A Nurse-Led Evidence Based Practice (EBP) Initiative to Prevent Hospital Acquired Pressure Injury

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Declaration of Financial Interests or Relationships

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I have no financial interest or relationships to disclose.
Agenda

1. Background
2. The setting: KFSH&RC – Jeddah, Saudi Arabia
3. HAPI data
4. Interventions from Performance Improvement project
5. How we managed to sustain results
• Journey to become High Reliability Organisation (HRO)
• Transitioning from government (public) hospital to private not for profit hospital
• Zero Harm initiative started to set a new standard of excellence in the region
  • Zero Harm – The only acceptable standard for harm is zero
King Faisal Specialist Hospital & Research Center - Jeddah

2017 Statistics

Hospital
1 of 3 hospitals in KFSH&RC General Organization

Demographics
385 Bed Tertiary Specialist Hospital

Population
Patients: 93% Saudi & 7% Expatriates
Nurses: More than 25 Nationalities
Results 2016

Hospital Acquired Pressure Injuries per 1000 patient days

- **Pre Intervention**
- **Intervention Performance Improvement Project**
- **Post Intervention**
Interventions

**Critical EBP Review**
A critical evidence based literature review relating to decreasing HAPI was completed.

**Policy & Standards of Practice Changes**
National Pressure Ulcer Advisory Panel (NPUAP) Guidelines were updated in 2016 and implemented into policy.

**PI Project**
A performance improvement (PI) project utilising the FOCUS PDCA methodology.

**EMR Changes**
Skin integrity documentation was given enhanced options.

**New Risk Assessment Tool**
New EBP tool “Glamorgan Pressure Risk Assessment” was implemented.

**Education Campaign**
Organisation-wide education campaign on HAPI prevention.
Interventions (cont.)

New Age-Specific Risk Assessment Tool for Pediatrics Implemented

Education Campaign
Organisation-wide education campaign on HAPI prevention.

EMR Changes
Skin integrity documentation

Results 2018

Hospital Acquired Pressure Injuries per 1000 patient days

Pre Intervention  Intervention  Post Intervention
Results

2016, 2017, 2018
Sustainable results

<table>
<thead>
<tr>
<th>Year</th>
<th>HAPI incident rate/1000 patient days</th>
<th>Increase/Decrease</th>
<th>Increase/Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>1.1</td>
<td>Baseline</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>0.59</td>
<td>▼46% decrease</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>0.24</td>
<td>▼78% decrease</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>0.18</td>
<td>▼84% decrease</td>
<td></td>
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</tbody>
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2015
Dec 2015 – above internal trigger.
HAPI Strategic Plan

Zero Harm
2018 Strategic Priority: Journey to High Reliability Organization

Organisational KPI
HAPI: Nursing specific KPI reported at executive level.

Nursing KPI
HAPI: reported KPI to Nursing Executive, ward level/monthly

Ward based goal
1 yearly goal must be KPI at ward level
Know your data!

Data must be owned by frontline staff
References


National Pressure Ulcer Advisory Panel (NPUAP) http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/ accessed 23 Sep 2018

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Image by freepik.com accessed 1 Oct 2018

Tayyib & Coyer (2016)

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