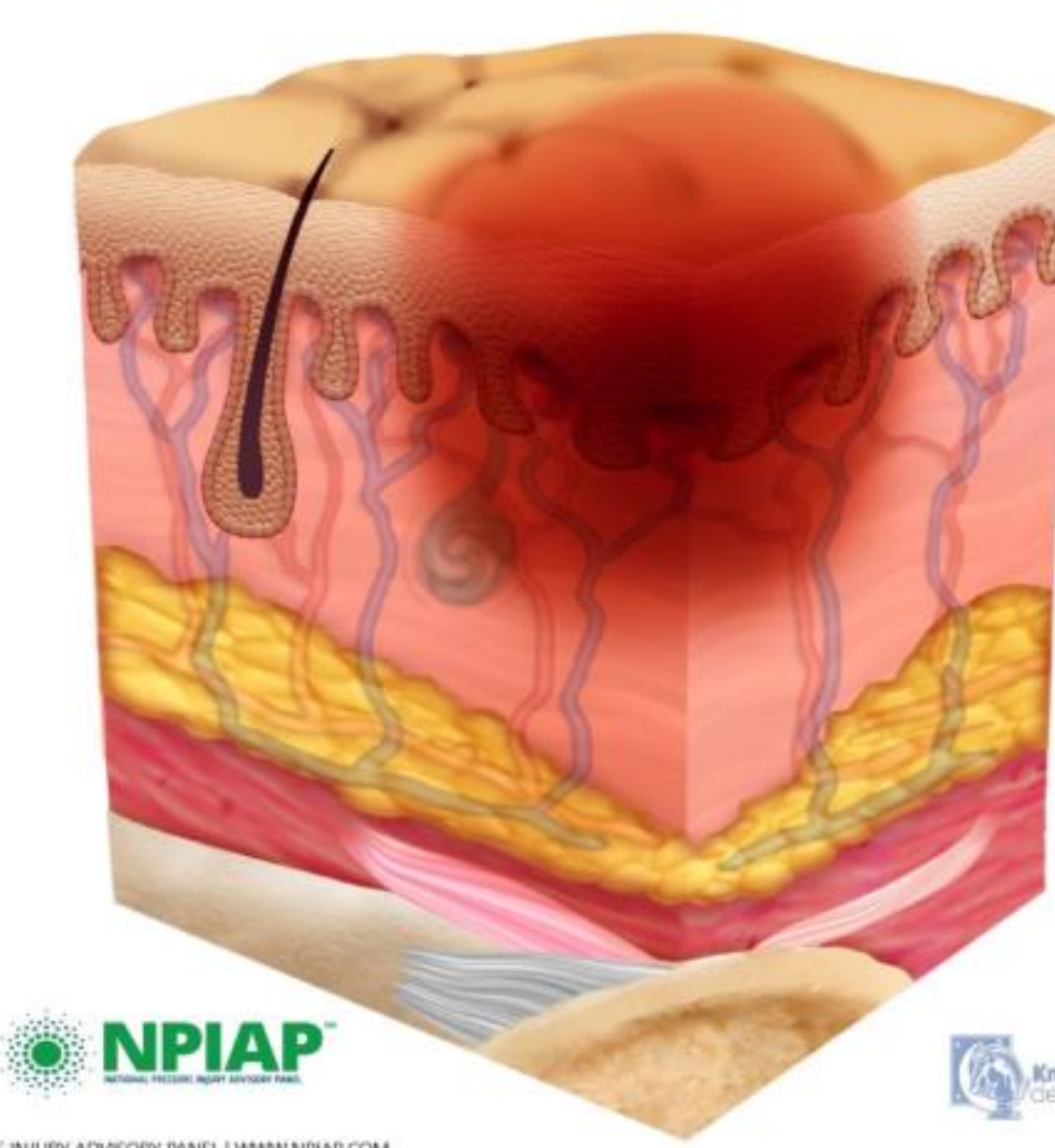
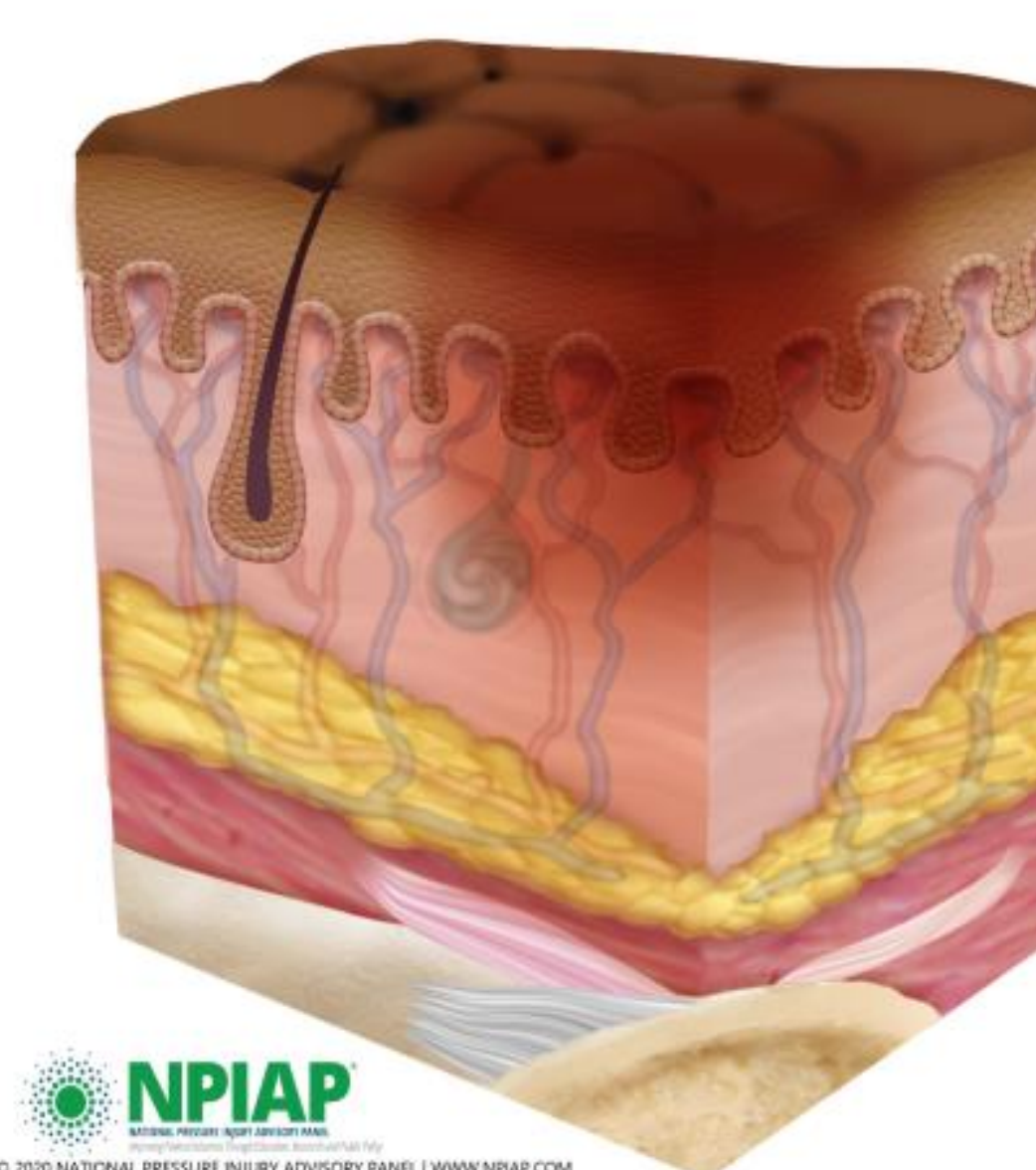


Hospital-Acquired Pressure Injuries (HAPIs): Prevention and Clinical Implications

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Figures

woundclub
online

aSSKINg educational framework^{4,7}

Additional 2 steps to the SSkin care bundle approach to preventing + treating pressure ulcers:



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Background

Hospital-acquired pressure injuries (HAPI) constitute a significant patient safety issue in acute care environments. They occur due to pressure on bony prominences for a long duration, resulting in skin breakdown, tissue ischemia, and necrosis. HAPI disproportionately affects immobile and elderly individuals, is estimated to occur in 10–18% of hospitalized patients, and costs over \$26 billion each year in the United States.

Objectives

The purpose of this project is to assess the efficacy of using a systematic pressure injury prevention bundle to prevent occurrences of HAPIs in acute care settings for 65-year-olds and older.

Development

The pressure injury prevention bundle had components of regular turning, early risk assessment, prophylactic dressings, and communication between disciplines. Implementation barriers of uneven practice and interruptions by COVID-19 were also noted.

Notes

Future research must examine remote monitoring techniques and survey patients after discharge while expanding preventive bundle reach to enhance results.

Methods

A systematic literature review of quality improvement and observational studies evaluated the efficacy of bundled interventions. An assessment of prevention methods like regular repositioning, risk assessment by the Braden Scale, pressure-relieving support surfaces, prophylactic dressings, and increased staff education was included in the review. These studies were graded for outcomes and level of evidence.



Results

The research illustrated the efficacy of prevention bundles when well implemented. Gupta et al. (2021) had 83.5% fewer HAPI occurrences, and Brock (2023) saw behavior change and decreased rates. According to Berry (2021), the improved documentation compliance coincided with higher injury rates, which resulted from limited implementation success and outside factors.

Conclusions

Implementing prevention bundles reduces HAPI rates the most when all clinical units adopt the bundles with qualified staff and systems for live monitoring. As emerging leaders, CNLs can lead quality improvement initiatives by adopting evidence-based practices that promote interdisciplinary communication and quality enhancement.

References and Acknowledgements

