired pressure injuries
- 93% compliance for risk assessment
- Hospital acquired pressure injury incident data
 - Marked decrease across all pilot wards first 2 months then plateau. Recent increase in orthopaedics.
- Monthly prevalence started at 13.3% now 6.7%
- Changes in nursing practice
 - Focus on holistic prevention strategies targeting individual risk factors
 - Reduction in use of active powered support surfaces

Project roll out across DHB inpatient areas

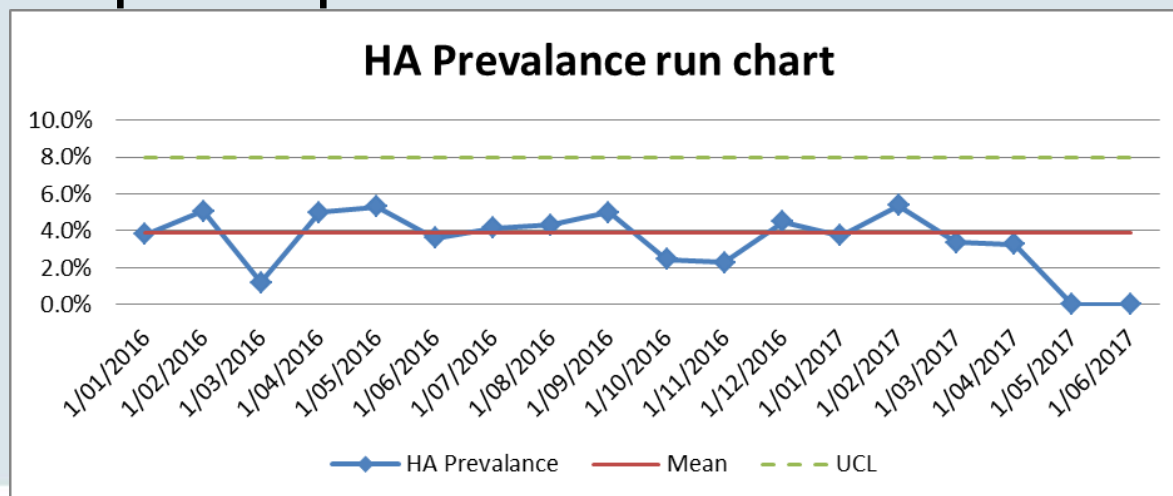
- Report to Board of Clinical Governance - 2015
- Sign off to proceed
- Cluster by cluster/area/building
- Same approach as pilot – 3 month meeting/education then implement
- Separate overall prevalence from HAPI prevalence
- Electronic incident management system implemented
- Completed roll out Nov 2016 (excluding NICU & paediatrics)

Results

- Total prevalence

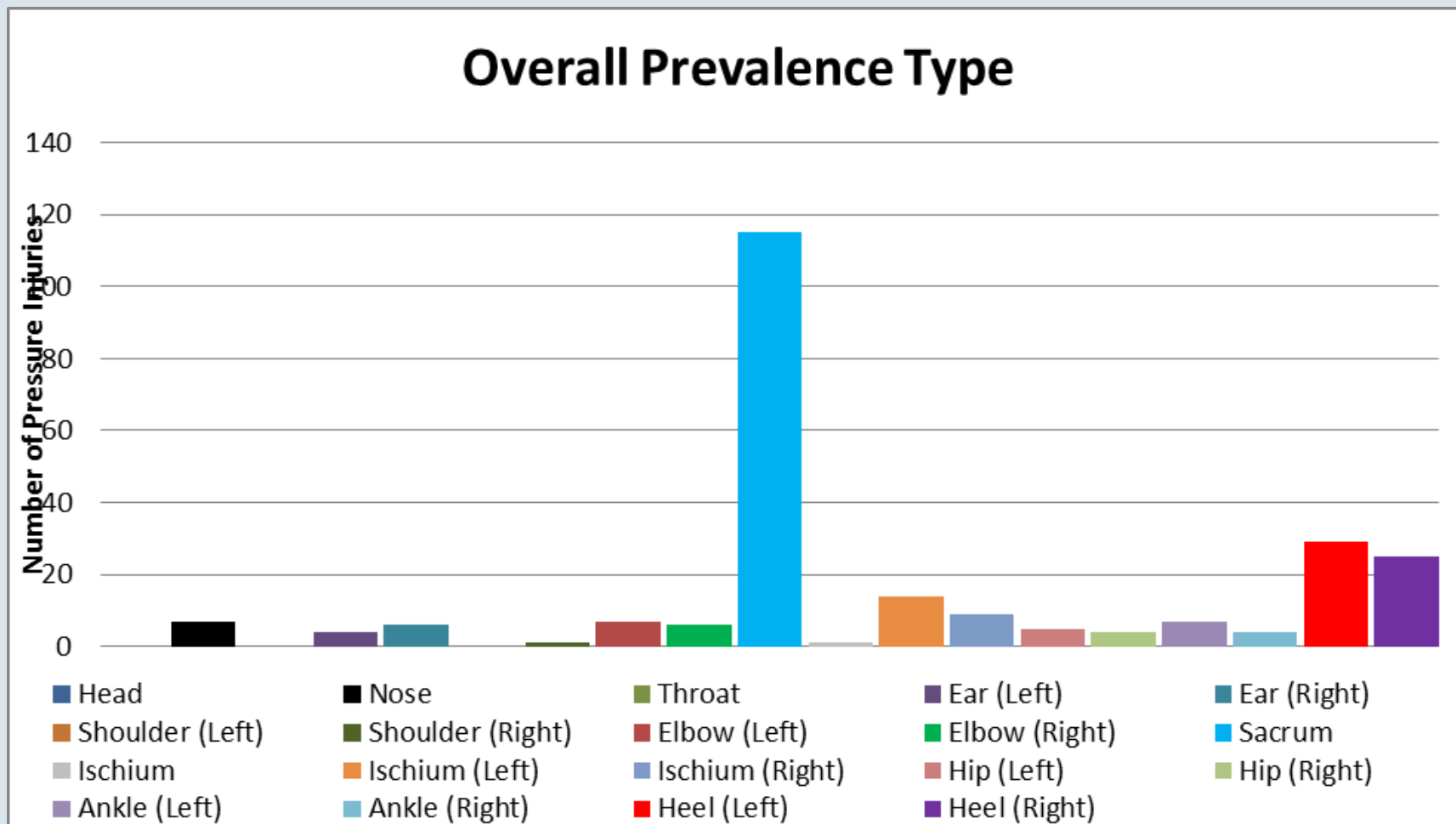


- Hospital acquired prevalence



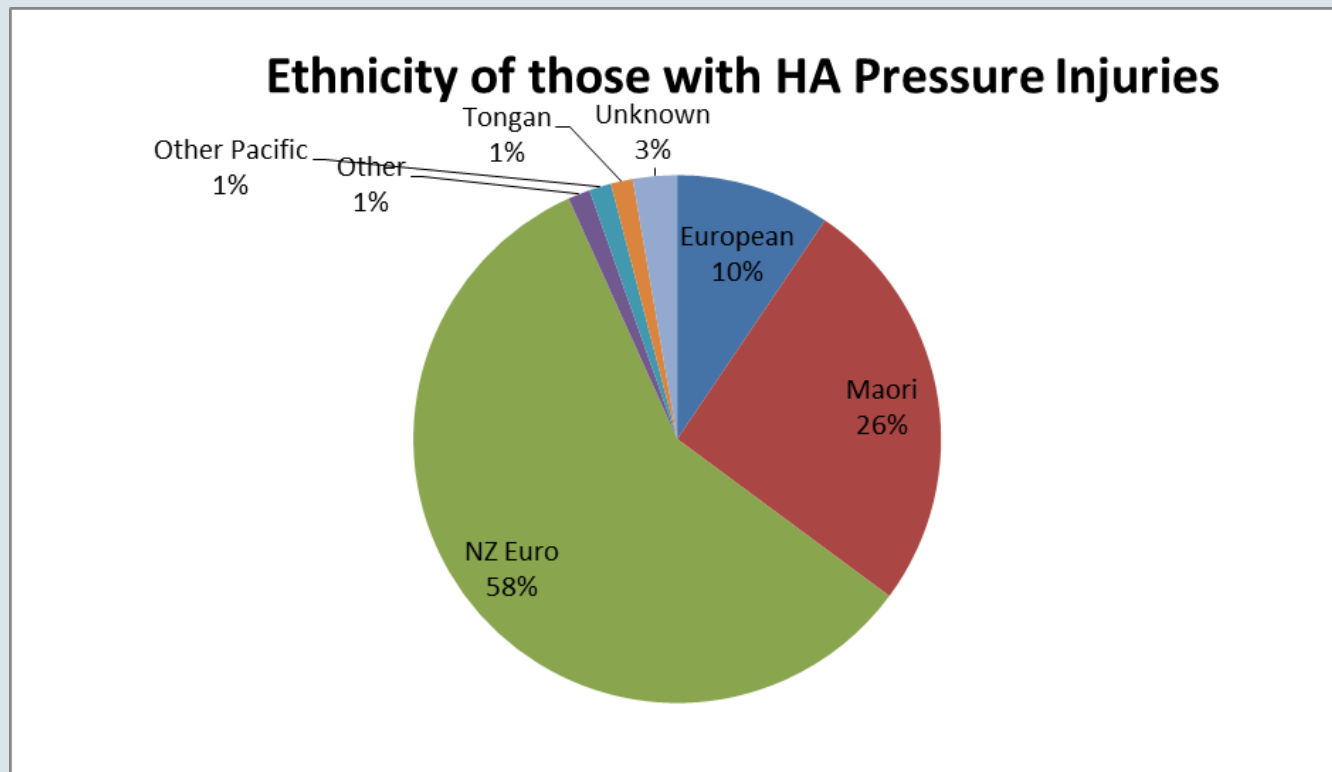
Results

- Prevalence – site of PI



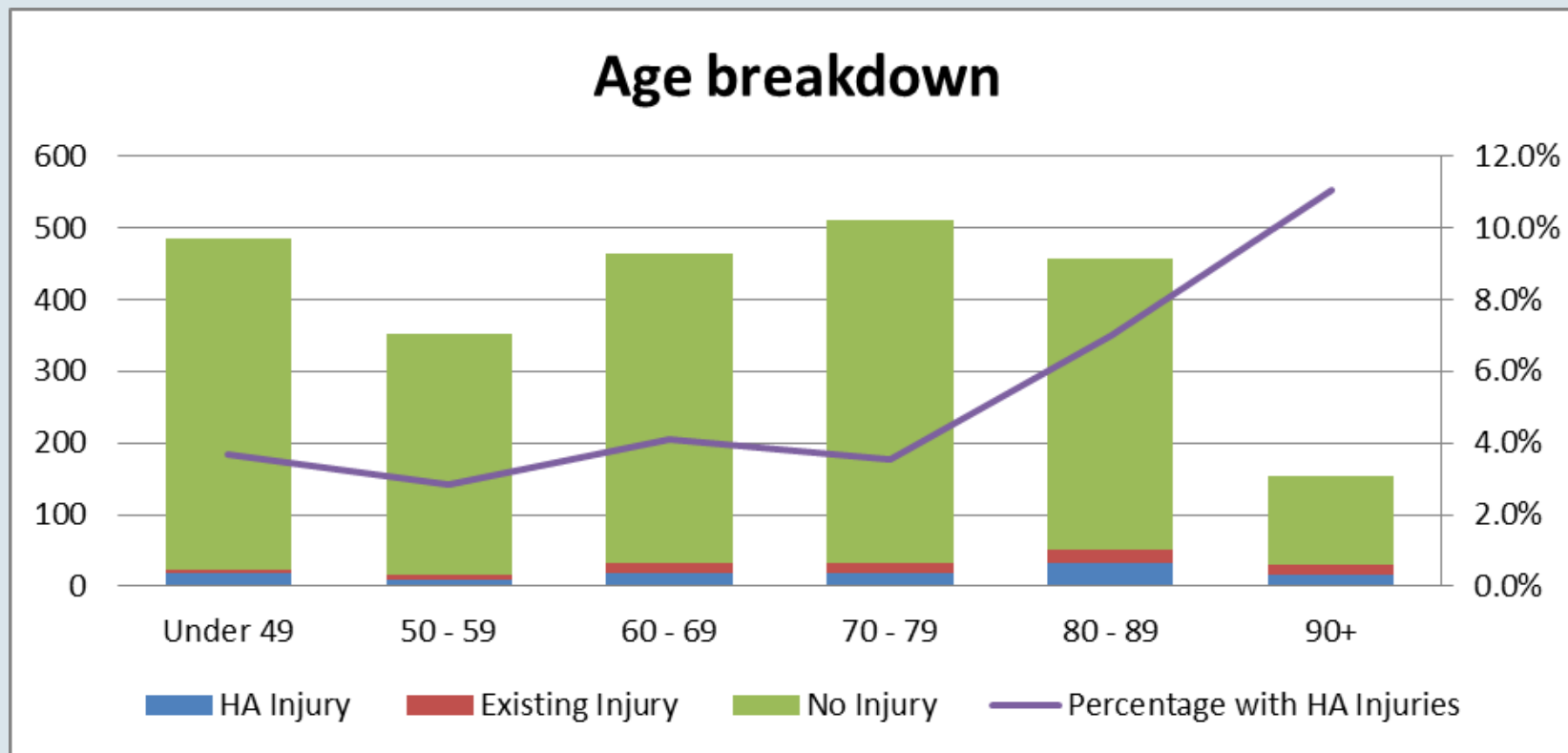
Results

- Ethnicity



Results

- Age



Lessons learned

- Engage with staff to ensure changes relevant and sustainable
- Leadership support!!
- Be pragmatic
- Brainstorm and trial suggestions – PDSA cycle works well!
- Establish level of knowledge and deficits first
- Share the experience from the pilot wards with others. This provides reassurance that the change is an improvement
- Never stand still!

Where to from here?

- Back to pilot wards
 - Review patient cohort for specific barriers to preventing pressure injuries
 - NICU/paeds risk assessment trial
- Roll out to DNS
 - Realign packages of care to community setting
 - Trial safety thermometer concept as means of identifying prevalence
- Aged Residential Care??
- Challenge of community acquired PI??



Questions?



Do one brave thing today... then run like hell!