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Submitting author: Miss Pok Yee Chan

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Team approach with an APIS practice to reduce Hospital Acquired Pressure Injuries in a Geriatric and Rehabilitation Unit

PY Chan(1), HC Fong(1), YC Lee(1), TW Leung(1), N Wong(1)

(1)Geriatric & Rehabilitation Unit, Haven of Hope Hospital

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Introduction

Prevention of pressure injuries is a key quality indicator of nursing care. Hospital Acquire Pressure Injuries (HAPI) is associated with extended length of stay, sepsis, and mortality. Most of the HAPI are preventable if appropriate preventive measures are implemented. Prevention strategies include ongoing risk assessment of all patients, skin inspection and the appropriate preventive care plan. An APIS (Assessment, Planning, Intervention and Supervision) approach in caring of patients was carried out in a Geriatric & Rehabilitation (G&R) ward of Haven of Hope Hospital (HHH) in response to reducing HAPI.

Objectives

To implement a standardized care to differentiate different skin conditions of patients who are at risk of HAPI development

Methodology

Early recognition of at-risk patients is critical, a structured risk assessment with skin inspection had been conducted for each patient on admission and reviewed weekly or based on condition changes to identify the risk of developing pressure injuries. The existing skin care chart was revised by the ward-based wound care team. It consists of a body map printed at the top and the targeted preventive care plans printed at the bottom. Specific labelling system was used to differentiate different preventive strategies. Upon completion of the skin inspection, nurses would use this specific label to identify the skin damage or any at risk areas on the body map. Therefore, nurses and health care assistants were able to carry out the planned skin care instructions according to the label marked on the body map. For instance, a 'X' would be marked on the body map for the pressure points to determine the patient's individual needs for pressure relief and to facilitate mobilization (PI). In addition, ward-based wound link nurse would review the care plan with the case nurse to ensure appropriate measures and equipment was in place (S).

Result

The number of HAPI was reported as 1 in 2017, compared with 14 & 10 in 2015 & 2016, a reduction of 93% and 90% respectively. The prevalence of HAPI was 1.11, 0.75 and 0.08 per thousand patient bed days in 2015, 2016 and 2017, compared with the benchmark of hospital on the prevalence of HAPI which was 0.24, 0.38 and 0.19 respectively.

Conclusion

The APIS practice assists nurses not only to identify patients at risk but also determine strategies to prevent HAPI, hence, to optimize the management of pressure injuries.