

Evaluative Reflection

This project was significant and took a lot of teamwork, patience, and research. We had a large increase in HAPI in our department and hospital wide as well. Being part of the wound care team as a designated wound care champion for my department I began to explore the depths of this problem and possible solutions to reduce its occurrence. Of course, a problem like this affects many different departments that are all involved with patient care. Nutrition, nursing, PCT's, wound care, management, and physicians all have a role to play in preventing HAPI. It would be imperative that I see this problem through their lens and include them in any solution we could come up with.

The project required researching current evidence-based practices on prevention of HAPI. Data metrics, benchmarks, identified patient population, stakeholders, and an interprofessional analysis. Discovery interviews were carried out by myself with management and the WOCN nurses of the wound care team. What we discovered after looking at CAL NOC survey data and internal hospital metrics was that there was a huge increase in HAPI caused by medical devices. While this wasn't the sole reason of the over all increase in HAPI it was something I could concentrate on and find a real-world solution. We learned that most of the HAPI related to medical devices was coming from two devices, BIPAP and naso gastric tubes. Working with the multidisciplinary team approach which now also included respiratory therapy we came up with a solution. Any patient that would be placed on BIPAP would have to use a protective mepilex border on his/her nose prior to placement of the mask. The solution we came up for the NGT was instead of anchoring it on the nose with sticky tape that destroyed the patient's skin, we used a new device called a Bridal. This continues to be the protocol today in the hospital and we have seen a reduction in HAPI due to these devices.

This artifact demonstrates the work and dedication we put into this problem. It required teamwork and meeting with multiple department members. The QIP paper could have easily been a 25-page document but one of the constraints of this project was to come in with a crisp, precise, seven-page document that reflected more of a real-world approach. While I'm very proud of the paper I know it represents just a snapshot of time and evidence-based nursing practices. These practices are always changing with the advent of new technologies and superior evidence-based practices.