

2015 NSW PRESSURE INJURY POINT PREVALENCE SURVEY REPORT



PRESSURE INJURY
PREVENTION
PROJECT



CLINICAL
EXCELLENCE
COMMISSION

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TABLE OF CONTENTS

INTRODUCTION.....	4
The Australian Context	4
NSW Practice.....	5
KEY FINDINGS AND RECOMMENDATIONS	6
Key Findings	6
Recommendations	8
Counting and Reporting Pressure Injuries.....	9
REFERENCES	10

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.¹

The sacrum and heels are reported as the most common anatomical location and the location of the most severe injuries respectively.¹ 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 for focus on prevention.¹

The Australian Context

As outlined in the *Pressure injury in Australian public hospitals: a cost-of-illness study*,² 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.²

In Australia the states of Victoria, Queensland, Western Australia and South Australia have conducted regular, coordinated pressure injury

audits and point prevalence surveys and introduced hospital-acquired pressure injury as a quality control indicator, rationalising that pressure injury is largely preventable in the hospital setting if appropriate and timely screening/assessment, skin assessment and prevention strategies are applied. These efforts have generated some data on pressure injury for Australian public facilities.²

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

“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).”¹

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 outcome*
- *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.*³

Setting or population	Prevalence Rates	Incidence & Facility-Acquired Rates
Acute care	0% - 46%	0% - 12.3%
Critical care	13.1% - 45.5%	3% - 53.4%
Aged care	4.1% - 32.2%	1.9% - 59%
Paediatric care	0.47% - 72.5%	0.25% - 27%
Operating room	N/A	5% - 53.4%

Figure 1: Provides a summary of the prevalence and incidence rate ranges reported in the literature from January 2000 to December 2012.¹

NSW Practice

The Clinical Excellence Commission (CEC) established the Pressure Injury Prevention Project in October 2012. Some New South Wales (NSW) local health districts (LHDs) and speciality health networks (SHNs) have been conducting annual pressure injury point prevalence surveys since the late 1990's, some have recently completed their first survey. This report outlines the results of Pressure Injury Point Prevalence Survey conducted by LHDs and SHNs in 2015. Specifically, the data provides valuable information on pressure injuries in our public health facilities.

The National Safety and Quality Health Service Standards 2012⁴, the *Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline 2014*¹ and the NSW Health *Pressure Injury Prevention and Management* policy PD 2014_007⁵ provides a framework for improvement. The survey results provide a guide for NSW Health to understand the extent of the problem and to work with LHDs and SHNs to improve the care provided and reduce hospital acquired prevalence rates.

This is the first Pressure Injury Point Prevalence Survey statewide report and provides information to inform the provision of health care that is safe, patient centred, sustainable and of the highest standard. The 2015 report provides valuable information which will contribute to NSW Health's strategic planning.

The CEC supports a standard approach to pressure injury point prevalence survey data collection in NSW in the future. A Monitoring and Auditing Framework was released in March 2014 which outlined the minimum data set for a pressure injury point prevalence survey and an electronic data collection tool in the Quality Audit Reporting System (QARS) will be made available in July 2016.

KEY FINDINGS AND RECOMMENDATIONS

Key Findings

In 2015 most inpatient and residential aged care (RAC) facilities across the NSW Health system undertook a comprehensive pressure injury prevalence survey. The survey involved patients from public acute, residential aged care and community/outpatient health services. In 2015, 192 inpatient facilities, across 16 NSW Health organisations, participated in the survey. This included 63 facilities with RAC and 67 community and outpatient services. Over 90% of patients or clients eligible for the survey consented to a skin inspection (11,881 people) and are included in the combined results.

The estimated pressure injury prevalence in Australian hospitals ranges from 9.5% to 17.6%, and in nursing home and long-term care settings is estimated to be around 8.9%.² In the 2015 NSW combined results (inpatient, RAC and community/outpatient) 1,195 people or one in ten (10% prevalence rate) were found to have 1 or more pressure injuries on skin inspection. 669 or six out of ten of these injuries being hospital or health service acquired (6% hospital or health service acquired prevalence rate).

Internationally the sacrum and heels are reported as the most common anatomical locations and the locations of the most severe injuries respectively. In the 2015 NSW data where a location was recorded, around 70% of injuries were located on the sacrum, buttocks or heels.

The National Safety and Quality Health Service Standards 2012⁴, the *Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline 2014*¹ and

the NSW Health *Pressure Injury Prevention and Management* policy PD 2014_007⁵ support early identification of people at risk of developing pressure injury.

In 2015, 58% of people received a comprehensive risk assessment that included a skin assessment and use of a validated tool within eight hours of presentation or first presentation to community outpatient services. The risk assessment requirement within eight hours of presentation or first presentation is a recent change in practice with the comprehensive risk assessment now being part of the admission process.

Of the people who received a comprehensive risk assessment 71% were identified at risk of pressure injury development on the initial assessment. Where a person was recorded as having one or more pressure injuries, 44% had a wound management record or chart documenting every current injury.

The data provides NSW Health and executives in public hospitals information to inform safety and quality activities and effective management strategies.

2015 PRESSURE INJURY PREVALENCE

95%

AND

90%

of inpatient facilities
undertook a survey in 2015
(192 facilities across 16 LHD/SHNs)

of patients or clients
consented to a skin inspection
(11,881 people total)

Pressure Injury Prevalence



Overall prevalence 10%

The range varied across participating LHD/SHNs between 3% and 20%.
14 of the 16 LHD/SHNs submitting data were between 7% and 13%.



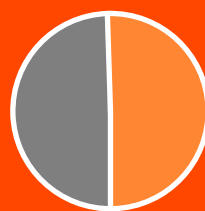
Health service/ hospital acquired prevalence 6%

The range for 15 of the 16 LHD/SHNs submitting data
was between 2% and 10%.



70%

of injuries were located on the
sacrum, buttocks & heels⁺



Stage 1^{*}

50%



Stage 2^{*}

30%

⁺ where a location was recorded. This was similar across inpatient, residential aged care (RAC) and community / outpatient settings.

^{*} For reported pressure injuries where a stage was recorded.

58% of patients or clients received a comprehensive risk assessment that included a skin assessment and use of a validated tool within 8 hours of presentation to the hospital, or first presentation to community nursing services, for their current episode of care.

Of the patients receiving a comprehensive risk assessment, 71% were identified at risk or higher on initial assessment.

Where a patient or client was recorded as having one or more pressure injuries, 44% had a wound management record or chart documenting every current pressure injury.

NOTES

- Except where stated the results are for inpatient, residential aged care (RAC) and community/outpatient settings combined.
- Three organisations (18 of 63 facilities with RAC beds) provided data with the survey results for the RAC setting combined with the inpatient survey data.

Recommendations

NSW Health organisations should improve:

1. Reliable pressure injury risk assessment, within eight hours of presentation or first presentation to the service.
2. Ongoing risk assessment documentation, for those people identified at risk.
3. Documentation of patient/family/carer receiving appropriate information regarding their identified risks.
4. Documentation of prevention interventions, with input from the patient/family/carer, where appropriate.
5. Future point prevalence survey data by collecting the data in three separate sections (inpatient, community/outpatient and Residential Aged Care). This will provide more targeted and useful data.
6. Standardisation of data collected by LHD/SHNs. Minimum data set fields for the point prevalence survey will be available in July 2016, on the Quality Audit Reporting System (QARS). In the QARS, extra local questions may be added to support local clinical practice improvement.

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.”¹

Point Prevalence (%)

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

X100

Total number 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.¹

Cumulative incidence (%)

Number of patients developing pressure injury during a specific time period

X100

Total number patients in the survey population over a specific time period.”¹

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