

Abstract

Background and Purpose: Patient Care Technicians (PCTs) lack training in preventing hospital-acquired pressure injuries (HAPIs), contributing to their knowledge and practice deficits in leading prevention efforts. This project sought to decrease HAPIs by implementing an educational tool kit for PCTs.

Methods: This quality improvement project utilized a pre- and post-test design with independent groups to evaluate the impact of an educational toolkit over eight weeks among PCTs and patients in a 26-bed inpatient adult acute care unit. The toolkit consisted of a PowerPoint module, skincare formulary cards, and HAPI prevention infographics. Full and part-time PCTs' knowledge and attitudes were assessed through the modified PI Prevention Knowledge (PIPK) and Attitude toward Pressure Ulcer Prevention (APuP) instruments. HAPI prevalence and compliance with prevention strategies were assessed among patients using the modified National Database of Nursing Quality Indicators (NDNQI) audit scores. Descriptive statistics, Fisher's Exact test, and Mann-Whitney U test were used.

Results: A total of 24 PCTs were included, of which 58.3% had more than five years of work experience and 66.7% had received prior education on HAPI prevention strategies. Average PIPK scores increased from pre to post-intervention (92.86 ± 9.63 vs. 94.05 ± 12.86), indicating better knowledge. Average APuP scores decreased from pre to post-intervention (86.85 ± 15.25 vs. 65.63 ± 23.46), indicating worse attitudes. HAPI prevalence data decreased from pre ($n=18$) to post-intervention ($n=16$; 22.2% vs. 6.3%; $p=0.34$). NDNQI audit scores significantly improved from pre ($n=20$) to post-intervention ($n=23$; 1.40 ± 0.82 vs. 2.35 ± 0.99 ; $p=0.014$).

Conclusions: Utilizing an educational curriculum specifically tailored for PCTs may contribute to uptake in implementing HAPI prevention strategies and could potentially prevent HAPIs.

Implications: Educating PCTs on HAPI prevention strategies has the potential to decrease HAPIs and improve patient outcomes, and it should be further developed and extended to other settings.

Keywords: Pressure Ulcer, Education, Evidence-Based Practice, Unlicensed Health Personnel, Quality Improvement