



Preventing HAPI's

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Defining the Opportunity for Improvement

- *Unit 48 has a unique population of patients.*
- *With Covid surges more medical patients are being admitted to the surgical floors.*
- *From July 2019 to February 2022 GBMC had 69 total HAPI's. 5 of those were on unit 48.*



What Are We Trying To Accomplish?

- *Unit 48 had a stage 3 HAPI in August 2021.*
- *We started in the process in September 2021 and wanted to redesign the wound care process to make it reliable, consistent, comprehensive, and include wound assessment and documentation to decrease wound related patient safety events by to 0 by March 2022.*



What Changes Did We Make to Solve for the Problem?



- Updated the Rover tip sheet to provide step-by-step directions detailing the process to document wounds present on arrival.
- Placed a turn schedule in every patient room that described which patients should be on a Q2 hour turn schedule.
 - Braden score <18
 - Confused patients
 - Patients immobile for any reason

Turn Schedule

Left Side 10-12	Right Side 12-2
Back Side 8-	Back Side 2-4
Right Side 6-8	Left Side 4-6

✦ Identify your patients who require turning and repositioning. Follow the turning and repositioning schedule. Repositioning is not just for patients in bed. The repositioning schedule also applies to patients in the chair or wheelchair. Patients who are at higher risk must be placed on the turning schedule. If your patients meet any of the criteria- please utilize the turning schedule.

- ✓ Braden Score <18
- ✓ Patient who are immobile for any reason
- ✓ Stroke victims
- ✓ Patients with neuropathy from diabetes
- ✓ Confused patients
- ✓ Malnourished patients



What Changes Did We Make to Solve for the Problem?



- *Discussed with the patients the importance of Q2 hour turning and skin breakdown.*
- *Had unit 48's Wi-Fi tested and additional gateway's added to increase connectivity.*
- *Worked with Epic to build two reports.*
 - *Real time list of the patients that have a Braden score less than 18.*
 - *Reposition summary that tracks the number of opportunities to perform Q2 hour turns and how many times we turned the patients that had a Braden score less than 18.*



Outcomes & Lessons Learned

- Epic reports needed to be tweaked several times.
- Patients Braden score was >18 on admission but decreased during their stay.
- The placement of documentation in Epic needed to be moved in order to increase compliance of the Q2 hour turn position change.
- The Q2 hour documentation continues to be challenging however, unit 48 has no HAPI's since the August 2021 incident and there have been several patients on the floor that were admitted for 3 or more weeks.



Next Steps



- *We have been in discussion with the PI team and directors to scale this project hospital wide.*
- *Epic reports can be modified so each unit can run the information they need to monitor their units.*
- *We will continue to monitor the Q2 hour turning to ensure compliance and reduce the risk of pressure injuries*





QUESTIONS?

COMMENTS?