Model of Care for Prevention & Integrated Management of Pressure Injuries in People with Spinal Cord Injury and Spina Bifida

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Background

- Pressure injury (PI) is a significant & potentially preventable cause of morbidity, reduced QoL, and even mortality after SCI
- Places large demands on inpatient SCI services (consuming 25-30% total bed days), as well as outpatient and community resources
- Characteristics of those requiring input from statewide specialist services include: ≥ Stage 3 PI, out-of-area for LHD, multiple co-morbidities, infectious disease, nutritional & psychosocial issues
Development of Model of Care

- Project Officer employed & Steering Committee set up to oversee project
- Literature review
- Qualitative descriptive methodology with purposeful snowball sampling of stakeholders
  - Semi-structured interviews, focus groups, workshops
  - Patient stories
- Model of Care developed & validated
- Health Economic Analysis/Business Case
- Gap analysis, Recommendations, Implementation Plan & Return on Investment Analysis
Results

- Over 130 key stakeholders across the state and the continuum of care provided perspectives:
  - Limited access to equipment, care, expertise
  - Fragmented care, lack of integrated management
  - Need for prevention & self management support
  - Opportunity for greater use of technology
  - Workforce development & building capacity of staff, carers and people with SCI
  - Others were health-community partnerships, providing psychosocial support, education & resources

- Overarching concept of MoC to provide primary, secondary & tertiary prevention strategies to manage increasing levels of risk
Cost & Utilisation Analysis

- NSW Health hospital data for 2006-2011 showed
  - 2,888 seps in 1273 persons (= 82,511 bed days)
    = average ~580 separations & 16,500 bed days/year
  - **Low volume, high cost** (in 2010/11, 0.04% all seps from NSW hospitals, but 0.3% of bed days)
  - **High complexity** (av cost weight = 5 vs 1 all patients) & long LoS (average of 27 days vs <4 days all patients)
  - 54% of inpatient hospital activity outside SCIUs
  - **Cost growth** $AUD10.7M to $AUD16.8M over 5 years

- Estimated total cost for hospitalisation of this group = $AUD300 million over next 10 years!
Model of Care Concept

High Support
Complex cases with co-morbidities

Collaborative Self Management

Self Directed Self Management

Increasing Complexity / Risk / Burden of Care
Model of Care Concept

High Support

Complex cases with co-morbidities

Collaborative Self Management

Access
Integrated Management/Partnerships
Clinical Information Systems
Evidence-based Practice
Capacity Building
Education
Community Support & Resources

Self Directed Self Management

Self Efficacy improved

Risk Reduction

Increasing Complexity / Risk / Burden of Care

Interface with Health Care
Integrated Care Model

Secondary Prevention
Early Diagnosis & Intervention
Timely access to advice, equipment & support
Decision Support Tools
Clinical Information Systems & Data Sharing
Health Partnerships

Primary Prevention
Health Promotion
Coaching
Education

Tertiary Prevention
Rehabilitation & Restoration
Enhance QoL & reduce activity limitation
Case Management
Harm minimisation & preventing sequelae
Implementation Plan & Priorities

- Develop Online Decision Support Tool
  - System Navigator with triage/referral pathways, CPGs, risk assessment tools, Coordinated Care plan, website, educational resources

- Work with LHDs/Networks to
  - Identify ‘local Champions’ & map local services, referral patterns/processes
  - Define & test ‘Best Practice’ clinical pathways in 1-2 LHDs, and through process produce a guide for others
  - Develop strategies to ensure timely access to wound products, equipment & care to prevent PI / deterioration

- Facilitate Communication
  - Use of health technology (video/teleconference, digital photography, internet, social media)
Other Strategies

- **Facilitate Self Management Support**
  - Staff/Peer mentor training in MI / coaching techniques

- **Enhance Psychosocial Support**
  - Comprehensive psychosocial needs assessment, clinical psychology interventions, peer involvement

- **Timely access to Care & Equipment**
  - Whole of government / intersectoral approach

- **Develop a multi-layered Educational Strategy**
  - Education & training, electronic resources available targeting consumers, carers, generalist and specialist health care providers
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Recommendations

What ACI SSCIS will do

CEC Pressure Injury Prevention & Management Policy

NSQHSS Standard 8 – Preventing and Managing Pressure Injuries (PI)

Principles

Self Management

Timely and Equitable Access

Integrated Care

Provide Decision Support systems

Facilitate self management

Timely access to care & equipment

Processes that facilitate integrated care

Multilayered educational strategies

Clinical information and data

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CEC Pressure Injury Prevention & Management Policy

NSQHSS Standard 8 – Preventing and Managing Pressure Injuries (PI)

ALIGNMENT OF

- ACI SSCIS Model of Care for the Prevention and Management of Pressure Injuries in People with a Spinal Cord Injury and Spina Bifida
- CEC Pressure Injury Prevention & Management Policy
- NSQHSS Standard 8 – Preventing and Managing Pressure Injuries (PI)
Conclusions

- PrIMPI MoC focuses on health promotion and early intervention to maintain health status and/or reduce the extent and number of PIs

- Aligns with NSQHSS Standard 8 and supports NSW MoH PI Prevention & Management Policy
  - Evidence-based practice & coordinated care planning
  - Education & training of staff
  - Availability and timely access to essential products, equipment & care

- ACI now intends to work with LHDs/Networks to implement key recommendations, in conjunction with NSW MoH Policy & demonstrate return on investment
Any Questions?