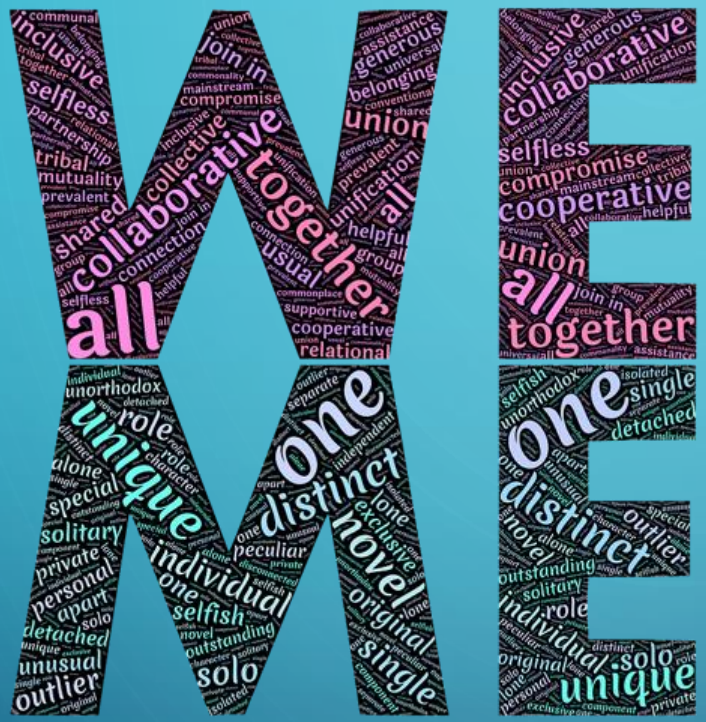
WELCOME!



Proud

Describe your HAPI proud

Name, Hospital

Need / Challenge

Describe your HAPI pain point

Name, Hospital

WHAT MATTERS TO ME

Jackie Conrad RN, Improvement Advisor, Cynosure Health

PERHAPS FIGURING OUT
WHAT MATTERS MOST
MATTERS MOST

TAKE A MOMENT TO MEET A STRANGER

SHARE WHAT MATTERS TO YOU

PLAN FOR THE DAY

Morning

- Collect bright spots and challenges
- Fresh Thinking about HAPI
- Documentation / Coding
- Hospital Story
- Cross Cutting Strategies: PFE, SPH, Mobility

Afternoon

- SSKIN Bundle
- Discovering your Direction
- Small group conversations about bright spots with report out from each site to the large group

BUILDING CAPACITY AND THINKING DIFFERENTLY ABOUT PRESSURE INJURIES

FEBRUARY 12, 2020

JACKIE CONRAD BS, RN, MBA, RCC™

IMPROVEMENT ADVISOR

Cynosure HEALTH

MAGNITUDE OF THE PROBLEM

- About **1.2 million** cases of HAPI occurred in 2015 – 36.3 per 1000 discharges. **31.6%** of total HACs.
- Patients with a PI have **longer length of stay** (7 vs 3), **higher mortality** (9.1% vs 1.8%) and **higher costs** (Median cost $36,500 vs $17,200
- More than **17,000** PI related lawsuits (avg cost $250,000) were filed each year. PIs are the second most common claim after wrongful death.
- As of 2008, CMS doesn't pay for HAPI
- Up to **60,000** Americans die each year as a direct result of PI. (47,600 died in 2017 from the opioid

The challenge of pressure injuries

Statistics related to pressure injuries (PIs) are alarming.

- About **1.2 million** cases of hospital-acquired PIs occurred in 2015—36.3 per 1,000 discharges (**31.6%** of total hospital-acquired conditions).
- Patients with PIs have **longer lengths of stay** (7 vs. 3 days), **higher mortality** (9.1% vs. 1.8%), and **higher costs** (median total cost of $36,500 vs. $17,200), compared to those without PIs.
- More than **17,000** PI-related lawsuits (average cost $250,000) are filed each year. PIs are the second most common claim after wrongful death; more common than falls or emotional distress.
- As of 2008, the Centers for Medicare and Medicaid Services **doesn't pay** for hospital-acquired PIs.
- Up to **60,000** Americans **die** each year as a direct result of a PI.

Emergency department challenges

- Carts with mattresses that provide little support
- Long wait times for a bed
- Lack of PI prevention awareness
- Attitude of insufficient time for prevention because "We're busy saving their lives."

Perioperative challenges

- OR tables provide insufficient support
- Inability to assess some areas during surgery
- Failure to understand that a PI discovered after surgery originated during the procedure, so feedback not provided to OR staff

Critical care challenges

- Multiple medical devices can cause PIs
- Lack of mobility
- Hemodynamic instability that reduces blood flow to the skin
- Difficult positioning related to equipment

Medical/surgical challenges

- The variety of stakeholders leads to challenges in creating comprehensive prevention programs
- Lack of common assessment tools

Note: Older and younger patients and those with nutritional problems, as well as clinicians' insufficient knowledge of the importance of support surfaces (and how to choose one), create challenges in all acute-care areas.

Sources: 2016 National Healthcare Quality and Disparities Report chartbook on patient safety. Rockville, MD: Agency for Healthcare Research and Quality; July 2017. AHRQ Pub. No. 17-0037-EF. Sidy Ou-Yang, Bauer K, Rich K, Nassal M, Jones D, Gu W. Pressure ulcers in the United States' inpatient population from 2008 to 2012: Results of a retrospective nationwide study. Ostomy Wound Manage. 2016;62(11):30-8. Agency for Healthcare Research and Quality. Preventing pressure ulcers in hospitals: Are we ready for the change? 2014. bit.ly/2HWbKd.

AmericanNurseToday.com May 2018 Pressure Injuries 7

[Pressure Injuries: Prevention across the acute-care continuum]

PRESSURE INJURY PREVENTION CONCEPTS

1

Structure + Process = Outcome

2

Be specific on the what, let the locals decide the how

3

Culture of preventative care

PRESSURE INJURY GAPS

Revisiting Competency

Staff skills in preventing recognizing, staging and documenting wounds

STAFF

System's ability to deliver preventative skin care measures reliably

LEADERSHIP

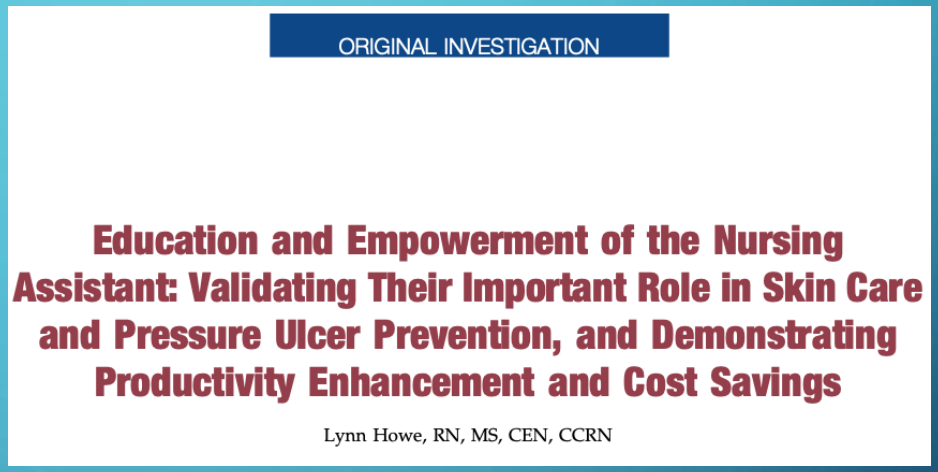
Is it Either?
OR
Is it BOTH?

HOW DO YOU KEEP THE FOCUS ON PREVENTION?

THE ROLE OF SKIN CHAMPIONS

- Keep the focus on prevention
- Technical expert
- Real time coaching and education
- Prevalence studies

NOT JUST FOR NURSES…ANOTHER UNTAPPED RESOURCE



ORIGINAL INVESTIGATION

Education and Empowerment of the Nursing Assistant: Validating Their Important Role in Skin Care and Pressure Ulcer Prevention, and Demonstrating Productivity Enhancement and Cost Savings

Lynn Howe, RN, MS, CEN, CCRN

Empowering UAP to champion pressure ulcer prevention

CNA Champions in HAPI Prevention

SHARE YOUR EXPERIENCE

- Have you tapped into unlicensed assistive personnel, i.e. techs and nursing assistants as champions?
- What has been your experience?

WIIFM?

- Professional pride
- Being part of a team
- Making a difference
- Being a leader
- What do you do to support your champions?

ASSESSING RISK: BEYOND A SCORE

ICU STUDY

- Four variables were significant:
  - Any transport off the unit
  - Number of days to change to appropriate support surface (> 2 was significant)
  - Systolic blood pressure of < 90mm hg
  - Use of > 1 vasopressor

A Model of Pressure, Oxygenation and Perfusion Risk Factors for PU in the ICU

HAPI INCIDENCE AND HAZARD RISK STUDY

- Factors associated with HAPI development:
  - Braden score of 13 or less
  - Surgical admissions
- The LOS averaged 11.4 days when the HAPI developed
  - 42% were stage 2
  - 38% were deep tissue injuries
  - 20% were from medical devices

Risk Adjusted Comparisons for HAPI in an Integrated Healthcare Delivery System

CRITICAL CARE CHALLENGES AND SOLUTIONS

Challenges	Solutions
Hemodynamic Instability "Too Unstable to Turn"	Training to Turn with incremental 15 degree shifting. Allow patient time to stabilize after turn. Pair experience RNs with those fearful of turning critically ill patients. Progress mobility to reduce days on ventilation and LOS in ICU.
Medical Devices	Pad and protect skin under devices. Frequent skin checks. "*Out of sight is not out of mind*"
Patient Complexity	Bundle Care – follow SSKIN. Early placement on superior support surfaces with low air loss features. Avoid HOB elevation greater than 30 degree when possible. Sacral dressing, heel protection. For tube feedings prescribe amount, not a schedule. Weekly PIP rounds to assess measures
Transport off unit	Provide skin protection while off unit. Overlays for gurney or high specification foam gurney pads.
Friction and shear with lateral transfers	Provide the right equipment – glide sheets, lifts Sacral dressings for high risk patients

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ENTRY POINT CHALLENGES

ED CHALLENGES AND SOLUTIONS

Challenges	Solutions
Competing urgent priorities	PUP Team of Skin Champions in the ED Provide data on magnitude of the problem
Incomplete assessments (pt not fully undressed)	Skin guardians rounding to assure high risk pts are fully assessed
Carts with mattresses that provide little support	Mattress overlays for high risk patients, hospital beds for boarders Heel Protection
Long wait times	Activate interventions early for HR pts before boarder status: S – Surface K – Keep Moving I - Incontinence N - Nutrition
Little attention to nutrition	Provide meals and snacks to non-NPO patients
Lack of PI prevention awareness	Educate ED RNs. Use ENA Code of Ethics
Friction and shear with lateral transfers	Provide the right equipment – glide sheets Sacral dressings for high risk patients Avoid HOB > 30 if possible
Patient condition	Use a risk screen in triage to activate interventions early

OPERATING ROOM CHALLENGES AND SOLUTIONS

Challenges	Solutions
OR tables provide insufficient support	Hi specification, reactive or alternating pressure mattresses for high risk patients or procedures > 3H. Use preoperatively and post operatively. Heel Protection
Inability to assess some areas during surgery	Follow AORN positioning guidelines. Frequent checks of positioning, padding, and support surfaces during the procedure. "*Out of sight is not out of mind*"
Failure to understand that an injury discovered after surgery originated during the procedure.	Loop back to surgical staff when an injury appears 48 to 72 hrs. post operatively. Involve surgical staff in investigation. Document positioning during procedure.
Lack of awareness of PI risks	Educate surgical teams. Screen for risk prior to surgery and assemble required equipment to minimize pressure and optimize perfusion pre-intra-postoperatively.
Friction and shear with lateral transfers	Provide the right equipment – glide sheets, lifts Sacral dressings for high risk patients
Patient condition	Use a risk screen prior to surgery interventions early (Scott or Munro)

DO WE HAVE
OR AND ED
BEST PRACTICE HOSPITALS HERE TODAY?

WHAT ARE YOUR TAKEAWAYS?

VALUE PROPOSITION FOLLOW THE MONEY

CAPTURING PRESENT ON ADMISSION

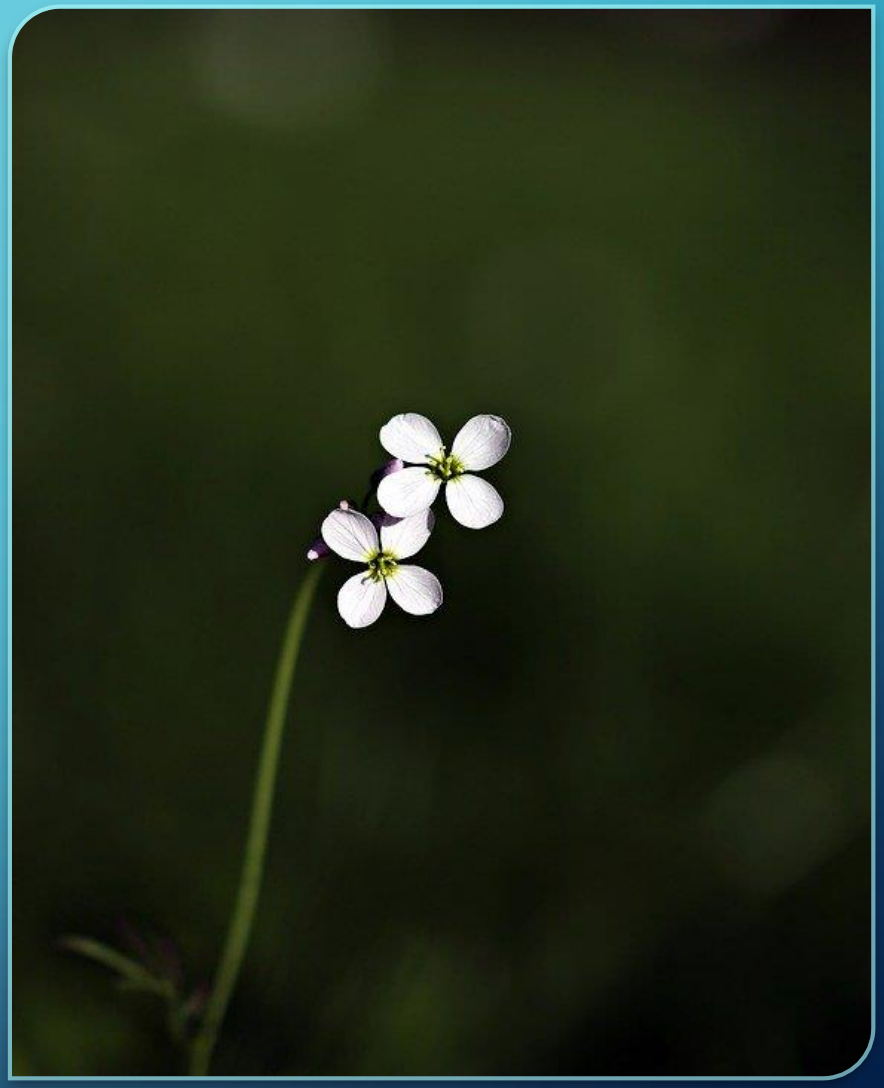
AND OTHER DOCUMENTATION CHALLENGES

MONETARY COST OF HAPI

- Cost of a Pressure Injury (AHRQ)
  - Range: $8.573 - $21,075
  - Estimated additional cost $14,506

LET'S GET PERSONAL

Do you know the cost of a HAPI in your organization?



HOW RELIABLE IS REPORTING?

2012 Medicare Data

Among transfers with a POA PI reported, only

34%

had a PI documented at the prior facility

Consistency of pressure injury documentation across interfacility transfers

BARRIERS TO DOCUMENTING PRESSURE INJURIES POA

- Accountability– who is responsible?
- Lack of confidence in staging and describing the wound
- Time pressures
- Is the patient undressed?
- What else?

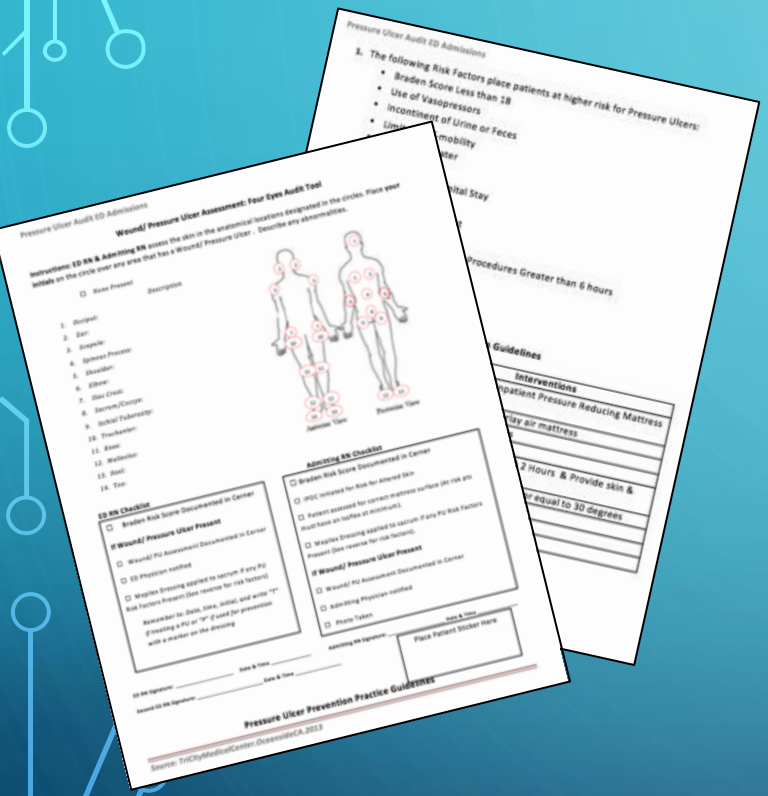
PRESSURE INJURY CODING 101

- If it isn't documented it can't be coded
- Components
  - Site
  - Stage (1-4, unstageable, unspecified)
  - POA status
- Staging can be documented by the clinician
- The diagnosis of pressure injury must be documented by the provider
- Ensure site of pressure injury is consistent, i.e. coccyx vs sacrum

COMPLEXITIES

- **Unstageable**
  - Unable to stage until the wound bed in visible
  - Able to indicate POA yes or no
- **POA Pressure Injury evolves or worsen**s, i.e. L heel progresses from stage 2 on admit to stage 3.
  - Code L heel stage 2 POA yes
  - Code L heel stage 3 POA no
- **Kennedy Ulcers / Skin Failure**
  - POA No
  - L89.159 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis of sacral injury, unspecified stage L00 – L99 Diseases of the skin and subcutaneous tissue
  - The 2020 edition of ICD-10-CM L89.159 became effective on October 1, 2019

STRATEGIES TO CAPTURE POA



4 Eyes
4 Hours

Four Eyes Assessment
Four eyes in Four hours Case Study

OTHER STRATEGIES TO IMPROVE DOCUMENTATION / CODING

REAL-TIME REVIEW OF ADMISSION DOCUMENTATION BY SUPERVISOR

PHOTOGRAPHY

WOCN PHOTOGRAPHY IN WOUND DOCUMENTATION FACT SHEET

PHONE A FRIEND

QUALITY CONTROL CHECK

- Perform pre-bill reviews of all charts coded with a Stage 3,4 or unstageable pressure injury coded with POA of N or Y.
- Verify POA status
- Verify consistency of stage, query provider for clarification if necessary or have a one-on-one discussion

QUESTIONS / REFLECTIONS

Cynosure HEALTH

CROSS CUTTING STRATEGIES TO PREVENT PRESSURE INJURY

FEBRUARY 12, 2020

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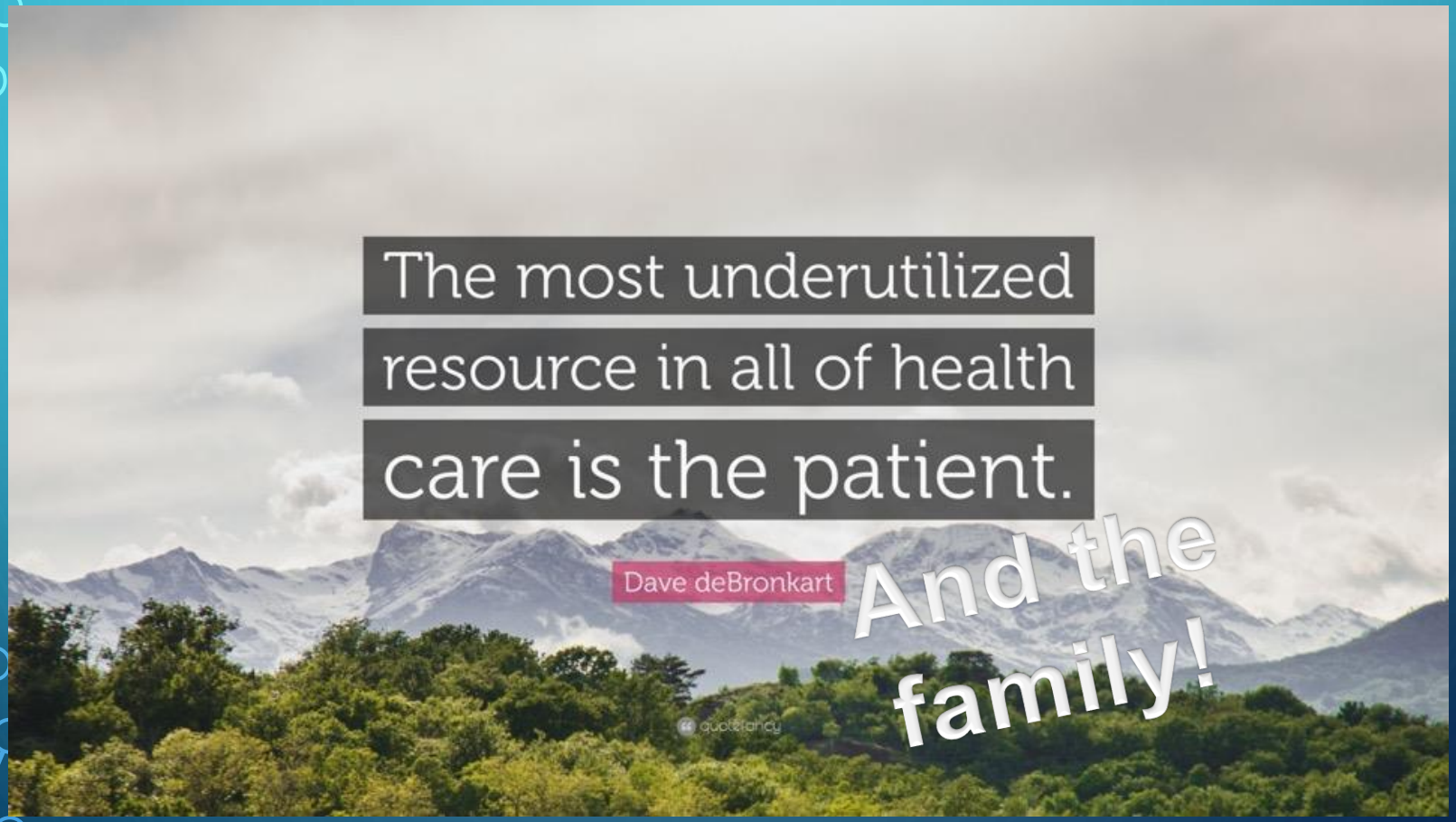

The most underutilized
resource in all of health
care is the patient.
Dave deBronkart
And the
family!

THE ROLE OF PATIENTS IN PRESSURE INJURY PREVENTION

Role of Patients in PIP

McInnes et al. BMC Nursing 2014, 13:41
http://www.biomedcentral.com/1472-6955/13/41

BMC Nursing

RESEARCH ARTICLE Open Access

The role of patients in pressure injury prevention: a survey of acute care patients

Elizabeth McInnes[1,2*], Wendy Chaboyer[3], Edel Murray[4], Todd Allen[1] and Peter Jones[5]

Abstract

Background: Pressure injury prevention (PIP) is an important area of patient safety. Encouraging patient participation in care is a growing trend in healthcare as it can increase adherence to treatment plans and improve outcomes. Patients in acute care settings may be able to take on an active role in PIP. However, there is limited information on patients' views of their perceived role in PIP. The aims of our study were to survey hospitalised patients' views on a) their perceived roles in PIP and, b) factors that enable or inhibit patient participation in PIP strategies.

Methods: Eligible participants were 18 years of age or older, from a neurology or orthopaedic ward and had been admitted to hospital at least 24 hours prior to enrolment in the study. A questionnaire comprising of fixed and open-ended responses was administered by researchers to participants. Numerical data was analysed descriptively and free-text comments were content-analysed and grouped into themes.

Results: The mean age of participants (n = 51) was 65 years (sd = 16.6); over half were female and three quarters were orthopaedic surgical patients. Eighty-six per cent of participants understood the concept of pressure injury and 80% agreed that patients have a role in PIP. Participants nominated the following PIP strategies that could be undertaken by patients: *Keep skin healthy*; *Listen to your body* and *Looking after the inside*. Strategies required for patient participation in PIP were represented by three themes: *Manage pain and discomfort*; *Work together*; *Ongoing PI education*.

Conclusion: To ensure successful participation in PIP, patients require education throughout admission, management of pain and discomfort and a supportive and collaborative relationship with health care staff. Health professionals should identify patient ability and motivation to prevent pressure injury (PI), work in partnership with patients to adhere to PIP, and ensure that PIP actions are facilitated with appropriate pain relief.

Keywords: Patient views, Patient participation, Pressure injury prevention

PATIENTS WANT TO BE INVOLVED

- FEAR: Associate getting a HAPI with LTC
- Skin Care is Basic:
  - Keep skin healthy, clean
  - Listen to your body for when you need to move
  - Look after the inside: eat and drink more
- Help me participate in PIP
  - Address pain and discomfort
  - Be prompt and help me when I need it
  - Teach me when I are ready and often

CONSIDER ALL THE TOUCHPOINTS

WHEN ASSISTING WITH BATHING

MEAL TIMES

WHILE AMBULATING

PICK A NUMBER

Where are you on the Patient Family Partnership Continuum?

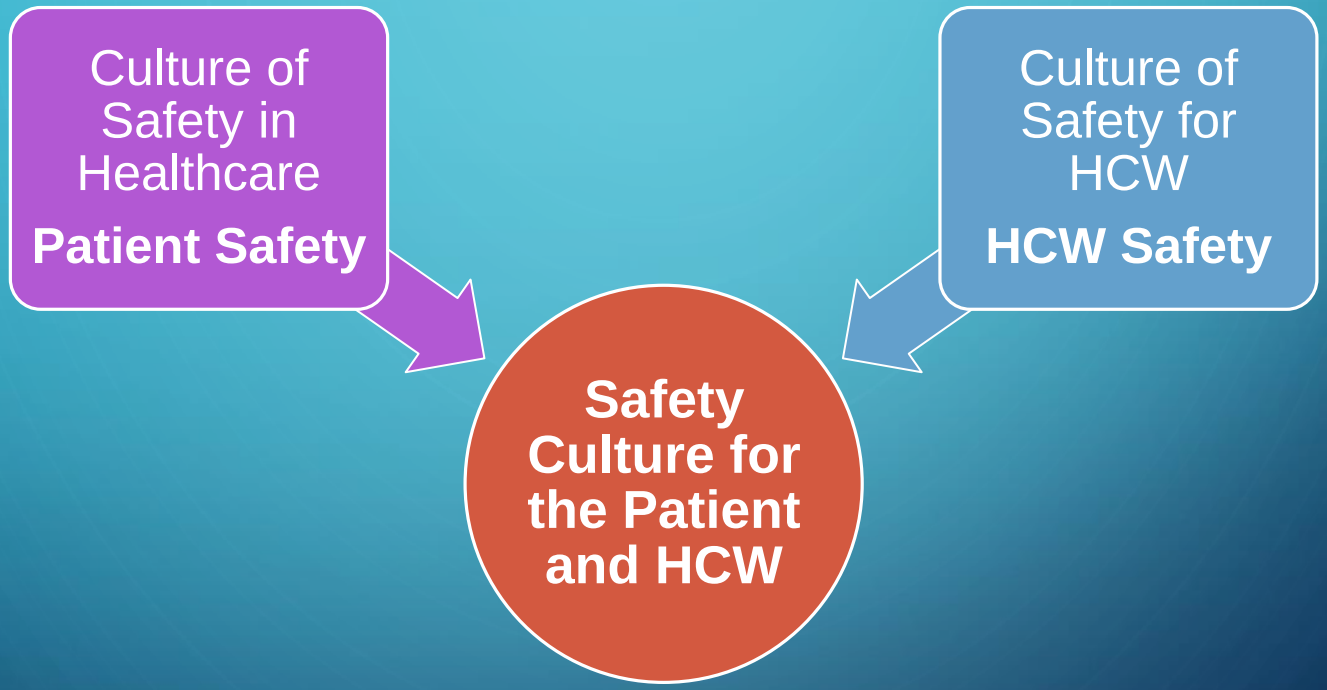
0
Limited pt / family involvement in care. Noncompliance a concern. Family involvement a safety concern

5
Patient teaching seen as valuable by majority of staff but not fully embraced.

10
Structures resources in place to support pt and family involvement. Leaders round to reinforce safety. Teach-back is effective

INTEGRATING SAFE PATIENT HANDLING AND PRESSURE INJURY PREVENTION

TIME TO SHIFT THE PARADIGM



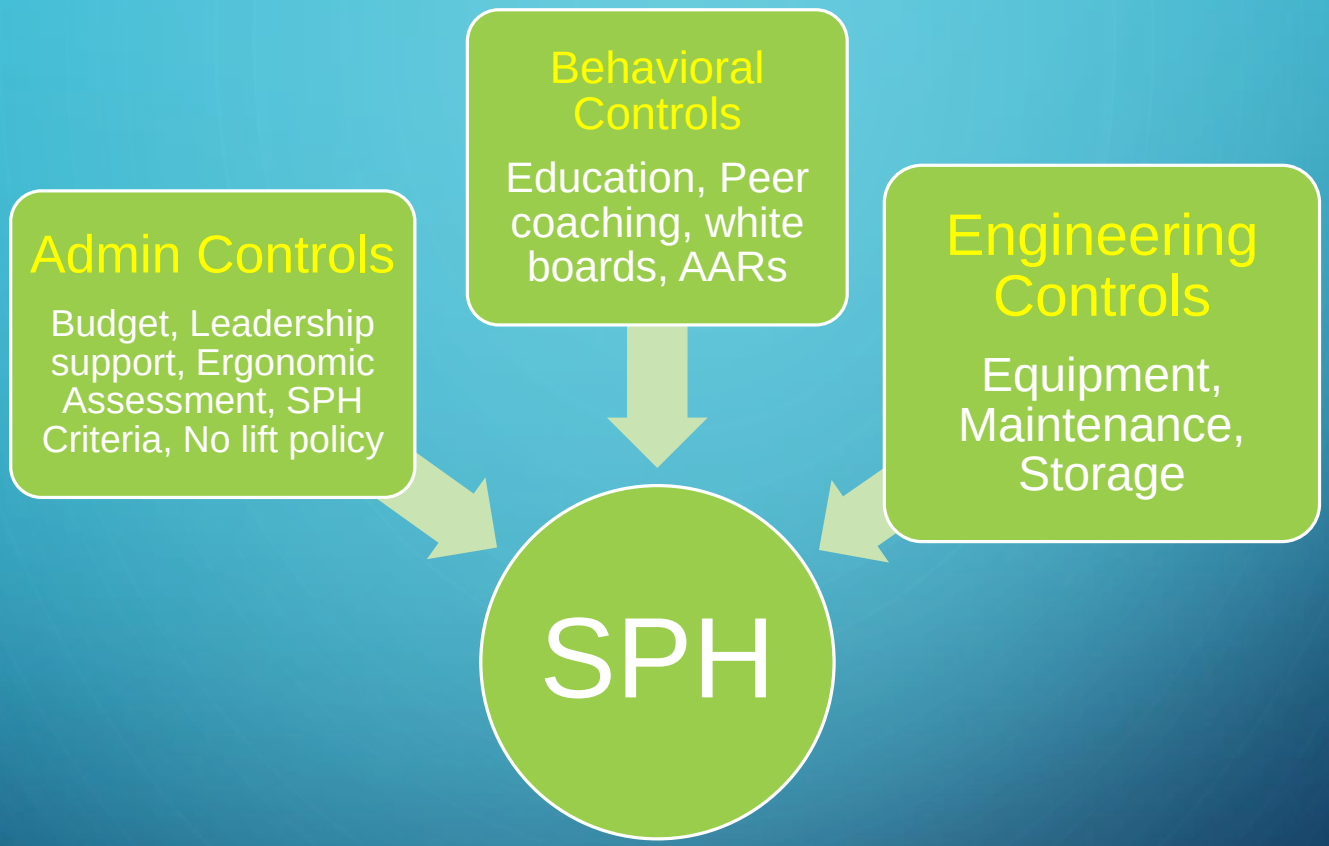
↓ Repetitive motion injury
↓ Musculoskeletal injury
↓ Days away from work
↓ Staffing challenges
Loss of experienced staff
Nursing shortage

↓ Skin Injury
↓ Costs
↓ Pain and suffering
↓ Hospital LOS
↓ ICU LOS

↓ Hospital LOS
↓ ICU LOS
↓ Skin Injury
↓ CAUTI
↓ Delirium
↓ Time on the vent

↓ Falls
↓ Falls with injury
↓ Hospital LOS

Slide Courtesy of K. Vollman



Zadvinskis, I., Salsbury, S., (2010) Effects of a Multifaceted Minimal-Lift Environment for Nursing Staff: Pilot Results. *Western Journal of Nursing Research, 32 (1) 47-63.*

LINK SAFE PATIENT HANDLING & MOBILITY TRAINING

Safe Patient Handling

- Use of equipment – lifts, lateral devices
- Assisting in bed activities
- Lifting limits – not > 35 lbs.
- Use SPH coaches when lifts used
- How to avoid friction / shear

Mobility Training

- Assessing ambulation skills
- Use of gait belts
- Control of a fall
- Assisting with ambulation
- Screening for correct fit of mobility aid
- Special populations:
  - Hip precautions
  - Hemiplegia
  - Parkinson's

PICK A NUMBER

Where are you on the Safe Patient Handling Continuum?

0
No training
Equipment not Available or not used

5
Training provided. Adoption of use of equipment 50%

10
SPH policies, equipment in place. Staff follow SPH. Coaches on duty to help with specific pts.

CREATE A CULTURE OF MOBILITY

- Train Family to mobilize – wrist band to identify trained caregivers
- Order Modifications
  - Delete orders for
    - Bedrest, up ad lib
  - Replace with specific orders
    - Times, activities, distance
  - Mobility orders to flow to task list
  - Up in Chair for Meals
- Build Documentation Fields - centralize
- Collect data

HUMANIZING THE HOSPITAL ROUTINE

- AM:
  - Up to toilet
  - Teeth brushed
  - Face washed
  - Up for breakfast
- Lunch
  - Up to toilet
  - Hands washed
  - Up for Lunch
- Dinner
  - Up to Toilet
  - Hands Washed
  - Up for Dinner
- Evening
  - Up to toilet
  - Hands & Face Washed
  - Teeth brushed
  - Sleep Hygiene













SPH / MOBILITY IMPROVES OUTCOMES

Case Study: Franciscan Michigan City

- 3 mobility trained nursing assistants
  - 70% reduction in HAPI
  - 40% reduction in worker injuries
  - 45% reduction in RN turnover
  - 43% reduction in readmission
  - 39% reduction in d/c to SNF

PICK A NUMBER

Where are you on the Mobility Continuum?

0
Stay in Bed.
No activity orders.

5
Out of bed for some meals.
Therapy ambulates

10
Mobilized to best ability daily.
Mobility Documented.
Interdisciplinary collab

LUNCH 12:15 – 1:15

- **Don’t forget your HAPI Prouds and Challenges**

Proud

Describe your HAPI proud

Name, Hospital

Need / Challenge

Describe your HAPI pain point

Name, Hospital