Background

- HAPI (hospital-acquired pressure injury) events result from increased pressure between bones and tendons and external surfaces or medical devices (Hahnel et al., 2020).
- HAPI events result in:
  - increased costs
  - increased LOS (length of stay)
  - increased recovery time
  - comorbidities
  - death
- Despite evidence-based interventions, sometimes HAPIs manage to develop (Hahnel et al., 2020).

Local Problem

- In 2022, our med-surg unit identified 14 HAPI events.
- As a result, we greatly increased the use of specialty beds for patients identified to have a BRADEN score of 17 or less.
- HAPI events decreased, but costs greatly increased, as well as nursing workload.
- We sought to determine if the application of preventative dressings could be as effective as specialty beds in an at-risk population.

Methods

Sample and Setting

- Unit 5A – 37 bed med-surg unit
- Patients identified with BRADEN score of 17 or less

Intervention

- Education provided to nursing staff on the new process and the impact of pressure injuries (Figures 1 & 2)
- Preventative foam dressings were applied to the bilateral hips, heels, and sacrum of patients with a BRADEN score of 17 or less, during a six-week trial period
- Dressings were marked with a “P” for preventative and changed every 7 days or when loose, damp, or soiled.

Analysis

- Compared number of HAPI events and specialty bed utilization in at-risk population in pre-trial and trial periods
- Calculated cost of dressings versus specialty beds during trial period to determine cost savings

Results

- Zero HAPI events were observed during the six-week trial.
- Specialty bed costs for prevention decreased during the trial period from $19,343.15 to $750.32.
- Dressing utilization costs were calculated to be $3242.20, assuming dressings were changed every 7 days.
- A total cost savings of $15,350.63 for the six-week period was appreciated (Figure 3).

Discussion

- Project Strengths, weaknesses, opportunities, and threats (Figure 4):
  - Other inpatient units and ancillary care spaces were educated on the potential implications to their respective practices

Discussion (cont.)

- Limitations (cont.):
  - BRADEN score inconsistencies/changes in scores throughout hospitalization presented challenges determining patient eligibility for trial
  - Manual data abstraction
  - Lack of patient day data
  - Lack of dressing utilization data
  - Learning Opportunities include the need for patient and family education about preventative dressings and staff education about dressing labeling and placement.

Implications for Practice

- Foam dressings were equally effective as the specialty beds for prevention of HAPIs at a significant cost savings
- Next steps:
  - Spread practice to all inpatient units
  - Consider application of dressings to inpatients holds in the Emergency Department

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References