

BACKGROUND

Hospital-acquired pressure injuries (HAPIs) are a costly and preventable patient safety issue.

- HAPIs increase morbidity, length of stay, and healthcare costs (\$10,000–\$70,000 per case).
- In critical care units (SICU, NSCU, MICU), patients are at high risk (2-40% higher) due to immobility, sedation, and complex medical needs.
- Baseline audits revealed inconsistent prevention bundle use and documentation, contributing to higher HAPI rates

PURPOSE

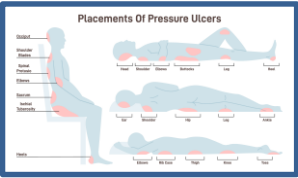
- To decrease HAPI rates in SICU/NSCU/MICU by $\geq 10\%$ within one year
- To improve compliance with prevention bundle protocols
- To achieve measurable cost savings through reduction in HAPI incidence

HAPI DATA

Unit / Quarter	1Q2025	2Q2025
MICU	10	2
SICU/NSCU	0	2

PRESSURE INJURY PREVENTION

- Use of Sacral border pressure dressing and Heel Protector for patients determined to be at risk.
- Heel Protectors will be used on All non-ambulatory patients or patients with Braden score of 18 or lower/Braden QS 13 or greater.
- Assess skin under PIP Every Shift
- Assess and evaluate Skin under Medical Devices at least once per shift
- **Avoid Positioning Patient on an area of erythema or pressure injury**



Consider bedfast and chairfast individuals to be at risk for development of pressure injury.

Assess pressure points, such as the sacrum, coccyx, buttocks, heels, ischium, trochanters, elbows and beneath medical devices. Place a thin foam or breathable dressing under Medical Devices

When inspecting darkly pigmented skin, look for changes in skin tone, temperature, tissue consistency

Cleanse the skin promptly after episodes of incontinence. Use skin moisturizers daily on dry skin

Ensure that heels are free from the bed. Use offloading devices

Use the Braden Scale / Braden QD Scale, to identify individuals at risk.

A good guideline for repositioning a bedbound patient is the "RULE of 30"

Head of bed is elevated at no more than 30 degrees. Laterally inclined position, tilt patients hips and shoulders 30 degrees from supine and use pillows or wedges to keep the patient positioned without pressure over the hips or buttocks

If the patient cannot be moved or is positioned with the head of the bed over 30 degrees apply foam dressing on Sacrogluteal area / Bony areas

Repeat the risk assessment at regular intervals and with any change in condition

METHODS

PLAN:

- Collaborate with wound care team to strengthen HAPI prevention bundle
- Standardize unit-based supplies for skin offloading and protection

DO:

- Implement daily RN-led skin checks with WOCN support
- Educate staff via huddles, posters, and monthly feedback reports
- Introduce pre-prepared WOCN pretreatment protocol for early DTI/Stage I ulcers

STUDY:

- Track compliance with bundle use via audits and checklists
- Monitor HAPI incidence monthly
- Collect staff feedback on barriers and facilitators

ACT:

- Adjust education and workflow based on compliance data
- Sustain interventions through leadership support and accountability

RESULTS

The initial results for this project are brief and tentative. This new project initiative will be tested over a year for better efficacy of our efforts to bring heightened awareness to the pressure injury prevention bundle and the preliminary measure protocol for pretreatment of skin injuries. On conclusion of this project, we will have more precise data to fill out the following information:

- HAPI rate decreased percent comparison
- Compliance with prevention bundle improved percent comparison
- Staff awareness and confidence increased, reported during huddles
- Projected annual cost savings \$XXX,XXX

CONCLUSIONS

- Structured QI interventions can significantly reduce HAPIs in critical care units
- Staff education and accountability are key drivers of success
- Cost savings reinforce the sustainability of the program

REFERENCES

