2019

Journey to Zero NG-related HAPI's

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MAGNET RECOGNIZED

Journey to Zero NG-related HAPIs

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St. Cloud Hospital, St. Cloud, Minnesota
2019 NTI Conference

Plan

From October 2015 to April 2016, there were five Stage II or higher inner nares hospital acquired pressure injuries (HAPIs) caused by nasogastric (NG) tubes, with one being unstageable. These occurred despite previously implemented evidence-based prevention strategies, which included:

- Two-person skin assessments on admission and return from surgery
- Two-person skin assessment upon transfer from unit to unit
- Daily skin assessments including under devices
- Access to the Wound Ostomy Continence (WOC) team

Team Members

Kristin Gaarder, BSN, RN, CMSRN
Clinical Nurse, Surgical Care Unit 2
Curt DeVos, BSN, RN, CNRN
Director, Surgical Care Units
Kathy Collins, BSN, RN, CMSRN
Educator, Surgical Care Units
Mallory Mondloch, BSN, RN, CMSRN
Nurse Clinician, Surgical Care Units
Katie Meyer, RN, CMSRN
Skin Champion, Clinical Nurse, Surgical Care Unit 2
Sue Omann, MS, APRN, CWOCN
Wound Ostomy Continence Nurse, St. Cloud Hospital
Jennifer Burris, APRN, CNS
Director of Nursing Practice, St. Cloud Hospital
Melissa Fradette, MSN, RN, CCRN
Magnet Program Director, St. Cloud Hospital

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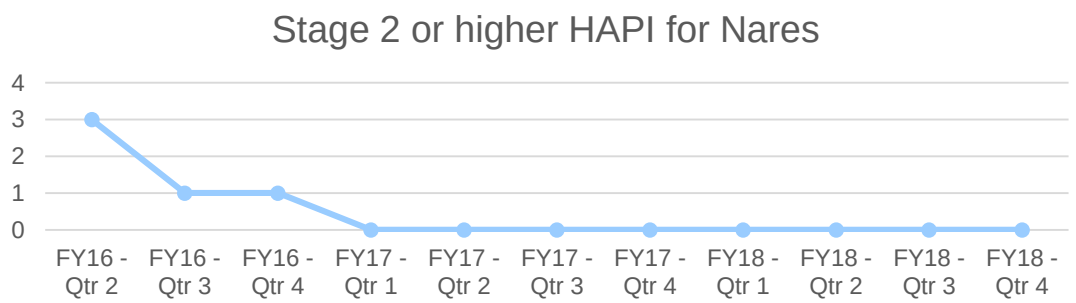
Do

Achieve zero NG-related HAPIs through practice changes related to types of securement devices and frequency of assessments in collaboration with WOC team, unit Skin Champion, house-wide Skin Committee and anesthesia providers.

Check



The practice changes were implemented from July 2016 to September 2016. Since implementation of the practice changes, Surgical Care Unit 2 has not had a Stage II or higher naris HAPI from NG tube devices. As of February 11, 2019, it has been 1,024 days since the last naris Stage II or higher HAPI. Not only have the practice changes improved the incidence of nares HAPIs, it has increased clinical nurse awareness on detailed skin assessments for early recognition of device related mucosal injuries. These practices have been implemented hospital wide and an overall decrease in incidence has been observed. Continuous review of evidence and practice ensues to sustain current performance.

References

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Act

The following strategies were used to eliminate NG-related HAPIs:

- Review Surgical Care Unit 2-acquired pressure injuries for trends by project team members
  - 5/5 (100%) HAPIs were related to manufactured NG securement device positioning
- Conducted literature review for best practices in use of securement devices
  - Evidence suggested current practice of positioning of device was incorrect
- Review findings and practice changes with stakeholders from WOC team, house-wide Skin Committee and providers
- Approve practice changes of securement device and frequency of skin assessment at Surgical Care Unit Nurse Practice/Performance Improvement Committee and house-wide Clinical Nurse Practice Committee. Changes include:
  - Use of tape for NG tubes in place for less than 24 hours instead of a manufactured securement device
  - Twice daily skin removal of securement device tabs and skin assessment
  - Securement device replacement every 72 hours
- Increased skin champion rounds to monthly instead of quarterly
- Enhanced documentation of nares assessment
- Staff education on proper placement of securement device to ensure ability for NG tube to move freely without pressure to the nares