

One Minute or Two Can Transform Pressure Injury Prevention for You: Innovative Education To Improve Engagement, Knowledge, & HAPI Rates

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ABSTRACT

Hospital-acquired pressure injuries (HAPIs) continue to be a challenge, despite the availability of evidence-based practice strategies. Covid-19 further hindered pressure injury (PI) prevention care by catalyzing short staffing, high turnover rates, and an increased numbers of new graduates with limited clinical experience.

Objectives: In this environment, innovative teaching methods are needed to motivate nurses to engage in pressure injury prevention initiatives and is directly correlated to HAPI reduction.

Methods: A 5N (medical surgical) random audit identified that only 60% of patients with a Braden score of <18 had PI prevention in place. Noting high HAPI rates in September on 5N (13), a 3-prong education initiative began, which included posters placed in different areas of the unit of all PI prevention products available, weekly roving education on the unit with demonstrations, and PowerPoint presentations done during unit staff meetings with a pre and post education test.

Results: Results of the pre and post education tests demonstrated higher scores on PI prevention knowledge after education was given. Nursing reported that weekly unit demonstrations were conducive to their schedule which increased compliance. HAPI rates on 5N decreased by 79% between August and October 2022 (13 to 3). Our educational program was started on 5N then was evaluated, modified, and rolled out onto rest of the units including PCU and ICUs.

OBJECTIVES

The purpose of this evidence-based practice project was to design and implement a systematic educational program initiative to increase engagement and decrease HAPI rates. An important component was respect for their nursing time and needs.

METHODS

The educational program initiative was launched using a three-step strategy. Initially, a visual one-page sheet product usage guide, listing all the available pressure prevention products was created and distributed to all units. Step two involved using the handout and simulation to provide unit-based product education, during a brief 1-2 minute just-in-time pressure prevention demonstration. The goal of this innovative education was to increase engagement and minimize time away from patient care, while providing focused education and an opportunity for staff to ask questions. The WOC staff collaborated with nursing management and Pressure Injury Prevention (PIP) representatives (staff nurses and patient care technicians), where available, to arrange for supportive education at unit council and staff meetings.

The final step was a presentation delivered to nurses during monthly staff meetings to support and reinforce the education already learned on the units. A QR code tested their knowledge. HAPI rates were evaluated after the program and compared to pre-program rates.

FIGURE 1 Equipment Handout

PRESSURE PREVENTION TOOLS

<p>HUC CAN ORDER THE BELOW ITEMS</p>  <p>TORTOISE POSITIONING SYSTEM Located in every clean equipment room. HUC orders through I-shop (Lawson # 300941290)</p>  <p>EHOB WEDGES HUC can order through PAR (order # 1000462296)</p>	<p>PREVALON SEATED POSITIONING SYSTEM HUC can order through PAR (order # 293125)</p> <p>BELOW ITEMS FOUND IN PAR ROOMS ON UNIT</p>  <p>LEAF SENSOR Found in supply rooms. Place if pt meets unit criteria.</p>	<p>BEDS/PUMPS/CUSHIONS</p>  <p>ISOTOUR MATTRESS PUMP (NOT IN ICU) Be sure power cord is plugged into wall and pump and air hose are plugged into bed end pump. Turn on, if hoses are missing, HUC can call EVS 37098</p>  <p>ICU BED Click on surfaces, confirm weight. Ensure middle button (see above) is highlighted.</p>
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Z-FLEX BOOTS
HUC can order through PAR (order # 417200)

MEPILEX SACRAL DRESSING
Found in supply room.



Thanks for your time and efforts!

RESULTS

- Teamwork improved as WOC team developed relationships with staff.
- Nurses and PCTs demonstrated interest to join PIP (pressure injury prevention) team.
- HAPI rates decreased.
- Nursing autonomy increased.
- Innovation is needed to address current climate of nursing practice to improve outcomes.

DISCUSSION

- WOC team recognized need for education to begin during orientation process and is collaborating with Education department.
- Teaching materials need to be modified based on changes in practice.
- PIP leaders on 5N directly impact staff knowledge and pressure injury prevention.
- Recognized need for management to engage staff to join PIP team to support their units
- Use of QR Code resources to test knowledge
- Autonomy and confidence are needed to ensure quality care.

FIGURE 2 Bedside Simulation-Roving Education



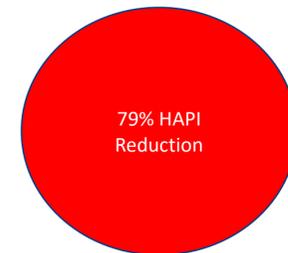
FIGURE 3 Unit Meeting Education



Figure 4 Test your knowledge



Figure 5 HAPI reduction October 2021



CONCLUSIONS

After initiation of the innovative education program, HAPI rates had a 79% reduction. Anecdotal evidence also demonstrated increase staff engagement and appreciation for the education.

Need for continuing education for bedside nursing staff necessitates modification and innovation.

Offloading and skin assessment are the best mechanisms to prevent pressure injuries. The WOC team identified a knowledge deficit with skin assessment and usage of preventative products. The skin is the largest organ and the body's first line of defense. Nurses spend the most time at the bedside compared to other caregivers therefore, all nurses are "skin nurses".

REFERENCES

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