

**Hospital-Acquired Pressure Injuries: Quality Improvement**

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## Hospital-Acquired Pressure Injuries

Hospital-acquired pressure injuries (HAPIs) continue to be a serious concern in clinical nursing practice, leading to increased patient morbidity, longer hospital stays, and elevated healthcare costs. Quality Improvement (QI) is a concept which is aimed at consistently enhancing patient care through systematic data collection, evidence-based changes, and team participation (Regidor & Naveed, 2024). On the other hand, the QSEN (Quality and Safety Education for Nurses) aims to improve the competency of quality improvements, emphasizing developing nurses' knowledge, skills, and attitudes (KSAs) to analyze care processes and improve performance from everyone. This paper examines a nurse-led intervention using the SSKIN care bundle and audit-feedback strategies to reduce HAPO incidence in a long-term care setting, as evidenced by the recent mixed-method research study by *Pressure Injury Prevention: Quality Improvement Project Using the SSKIN Bundle Shadrin Constance The College of Saint Scholastica In Partial Fulfillment of the Requirements for the Doctor of Nursing Practice DNP Project Chair* (Constance, 2022), which shows a 64.4% reduction in pressure injuries. This evidence-based nursing practice initiative demonstrates how structured preventive care can significantly enhance patients' outcomes and institutional quality.

### Quality Improvement

Quality Improvement (QI) is a structured, continuous process that uses data-driven strategies to reduce clinical inequality and enhance care safety and effectiveness (Regidor & Naveed, 2024). In nursing, QI enables frontline nurses to identify failing pieces in patient care, implement evidence-based interventions, and evaluate outcomes to drive practice change. The Quality and Safety Education for Nurses (QSEN) framework emphasizes that nurses must

develop the knowledge, skills, and attitudes necessary to engage in continuous system-level improvement (QSEN Institute, 2023). QSEN's focus on collaboration, measurement, and data-driven feedback supports nurses as a key component of change in healthcare systems.

A crucial area for nursing-led QI is the prevention of hospital-acquired pressure injuries (HAPIs). Hospital-acquired pressure injuries are among the most common avoidable complications in immobile or critically ill patients, significantly impacting morbidity, patient satisfaction, and cost (Constance, 2022). The use of standardized skin assessment, such as SSKIN, which stands for covering surface, skin inspection, keep moving, incontinence, and nutrition. This acronym empowers nurses to proactively prevent injuries. This nursing-specific QI topic is significant because it highlights the vital role nurses play in both improving patient outcomes and improving the system's effectiveness.

### **Article Summary**

The article by *Pressure Injury Prevention: Quality Improvement Project Using the SSKIN Bundle* Shadrin Constance, *The College of Saint Scholastica, In Partial Fulfillment of the Requirements for the Doctor of Nursing Practice DNP Project, Chair*, showed the findings of a mixed-methods QI study applying the SSKIN care bundle in a long-term care setting to reduce HAPI incidence. The primary objective was to determine whether structured nurse-led skin assessments, along with weekly audit feedback, would reduce pressure injury rates. Quantitatively, the intervention achieved a 64.4% reduction in HAPIs over six months, while reporting improved workflow clarity and confidence in prevention protocols (Constance, 2022). The SSKIN protocol's emphasis on routine and measurable actions provides an effective framework for sustained practice change.

This study is directly linked to the selected nursing topic, as it demonstrates how nurse-driven interventions and structured assessment serve as powerful tools for pressure injury prevention. By doing this, it advances protocol, engages nurses acting as the frontline OI leaders. This all supports evidence-based practice and helps drive systemic improvement in patient care. (Constance, 2022).

### **Overview**

Findings from the article indicated that implementing the SSKIN bundle led to a severe reduction in hospital-acquired pressure injuries (HAPIs), improved patient outcomes, and increased staff accountability in long-term care settings (Constance, 2022). The study demonstrated a significant decrease in the incidence of pressure injuries, through a quantitative lens, suggesting that structured protocols can directly improve safety and care quality, as well as, nurses reported enhanced confidence in their ability to assess risk factors, perform regular skin checks, and advocate for repositioning of patients promptly (Constance, 2022). This not only contributed to a smoother workflow but also reinforced the critical thinking and clinical judgment skills necessary for early intervention and effective prevention.

The structure of the SSKIN bundle provided a repeatable framework for care, fostering consistent practices across all shifts and team members. By clearly defining expectations and steps, the protocol minimized uncertainty and variability in care, which are common contributors to adverse events. Nurses felt more empowered and equipped to lead prevention efforts, which translated into improved patient trust and satisfaction. Additionally, communication improves, as staff collaborate more effectively to ensure timely repositioning, nutritional support, and moisture management.

From a QSEN perspective, the study exemplifies key aspects of the Quality Improvement competency. It illustrates how nurses can use performance data and outcome tracking to identify systemic weaknesses, apply evidence-based interventions like SSKIN, and evaluate changes in care delivery. The intervention serves as a space for nurses to share accountability and learning, encouraging team-based reflection and adaptability to help solve a bigger problem in the healthcare system (Constance, 2022). This aligns perfectly with QSEN's focus on the contribution of continuous quality evaluation, nurse empowerment, and holistic patient-centered care. The use of clearly defined, evidence-informed interventions like SSKIN demonstrates the powerful role nurses play in improving care safety and effectiveness while reducing unnecessary complications.

### **Quality Improvement**

The SSKIN-based QI approach described in the study has relevance across various care settings—acute care hospitals, long-term care facilities, rehab centers, and home health, especially anywhere that patients are at risk for immobility-related skin breakdown. During pre-implementation, organizations need baseline data on HAPI rates. Then, staff will need training on SSKIN processes and necessary resources such as pressure-relief surfaces and documentation tools. During the implementation phase, regular nurse-led skin rounds, weekly data review sessions, and protocol adherence monitoring are essential. In the post-implementation stage, continued data surveillance, refresher training, and integration of SSKIN into routine practice ensure sustained change (Constance, 2022).

Financially, preventing pressure injuries reduces treatment costs, potential penalties, and length of stay. Patient satisfaction improves through reduced discomfort and complications, and

nurse satisfaction increases through clearer expectations and positive patient outcomes. Most importantly, the routine use of evidence-based tools fosters safer care environments for both patients and staff, promoting a culture of accountability and continuous improvement.

### **Application to Nursing**

Preventing hospital-acquired pressure injuries (HAPIs) requires specific actions by nurses grounded in evidence-based protocols, structured education, and continuous quality monitoring. Through multiple other sources, including Constance's study (2022), the use of standardized tools like the SSKIN bundle significantly reduces HAPI occurrences and enhances patient outcomes. The findings from the article point out that nurses are not only caregivers but also critical contributors to change. By using this systematic approach to improve care, anyone can incorporate nurse-led audits, patient repositioning schedules, and individualized skin care plans. A huge contributor is nurses who directly care for patients' safety and institute excellence. This evidence supports the incorporation of QI into daily practice, where nurses actively use data to improve interventions to push for improvements, as well as reinforcing their role as leaders in safe, effective, and holistic care for everyone.

### **Practice**

The best nursing practice for preventing hospital-acquired pressure injuries (HAPIs) involves consistent implementation of standardized skin care bundles, such as SSKIN, combined with routine assessment using verified tools like the Braden Scale (Constance, 2022). Evidence from the article shows that structured prevention protocols specifically led by nurses reduced pressure injury incidence by over 64.4% when paired with staff accountability and audit-

feedback (Constance, 2022). Nurses play a critical role in ensuring patient repositioning, maintaining skin hygiene, coordinating nutritional interventions, and making prevention a frontline responsibility. Compliance with these best practices helps support patient safety and coordinates with care methods that focus on outcome-driven quality. (Constance, 2022)

## **Education**

Effective education is the foundation for preventing hospital-acquired pressure injuries and sustaining quality improvement efforts. Through Research, it highlights that ongoing training programs, including competency workshops, simulations, and regular in-service sessions, significantly improve nurses' knowledge, reassessment skills, and bundle adherence for skin integrity maintenance (Al-Budiman et al., 2024). One of the most significant things is training that covers evidence-based care components such as risk assessment tools like the Braden Scale, SSKIN bundle elements, pressure-redistribution devices, and skin monitoring protocols that all enhance clinical competence and consistency in practice (Al-Qi mat et al., 2024). Nurse leaders should be implementing scheduled education sessions, competency assessments, and refresher training for all nursing staff. This training should have coordinated with multiple learning styles and professional levels to better reach everyone's educational needs and understanding. These educational strategies help support long-term behavior change, help interdisciplinary collaborations, and help uphold institutional safety standards.

## **Research**

Research is one of the more beneficial parts of growth. Further nursing research is needed to explore sustainable implementation strategies for HAPI prevention. Through many different lenses of care, such as various care settings like home health and rural environments (Crotty et

al., 2023). Studies should also examine other factors like nurse workload, organizational culture, and staffing ratios that influence protocol adherence. These all play a role in affecting the outcome of prevention (Crotty et al., 2023). In addition, there is a continual need for research on technology-assisted prevention methods such as pressure sensors or wearable skin monitors. This article shows the effectiveness that comes with wearable sensors. They significantly increase repositioning compliance and reduce HAPI incidence and costs (Crotty et al., 2023). Prioritizing these areas will empower nurses to lead innovative quality improvement efforts and enhance evidence-based strategies.

### **Conclusion**

In conclusion, Hospital-acquired pressure injuries (HAPIs) are a huge part of preventable and costly challenges in nursing care, especially among vulnerable patient populations. Through evidence-based prevention protocols like the SSKIN bundle, nurses can effectively lead quality improvement efforts that result in measurable reductions in HAPI incidences. As shown from Constance's 2022 study, the incorporation of structured assessment tools and nurse-led audits, and standardized care practices. Through education and consistent training/simulations, it can significantly improve the likelihood of HAPI incidents. In addition, ongoing research will be essential to expand on new strategies that are discovered. All together, these efforts will reflect the core principles of the QSEN quality improvement competency, empowering nurses to deliver high-quality, holistic care through this data-driven collaborative approach.

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