

# Evaluating the effects of implementing a student-developed HAPI risk assessment hand-off tool

## Background

- More than 2.5 million pressure ulcer injuries
- 60,000 die from complications.
- 38-bed capacity cardiothoracic IMU.
- Transitional Critical Care Unit
- Second busiest and highest acuity in the hospital

## PICO Question

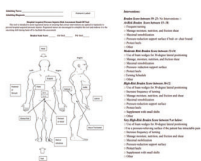
Does the implementation of a student-developed HAPI Hand-off Tool affect HAPI reduction events in adult cardiothoracic IMU patients within a 3-month time period?

## Aim Statement

By February 2, 2022, the incidence of HAPI in unit 3A will be decreased from 5% to 0.

## Interventions

Unit Champion



Student-developed hand-off tool

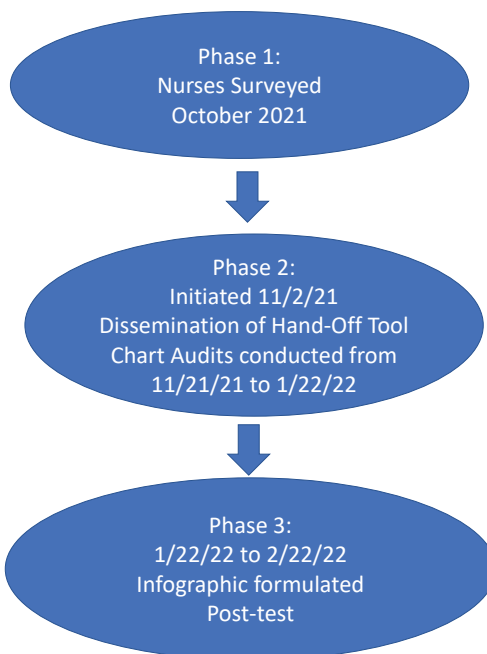
Proposed interaction-based repositioning

Time	Nurses' Activities
06:30-07:00	Delinck handoff
09:30-10:00	Priming of AM Medications & assessment
12:30-13:00	Lunch
15:30-16:30	Admission assessments and passing of information
18:30-19:00	Delinck handoff
21:30-22:30	PM passing of medications and assessment
00:00-01:00	Self assessment night shift
03:30-04:30	Mid assessment night shift

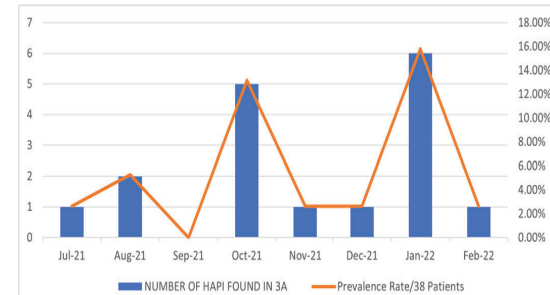
Monthly Education Meetings



## Process Flow



## Post-intervention Data



## Summary/Conclusion

The student-developed hand-off tool had no significant effect on reducing HAPI occurrences in Unit 3A.

## Next Steps

- Strict implementation of 2 RN verifiers during admission on skin integrity assessments.
- Following standard procedures when it comes to wound care must be strictly enforced

## Acknowledgements

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## References

Joint Commission Center for Transforming Healthcare. (2021). Hospital-Acquired Pressure Ulcers/ Injuries (HAPU/II) Prevention. <https://www.centerfortransforminghealthcare.org/improvement-topics/hospital-acquired-pressure-ulcers-prevention/>

React to red skin: Retrieved from [Stop the pressure! A simplified Guide to Pressure Ulcer Prevention and Pressure Ulcer Management. - ActivHeal](#)