Hospital-Acquired Pressure Injuries on the Heel

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METHODS

We developed an algorithm to identify patients at risk for HI and implemented it in 5 clinical units.

At-risk criteria included: non-ambulatory, Braden score of <15, and two or more co-morbid conditions.

A boot designed to offload the heel, reduce plantar flexion, help prevent lateral rotation and stay in place was used on patients who met the at-risk criteria.

All staff were educated on the new algorithm and compliance was tracked.

RESULTS

In the 11 months prior to implementation, we had a monthly HI incidence of 1.8 (20 total).

Since implementation, we have 10/13 months of no HI.

Compliance with the new EBP in our highest risk patients (critical care and rehab) was 100%, with 80% and 50% in the 2 medical-surgical units (overall 82%).

In addition to avoidance of pain and suffering for patients impacted by HI, numerous data support that the overall cost of prevention is far less than the cost of treatment for hospital-acquired pressure injury.

Our plan is to continue with the new EBP and improve overall compliance.

CONCLUSION

The implementation of the algorithm was associated with a decrease in monthly HI incidence from 1.8 to 0.31.

In addition to avoidance of pain and suffering for patients impacted by HI, numerous data support that the overall cost of prevention is far less than the cost of treatment for hospital-acquired pressure injury.

Our plan is to continue with the new EBP and improve overall compliance.