



Service Priorities and Programmes
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Continuous quality improvement to reduce hospital-acquired pressure injury in convalescence setting

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Introduction

Hospital-acquired pressure injury (HAPI) is a national concern due to patient morbidity and burden on the healthcare system resulting increased length of stay, reduced quality of life and even death. It is important to ensure prevention measures are in place to prevent pressure injury (PI) during hospitalization. In July 2015, nursing managers and colleagues of Department of Respiratory Medicine at Kowloon Hospital observed that there were over 30 HAPI incidents each year in the convalescence wards in the preceding three years from 2013 to 2015 and identified HAPI as one of the top priority risk areas to be addressed.

Objectives

A department workgroup on pressure injury prevention (PIP) was formed in July 2015 and a continuous quality improvement (CQI) program on prevention of HAPI was implemented to review, promulgate, disseminate and enforce the PI assessment, prevention and management in all convalescence wards.

Methodology

A department PI incident registry was established and uploaded for staff sharing. Regular review and discussion of HAPI incidents and management was held at various meetings to alert nursing staff and patient care assistants (PCAs). Compliance check on accurate PI assessment and use of various pressure redistributing devices was conducted. Regular educational talks and workshops on wound management, use of special dressings and skin care products were organized for nurses and PCAs. Designated wound nurses to provide consultation and expert advices on PI management. High risk patients vulnerable to develop HAPI were referred to Physiotherapist, Occupational Therapist, Prosthetic & Orthotic colleagues and Dietitian for their professional input. Periodic audits on pressure injury prevention measures were conducted to ensure appropriate PIP measures had been implemented.

Result

From 4Q2013 to 3Q2015, there were a total of 62 HAPI incidents (Stage 2 or above)

reported and the quarterly number of HAPI incidents was 7.75. From 4Q2015 to 3Q2017, it decreased to 4.25, a 45.2% reduction. Moreover, the HAPI rate in convalescence wards reduced from 0.56 to 0.30 in the same period which was a 46.4% reduction. The rate compared favorably with that of HA Group 2 Hospitals which was 0.51 from 4Q2015 to 2Q2017. Since July 2015, the continuous quality improvement program on prevention of HAPI has been effectively and successfully implemented in all convalescence wards. The result was a reduction in hospital-acquired pressure injury and an increased awareness of this problem among nurses and PCAs to ensure safe care is delivered.