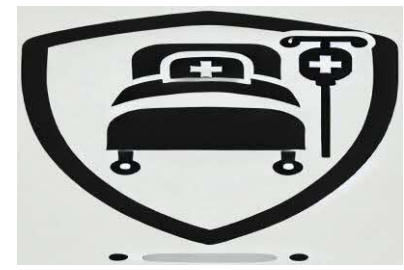




STOP SORE Say "NO" to Pressure Injury

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Aim

-  **Reducing** The risk of hospital-acquired pressure injury
-  **Strengthen** Staff awareness of interventions for preventing pressure injuries.
-  **Enhance** Staff adherence to pressure injury prevention protocols.

Background

Before this project was implemented, routine internal and external audits revealed frequent lapses in pressure injury (PI) prevention interventions. Survey was conducted in July 2024 to find out the root causes.

40% Staff are not familiar with the PI prevention interventions required based on the Braden score.

40% The updated Braden score was not communicated to the team after reassessment, causing a delay in implementing the interventions.

40% Due to fast-paced nature of the ward, nurses may sometimes overlook necessary PI prevention measures.

Team Members

Name	Designation	Department
Tan Poh Yin	NM	D107
Tham Hui Ming	SSN	D107
Ang Sze May	SSN	D107
Resplandor Sheryl	SSN	D107

Interventions / Implementation

STOP SORE

- Skin care
- Turn 2 hourly
- Off load
- Pressure relieving mattress
- Sliding sheet
- Out of bed
- Referral (dietician/ wound nurse)
- Engage patient & family on PI care

PATIENT'S BRADEN SCORE:

NURSING INTERVENTION	BRADEN SCALE SCORE				
	Low Risk	At Risk	Medium Risk	High Risk	Very High Risk
Applying Pressure Relieving Mattress	x	Optional	v	v	v
Applying Heel Suspension Device	x	Optional	v	v	v
Initiating Sliding Sheet (Mobility Friction)	x	Optional	v	v	v
Repositioning at least 2 hourly and tally with flip chart	x	Optional	v	v	v
Referring Wound Nurse when PI > Stage 3	x	Optional	Optional	Optional	Optional
Skin Care	x	v	v	v	v
Reassessment: <ul style="list-style-type: none"> • Every Monday and Thursday • When Condition Change • Upon Transfer IN • When Patient Developed PI 	x	v	v	v	v
Provide Education on PI Prevention Interventions	x	Optional	v	v	v
Referring Dietician	x	v	v	v	v

- To print a decision metric as a reference guide at the back of the checklist.
- To update latest Braden score on checklist.
- To attach laminated checklist to the turning chart.

Plan

- To create an acronym incorporating common PI interventions as a reminder for staff.

Do

Act

- Gather feedback from ground staff.
- To spread this Kaizen to other YCH wards.

Study

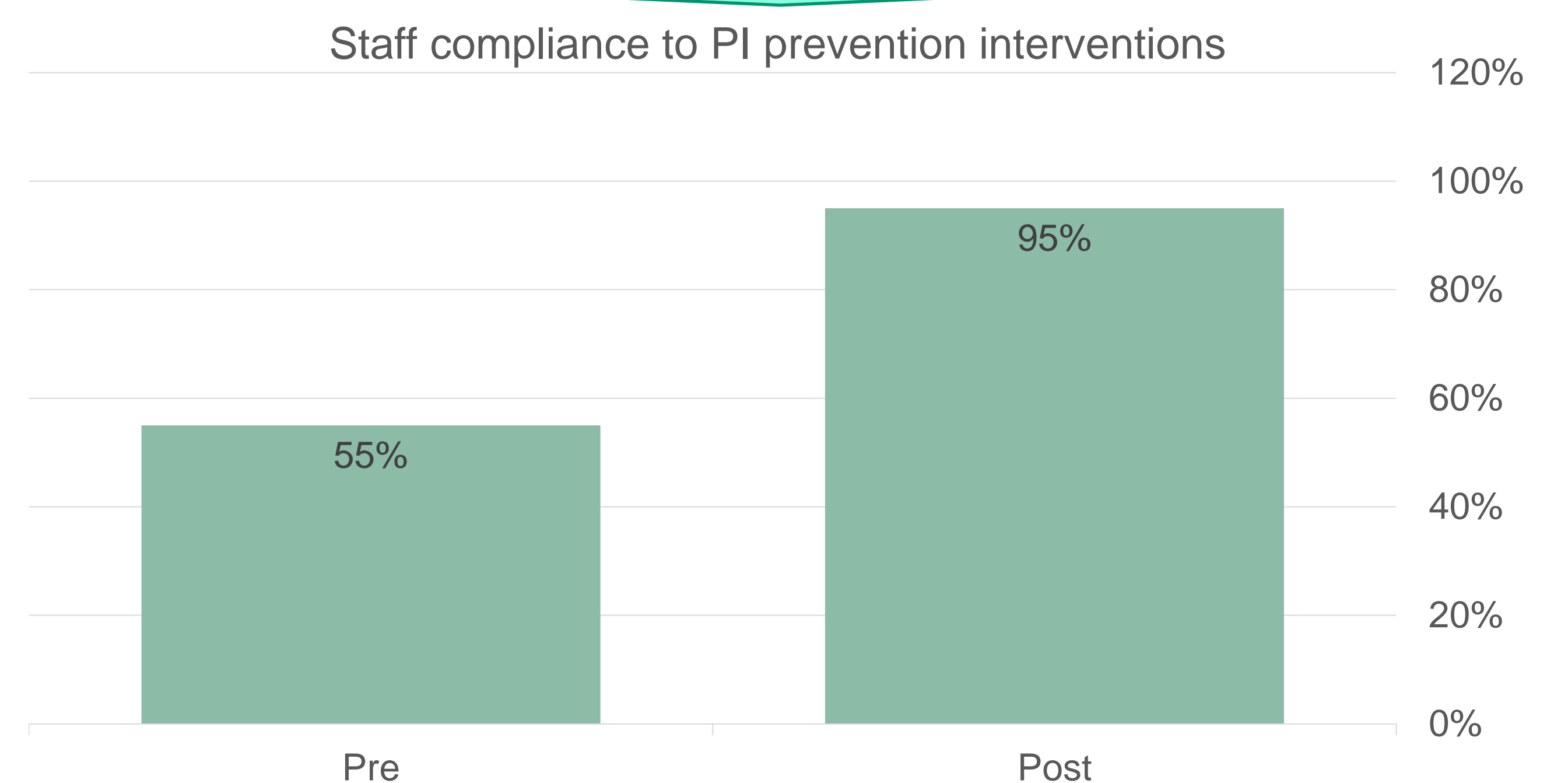
- Internal audit conducted by project team 3 times a week
- Monthly PI audit

Onward 2026

- SP1: Assign patients into care streams** As it can be seen in the Visual Card, the engagement of patients and caregivers in PI prevention is one of the project's component.
- SP4: Manage and prevent frailty** Act as a frailty prevention tool addresses functional decline risks from prolonged hospitalisation due to pressure injuries.
- Quality and Patient Safety** Encourage staff to take corrective measures to prevent PI, ensuring quality of care and improving patient safety.
- Operational Resilience** It remind staff to ensure proper PI intervention are performed, upholding the standard of care even in hectic workplaces.

Results & Outcomes

Staff compliance to PI prevention interventions was observed after Kaizen was implemented.



After the implementation of kaizen, staff feedback was collected

- Increased confidence in carrying out PI prevention interventions
- Felt more empowered on PI care
- Gained a deeper understanding of PI interventions importance

Conclusion

The 'STOP SORE' Kaizen has been successfully implemented in the department and shared during the YCH Nursing Supervisor meeting, leading to its adoption across all wards. This initiative has engaged all YCH PI auditors in actively overseeing its execution, ensuring staff adherence to pressure injury (PI) prevention measures and maintain long-term sustainability.

To further enhance its effectiveness, continuous feedback collection remains a priority. Gathering insights from staff allows the identification of areas for improvement, ensuring that the Kaizen evolves to meet the department's needs.

