

# Pressure Injuries: Back-to-Basics strategies for success



Barbara Delmore PhD, RN, CWCN, MAPWCA, IIWCC-NYU, FAAN

Senior Nurse Scientist, Center for Innovations in the Advancement of Care (CIAC)

Clinical Assistant Professor, Hansjörg Wyss, Department of Plastic Surgery

NYU Langone Health, NY, NY

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Patient Safety: Navigating the New Normal

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# Disclosures

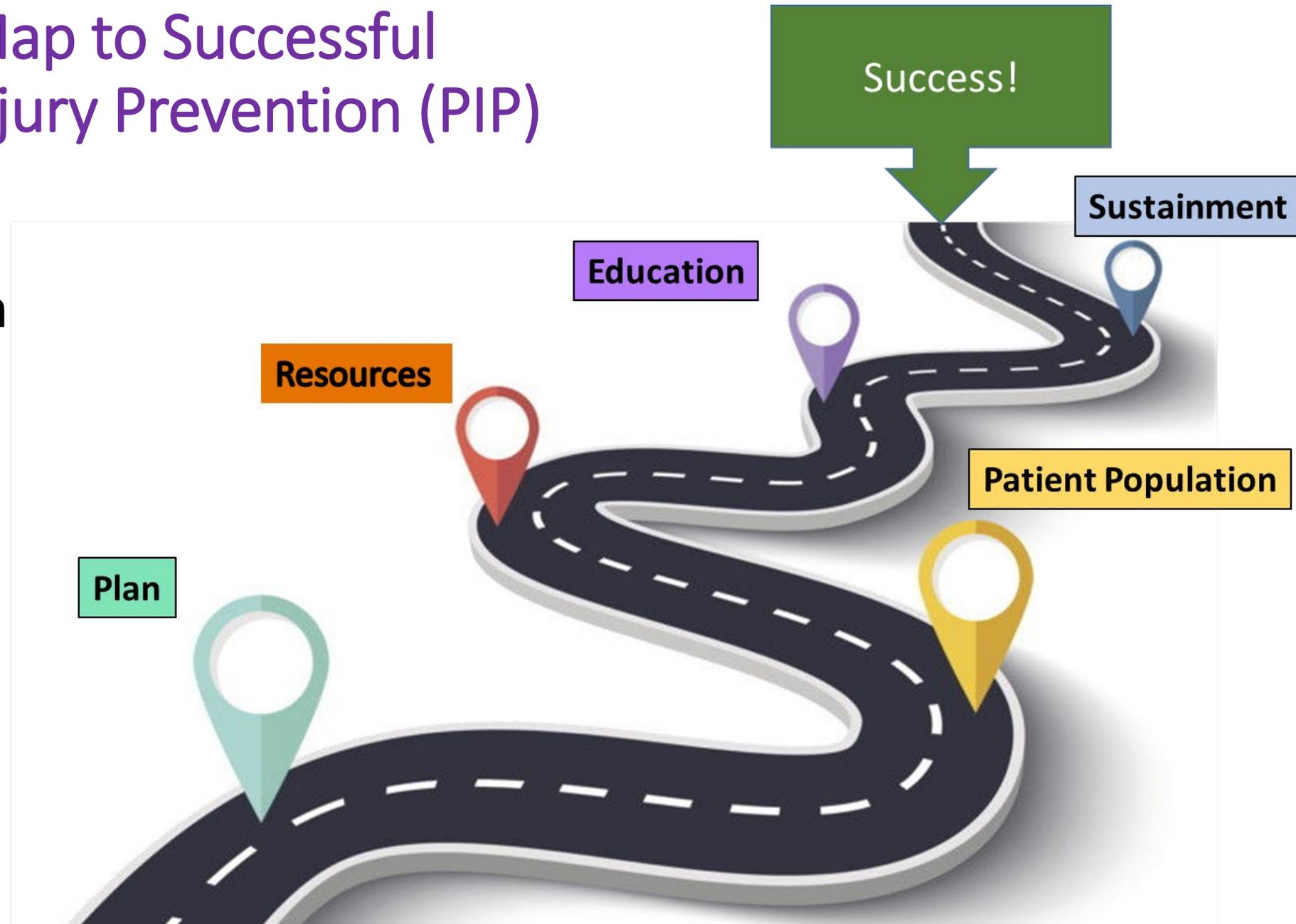
- Recent NPIAP Board of Director (Alumni)
- Editorial Advisory Board, Advances in Skin & Wound Care

# Learning objectives

- Develop a pressure injury prevention plan aligned with your patient population and organizational goals
- Identify opportunities for prevention that exist among your patient population
- Determine the necessary team members and experts for sustainable change

# Road Map to Successful Pressure Injury Prevention (PIP)

- Plan
- Patient Population
- Resources
- Education
- Sustainment





# Components of a Plan

- PIP Plan/Model
- Patient Population (vulnerable)
- Location of the vulnerable populations



# PIP Plan/Model



- Why important? <sup>1-4</sup>
  - Connects all the important elements of pressure injury prevention that require attention
    - Very complex process - Staff need to “connect the dots”
  - Provides a “picture” for what needs to be understood (knowledge) & accomplished (practice change) when changing or sustaining best practice
    - Colleagues need “reason” to change practice
  - Is supported by the latest evidence
  - Needs to be sustainable
    - We inherit, we cause and sometimes we cause things because we inherit so much!

# NYU Langone Health PIP Plan<sup>1,2,5,6</sup>



**Guidelines, Protocols & Procedures**

**Clinician Training**

**Assessment**

**Patient & Family Education**

**Skin Care**



**Pressure Redistribution Surfaces**

**Reducing Risk Factors**

**Nutrition/Hydration Assessment & Intervention**

# Patient Population



- Apply the plan to your vulnerable population
  - AKA high risk, high patient volume
- Who are your vulnerable populations?
  - Pressure Injuries (PrIs) are an equal opportunity opportunist
  - Sometimes condition & disease create vulnerability
  - Circumstances create vulnerability
  - Mix of conditions, diseases & circumstances create vulnerability



# Factors to Consider

## Vulnerable Populations & Location of those Populations<sup>6-8</sup>

- Certain populations more at risk
  - What makes a person at risk?
- Certain areas can increase risk
  - What locations can increase risk?





# Reasons for patients being vulnerable to PrIs

**PrIs equal opportunity condition – but with challenges for some more than others**

**Think beyond physical assessment as equally important!!!**

High disease burden  
Terminal patients

Age, weight,  
occupation

Homelessness,  
inadequate housing,  
lack of or insufficient  
healthcare insurance  
coverage

Economic classes,  
geographic locations  
(urban, suburban, rural),  
skin color, religious beliefs,  
lack of education

Physical  
disabilities,  
substance  
abuse

Limitations in decision-making  
capacity, situational circumstances  
(abuse), at risk for exploitation, no  
social support, communication  
issues

Military  
personnel,  
prisoner,  
institutionalized

# Highlighted Hospital High Risk Populations



## Pediatrics<sup>8-11</sup> →

- Medical devices #1 Prl etiology
- Critically ill (devices!)
- Skin maturity age-related (Think pre-term infants)

## Bariatric<sup>6,8,12-14</sup> →

- Obesity prevalence estimate – adults: 39.8%-44.3%; children: 12.7-22.2%
- Associated with HAPIs (& malnutrition)
- Watch external devices

## Older Adult<sup>8,15-17</sup> →

- Age significantly associated w/HAPIs
- Skin changes & aging
- Multimorbidities

## End-of-Life<sup>8,18-20</sup> →

- Multiorgan failure
- Prls – device related
- Patient & family goals of care

# Medically Complex Hospital Locations



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**ED**<sup>21-24</sup>



131.3 million admitted; 3.1 million admitted to critical care unit  
Likely 1<sup>st</sup> stop into a facility; prime PrI environment  
Longer ambulance rides; longer ER stays  
Prevention starts here!

**Perioperative**<sup>8,25-27</sup>



Inherent risk factors in the surgical process  
Equipment/device hazards  
Positioning/restrictive movement  
Process can cause or exacerbate a PrI  
Prevention necessary here!

**Critical Care**<sup>28-31</sup>



High-risk setting; critically ill patients with multimorbidities  
Risk factors from diseases, conditions, setting  
Equipment/device hazards  
Prevention lives here!

# Resources



# Resources



Resources are needed to implement & sustain the PIP

- People
- Logistics
- Industry partners
- Other avenues

# People Within the Organization

- People within organization can make it happen
  - Stakeholders
  - AKA Your **Interprofessional PIP Team!**

Commitment from everyone

- The team:
  - Knows the plan
  - Understands their role
  - Supports
  - Human factor

**The team is important....**

- PIP not a one-person job
- Sustainable



# Who's on the Team?



## Pediatrics



Nurses  
Patient care technicians  
Physicians  
Parents  
Child Life specialists  
Therapists

## Bariatrics



Nurses  
Patient care technicians  
Therapists  
Supply Chain/Purchasing  
Patients  
Registered Dietitians

## Older Adults



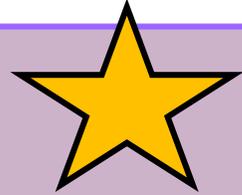
Nurses  
Patient care technicians  
Patients/Caregivers  
Geriatric team  
Registered Dietitians  
Therapists  
Pharmacists

## End-of-Life



Nurses/Patient Care Technicians  
Medical Team  
Palliative Care Team/Hospice  
Therapy  
Patients/Family

**Who's documenting?**  
**What is being documented?**  
**Who's looking at the documentation?**  
**Are we individualizing the patient's care?**  
**Medical Coders!!!!**



# Who's on the Team?



**ER**



Nurses  
Patient care technicians  
Transporters  
Radiology technicians  
Supply technicians  
Physicians

**Perioperative Phase**



Nurses  
Surgeons  
Surgical technicians  
Anesthesiologists  
Supply technicians

**ICU**



Nurses  
Patient care technicians  
Intensivists  
Therapists  
Pharmacists  
Registered Dietitians  
Supply technicians

**Who's documenting?  
What is being documented?  
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Medical Coders!!!!**



# Logistics



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- People, products, processes

(how to procure items, how to make it happen)

## People (PIP Team members)

Logistic Managers  
Business Managers  
Supply Chain Personnel  
Value Analysis

## Processes

Protocols  
Procedures  
Algorithms  
Fact sheets

## Products

Support surfaces  
Skin & wound care  
Pressure redistribution equipment

# Industry Partners



- Ignored as possible resource
- Can provide:
  - Education
  - Information
  - Support (e.g., prevalence studies, needs assessment)

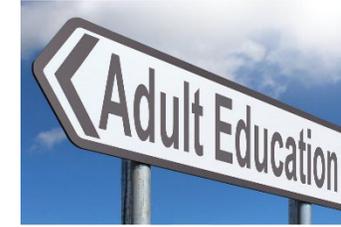
# Other Avenues



- Institutions
  - Make friends (include other disciplines)
  - Contact experts (e.g., NPIAP, authors)
- Partnerships with other healthcare facilities (e.g., long-term, LTACH, subacute, home care)
- Healthcare organizations



# Education



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- Do not underestimate! Never stop!
  - Why? 24/7 process, new staff, turnover
- Provides guidance to all PIP teams members
- Includes patient/family/caregivers/significant others
- Adapts to adult learners and expertise (include all disciplines)
- Requires a plan to sustain
- Encourages practice change, improves knowledge, fosters best practice
  - A common language
  - Sets expectations

# Education (Methods)

- Council/Committee (make educational)
- Boot camps, <sup>32</sup> competencies
- Special events (e.g., skin fairs, guest speakers)
- Short how-to videos, tips sheets, algorithms; gamify
- Education partners (e.g., disciplines, vendors)
- Websites – Vet! (e.g., NPIAP - <https://npiap.com/>; ISTAP - <https://www.skintears.org/>; other specialty organizations – AORN)
- 2019 International Guideline (EPUAP, NPIAP, PPPIA) – free downloadable version:  
[https://www.internationalguideline.com/static/pdfs/Quick Reference Guide-10Mar2019.pdf](https://www.internationalguideline.com/static/pdfs/Quick%20Reference%20Guide-10Mar2019.pdf)



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## Assess Skin/Mucosa for

# SORE©

Potential sources of medical device pressure injuries \*, \*\*

### Stock items

- Bedpan
- Diapers
- TEDS
- Incontinent pads
- Needle caps

### Objects

- Toys
- Cutlery
- Food Items
- Toiletries
- Toothbrush
- Comb
- Hairbrush
- Eyeglasses
- Bottle caps

### Required medical devices

- BiPAP masks
- IV hubs
- ETTs
- Tubing
- Drains
- BIS monitors
- BP cuffs

### Electrical equipment

- Phones
- Music players
- Tablets
- Chargers
- Electrical cords
- Call bell
- Razors
- Hearing aids

\*Depending on your practice setting, some items may be considered a medical device versus equipment.

\*\*This list is neither all-inclusive nor all-encompassing

## HEEL PRESSURE INJURY PREVENTION CLINICAL ENABLER

### Risk Factors

#### **C**o-morbidities

- Diabetes
- Peripheral artery disease

#### **C**ondition

- Malnutrition/cachexia
- Age  $\geq 65$
- Perfusion issues  
(eg, Class IV CV disease, edema, MI, severe anemia, cardiac arrest, prolonged hypotension, shock states)
- Braden score  $\leq 18$  on admission
- Immobility  
(eg, plegias, debility, CVA, MS, or other neurological diseases, degenerative joint disease, lower extremity fractures, and orthopedic surgeries)

#### **C**ourse of Hospitalization

- Mechanical ventilation
- Surgery

### **C** Your Way to Heel Pressure Injury Prevention

**Consider patient *at risk* for a heel pressure injury**

#### **C**are actions

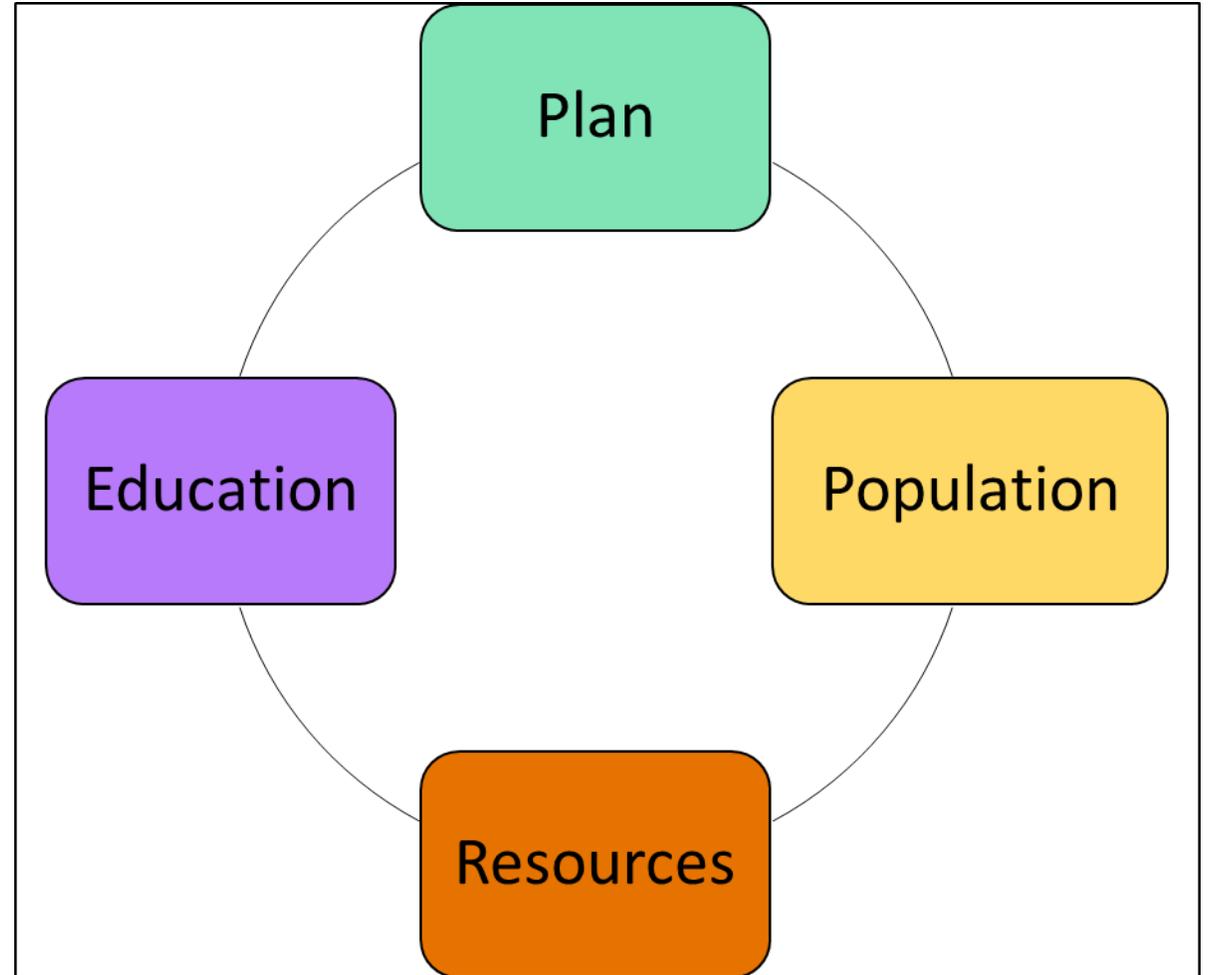
- Pressure redistribution using evidence-based equipment to offload heels with or without foam dressings
- Inspect heels twice daily and p.r.n. based on patient's condition
- Document assessment, reassessments, and prevention strategies
- Communicate findings to colleagues and patient/family/caregiver

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Abbreviations: CV, cardiovascular; CVA, cerebrovascular accident; MI, myocardial infarction; MS, multiple sclerosis.

Note: Use this guide in conjunction with clinical judgment, individual patient assessment, and patient needs and care goals. Risk factors represent significant & independent predictors from Delmore et al. (refs)

# Sustainability



# Sustainment

- Benchmarking (e.g., NDNQI, Vizient, Leap Frog, TJC)
- Audits – observational, charts, RCA, ACA
- Huddles
- Refreshers - Quick tip sheets, videos
- Steering Committee, Skin Care Champions, Council/Committee, departments working jointly on select processes
- Succession planning

Sustainmen<sub>x</sub>



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# Sustainment Practices

**Pediatrics**



Skin bundle audits that involve devices  
Interprofessional team approach  
Equipment

**Bariatrics**



Surfaces & other equipment  
Guidelines & protocols  
Staff & patient education

**Older Adult**



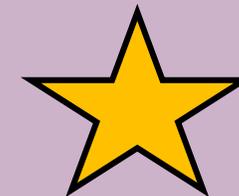
Involve team experts & consultations  
Interprofessional rounds  
Proper equipment

**End-of-Life**



Remove devices ASAP  
Know the patient's goals of care  
Individualize preventative measures

Prevention, Vigilance, Awareness, Recognize harm  
Hold individuals accountable  
Consider audits & RCA's  
Education



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**ER**



Skin & risk assessments  
 Track PIs  
 Support surfaces  
 Supplies  
 Skin care resources & champions

# Sustainment Practices



**Perioperative Phase**



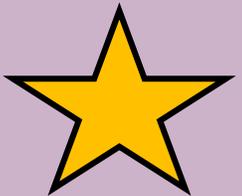
Skin & risk assessments  
 Track PIs including medical devices  
 Support surfaces  
 Supplies  
 Skin care resources & champions

**ICU**



Frequent skin & risk assessments  
 Watch for MDRPIs  
 Specialty Equipment  
 Prevention strategies  
 Interprofessional team rounds  
 Skin care resources all shifts

Prevention, Vigilance, Awareness  
 Recognize harm  
 Hold individuals accountable  
 Consider audits & RCA's  
 Education



## Documentation!

### Challenges

- Lack of knowledge of the condition, clinical discrepancies
- Identification
- Paper vs. EMR vs. Mixed forms
- Disciplines documentation discrepancies

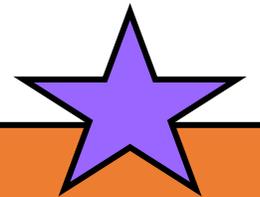
### Opportunities

- Clinical documentation standard
- Standardized documentation
- Address documentation needs
- Visible to all disciplines



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- Document all prevention, intervention & treatment strategies
- Coders, administration, medical and nursing quality teams, data analysts



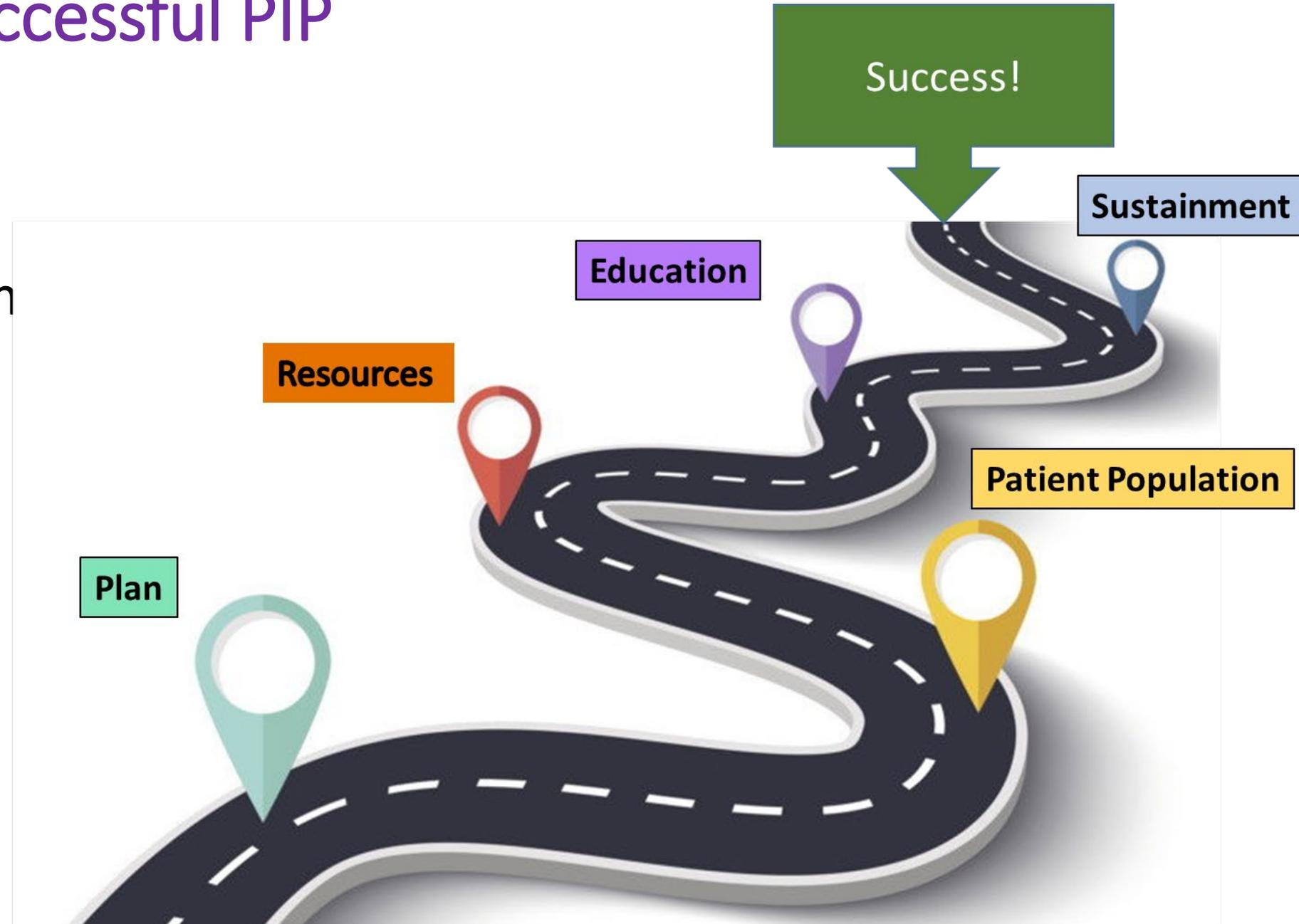
# Putting It All Together

Sustainability



# Road Map to Successful PIP

- Plan
- Patient Population
- Resources
- Education
- Sustainment



# Final Word.....

- PrIs are serious and preventing them is complex
- Success is achieved by working as a team to put all the pieces together

....but success is also achieved by thinking “out of the box,” being creative, and enjoying the journey along the way.

Thank you!!



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Barbara.Delmore@nyulangone.org

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