STOP
PRESSURE
INJURY

Promoting Safe Patient Care by Reducing Stage-1 & Stage -2 Pressure Injury

in Coronary Intensive Care Unit Heart Hospital

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Problem: Pressure injury - Pressure injuries remain a major health problem. Prevention of pressure injury represents a marker of quality of care. Pressure injuries are a major nurse-sensitive outcome. Hence, nursing care has a major effect on pressure injuries development and prevention. Prevention of pressure injuries often involves the use of low technology, but vigilant care is required to address the most consistently reported risk factors for development of pressure injuries.
From January 2016– March 2016 the pressure injury rates were consistently above benchmark in the Coronary Intensive Care Unit of Heart hospital.

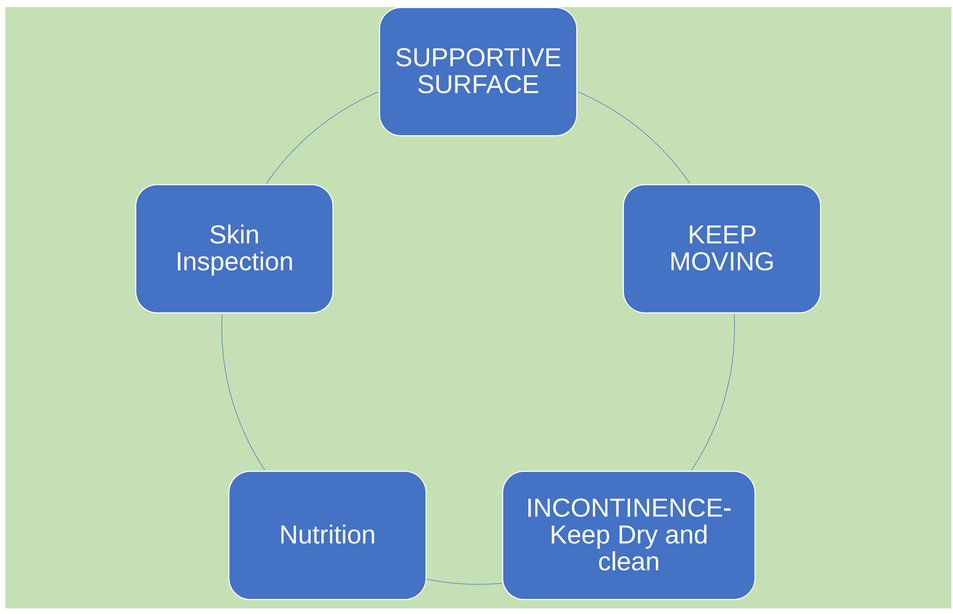
Aim: To decrease Stage 2 pressure injury to 90 % and decrease stage 1 pressure injury by 75% by December 2016.
Decrease conventional pressure injury to 90% by the end of December 2016.
Decrease Conventional pressure injury 90% by December 2016

INTERVENTION

- Developed a task force for Pressure Injury reduction project
- All CICU nursing staff were educated on pressure injury thru NDNQI.
- All CICU nurses were educated on proper Braden score risk assessment.
- Initiated the use of barrier creams and sprays.
- Implemented the use of hour clock to position the patient.
- Implementation of passive exercises by physiotherapist.
- Focus on nutritional status of patients with dieticians involved
- . Implementation of the SSKIN Bundle
- Monitoring the compliance of the skin breakdown preventive measures.
- Monitoring compliance to Braden Scale scoring.
- Educating nurses on safe and effective positioning techniques involving Physiotherapist.
- Monthly presentation of progress to multidisciplinary team regarding pressure ulcer rates
- Every shift debriefing with the nursing team to highlight the challenges and safety concerns.
- Introduced pressure injury safety calendar to see the daily progress.
- Celebrated success of no pressure injury month.
- Appreciated the staffs with Pressure Injury Champion certificates.

CONVENTIONAL INJURY PREVENTION

- Use of barrier precautions to prevent device related pressure injury
- Use of full face masks (NIV) to avoid nasal pressure Injury.
- Use of nasal pad gel.
- Intermittent pressure release barrier, based on patient condition.
- Providing appropriate and effective treatment in collaboration with Wound Care Team.
- Education of nurses with evidence based articles through journal clubs.
- Standardizing change in practices by developing guidelines



IMPROVEMENT METHODOLOGY

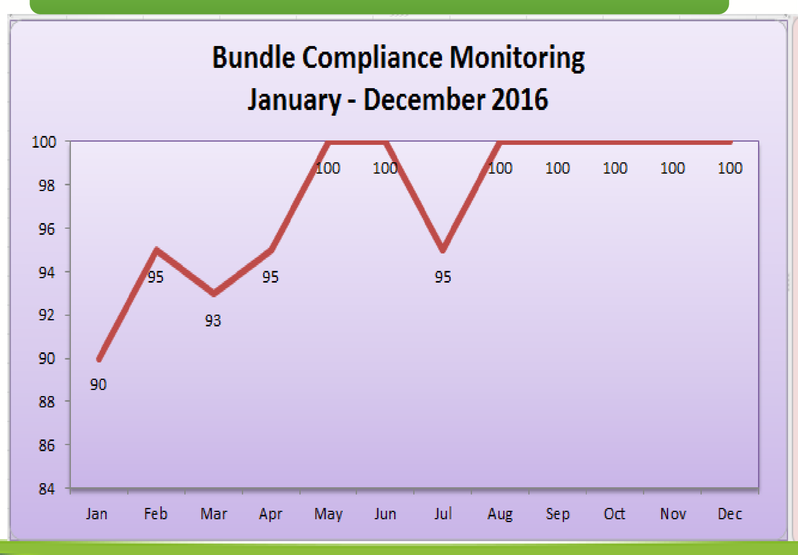
Act- Look into new evidence based practice used to reduce incidence of BIPAP related sores..
To initiate use of full face NIV mask in patients requiring continuous NIV.

Plan- To reduce the incidence of nasal sore related to NIV nasal mask to 0 by end of July 2017

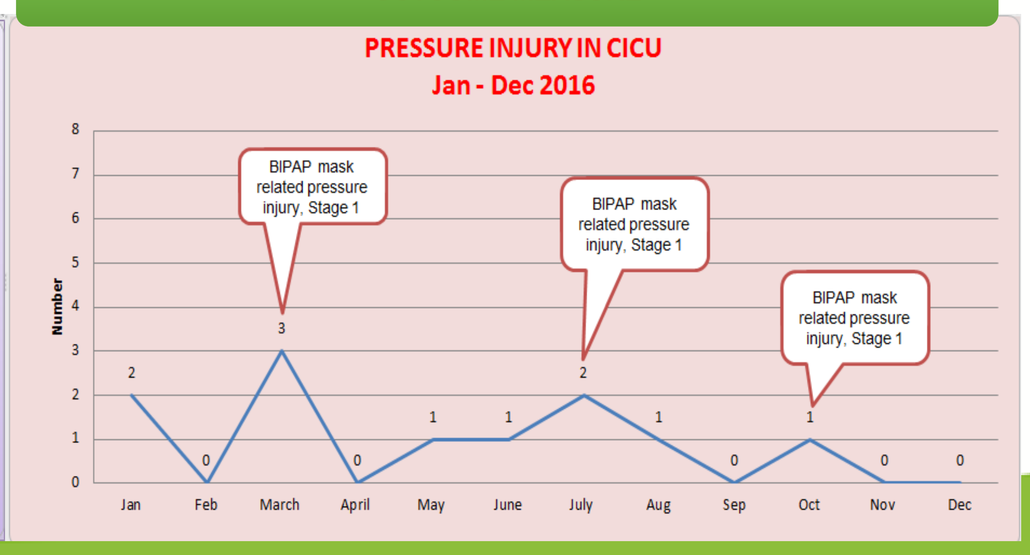
Study, Monitor The SSKIN bundle for patients on BIPAP.
Monitor for any further incidence of redness over nasal bridge .

Do
1. Apply barrier protection cream over nasal bridge.
2. Apply nasal gel pads over bridge.
3. Release NIV mask every 2 hourly for patients needing continuous Non invasive Ventilation.
Use of soft cushioned NIV mask.

PROCESS MEASURE



OUTCOME MEASURE



Conclusion

After Implementation of the action plan the stage-2 pressure injury rate decreased below 10% and stage –1 decreased to below 50% by Dec 2016.
And implementing action of full face masks (NIV) to decrease the nasal pressure injury rate of 0%.

Project Team

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4. Ms. Catherine Marshall, DON
5. Ms. Sunitha Mathew, Wound Care
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Next Step

- To maintain zero stage 2 pressure injury throughout 2017
- To have 90% reduction in conventional pressure injuries

Barriers

Contact

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Reference

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