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)*[x]  Contained or reduced costs[ ]  Improved productivity[x]  Improved work process[ ]  Improved cycle time[x]  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. |

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| **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.
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| **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 AragonSalas, Maiden MarinasTan, KembanClaudette Gay AguilarRenze, AngelaJoseph, SherinPabico,Katherine Joy Sarbonza Meera |