Augmented Assessment Protocol for Darker Skin Tones to Improve Pressure Injury Risk and Identification

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BACKGROUND

Hospital-acquired pressure injury (HAPI) is an injury to the skin and underlying tissue caused by prolonged pressure/shear. Deep tissue pressure injury (DTPI) and Stage 1 pressure injury identification in darker skin tones continues to be a challenge. The hallmark signs of non-blanchable redness (Stage 1) and maroon, purple skin (DTPI) in skin are harder to identify or do not present as the expected colors in dark skin tones. This reduces early identification and treatment in care settings that lead to poorer outcomes in at risk darker skin toned patients that develop pressure injuries. There is a increased incidence of Black patients with pressure injuries at time of discharge from acute care hospitals as likened to white counterparts. There is an increased incidence and severity of Pressure injuries in the darker pigmented skin tones. Due to delayed identification and mitigation.

In 2023, 73 patients were negatively impacted with HAPIs. The HAPI rate was 1.06 per 100 patient days. In addition, thirteen (13) HAPIs were reportable as a preventable adverse event. Using HAPI Root Cause Analysis Tool and the “5 Whys”, the team identified various barriers that contributed to high prevalence of HAPI.

Notable Barriers

- Traditional education on stage 1 hallmark sign of non-blanchable redness (stage 1)
- The traditional education on hallmark signs of purple, maroon discoloration of skin for (DTPI)
- Inadequate education regarding HAPI identification strategies in the darker skin tones
- Failure to provide actionable data for leaders and frontline staff.

GOAL

To decrease our facility total HAPI rate for inpatient units by 25% and decrease reportable HAPI rate by 50% before December 31, 2024 through early identification of HAPI’s in the darker skin tone population.

STRATEGY AND IMPLEMENTATION

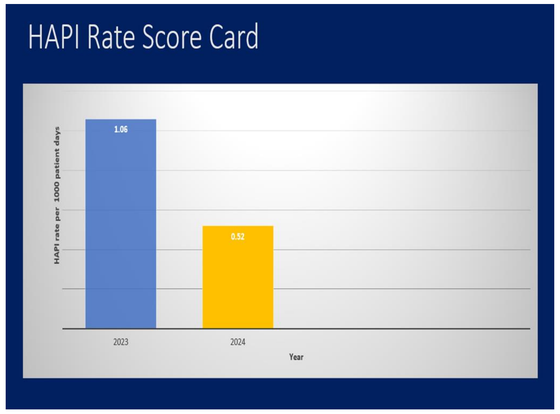
Early Identification Education:

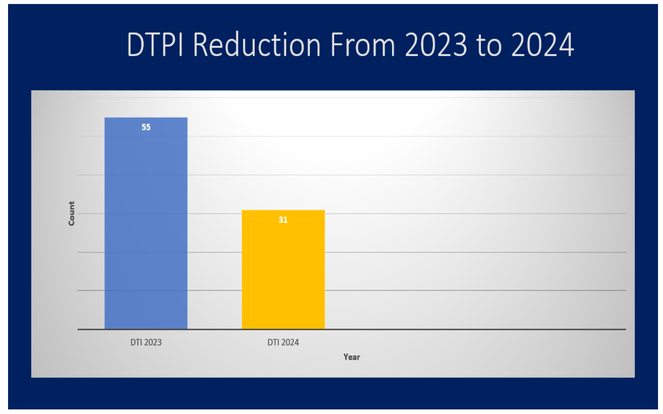
Hospital wide education on proper assessment and early identification

- Grande Rounds Presentation
- Education during unit huddles, and monthly unit meetings
- Take pictures of hyperpigmented skin using light source.

Data Transparency:.

- Case Reviews are performed for each HAPI incident including WOC Nurse, floor nurses, unit manager, nurse educators, and other leadership
- HAPI scorecard is disseminated to show HAPI count, rates, location, staging, etc.
- Optimized data collection methods to capture skin tones.





Epic Optimization:

- Adding key word “pain”, “boggy”, “hypo”- or - “hyper” pigmentation to skin assessment row
- Adding picture taking as adjunct to description within Epic LDA and media for all nurse clinicians to document findings.

Media Blast: “Shine The Light on Tissue Injuries”.

EVALUATION AND OUTCOMES

The early identification of pressure injury initiative on darker skin tones significantly reduced patient harm by reducing the incidence of HAPI and reportable HAPI. From January 2023 to December 2024, we have seen a 52.3% reduction in total HAPI events and a 61.53% reduction with reportable HAPI.

CONCLUSION

Commitment to continuous improvement remains at the core of our practice; we embrace our failures and learn from them. Education is ongoing for the clinicians and providers. New technology and products are consistently being evaluated, and engagement of patient and family members remains at the core of care. The changes associated with this project described herein is adoptable to other hospital regardless of size or financial constraints.

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