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Skin Champions Lead Decreasing Hospital-Acquired Pressure Injuries (HAPIs) in the Intermediate Care Setting

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Purpose: The purpose of this initiative was to reduce and sustain a prevalence rate of zero pressure injuries in an intermediate care telemetry unit. This initiative was led by the registered nurses of the unit, who are designated as “skin champions”, in collaboration with the hospital Wound, Ostomy and Continence Nurses (WOCNs).

Relevance/Significance: Hospital Acquired Pressure Injuries (HAPIs) are costly and considered to be a preventable hospital-acquired condition within the acute care setting (Centers for Medicare & Medicaid Services [CMS], 2018). In 2017, the HAPi incidence rate data within our 500+ licensed bed tertiary hospital revealed that more than 28% of HAPIs developed in our 32-bed intermediate care unit. Skin champions took on the challenge of educating their peers on the new knowledge, evidence-based practice, and innovations being implemented to reduce pressure injury rates within the unit. This transformation in clinical nurse leadership, autonomy, and accountability for nursing practice was needed in order to achieve our goal of zero HAPIs.

Strategy/Implementation: The Pressure Injury Prevention Committee (PIPC) is a hospital wide, interdisciplinary team focused on HAPI prevention. Skin champions from our intermediate care unit participating in this council were inspired to educate their peers on the evidence-based pressure injury prevention protocol (National Pressure Ulcer Advisory Panel [NPUAP], 2013; NPUAP, European Pressure Ulcer Advisory Panel [EPUAP], Pan Pacific Pressure Injury Alliance [PPPIA], 2014; Wound, Ostomy, and Continence Nurses Society, 2017). This consisted of measures such as:

- 2 RN head-to-toe skin checks upon transfer/admission
- Daily 2 RN skin check on patients with a Braden score of 15 or below
- Proper use of devices, documentation, and consultation (NPUAP, 2013).

Skin champions were coached by WOCNs and Clinical Nurse Specialists on how to best lead the unit wide implementation beginning in May 2017. The skin champions started by using peer-to-peer education to introduce and expand the initiative. Skin champions then expanded their responsibilities to include a weekly unit head-to-toe skin check on patients with a Braden score of 15 or below and provided peer-to-peer feedback to ensure sustainability of the evidence-based practices. Peer-to-peer education and feedback continues for any new and current staff members for initiative sustainability.

Evaluation/Outcomes: The intermediate care unit found a significant reduction in pressure injuries within the first month of implementation. According to CALNOC the
intermediate care unit’s percent of patients with pressure injuries category II+ or above in the first quarter of 2017 was 16%. In the second quarter of 2017, when the initiative was started, the percentage decreased to 3.23%. By the third quarter, the national benchmark was passed and the percentage of patients acquiring pressure injuries dropped to 0%. Over the next 2 out of the 4 quarters the percentage of patients acquiring pressure injuries category II+ or above within the intermediate care unit was 0%, with the other 2 quarters having a rate of 3.33% and 3.23%.

**Implications for Practice:** Using direct staff nursing involvement, the HAPI reduction initiative was able to achieve a considerable decrease and sustainability in the percent of patients having acquired a pressure injury. To maintain sustainability, the weekly skin rounds continue, and skin champion numbers continue to increase. The initiative has gone facility-wide and has shown a decrease in the number of HAPIs within the organization. According to Medicare $43,180 is added to the cost of hospital admission for each patient that acquires a pressure injury (Agency for Healthcare Research and Quality [AHRQ], 2014). Based on cost, an estimated $315,214 has been saved for our organization over the last 9 months following initiative implementation. Staff skin champions being the main educational force and having ownership of peer-to-peer feedback has shown a positive outcome in preventing and sustaining a low percentage of hospital acquired pressure injuries.

**Title:**
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**Keywords:**
Clinical Nurse Lead Initiative, Evidence-Based Practice Implementation and Hospital Acquired Pressure Injuries (HAPIs)

**References:**


Abstract Summary:
Clinical RN lead evidence-based practice (EBP) initiative to reduce the rate of hospital acquired pressure injuries (HAPIs) within a 32-bed intermediate care unit. How the consistent use of EBP and peer-to-peer feedback significantly decreased pressure injury prevalence rates within the unit.

Content Outline:

• Introduction
  1. Initiation of a clinical RN lead evidence-based practice (EBP) project to reduce pressure injury prevalence rates in a 32-bed intermediate care unit.
  2. Collaboration with hospital Wound, Ostomy, and Continence Nurses (WOCNs)

• Body
  1. Main Point #1: Hospital Acquired Pressure Injuries (HAPIs) are costly and preventable.
  1. Supporting point #1
    1. Cost per patient that develops a HAPI is $43,180
    2. CMS no longer reimburses the cost of HAPIs making them costly for the organization.
  2. Supporting point #2
    1. HAPIs are preventable with consistent use of EBP interventions at the point of care.
  2. Main Point #2: Importance and impact of engaging clinical RNs at the bedside to implement EBP.
  1. Supporting point #1
    1. They are the clinical experts at the point of care.
  2. Supporting point #2
    1. Establishing their buy-in and clinical knowledge enhances the regularity of EBP interventions being implemented effectively with the patients.
  3. Main Point #3: Consistency of education and peer feedback is crucial for sustainability.
  1. Supporting point #1
    1. Education to newly hired team members is provided to ensure they are using the EBP interventions shown to impact the units pressure injury prevalence rate.
  2. Supporting point #2
    1. Ongoing feedback from peers is provided to decrease the incidence of drift in practice as well as to update if changes in EBP occur.
    2. Reduction of percentage of ± from 16% to 0% over 2 quarters.

• Conclusion
  1. Consistent use of EBP at the point of care, engagement of clinical RNs, and consistent use of peer feedback is effective in impacting reduction of the prevalence of pressure injuries in an intermediate care unit.
  2. Cost savings to the organization of $315,214 over a 9-month period.

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Author Summary: As one of the first two skin champions to be chosen, Jesse spearheaded the peer-to-peer work for the Pressure Injury Prevention Protocol with his teammate. He was one of the poster presenters at the National Leadership Voice of Nursing Conference in 2018, for the work on improving Hospital Acquired Pressure Injuries in the intermediate care setting and received a LAMC Star Award for Collaboration Excellence on the subject matter as well.

Second Secondary Presenting Author
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Author Summary: Maya and her team work closely with nearly 80 active Skin Champions at KPLAMC with target in reaching the goal of zero hospital-acquired pressure injuries. Among their focus includes the practice of evidence-based interventions such as 2-RN skin assessment, careful use of the Braden score for risk stratification, standardized usage of pressure injury prevention devices, attention to moisture-related skin damage, compliance with prescribed wound treatments, and timely/appropriate documentation on electronic medical record, called HealthConnect.

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Author Summary: As one of the first two skin champions to be chosen, Esperanza spearheaded the peer-to-peer teammate working with a variety of staff members, and family with the education being given. She was also a poster presenter at the National Leadership Voice of Nursing Conference in 2018. In 2017 & 2018 she received an LAMC Star Award for People Engagement/ Collaboration Excellence, and finished the year off as a KPLAMC Nurse of the Year Nominee.