

## **AN INTERPROFESSIONAL APPROACH TO HOSPITAL ACQUIRED PRESSURE INJURY (HAPI) REDUCTION IN THE PERIOPERATIVE PATIENT**

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Identification of the problem – Overview: Prone, occipital, and sacral locations were common sites for hospital acquired pressure injury (HAPI's) at this medical center. The Centers for Medicare and Medicaid Services (CMS) halted payment for hospital acquired pressure injuries for stage 3, 4 and unstageable ulcers in 2007

EP Question/Purpose: In perioperative patients, will implementing a new positioning policy to limit the use of OR positioning devices to only those with the highest level of evidence, decrease pressure injuries during the perioperative time period?

Methods/Evidence: An interprofessional OR (HAPI) prevention workgroup was formed to review literature and identify strategies to implement in the perioperative departments to reduce HAPI. In the US, estimates of the incidence of HAPI in surgical patients, is reported as high as 66 % (Primano et al., 2011; Schoonhoven, Defloor, & Grypdonck, 2002). Though there is limited evidence of strategies to prevent HAPI arising in the POD, research is ongoing and is supportive of some promising breakthroughs (Pieper with the National Pressure Ulcer Advisory Panel, 2012; Brindle & Wegelin, 2012). Two risk assessment tools have been published specific to the POD (Munro, 2010; Scott, 2015) and the Association of periOperative Registered Nurses (AORN) have developed standards for positioning and pressure injury prevention (Perioperative Standards and Recommended Practices, 2009). Being immobile, hemodynamic fluctuations, and anesthesia used during surgical procedures can contribute to the incidence of HAPI (WOCN, 2017). The responsibility and challenge for reducing HAPI requires a team approach including surgeons, nurses, and anesthesiologist, upgrading positioning devices and patient surfaces, displaying skin integrity documentation across all patient settings, and emphasizing correctly filing reports of HAPI. Additionally, including positioning devices with the highest level of evidence in the policy for positioning surgical patients was revised.

Significance of Findings/Outcomes: The overall organization percentage of HAPI has remained below 2%. We are currently ranked 1 out of 135 Vizient academic medical centers. Prone pressure injuries decreased 19% and occipital injuries decreased 21% and a 60% reduction in the number of pressure injuries attributed to the OR.

**Implications for perianesthesia nurses and future research:** This is not a project with a defined endpoint but a continual work in progress to improve the prevention of HAPI in a large academic medical center.