

The logo for SQUIRE features the word "SQUIRE" in a bold, red, sans-serif font. A grey quill pen is positioned diagonally across the letters, with its tip pointing towards the top right. The quill is partially obscured by the letters, particularly the 'Q' and 'I'.

SQUIRE

Every Clinician · Every Patient · Every Time

SQUIRE Guide

Pressure Ulcer Prevention

as at January 2009

Pressure Ulcer Prevention

GOAL: TO PREVENT HOSPITAL ACQUIRED PRESSURE ULCERS

Sections:

- Resources
- Eligible Patient Population
- Patient Population for Measures
- Measure 1 - Pressure Ulcer Risk Assessment
- Definition
- Risk Assessment Tools
- Measurement Methods and Tools
- Measure 2 - Pressure Ulcer Prevention Strategies
- Definition
- Prevention Strategies
- Measurement Methods and Tools
- Measure 3 - Incidence of Hospital Acquired Pressure Ulcers
- Definition
- Measurement Methods and Tools

Resources

Some of these resources may be protected by copyright, please ensure all copyright requirements are met prior to their use.

- WoundsWest is a state wide project aiming to improve patient outcomes and achieve significant cost savings through the implementation of evidence-based wound management across WA.
- The key components of the project are:
 - annual prevalence surveys;
 - development and implementation of evidence based guidelines and education and competency based assessment for all wound categories;
 - electronic wound imaging, documentation system and remote referral; and
 - a centralised data repository.
- WoundsWest can provide expert support and facilitation directly to teams participating in this CPI target through the project's development of protocols, tools, evidence-based guidelines and education packages for all wound categories designed specifically for WA healthcare facilities. Contact woundswest@health.wa.gov.au.

- The 'How-to' Guide of the Institute for Healthcare Improvement's (IHI) 5 Million Lives Campaign for Preventing Pressure Ulcers provides excellent information, contain invaluable tips, lessons from success, and measurement and data collection tools that can be adapted if desired: <http://www.ihl.org/nr/rdonlyres/5ababb51-93b3-4d88-ae19-be88b7d96858/0/pressureulcerhowtguide.doc>
- Additional resources including risk assessment tools, evidence base for interventions and prevalence survey tools are available on the Victorian Government Department of Human Services website, from the *Pressure Ulcer Basics* education package: <http://www.health.vic.gov.au/pressureulcers/education.htm>

Eligible Patient Population

- All hospital inpatients are eligible for inclusion.
- Teams should report the proportion of hospital inpatient beds that are in clinical areas where the program is active.

Example

Changes to pressure ulcer risk assessment and prophylaxis processes are currently being actively implemented and monitored by PU team on 3 wards. These wards include approx 50 of the 100 hospital inpatient beds at a site. Measure 1 and 2 should include random inpatients from these 3 wards (eg 10-15 med records each ward each month), and currently spread is at approx 50%.

Patient Population for Measures

- Patients eligible for sampling in measure 2 are a subset of those from measure 1.
- Measure 3 (PU incidence) should ideally include the same patient population as the process measures 1 and 2. If this is not the case, this should be clearly explained on the OSQH report.

MEASURE 1 - PRESSURE ULCER RISK ASSESSMENT

- The inclusions, exclusions and definitions for this measure are the same as in Element 1: IHI 5 Million Lives Campaign How-to Guide <http://www.ihl.org/nr/rdonlyres/5ababb51-93b3-4d88-ae19-be88b7d96858/0/pressureulcerhowtguide.doc>

Definition

- The percentage of inpatients for whom all components of proper pressure ulcer admission assessment were performed and documented. This includes both the use of an agreed-upon risk assessment tool and skin assessment to identify existing pressure ulcers. For some hospitals, this might include a reassessment of risk at the appropriate time period as determined by hospital protocol.

Risk Assessment Tools

- Teams should use a validated risk assessment tool (eg Braden, Norton) but a specific tool is not mandated by OSQH.
- Additional educational material and information regarding risk assessment and the use of risk assessment tools is available from WoundsWest (www.health.wa.gov.au/woundswest/education/index.cfm) or Module 2 of the *Pressure Ulcer Basics* education package of the Victorian Government Department of Human Services: <http://www.health.vic.gov.au/pressureulcers/education.htm>

Measurement Methods and Tools

- Monthly reviews of the implementation process should use a sampling approach to assess the proportion of patients with a documented pressure ulcer risk assessment in their medical record.
- Sample size will vary according to facility size and resources, and the extent of spread of the program at each site.
- A suggested sample size is listed below:

Number of inpatient beds in current implementation area/areas	Sample size
150 or more	20% of patients
30-149	30 patients
Less than 30	Number of beds

Measure 1 calculation:

$\frac{\text{Number of eligible inpatients with documented PU risk assessment}}{\text{Number of eligible inpatients sampled}} \times 100 = \text{\% of inpatients assessed using a pressure ulcer risk assessment tool}$
--

MEASURE 2 - PRESSURE ULCER PREVENTION STRATEGIES

- The inclusions, exclusions and definitions for this measure are the same as Elements 3-6 in: IHI 5 Million Lives Campaign How-to Guide
<http://www.ihl.org/nr/rdonlyres/5ababb51-93b3-4d88-ae19-be88b7d96858/0/pressureulcerhowtogoide.doc>

Definition

- The percentage of patients identified as at risk for pressure ulcers for whom all components of proper pressure ulcer care were performed and documented in the calendar day prior to review.

Prevention Strategies

- Components of proper pressure ulcer care are outlined in evidence-based guidelines and include:
 - Daily inspection of skin for pressure ulcers
 - Proper management of moisture, including cleaning and moisturising skin
 - Optimisation of nutrition
 - Repositioning every two hours
 - Use of pressure-relieving devices
- Teams need to determine the precise interpretation of how to apply these components within evidence-based parameters and evaluate compliance against these interpretations.
- If individual components are contraindicated for a particular patient and documented as such in the medical record, then count these components as appropriately performed for the audit purposes.

Measurement Methods and Tools

- Monthly reviews of the implementation process should use a sample of at-risk patients admitted within three days to assess whether they are *actually* receiving the preventative strategies that are appropriate to their assessed level of risk.
- A suggested sample size is listed below:

Number of inpatient beds in current implementation area/areas	Sample size
150 or more	20% of patients
30-149	30 patients
Less than 30	Number of beds

- This sample should include patients identified from measure 1 as being at risk of pressure ulcers, however if an insufficient number of at-risk patients are identified from measure 1, further patients should be selected randomly from the audited areas. This is likely to be most easily assessed by either:
 - direct observation of the patient sample in a specified day each month, which can be combined with data collection for Measure 1; or
 - using the patient medical record as source documentation and review for documentation of proper preventive care. Standardised forms should be used to ensure information and status are tracked reliably, these can be used as the source of data.

Measure 2 calculation:

$\frac{\text{Number of at-risk patients receiving the appropriate prevention strategies}}{\text{Number of at-risk patients sampled}} \times 100 = \text{\% of at-risk patients receiving appropriate pressure ulcer prevention strategies}$

MEASURE 3 - INCIDENCE OF HOSPITAL ACQUIRED PRESSURE ULCERS

- The inclusions, exclusions and definitions for this measure are the same as in: IHI 5 Million Lives Campaign. How-to Guide: <http://www.ihl.org/nr/rdonlyres/5ababb51-93b3-4d88-ae19-be88b7d96858/0/pressureulcerhowtguide.doc>
- While prevalence is a widely used outcome measure for pressure ulcer tracking, and many WA hospitals already have experience in pressure ulcer prevalence surveys, measure 3 is concerned with the *incidence* of pressure ulcers which is more meaningful in highlighting pressure ulcer care improvement.

Definition

- The incidence of pressure ulcers developed *in hospital* per 1000 patient days.

Measurement Methods and Tools

- Participating sites are encouraged to undertake monthly incidence measurement in the clinical areas where PU assessment and prophylaxis strategies are being actively implemented to evaluate progress toward this goal. Teams may however choose to do incidence surveys quarterly, or at a less frequent rate, depending on resource availability.
- While prevalence measures the proportion of patients in hospital at a particular point in time with a pressure ulcer, measure 3 refers to the incidence of hospital-acquired pressure ulcers (i.e. the proportion of patients in a specified population that develop a pressure ulcer during a particular time period - e.g. 2 new pressure ulcers occurring per 1000 patient days this quarter in ward 2,3 and 4, down from 3 per 1000 patient days 6 months ago).

- WoundsWest can assist with incidence measuring tools, and guidelines are available from IHI:
 - Incidence per 1000 Patient Days <http://www.ihl.org/NR/rdonlyres/67C91D90-51AA-4997-B80A-3C2409FEC66D/0/MIFPUCPressureUlcerIncidenceper1000PatientDays.doc>

Measure 3 calculation:

Number of new hospital-acquired pressure ulcers acquired by inpatients in the specified population during the reporting period	X 1000	=	Incidence of hospital acquired pressure ulcers per 1000 bed days in specified patient group and reporting period
<hr/> Number of inpatient/multi-day occupied bed days in the specified population during the reporting period			