AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Standard 8:
Preventing and Managing Pressure Injuries

Advice Centre Network Meeting

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Clinical leaders and senior managers of a health service organisation implement evidence-based systems to prevent pressure injuries and manage them when they do occur.

Clinicians and other members of the workforce use the pressure injury prevention and management systems.

The intention of the Standard is to prevent patients from developing pressure injuries and effectively managing pressure injuries when they do occur.
Why the Need for Standard 8?

- ICD-10 coding L89 cause of death averages 50 deaths/year
- Second largest group of wounds in WA public hospitals
- One year's ICD10 coded data from 1 jurisdiction
  - 2,873 pressure injuries
  - $24,234,740 additional cost to the health care system
  - PIs were the 5th most costly preventable condition
- QLD Health financial penalties
  - Stage 3 PI = $30,000
  - Stage 4 PI = $50,000
- Increased national litigation

3. Graves N, Birrell F & Whitby M. 2005
4. Royal Brisbane and Women’s Hospital Metro North Health Service (2011)
Four Criteria to Achieve Standard 8

1. **Governance and systems**
   • Health Service Organisations have governance structures and systems in place for the prevention and management of pressure injuries

2. **Preventing pressure injuries**
   • Patients are screened on presentation and pressure injury prevention strategies are implemented when clinically indicated.

3. **Managing Pressure Injuries**
   • Patients who have pressure injuries are managed according to best practice guidelines.

4. **Communicating with patients and carers**
   • Patients and carers are informed of the identified risks, prevention strategies and management of pressure injuries.
1. Governance and Systems

8.1: Developing and implementing policies, procedures and/or protocols that are based on current best practice guidelines

Why?

- Systems for preventing and managing pressure injuries are to be described in all facility documents and where possible, are to be evidence-based
- The systems need organisational support, executive and clinical leadership and effective monitoring to be successful

What?

- Policies, procedures and protocols that are consistent with the national guidelines (8.1.1)
- Policies and supporting documents are available and used by the workforce (8.1.2)
1. Governance and Systems

8.2: Using a risk assessment framework and reporting system to identify, investigate and take action to reduce the frequency and severity of pressure injuries

Why?
- Information from the routine identification and review of risks can be used to focus improvement activities
- Reporting and feedback systems to executive and clinical staff, investigation and improvement strategies are important for the prevention of pressure injuries.

What?
- Pressure injury incidents reports, benchmarking, data sets, reporting (8.2.1)
- Use of administrative and clinical data sets (8.2.2)
- Information provided to the executive (8.2.3)
- Action taken to improve PI frequency and severity (8.2.4)
1. Governance and Systems

8.3: Undertaking quality improvement activities to address safety risks and monitor the systems that prevent and manage pressure injuries

- **Why?**
  - Implementing an organisational response to information on pressure injury generated from clinical data sets, incidents, risk registers and risks identified through other means will maintain and improve system effectiveness

- **What?**
  - Evidence of actions taken to address risks – eg equipment invoices, training programs, policy/protocol amendments
  - Register kept current and detailing outcomes, quality improvement plans, workforce and patient communications) (8.3.1)
1. Governance and Systems

8.4: Providing or facilitating access to equipment and devices to implement effective prevention strategies and best practice management plans

- Why?
  Evidence based guidelines describe the use of various types of equipment and devices as essential to reduce extrinsic risks from pressure injury and effective management

- What?
  Register or log of equipment and devices, maintenance records
  Powered and non powered pressure redistribution devices and equipment (8.4.1)

AWMA (2012)
2. Preventing Pressure Injuries

8.5: Identifying risk factors for pressure injuries using an agreed screening tool for all presenting patients within timeframes set by best practice guidelines

► Why?
  • Screening patients with a screening tool or standard screening process identifies patients with a risk.
  • Screening tools are available – Braden Scale, Norton Scale or Waterlow Score with validated and reliable scales for use with adults.

► What?
  • Screening policies, procedures and protocols that are accessible to staff (8.5.1)
  • Audits of screening compliance and recording of screening outcomes which are accessible to all staff providing care (8.5.2)
  • Evidence of actions taken to increase the number of patients screened for risk of a pressure injury (8.5.3)

Note: Best practice guidelines suggest risk assessment within 8 hours of admission
Screening & Risk Assessment

- Comprehensive Assessment & Screening
- Skin Inspection
- Use a Validated Risk Tool

(Pan Pacific Clinical Practice Guideline for Prevention and Management of Pressure Injury, 2012)
Screening is a brief formal or informal process of estimating a person’s risk of developing a pressure injury. It involves reviewing clinical history, mobility, activity and nutrition. Screening requires sufficient knowledge to make an informed clinical judgement.

• Clinical judgement is at least as good as using a screening tool. However, documented prompts or a tool for screening can aid routine clinical assessment and guide formalised risk assessment processes.

• Screening outcomes are routinely recorded in the medical record for use by all those involved in the patient’s care.
Pressure Injury Risk Assessment

- **Risk assessment** is performed using a validated scale or score to identify risk factors. It should occur as soon as possible following admission to service and it is recommended that it occur within 8 hours of admission (or initial visit for patients in the community).

- Assessment tools (e.g., Braden Scale, Waterlow Score, Norton Scale or those for special populations) vary, but will include assessment of:
  - Clinical history
  - Mobility and activity
  - Intrinsic factors such as nutrition, demographics, skin temperature, chronic illness
  - Extrinsic factors such as moisture, shear and friction forces being applied
  - Nutritional screening
  - Continence
  - Cognition & sensation

- The assessment outcomes are recorded in the medical record and form the basis for a care plan which is acted upon.
2. Preventing Pressure Injuries

8.6: Conduct a comprehensive skin inspection and risk assessment in timeframes set by best practice guidelines on patients with a high risk of developing pressure injuries at presentation, regularly as clinically indicated during a patient’s admission, and before discharge.

► Why?
Assessment will identify risk factors specific to the patient, and which can form the basis of an individualised care plan.

► What?
- Assessment policies, procedures and protocols are accessible to staff (8.6.1)
- Audits of assessment compliance and recording of assessment outcomes which are accessible to all staff providing care (8.6.2)
- Evidence of actions taken to increase the number of at risk patients assessed for PI risk (8.6.3)

Note: Best practice guidelines suggest skin inspection within 8 hours of admission and at each repositioning to identify indications of PI.
Skin Inspection

Within 8 hours of admission or at first community visit

- Erythema
- Blanching response
- Localised heat
- Oedema
- Induration
- Skin breakdown

Observe skin overlying bony prominences
Darker skin tones may be difficult to assess
note localised heat, oedema & induration
Observe the skin for pressure damage related to medical devices
Ask the patient to identify areas of discomfort or pain associated with pressure

(Pan Pacific Clinical Practice Guideline for Prevention and Management of Pressure Injury, 2012)
2. Preventing Pressure Injuries

8.7: Implementing and monitoring pressure injury prevention plans and reviewing when clinically indicated.

► Why?
  • Targeting individual risk factors reduces the rate of pressure injuries
  • Identifying the existence of pressure injuries means management can be commenced

► What?
  • Policies, procedures and protocols for pressure injury prevention plans
  • Evidence pressure injury prevention plans are developed and followed by staff (8.7.1)
  • Audits of pressure injury prevention plans, analysis of data from administrative and clinical data (8.7.2)
  • Strategies to reduce the risk of pressure injuries (8.7.3)
Implement prevention strategies
  Skin care
  Repositioning
  Support surfaces

High protein oral nutritional supplements

Use a high specification constant low pressure support mattress on beds, trolleys and operating theatre tables for patients at risk of pressure injuries

(Pan Pacific Clinical Practice Guideline for Prevention and Management of Pressure Injury, 2012)
3. Managing Pressure Injuries

8.8: Implementing best practice management and ongoing monitoring as clinically indicated.

Why?
- Care of pressure injuries requires a multifaceted approach. The effectiveness of an intervention may vary depending on the individual, the location and severity of the pressure injury. Understanding both the evidence and applying it will provide better patient outcomes.

What?
- Current policies, protocols and procedures that reference the evidence (8.8.1, 8.8.2)
- Sample audit of patient clinical record that include management plan for pressure injuries (8.8.3)
- Strategies adopted to improve pressure injury management (8.8.4)
4. Communicating with Patients and Carers

8.9: Informing patients with a high risk of pressure injury, and their carers, about the risks, prevention strategies and management of pressure injuries.

► Why?
  • Relevant and usable information allows patients and carers to participate in discussions and decisions about the prevention and management of pressure injuries.

► What?
  • Materials designed for patient and carer information and in a range of formats and languages (as appropriate)
  • Audits of information provided to patients and feedback from patients on information provided
4. Communicating with Patients and Carers

8.10: Developing a plan of management in partnership with patients and carers

- Why?
  - Effectiveness of care plans can be improved if informed by patient preferences, circumstances and interests

- What?
  - Audits of clinical record and care plans to identify patient and carer input

*Links to Standard 1, Action 1.18.1, Patients and carers are partners in the planning for their treatment*
Summary

- Purpose of Standard 8 is to reduce the incidence of pressure injuries and apply best practice in the management of pressure injuries.


- Health services need to demonstrate that they systematically identify and respond to pressure injury risk, and have prevention strategies in place as well as individualised care plans for at risk patients.

- Developing patient / carer awareness of the risks of pressure injuries, and developing care plans in partnership with them, can improve adherence to care plans and improve health outcomes.
Resources


References


