



Policy

Pressure Injury Prevention and Management

Policy Statement

This policy provides for a comprehensive, coordinated and systematic approach, for pressure injury prevention and management across the Health Directorate that includes systems, staff and patients.

Purpose

The Health Directorate is committed to providing safe care and services to all patients. This includes preventing pressure injury through use of best clinical practice guidelines and interventions. Where a patient is significantly compromised and pressure injury cannot be prevented, further injury can be minimised through use of best clinical evidence and clear documentation of management.

Scope

This policy relates to services provided to all patients within the Health Directorate. Divisions with areas of high risk for patients will be expected to develop relevant standard operating procedures to ensure safe care.

1. Roles & Responsibilities

The Health Directorate

Responsible for integrating pressure injury prevention and management into the organisation’s culture by providing management and staff with strategic direction and resources to improve the safety of patients by reducing the risk of pressure injury.

Health Directorate Pressure Injury Prevention & Management Reference Group (PIPMRG)

Implementation, monitoring and evaluation of this policy will be guided and informed by the PIPMRG and Health Directorate Pressure Injury Prevention and Management Framework. (Appendix A)

The Framework is based on current national and international best practice and provides the PIPMRG with a framework to establish a sustainable, coordinated and collaborative approach for pressure injury prevention and management across the Health Directorate.

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Divisional Responsibilities:

- Divisions are responsible for implementing:
 - ◇ The standard operating procedure (SOP) for pressure injury prevention and management
 - ◇ Local SOP's for high risk areas such as Emergency Department, Intensive Care and Operating Theatres
 - ◇ Relevant clinical interventions and practice standards for pressure injury prevention and management including a risk assessment for all patients on admission and when condition changes
 - ◇ Appropriate recording/documentation of pressure injuries including Riskman, and the management of patients at risk
 - ◇ Essential education and communication to ensure that all members of the multi-disciplinary health care team are aware of this policy and understand their roles and responsibilities, in liaison with the Divisional representatives on PIPMRG
 - ◇ A process to review incidence of hospital acquired pressure injuries
 - ◇ Continuous monitoring and evaluation of local unit performance (i.e. risk assessment, documentation of management plan and interventions)

- Divisions are required to participate in annual Health Directorate Pressure Injury Prevalence Study which is coordinated through the Research Centre for Nursing and Midwifery Practice.

- Divisions must facilitate incidence reporting and monitoring, by ensuring clinicians complete a RiskMan report for:
 - ◇ all patients who are admitted to a service within the Health Directorate with a pressure injury
 - ◇ all patients who develop a pressure injury whilst in-patients within the Health Directorate.

2. Risk assessment

- The Health Directorate endorses the following tools for pressure injury risk assessment
 - ◇ Waterlow Risk Assessment Tool (WRAT) - for adults
 - ◇ Braden Q Risk Assessment Scale - for paediatrics (age <15years)
 - ◇ Braden Risk assessment Scale within the community (Allied Health)

- Risk assessments should be conducted for patients as soon as possible after admission and within a minimum of eight hours of admission. (or on initial home or clinical visit for patients seen in the community) Include the date and time the assessment was conducted.
- Risk assessments should be repeated whenever there is a change in the patient's condition and on discharge.
- Risk assessment includes a skin examination to identify changes in skin integrity.
- The pressure injury risk assessment must be documented in the patient health record.

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- All patients who are identified “at risk” through the risk assessment tools must have a management plan, based on best practice, documented in their health records including details about education of the patient and interventions implemented.

Evaluation

Outcome Measures

The Health Directorate will monitor, evaluate and benchmark the effectiveness of its prevention and management strategies through monitoring the following key performance information:

- ◇ Annual pressure injury prevalence study
- ◇ Incidence of hospital and community-acquired pressure injuries

Method

- ◇ Annual pressure injury prevalence study
- ◇ Review of RiskMan data monthly
- ◇ In-depth review of all stage 3 and 4 hospital acquired pressure injuries

Definitions

Pressure injury

A localised injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure, shear and/or friction, or a combination of these factors. (AWMA, Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury, 2012).

Risk Assessment Tool

Validated and formal tool, scale or score used to help determine the degree of pressure injury risk. Common risk assessment tools include

- Waterlow Risk Assessment Tool
- Braden Risk Assessment Scale
- Braden Q Risk Assessment Scale
- Norton Risk Assessment Score.

Risk assessment tools should be used in conjunction with clinical judgement.

Any factor which exposes the skin to excessive pressure, or diminishes its tolerance to pressure, is considered a “risk factor”.

Prevalence

Total number of a given population with pressure injuries.

Incidence

The proportion of at-risk patients who develop a new pressure injury over a specific period.

Pressure Injury Prevention and Management Reference Group (PIPMRG)

The group provides leadership and advice and reports to the ACT Chief Nurse. The aim of PIPMRG is to provide a coordinated territory- wide approach, based on best practice, for the prevention and management of pressure injury prevalence across the Health Directorate.

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References

- Australian Wound Management Association. Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury. Cambridge Media Osborne Park, WA: 2012.
- European Pressure Ulcer Advisory Panel /National Pressure ulcer Advisory Panel. Prevention and treatment of pressure ulcers: Washington DC: National Pressure Ulcer Advisory Panel; 2009.
- Australian Commission on Safety and Quality in Health Care- Standard 8 *“Preventing and Managing Pressure Injuries”*
- Australian Council on Healthcare Standards – Criteria 1.5.3 *“The incidence and impact of breaks in skin integrity, pressure ulcers and other non-surgical wounds are minimised through wound prevention and management programs”*
- Standard Operating Procedure –Pressure Injury Prevention and Management

Attachments

Appendix 1 – Framework

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Health Directorate Pressure Injury Prevention and Management Framework			ACT Government Health
<p>This Framework has been developed by the Health Directorate Pressure Injury Prevention and Management Reference Group (PIRMRG) which reports to the ACT Chief Nurse. The broad aim of the reference group is to provide leadership and advice on the prevention and management of pressure injury across the health service.</p> <p>Why the need for a framework?</p> <p>The Framework provides for a comprehensive, coordinated, systematic and consistent approach for the prevention and management of pressure injuries across the Health Directorate.</p> <p>What do we aim to achieve?</p> <p>To establish the Health Directorate as a centre for excellence in pressure injury prevention and management.</p> <p>What are our objectives?</p> <ul style="list-style-type: none"> To prevent and minimise the incidence of pressure injury within the Health Directorate To effectively manage pressure injuries using evidence-based interventions <p>The strategies identified in the Framework are evidence-based and draw on the work and recommendations from the Rin Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injuries (2012), and two major internationally recognised bodies, the European Pressure Ulcer Advisory Panel (EPUAP) and the National Pressure Ulcer Advisory Panel (NPUAP) (USA). The Framework will be implemented through a detailed action plan.</p>			
Strategy	What will we do?	What does this mean in practice?	Outcomes
Leadership	<ul style="list-style-type: none"> Ensure policy and standard operating procedures are up to date and based on the best evidence An organization wide system for reporting pressure injuries is in use Equipment required for prevention and management of pressure injuries is provided by the health directorate 	<ul style="list-style-type: none"> Policy and SOP's are readily available and used as a reference All pressure injuries are reported through RiskMan noting if hospital and community acquired Pressure injury data is reviewed and reported to ACT Chief Nurse and Divisions via annual prevalence study and monthly incident review of RiskMan data. Management plan is developed for patient/consumers identified with a pressure injury, and for those identified at risk. Adequate pressure reducing equipment is available 	Prevalence and incidence of pressure injury meets benchmarks for best practice organisations
Assessment	Benchmark and report incidence and prevalence of pressure injury and complete risk assessments	<ul style="list-style-type: none"> Risk assessments are completed for all patients/consumers within 8 hours of being admitted to the health service and/or with any change in condition and before discharge Compliance to risk assessment conducted on all patients is monitored and actions taken as required to improve compliance Clinicians assist with conducting an annual Health Directorate pressure injury prevalence survey The survey will identify proportion of "at risk" patients with documented skin assessments. Action is taken to improve compliance. Risk assessment tools and documentation is reviewed, standardised and based on best practice 	
Prevention	Prevent pressure injury development through use of best practice guidelines and interventions	<ul style="list-style-type: none"> An agreed risk assessment tool is used Tissue tolerance is maintained and improved through: <ul style="list-style-type: none"> skin inspection skin integrity microclimate nutrition repositioning appropriate equipment and support surfaces Appropriate pressure injury prevention and manage plans are documented according to the individual patient's risk Care plans, pathways and interventions, are based on best evidence An evidence-based wound management system is in place Effectiveness and appropriateness of prevention and management plans are regularly reviewed 	
Education	Provide access to up to date and relevant information for staff, patients and families	<ul style="list-style-type: none"> Education/information strategies: <ul style="list-style-type: none"> Existing Staff Development Unit education programs are maintained and updated Pressure injury education/information is included in new graduate/employee programs Patient information on the prevention and management of pressure injuries is provided to patients/consumers and carers in a format that is easily understood Health Directorate Policy and Standard Operating Procedures and application into practice Risk assessment and monitoring Documentation and compliance Patients education Prevention and therapeutic management 	Clinical practice complies with organisational policies and best practice guidelines.
Therapeutic Management	Standardise and implement procedures and interventions that are evidence based	<ul style="list-style-type: none"> Pressure injury Management plans are clearly documented comply with best evidence Pressure injury prevention and management plans are updated when clinically indicated and developed in partnership with patients and carers RiskMan is completed for all patients who present with, or develop pressure injuries Skin tissue is protected against external forces through use of appropriate equipment Review forms/systems used in documenting pressure injury management 	
Knowledge Development	Contribute to the knowledge base by participating in research and sharing knowledge	<ul style="list-style-type: none"> Clinicians facilitate and participate in research and quality improvement activities Clinicians share and disseminate best practice knowledge by: <ul style="list-style-type: none"> Participating in the Research Centre for Nursing and Midwifery Practice activities and other forums. contribute to the Research Compendium reviewing literature and participating in professional forums and professional organizations participate in JCI audits An evidence based approach is coordinated across the Health Directorate including streamlining and standardisation of therapeutic and preventative management Clinicians have access to members of the PIRMGRG for advice and support 	

Framework Developed 2007 Last revised April 2012

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