



PRESSURE INJURY
PREVENTION
PROJECT



CLINICAL
EXCELLENCE
COMMISSION

2016 NSW PRESSURE INJURY POINT PREVALENCE SURVEY REPORT

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EXECUTIVE SUMMARY

This report outlines the results of Pressure Injury Point Prevalence Surveys conducted by Local Health Districts (LHDs) and Speciality Health Networks (SHNs) in 2016. The survey data provides valuable information on pressure injuries in the NSW public health system to understand the extent of the problem and provides recommendations to improve the care provided and reduce hospital-acquired prevalence rates.

The Clinical Excellence Commission (CEC) established the Pressure Injury Prevention Project in October 2012. The project aims to help reduce the occurrence of pressure injuries, and if they do occur, to help reduce the recovery time for the patient. It promotes evidence-based practice for the prevention and management of pressure injuries and increases awareness of pressure injury prevention among health care professionals.

Some LHDs and SHNs have been conducting annual pressure injury point prevalence surveys since the late 1990's, whilst some have only recently completed their first survey. The first NSW report on 2015 survey data was released in July 2016.

The project supports the National Safety and Quality Health Service Standards 2012¹, the Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline 2014² and the NSW Health Pressure Injury Prevention and Management policy PD 2014_007³ provide a framework for improvement.

The 2016 NSW results were recorded in three settings: inpatient, residential aged care (RAC) and community/outpatient as recommended in the 2015 report.⁴

Key Findings

The 2016 point prevalence survey results show:

- 16 LHD/SHNs participated in the survey, including 134 inpatient facilities, 43 Residential Aged Care facilities and 75 community and outpatient services.
- A total of 10,255 people consented to participate in the survey.
- An overall reduction of 15% in the hospital or health service-acquired pressure injury rate compared with the 2015 data (6% to 5.1%).
- There was an improvement in the percentage of patients with a documented wound management record, 51% in 2016 compared to 44% in 2015.
- The most common location for hospital or health service-acquired pressure injuries was the sacrum or buttocks (38.9%).

Recommendations

The CEC recommends that NSW Health organisations:

- Improve the reliability of pressure injury risk assessment for patients.
- Improve the reliability of ongoing risk assessment for those people identified at risk of pressure injury.
- Ensure that patients, family and carers receive appropriate information on pressure injury prevention.
- Ensure that pressure injury prevention interventions are developed with input from the patient, family and carers.
- Participate in the 2017 pressure injury point prevalence survey by collecting data in three separate settings (inpatient, community/outpatient and RAC).
- Use the minimum data set fields for the 2017 pressure injury point prevalence survey available on the Quality Audit Reporting System (QARS).
- Develop strategies to improve the recognition, management and reporting of Incontinence Associated Dermatitis.

INTRODUCTION

Internationally there has been an ongoing declining trend in pressure injury prevalence in the general acute care setting over the past decade. In other clinical care settings, trends are less clear because of significant variations in the study design, specific setting descriptions, and population differences confound analyses.²

The sacrum and heels are reported as the most common anatomical location and the location of the most severe injuries respectively.² Correct identification of pressure injuries is essential to ensure appropriate care is given and the injury accurately reported. It is often difficult for clinicians to correctly identify Incontinence Associated Dermatitis (IAD) and to distinguish it from pressure injuries (Stage 1 and Stage 2) on the sacral and buttock locations.^{5,6} This is an area which has been identified as a priority with resources currently being developed to support improved identification of sacral and buttock injuries.

In the paediatric populations the occiput and other head (including facial) injuries were commonly observed and medical devices estimated to account for 43% of pressure injuries. Medical devices have also been associated with up to 34.5% of pressure injuries in the acute care setting. Over the past decade there has been minimal variation in rates of medical device-related pressure injury; this is a significant area to focus on prevention.²

The Australian Context

As outlined in the *Pressure injury in Australian public hospitals: a cost-of-illness study*,⁷ the treatment cost across all states and severity in 2012-13 was estimated to be A\$983 million per annum, representing approximately 1.9% of all public hospital expenditure or 0.6% of the public recurrent health expenditure. The opportunity cost was valued at an additional A\$820 million per annum. These estimates were associated with a total number of 121,645 pressure injury cases in 2012-13 and a total number of 524,661 bed days lost.⁷

"A pressure injury is a localised injury to the skin and/or underlying tissue, usually over a bony prominence, resulting from sustained pressure (including pressure associated with shear)."²

A point prevalence survey aims to:

- Identify pressure injury prevalence within an organisation
- Identify core pressure injury prevention practices, including documentation, adherence to best-practice and evidence-based guidelines, to evaluate and inform strategic planning on service quality improvement, and demonstrate trends in care processes and patient outcomes
- Determine the severity and anatomical location of identified pressure injuries, distinguishing between pre-existing injuries and those acquired during this admission/episode of care
- Provide data for benchmarking between organisations.⁸

State-wide audits estimate pressure injury prevalence in hospitals ranges from 9.5% to 17.6%. Studies in nursing home and long-term care settings estimate the prevalence of pressure injury to be around 8.9%.²

NSW Practice

This is the second Pressure Injury Point Prevalence Survey statewide report and provides information to inform the provision of health care that is safe, person-centred, sustainable and of the highest standard. The CEC supports a standard approach to pressure injury point prevalence survey data collection in NSW. A Monitoring and Auditing Framework was released in March 2014.⁸

An electronic data collection tool was released in the QARS in July 2016 <http://qars.cec.health.nsw.gov.au/>. A guide is available to promote inter-rater reliability; it provides instruction on completing the required documentation and reporting calculation formulas.⁹

The guide is available on the CEC website <http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/pressure-injury-prevention-project/evaluation>

KEY FINDINGS

The data provides NSW Health and executives in public hospitals information to inform safety and quality activities and effective management strategies. LHDs/SHNs conducted the survey during the calendar year of 2016 at a time to suit their local audit schedule.

Survey

In 2016 sixteen NSW Health organisations undertook a comprehensive pressure injury prevalence survey. 134 inpatient facilities, 43 Residential Aged Care (RAC) facilities and 75 community and outpatient services participated in the survey.

Around 91% of patients or clients eligible for the survey consented to a skin inspection (Overall 2016 10,255 people) and are included in the results.

Pressure Injuries

Compared to 2015 there was a reduction in the rate of inpatients found to have pressure injury that developed during their current stay in hospital (Inpatient 2016 5.3%; Inpatient 2015 6.1%). In 2016 8.5% of RAC residents and 2.2% of community and outpatient service clients were also reported to have a pressure injury that developed during the current care episode.

The overall prevalence of pressure injuries for inpatients consenting to a skin inspection was 9.1%. In addition 10.3% of RAC residents and 7.7% of community and outpatient service clients were found to have at least one pressure injury.

Where a location was recorded in the 2016 NSW survey 38.9% of injuries were located on the sacrum or buttocks. Where the classification of the injury was recorded 44% were Stage 1 and 37% were Stage 2. In the paediatric population 68% of injuries were device related.

Risk Assessment

In 2016, 68% of community and outpatient service clients received a comprehensive risk assessment, including a skin assessment and use of a validated tool, within eight hours of presentation or first presentation (Community and outpatient 2015 56%). Overall 61% of people surveyed received a comprehensive risk assessment within targeted timeframes.

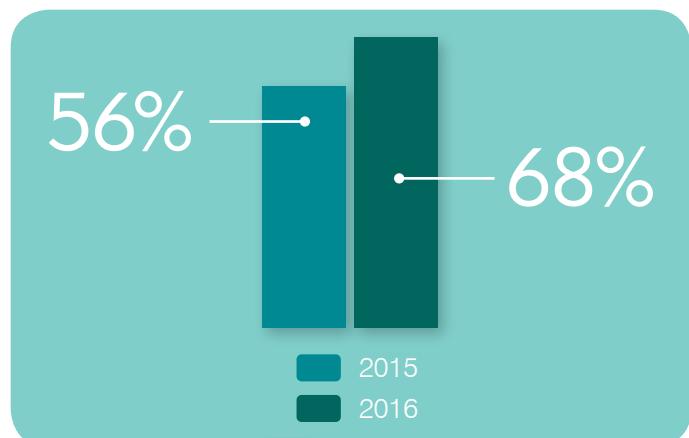


Figure 2: Community and outpatient services Clients receiving a comprehensive risk assessment 2015-2016

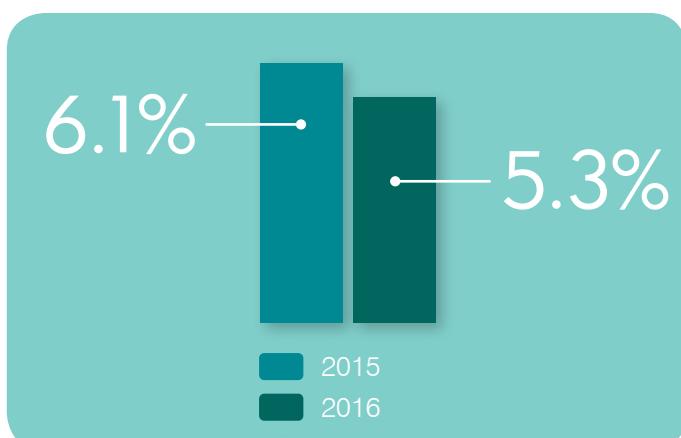


Figure 1: Hospital-acquired pressure injury rate 2015-2016

People at Risk

Of the people who received a comprehensive risk assessment, 69% were identified at risk of pressure injury development on the initial assessment (Overall 2015 71%).

Documentation of information on pressure injury prevention being provided to the person or carer was reported in community or outpatient services for 77.3% of clients surveyed. The corresponding results for RAC residents was 61.9% and inpatients was 30.4%.

90% of RAC residents identified at risk of pressure injury development during the initial assessment had an appropriate care plan documented (Overall 2016 58%).

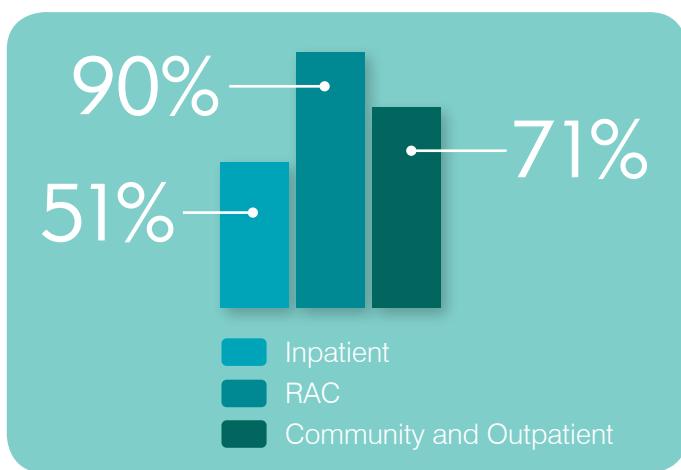


Figure 3: Appropriate care plan documented 2016

Where a person was recorded as having one or more pressure injuries, 51% had a wound management record or chart documenting every current injury (Overall 2015 44%).

Incident Information Management System (IIMS)

There were 23,201 pressure injury incident notifications made in IIMS for 2016. Of these 55% were assigned an Actual SAC of 2 or 3 indicating over 12,500 patients suffered harm from a pressure injury in 2016.

Almost 7,500 notifications were recorded where the injury was not present on admission to the facility or service. Where the pressure injury was present on admission the patient was frequently admitted from an aged care facility or nursing home 26%, home with no NGO services 25% and home with NGO services 17%.

Where an age group is recorded for the incident 80% of notifications are for patients aged 65 years or older. 53% of injuries notified were located on the sacrum or buttocks and 18% on the heels. Where the classification of the injury was recorded 38% were Stage 1 and 50% were Stage 2.

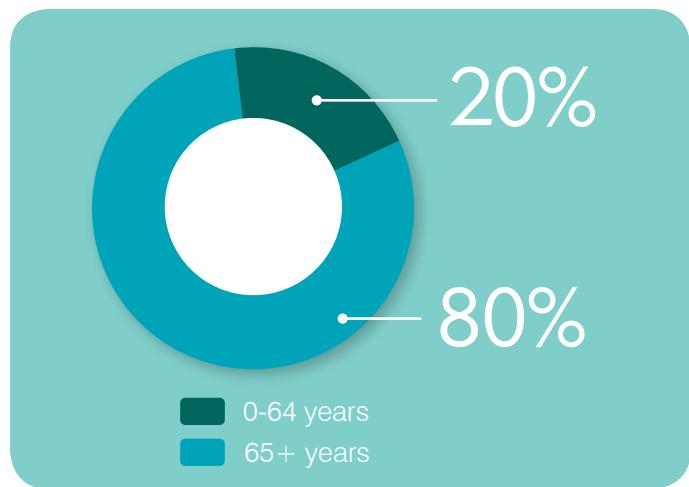


Figure 4: Pressure Injuries by age group 2016

54%

of inpatient facilities undertook a survey in 2016 (134 facilities across 16 LHD/SNHs).

91%

of patients consented to a skin inspection (8,341 people total).

PRESSURE INJURY PREVALENCE



9.1% Overall

The range varied across participating organisations between 0% and 12.8%, 13 of the 16 organisations submitting data were between 6.3% and 10.8%.



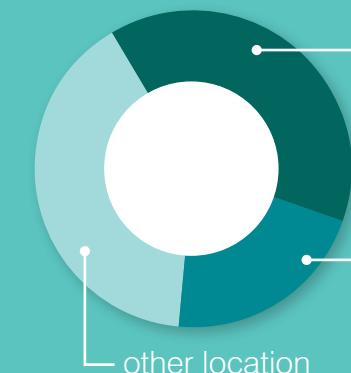
5.3% Hospital-acquired

The range varied across participating organisations between 0% and 11%, 11 of the 16 organisations submitting data were between 3.6% and 8%.

60%

of clients received a comprehensive risk assessment including a skin assessment and a validated tool within 8 hours of presentation to the hospital.

HOSPITAL-ACQUIRED PRESSURE INJURIES



39%

were located on the sacrum or buttocks and

21%

on the heels.



56%

were Stage 1 and

30%

were Stage 2.

Of the clients receiving a comprehensive risk assessment, 66% were identified at risk or higher on initial assessment.

Where a patient was recorded as having one or more pressure injuries, 45% had a wound management record or chart documenting every current pressure injury.

Where a patient had a documented pressure injury, 30% of the injuries were recorded in the Incident Management System (IIMS).

61%

of RAC facilities undertook a survey in 2016
(43 facilities across 10 LHD/SHNs).

87%

of residents consented to a skin inspection
(612 people total).

PRESSURE INJURY PREVALENCE



10.3% Overall

The range varied across participating organisations between 5% and 10.8%.



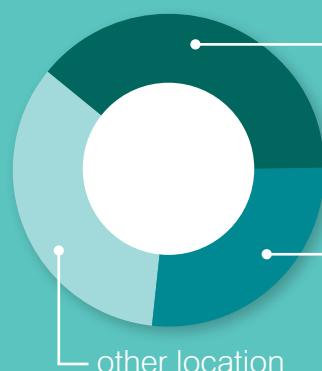
8.5% Hospital/Health Service-acquired

The range varied across participating organisations between 0% and 10.4%.

56%

of residents received a comprehensive risk assessment including a skin assessment and a validated tool within 8 hours of presentation to the facility.

HOSPITAL/HEALTH SERVICE-ACQUIRED PRESSURE INJURIES

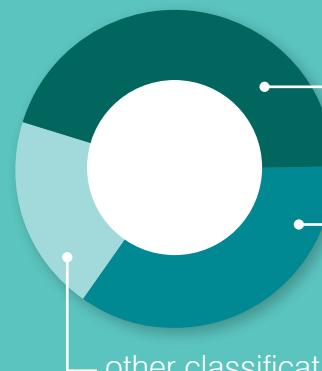


39%

were located on the sacrum or buttocks and

27%

on the heels.



45%

were Stage 1 and

35%

were Stage 2.

Of the residents receiving a comprehensive risk assessment, 100% were identified at risk or higher on initial assessment.

Where a resident was recorded as having one or more pressure injuries, 81% had a wound management record or chart documenting every current pressure injury.

Where a resident had a documented pressure injury, 25% of the injuries were recorded in the Incident Management System (IIMS).

32%

of community/outpatient facilities undertook a survey in 2016 (75 facilities across 15 LHD/SNHs).

93%

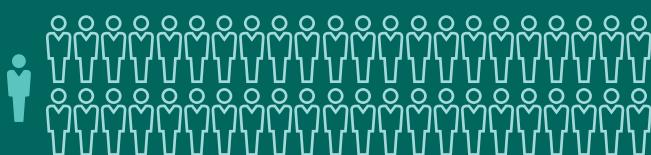
of clients consented to a skin inspection (1,302 people total).

PRESSURE INJURY PREVALENCE



7.7% Overall

The range varied across participating organisations between 4.6% and 20%.



2.2% Hospital/Health Service-acquired

The range varied across participating organisations between 0% and 3.3%.

68%

of clients received a comprehensive risk assessment including a skin assessment and a validated tool at first presentation to the service.

HOSPITAL/HEALTH SERVICE-ACQUIRED PRESSURE INJURIES

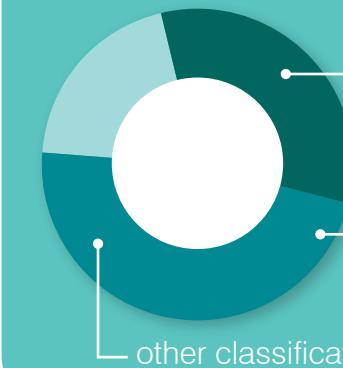


36%

were located on the sacrum or buttocks and

19%

on the heels.



33%

were Stage 1 and

47%

were Stage 2.

Of the clients receiving a comprehensive risk assessment, 74% were identified at risk or higher on initial assessment.

Where a client was recorded as having one or more pressure injuries, 77% had a wound management record or chart documenting every current pressure injury.

Where a client had a documented pressure injury, 53% of the injuries were recorded in the Incident Management System (IIMS).

APPENDIX 1

Counting and Reporting Pressure Injuries

Pressure injury rates are reported using two different methods of counting.

Point prevalence

Is the number of individuals with a pressure injury at a specific point in time, and indicates the scale of the issue. The injury may have developed recently, or over an extended period of time, and for inpatients, they may have been present on presentation to the facility.²

Point Prevalence (%)

Number of patients with pressure injury at a specific point in time X 100

Total number of patients in the survey population at a specific point in time.¹

Pressure injury incidence

is the proportion of pressure injury free individuals that develop a pressure injury over a specific period of time and therefore provides an indication of the rate at which new pressure injuries occur in a specified population.²

Cumulative incidence (%)

Number of patients developing pressure injury during a specific time period X 100

Total number patients in the survey population over a specific time period.²

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