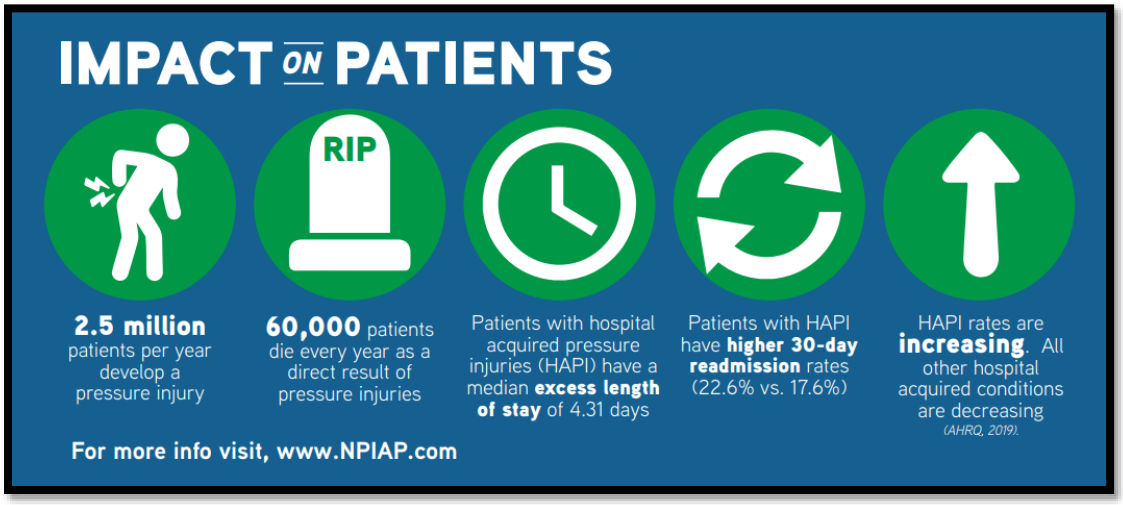
Walk with the Wound, Ostomy and Continence (WOC) + Step into a Brighter Future of Pressure Injury Prevention

Below is a Change Pathway based on Emory Hillandale's presentation (Link) on April 26, 2022. Use the steps below for performance improvement and action planning.

Why Now

According to information from the National Pressure Injury Advisory Panel (NPIAP), pressure injuries negatively impact hospital patients, deaths, length of stay and 30-day readmissions. In addition, patient care cost per pressure injury can range from $20K to $150K and are the second most common claim after wrongful death.

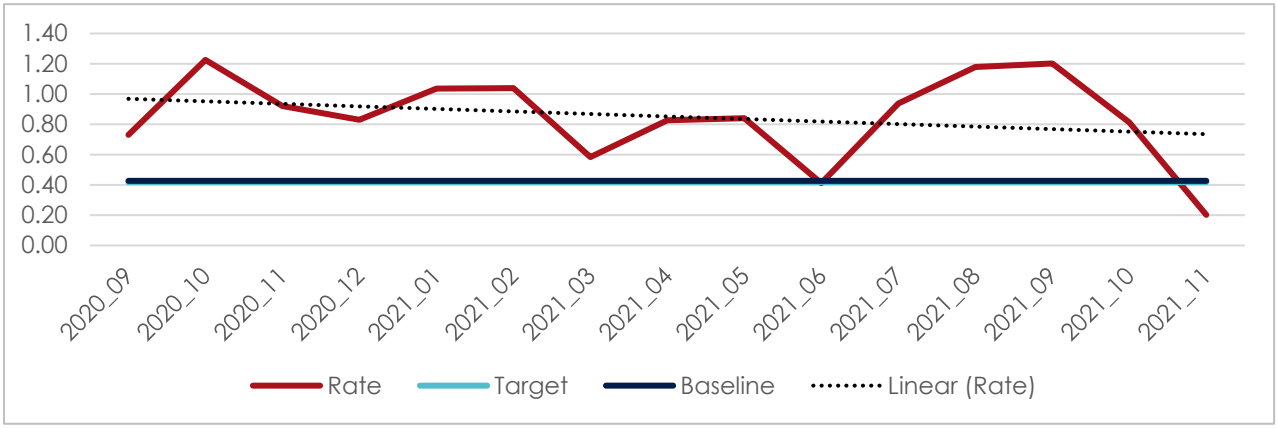






Trends/Data

Below is an example of recent trends among the Hospital Quality Improvement Contracts (HQICs) that show a slight downward trend in Pressure Injuries (3+) per 1,000 Medical or Surgical Discharges since the start of the program in September 2020. Source: Centers for Medicare and Medicaid Services Medicare Claims



Common Barriers and Solutions

Challenges	Solutions
We have no staff!	Teamwork and teach to work smarter
Why do we do this, other places don't do this!	Better patient care outcomes
We can't afford to do this!	Can we afford not to? Build the business case to support
Staff turnover	Continuous education and recruitment
Leadership changes	Continuous relationship building and explanation of program with results
Lack of patient compliance	Patient education and family engagement

Identify a Root Cause and Goal

Fill in the Fishbone Diagram (PDF) to identify the causes and effects of an event and get to the root cause.

Check out the Fishbone Diagram Example (PDF) for hospital-acquired pressure injuries (HAPIs) on the Alliant HQIC website.

Fill in the Plan-Do-Study-Act (PDSA) Worksheet (PDF) to identify your goal and complete the PDSA cycle for test of change and improvement.

Leading Interventions and Practices

Beginner	Intermediate	Expert
Identify a leader or champion and form a multidisciplinary team (Link)	Collect and analyze prevalence and incidence data (Link)	Present business case to leadership (Link) to get buy-in and funding for support surface purchase and replacement
Conduct a risk assessment (Link) and use the Braden Scale (PDF)	Implement four eyes in four hours (Link) for patient safety	Implement teach back methodology (Link) regarding patient risk and expectations
Review best practices (Link)and checklist (Link) including critical care (PDF)	Create skin breakdown prevention and treatment decision trees. See examples in presentation (Link)	Conduct a failure mode effects analysis (Link) to preventing pressure injuries

AIM Statement

By (date), the team at (hospital) will implement (intervention) to improve (the problem) by (how much) to benefit (for whom).

Example: By June 2022, we will form a team and begin monthly prevalence audits to understand variations in patient care in an effort to decrease hospital-acquired pressure injuries with the goal of obtaining and sustaining a zero rate.

Reach out to your HQIC performance improvement coach for assistance.

Health Equity and Patient and Family Engagement

- Skin and Wound Challenges in People of Color (Link)
- Agency for Healthcare Research and Quality (AHRQ's) Teach Back Methodology (Link)
- Increasing Diversity in Patient and Family Advisory Councils (PDF)

Resources

1. HAPI Prevalence Audit Tool (Link)
2. NPIAP Pressure Injury Prevention Points (Link)
3. Leadership Support in Highly Reliable Pressure Injury Prevention (10 min video) (Link)
4. Pressure Injuries Coaching Package (PDF) (updated version available soon on Alliant website (Link))
5. NPIAP
    a. Read "*Unavoidable Pressure Injury during COVID-19 Pandemic: A Position Paper from the NPAIP*" (PDF)
6. COVID-19 Pressure Injury-Related Articles
    a. Medical Device–Related Pressure Injuries During the COVID-19 Pandemic (Link)
    b. Pressure Injury Prevention in COVID-19 Patients with Acute Respiratory Distress Syndrome (Link)
    c. The Importance of Pressure Injury Evidence During COVID-19 (Link)
7. AHRQ Comprehensive Skin Assessment Video (Link)

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