

Introduction

Despite having pressure injury prevention protocol, hospital acquired pressure injuries (HAPIs) continued to occur in our facility. HAPIs not only harm patients, but they are also expensive. A single episode of HAPI can cost hospital anywhere from \$500 to more than \$70,000.¹ In addition, the Center of Medicare & Medicaid (CMS) no longer covers for treatment of HAPIs stage 3 and 4.² This issue has raised serious concerns to nursing leaders in terms of patient safety and financial burden. To address this problem, HAPI Taskforce was initiated.

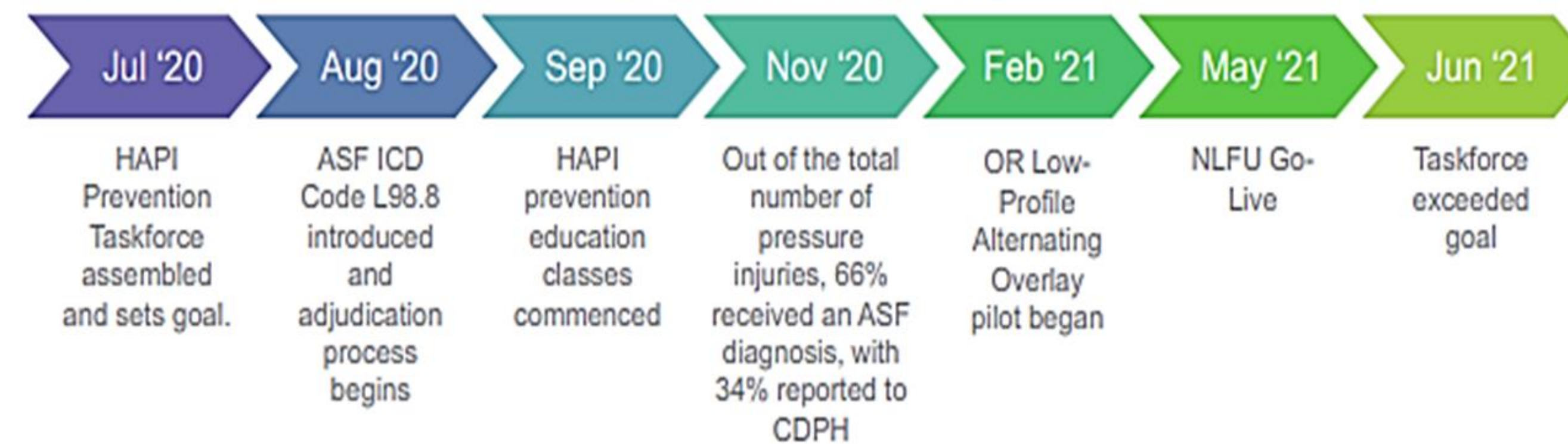
Methods

In 2020, HAPI Taskforce was created in a 900-bed, level 1 trauma hospital to tackle HAPIs due to the higher HAPI incidence during the pandemic. The interdisciplinary taskforce is hospital-wide efforts. The aims of the taskforce were to identify the barriers of HAPI prevention and establish corrective plans.

Wound Ostomy and Continence (WOC) nurses played a significant role in this taskforce and implementation of HAPI prevention plan of action which includes education, innovation and interdisciplinary collaboration.

- **Education:** Taught more than one thousand nurses on staging of pressure injury, preventive measures, and treatments
- **Innovation:** 1. Worked closely with Nursing Research on data adjudication process utilizing electronic data capture to ensure that HAPI incidence was accurate.³ 2. Worked with Supply Chain and leadership of multidisciplinary teams when introducing wound care innovations, such as alternating pressure overlays for operating rooms and non-contact low frequency ultrasound (NLFU) to the facility.⁴
- **Collaboration:** Collaborated with critical care providers on Acute Skin Failure diagnosis to standardize terminology and documentation of wounds.⁵

Project Timeline



Results

The goal of the taskforce was to reduce HAPIs by 20%. By the end of fiscal year 2021, HAPIs were reduced by 62%. The taskforce is still ongoing and the reduction of HAPIs is noted.

Goals



Discussion

The implementation of the HAPI taskforce results in improved patient outcomes and cost savings of an estimated \$4 to \$7 million dollars. The interdisciplinary approach has shown to be effective in reducing HAPIs because this approach has allowed improvement of communication, increased data access, and the use of subject matter expertise.

FY 2021
HAPI Reduced by 62% → Exceeds Target
 Estimated risk aversion of \$43,180 per HAPI for a total of approximately \$4,000,000
 (Based on decreased revenue loss associated with non-reimbursement of HAPIs)

References

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