

Utilizing technology to enhance a comprehensive pressure injury prevention program to improve quality, efficiency, and patient safety across a hospital system

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- Problem
- Hospitals are rewarded for the quality of care provided rather than the quantity of services provided¹, motivating hospitals to monitor and invest in PIP strategies.
 - Turning and repositioning are fundamental to PIP, yet studies reveal hospital turn protocols are executed around 40%² - 65%³ of the time.

- Study Designs and Methods
- A 3-hospital health system totaling 815 beds in the New England region of the US analyzed pre/post intervention HAPI incidence data to validate the clinical and economic outcomes of the intervention.
 - A staged implementation of a RRS* across the critical care areas of 3 hospitals was performed (Figure 1).
 - Pre/post- intervention HAPI incidence was collected and analyzed over 27 months.

- Results
- Monthly systemwide turn adherence with RRS has remained greater than **80%**.
- HAPI incidence
- A **48%** average overall reduction in HAPI was observed across all the 3 hospitals.
- Economic analysis
- \$2,583,360** - The estimated difference in HAPI treatment costs⁴ in year 1 at Hospital 1.
 - \$686,000** – the total investment made in the RRS.

- Conclusion
- The addition of the RRS to our comprehensive PIP program reduced HAPI incidence across all 3 hospitals and created a positive ROI.

Figure 1. Systemwide hospital-acquired pressure injury incidence for all eventual RRS units from baseline to complete implementation of the RRS

