



**Singapore Healthcare Management 2018**

# Bedside Coaching with In-service Training Approach in Preventing Hospital Acquired Pressure Injury in Ward 19



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## Introduction

### Background

There was an increase trend of Hospital Acquired Pressure Injuries (HAPI) from July to September 2017 in the department.

Wd19	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
Numbers of HAPI	1	0	1	0	0	0	1	2	3

### Problem

In acute clinical setting, nurses tend to be tasks focused and often neglect the patient's well-being either due to the heavy workload or knowledge deficit.

Through direct observation and assessment from all the 44 staff in the department that consists of different ranks, 34% (15 nurses) are of less than three years' experience, has varied knowledge on pressure injury prevention and management.

- Only 27% of nurses (12) are very confident with assessing and staging pressure injuries.
- Only 25% of nurses (11) are very confident in ordering appropriate wound products.
- Only 40% of nurses (18) are very confident in prevention as well as managing pressure injuries.

### Aim

**This project aims to reduce Hospital Acquired Pressure Injuries to hospital target of  $\leq 0.2$  in 1000 patient days in the department within six months.**

## Methodology

In-service training on pressure injury has been ongoing in the department, 60% of the nurses (26) felt In-Service Training alone is inadequate in enhancing knowledge.

In October 2017, **bedside coaching** is incorporated to boost nurses' knowledge through life scenario learning, which would enhance nurses' confidence in pressure injury prevention and management.

Bedside coaching to the nurses is conducted at every suitable situation by ward supervisors and assistant nurse clinicians for patients with pressure injury risks or having pressure injury on daily basis. Nurses would be inquired on the assessment, interventions and products to be used and the rationale of the selected wound products. Ward Supervisors or Assistant Nurse Clinicians would discuss together with nurses for the best treatment of the patient.

Direct feedback was obtained periodically from the staff to identify gaps and areas for improvement. A quality discussion could be hindered due to time constrain as there would be many activities for the staff especially during the morning shift. Ward supervisors and assistant nurse clinicians would provide direct feedback to staff on the required interventions. For example, an elderly patient with pressure injury risk did not have bilateral heels, immediate feedback would be given to staff promptly for lower limbs elevation to relief pressure.

In Feb 2018, the number of HAPI is noted to be in decreasing trend and nurses verbalized confidence in management. Comprehensive bedside coaching has been conducted when the situation allows, for example, in the afternoon or over the weekends.

Through observation of the care, two-way discussions with nurses and departmental HAPI data, we are constantly evaluating the approach for further improvement.

## Results

Direct observation regarding the care rendered to patient, nurses' feedbacks on the care and management and monthly departmental data on HAPI are constantly monitored.

A questionnaire was conducted to 44 nurses in May, 2018

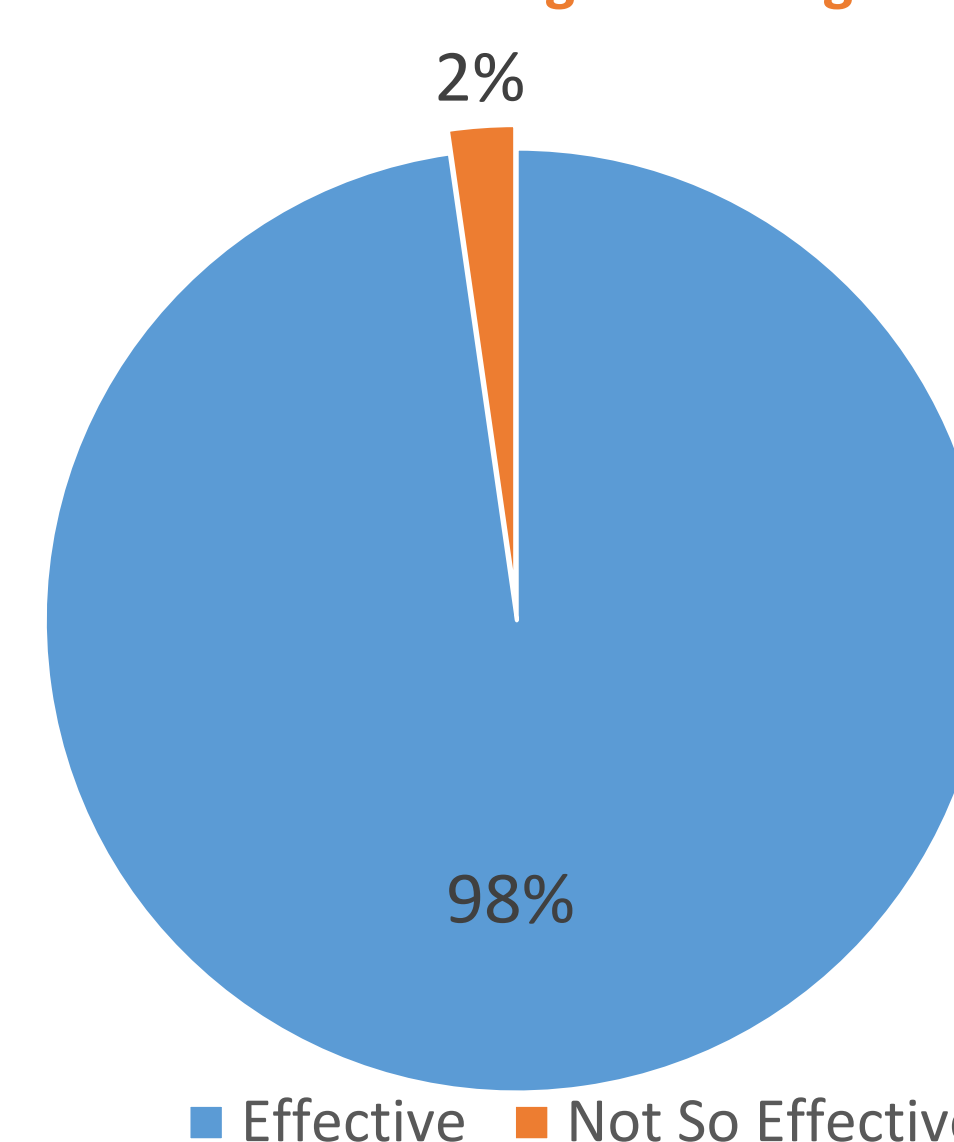
- 90% of nurses (40) are very confident with assessing and staging pressure injuries.
- 84% of nurses (37) are very confident in ordering appropriate wound products.
- 97% of nurses (43) are very confident in prevention as well as managing pressure injuries.

Nurses had expressed confidence on pressure injury management and greater satisfaction on the care rendered to patients.

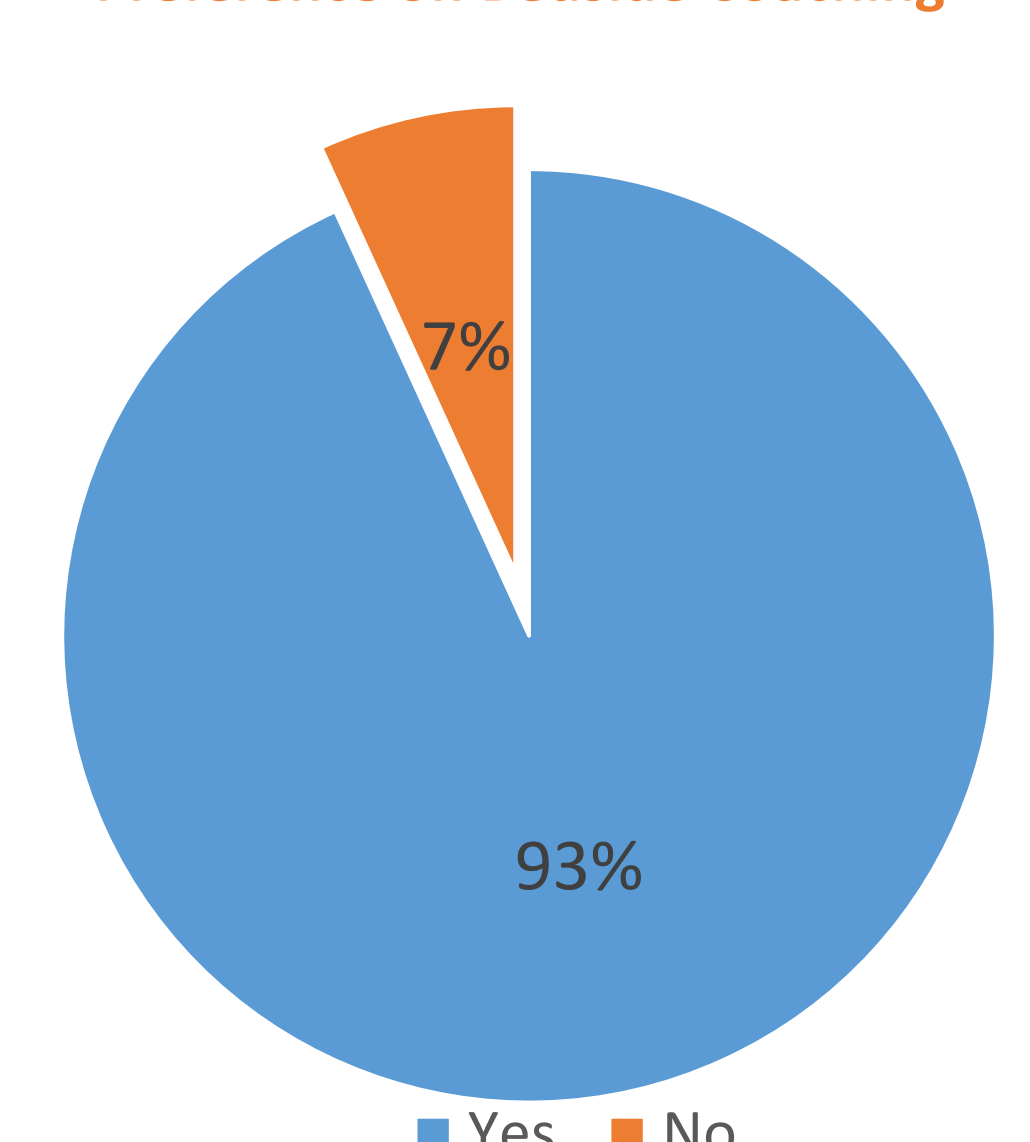
There had been no negative feedbacks from patients and their family members with regard to skin integrity, thus, leading to improved patient satisfaction.

Departmental pressure injuries acquisition is reduced noticeably and results are rewarding. Department reduced to one HAPI in Oct and Nov 2017, and achieved zero HAPI from December 2017 till date.

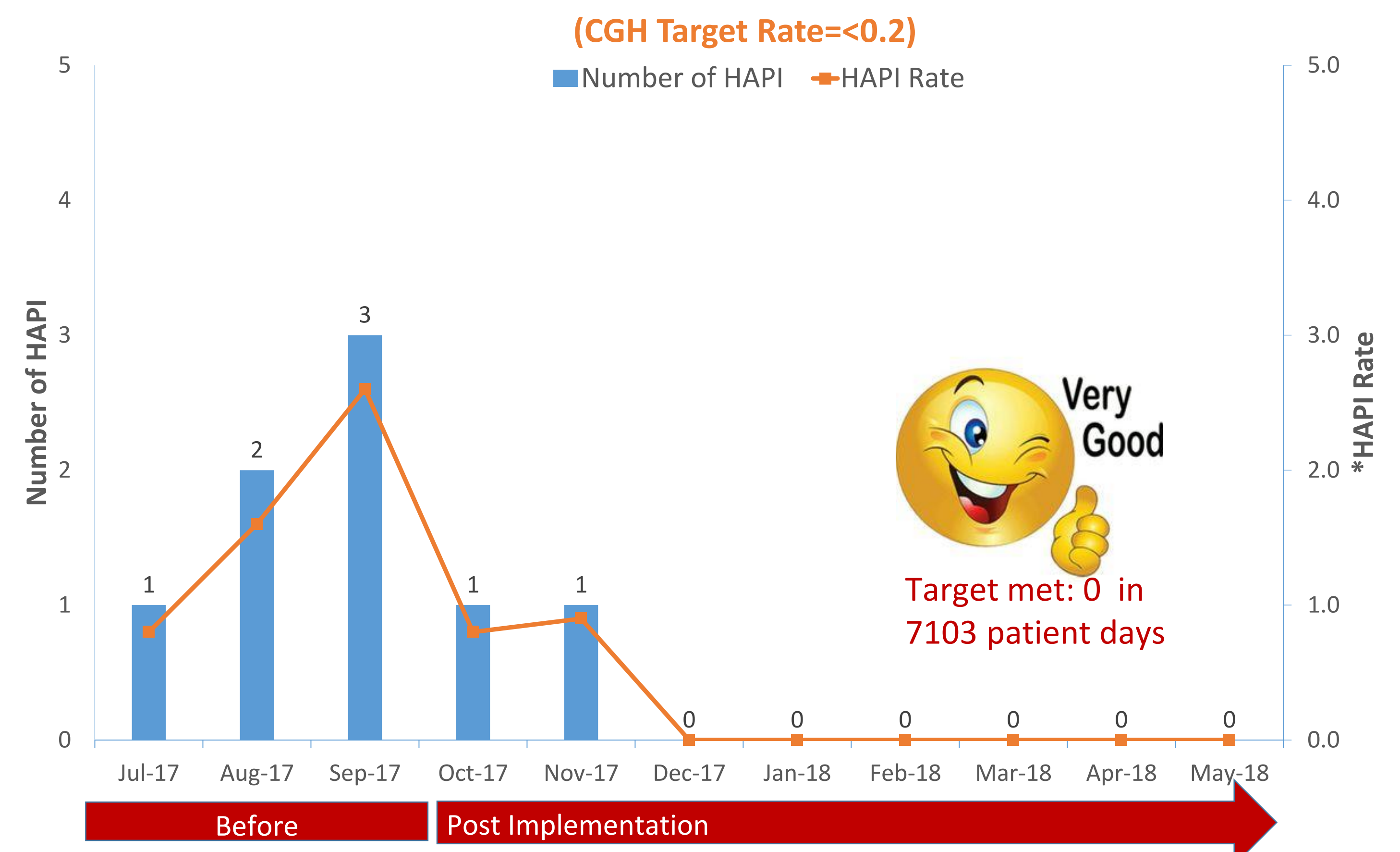
Effectiveness in Enhancing Knowledge and Confidence



Preference on Bedside Coaching



HAPI Number Versus Rate  
Ward 19  
(CGH Target Rate  $\leq 0.2$ )



\*HAPI Rate=(Total HAPI reported in the month / Total Patient Days) X 1000 Patient Days

## Conclusion

It is time consuming to conduct bedside teaching and takes much longer time to achieve education to all the nurses in the department.

However, it is comprehensive and patient focused. Through bedside coaching on real life scenario, nurses' knowledge is deepened and confidence level increases. Decreasing the number of HAPI not only makes patient satisfied so as to our nurses. It motivates us to continue in delivering the best patient care.

Bedside coaching would be continued in the department to the existing staff as well as newly joined nurses. Pressure injury champions would be included to conduct bedside coaching in the department.

Moving forward, we would not only focus on HAPI, but also the management of community acquired pressure injuries. Our aim is to prevent and treat pressure injuries as best as possible.

Bedside coaching approach could be adopted by any department and is applicable to any clinical practices.



Bedside Coaching

In Service Training

