

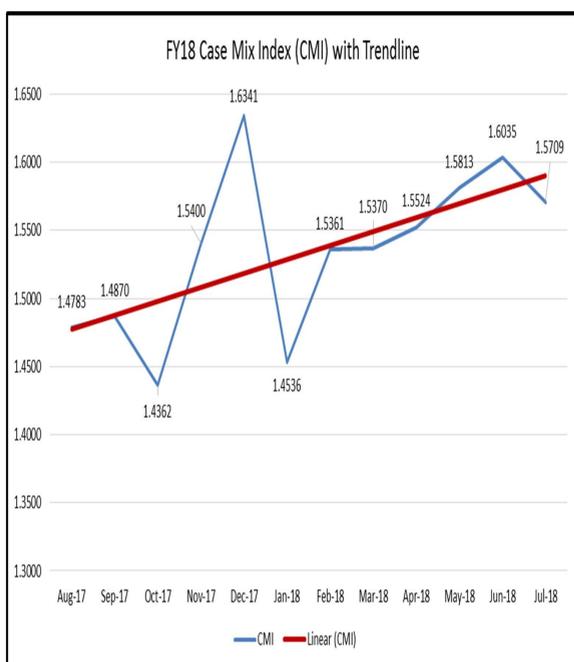
# Looking at the Bigger Picture of Hospital Acquired Pressure Injuries (HAPI)

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## Description

Pressure injuries affect over 2.5 million patients per year with a cost in the U.S. between \$9.1-\$11.6 billion. Medicare estimated in 2007 that each pressure injury added \$43,180 in costs to a hospital stay. A multi-faceted approach is needed to reduce hospital-acquired pressure injuries (HAPI) & capture acuity of patients.

To determine causes of HAPI, an in-depth analysis needed to be performed to evaluate: ED length of stay; OR pressure injury (PI) prevention compliance; bed surfaces; repositioning; Braden scores; labs; & medications. Provider involvement would be critical to improve documentation and capture patient acuity. A review of nursing documentation & wound care notes to determine if we had consistency in care & documentation. Front line staff engagement in knowledge surveys and implementation of turn teams was essential.

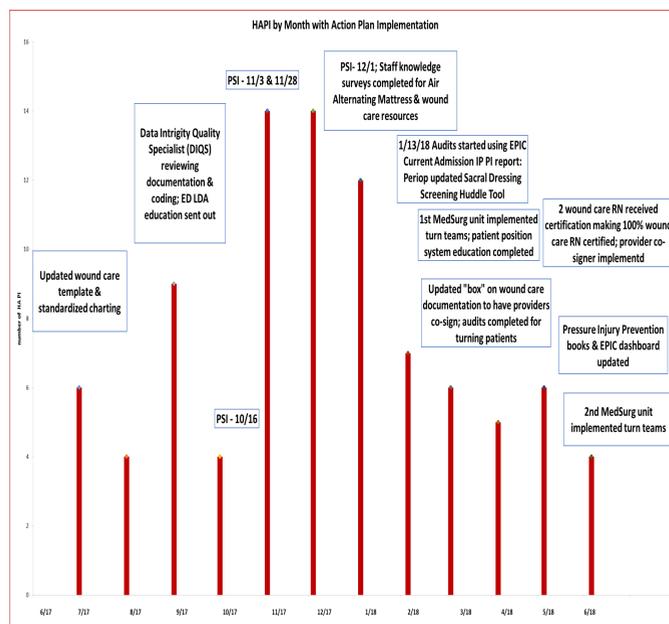


### References:

Agency for Healthcare Research & Quality (AHRQ) Internet Citation: 1. Are we ready for this change?. Content last reviewed October 2014. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/systems/hospital/pressureulcertoolkit/putool1.html>  
 "The Financial Impact of Pressure Ulcers," Leaf Healthcare, 2016

## Aim

Reduce HAPI by 5%, within 2 years, using data and staff input.



## Summary of Results

Utilization of a multi-faceted approach has led to a decrease in HAPIs. The monthly incident rate has decreased from 0.90 (FY17) to 0.55 (FY18). The CMI has increased from 1.4752 (FY17) to 1.5345 (FY18).

## Action Taken

- Staff knowledge surveys completed on air-alternating mattress & wound care education material.
- A new process for an in-depth analysis of PI causes was designed & implemented. Results were used to drive change.
- Provider education was completed to capture patient acuity & PI documentation.
- Data Integrity Quality Specialists (DIQS) reviewed charts to ensure accurate coding of PIs, as well as reduce Provider queries.
- Turn teams were implemented by front-line staff.

HAPI per Month with Monthly Incident Rate FY18

