Pressure Injury Risk Screen and Prevention in the Emergency Department

**Aim Statement:** By the 1st June 2018, 75% of adult patients presenting to Royal Prince Alfred (RPA) Emergency Department (ED) will be screened for risk of developing a pressure injury. Additionally, 90% of patients who have been screened as at risk will have prevention strategies implemented and documented.

**Background to problem worth solving**

The issue or problem was that pressure injury risk screening and prevention relevant not specific to the ED. Additionally there was very little documentation regarding pressure injury prevention.

**Team members**

- **Sponsors:** Kristina Zarkos, Director of Nursing at RPA
- **Project Team:** Nerida Bell - Team Leader; Kelly Borroughs - A/CNC RPA ED; Helen Broughton - CNE RPA ED; Colleen James - ASET CNC; Michelle Barakat-Johnson - SLHD Pressure Injury prevention and management CNC

**Link to National Standard or Strategic Imperative**

Standard 8 ‘The Preventing and Managing of Pressure Injury’ recommends that patients are screened on presentation and if clinically indicated preventative strategies be implemented.

**Literature review**

- Investigating the Reliability and Validity of the Waterlow Risk Assessment Scale: A literature Review
- Predictors of pressure injury prevention strategies in at-risk medical patients: An Australian multi-centre study
- Inter and intrarater reliability of the Waterlow pressure sore risk scale: A systematic review
- Pressure ulcers: effectiveness of risk-assessment tools. A randomised trial (the ULCER trial)
- The cost and consequences of an intervention-based programme to reduce hospital-acquired pressure injuries in one health district in Australia (under review)

**Driver Diagram**

1. **Primary drivers**
   - Demystifies the significance of an appropriate screening tool
   - Improve knowledge regarding prevention strategies
   - Improve knowledge regarding access to resources
   - Increase knowledge of pressure injuries
   - Improve process engagement
   - Increase significance of screening in ED
   - Incorporate patients risk during handover
   - Education regarding pressure injuries
   - Improve knowledge regarding all prevention strategies

2. **Secondary drivers**
   - Change ideas
     - Impact: High
     - Implementation: Hard
     - Develop and implement a risk screen that correlates planning and delivery on EMM
     - Use patients store to educate staff and patient
     - Education regarding prevention
     - Education regarding pressure injuries
     - Education regarding pressure injuries
     - Limit patients transferred prior to completion of screening tool
     - Increase knowledge of pressure injuries
     - Increase knowledge regarding all prevention strategies
     - Increase knowledge regarding access to resources
     - Improve knowledge of dressings
     - Use patients store to educate staff and patient
     - If recognised high risk prioritise patient transfer Department

**Driver Diagram**

1. **Driver Diagram**
   - By the 1st June 2018 75% of adult patients the Emergency Department will be screened for risk of developing a pressure injury and if identified as at risk will have prevention strategies implemented.
   - Actual median screening rate was 75%
   - By when 1st June 2018
   - Actual median screening rate was 75%
   - By when 1st June 2018

**Team Members:**

- Project Sponsor – Kristina Zarkos
- Team Leader – Nerida Bell
- Kelly Borroughs
- Helen Broughton
- Colleen James
- Michelle Barakat-Johnson

**ED Adult Screening Results Post Implementation**

**Pre-implementation Data**

- Of the 229 ED patient notes audited over the 4 month period 177 (77%) were screen for pressure injury risk
- Of those 229 ED patients 25 (11%) were screened as ‘at risk’ and of those 25 patients 24 (96%) had prevention strategies implemented and documented

**Results continued**

- On average 13% of patients admitted to the geriatric ward were screened in ED using the Waterlow prior to implementation
- Post Implementation 74% of patients admitted to the geriatric ward were screen.
- 68% of patients screened ‘not at risk’ had a Waterlow score of less than 10
- 97% patients screens as at risk had a documented prevention plan

**Geriatric Inpatient ED Audit**

**Overall Outcome of Project:**

- The Median screening rate was 75% therefore meeting the stretch goal
- 98% of ALL adult patients (ED and Geriatric inpatients) who were screened as at risk had a documented prevention plan

**Plans to sustain change**

1. Ongoing Auditing - Clinical Nurse Specialist portfolio
2. Ongoing Education - ED Nursing Orientation - ED Monthly Inservices - Ward Meeting Agenda

**Plans to spread / share change**

- ACI Innovation Exchange
- RPA Nursing Symposium
- ECI symposium
- ICEN conference 2019