

Integrating PFE Strategies to Reduce Hospital Acquired Pressure Injuries (HAPI)

Point of Care	<ul style="list-style-type: none"> • Planning checklist for scheduled admissions (Metric 1) • Shift change huddles / bedside reporting with patients and families (Metric 2)
Policy & Protocol	<ul style="list-style-type: none"> • PFE leader or function area exists in the hospital (Metric 3) • PFEC or Representative on hospital committee (Metric 4)
Governance	<ul style="list-style-type: none"> • Patient and family on hospital governing and/or leadership board (Metric 5)

Use the table below to identify possible change ideas to help you embed PFE strategies into your Hospital Acquired Pressure Injury (HAPI) prevention efforts. The examples below are designed to assist you in addressing the goals for each of the five PFE metrics while focusing on specific topic areas of the HAPI prevention bundle.

Harm Topic	Change Ideas				
	Point of Care Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers		Policy & Protocol Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders		Governance Implementation Partners: Board of Directors, C-Suite
	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
S – Skin Inspection	As early in the admission as possible, share and review the resource, Preventing Pressure Ulcers: A Patient’s Guide , with the patient/family. Emphasize the important role they play in pressure injury prevention and early detection.	Educate patient/family on how to conduct skin inspections and ask them to record their observations using the Action Chart for Patients, Carers, and Relatives . During daily rounds, review the chart and ask if they’ve noted anything concerning.	Identify a team member in nursing to educate fellow nurses on how to discuss and engage the patient/family in SSKIN assessments. Following education, have the team member conduct audits to ensure implementation has been successful.	Invite a former patient/family member who experienced a pressure injury to review your patient/family education tools and provide suggestions for making them easier to understand and use. Make changes to the tools based on their feedback.	Invite Board Members to tour your unit and learn how you are preventing pressure injuries through patient and family engagement. Select one or two patients/family members to share their role in skin inspections with the Board Members.
K – Keep Moving	At the pre-op appointment, provide the patient/family with a copy of the tool, Staying Active in the Hospital . Review key points regarding what to expect and the important role they have in early mobility.	Post the Let’s Get Moving chart next to the patient white board. Introduce it to the patient and family and ask them to track progress. During daily rounds, ask patient/family to report progress and any challenges they have experienced.	As part of his/her nursing clinical ladder program, ask a nurse to audit patient mobility charts to determine how many patients/family members are using the charts and whether their activities are aligning with agreed upon daily mobility goals.	Engage your PFAC to review and redesign the Let’s Get Moving tool so that it is personalized to your hospital and target population. Keep what they like about the tool and use their feedback to improve the areas they feel should be changed.	Invite family caregivers to attend a Board meeting. Ask them to discuss the role they play in early mobility and have them outline the inpatient equipment required so that they, along with the staff, can assist their loved one without causing injury to themselves or the patient.

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I – Incontinence	Prior to discharge home, discuss the “Do’s and Don’ts” of skin care with patients and their caregivers; provide easy-to-understand take-home instructions that walk through the types of skin care products to use, as well as when and how to use them.	Establish a skin care routine that engages family caregivers in the timely cleansing of wet and soiled skin; ask them to track occurrences. During nursing shift change, invite the family caregiver to share how often and when skin care was required over the previous shift.	Select a member of your HAPI improvement team to conduct a focus group with patients and family caregivers who have lived experience with incontinence and HAPI; ask them what they wish they had been told about managing moisture to prevent pressure injuries. Use the provided feedback for staff education and to inform the development of patient and family caregiver education tools.	Engage your PFAC to review and utilize key concepts from the HOW TO: Manage incontinence/moisture tool to create a patient and family caregiver educational resource.	Invite members of the Board to conduct rounds in your patient care area; help them understand the time and attentiveness that goes into skin protection by having them observe care in action.
N – Nutrition/ Hydration	Prior to admission (or as close to admission as possible), ask patients and family caregivers about the patient’s favorite foods and beverages, as well as any mealtime routines; use this knowledge to help support intake.	Establish a mealtime or snack routine that engages family caregivers; ask them to track what is offered and what is eaten. During nursing shift change, invite the family caregiver to share their observations regarding meal/snack intake, using the tracking form as a reference.	Select a member of your HAPI improvement team to conduct mealtime observations; ask them to record the various mealtime routines and practices they observe from patients. Use the information collected for staff education regarding the importance of understanding patient preferences in order to support intake.	Engage a group of family caregivers to review and utilize key concepts from the Nutrition for Preventing and Treating Pressure Ulcers tool to create a patient and family caregiver educational resource.	Invite members of the Board to conduct rounds in your patient care area; help them understand the time and attentiveness that goes into supportive nutrition practices by having them observe care in action.