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Hospital Acquired Pressure Injury Prevention on an Inpatient Unit

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HAPI Prevention on an Inpatient Unit

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The organization is one of the country's largest integrated health care systems, providing care at approximately 1200 health care facilities across the nation. The facilities include 170 medical centers and just over 1000 outpatient clinics with varying specialties all serving 9 million enrolled Veterans and their families every year. While mental health is a strong area of focus where suicide, homelessness, and trauma exceed the national rate of the general population, this patient population that consists of primarily men ages 60+ also suffer from multiple co-morbidities, such as congestive heart failure, diabetes, pulmonary issues, and cancer. Therefore, this population is at risk for developing health issues that can have a significant impact on patients' lives and hinder the ability of the healthcare clinician to provide high quality care (JCAHO, 2016).

A hospital acquired pressure injury (HAPI) is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and remains a considerable patient safety issue worldwide with prevalence in acute care settings being 11.9-15.8% (Coleman, et al., 2018). Pressure injuries are a significant key performance indicator (KPI) and are one of the biggest challenges that organizations manage daily. The estimated cost of HAPIs to US hospitals is approximately \$11 billion per year, and as a result, two national insurers in the country, Medicaid and Medicare, no longer reimburse hospitals for them (Blenman & Marks-Maran, 2017). In 2011, the goal of zero HAPIs was set by the organization's central office, which was followed by initiatives to improve pressure injury prevention. On the medical/surgical/telemetry/oncology unit where this project will be implemented, there have been three documented HAPIs since January 1, 2018. There is a need for a HAPI prevention plan that needs to be implemented at the front line of patient care to decrease the HAPI rate. As the organization puts great emphasis on research and education for

healthcare providers along with initiatives from the central office of the organization, patient education should be of equal importance for all health issues, especially regarding HAPIs. Monitoring HAPIs is a KPI that is of high priority throughout the organization, in all clinical settings.

The aim of the project is to improve the process and delivery of care with established and accepted standards by implementing evidence-based change. The plan is to create a HAPI prevention program. The main expected outcome is to reduce the HAPI rate on the unit by increasing awareness among staff members, patients, and caregivers through extensive education and diligent monitoring of prevention practices and treatments.

Clinical Leadership Theme

The aim of the project is to improve the rate of HAPIs on an inpatient medical/surgical/telemetry oncology unit. The process begins with evaluating current HAPI prevention practices with front line RNs and NAs, as well as the Wound Ostomy Continence Nurse (WOCN) assigned to the unit. The process ends with implementing an evidence based HAPI prevention plan on the unit. By working on the process, we expect to increase awareness of HAPIs, educate the nursing staff regarding proper HAPI prevention methods and management techniques to ultimately decrease the number of HAPI occurrences on the unit by July 30, 2018.

The clinical leadership themes that were the framework for this project were Essential 2: Organizational and Systems Leadership and Essential 3: Quality Improvement and Safety. Overall, performance measures were used to assess and improve the delivery of evidence-based practices and promote outcomes that demonstrate delivery of higher-value care (AACN, 2013). The problem had been identified by the hospital-wide HAPI committee and a comprehensive

microsystem assessment at the unit level was completed to gather data. This step included assuming a leadership role in guiding the collaboration with other interdisciplinary team members to evaluate the current HAPI prevention practices, create an action plan with a focus on the delivery of patient-centered care, and evaluate the quality and cost-effectiveness of interventions and outcomes, which are important CNL competencies (AACN, 2013).

Statement of the Problem

With the increased rate of HAPIs on an inpatient medical/surgical/telemetry oncology unit in a two-month period, the purpose of the project is to improve the process and delivery of care for patients who are deemed high-risk of developing a HAPI. The idea is to create and implement a HAPI prevention plan to decrease the HAPI rate to zero occurrences on the unit by July 30, 2018. Despite the central office initiatives and guidelines, the unit has three documented cases of HAPIs since January 1, 2018 with the organization goal set to zero HAPIs. These documented HAPI cases reflect the lack of education among nursing staff regarding the prevention, identification, and management of HAPIs in the inpatient setting. As previously stated, HAPIs are a KPI focus of the organization and it is imperative that all efforts are made to reach the goal of zero HAPIs in the future.

Reaching this goal cannot be done just by one person, not even by one discipline. According to the National Pressure Ulcer Advisory Panel (NPUAP), there are strategies that should be implemented to decrease the rates of HAPIs. These strategies include risk assessment, skin care, nutrition, positioning and mobilization, and monitoring and training (NPUAP, 2016). HAPI prevention requires the collaborative work between the interdisciplinary team to implement these strategies effectively and efficiently in an organization. JCAHO (2013) states

that optimizing overall care and increasing attention to these issues can prevent the next pressure injury and save the next patient.

Project overview

The aim of the project is to improve the process and delivery of care with established and accepted standards by implementing evidence-based change. The plan is to create a HAPI prevention plan with the main expected outcome to reduce the HAPI occurrences on the unit to zero by July 30, 2018. This will be accomplished by increasing awareness among nursing staff members through education and diligent monitoring of prevention practices and treatments. The specific aim statement closely mirrors the global aim statement because the objectives, interventions, goals and expected outcomes are clearly stated to understand the specific need and purpose of the project.

To educate the nursing staff members, a collaborative meeting between the WOCN who is assigned to the unit, the unit skin champions, and management to discuss current preventative measures will take place. The goal of the meeting is to review the best preventive measures based on evidence based practice, determine weaknesses in current practices based on observations by the WOCN and unit skin champions, and formulate an education and monitoring plan. The education portion of the plan will include reviewing basic pressure injury education and HAPI prevention and management in the form of visual aids provided by the WOCN and a standard operating procedure, also known as a standard work, that will be used as a guide to HAPI prevention on the unit. A self-evaluation tool will also be used to allow nursing staff to rate their understanding prior to and after in-services of the information are provided. The monitoring portion of the plan includes the creation of monitoring tools to properly track

compliance of the interventions, such as a Turning Wheel to monitor repositioning and chart reviews to monitor documentation and use of skin care prevention products. The expected objectives include (1) increased awareness of the importance of HAPI prevention, (2) a clear understanding of HAPI prevention methods, and (3) increased confidence in HAPI education and management.

Methodology

Rationale

According to the NPUAP, the incidence of pressure ulcers ranges from 2.3% to 23.9% in long-term care, 0.4% to 38% in acute care, 0% to 17% in home care and 0% to 6% in rehabilitative care. While the federal government has identified pressure ulcer development as a public health concern, the Joint Commission considers Stage III & Stage IV injuries to be a sentinel event. Per Lyder et al. (2012), the National Quality Forum created Hospital Never Events in 2003, which are a list of events that should never occur in a hospital, and in the 13 states that have incorporated Never Events, hospitals can be financially penalized for not reporting individuals who develop Stage III or IV pressure injuries in a timely manner. It is clear that the development of pressure injuries is a serious matter that health care facilities need to address.

At the facility, data is gathered by the WOCN team through the extrapolation of data from the electronic charting system. This data is taken from skin initial assessments, skin reassessments, and wound consults. Because the data through the skin initial and reassessments can only monitor Braden Scale scores, chart audits are completed by the WOCN team to monitor

narrative charting done by the unit and WOCN RNs. This data is communicated to each individual unit through the hospital-wide HAPI committee as well as through nursing management.

To determine the root cause of the increased occurrences of HAPIs on the unit, various analyses were completed, such as a fishbone diagram, SWOT analysis, and chart reviews using a root cause analysis template created by the NPUAP. The fishbone diagram (see Appendix A) allowed for division of the potential root causes by the following categories: procedures/policies, people, equipment/supplies, and patient risk factors, which were previously discussed. The SWOT analysis (see Appendix B) identified the strengths, weaknesses, opportunities for growth, and threats to the project. A chart review was also completed on the three HAPI cases since January 2018 using the NPUAP Pressure Ulcer Root Cause Analysis template (Appendix C). Key findings included the following: (1) inconsistent/missing documentation, (2) missing RN co-signers on skin documentation, (3) interventions not being documented, (4) no repositioning schedule in place and repositioning is not being monitored, and (4) underuse of skincare prevention creams and ointments.

Cost Analysis

As previously stated, the estimated cost of HAPIs to US hospitals is approximately \$11 billion per year, and as a result, two national insurers in the country, Medicaid and Medicare, no longer reimburse hospitals for them (Blenman & Marks-Maran, 2017). Individual patient care ranges from \$20,900 to \$151,700 per pressure ulcer with the average cost of a hospital-acquired pressure ulcer patient averaged \$129,248 during one hospital stay. Medicare estimated in 2007 that each pressure ulcer added \$43,180 in costs to a hospital stay (AHRQ, 2011).

The unit is a 28-bed unit with 37 RNs and 14 NAs to be in-serviced, totaling 51 staff members to in-service. The WOCN in-services will be held twice a day for two weeks to ensure both day and night shift staff is covered. The in-services are approximately ten to fifteen minutes long and will review basic pressure ulcer staging then focus on proper ways to reposition patients, basic preventive wound care products available at the facility, and proper documentation. Handouts will be provided by the WOCN. As these in-services are being completed during normal tour hours, there are no extra personnel expenses that need to be budgeted for. In regard to the unit in-services to be completed, the three-page standard work will be printed for each staff member totaling approximately \$15.00 for non-personnel expenses. See Appendix D for summary.

Change Theory

Kurt Lewin identified three stages of change in which the change agents must follow before change becomes part of a system: unfreezing, moving, and refreezing (Mitchell, 2013). Historically, the facility has encountered many barriers to change. Specifically, in the patient care areas, staff had become accustomed to practices being a certain way. When a change was introduced, a great amount of resistance was met especially by the seasoned staff members, and the efforts to enforce the change dwindled by the way side. Using Lewin's Change Theory allows for a methodical process to change by first examining and evaluating the status quo, finding a method that will make it possible for the nursing staff to let go of old habits, which is the unfreezing stage of the theory. It was identified that the nursing staff is willing and eager to learn about how to prevent HAPIs, which poses an educational opportunity for staff.

Once effective tactics are identified to get the buy-in from the key stakeholders, the change is implemented using these tactics, which is the moving stage of the theory. Implementing the two separate in-services for staff, one led by the WOCN and the other led by the unit skin champions, allows them time to first evaluate themselves based on their current knowledge of HAPIs, then learn the information during the in-service and put the information into practice during that shift. The staff will then be able to re-evaluate themselves based on the new knowledge and clinical practice that they learned that day. Involving a process of change in thoughts and behavior allows for increased productivity and longevity in the new process. In the refreezing phase, equilibrium is established and the new change has become standard operating procedure. This theory also allows for constant feedback and revisions based on the needs of the key stakeholders. By monitoring specific HAPI prevention interventions, such as monitoring repositioning by auditing the turning wheel and EMR documentation, allows for this establishment of equilibrium. Creating a standard operating procedure, also known as a standard work, as a guide for staff will also ensure that this new process will become standard practice on the unit.

Data Source/Literature Review

The preliminary search phrase used was “hospital acquired pressure ulcer prevention” which yielded a large number of relevant results across various healthcare settings. The addition of “in hospitals” to narrow the search was done, and later, searched for HAPIs in federal facilities. That search yielded more information regarding current directives from the federal government for their facilities to prevent HAPIs. Research indicates that a HAPI prevention plan

that is created through a collaborative interdisciplinary effort is successful at producing positive outcomes.

There are two focuses of the project that will allow the gathering of the appropriate amount of data to determine if the HAPI prevention plan will in fact decrease HAPI occurrences on the unit to zero. The first focus of the project is to audit the Turning Wheel and WOCN consults. The consults will be tracked in the EMR to see if they are being placed by the assigned RN and being completed by the WOCN within 24 hours per hospital protocol. The Turning Wheel audits will include cross referencing the information on the hardcopy with what is documented in the EMR by the assigned RN per shift. The Turning Wheel data allows us to track if proper repositioning is occurring. According to Fletcher (2017), despite the widely available guidelines, there remains considerable confusion in practice about how and when to reposition patients so an individualized plan that considers factors, such as skin condition and comfort, should be considered. Also, Peterson, Gravenstein, Schwab, van Oostrom, & Caruso (2013) stated that relieving at-risk tissue is a necessary part of pressure ulcer prevention and repositioning practices need improvement. As in many facilities, resources such as turning teams and repositioning equipment are not currently available to all areas so educating front-line staff on proper repositioning is a feasible method to prevent HAPIs.

Another focus is to track the use of ordered creams used for skin protection using data from the medication administration system. A study done by Mallah, Nassar, & Badr (2014) in a Lebanese hospital showed that one of the best predictors of HAPIs is skin management. Intact skin is the first line of defense against infections and as people get older, skin elasticity and

moisture change making this barrier more fragile, so it is very important to take care of skin to prevent injuries and potentially fatal infections (Kirkland-Kyhn, Zaratkiewicz, & Young, 2018).

The data findings using the methods just discussed are appropriate to determine if staff are following the standard work by performing the HAPI prevention techniques showing a decrease in the HAPI rate on the unit. Another integral part of this project is involving the multidisciplinary team in creating the program. In Martin, et al. (2017), collaborative effort amongst a multidisciplinary team of healthcare professionals in creating a pressure injury prevention program ended with a significant decrease in pressure injury rate. Two common themes emerged from this study: “it’s definitely a combination of everything” and “there’s a disconnect between what’s needed and what’s available” indicating that multiple factors contributed to preventing pressure ulcers and communication between front-line staff and educators and management are key in facilitating change to achieve a goal.

Timeline

After the third HAPI on the unit was identified at the end of January, it became apparent that a HAPI prevention program was needed. An initial meeting with the WOCN and unit skin champions was scheduled for 2/6/18 to discuss focus areas of HAPI prevention that were most important to communicate to staff. As repositioning is a vital component in HAPI prevention, the creation of a more concise Turning Wheel is the next step with the completion date during the same week. With the focus areas established and the Turning Wheel created, the next step is to compile all this information and create a standard work. The timeline for the completion of the standard work is 2/25/18 followed by a two-week deadline for the WOCN and unit skin champions to review the standard work, suggest any changes, then finalize changes by 3/9/18.

The next step in the timeline is to begin the first week of WOCN in-services by 3/12/18. One week later, the self-assessment and unit skin champion in-services will begin a week later on 3/19/18. Both in-services will be completed by 3/30/18 and the full launch of the HAPI prevention program will be on 4/2/18. Audits will begin that Friday, 4/6/18, and will continue every Friday until the end of the pilot at the end of July. At that time, all data will be analyzed and findings will be submitted to the hospital-wide HAPI committee as well as executive nursing management for review. The summary of the timeline can be found in Appendix E.

Expected Results / Nursing Relevance

The data results that will be collected to check if the project is effective are the self-evaluation training matrix audits, Turning Wheel audits, as well as auditing documentation in the EMR to ensure accuracy when cross-referencing with Turning Wheels as well as tracking the use of skin care prevention products. General predictions include increased staff awareness and knowledge, Turning Wheels and documentation will be accurate and mirror each other, all decreasing the HAPI occurrence on the unit to zero by July 30, 2018.

Increased nursing staff awareness and understanding of HAPI prevention tactics will be illustrated by self-evaluation using a skills training matrix with each staff member. The prediction is that the staff will evaluate themselves at least a level three after all in-services are provided. The Turning Wheels will have a completion rate of 80% and be submitted in the HAPI Turning Wheel folder at the nursing station to be audited. Finally, it is predicted that the documentation completion rate will be at 80% with the EMR matching the information documented on the Turning Wheel as well as the documentation of the use of skincare prevention products during the shift. Overall, the expectation is that the project will illustrate the

importance of a structured staff education program and will increase positive patient outcomes as evidence by a decrease in adverse patient events.

Summary Report

There was little deviation from the original plan in the implementation phase of the process. The process began with having the nursing staff evaluate their knowledge prior to the in-services using a skills training matrix (See Appendix F). The matrix consists of 4 squares that indicate the levels of knowledge of the subject matter with level 1 demonstrating awareness of the basic principles to level 4 which demonstrates advanced extensive knowledge. The WOCN in-service was then done for staff at the beginning of their shifts. Once completed, the staff was able to take that knowledge and put it into practice on the unit during their shift. At the end of the day of in-service for each nursing staff member, the skills matrix was filled out again to reevaluate their competency levels. The next in-service provided by the unit skin champions consisted of giving a five to ten minute information station again at the changes of shift that review the WOCN in-service information as well as presenting the standard work (see Appendix G), which is a guide on properly performing the HAPI prevention measures. For staff evaluations, 80% of the staff consider themselves to be a level 3-4, which was the expected goal. Increasing the self-evaluations to a level 3-4 for the remaining 20% will require more practice for the nursing staff members that still evaluate themselves at a level 1 and 2.

Once the in-services were complete, auditing the Turning Wheel (see Appendix H) and performing chart reviews to audit documentation were completed. On average, there were approximately four turning wheels audited per day with the completion rate of 80%, which was

the expected goal, as well as a noticeable increase in the documentation of the use of the skincare prevention products.

The biggest positive outcome as of yet is the HAPI occurrence rate has been at zero since the implementation of the project, which is due to increased staff awareness and support and collaboration between the WOCN, unit skin champions, and management. Concurrently, it has been reported by multiple staff members that team morale is increased as goals are being achieved due to the strong teamwork that this project has created for staff to prevent HAPI occurrences on the unit.

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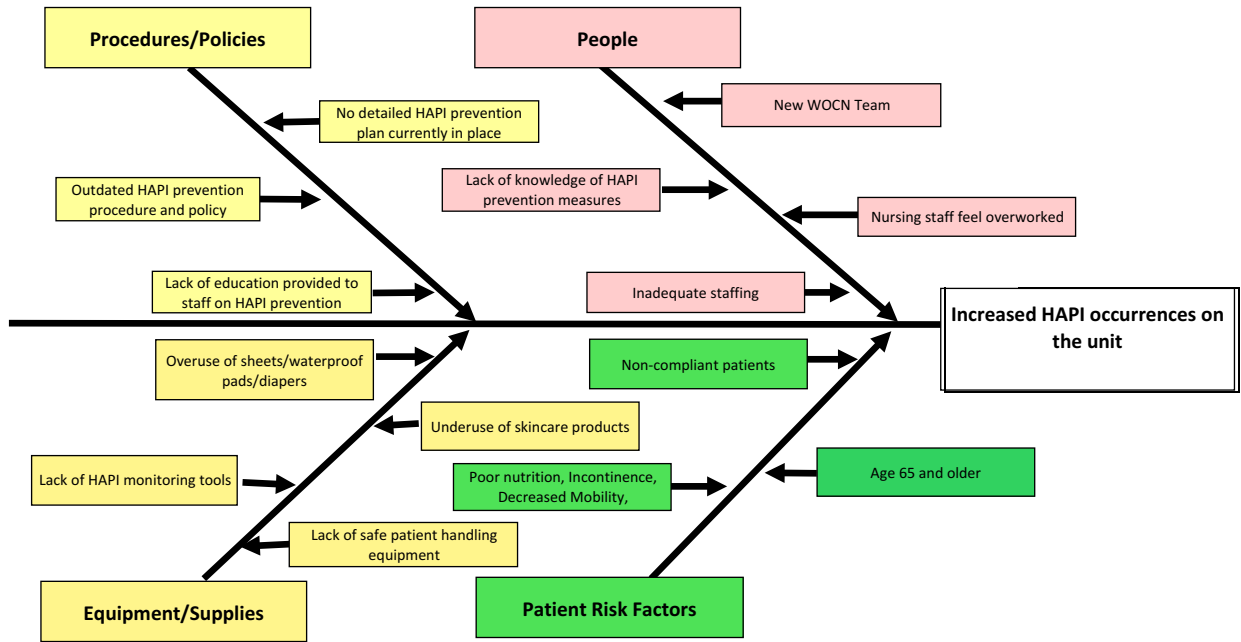
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Appendix A

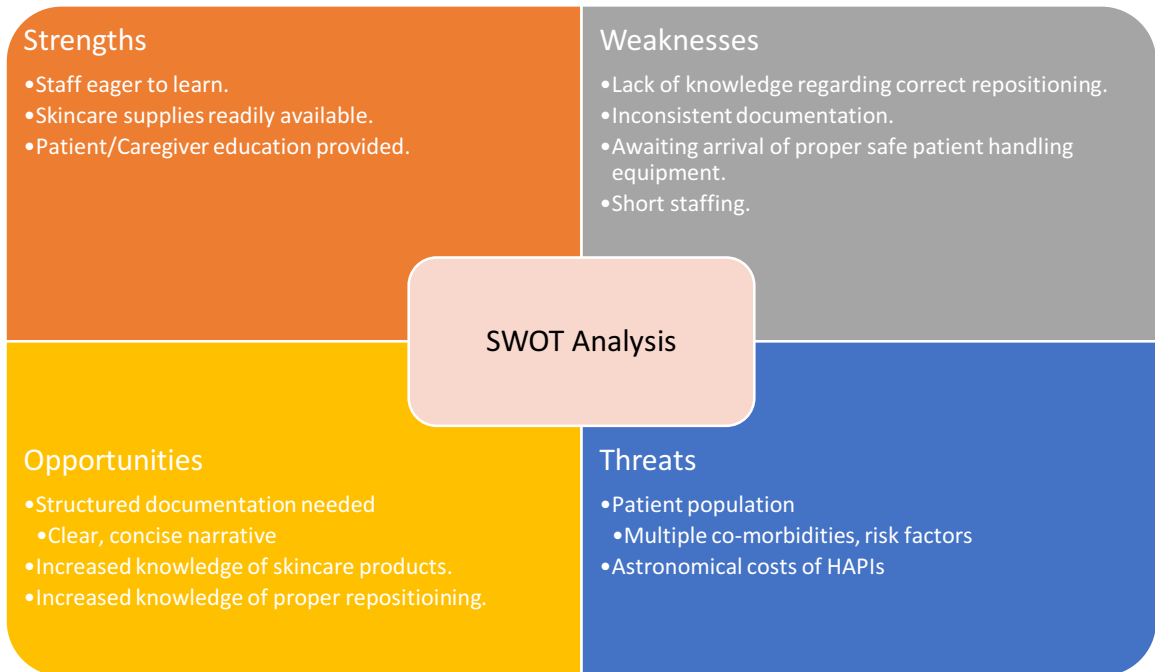
Fishbone Diagram

Fishbone Diagram



Appendix B

SWOT Analysis



Appendix C

NPUAP Root Cause Analysis Template

NPUAP|PRESSURE ULCER ROOT CAUSE ANALYSIS (RCA) TEMPLATE

STEPS	INVESTIGATION		
1	Which departments were connected to this event		
2	Were pre-admission patient conditions were documented? [See #2 in Reference Addendum]	YES	NO Add to Action Plan
3	Was the skin assessed upon admission? [See #3 in Reference Addendum]	YES	NO Add to Action Plan
4	Were pressure ulcer prevention protocols implemented based on risk score or Braden Sub-Scale scores? [See #4 in Reference Addendum]	YES	NO Add to Action Plan
5	Was the skin assessed at least every 24 hours? [See #5 in Reference Addendum]	YES	NO Add to Action Plan
6	Was there a change in patient condition? [See #6 in Reference Addendum]	YES	NO Add to Action Plan
7	Was a Healthcare Professional/Team trained in Skin/Pressure Ulcer Prevention and Management consulted? [See #7 in Reference Addendum]	YES	NO Add to Action Plan
8	Was the patient placed on the correct support surface, off-loading device, and/or seat cushion? [See #8 in Reference Addendum]	YES	NO Add to Action Plan
9	Was the patient's nutrition status addressed? [See #9 in Reference Addendum]	YES	NO Add to Action Plan
10	Was the patient's mobility status addressed? [See #10 in Reference Addendum]	YES	NO Add to Action Plan
11	Was the Facility Acquired Pressure Ulcer properly documented? [See #11 in Reference Addendum]	YES	NO Add to Action Plan

Appendix D

Cost Analysis

Statistics	
Patient Rooms	28
Total nursing staff to be in-serviced	51
Total 15-20min WOCN in-services	20
Total 5-10min Unit in-services	20
Personnel Expenses	
\$0	
Non- Personnel Expenses	
Standard Work Copies	\$15
Total Non- Personnel Expenses	\$15
Total Expenses	\$15

Appendix E

Timeline

Activity	Responsible Party	Completion Date
Meet with WOCN and unit skin champions to discuss specific HAPI prevention techniques.	WOCN, unit skin champions, CNL student, management	2/6/2018
Create Turning Wheel, including input from unit skin champions and front-line staff.	CNL student	2/7/2018
Complete standard work for HAPI prevention program.	WOCN, unit skin champions, CNL student, management	2/23/2018
WOCN and unit skin champions will review standard work.	WOCN, unit skin champions	3/2/2018
Revisions to standard work will be completed.	CNL student	3/9/2018
WOCN in-services will begin.	WOCN	3/12/2018
Self-assessment and unit skin champion in-services will begin.	Unit skin champions	3/19/2018
WOCN in-services will be completed.	WOCN	3/23/2018
Self-assessment and unit skin champion in-services will be completed.	Unit skin champions	3/30/2018
Full launch of HAPI prevention program on unit.	Nursing staff	4/2/2018
First audit to be completed.	CNL student	4/6/2018
Gather and analyze the first full month of data.	CNL student	Second week of May

Appendix G

Standard Work

Standard Work					
Last updated:	02/22/2018	Owner:	Med/Surg/Tele Unit	Performed by:	Nursing staff
Version:	1.0	Revised by:	Cherilyn Schumacher	Trigger:	Ensure staff ability to manage patients at risk for HAPI, to decrease the occurrence of HAPIs.
Standard Work Applicability:	Every Work Day, the HAPI action plan is in place to manage patients at risk for HAPI.				

Standard Work

Work Performed By		Major Step	Details	Reason why this step is important
1	Charge Nurse/Co-Charge Nurse, and Nursing Staff	Identify patients who are at risk for HAPI and who need assistance to turn by staff members.	<ul style="list-style-type: none"> Definitions: <ul style="list-style-type: none"> <u>Turning Wheel</u>: The tool is used to provide a visual cue to quickly identify patients that need to be turned q2h. <u>Turning Teams</u>: Will consist of two staff members (one RN and one NA). <u>Turning Team List</u>: List of patients with Braden Skin Risk Assessment score of ≤ 14 	<ul style="list-style-type: none"> Allows for easy identification and real-time documentation of patients at risk for HAPI.

			<p>(Moderate Risk) that need to be closely monitored</p> <ul style="list-style-type: none"> • Patients with Braden Skin Risk Assessment score of ≤ 14 (Moderate Risk) require: <ul style="list-style-type: none"> • a Turning Wheel posted outside of the patient room with the bed number clearly marked on sheet by primary care RN. • are added to the Turning Team List every shift by charge nurse on DMS board. • At the end of the 24-hour period, the completed Turning Wheel will be placed in the designated binder at 0700 of the next day by primary care RN, and a new Turning Wheel will be affixed to the patient's door. • At the start of each shift, the charge nurse will assign the Turning Teams. • The Turning Teams are responsible for turning patients at the designated turning times utilizing pillows to lift heels and relieve pressure from bony prominences. Any patient care will be communicated to primary RN. • Once patient is turned, the patient's position will be documented on the Turning Wheel and signed off by the turning team. 	<ul style="list-style-type: none"> • Communicating patient care to primary RN allows for clear communication and accurate documentation in CPRS.
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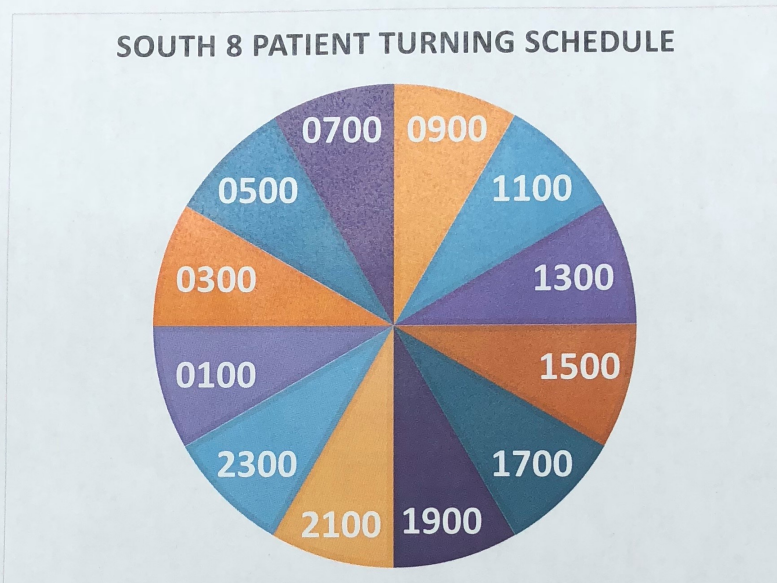
2	RN Nursing Staff	Identify patients with Braden Score <16 (Mild Risk) for wound nurse to evaluate.	<ul style="list-style-type: none"> Place wound consult. 	<ul style="list-style-type: none"> To notify the wound nurse of patients at risk of HAPI. To assess patients and make recommendations if necessary.
3	All Nursing Staff	Proper ways to position the patient (Ref: Proper Positioning 30-30-1/3 by Aileen Fabian, RN WOCN Wound Care Specialist)	<ul style="list-style-type: none"> Have 4 pillows at bedside. Do not turn patient more than 30 degrees on back and on side unless contraindicated (ex: patients with aspiration risk, or G-tube feeding). Tuck a pillow up to 1 /3 of the back to maintain proper 30-degree angle. Off load the heels with pillows. Put a pillow in between knees when turning patient to either side to prevent friction. Use <i>ONE</i> sheet and <i>ONE</i> chuck per pt only. Briefs/diapers are to only be used if pt has active diarrhea. 	<ul style="list-style-type: none"> Relieve pressure on bony prominences (shoulders, elbows, trochanters, knees, and ankles) Avoid friction from knees being rubbed together. Too many layers or unnecessary use of chux/sheets/briefs/diapers can cause excessive moisture and skin break down.
4	All Nursing Staff	Skin Care Prevention (Ref: Skincare Algorithm by Aileen Fabian, RN WOCN Wound Care Specialist)	<ul style="list-style-type: none"> <u>Incontinent patients:</u> Use Sage Barrier Cream Cloths or WOCN approved product for perineum/buttocks area (grey package). <u>Patients with denuded skin:</u> Use Sensi-care barrier cream or WOCN approved product for perineum/buttocks area (maroon tube). 	<ul style="list-style-type: none"> Helps protect the skin from breakdown/further breakdown.

			<ul style="list-style-type: none"> • Dry skin: Use Medline Skin Repair Cream (purple tube) or WOCN approved product. 	
5	All Nursing Staff/WOCN RN	Specialty Bed Ordering	<ul style="list-style-type: none"> • Hill-Rom beds on unit are adequate for up to Stage II pressure injuries. • For pressure injuries Stage III and above and for bariatric pts, notify NM/ANM to have specialty bed ordered by WOCN. 	<ul style="list-style-type: none"> • Specialty beds provide therapeutic support to patients at risk/with pressure injuries.
6	RN Nursing Staff	Document HAPI Preventive Measures	<ul style="list-style-type: none"> • Daily Documentation <ul style="list-style-type: none"> ○ In Nursing Reassessment Note under “Nursing Notes,” the primary RN must document the time and position of patient q2h in narrative form. ○ Example: 0900: patient turned facing the door/turned to the right. • Document patient refusal, education, and risk. • New Admissions <ul style="list-style-type: none"> ○ Skin Initial Assessment must be physically verified/co-signed by another RN. • New Pressure Injury <ul style="list-style-type: none"> ○ Skin Reassessment must be physically verified/co-signed by another RN. ○ Assigned RN will place Wound Consult. 	<ul style="list-style-type: none"> • To clearly and adequately document HAPI preventive measures in CPRS q2h.

Appendix H

Turning Wheel

ASSIGNED DAY RN: _____ ASSIGNED DAY NA: _____
 ASSIGNED NOC RN: _____ ASSIGNED NOC NA: _____



DAY RN / NA	NOC RN / NA
0900 Door/Window/Back _____	2100 Door/Window/Back _____
1100 Door/Window/Back _____	2300 Door/Window/Back _____
1300 Door/Window/Back _____	0100 Door/Window/Back _____
1500 Door/Window/Back _____	0300 Door/Window/Back _____
1700 Door/Window/Back _____	0500 Door/Window/Back _____
1900 Door/Window/Back _____	0700 Door/Window/Back _____

Bed # _____

Date: _____