

Preventing pressure injuries and wound management

Introduction

The National Safety and Quality Health Service (NSQHS) Standard: Comprehensive Care Standard sets out the requirements health service organisations need to have in place to ensure every patient receives coordinated comprehensive care aligned with their needs and goals and that their risks of harm are prevented and managed. For patients, pressure injuries affect function, quality of life and are painful. When pressure injuries persist they can lead to depression and social isolation.^{1,2} Further, the cost of care and average length of stay is greater for patients that have or acquire a pressure injury. A 2016 study³ found an increase of hospital stay of approximately 4.3 days for a patient with a pressure injury. Analysis of the 2018-19 Admitted Patient Care dataset,¹ conducted by the Australian Commission on Safety and Quality in Health Care, identified nearly 2,700 separations with a hospital-acquired pressure injury in public hospitals. These cases represented an average cost of \$56,000 per separation. Further, pressure injuries are often preventable.

What does this mean for health service organisation?

Health service organisations implementing the National Safety and Quality Health Service (NSQHS) Standards are required to establish systems and processes for pressure injury prevention and wound management that are consistent with best-practice guidelines.

A new international clinical guideline: *Prevention and Treatment of Pressure Injuries: Clinical Practice Guideline. The International Guideline (3rd ed.)*⁵ was published in November 2019 and contains evidence-based recommendations and good practice statements for preventing and treating pressure injuries. This resource provides guidance for organisations developing policies, procedures and protocols for preventing, screening, assessing, treating, monitoring and documenting pressure injuries.

Requirements for health service organisations

Meet the three actions in the NSQHS Standards specifically addressing pressure injuries, Action 5.21, 5.22 and 5.23. Health service organisations have to have systems and processes that are consistent with best practice guidelines.

Guidelines require health service organisations to:

1. Conduct screening

Screen all patients for pressure injuries as soon as possible after admission. Using the outcome of screening, identify those patients at risk and conduct a full pressure injury risk assessment. For patients at risk of developing a pressure injury, schedule a full pressure injury risk assessment.

2. Conduct risk and skin assessment

Malnutrition can affect both pressure injury occurrence and healing capacity. Conduct nutritional screening, using a reliable, valid and appropriate tool. Arrange for comprehensive nutritional assessment by a qualified health professional where patients have nutritional risk or an existing pressure injury.

An effective pressure injury risk assessment requires a structured approach that considers factors including but not limited to mobility, existing pressure injuries, co-morbidities such as diabetes, circulatory status, body temperature and nutrition.

A risk assessment also involves an assessment of the patient's skin and tissues, taking into consideration: evidence of infections and underlying causes, skin and tissue temperature, presence of swelling or oedema, circulation and vascular perfusion. Devices may need to be used to construct a more accurate assessment of circulation and sensation. Complete care planning based on identified pressure injury risks.

3. Implement prevention plans

Develop and implement an individualised, risk-based pressure injury prevention plan in collaboration with the patient, their family and/or carers and the multidisciplinary team. The plan must be modifiable in response to changes in risk for every patient at risk of developing, or with a pressure injury.

For all patients at risk, optimising their nutritional intake and providing specialised pressure redistribution support surfaces will be essential.

Specific to each patient and the risks they face will be strategies for:

- Repositioning
- Skin hygiene
- Incontinence management
- Prophylactic dressings
- Correctly fitting medical devices
- A monitoring regime
- Education and support for the patient.

4. Assess existing pressure injuries

A patient with existing pressure injuries is at increased risk of developing a new pressure injury. Document the location of existing pressure injuries, assess the dimensions using a uniform and consistent method, and determine the stage using an agreed international classification system.⁶

Some individuals are at greater risk of developing pressure injury infection and biofilm. Determine the presence of infection in the pressure injury by performing tissue biopsy or semi-quantitative swab plus microscopy, consider evaluating for biofilm using advanced microscopy and evaluate for osteomyelitis where there is exposed bone or failure to heal.

Pressure injuries are painful; as a priority conduct pain assessments and manage patient's pain.

References

1. Gorecki C, Nixon J, Madill A, Firth J, Brown J. What influences the impact of pressure ulcers on health-related quality of life? A qualitative patient-focused exploration of contributory factors. *Journal of tissue viability*. 2012;21(1):3–12.
2. Jackson DE, Durrant LA, Hutchinson M, Ballard CA, Neville S, Usher K. Living with multiple losses: Insights from patients living with pressure injury. *Collegian*. 2018;25(4):409–414.
3. Norman RE, Gibb M, Dyer A, Prentice J, Yelland S, Cheng Q, et al. Improved wound management at lower cost: a sensible goal for Australia. *International wound journal*. 2016;13(3):303–316.
4. Wilson L, Kapp S, Santamaria N. The direct cost of pressure injuries in an Australian residential aged care setting. *International Wound Journal*. 2019;16(1):64–70.
5. European Pressure Ulcer Advisory Panel. National Pressure Injury Advisory Panel. Pan Pacific Pressure Injury Alliance. Prevention and treatment of pressure injuries: clinical practice guideline. The International Guideline. E. Haesler (Ed.). EPUAP/ NPIAP/PPPIA; 2019.
6. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guidelines. Emily Haesler (ed). Australia: Cambridge Media: Osborne Park; 2014.

5. Treat existing pressure injuries

Wound care involves:

- Tissue management
- Infection and inflammation control
- Moisture balance
- Epithelial edge advancement
- Repair and regeneration factors
- Social and individual factors.

Wound care and pain management are key in effective treatment of existing pressure injuries.

6. Monitor and document

All assessments, management, interventions and outcomes must be documented in the patient's healthcare record.

Monitoring for individual patients should occur as frequently as required, but at least weekly, using validated tools to monitor healing.

Organisations are expected to include agreed quality indicators in routine monitoring, regularly evaluating performance of the processes and outcomes for pressure injuries. This includes pressure injury incidence and prevalence.

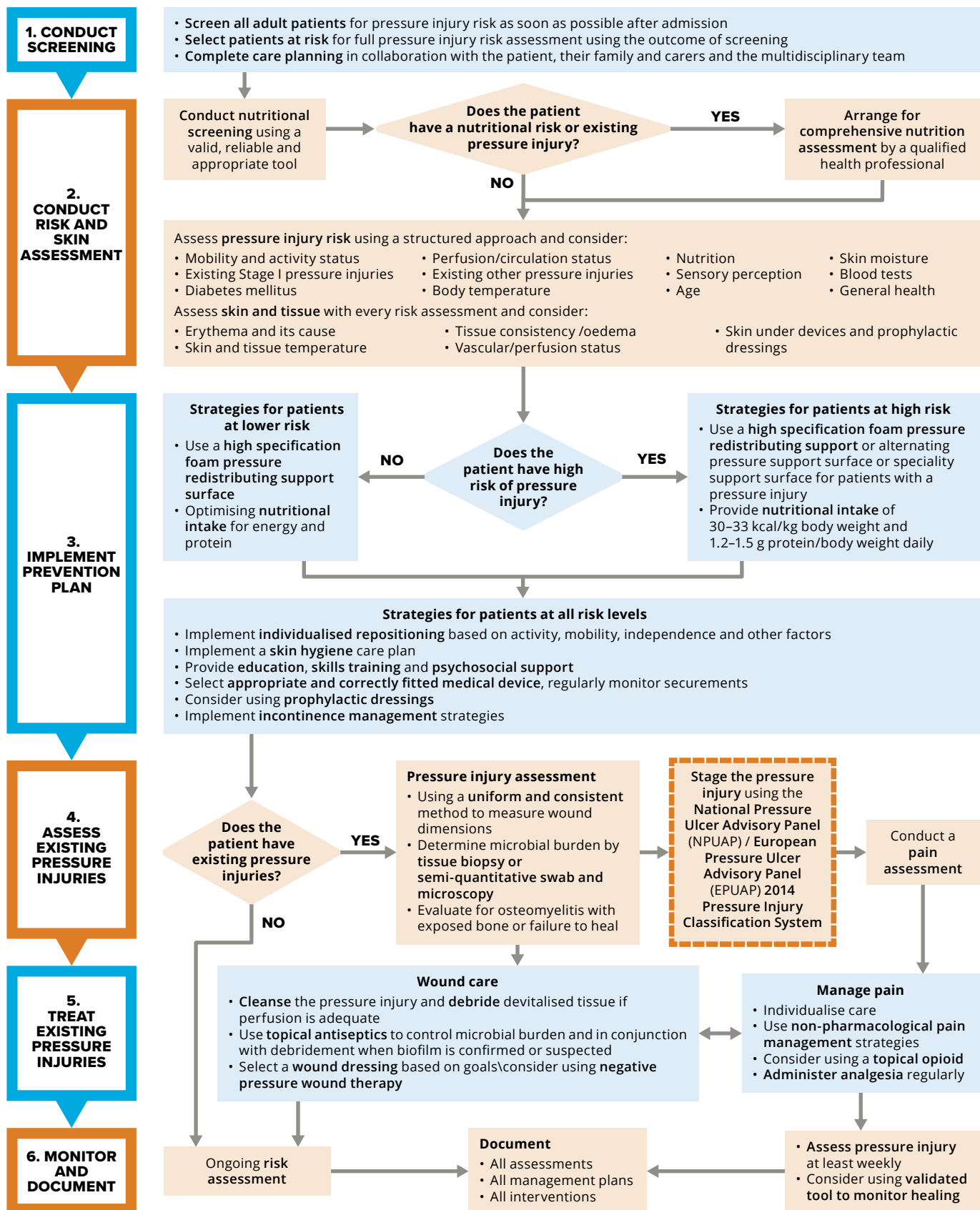
A pressure injury management flowchart for adults has been developed by the Pan-Pacific Pressure Injury Alliance. This has been adapted and is at Appendix 1.

Questions?

For more information, please visit:
safetyandquality.gov.au/nsqhs-standards

You can also email the advice centre at accreditation@safetyandquality.gov.au or call 1800 304 056.

Appendix 1 – Pressure injury flowchart for adult hospital admissions



Adapted with permission from Pan Pacific Pressure Injury Alliance Flow Chart for Adults. For detail on implementation strategies, refer to European Pressure Ulcer Advisory Panel / National Pressure Injury Advisory Panel (USA) / Pan Pacific Pressure Injury Alliance. See *Prevention and Treatment of Pressure Ulcers/Injuries Clinical Practice Guideline International Guideline 2019*. See www.pppia.org for further information.