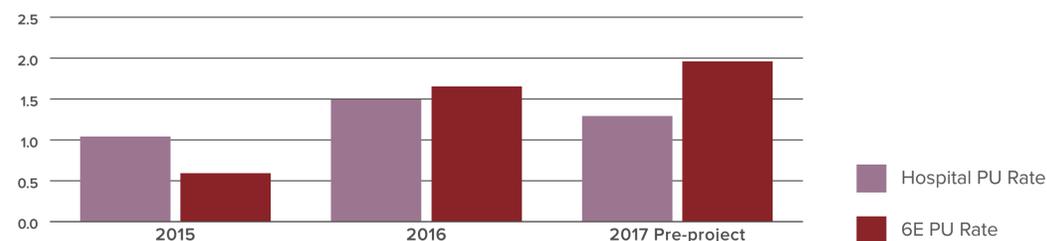


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## BACKGROUND

- 22-bed medical surgical unit (6 East)
- High acuity patients with long lengths of stay and Braden Scores ranging from 7-12
- Experienced a significant increase in incidence rate of HAPIs over prior two years (see chart below)
- HAPIs are considered a preventable injury that have been clinically associated with a lack of frequent boosting (Hermans & Call, 2015)

Annual Pressure Ulcer Rates



## PROJECT OBJECTIVE

The objective of this 20-week evidence-based research project was to determine if the ease of use of an automated patient boosting technology (see image below), a device that allows a caregiver to boost a patient up-in-bed with the push of a button, would influence nursing practices/protocols and remove the following current barriers involved in traditional boosting:

- Time required to complete task (inefficiency)
- Additional help required to complete task (2 - 4 people)
- Caregiver injury concerns (personal safety)
- Patient pain and discomfort (patient experience)

The project's success would encourage more frequent boosting, resulting in a decrease in the incidence of HAPIs.



## METHODS

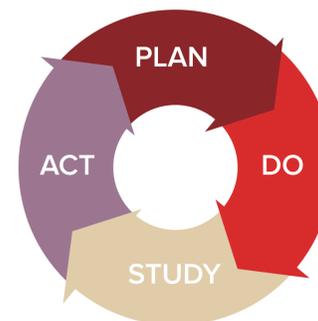
Lewin's Theory of Planned Change (TPC) was the framework for our study on 6 East and included the following three stages:

**Unfreeze:** Recognition of our high HAPI rate, acknowledgment that our current nursing practices create barriers for frequently boosting patients and communication of the urgency to implement something to improve this practice

**Change:** Educate and communicate the benefits of frequent boosting to all caregivers, train them on these new care practices and protocols to ensure boosting occurs with every patient interaction (every time a caregiver enters a room)

**Refreeze:** Implement and stabilize this new care process so the caregiver's behavior becomes the new standard of care and thus becomes "frozen"

In addition to the above theory, the project followed the Plan, Do, Study, Act (PDSA) research discipline requiring the process to assess the problem, plan for implementation, evaluate the project and adjust if necessary. Our PDSA cycle included the following steps:



- PLAN:** Change current nursing practice to reduce / eliminate our high HAPI rate
- DO:** Caregivers boosted patients up-in-bed during every interaction (every time a caregiver entered a room)
- STUDY:** 6 East reported 0 HAPIs during project as nurses boosted patients with every interaction
- ACT:** Implemented boosting of patients more frequently as part of standard nursing protocols and hospital plans to standardize on automated patient boosting technology in all applicable care units

## RESULTS/OUTCOMES

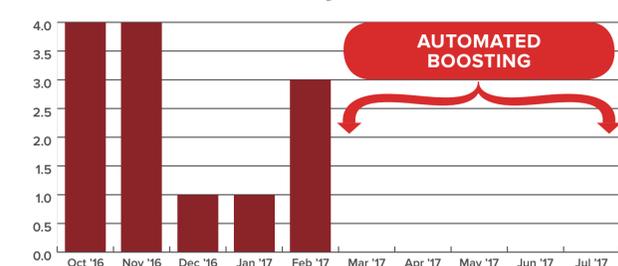
This research project produced the following findings:

- 0 HAPIs during transition and study phases (5 consecutive months as can be seen in the chart to the right)
- Changes in nursing workflow, practices and protocols have been standardized, implemented and have shown that increasing boosting frequency to every patient interaction produces tangible measured benefits

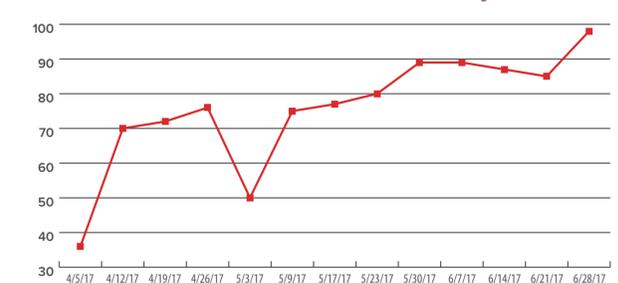
Unexpected benefits realized as part of this project were:

- Nursing increased their Braden Score accuracy in assessing a patient's skin risk as depicted in the chart to the right
- Many positive patient and family comments about the comfort of automated boosting

HAPI Monthly Prevalence



Braden Score Accuracy



## CONCLUSIONS AND FUTURE IMPLICATIONS

- Project proved that changing nursing standards, practices and protocols to increasing boosting frequency (during every patient interaction) will reduce HAPIs
- Nursing practices and protocols will be standardized and implemented to ensure caregivers boost a patient up-in-bed every time they walk into the patient's room
- Prioritize care areas for immediate and future implementation of the automated patient boosting technology