CLINICIAN FACT SHEET

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Selected best practices and suggestions for improvement for clinicians

Hospital-Acquired Complication 1



PRESSURE INJURY

НС	SPITAL-ACQUIRED COMPLICATION	RATE ^a
1	Pressure injury	10
2	Falls resulting in fracture or intracranial injury	4
3	Healthcare-associated infections	135
4	Surgical complications requiring unplanned return to theatre	20
5	Unplanned intensive care unit admission	na⁵
6	Respiratory complications	24
7	Venous thromboembolism	8
8	Renal Failure	2
9	Gastrointestinal bleeding	14
10	Medication complications	30
11	Delirium	51
12	Persistent incontinence	8
13	Malnutrition	12
14	Cardiac complications	69
15	Third and fourth degree perineal laceration during delivery (per 10,000 vaginal births)	358
16	Neonatal birth trauma (per 10,000 births)	49

a per 10,000 hospitalisations except where indicated

A pressure injury is a localised injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. This hospital-acquired complication (HAC) includes the diagnoses* of:

- Stage III ulcer
- Stage IV ulcer
- Unspecified decubitus ulcer and pressure area.



Pressure injuries take a long time to heal, which has consequences for patients' quality of life, as such injuries can cause severe pain, and can involve sleep and mood disturbance as well as susceptibility to infection. They also adversely affect rehabilitation, mobility and long-term quality of life.

Why focus on pressure injuries?

Around 4,300 hospital-acquired pressure injuries occur each year in Australian hospitals#

Patients with this HAC require 23.9 extra days in hospital compared to those who don't

Each episode of care for this HAC could cost the hospital an additional \$49,569

Highest rate of this HAC at Principal Referral Hospitals[†]

Aggregate rate of this HAC at Principal Referral Hospitals

Per 10,000 hospitalisations

If all hospitals reduced their rate of this HAC to less than 9.8 per 10,000 hospitalisations it would prevent at least 727 pressure injuries



All facilities should be working to reduce their rates of pressure injuries.

- The specifications for the hospital-acquired complications list providing the codes, inclusions and exclusions required to calculate rates is available on the Commission's website: $\underline{www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/}$
- The data used in this sheet are for hospital-acquired complications recorded during overnight acute episodes of care (excluding same day admissions) in Australian public hospitals in 2015–16. Sourced from: Independent Hospital Pricing Authority (AU). Activity Based Funding Admitted Patient Care 2015–16.
- Hospitals were classified in the Principal Referral Hospitals peer group for these purposes according to the Australian Institute of Health and Welfare's former definition of major city hospitals with more than 20,000 acute weighted separations and regional hospitals with more than 16,000 acute weighted separations.

b na = national data not available

Prevention and management of pressure injury

Assess all patients as soon as possible following admission to service and within a minimum of eight hours (or on initial visit for patients in the community) Consult the patient and multidisciplinary team for care planning Refer to guideline and/or product information for contraindications for therapies Is the Nutritional screening **Nutritional assessment** patient at Use a validated tool appropriate Use a validated tool appropriate nutritional to the clinical setting (Grade B) to the clinical setting (Grade B) risk assessment risk? **Conduct PI** NO Conduct a comprehensive risk assessment including assessment of: Clinical history - Psychosocial history Mobility and activity - Continence Intrinsic and extrinsic risk factors - Cognition • Use a validated pressure injury risk (PI) assessment scale (Grade B) Conduct a complete skin assessment (Grade C). Does the Does the patient have an patient have high NO existing pressure risk of pressure injury? injury? YES prevention plan *implement* Strategies for patients at high risk **Preventative strategies** • Use a high specification foam reactive (constant low Implement skin protection strategies pressure) support surface (Grade A) OR consider using an active alternate pressure) support surface (Grade A) Use constant low pressure Implement skin protection strategies redistribution support Provide high protein nutritional supplements (Grade B) surfaces (Grade A) Consider arginine supplements (Grade C) Regular repositioning Consider more frequent repositioning (Grade A) (Grade A) Patient education. Patient education. Assess existing PI Pressure injury assessment Pressure injury classification Pain assessment Use a validated pressure Use NPUAP/EPUAP pressure Use a validated pain healing assessment scale (Grade C) injury classification system assessment tool (Grade C) ₫ Pain management Wound management **Treat existing** Develop an individualised pain management Debride the wound as indicated plan including regular analgesia Treat infection - consider using Consider topical opioids when debriding (Grade C). iodine (Grade C) Select a wound dressing Consider negative pressure Additional management options wound therapy (Grade C). Consider electrotherapy (Grade B). Monitor and document Document Ongoing risk assessment All assessments Ongoing risk At least weekly pressure injury All management plans assessment healing assessment All interventions Recommendation grades: Evidence based recommendations

Grade A = Excellent evidence - body of evidence can be trusted to guide practice

Grade B = Good evidence - body of evidence can be trusted to guide practice in most situations

Grade C = Some evidence - body of evidence provides some support for recommendation (s) but care should be taken in its application

Grade D = Weak evidence - body of evidence is weak and recommendation must be applied with caution

Source: Reproduced with the permission of the Australian Wound Management Association from the Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury (2012). Available from: http://www.woundsaustralia.com.au/publications/2012_AWMA_Pan_Pacific_Guidelines.pdf

