2017 Performance Improvement Report

STRATEGIC PRIORITY

1. Develop world-leading healthcare and research

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| **Project Name** | | | |
| Reduction of Hospital Acquired Pressure Injury ( HAPI) rate in adult oncology | | | |
| **Site** | | **Department** | |
| Jeddah | | Adult Oncology | |
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| **Project Status** | **Project Start Date** | | **Project End Date** |
| Completed | 02-01-2016 | | 07-31-2016 |

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| **Problem:** Why the project was needed?  Hospital Acquired Pressure Injury Rate, in particular about our stage 2 and above.  During the Jan/2016 we were above the trigger 3.5, which is the trigger 0.75/1000 patient days | **Aims:** What will the project achieve?  Decrease unit acquired HAPI Stage 2& above from 3.5 to less than internal trigger of 0.75/1000 patient days by end of Jul /2017. |
| **Benefits/Impact:** What is the improvement outcome?  *(check all that apply)*  Contained or reduced costs  Improved productivity  Improved work process  Improved cycle time  Increased customer satisfaction  Other (please explain)  Click or tap here to enter text. | **Quality Domain:** Which of the domains of healthcare quality does this project support?  *(Select only one)*  **Safe** |

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| |  |  | | --- | --- | | **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes | | Hospital Acquired Pressure Injury Rate | Decrease unit acquired HAPI Stage 2& above from 3.5 to less than internal trigger of 0.75/1000 patient days by end of Jul /2017. | |
| **Interventions:** Overview of key steps/work completed   * The group identified the high risk patients for HAPI and patients with Pressure Injury (PI) * Audit tool has been created, auditing started with a focus on documentation * Strict compliance with changing of position Q 2 Hours for high risk patient and for patient with pressure injury * Education to the Staff about pressure injury was given on quarterly basis * Created educational material for the patient and relative to increase awareness and help prevent PI, the educational material was also translated in Arabic * Admission checklist for skin integrity was created and approved by the group and Implemented for every patient admission or transfer from home, other facility or other unit. |
| **Results:** Insert relevant graphs and charts to illustrate improvement pre and post project  *(insert relevant graphs, data, charts, etc.)* |
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| **Project Lead** | **Team Members** |
| **Name**  *(person accountable for project)* | **Names**  *(persons involved in project)* |
| Ahmad Maghari | Enciso, Judy Fe Aragon  Salas, Maiden Marinas  Tan, Kemban  Claudette Gay Aguilar  Renze, Angela  Joseph, Sherin  Pabico,Katherine Joy  Sarbonza Meera |