



Effectiveness of Siriraj Concurrent Trigger Tool for Hospital Acquired Pressure Injury prevention in Tertiary Hospital

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Background

The prevention of Hospital Acquired Pressure Injury (HAPI) remains a challenge for healthcare institutions. The HAPI is recognized as a nursing quality indicator. The prevalence rate is monitored for quality assurance purposes. Siriraj hospital is a 2061 patient-bed, tertiary care and a not-for-profit institution. The university-affiliated teaching hospital receives a reference from level of nation-wide hospital and serves as training sites complementary to the national referral hospitals. The patients have higher severity and are more complex which can be difficult to control HAPI. Enterostomal Therapy nurses started by developing Siriraj concurrent trigger tool (SiCTT) for Pressure Injury prevention in October 2015. This is a tool to promote the HAPI prevention in healthcare personal. The purpose of the study to provide health care organizations with tool for decreasing the prevalence of HAPI.

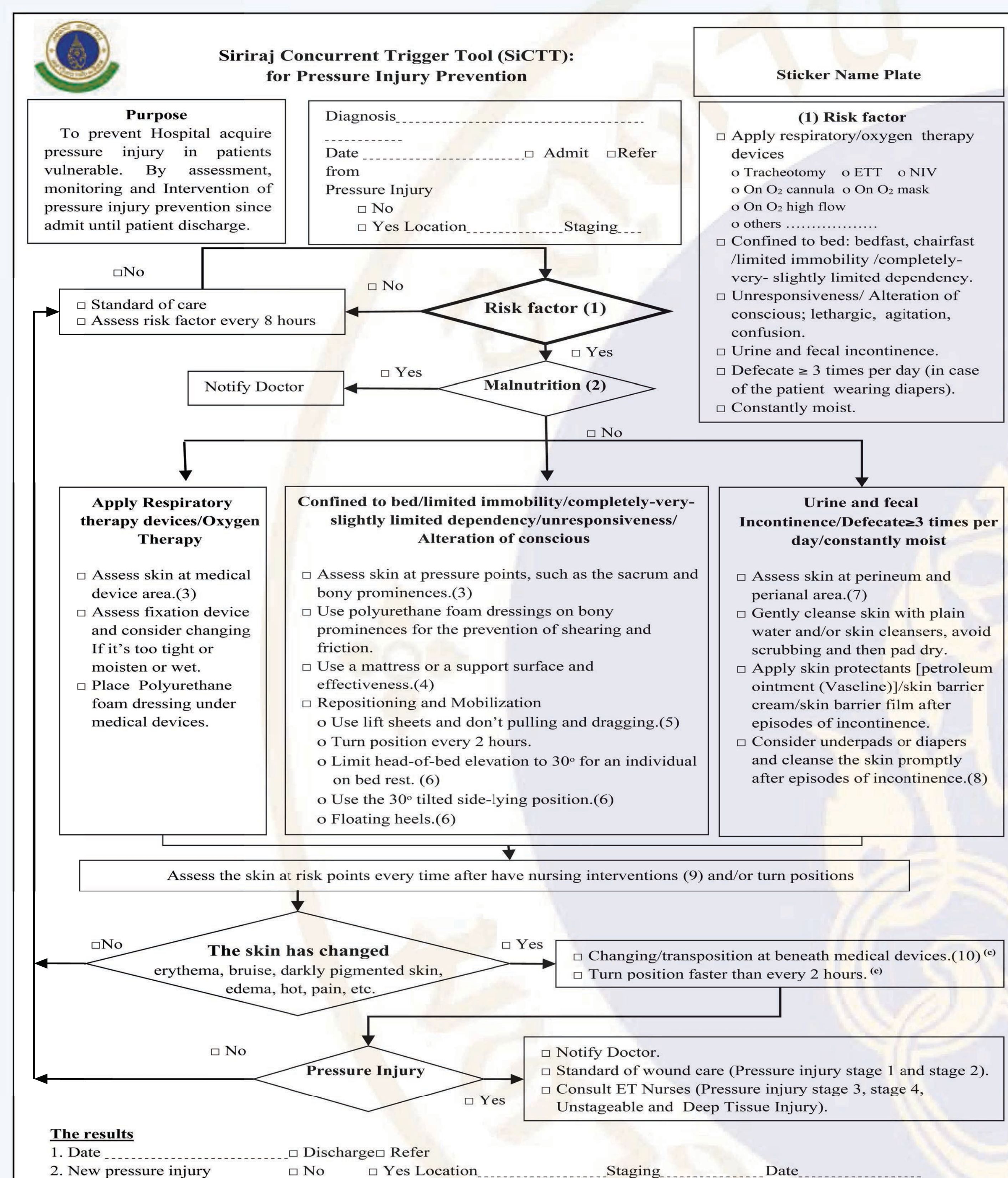


Figure 1: Siriraj Concurrent Trigger Tool: for Pressure Injury Prevention

(2) Malnutrition:	- The patient who has disease or conditions effect to nutrition status related to unusual food intake pattern such as critically ill conditions, swallowing problems, or do not intake food or nutrients more than 5 days.
(3) Skin assessment at the medical devices area, sacrum and bony prominences.	- Assess skin at pressure points, beneath medical's devices, bony prominences, heels, by inspecting the skin color and tone change: redness, erythema, darkly pigmented skin, edema, induration, pain, increase or decrease skin's temperature, tissue consistency compared to the adjacent skin.
(4) Use support surface and make sure always effective functions.	- Checking the pressure redistribution surface is for preventing of "bottom out", a situation in which a pressure reducing surface does not provide adequate support, causing the weight of the person lying on top to be transferred to the bed base. That's slide your hand underneath the pressure redistribution (Air mattress) then lift your finger up and the finger does not touch at sacrum area that has no "bottom out" and the pressure redistribution is effective.
(5) Turn position uses a lift sheet and avoid pulling and dragging.	- Turn position or transfer use a lift sheet or medical lift sheet, avoid pulling and dragging, it's a cause of skin injury from friction. Lifting should have at least 2-4 persons.
(6) Repositioning.	- Supine position limits head-of-bed elevation to 30 degree for an individual on bed rest. Adjust under of knee elevation is higher that's for protecting of shearing. - Use the 30 degree tilted side-lying position for pressure relieving at shoulder and trochanteric area. Supporting with pillows or sheets between knees and legs for friction and pressure force prevention. - Ensure that the heels are off loading, properly free of the surface of the bed, by using heel suspension devices (pillow, sheet) put under the calf.
(7) Skin assessment at perineum and perianal area.	- Assess skin at perineum and perianal areas have excessive moisture, erythema, erosive skin, skin breakdown.
(8) Consider underpads or briefs (Adult Diapers) and cleanse the skin promptly after episodes of incontinence.	- Use an underpad, containments or diaper that are absorbent and wipe moisture away from the skin. Assess skin under wearing at least 2 hours, for preventing skin breakdown caused by prolonged exposure to moisture, urine and feces.
(9) At risk points	- Beneath medical devices. - Bony prominences area. - Perineum and Perianal area.
(10) Changing or Transposition the medical devices and fixing device.	- Consider in case unconsciousness uses an Adhesive non-woven fabric such as plaster, neofix, fixomull, instead of using rope/cord tape to fix respiratory therapy device. - Consider in case consciousness transposition medical devices and fixing device to relive pressure.

Figure 2: glossary of Term

Methods:

This research was retrospective, cross sectional design. HAPI prevalence was measured every 6 months for 3 years before and after SiCTT was implemented. The data was analyzed by using Chi-square.

Results:

The prevalence rate of HAPI before and after implementing tool were decreased significantly difference ($p < 0.001$)

Conclusion:

The target outcome is alerting and challenging the Healthcare team try to the improve better quality of care. Thus, The SiCTT for pressure injury prevention is a suitable tool for the context of Tertiary Hospital with the indicator monitoring system.

Reference

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- Lim ML and Ang SY. Impact of hospital-acquired pressure injuries on hospital costs – experience of a tertiary hospital in Singapore. Wound Practice and Research 2017; 25(1):42–7.

