Hospital-acquired pressure injuries (HAPIs) affect millions of patients yearly. It is the most common healthcare lawsuit claim after a wrongful death. Critically ill patients are at greater risk for developing HAPIs due to hemodynamic instability and vasoactive drug use. HAPIs are identified as preventable events by the Centers for Medicare and Medicaid (CMS). Prevention of HAPIs has been one of the biggest challenges in the healthcare industry due to the increased healthcare costs and its impact on patient’s quality of life, infection risk, morbidity, and mortality. Using the PARIHS framework, this doctoral project examines the effects of a HAPI prevention algorithm tool on nursing views on pressure injury prevention. The project was piloted in an 8-bed intensive care unit of a 401-bed acute care hospital in Los Angeles, California. Participants were educated with the HAPI prevention algorithm. Anonymous pre and post-intervention Likert scale surveys were provided to participants via Qualtrics. Participants’ overall responses resulted in an improved understanding of HAPI prevention. Several survey results demonstrated statistical significance while other responses showed clinical significance. Utilizing the evidence-based HAPI prevention algorithm tool revealed improved knowledge in preventing HAPIs, as evidenced by zero reportable HAPI in the pilot unit post-intervention.

*Keywords:* quality improvement, evidence-based practice, hospital-acquired pressure injuries, prevention, PARIHS framework, algorithm, intensive care unit