



## NYS PARTNERSHIP FOR PATIENTS

# GUIDING PRINCIPLES

## FOR REDUCING HOSPITAL-ACQUIRED PRESSURE INJURIES



### INNOVATE

**Test new strategies, processes, or protocols, and organization or team approaches to prevent and treat pressure injuries.**

- Conduct high-risk skin assessment on admission and daily, or with change in condition.
- Utilize a validated standard tool for the skin and risk assessment, such as the Braden, Norton, Gosnell, Knoll and Waterlow scales.
- Implement a standardized approach for documenting the assessment.
- Develop a risk-based individualized plan of care to reduce the risk of pressure injuries and to identify pressure injuries early.
- Protect and monitor the skin to prevent pressure injuries and stop stage 1 injuries before they worsen.
- Remember the 3 Ps—Pain, Potty, and Position-Pressure. Offer toileting often, fluids as appropriate, positioning, and reassess for wet skin.
- Optimize hydration and nutrition.
- Implement a cross-setting communication tool to inform or be informed of patients who are at risk for pressure injuries or who have pressure injuries. Engage partner nursing homes to ensure they are also using this form.



### ENGAGE

**Engage an interdisciplinary team for pressure injury improvement that includes patients and their families, hospital leadership, clinical champion, wound care specialist, nurse leader, medical director, frontline staff, case managers, and others.**

- Engage Senior Administrative and Clinical Leadership to support pressure injury prevention and treatment efforts.
- Identify wound, ostomy, and continence (WOC) nurse champions on each unit and on all shifts to help lead improvement efforts.
- Educate across disciplines and ensure that there is a standard method of identifying risk, staging pressure injuries, and communicating among team members to ensure everyone is aware of an identified risk and pressure injury.
- Standardize protocols for appropriate referral and consultation to wound care specialists so that they are engaged early on.
- Provide opportunities for the patient and caregiver to participate in establishing goals of care, purposeful rounding, and teach-backs.
- Engage with patients and caregivers at discharge to ensure understanding of post-hospital care management.
- Consider dietary or nutritional consultation early in the hospitalization.
- Engage partnering providers with whom the hospital shares patients and discuss pressure injury reduction strategies.



### INTEGRATE

**Establish processes that promote the integration of reducing pressure injuries into the patient care delivery system.**

- Implement early activity, exercise, and mobility protocols to mini-mize pressure.
- Use purposeful rounding to ensure that all patients are monitored and reassessed.
- Set specific time frames or create a reminder system to reposition patients, including repositioning as part of hourly rounding protocols.
- Utilize bedside white boards to communicate with staff, patients, family, and caregivers.
- Integrate pressure injury staging education into house staff training or orientation. Offer quick-reference guides at nurses' stations.



**HARDWIRE**

**Hardwire best practices and measurement systems that support efforts to reduce pressure injuries.**

- Implement standardized pressure injury prevention protocols and equipment.
- Implement standardized order sets and protocols for treating pressure injuries.
- Build a standardized skin assessment tool into the EHR or paper documentation.
- Track hospital-acquired pressure injury rates by unit and provide feedback so units may review their adherence to pressure injury prevention activities.
- Share information, data, and successes to help create an environment that facilitates continuous learning and engagement.
- Routinely post quality improvement story boards and unit-based performance (e.g., run charts, dashboards, or comparative and benchmark information).
- Implement pressure injury prevention educational programs that are structured, organized, comprehensive, and directed at all levels of health care providers, patients, family, and caregivers.