

2018 NSW Pressure Injury Point Prevalence Survey Guide

May 2018

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# Introduction

The point prevalence survey aims to:

* Identify pressure injury prevalence within the 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 lesions and those acquired during this admission or episode of care
* Provide data for benchmarking between organisations.

This demonstrates the observed prevalence of pressure injury in an organisation (numbers of patients with pressure injuries at a specific point in time), and indicates the scale of the issue.

# Frequency

A point prevalence survey should be undertaken at least annually in Acute, Residential Aged Care (RAC) and Community Based Care settings as recommended by best practice guidelines. The survey also supports compliance with the National Safety and Quality Health Service Standards and policy.

**<Local exceptions e.g. mental health, maternity, community or outpatient services>**

# Key dates

**[Insert the dates for the survey to occur in your organisation here>**

# Survey tool

The Quality Audit Reporting System (QARS) <http://qars.cec.health.nsw.gov.au/>

**Inpatient Settings**

Questionnaire Number: 4515

Questionnaire Name: CEC\_08\_PI\_Prevalence\_Inpatient\_2018

**Residential Aged Care or MPS Settings**

Questionnaire Number: 4516

Questionnaire Name: CEC\_08\_PI\_Prevalence\_MPS\_RAC\_2018

**Community or Outpatient Settings**

Questionnaire Number: 4517

Questionnaire Name: CEC\_08\_PI\_Prevalence\_Community\_Outpatient\_2018

## Building the survey for your organisation

1. Open the QARS live environment
2. Search for the Questionnaire number
3. Copy and modify if adding additional questions.

**Please note:**

The questionnaires are ‘Patient Orientated’, so that you don’t have to change this as you did in the previous year. You can choose to use the questionnaire directly without modification.

If you choose to add or change questions you will need to copy and modify the questionnaire and the Questionnaire Number will change.

Versions to be used in the local survey are:

**<Local name - inpatient>**

**<Local name - RAC>**

**<Local name – community or outpatient>**

**<Paper version inpatient [Link] >**

**<Paper version RAC [Link] >**

**<Paper version community or outpatient [Link] >**

# Survey instructions

## Documents to read before completing the survey

PD 2014\_007 Pressure Injury Prevention & Management

## Training

The clinicians attending the survey require education and training to ensure inter-rater reliability and instruction in completing the required documentation. In 2017 the survey includes questions on Incontinence Associated Dermatitis (IAD) for the first time, IAD questions are included in the 2018 survey. To improve the quality of the data it is essential the staff doing the survey can distinguish between IAD and pressure injuries (PI). For injuries on the sacral and buttock location it is suggested a clinician with the expertise to verify the injury is consulted.

Clinicians doing the survey need to complete the Health Education & Training Institute (HETI) Pressure Injury Prevention modules (updated 29 July 2016).

* Pressure Injury Prevention: Risk assessment
* Pressure Injury Prevention: Risk management.

Information is also available in an accompanying HETI educational module.

* Pressure Injury Point Prevalence survey (Conducting).

Education resources on IAD are available on the CEC Pressure Injury Prevention Project page

[**http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/pressure-injury-prevention-project/clinical-practice**](http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/pressure-injury-prevention-project/clinical-practice)

## Selecting surveyors

For every clinical unit AT LEAST one member of the survey team must be independent, i.e., not surveying their ‘home’ clinical units/teams.

The survey team should involve the clinicians caring for the patient/client/resident. By working with the clinicians caring for the patient/resident/client, they can assist with the skin assessment as part of routine care e.g. when the person is having a shower or being repositioned. The survey team may consist of nursing, allied health, medical or executive clinicians.

## Number of people included in the survey

It is recommended that at least 85% of people on the unit/ward/service on the day of the survey have the complete survey attended (this includes the visual skin inspection).

# Preparing for the survey

**Role of the Executive Sponsor**

The organisation needs an identified Executive Sponsor, whose role is to facilitate planning, resourcing and delivery of the survey and to support subsequent quality improvement.

**<Local Executive Sponsor>**

**Role of the Organiser/Organising Team**

The organisation needs an identified Organiser/Organising Team, whose role is to take responsibility for the overall planning, preparation, verification of injuries, conduct and evaluation/debrief of the delivery of the survey.

**<Local Organiser/Organising team>**

**Role of Clinical Unit Lead**

The clinical unit lead is responsible to ensure that the patient’s safety, privacy and dignity are maintained throughout the survey, in conjunction with each patient’s nurse and survey teams. The Clinical Lead will ensure distribution of Pressure Injury Survey Patient Information to eligible patients/residents/clients prior to the survey.

**<Local Clinical Unit Lead>**

**Role of Survey Staff**

The survey team attend the clinical units solely to conduct the survey. They should refer requests for care to the patients’ nursing teams. The survey team have responsibility to complete the survey (paper based or electronically), this includes the documentation questions, comprehensive skin assessment and equipment questions.

The survey team must obtain verbal consent from the patient and/or their carer prior to attending the comprehensive skin assessment. The survey team should have copies of:

* Pressure Injury Prevention - Pressure Injury Care Review
* Pressure Injury Prevention - Information for Patients and Families
* Pressure Injury Prevention - For People at Risk
* Pressure Injury Classification System
* Incontinence Associated Dermatitis Category information.

**<Local Survey Staff>**

The Pressure Injury Prevention Monitoring and Auditing Framework available on the CEC website provides more detail about the role each of the above play in ensuring the point prevalence survey runs smoothly. Considerable planning and preparation is required prior to the survey day.

Note: Skin assessment by visual inspection should be conducted by **two survey staff** in the presence of the patient’s nurse. With paediatric patients, a family member/responsible person should be in attendance. Agreement of both survey teamon lesion type and classification will ensure that all lesions are correctly identified and classified.

It is recognised that in some locations it may not be practical to allocate two surveyors. In this case, the ‘second opinion’ can be sought from the patient’s nurse. However, if the survey teamhave any uncertainty as to lesion type or classification, a third opinion must be sought from the clinical unit leador other designated source of ‘expert opinion’, who will have undertaken update/training, as agreed, during planning stages.

If the survey team detect a PI or IAD not recorded in the patient’s health care record, they must alert the nurse looking after the patient and/or the nursing unit manager immediately.

# Questionnaire Instruction

**<The organisation should provide additional handling instructions for auditors if using the survey in paper format>**

Additional help on using QARS is available from the help button within the system or the local organisational contact for QARS **<insert details here>**.

**Auditor details**

These are pre filled in QARS based on the user logged into the system

* Auditor
* Audit Period

**Survey details and location**

* LHD – Pre filled in system
* Cluster – Pre filled in system or Change if required
* Facility – Pre filled in system or Change if required
* Division – Pre filled in system or Change if required
* Ward/Dept – Pre filled in system or Change if required
* Service Type – Change if required
* Survey Date – Pre filled in system. Change if required

**INPATIENT SURVEY**

|  |  |
| --- | --- |
| **Questionnaire** | CEC\_08\_PI\_Prevalence\_Inpatient\_2018\_(4515) |
| **Patient Oriented** | Yes |
| **Questionnaire Instruction** | A guide for delivering the survey is available on the CEC website <http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/pressure-injury-prevention-project/evaluation> |
| **Creator Group** | New South Wales ( Pressure Injury ) |

| ***Question ID #*** | ***Question type*** | ***Question*** | ***Responses*** | ***Instructions*** |
| --- | --- | --- | --- | --- |
| *10375* | *Single Choice* | *Q1. What sex is the person?* | * *Female* * *Male* * *Other* | *Record the patient’s sex from the medical record.*  *Other should be selected when it is documented in the medical record that the patient identifies as intersex.* |
| *21167* | *Number with one decimal point* | *Q2. What is the age of the person?* | *\_\_Years* | *If the person is less than 1 year old please provide their age using a decimal value. i.e. 6 months is 0.5 Years* |
| *11508* | *Single Choice* | *Q3. Is the person's admission planned or emergency?* | * *Planned* * *Emergency or non-elective* | *This can normally be found on the admission summary sheet or eMR equivalent.*  *If the person was transferred from another facility consider if the transfer was planned or unplanned.* |
| *21350* | *Compliance* | *Q4. Is there documentation of a fully completed comprehensive risk assessment (using a validated tool and comprehensive skin assessment) within 8 hours of presentation to your facility?* | * *Yes* * *No*   *If Yes, jump to question no: 6;* | *Select Yes when there is documentation that a validated pressure injury risk assessment tool/ process appropriate for the patient population in accordance with best practice guidelines, AND a skin assessment that is based on visual inspection has occurred.*  *Check the eMR, progress notes, clinical notes or other nursing discharge summary’s for this information.*  *The time of admission should be available from the eMR, admission summary sheet or similar.* |
| *21351* | *Single Choice* | *Q5. Is there documentation of the person receiving one element of the comprehensive risk assessment?* | * *A fully completed comprehensive skin assessment within 8 hours of presentation to your facility* * *A fully completed risk assessment using a validated tool within 8 hours of presentation to your facility* * *The person received neither of the above*   *If The person received neither of the above, jump to question no: 8* | *Select The person received neither of the above when neither a fully completed validated pressure injury risk assessment tool has been documented NOR a fully completed skin assessment that is based on visual inspection has been documented.*  *If one or the other has been completed select the appropriate answer* |
| *22697* | *Single Choice* | *Q6. At the initial risk assessment (within 8 hours of presentation to the facility) was the person?* | * *Not at risk of pressure injury* * *At risk of pressure injury* * *An initial risk assessment is not documented for this person*   *if Not at risk of pressure injury, jump to question no: 12; if An initial risk assessment is not documented for this person, jump to question no: 8* | *If the person received a comprehensive risk assessment within 8 hours of presentation select Not at risk or at no risk of pressure injury or At risk of pressure injury.*  *If the person did not receive an initial risk assessment within 8 hours of presentation to the facility choose An initial risk assessment is not documented for this person.* |
| *11540* | *Matrix* | *Q7. At the initial risk assessment (within 8 hours of presentation to the organisation) which tool was used and what was the risk category?* | *See the table below* | *Select one of the risk category answer options for the risk assessment tool used during the initial risk assessment.*  *Indicate the risk assessment tool used and the person’s level of risk identified using that tool.* |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | *At risk* | *Low risk or Mild risk* | *Medium risk or moderate risk* | *High risk* | *Very high risk* | | *Waterlow* |  |  |  |  |  | | *Braden* |  |  |  |  |  | | *Norton* |  |  |  |  |  | | *Adapted Glamorgan* |  |  |  |  |  | | *Braden Q* |  |  |  |  |  | | *Other* |  |  |  |  |  | | | | | |
| *22771* | *Compliance* | *Q8. Is there documentation of a fully completed comprehensive risk assessment or reassessment (using a validated tool and comprehensive skin assessment) on transfer to this ward?* | * *Yes* * *No* * *N/A* | *Check the eMR, progress Notes, clinical Notes for this information.*  *The time of admission to the unit/service should be available from the eMR, progress notes or clinical notes.*  *Select Yes when the receiving ward has documented that a validated pressure injury risk assessment tool/ process appropriate for the patient population in accordance with best practice guidelines has been completed, AND a skin assessment that is based on visual inspection has been documented.*  *Select N/A only when it is less than 8 hours since the patient’s arrival on the ward/unit.* |
| *10885* | *Compliance* | *Q9. Is there documentation of an appropriate pressure injury prevention plan for the person?* | * *Yes* * *No* | *Yes can only be selected if pressure injury prevention plan is documented in the medical record or care plan.*  *Check the care plan, the eMR, progress notes or clinical notes for this information.* |
| *22772* | *Compliance* | *Q10. Is there documentation in the healthcare record of fully completed comprehensive risk reassessment (using a validated tool and comprehensive skin assessment) on each of the last 3 days?* | * *Yes* * *No* * *N/A* | *Check the patient’s records for the last three days.*  *Select No if there is no skin assessment and risk assessment documented for each 24 hour period.*  *If the initial risk assessment is within the last three days then consider if there is documented reassessment of the person’s risk on each day. E.g. Patient has been on the ward for two days and both the initial and daily assessment have been completed select Yes.*  *Select N/A if the patient is not currently identified as ‘at risk’ of pressure injury.* |
| *10385* | *Compliance* | *Q11. Is there documentation of information on the prevention of pressure injury being provided to the person or their carer?* | * *Yes* * *No* | *Yes can only be selected if documented in the clinical record/care plan that information has been provided.* |
| *22773* | *Single Choice* | *Q12. Is a pressure injury or injuries documented within the last three days?* | * *Yes* * *No* | *Check the care plan, the eMR, progress notes or clinical notes for this information.* |
| *21168* | *Single Choice* | *Q13. Is there documentation of the person being incontinent?* | * *Urinary incontinence* * *Faecal incontinence* * *Both faecal and urinary incontinence* * *Catheterised with leakage* * *Catheterised without leakage* * *The patient is continent*   *if Catheterised without leakage, jump to question no: 15; if The patient is continent, jump to question no: 15* | *Check the care plan, the eMR, progress notes or clinical notes for this information.* |
| *22698* | *Single Choice* | *Q14. Is there documentation the person has Incontinence Associated Dermatitis (IAD)?* | * *Yes* * *No* | *Check the care plan, the eMR, progress notes or clinical notes for this information.* |
| *11996* | *Single Choice* | *Q15. Was a comprehensive skin inspection conducted by the survey team, on the day of the audit?* | * *Yes* * *No* * *If No, jump to question no: 22* | *The survey team must gain verbal consent from the person or their family or carer prior to attending the skin inspection.*  *It is important to ensure that the patient is fully informed, understands the rationale for care, and consents to this occurring.* |
| *22112* | *Single Choice* | *Q16. On conducting a skin inspection on the day of the audit. Does the person have a pressure injury or IAD?* | * *Yes* * *No*   *if No, jump to question no: 22* | *This question is based on visual skin inspection. Answer Yes if the person has either or both PI and IAD.* |
| *22699* | *Matrix* | *Q17. What was the classification of the pressure injury or injuries or the IAD?* | *See table below.* | *Record up to the four most severe injuries.*  *Select one of the PI or IAD classification/category answer options for up to four of the person’s most severe injuries.*  *WHERE a person has more than four injuries document this information in the comments section of this question PI or IAD E, PI or IAD F, PI or IAD G etc.* |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | *Stage 1* | *Stage 2* | *Stage 3* | *Stage 4* | *Unstageable* | *SDT* | *Mucosal* | *IAD Cat 1* | *IAD Cat 2* | | *Injury A* |  |  |  |  |  |  |  |  |  | | *Injury B* |  |  |  |  |  |  |  |  |  | | *Injury C* |  |  |  |  |  |  |  |  |  | | *Injury D* |  |  |  |  |  |  |  |  |  | | | | | |
| *22700* | *Matrix* | *Q18. What was the location of the pressure injury or injuries or the IAD?* | *See table below.* | *Record up to the four most severe injuries*  *Select the location options for up to four of the person’s most severe injuries*  *WHERE a person has more than four injuries document this information in the comments section of this question PI or IAD E, PI or IAD F, PI or IAD G etc.* |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | *Sacrum* | *Buttock* | *Ischial* | *Trochanter or hip* | *Heel* | *Ankle* | *Elbow* | *Shoulder* | *Face, nostril, ear or head (e.g. occiput)* | *Other* | | *Injury A* |  |  |  |  |  |  |  |  |  |  | | *Injury B* |  |  |  |  |  |  |  |  |  |  | | *Injury C* |  |  |  |  |  |  |  |  |  |  | | *Injury D* |  |  |  |  |  |  |  |  |  |  | | | | | |
| *22701* | *Matrix* | *Q19. Where do you understand the pressure injury or injuries or the IAD developed?* | *See table below.* | *Record up to the four most severe injuries.*  *Select one of answer options for WHERE the pressure injury developed for up to four of the person’s most severe injuries.*  *WHERE a person has more than four injuries document this information in the comments section of this question PI or IAD E, PI or IAD F, PI or IAD G etc.* |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | In this health facility or service during current episode of care | At another health facility or service | In the community with services (e.g. nursing, occupational therapy, physiotherapy) | In the community without services | In an aged care facility | Other or don't know | | Injury A |  |  |  |  |  |  | | Injury B |  |  |  |  |  |  | | Injury C |  |  |  |  |  |  | | Injury D |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | | |
| *21169* | *Matrix* | *Q20. Is the pressure injury or injuries or IAD?* | *See table below.* | *For the four most severe injuries identified select all boxes that are appropriate.*  *Newly identified injury can only be selected if the injury has been identified in the course of completing the survey.* |
| |  |  |  |  | | --- | --- | --- | --- | |  | *Newly identified* | *A device related pressure injury* | *Neither of these* | | *Injury A* |  |  |  | | *Injury B* |  |  |  | | *Injury C* |  |  |  | | *Injury D* |  |  |  | | | | | |
| *21170* | *Matrix* | *Q21. Documentation in the healthcare record for the pressure injury or injuries or the IAD includes:* | *See table below.* | *For the four most severe injuries identified tick all boxes that are appropriate.* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | *The correct location, classification and place where it developed* | *For pressure injuries only, documentation on the wound management record or chart if greater than stage 1, or on the skin inspection record, chart, care plan or wound chart if stage 1* | *Notification in the incident notification system* | *None of these* | | *Injury A* |  |  |  |  | | *Injury B* |  |  |  |  | | *Injury C* |  |  |  |  | | *Injury D* |  |  |  |  | |  |  |  |  |  | | | | | |
| *23087* | *Single Choice* | *Q22. Can the person independently reposition in the bed and the chair?* | * *Yes* * *No* | *If the person requires assistance to reposition, the response is No*  *The survey team can either ask the patient directly or consult with the clinical staff caring for the person to determine if the person can independently reposition.*  *You can also check the eMR, progress notes, clinical notes or ICU nursing discharge summary for this information.* |
| *23085* | *Single Choice* | *Q23. What mattress is the person using at the time of the survey?* | * *Basic hospital mattress or standard foam* * *Reactive (constant low pressure) non – powered high density foam or memory foam mattress* * *Reactive (constant low pressure) non-powered gel mattress* * *Reactive (constant low pressure) non-powered air mattress* * *Reactive (constant low pressure) non-powered combination mattress* * *Reactive (constant low pressure) powered low air loss mattress* * *Reactive (constant low pressure) powered other reactive mattress* * *Active powered alternating air overlay* * *Active powered alternating air mattress replacement* * *Equipment ordered* * *Other* * *The person refused equipment* * *Not applicable* | *The survey team should inspect the mattress type used by the person while conducting the skin inspection on the day of the survey and choose the mattress type identified in the list that is closest to that being used by the person..*  ***< The organisation should provide additional local information on the mattress types used locally and the corresponding mattress type identified in the survey responses >*** |
| *23086* | *Single Choice* | *Q24. What seating is the person using at the time of the survey?* | * *Basic hospital chair* * *Reactive non-powered foam* * *Reactive non-powered gel* * *Reactive non-powered air* * *Reactive non-powered combination* * *Active powered alternating air cushion* * *Equipment ordered* * *Other* * *The person refused equipment* * *Not applicable or bed-bound* | *The survey team should inspect the seat type used by the person while conducting the skin inspection on the day of the survey and choose the seating type identified in the above list that is closest to that being used by the person..*  ***<The organisation should provide additional local information on the seating types used locally and the corresponding seating type identified in the survey responses>*** |
| *22975* | *Long text* | *Q25. Are there any notes or comments?* |  | *This question allows the survey team to document any other information which is relevant to add value to the survey.* |

**MPS-RAC SURVEY**

|  |  |
| --- | --- |
| **Questionnaire** | CEC\_08\_PI\_Prevalence\_MPS\_RAC\_2018\_(4516) |
| **Patient Oriented** | Yes |
| **Questionnaire Instruction** | A guide for delivering the survey is available on the CEC website <http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/pressure-injury-prevention-project/evaluation> |
| **Creator Group** | New South Wales ( Pressure Injury ) |

| **Question**  **ID #** | **Question type** | **Question** | **Responses** | **Instructions** |
| --- | --- | --- | --- | --- |
| 10375 | Single Choice | Q1. What sex is the person? | * Female * Male * Other | Record the patient’s sex from the medical record.  *Other* should be selected when it is documented in the medical record that the patient identifies as intersex. |
| 21167 | Number with one decimal point | Q2. What is the age of the person? | \_\_Years | If the person is less than 1 year old please provide their age using a decimal value. i.e. 6 months is 0.5 Years |
| 11508 | Single Choice | Q3. Is the person's admission planned or emergency? | * Planned * Emergency or non-elective | This can normally be found on the admission summary sheet or eMR equivalent.  If the person was transferred from another facility consider if the transfer was planned or unplanned. |
| 21350 | Compliance | Q4. Is there documentation of a fully completed comprehensive risk assessment (using a validated tool and comprehensive skin assessment) within 8 hours of presentation to your facility? | * Yes * No   If *Yes*, jump to question no: 6; | Select *Yes* when there is documentation that a validated pressure injury risk assessment tool/ process appropriate for the patient population in accordance with best practice guidelines, AND a skin assessment that is based on visual inspection has occurred.  Check the eMR, progress notes, clinical notes or other nursing discharge summary’s for this information.  The time of admission should be available from the eMR, admission summary sheet or similar. |
| 21351 | Single Choice | Q5 Is there documentation of the person receiving one element of the comprehensive risk assessment? | * A fully completed comprehensive skin assessment within 8 hours of presentation to your facility * A fully completed risk assessment using a validated tool within 8 hours of presentation to your facility * The person received neither of the above   if *The person received neither of the above*, jump to question no: 8 | Select *The person received neither of the above* when neither a fully completed validated pressure injury risk assessment tool has been completed NOR a fully completed skin assessment that is based on visual inspection has been documented.  If one or the other has been completed select the appropriate answer. |
| 22697 | Single Choice | Q6. At the initial risk assessment (within 8 hours of presentation to the facility) was the person? | * Not at risk of pressure injury * At risk of pressure injury * An initial risk assessment is not documented for this person   if *Not at risk of pressure injury*, jump to question no: 12; *if An initial risk assessment is not documented for this person*, jump to question no: 8 | If the person received a comprehensive risk assessment within 8 hours of presentation select *Not at risk or at no risk of pressure injury* or *At risk of pressure injury*.  If the person did not receive an initial risk assessment within 8 hours of presentation to the facility choose *An initial risk assessment is not documented for this person.* |
| 11540 | Matrix | Q7. At the initial risk assessment (within 8 hours of presentation to the organisation) which tool was used and what was the risk category? | See table below. | Select one of the risk category answer options for the risk assessment tool used during the initial risk assessment.  Indicate the risk assessment tool used and the person’s level of risk identified using that tool.  Check the eMR, progress Notes, clinical notes for this information. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | At risk | Low risk or Mild risk | Medium risk or moderate risk | High risk | Very high risk | | Waterlow |  |  |  |  |  | | Braden |  |  |  |  |  | | Norton |  |  |  |  |  | | Adapted Glamorgan |  |  |  |  |  | | Braden Q |  |  |  |  |  | | Other |  |  |  |  |  | | | | | |
| 22771 | Compliance | Q8. Is there documentation of a fully completed comprehensive risk assessment or reassessment (using a validated tool and comprehensive skin assessment) on transfer to this ward? | * Yes * No * N/A | Check the eMR, progress Notes, clinical Notes for this information.  The time of admission to the unit/service should be available from the eMR, progress notes or clinical notes.  Select *Yes* when the receiving ward has documented that a validated pressure injury risk assessment tool/ process appropriate for the patient population in accordance with best practice guidelines has been completed, AND a skin assessment that is based on visual inspection has occurred.  Select *N/A* only when it is less than 8 hours since the person’s arrival on the unit. |
| 10885 | Compliance | Q9. Is there documentation of an appropriate pressure injury prevention plan for the person? | * Yes * No | *Yes* can only be selected if pressure injury prevention plan is present in the medical record.  Check the care plan, the eMR, progress notes or clinical notes for this information. |
| 22984 | Compliance | Q10. Is there documentation in the healthcare record of fully completed comprehensive risk reassessment (using a validated tool and comprehensive skin assessment) weekly for the last 3 weeks? | * Yes * No * N/A | Check the patient’s records for the last month.  Select *No* if there is no skin assessment and risk assessment documented for each week.  If the initial risk assessment is within the last week then answer *Yes.*  Select *N/A if* the patient is not currently identified as ‘at risk’ of pressure injury. |
| 10385 | Compliance | Q11. Is there documentation of information on the prevention of pressure injury being provided to the person or their carer? | * Yes * No | *Yes* can only be selected if documented in the clinical record/care plan that information has been provided. |
| 22985 | Single Choice | Q12. Is a pressure injury or injuries documented within the last week? | * Yes * No | Check the care plan, the eMR, progress notes or clinical notes for this information. |
| 21168 | Single Choice | Q13. Is there documentation of the person being incontinent? | * Urinary incontinence * Faecal incontinence * Both faecal and urinary incontinence * Catheterised with leakage * Catheterised without leakage * The patient is continent   If *Catheterised without leakage*, jump to question no: 15; if *The patient is continent*, jump to question no: 15 | Check the care plan, the eMR, progress notes or clinical notes for this information. |
| 22698 | Single Choice | Q14. Is there documentation the person has Incontinence Associated Dermatitis (IAD)? | * Yes * No | Check the care plan, the eMR, progress notes or clinical notes for this information. |
| 11996 | Single Choice | Q15. Was a comprehensive skin inspection conducted by the survey team, on the day of the audit? | * Yes * No   If *No*, jump to question no: 22 | The survey team must gain verbal consent from the person or their family or carer prior to attending the skin inspection.  It is important to ensure that the patient is fully informed, understands the rationale for care, and consents to this occurring. |
| 22112 | Single Choice | Q16. On conducting a skin inspection on the day of the audit. Does the person have a pressure injury or IAD? | * Yes * No   If *No*, jump to question no: 22 | This question is based on visual skin inspection. Answer *Yes* if the person has either or both PI and IAD. |
| 22699 | Matrix | Q17. What was the classification of the pressure injury or injuries or the IAD? | See table below. | Record up to the four most severe injuries.  Select one of the PI or IAD classification/category answer options for up to four of the person’s most severe injuries.  WHERE a person has more than four injuries document this information in the comments section of this question PI or IAD E, PI or IAD F, PI or IAD G etc. |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Stage 1 | Stage 2 | Stage 3 | Stage 4 | Unstageable | SDT | Mucosal | IAD Cat 1 | IAD Cat 2 | | Injury A |  |  |  |  |  |  |  |  |  | | Injury B |  |  |  |  |  |  |  |  |  | | Injury C |  |  |  |  |  |  |  |  |  | | Injury D |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | | |
| 22700 | Matrix | Q18. What was the location of the pressure injury or injuries or the IAD? | See table below. | Record up to the four most severe injuries  Select one of the location options for up to four of the person’s most severe injuries  WHERE a person has more than four injuries document this information in the comments section of this question PI or IAD E, PI or IAD F, PI or IAD G etc. |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Sacrum | Buttock | Ischial | Trochanter or hip | Heel | Ankle | Elbow | Shoulder | Face, nostril, ear or head (e.g. occiput) | Other | | Injury A |  |  |  |  |  |  |  |  |  |  | | Injury B |  |  |  |  |  |  |  |  |  |  | | Injury C |  |  |  |  |  |  |  |  |  |  | | Injury D |  |  |  |  |  |  |  |  |  |  | | | | | |
| 22701 | Matrix | Q19. Where do you understand the pressure injury or injuries or the IAD developed? | See table below | Record up to the four most severe injuries.  Select one of answer options for WHERE the pressure injury developed for up to four of the person’s most severe injuries.  WHERE a person has more than four injuries document this information in the comments section of this question PI or IAD E, PI or IAD F, PI or IAD G etc. |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | In this health facility or service during current episode of care | At another health facility or service | In the community with services (e.g. nursing, occupational therapy, physiotherapy) | In the community without services | In an aged care facility | Other or don't know | | Injury A |  |  |  |  |  |  | | Injury B |  |  |  |  |  |  | | Injury C |  |  |  |  |  |  | | Injury D |  |  |  |  |  |  | | | | | |
| 21169 | Matrix | Q20. Is the pressure injury or injuries or IAD? | See table below. | For the four most severe injuries identified select all boxes that are appropriate.  Newly identified injury can only be selected if the injury has been identified in the course of completing the survey. |
| |  |  |  |  | | --- | --- | --- | --- | |  | Newly identified | A device related pressure injury | Neither of these | | Injury A |  |  |  | | Injury B |  |  |  | | Injury C |  |  |  | | Injury D |  |  |  | | | | | |
| 21170 | Matrix | Q21. Documentation in the healthcare record for the pressure injury or injuries or the IAD includes: | See table below. | For the four most severe injuries identified tick all boxes that are appropriate. |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | The correct location, classification and place where it developed | For pressure injuries only, documentation on the wound management record or chart if greater than stage 1, or on the skin inspection record, chart, care plan or wound chart if stage 1 | Notification in the incident notification system | None of these | | Injury A |  |  |  |  | | Injury B |  |  |  |  | | Injury C |  |  |  |  | | Injury D |  |  |  |  | |  |  |  |  |  | | | | | |
| 23087 | Single Choice | Q22. Can the person independently reposition in the bed and the chair? | * Yes * No | If the person requires assistance to reposition, the response is *No*  The survey team can either ask the person directly or consult with the clinical staff caring for the person to determine if the person can independently reposition.  You can also check the eMR, progress notes, clinical notes or discharge summary for this information. |
| 23085 | Single Choice | Q23. What mattress is the person using at the time of the survey? | * Basic hospital mattress or standard foam * Reactive (constant low pressure) non – powered high density foam or memory foam mattress * Reactive (constant low pressure) non-powered gel mattress * Reactive (constant low pressure) non-powered air mattress * Reactive (constant low pressure) non-powered combination mattress * Reactive (constant low pressure) powered low air loss mattress * Reactive (constant low pressure) powered other reactive mattress * Active powered alternating air overlay * Active powered alternating air mattress replacement * Equipment ordered * Other * The person refused equipment * Not applicable | The survey team should inspect the mattress type used by the person while conducting the skin inspection on the day of the survey and choose the mattress type identified in the list that is closest to that being used by the person..  **< The organisation should provide additional local information on the mattress types used locally and the corresponding mattress type identified in the survey responses >** |
| 23086 | Single Choice | Q45. What seating is the person using at the time of the survey? | * Basic hospital chair * Reactive non-powered foam * Reactive non-powered gel * Reactive non-powered air * Reactive non-powered combination * Active powered alternating air cushion * Equipment ordered * Other * The person refused equipment * Not applicable or bed-bound | The survey team should inspect the seat type used by the person while conducting the skin inspection on the day of the survey and choose the seating type identified in the above list that is closest to that being used by the person..  **<The organisation should provide additional local information on the seating types used locally and the corresponding seating type identified in the survey responses>** |
| 22975 | Long text | Q25. Are there any notes or comments? |  | This question allows the survey team to document any other information which is relevant to add value to the survey. |

**COMMUNITY/OUTPATIENT SURVEY**

|  |  |
| --- | --- |
| **Questionnaire** | CEC\_08\_PI\_Prevalence\_Community\_Outpatient\_2018\_(4517) |
| **Patient Oriented** | Yes |
| **Questionnaire Instruction** | A guide for delivering the survey is available on the CEC website <http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/pressure-injury-prevention-project/evaluation> |
| **Creator Group** | New South Wales ( Pressure Injury ) |

| **Question ID #** | **Question type** | **Question** | **Responses** | **Instructions** |
| --- | --- | --- | --- | --- |
| 10375 | Single Choice | Q1. What sex is the person? | * Female * Male * Other | Record the patient’s sex from the medical record.  Other should be selected when it is documented in the medical record that the patient identifies as intersex. |
| 21167 | Number with one decimal point | Q2. What is the age of the person? | \_\_Years | If the person is less than 1 year old please provide their age using a decimal value. i.e. 6 months is 0.5 Years |
| 22976 | Compliance | Q3. Is there documentation of a fully completed comprehensive risk assessment (using a validated tool and comprehensive skin assessment) at first presentation to the community or outpatient service? | * Yes * No   If *Yes*, jump to question no: 5; | Select Yes when there is documentation that a validated pressure injury risk assessment tool/ process appropriate for the patient population in accordance with best practice guidelines, AND a skin assessment that is based on visual inspection has occurred.  Check the eMR, progress notes, clinical notes or other nursing discharge summary’s for this information.  The time of admission should be available from the eMR, admission summary sheet or similar. |
| 22977 | Single Choice | Q4. Is there documentation of the person receiving one element of the comprehensive risk assessment? | * A fully completed comprehensive skin assessment at first presentation to the community or outpatient service * A fully completed risk assessment using a validated tool at first presentation to the community or outpatient service * The person received neither of the above   If *The person received neither of the above*, jump to question no: 10 | Select *The person received neither of the above* when neither a fully completed validated pressure injury risk assessment tool has been completed NOR a fully completed skin assessment that is based on visual inspection has been documented.  If one or the other has been completed select the appropriate answer. |
| 22978 | Single Choice | Q5. At the initial risk assessment (at first presentation to the community or outpatient service) was the person? | * Not at risk of pressure injury * At risk of pressure injury * An initial risk assessment is not documented for this person   If *Not at risk of pressure injury,* jump to question no: 10; if *An initial risk assessment is not documented for this person*, jump to question no: 10; | If the person received a comprehensive risk assessment at first presentation select *Not at risk or at no risk of pressure injury* or *At risk of pressure injury*.  If the person did not receive an initial risk assessment at first presentation to the service choose *An initial risk assessment is not documented for this person.* |
| 22979 | Matrix | Q6. At the initial risk assessment (at first presentation to the community or outpatient service) which tool was used and what was the risk category? | See the table below | Select one of the risk category answer options for the risk assessment tool used during the initial risk assessment.  Indicate the risk assessment tool used and the person’s level of risk identified using that tool. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | At risk | Low risk or Mild risk | Medium risk or moderate risk | High risk | Very high risk | | Waterlow |  |  |  |  |  | | Braden |  |  |  |  |  | | Norton |  |  |  |  |  | | Adapted Glamorgan |  |  |  |  |  | | Braden Q |  |  |  |  |  | | Other |  |  |  |  |  | | | | | |
| 10885 | Compliance | Q7. Is there documentation of an appropriate pressure injury prevention plan for the person? | * Yes * No | *Yes* can only be selected if pressure injury prevention plan is present in the medical record.  Check the care plan, the eMR, progress notes or clinical notes for this information. |
| 22982 | Compliance | Q8. Is there documentation in the healthcare record of fully completed comprehensive risk reassessment (using a validated tool and comprehensive skin assessment) within the last month? | * Yes * No * N/A | Check the patient’s records for the last month  Select *No* if there is no skin assessment and risk assessment documented in that month.  If the initial risk assessment is within the last month answer *Yes.*  Select N/A if the patient is not currently identified as ‘at risk’ of pressure injury. |
| 10385 | Compliance | Q9. Is there documentation of information on the prevention of pressure injury being provided to the person or their carer? | * Yes * No | *Yes* can only be selected if documented in the clinical record/care plan that information has been provided. |
| 22983 | Single Choice | Q10. Is a pressure injury or injuries documented within the last month? | * Yes * No | Check the care plan, the eMR, progress notes or clinical notes for this information. |
| 21168 | Single Choice | Q11. Is there documentation of the person being incontinent? | * Urinary incontinence * Faecal incontinence * Both faecal and urinary incontinence * Catheterised with leakage * Catheterised without leakage * The patient is continent   If *Catheterised without leakage*, jump to question no: 13; if *The patient is continent*, jump to question no: 13 | Check the care plan, the eMR, progress notes or clinical notes for this information. |
| 22698 | Single Choice | Q12. Is there documentation the person has Incontinence Associated Dermatitis (IAD)? | * Yes * No | Check the care plan, the eMR, progress notes or clinical notes for this information. |
| 11996 | Single Choice | Q13. Was a comprehensive skin inspection conducted by the survey team, on the day of the audit? | * Yes * No   If *No*, jump to question no: 20 | The survey team must gain verbal consent from the person or their family or carer prior to attending the skin inspection.  It is important to ensure that the person is fully informed, understands the rationale for care, and consents to this occurring. |
| 22112 | Single Choice | Q14. On conducting a skin inspection on the day of the audit. Does the person have a pressure injury or IAD? | * Yes * No   If *No*, jump to question no: 20 | This question is based on visual skin inspection. Answer *Yes* if the person has either or both PI and IAD. |
| 22699 | Matrix | Q15. What was the classification of the pressure injury or injuries or the IAD? | See table below. | Record up to the four most severe injuries.  Select one of the PI or IAD classification/category answer options for up to four of the person’s most severe injuries.  WHERE a person has more than four injuries document this information in the comments section of this question PI or IAD E, PI or IAD F, PI or IAD G etc. |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Stage 1 | Stage 2 | Stage 3 | Stage 4 | Unstageable | SDT | Mucosal | IAD Cat 1 | IAD Cat 2 | | Injury A |  |  |  |  |  |  |  |  |  | | Injury B |  |  |  |  |  |  |  |  |  | | Injury C |  |  |  |  |  |  |  |  |  | | Injury D |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | | | |
| 22700 | Matrix | Q16. What was the location of the pressure injury or injuries or the IAD? | See table below. | Record up to the four most severe injuries  Select one of the location options for up to four of the person’s most severe injuries  WHERE a person has more than four injuries document this information in the comments section of this question PI or IAD E, PI or IAD F, PI or IAD G etc. |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Sacrum | Buttock | Ischial | Trochanter or hip | Heel | Ankle | Elbow | Shoulder | Face, nostril, ear or head (e.g. occiput) | Other | | Injury A |  |  |  |  |  |  |  |  |  |  | | Injury B |  |  |  |  |  |  |  |  |  |  | | Injury C |  |  |  |  |  |  |  |  |  |  | | Injury D |  |  |  |  |  |  |  |  |  |  | | | | | |
| 22701 | Matrix | Q17. Where do you understand the pressure injury or injuries or the IAD developed? | See table below | Record up to the four most severe injuries.  Select one of answer options for WHERE the pressure injury developed for up to four of the person’s most severe injuries.  WHERE a person has more than four injuries document this information in the comments section of this question PI or IAD E, PI or IAD F, PI or IAD G etc. |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | In this health facility or service during current episode of care | At another health facility or service | In the community with services (e.g. nursing, occupational therapy, physiotherapy) | In the community without services | In an aged care facility | Other or don't know | | Injury A |  |  |  |  |  |  | | Injury B |  |  |  |  |  |  | | Injury C |  |  |  |  |  |  | | Injury D |  |  |  |  |  |  | | | | | |
| 21169 | Matrix | Q18. Is the pressure injury or injuries or IAD? | See table below. | For the four most severe injuries identified select all boxes that are appropriate.  Newly identified injury can only be selected if the injury has been identified in the course of completing the survey. |
| |  |  |  |  | | --- | --- | --- | --- | |  | Newly identified | A device related pressure injury | Neither of these | | Injury A |  |  |  | | Injury B |  |  |  | | Injury C |  |  |  | | Injury D |  |  |  | | | | | |
| 21170 | Matrix | Q19. Documentation in the healthcare record for the pressure injury or injuries or the IAD includes: | See table below. | For the four most severe injuries identified tick all boxes that are appropriate. |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | The correct location, classification and place where it developed | For pressure injuries only, documentation on the wound management record or chart if greater than stage 1, or on the skin inspection record, chart, care plan or wound chart if stage 1 | Notification in the incident notification system | None of these | | Injury A |  |  |  |  | | Injury B |  |  |  |  | | Injury C |  |  |  |  | | Injury D |  |  |  |  | |  |  |  |  |  | | | | | |
| 23087 | Single Choice | Q20. Can the person independently reposition in the bed and the chair? | * Yes * No | If the person requires assistance to reposition, the response is *No*  The survey team can either ask the person directly or consult with the clinical staff caring for the person to determine if the person can independently reposition.  You can also check the eMR, progress notes, clinical notes or discharge summary for this information. |
| 23085 | Single Choice | Q21. What mattress is the person using at the time of the survey? | * The person’s own standard bed * Reactive (constant low pressure) non – powered high density foam or memory foam mattress * Reactive (constant low pressure) non-powered gel mattress * Reactive (constant low pressure) non-powered air mattress * Reactive (constant low pressure) non-powered combination mattress * Reactive (constant low pressure) powered low air loss mattress * Reactive (constant low pressure) powered other reactive mattress * Active powered alternating air overlay * Active powered alternating air mattress replacement * Equipment ordered * Other * The person refused equipment * Not applicable | The survey team should inspect the mattress type used by the person while conducting the skin inspection on the day of the survey and choose the mattress type identified in the list that is closest to that being used by the person.  **< The organisation should provide additional local information on the mattress types used locally and the corresponding mattress type identified in the survey responses >** |
| 23084 | Single Choice | Q22. What seating is the person using at the time of the survey? | * The person’s own standard chair * Reactive non-powered foam * Reactive non-powered gel * Reactive non-powered air * Reactive non-powered combination * Active powered alternating air cushion * Equipment ordered * Other * The person refused equipment * Not applicable or bed-bound | The survey team should inspect the seating type used by the person while conducting the skin inspection on the day of the survey and choose the mattress type identified in the list that is closest to that being used by the person.  **< The organisation should provide additional local information on the mattress types used locally and the corresponding mattress type identified in the survey responses >** |
| 22975 | Long text | Q23. Are there any notes or comments? |  | This question allows the survey team to document any other information which is relevant to add value to the survey. |

## Appendix A

Sample emails

## District wide / facility wide pre survey email (3 weeks before survey)

***Attach Survey Flyer***

Dear colleague, <**insert organisation name>** Pressure Injury Point Prevalence (PIPP) Survey will be held on <**insert days and dates>** at all facilities within the organisation. The survey will be undertaken at least annually in Acute, Residential Aged Care (RAC) and Community Based Care settings. It aims to identify pressure injury prevalence within our organisation and core pressure injury prevention practices, including documentation, adherence to best-practice and evidence-based guidelines. The results will be used evaluate and inform strategic planning on service quality improvement, demonstrate trends in care processes and patient outcomes.

**What are the benefits of completing the survey?**

Completing the survey is important because it allows your team to gain a realistic view of what is happening in the day-to-day practice of your clinical unit. The results will support benchmarking both within this organisation and across the State.

**Information**

There are a number of sources of support to assist you.

* A flyer is attached to post on the noticeboard for your team
* Go to the PIPP Survey page on the intranet <**insert link>** to access guides and tools.
* If you have questions about the survey questions themselves, or the PIPP Survey overall, please contact <**insert name>**, <**insert position>** name on <**02 XXXX XXXX>** or <**insert email address>**

Kind regards

# Pre survey email to members of survey teams (1 week before survey)

Dear colleague, Thank you for agreeing to participate as a Pressure Injury Point Prevalence (PIPP) Survey Team Member. The PIPP Survey will be held on <**insert days and dates>** at all facilities within the organisation.

You should attend <**insert ward and facility>** at <**insert time>** on the day of the survey and prepare for the survey with your team members.

The survey team attend the clinical units solely to conduct the survey. They should refer requests for care to the patients’ nursing teams. The survey team have responsibility to complete the survey (paper based or electronically), this includes the documentation questions, comprehensive skin assessment and equipment questions.

The survey team must obtain verbal consent from the patient and/or their carer prior to attending the comprehensive skin assessment. The survey team should have copies of:

* Pressure Injury Prevention - Pressure Injury Care Review
* Pressure Injury Prevention - Information for Patients and Families
* Pressure Injury Prevention - For People at Risk
* Pressure Injury Classification System
* Incontinence Associated Dermatitis category information.

The clinicians attending the survey require education and training to ensure inter-rater reliability and instruction in completing the required documentation. Clinicians doing the survey need to complete the Health Education & Training Institute (HETI) Pressure Injury Prevention modules.

[http://www.heti.nsw.gov.au/Courses/Pressure-Injury-Prevention--Management](http://www.heti.nsw.gov.au/Courses/Pressure-Injury-Prevention--Management/)

Information is also available in an accompanying HETI educational module titled “Pressure Injury Point Prevalence (PIPP) survey (Conducting)” available from the link

[http://www.heti.nsw.gov.au/Courses/conducting-a-Pressure-Injury-Point-Prevalence-PIPP-survey](http://www.heti.nsw.gov.au/Courses/conducting-a-Pressure-Injury-Point-Prevalence-PIPP-survey/)

**WHERE to get help**

There are a number of sources of support to assist you.

* Go to the PIPP Survey page on the intranet <**insert link>** to access guides and tools.
* If you have questions about the survey questions themselves, or the PIPP Survey overall, please contact <**insert name>**, <**insert position>** name on <**02 XXXX XXXX>** or <**insert email address>**

Kind regards

# District wide / facility wide post survey email (3 weeks after survey)

***Attach Summary of PIPP Survey Results to email***

Dear colleague, <**insert organisation name>** recently conducted an organisation wide Pressure Injury Point Prevalence (PIPP) Survey. Thank you to all staff that participated in and supported the survey. Congratulations to all staff within the organisation for providing high quality, safe care of our patients in this area and achieving excellent results in the survey.

A summary of the results of the survey are attached to this email and enables your team to gain a realistic view of what is happening in the day-to-day practice of your clinical unit and being able to benchmark both within this organisation and across the State.

In the coming year our organisation will be focusing on improving our pressure injury prevention care in the following areas:

* **<insert topic>**
* **<insert topic>**

When the results of the survey are discussed within your department, clinical unit or service consider how improvements in these areas can be made within your team. Please look out for further information on organisation wide approaches being

**More about the survey**

The survey will be undertaken at least annually in Acute, Residential Aged Care (RAC) and Community Based Care settings. It aims to identify pressure injury prevalence within our organisation and core pressure injury prevention practices, including documentation, adherence to best-practice and evidence-based guidelines. The results will be used evaluate and inform strategic planning on service quality improvement, demonstrate trends in care processes and patient outcomes.

If you have further questions about the PIPP Survey or the results, please contact <**insert name>**, <**insert position>** name on <**02 XXXX XXXX>** or <**insert email address>**

Kind regards

## Appendix B

Survey Flyer

2018 <Insert Organisation Name>

**Pressure Injury**

**Point Prevalence Survey**

**<Insert your organisation’s Logo here>**

**A Pressure Injury Point Prevalence (PIPP) Survey will be held on**

**<insert days and dates>**

**in Acute, Residential Aged Care (RAC) and   
Community Based Care settings across our organisation.**

*It aims to identify pressure injury prevalence within our organisation and core pressure injury prevention practices.*

***Completing the survey is important***  *because it allows your team to gain a realistic view of what is happening in the day-to-day practice of your clinical unit. The results will support benchmarking both within this organisation and across the State.*

**Further Information to assist you:**

Go to the PIPP Survey page on the intranet <insert link> to access guides and tools.

If you have questions about the survey questions themselves, or the PIPP Survey overall, please contact <insert name>, <insert position> name on <02 XXXX XXXX> or <insert email address>

## Appendix C

Data collection protocol

|  |  |  |
| --- | --- | --- |
| Date (Suggested schedule) | Action | Responsible |
| xx/xxx/xxxx  (6 weeks before survey) | Copy and customise the survey tools in QARS | Clinical Governance Unit |
| xx/xxx/xxxx  (5 weeks before survey) | Test the survey tools in one unit within your organisation | Clinical Governance Unit  Pressure injury prevention Staff |
| xx/xxx/xxxx  (4 weeks before survey) | Setup the survey in QARS and assign surveyors if needed | Clinical Governance Unit |
|  | Train staff to conduct survey | Pressure injury prevention Staff |
| xx/xxx/xxxx  (3 weeks before survey) | District wide / facility wide pre survey email | Clinical Governance Unit |
| xx/xxx/xxxx  (2 weeks before survey) | Ensure department, clinical unit or service staff are able to access QARS and review survey results post survey | Clinical Governance Unit  Pressure injury prevention Staff |
|  | Assign surveyors to departments, clinical units or services | Pressure injury prevention Staff |
| xx/xxx/xxxx  (1 week before survey) | Pre survey email to members of survey teams | Clinical Governance Unit |
| xx/xxx/xxxx  Survey date/s | Carry out survey | Clinical Governance Unit  Pressure injury prevention Staff |
| xx/xxx/xxxx  (3 weeks after survey) | District wide / facility wide post survey email with summary report | Clinical Governance Unit |
| xx/xxx/xxxx  (6 weeks after survey) | Provide final report to stakeholders highlighting areas of high performance and recommendations of areas for improvement | Clinical Governance Unit  Pressure injury prevention Staff |

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Web: www. [cec.health.nsw.gov.au](mailto:info@cec.health.nsw.gov.au)

Insert QR code here