Clinical Nurses and Executive Leaders Collaborating at the Bedside to Eliminate Hospital Acquired Pressure Injuries

Patrice Duhon, MSN, RN
Barbara Mayer, PhD, RN
Stanford Health Care

- Licensed Beds: 613
- Admissions/Year: 26,000
- ED Visits/Year: 72,649
- Registered Nurses: 2470
- Ambulatory Care Visits: 1.2 M
- Transfer Center (SHC Life Flight)
- Third Magnet Re-designation 2016
In 2013 Stanford Health Care made large investments in equipment, supplies, education, and training in an effort to reduce Hospital acquired pressure injury (HAPI) rates.

- Despite all efforts made HAPI rates did not change
- Executive Leaders and Bedside Staff Nurses felt defeat and frustration
Research

• Clinical Nurse Leaders pay attention to work conditions and work environments

• Clear understanding of job roles and responsibilities
  • Accountability is placed on performance
  • Increases employee engagement and self motivation
  • Increases job satisfaction
  • Employees feel more competent to perform
  • Motivation to practice excellence and improve outcomes

• Win-Win situation
Goal of Project

- Reduce the incidence of HAPI
- Identify barriers affecting practice and policy compliance
- Evaluate current practice
- Create a sustainable solution
Initial Assessment

• Variability in structure and process and everyone
  – Of Initial Identification
  – Reporting pressure injuries to the management team
  – Assessment and confidence in staging pressure injuries
  – Inaccurate documentation and incomplete documentation of pressure injuries
Action Plan

• Create a collaborative, shared-decision making process involving Executive Leaders, Nurse Managers, Wound Experts, Clinical Nurse Specialist, and Clinical Nurses
  – Patient - Centered
  – Provide continuous evaluation of processes
  – Provide individualization of processes

• Executive Leaders and Nurse Managers work with Nursing Staff for solutions at the bedside
  – Reduce bureaucratic solutions
  – Consult with front line staff for solutions
Implementation Plan

HAPI Alert Process Flow
8am-4pm Mon-Fri

- HAPI identified: Stage III, IV, or unstageable
  - Primary Nurse: Call 211 to activate HAPI alert pager.
  - HAPI Alert Team arrives and primary nurse gives report in team huddle. PI verified by 2nd WOCN.
  - Primary RN initiates SAFE report and PCM/APCM completes the SAFE reporting process in MIDAS.
  - PCM/APCM/CNS monitors patient each day to ensure implementation of appropriate prevention measures and complete documentation.

- Exception: Night shift - PI identified, HAPI Alert to be called by day shift charge nurse after 8am.

Pressure Injury Prevention Alert
24 Hours / 7 Days

- Stage I, Stage II, or DTI identified
  - Consult WOCN if in doubt
  - Primary Nurse notifies Charge Nurse, PCM, CNS or Wound Warrior to verify staging and complete 2-person verification process in Epic

- PCM and/or CNS confirm appropriate prevention and treatment interventions are in place (per protocol); ensure complete documentation (LDA Care Plan).

- PCM/APCM/CNS monitors patient each day to ensure implementation of appropriate prevention measures and complete documentation.

- If PI developed on another unit, PCM will request f/u by the sending unit's PCM.

Stanford Health Care
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[Diagram showing flowchart of implementation plan]

[Note]: Updated 1/12/17
Discovery

• Specialty beds not delivered timely
  – Purchased more beds and worked with vendor
• Nurses spent much time hunting and gathering information
  – Created a predicative analytic tool in Electronic Health Record
• Long OR times contributed to Deep Tissue Injuries
  – New positioners purchased, positioning algorithm created
• Wound Ostomy Certified Nurse (WOCN) not able to see patients timely, documentation was cumbersome and ineffective
  – Streamline workflow and documentation to enable more patients to be seen per day
• Nurses not confident staging HAPI
  – Pressure ulcer prevention alert
  – 2 RN skin check
  – Algorithms to help identify and treat timely
HAPI Reduction

SAVINGS

$3.1 Million

Year 2014
49
Stage III, IV

Year 2015
6
Stage III, IV

88% Reduction

SHC
$72,000
per HAPI
HAPI Reduction

HAPI Incidence Q1 2014 to Q4 2016

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Questions
References


