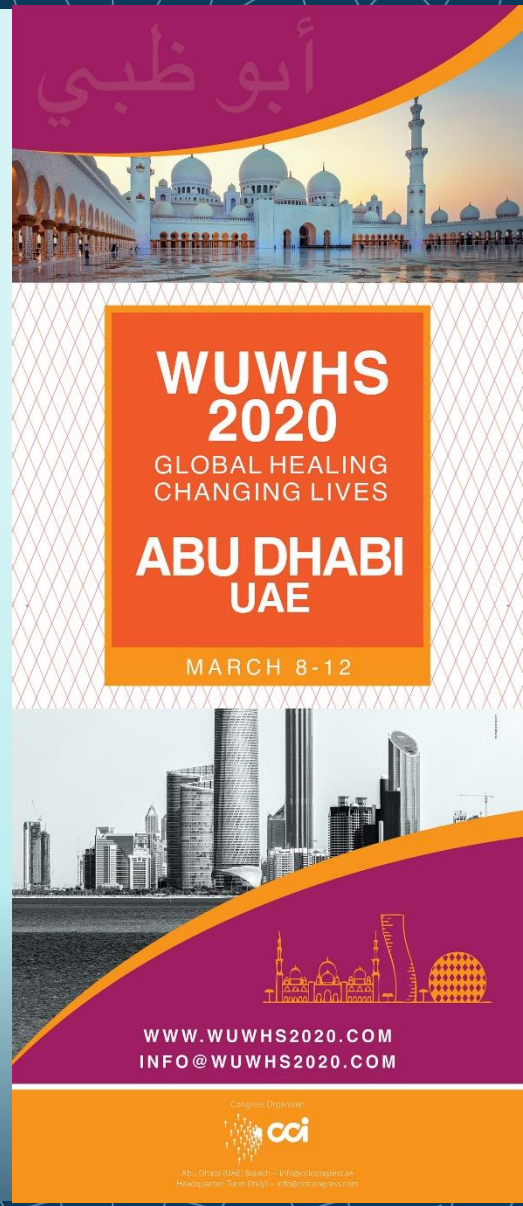
HAPI Vs CAPI, "What Need to be done as Clinicians"

Gulnaz Tariq

President iiwcg
President wuwhs2020
Director Istap
Director AAWC
Manager wound care SKMC



Objectives

- To **Compare** HAPU/I vs CAPU/I in a 586-bed tertiary Hospital in Abu Dhabi
- **Highlight** Hospital-acquired pressure ulcers/injuries (HAPU/I) have been a major focus of research, but information about community-acquired pressure ulcer/injuries **(CAPU/I)** is **limited.**
- **Differentiate** HAPI under control but that it is **inverse** on CAPI
- **Identify** Community Pressure injury rates continue to **escalate**.

Background and Basic Rational

- Pressure injury rates continue to escalate.
  - The incidence of pressure injuries increased by 80% from 1995 to 2008.
  - Every year, 2.5 million patients develop a pressure injury.
  - Because of the ever-increasing number of obese, diabetic, and elderly patients, rates are predicted to continue to rise.
- Pressure injuries increase costs.
  - Pressure injury treatment costs as much as $11 billion each year.
  - Individual patient care costs $20,900 to $151,700 per pressure injury.
  - Patients with pressure injuries need more care.
  - Longer inpatient stays often result.
- Since 2008, CMS no longer allows higher diagnosis-related group (DRG) payments for patients with >Stage 2 pressure injuries.
- Most pressure injuries are preventable.

Introduction

- There is a growing ageing population living with complex multimorbidities **(Smith *et al*. 2012).** As a consequence these individuals often have impaired mobility and are supported for prolonged periods in a bed or chair **(Brown & Flood 2013).** In these positions, they are exposed to loads which can lead to localized compromise of soft tissues, resulting in their breakdown and the development of chronic wounds, typically termed pressure injuries (NPUAP 2014).

Compelling Reasons To Implement Program

- Pressure Injury represent a serious **challenge** to clinical staff looking after patients
- Patients with PIs suffer **pain**, particularly when dressings are changed, and have a **reduced quality** of life
- The prevalence of hospital-acquired PIs is thought to reflect the quality of nursing care
- This 2018 PI audit found a prevalence of 10.4% and a HAPI prevalence of 1.8%
- The annual financial burden of HAPIs at one facility in Abu Dhabi was estimated at US $1,830,082.32.

Possible Causes

The **possible causes** were identified in the community, some of which are:

- **Lack of communication** between the healthcare team members about patients who were identified as being at risk.
- Failure of other disciplines to acknowledge that this was more than just a nursing problem
- Pressure Ulcer **Prevention protocols** were not standardized in the community.
- **Insufficient** pressure relieving resources available.
- Lack of responsibility and **accountability** from the caregivers with regards to risk identification and prevention measures.
- Nutritional status and risk stratification were not clearly assessed by physicians and dietitians.

METHODS

- This descriptive study involved prospective/retrospective data collected including pressure ulcer stage (January 1, 2018, through December 31, 2018); the hospital's incident reporting system (January 1, 2018, through December 31, 2018);
- electronic medical records (EMR) as needed for verification; and the hospital's pressure Injury registry , developed by both EMR and manual extraction. Data regarding point prevalence, length of stay (LOS), source of admission, PI stage, and frequency of hospital encounters from patients at least 18 years of age with a pressure ulcer/injury documented in their records were abstracted.
- Data from incarcerated persons and persons with missing or incomplete information on staging or origin of admission were excluded. Variables were analysed using descriptive statistics.

HAPI Vs CAPI 10 Years Analysis

Hospital Acquired Pressure Injury (HAPI) from 2008 - 2018

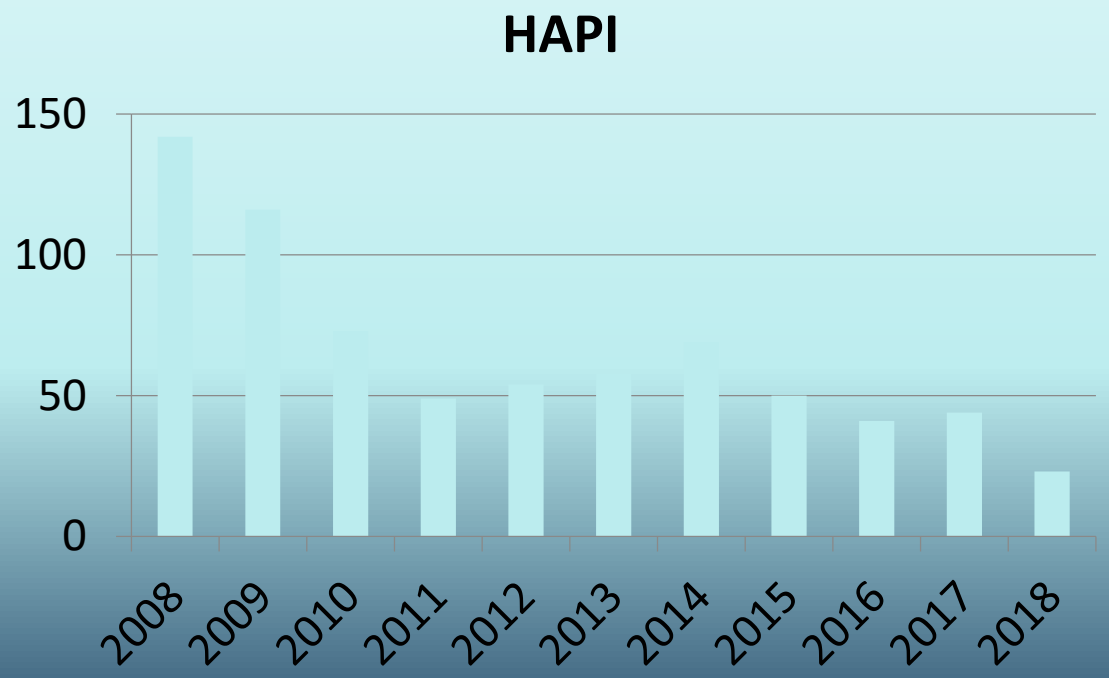
Year	Pressure Injury	Incidence rate in %
2008	142	0.9
2009	116	0.7
2010	73	0.5
2011	49	0.5
2012	54	0.3
2013	58	0.3
2014	69	0.4
2015	50	0.3
2016	41	0.2
2017	44	0.2
2018	23	0.1

Community Acquired Pressure Injury(CAPI) from 2008 -2018

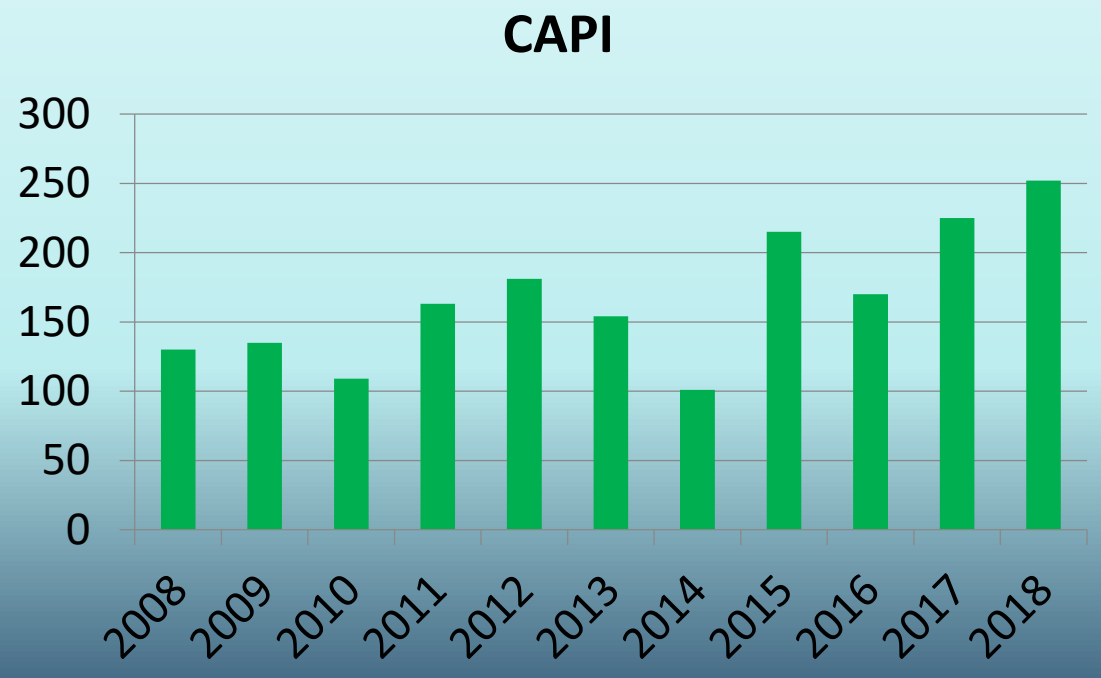
Year	Pressure Injury	Incidence rate in %
2008	130	0.8
2009	135	0.8
2010	109	0.7
2011	163	1.0
2012	181	1.1
2013	154	0.9
2014	101	0.6
2015	215	1.2
2016	170	1.0
2017	225	1.1
2018	**252**	1.1

HAPI Vs CAPI 10 Years Analysis

Hospital Acquired Pressure Injury(HAPI) from 2008 to 2018



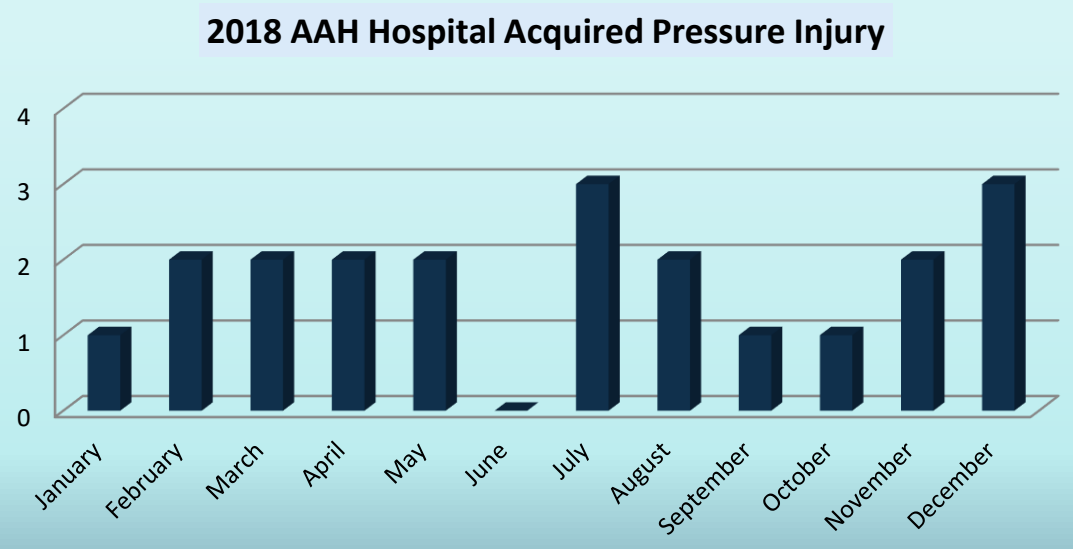
Community Acquired Pressure Injury(CAPI) from 2008 to 2018

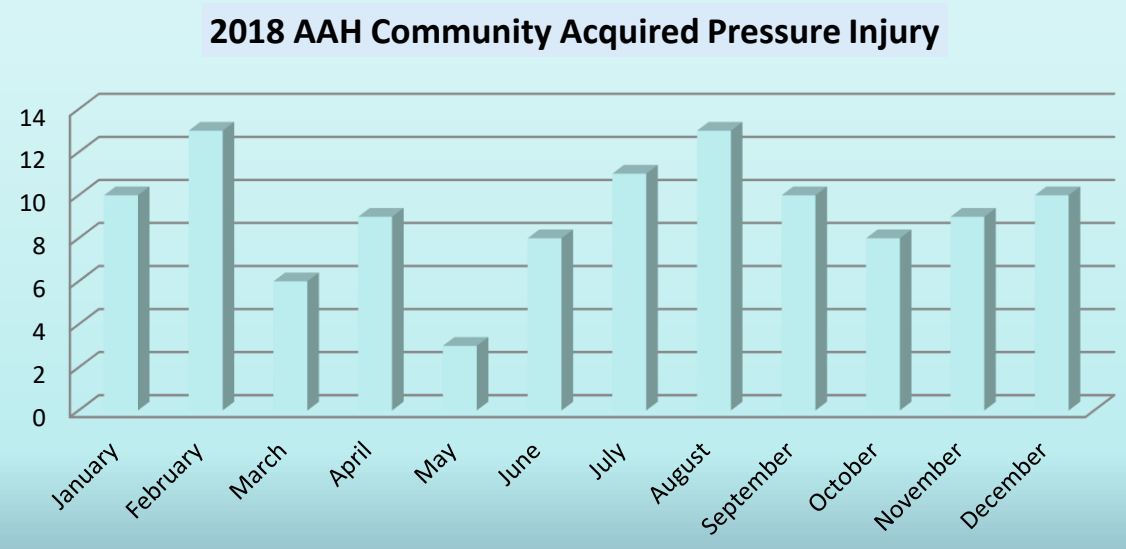


How about the data from other BE’s

BE hospitals

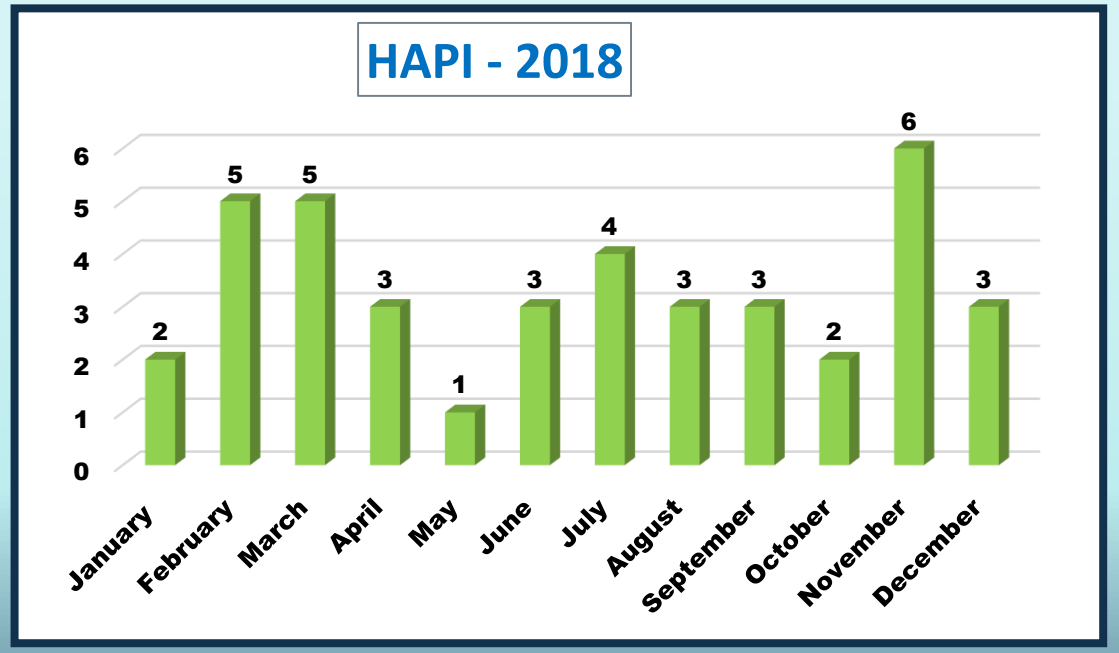
HAPI VS CAPI

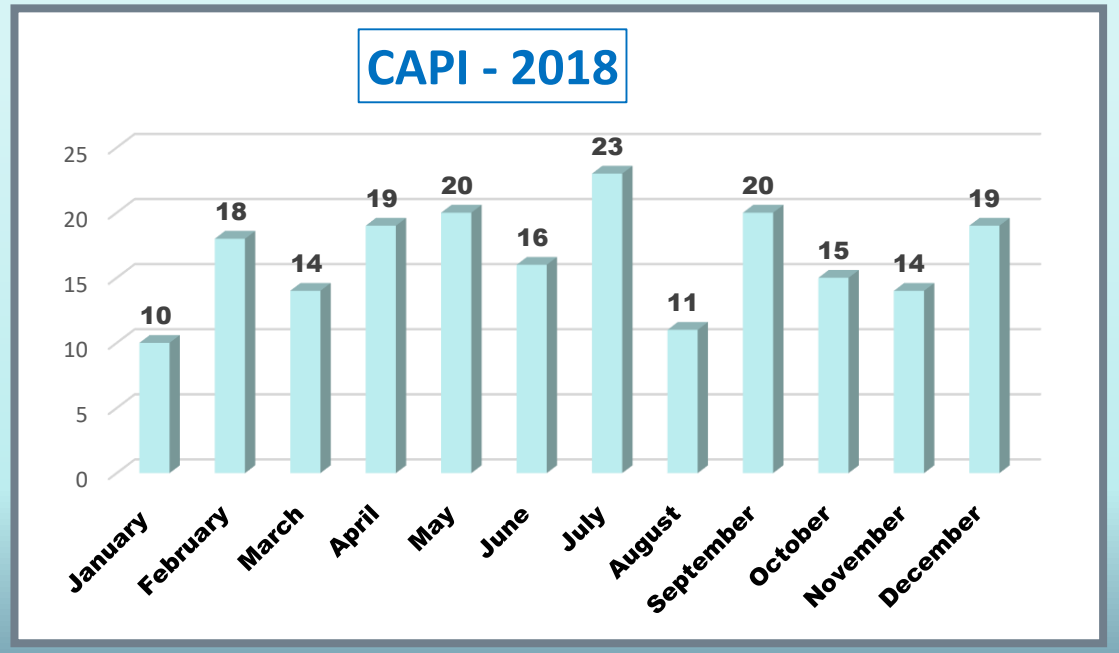


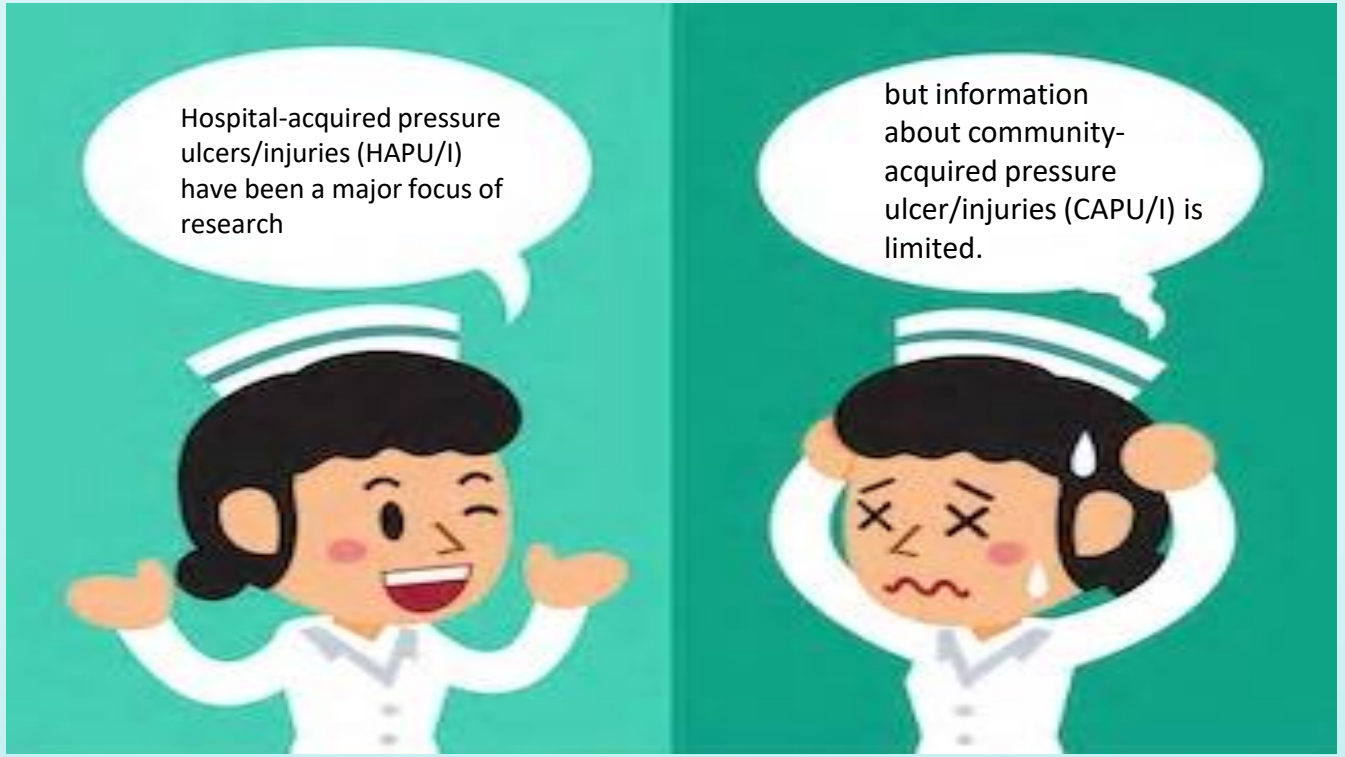


Other BE Hospital

HAPI VS CAPI







Hospital-acquired pressure injuries (HAPI) are considered never events and have been a major focus of nursing quality improvement programs within hospitals since 2008.

However, scant attention has been paid to community-acquired pressure injuries (CAPI) or pressure ulcers that occur at home or in nursing homes.

Holly Kirkland-Kyhn, Oleg Teleten, Reena Joseph and Pirko Maguina. Wound Management & Prevention 2019;65(2):14–19. Volume 65 - Issue 2 - February 2019 ISSN 2640-5245

What is CAPI?

- CAPI - Presence of pressure injury upon admission.

Acute care: assess on admission, reassess at least every 24 hours or sooner if the patient's condition changes: (NPUAP 2014)

- Long-term care: assess on admission, weekly for four weeks, then quarterly and whenever the resident's condition changes
- Home care: assess on admission and at every nurse visit.

Risk Factors of HAPI Vs CAPI

- **(HAPI)**

SAME

- **(CAPI)**

Anyone can get a pressure ulcer whether they are aged 10 or aged 80. But the people who are most at risk are:

1. People who have trouble moving and cannot change position themselves
2. People who cannot feel pain over part or all of their body
3. People who are incontinent
4. People who are seriously ill, or have had surgery
5. People who have a poor diet and don't drink enough water
6. People who are very young or very old
7. People who have damaged their spinal cord and can neither move nor feel their bottom and legs
8. Older people who are ill or have suffered an injury like a broken hip

http://your-turn.org.uk/patients/what_is_PS.htm

What are the other similarities of HAPI and CAPI?

- Risk identification
- Etiology
- Pressure injury assessment
- Pressure injury management
- Nutrition
- Pressure injury prevention
- Dressing Protocol
- The multidisciplinary team

Differences of HAPI Vs CAPI

(HAPI)	(CAPI)
• Patients identified are within the number of hospital admission	• Huge population, probable that some are not identified
• Braden score	
• Prevalence (Hill-Rom/NDNQI)	• Limited risk assessment done
• Multidisciplinary team and wound care nurse	• Not Utilized
• Wound care link nurses	• There is 1 wound care nurse for huge population
• System (Wound Care Consults)	• Not developed
• Pressure injury prevention pathway, policy and guidelines	• For patients having PI only Limited
• Awareness program through education	• Limited, not all population

WHAT CAN I DO?

Identifying the community's chief complaint

- "**Community Assessment** is a systematic process: it is the act of becoming acquainted with a community" (Vollman et al, 2004). Its purpose is to become familiar with the community and the population by examining factors which impact the health of the population.
- This assessment will allow the clinicians to develop professional interventions in a collaborative manner which will hopefully contribute to community empowerment and change which is appropriate and acceptable for the target population.

Thurston, W.E., Scott, C.M., Vollman, A.R. (2004). Pubic participation for healthy communities and public policy. In A.R. Vollman, E.T. Anderson, & J. McFarlane (Eds.), *Canadian community as partner* (pp. 124-156). Philadelphia: Lippincott, Williams & Wilkins.

How to do the community assessment?

- One aspect of the community assessment is a **windshield survey** and Stamler and Yiu (2012) identify this survey as a tool to complete an environmental scan, “the most preliminary and fundamental assessment of the community” (Stamler & Yiu, 2012). Using the physical senses of the observer, its purpose is to “**capture the essence of the community, determine areas for further investigation, and sense of the tone of the community”** (Vollman et al, 2004).

Stamler, L.L., & Yiu, L. (2012). *Community Health Nursing: A Canadian Perspective* (3rd ed.) p. 218. Toronto ON: Pearson Prentice Hall.

Challenges faced by patients in the community

- **In hospitals pressure ulcer prevention and treatment is straightforward.**
- The individual has access to 24-hour nursing and medical care, is provided with three meals a day, is cared for in an environment designed for people who are sick or disabled and has access to therapy and equipment.
- The **home environment is different and seldom ideal for a person with a disability.** It may be crowded and cluttered. The person may be supported by family or care workers but will not have access to 24-hour care.
- Some people who are compliant with all aspects of care in hospital may revert to their normal habits at home.

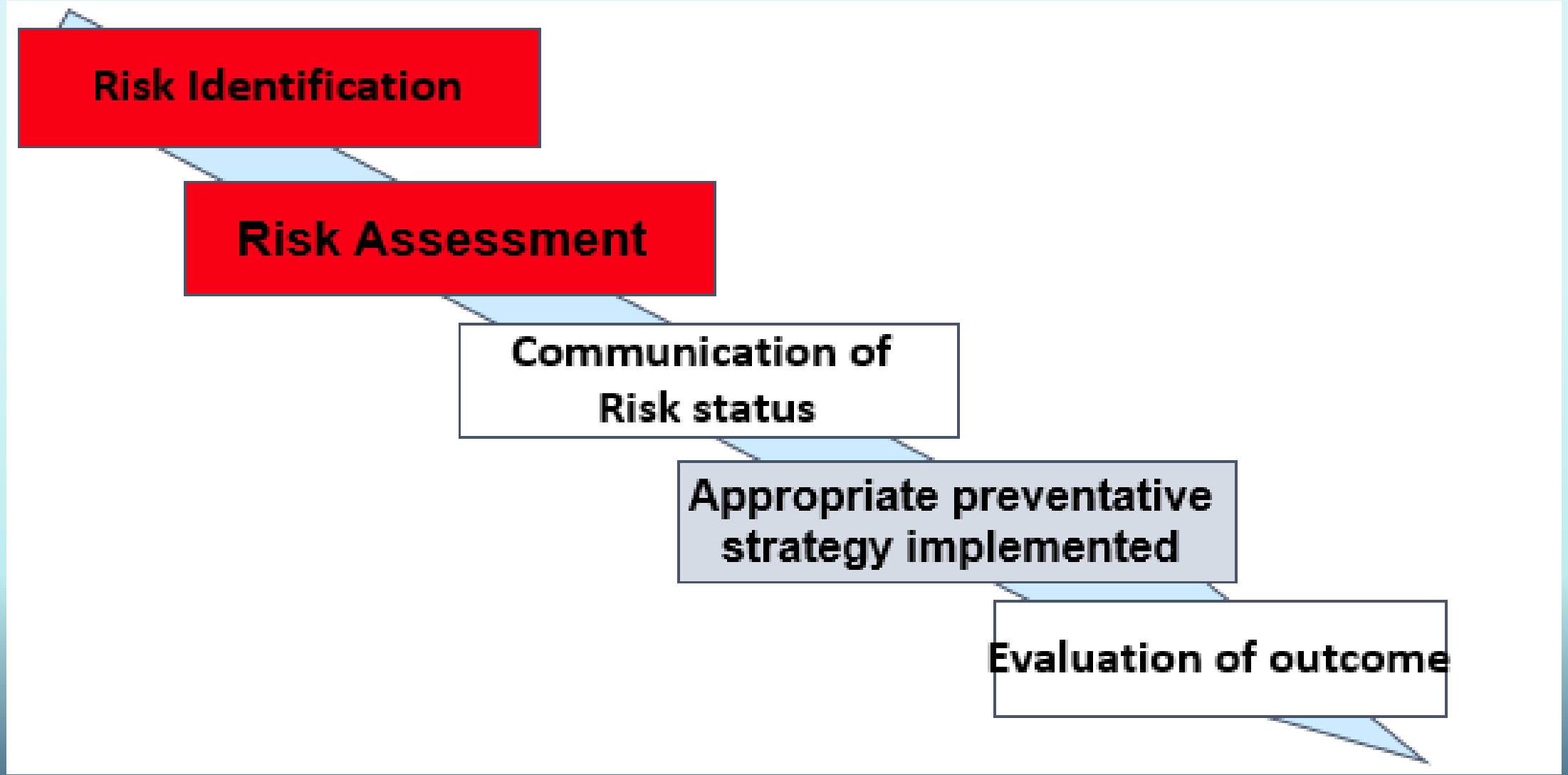
Differences of HAPI Vs CAPI

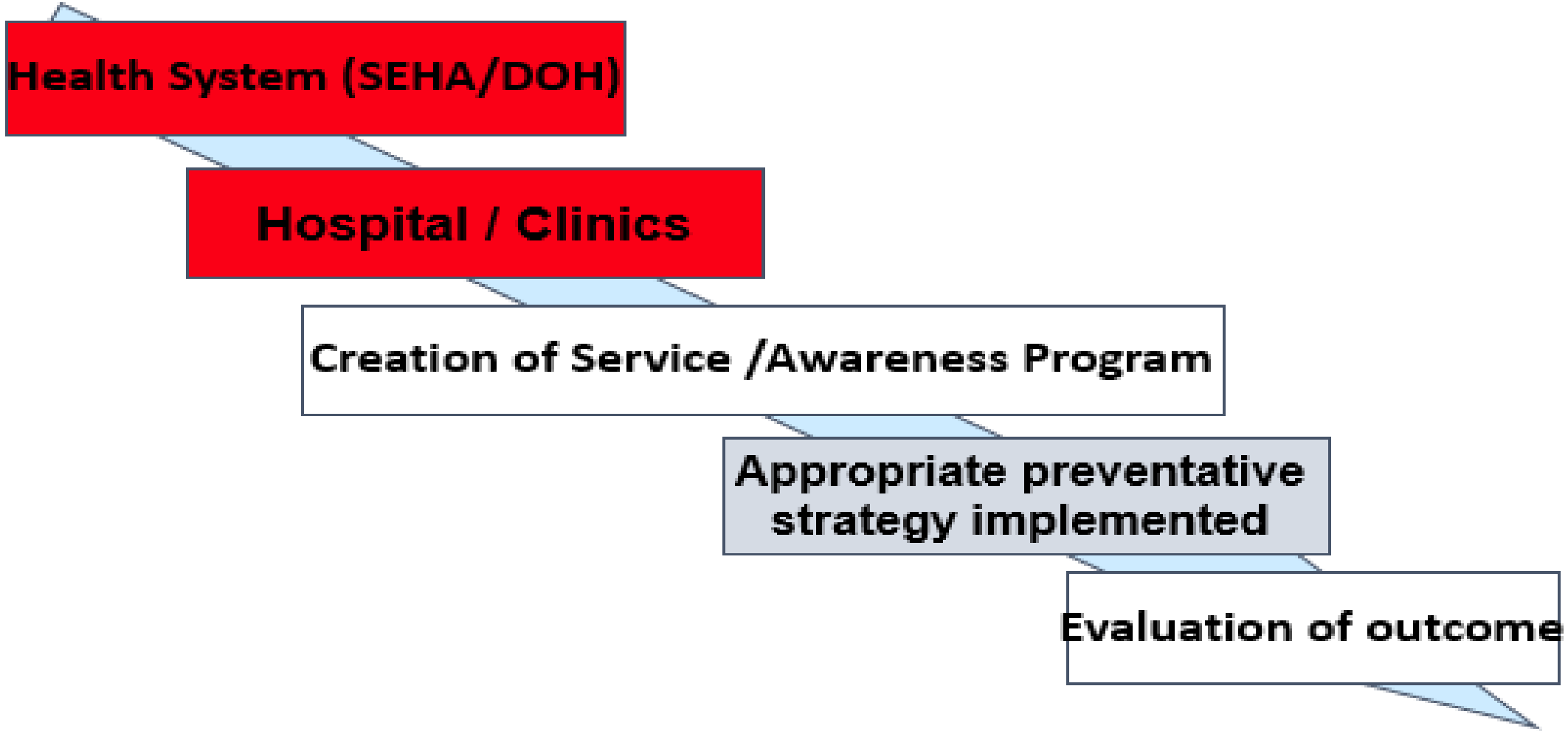
(HAPI)

- Patients identified are within the number of hospital admission
- Braden scale
- Prevalence (Hill-Rom/NDNQI)
- Multidisciplinary team and wound care nurse
- Wound care link nurses
- System (Wound Care Consults)
- Pressure injury prevention pathway, policy and guidelines
- Awareness program through education

(CAPI)

- Huge population, probable that some are not identified
- Limited risk assessment done
- Not Utilized
- There is 1 wound care nurse for huge population
- Not developed
- For patients having PI only Limited


Risk Identification
Risk Assessment
Communication of Risk status
Appropriate preventative strategy implemented
Evaluation of outcome

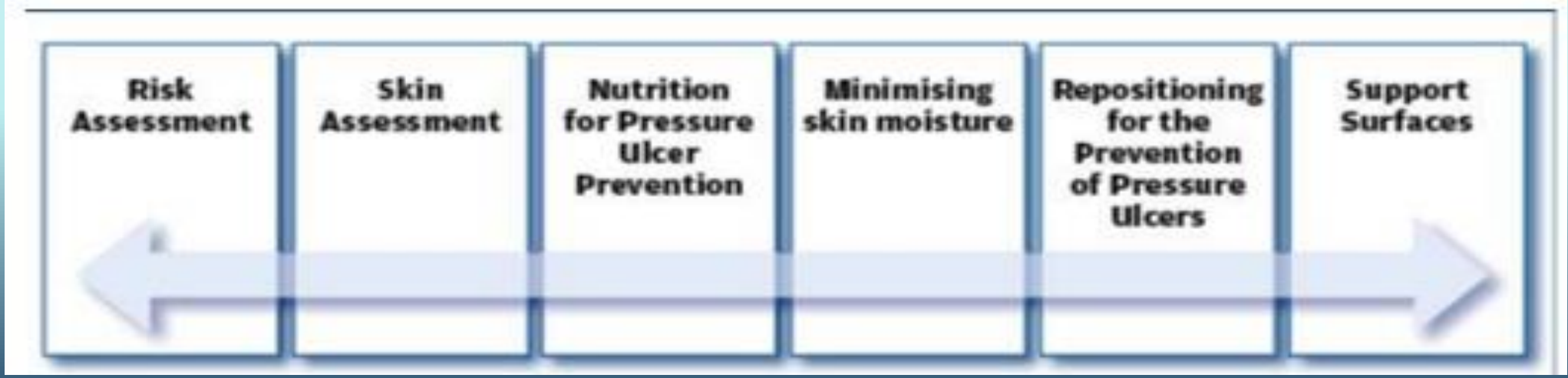

Health System (SEHA/DOH)
Hospital / Clinics
Creation of Service /Awareness Program
Appropriate preventative strategy implemented
Evaluation of outcome

Engage Patients and Family

- Involve patients and families in pressure ulcer prevention at the earliest opportunities
- Develop a contract of care
- Four key strategies:
  1. Engage Leadership
  2. Measure Continuously/Evaluate for Change
  3. Collaborate With All Disciplines
  4. **Hardwire Practices and Educate:**
     - **Standardize care: prevention practices.**
     - **Include practices in patients' daily goals.**
     - **Train new staff in evidence-based prevention practices.**

Holistic problem solving approach

- Improving diagnostic support and implementing integrated progressive care pathways with defined trigger points for senior involvement and onward referral for specialist care.
- Assessment of a patient's nutritional status and provision of supplements, if indicated.
- Improving co-ordination and documentation between health and social care in relation to the provision of pressure redistributing devices.
- Prescribing systemic antibiotics and antiseptics if there is any clinical evidence of systemic sepsis or spreading cellulitis



Resource Needs Assessment

- Assessment with support from your hospital supervisors, managers, and administrators.
  - This checklist helps identify needed resources:
    - Funds
    - Staffing needs
    - Information technology support
    - Products/tools

Are You Ready for This Change?

- Introductory Executive Summary for Stakeholders
- Stakeholder Analysis
- Does senior leadership support this initiative?
- Who will take ownership of this effort?
- What resources are needed?

Summary

- Health-care organizations need to make available **financial and human resources,** including relevant consultants and team members as well as time and support for frontline nursing staff and appropriate access to equipment such as moisturizers, skin barriers and therapeutic devices to ensure pressure injury programs are successful.
- **Policies and procedures** regarding pressure injury prevention and management also need to be developed, implemented and evaluated regularly.
- Organizations need to support appropriate education for staff so they may obtain adequate skills and knowledge to effectively manage the multiple complex issues related to pressure injuries.
- A needs assessment should be undertaken to identify knowledge gaps and ensure that educational sessions are tailored to meet those needs.
- Educational sessions need to utilize principles of adult learning, relate to clinical practice and reinforce strategies to sustain knowledge.

Developing an education programme to help prevent community-acquired pressure ulcers in Abu Dhabi

Authors:
Linda Haskins, Gulnaz Tariq Salvacion Cruz, Beji George, Vilma Mosende, Jihan Al Haddad

This article focuses on a programme that was developed at a hospital in Abu Dhabi that aimed to educate people in pressure ulcer prevention strategies for those who are being cared for in the community. After successfully reducing hospital-acquired pressure ulcers at the facility, a training programme was set up for those caring for people in the home setting. The programme used NICE guidance as a basis for educating carers on the causation of community-acquired pressure ulcers (CAPUs) and taught them strategies to help reduce the risk of pressure ulcer development among the people in their care. Since the programme started, the hospital has seen a reduction in the number of CAPUs.

Conclusion

- **Educate**
- **Educate**
- **Educate**

References

Smith S.M., Soubhi H., Fortin M., Hudon C. & O'Dowd T. (2012) Managing Patients with Multimorbidity: Systematic Review of Interventions in Primary Care and Community Settings. 345: e5205.

Brown C.J. & Flood K.L. (2013) Mobility limitation in the older patient: a clinical review. JAMA 310, 1168–1177. [PubMed]

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance . (2014) Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Western Australia.