The effectiveness of pressure injury prevention education for patient care technicians in an adult acute care setting

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Background
- More than 2.5 million people in the U.S. develop preventable hospital-acquired pressure injuries (HAPIs) annually.
- Risk factors include advanced age, immobility, malnutrition, and sensory loss.
- 2.8 times more likely to die during hospitalization and 1.2 times within 30 days after discharge.
- Associated with significant physical and psychological suffering, prolonged hospital stays, adverse patient outcomes, and increased health care costs.
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- More than 2.5 million people in the U.S. develop preventable hospital-acquired pressure injuries (HAPIs) annually.
- Knowledge and practice deficit in HAPI prevention due to lack of standardized training or education.
- Associated with significant physical and psychological suffering, prolonged hospital stays, adverse patient outcomes, and increased health care costs.

Purpose
- To decrease HAPIs by implementing an evidence-based educational tool kit for PCTs.

Aim 1: Determine the reduction of the project site's 3rd quarter 2021 HAPI prevalence data.
- Pre-implementation: Average APuP score decreased from pre (n=18) to post-intervention (n=16; 22.2% vs. 6.3%; p=0.34).
- Results indicate improved HAPI prevalence rates.

Aim 2: Determine the improvement in the PCTs' knowledge and attitude in HAPI prevention measured by the modified PI Prevention Knowledge (PIPK) and Attitude toward Pressure Ulcer Prevention (APuP) instruments.
- Pre-implementation: Average PIPK score decreased from pre to post-intervention (92.86±9.63 vs. 86.85±15.25; p=0.014).
- Results indicate greater compliance with HAPI prevention strategies.

Aim 3: Determine the improvement in the PCTs' knowledge and attitude levels help reduce HAPIs.
- Pre-implementation: Average PIPK score decreased from pre to post-intervention (92.86±9.63 vs. 86.85±15.25; p=0.014).
- Results indicate greater compliance with HAPI prevention strategies.

Methods
- Design: pre- and post-test design
- Setting: 26-bed inpatient adult acute care unit at an academic medical center in the mid-Atlantic region
- Intervention: evidence-based educational tool kit on HAPI prevention strategies

Results: Aim 1 & 2
- Aim 1: HAPI prevalence decreased from pre (n=18) to post-intervention (n=16; 22.2% vs. 6.3%; p=0.34).
- Aim 2: Average PIPK scores decreased from pre to post-intervention (92.86±9.63 vs. 86.85±15.25; p=0.014).

Results: Aim 3
- Aim 3: NDNQI audit scores significantly improved from pre (n=23) to post-intervention (n=23; 1.40±0.82 vs. 2.35±0.99; p=0.014).

Conclusion
- The educational tool kit has shown to improve the knowledge and implementation of HAPI prevention strategies and ultimately decrease the rate of HAPIs in the unit.
- PCTs have an important role in delivering high quality patient care by promoting skin health.
- Utilizing an educational curriculum specifically tailored for PCTs may contribute to uptake in implementing HAPI prevention strategies that can help decrease HAPIs.

Next steps:
- Conduct further studies with larger sample sizes in other inpatient units.
- Submit a manuscript to the Journal of Wound Ostomy and Continence Nursing.
- Further work on adapting the tool kit into a hospital-wide learning module for PCTs.
- Train PCT skin saver champions.

Acknowledgements and References
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- Please scan the QR code to see the references.