

The HAPI K-Card Checklist Supports Pressure Injury Prevention Bundle

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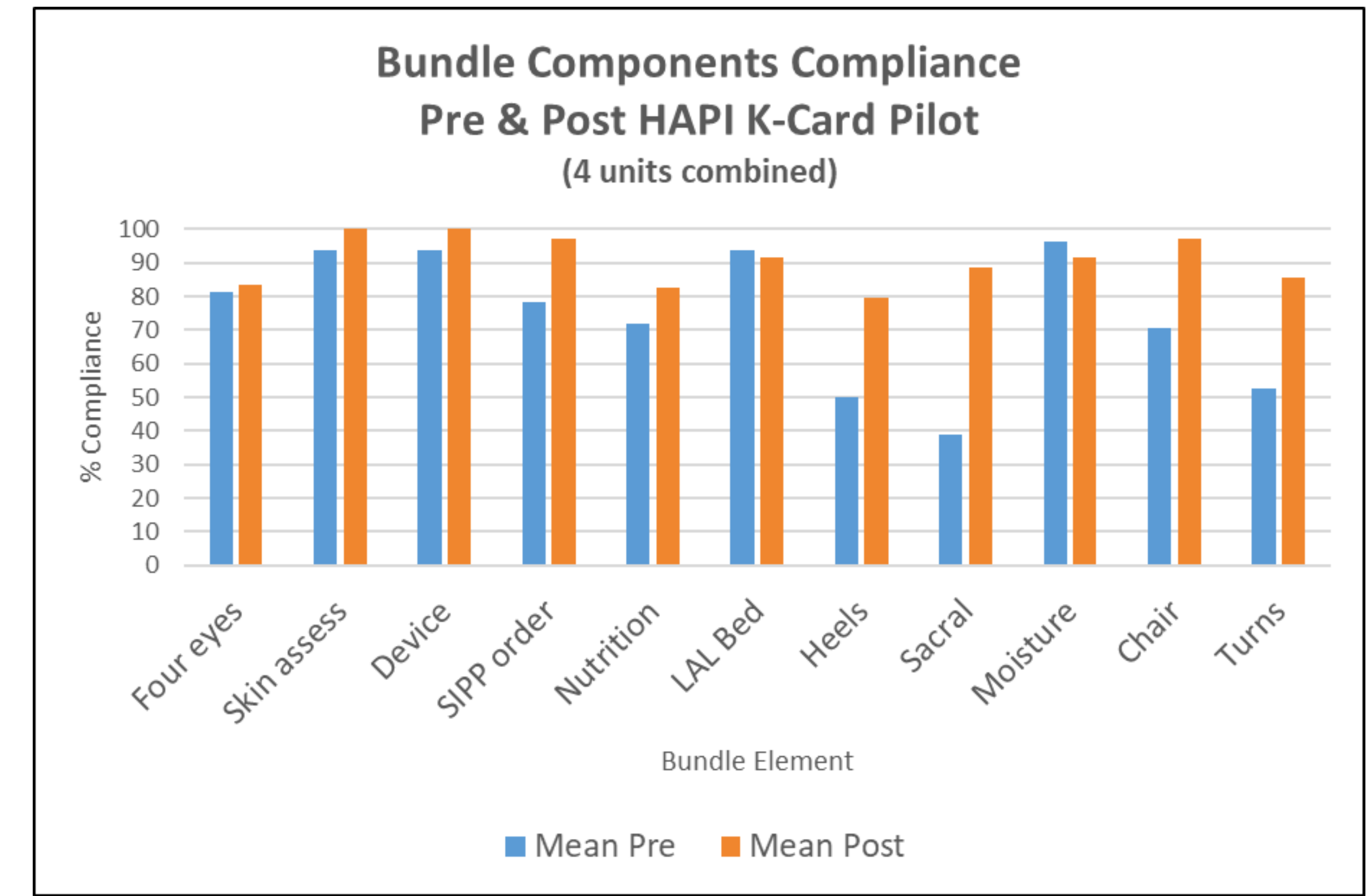
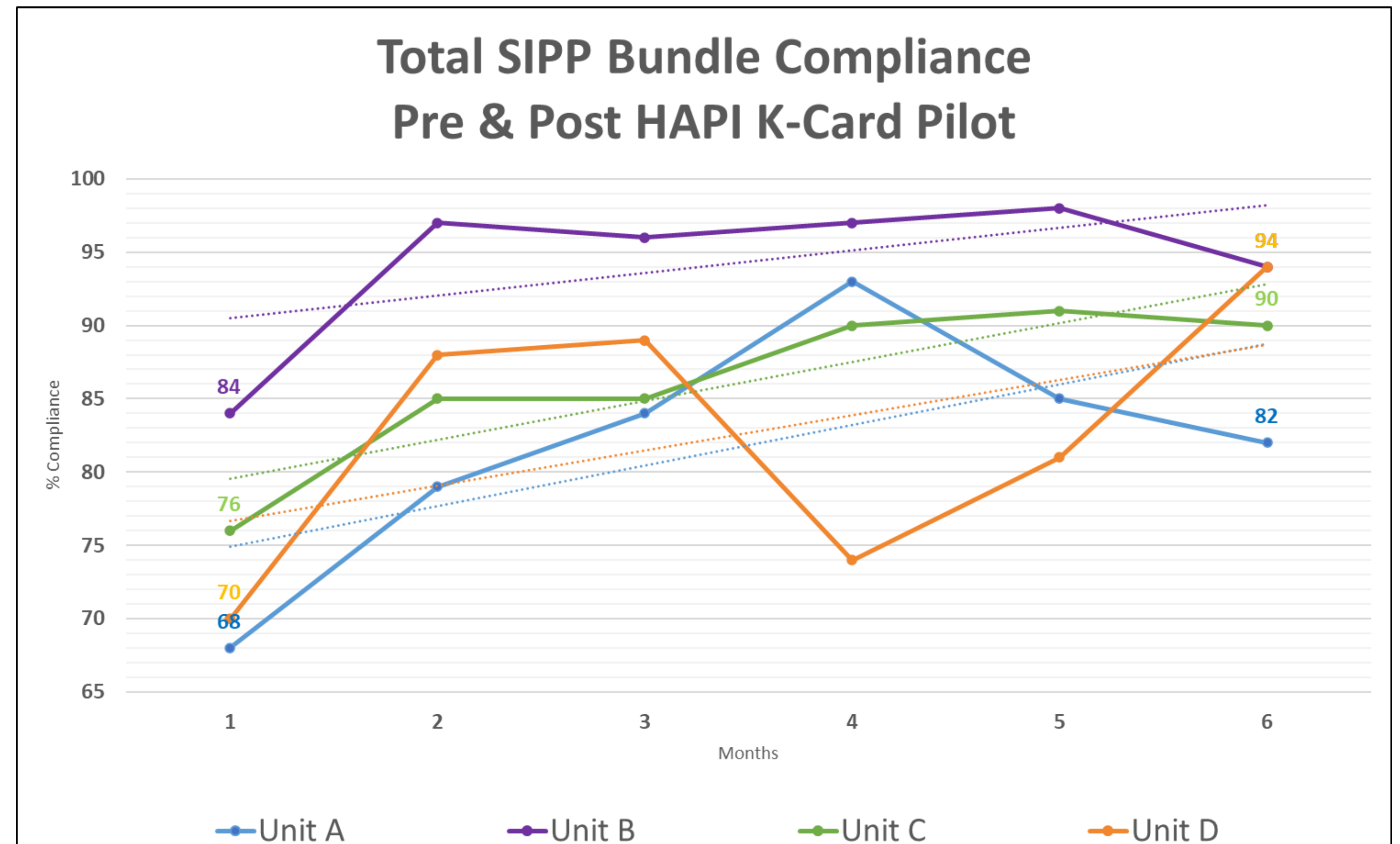
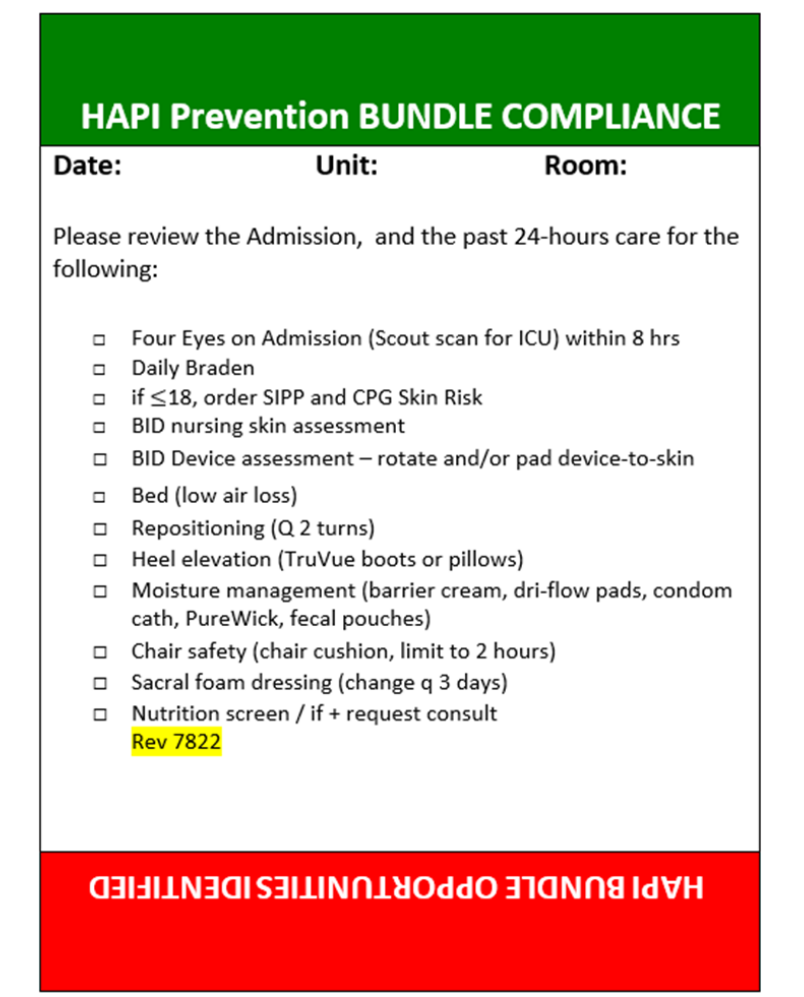
INTRODUCTION

- The elimination of pressure injuries in hospitals is challenging despite evidence-based guidelines, diverse educational strategies, and advances in technology
- Barriers to prevention bundle adherence include:
 - Competing quality initiatives
 - Patient complexity
 - Increasingly novice nursing workforce
- Adapted from Lean, an innovative Hospital Acquired Pressure Injury Kamishibai Card (HAPI K-Card) was developed to promote bundle standardization, provide "in-the-moment" learning and facilitate peer review.

METHOD

- Setting:**
- 900-bed level-1 trauma center in New England
 - Pilot on 4 medical inpatient units
- Intervention:**
- HAPI K-Cards as an adjunct to scaffold the existing Skin Injury Prevention Protocol (SIPP)
 - Laminated 4 x 6" HAPI K-cards with 12 core SIPP elements
- Method:**
- Manual: Peer to peer bundle review designated at huddle
 - Electronic: QR card audits
 - Data collection for 6 months
- Leadership:**
- Strong support by Quality and Nursing
 - Facilitated by Inpatient Wound Team

HAPI K-Card



RESULTS

- N= 579 SIPP bundle observations over 6 months
- Pre-to post bundle compliance improved from 75% to 90% (p =0.014)
- Greatest improvements were seen in turns, heel elevation and protective sacral dressing use

DISCUSSION

- Significant improvement in pressure injury bundle compliance was noted after 6 month HAPI K-Card pilot
- Saturation and tenacity of card use appears to be related to success
- Simple delineation of bundle components and frequent rehearsal with peer feedback promotes learning and adherence
- K-card methodology has been extended into nurse orientation, to all inpatient units, home care program and throughout system affiliates

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