Utilization of Pressure Injury Prevention Team in Long-Term Care Settings

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Utilization of Pressure Injury Prevention Team in Long-Term Care Settings

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Introduction

- Healthcare-acquired pressure injuries (HAPI) are a major public health concern affecting over 2 million people and claiming the lives of over 60,000 people in the United States each year.
- The Joint Commission recognizes pressure injuries as preventable, sentinel events in healthcare settings, exceeding over $26 billion in healthcare costs.
- Patients with diabetes have a higher risk of developing pressure injuries due to:
  - Poor circulation
  - Nerve damage related to the disease process
- Pressure injury prevention (PIP) teams assess patients’ skin regularly to document the onset and/or progression of pressure injuries.
- Standard pressure injury interventions include, but are not limited to, frequent repositioning, adequate nutrition, and protecting bony prominences.
- Pressure injuries are classified using a staging system based on various criteria (Figure 1).

PICOT Question

(P) In adults aged 65 and over in long-term care settings with a diagnosis of Type II Diabetes (I), does implementing weekly skin assessments performed by a pressure injury prevention (PIP) team added to standard PIP strategies (C), compared to just standard PIP strategies (O), prevent or reduce pressure injury development (T) over 6 months? (O) Evidence suggests that implementing regular skin assessments among an interdisciplinary team, along with standard PIP practices decreases both the incidence and severity of pressure injuries.

Results

- The search for research articles was conducted using PubMed and CINHAL.
- The terms and phrases “pressure injury,” “pressure injury prevention,” “Diabetes,” and “wound care team” were used.
- Search criteria required articles to have been published between 2017 and 2022.
- All articles used were to address all phrases used in the search.
- Exclusion criteria involved evidence-based articles that were irrelevant to pressure injuries in the older adult population with diabetes.
- This left eleven articles that fell within the search criteria.

Methods

- The independent t-test analysis yielded statistically significant data (p<0.0001) that implementing a skin assessment team along with standard PIP strategies (repositioning, incontinence, and adequate nutrition) can reduce hospital-acquired pressure injuries by over 80% (Figure 3).

Conclusions

- The performance of regular skin assessments and the implementation of PIP teams can decrease both the quantity and severity of HAPIs.
- Although older adults are at a higher risk for pressure injuries, with the increasing number of patients with a secondary diagnosis of diabetes, HAPIs are at an even higher increase due to the disease’s manifestation of poor circulation and the potential neuropathy.
- The advantages of this interdisciplinary approach surpass the disadvantages by lowering the percentage of patients included in the public health crisis of pressure injuries. By modeling patient-centered practice, healthcare bills, complications, and other detrimental outcomes can be reduced by including PIP teams into hospital policy.

Figure 1

Figure 2

Figure 3

References


