

2018 Performance Improvement Report

STRATEGIC PRIORITY I

Medical Research and Academic excellence

Project Name

To improve the patient's safety by decreasing the incidence of Hospital Acquired Pressure Injury (HAPI) Stage 2 and Above within the Surgical Unit to be at or better than the benchmark by November 2018.

Site Department
Jeddah 3North /South

Project Status	Project Start Date	Project End Date
Completed	04-01-2018	11-30-2018

Problem: Why the project was needed?

- 1. Although our average benchmark for 2017 is 0.5 which is below the benchmark 0.75/1000 per patient days, there was an increase incident of HAPI Stage 2 Pressure Injury that has been developed in the unit.
- 2. The trust and satisfaction of patient and family will decrease if pressure injury will be develop.
- 3. A possibility of increasing the hospital stay of the patient if pressure injury progresses to stage 3 and above.
- 4. The unit to be align with the organization for the Zero Harm Initiative.

Benefits/Impact: What is the improvement outcome?

	Contained	or	reduced	costs
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- ☐ Improved cycle time
- ☐ Other (please explain)

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Aims: What will the project achieve?

To improve the patient safety by decreasing the incidence of Hospital Acquired Pressure Injury (HAPI Stage 2 and above) within the Surgical Unit to be at or better than the benchmark by November 2018.

Quality Domain: Which of the domains of healthcare quality does this project support?

Safe

Interventions: Overview of key steps/work completed

1st Quarter 2018

- Organized a team within our unit staff
- Conducted literature review on how to prevent HAPI and the different types of dermatitis to differentiate between the two
- Conducted a meeting with multidisciplinary teams to have better results (dietician, physiotherapy, laundry supervisor, clinical instructor NDS, etc.)
- Developed an audit tool
- Internal audits were conducted to identify the ongoing nursing practice
- Sent Proposal to Quality Management for approval
- Reviewed the key indicators of 2017

2nd Quarter 2018

- Created an action plan
- Educated the staff
- Conducted internal audits to follow up with the compliance

3rd Quarter 2018

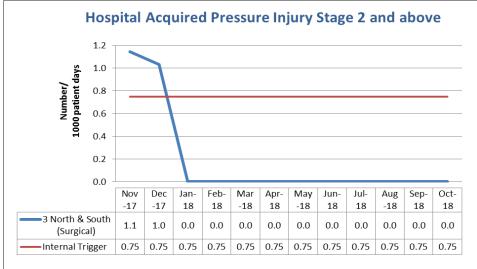
- Continued to evaluate compliance
- Re-educated the involved healthcare staff to encourage compliance
- Internal audits were conducted throughout the months of April-November
- Awareness day with in the unit 3North/south

4th Quarter 2018

- Reviewed the learned lessons from the result
- Analyzed the results of the internal audits to view the compliance along with the quality monthly report
- Evaluated the outcomes on the patient care
- Presented the results to the staff

Results:





Dro	inct	Lead
FIU	IEGL	Leau

Name

Raneem Mukhtar

Team Members

Names

Rio Flores Shahad Gindwan Zainab Alansari Kristine Gubat Stephen Cruz Erlinda Bacolod Maritess Tambidan Nurul Jamian Salfaniza Abd Rashid Nirmala Cardoza Rhoda Laigo Shaza Agou Sharon Patio Shareefah Mossairy Saif Al Qatamin Sundos Banjar Diane Ross Abdullah