Pressure Injuries: Back-to-Basics strategies for success

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ECIQ Virtual Conference
Patient Safety: Navigating the New Normal
February 7, 2023
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? 1-4
  • 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!
Patient Population

• Apply the plan to your vulnerable population
  • AKA high risk, high patient volume
• Who are your vulnerable populations?
  • Pressure Injuries (Prls) 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

• 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

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Highlighted Hospital High Risk Populations

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

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

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

**End-of-Life**
- Multiorgan failure
- PrIs – device related
- Patient & family goals of care
**Medically Complex Hospital Locations**

**ED**

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

**Perioperative**

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**

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
- Therapists
- Supply Chain/Purchasing
- Patients
- Registered Dietitians

**Bariatrics**
- Nurses
- Patient care technicians
- Therapists
- Supply Chain/Purchasing
- Patients

**Older Adults**
- Nurses
- Patient care technicians
- Patients/Caregivers
- Geriatric team
- Registered Dietitians

**End-of-Life**
- Nurses
- Patient care technicians
- Therapists
- Pharmacists
- Professionals

Who’s documenting?
- Nurses
- Patient care technicians
- Physicians
- Parents
- Child Life specialists
- Therapists

Who’s looking at the documentation?
- Medical Team
- Palliative Care Team/Hospice
- Therapy
- Patients/Family

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?
Who’s looking at the documentation?
Are we individualizing the patient’s care?
Medical Coders!!!!
Logistics

• 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

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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

- 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, 32 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)
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

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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

- Plan
- Education
- Population
- Resources
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
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

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Sustainment Practices

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

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

**ICU**
- Prevention, Vigilance, Awareness
- Recognize harm
- Hold individuals accountable
- Consider audits & RCA’s
- Education

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

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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

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

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Putting It All Together

Sustainability → Audit Best Practices → BEST PRACTICE

Skills, Knowledge, Experience, Ability, Growth

Adult Education → Learning

PLANNING

Logistics → HIGH RISK, NO RISK

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Road Map to Successful PIP

- Plan
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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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References


References


