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Objective:

Upon completion of the lecture, attendees should be better prepared to:

- Describe methods utilized to drive down HAPU incidence within the burn unit.
- Recognize these methods can be translated to other facilities to improve their HAPU incidence

Abstract:

Introduction: Hospital Acquired Pressure Ulcers are a concern for all inpatients that lack the ability to mobilize independently, have incontinence issues or open wounds, and/or are nutritionally challenged or impaired. All of these contributing factors to HAPU are found in our burn patients. In our burn center, the HAPU rate was elevated in 2016 with a 2.1% rate of HAPU incidence (n=7 incidences of HAPU). The first six months of 2017 we experienced three additional incidences of HAPU with an incidence rate of 1.5%. The performance improvement team identified an opportunity for improvement and an educational program was put into place to examine patient care staffs' knowledge on HAPU prevention and intervention in an effort to decrease HAPU in our unit.

Methods: The education event was designed as a HAPU Prevention fair that included posters and hands on stations related to patient care and HAPU prevention. There was information provided on z-flow patient positioners, the SOS hospital policy, and an algorithm on when to utilize various bed surfaces, information on each of the available beds within the burn unit, as well as information on how to prevent friction with patient movements. Attendance by all staff in the Burn Center, inpatient, outpatient and operating room, was mandatory. A pre and post-test was utilized to determine the effectiveness of education.

Results: Pre-test scores for prevention competency at the HAPU Prevention fair had an average of 47%. Post-test scores for the HAPU Prevention fair had an average of 89% with a statistically significant difference at 95% confidence with a z-score of 3.839. The post-test was given again in March of 2018 to all staff that had taken it previously and the average score remained at 89%. This prevention education is now included in quarterly education for all Burn Center staff. Since the HAPU Prevention fair we have had 1 HAPU reported from August 2017 through May 2018 for an incidence rate of 0.3%.

Conclusion: To make HAPU a never event continued efforts will need to be made to provide education to staff and find additional mechanisms to drive down rates.

Continued hands on education with relation to the tools already available is just one way that rates can be impacted based on the evaluation of staff knowledge and HAPU rates within our unit.

Disclosure:

Natalie Fitzgerald – No Relevant Financial Relationships to Disclose

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