



Mason Health

Mason General Hospital • Mason Clinic

To: Board of Hospital Commissioners
From: Eric Moll
Date: March 26, 2024
Subject: Consent Agenda

Consent agenda for Tuesday, March 26, 2024

Approval of the Bills:

General Fund	2247905 – 2248264, 243635 - 243648	\$5,053,098.81
Employee Medical	20177 - 20178	\$ 153,251.75

Miscellaneous

CNO

HAPIs

Hospital Acquired Pressure Injury (HAPI) is defined as a localized injury to the skin and/or underlying tissue that develops during an inpatient hospital stay. HAPIs are classified by severity from Stage 1, which is simply reddened, intact skin to stage 4, full thickness wounds. Some injuries due to their stage of healing or wound bed presentation may be unstageable. Stage 3, 4, and unstageable wounds that develop in the hospital are considered reportable events.

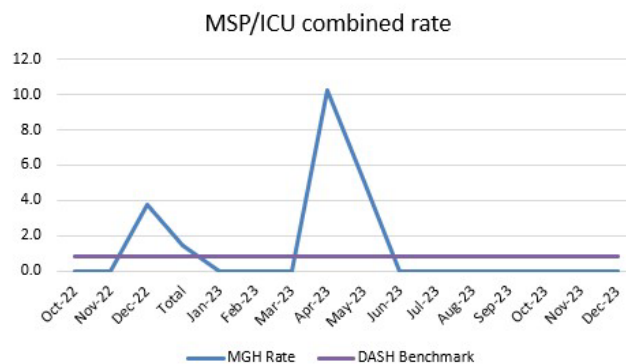
Our recent focus on HAPIs began late 2022 and early into 2023 when we found reportable injuries on patients that prompted the acute care team to start looking deeper at our skin and wound management care. Specific to wound and skin management, we discovered many issues with care, documentation, and knowledge needed to optimize care for our patients. We found:

- Nurses unaware of many aspects of required wound and skin integrity surveillance, staging, and documentation.
- Wound care education had not been highly prioritized in recent years due to the inability to have a dedicated wound and skin expert available to the staff.
- Oversight of wound and skin integrity documentation had slipped due to many competing priorities that came about as a result of the experiences ICU and Med/Surg had during the pandemic.

- Nursing Managers were being utilized for bedside nursing needs and the wound and skin policies/procedures were believed to be a stable process.
- Certified Wound and Ostomy Nurses in our Outpatient Dept. were too busy with their patient loads and were not able to prioritize inpatient wound needs.

Skin and wound management is very complex, and we quickly realized we needed an expert to help guide necessary improvements and ongoing performance in Acute Care. We were fortunate enough to be able to hire a certified wound and ostomy nurse (CWON), Laura Grayum, into our Med/Surg/Peds Dept. In addition, our ICU Supervisor, Nadine Cram, has had previous experience with wound care. Laura and Nadine immediately prioritized the necessary HAPI improvement interventions. They started with providing education to nurses on wound recognition, staging, care, and documentation. They also started surveillance which helped them identify more injuries. There were more HAPIs found and reported in the first half of 2023.

2023 HAPIs



Initial steps for improvement were to build a skin and wound management team and to quantify the problem we were seeing. HAPIs are benchmarked as number of reportable HAPIs per 1000 patient discharges. Initial prevalence calculations showed our HAPI rate was 3. The AHRQ benchmark is 0.6. The team made a robust action plan to address the issues. Highlights of action plan items already completed include:

- Skin and wound team established.
- Policy and standard work documents updated to latest standards.
- Education provided to all patient care staff in ICU and Med/Surg in person and in LMS.
- Partnered with Medline for:
 - expert analysis of our skin and wound management program
 - update to latest, evidence-based wound care products
 - Medline University for additional staff education (provided at no additional charge)
 - Development of wound care champion class
- Created skin and wound care cart to ensure needed supplies, tools, and standard work are readily available and easy to use.

- Partnered with Umano to ensure some of the new beds ordered had proper mattresses for skin protection of high-risk patients.
- Training on adverse event recognition and notification by Laura Grubb
- Improvements to electronic documentation to ensure correct documentation is available and easy to use
- Safer urine management systems were put into place to protect the skin of incontinent patients

We have made significant progress so far. We started 2023 with a HAPI prevalence rate of 3, by the end of 2023 our rate was down to 1.2. We had an 8 month stretch without a single reportable event in ICU and Med/Surg. There was a very small unstageable wound in February, 2024, but we think we can finish the year strong with continued improvement in our program.

We have learned that skin and wound management is very complex and requires the oversight of an expert. We had a great skin and wound management program in the past. At that time, we had a CWON that provided ongoing education to patient care staff, provided expert consultation and coaching at the bedside, and provided oversight of the skin and wound program. We are fortunate enough to have our current expert CWON, but our current CWON is actively looking to identify and train her replacement as she intends to retire. We need to work on succession planning to maintain the program and continue improvements.