

*Preventing pressure injury and improving
patient safety using a multi-faceted
organisational Strategy.*

Project Team;

Miss Yvette Gomez (Presenter)

Professor Tracey Bucknall, Tony McGillion,
Aidan Mulcahy, Dr. Helen Forbes,
Dr. Kat Pawley, Abby Hadden, Sally Fardell,
Julie Potter .

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**So, what is the problem with Pressure
Injuries???**

Painful to the Patient

Increased Cost to the health care system.

Which impacts on;

Patient length of stay in hospital

Extended \$\$\$'s of Care

Increased Patient morbidity and mortality rates

Background

First state wide Pressure Ulcer Point
Prevalence Survey conducted in 2003.

Findings

1 in 4 patients had pressure injuries of which
two thirds had acquired them during
hospitalization (VicPUPPS1 (2003)).

AIMS OF THIS PROJECT WAS ...

1. To determine the prevalence of pressure injuries @ Cabrini Health.
2. To establish baseline indicators for use in future comparison studies.
3. To make recommendations for interventions aimed at reducing the prevalence of pressure ulcers @ Cabrini Health.

History and Background

Pressure Ulcer Point Prevalence Survey (Cabrini PUPPS1), conducted in 2006 in order to identify baseline prevalence.

This study was unique by using Graduate Nurses as data collectors in the private setting.

Repeated in 2008, (Cabrini PUPPS2) to compare findings.

Methods

- Pressure Ulcer Point Prevalence Survey conducted across 3 campuses of Cabrin Health on 8 June 2006, using Graduate Nurses as data collectors.
- Of the 370 patients that were eligible to participate in this study, 252 consented to the skin assessment.

Findings

CabriniPUPPS1...(2006)

The overall Point Prevalence of Pressure
Ulcers was found to be (28.2%)

VicPUPPS1...(2003)

(26.5%)

Both figures comparable as both baseline
measures

Implementation strategies used ...

Strategy consisted of 4 key approaches:

- 1. Marketing the impact of the problem.*
- 2. Organisational processes to identify patients admitted with Pressure Ulcers, those at risk and management plans.*
- 3. Organisational resources to assist staff and patients*
- 4. Nursing education to improve knowledge*

1. Marketing the impact and extent of the problem

Results disseminated via forums such as ;

Nursing Practice Council

Research Day

Nursing Quality forums

Safety and Research Committee

Nurse Unit Managers

Shared Governance

2. Organisational processes to identify patients with Pressure Ulcers, those at risk and management plans

- Admission processes via E.D.
- Full Patient assessment (systems approach)
- Wound Charts
- Risk man reports logged and staff notified

3. Organisational resources to assist staff and patients

- Pressure relieving devices (access to)
- Mattresses (air mattresses / inflation mattresses / dynamic mattresses)
- Policies
- Wound Charts
- Braden Scale

4. Nursing Education to improve knowledge

- Seminars on Pressure injury prevention
- Functions of the skin
- Phases of wound healing
- Skin tear management
- Braden Scale
- Pressure Ulcer Staging
- Policies and Procedures

Discussion

- Did the implementation of these 4 key approaches work ?
- Why did they work ?
- How do we know if they worked ?

CabriniPUPPS2 (2008)

- Cabrini PUPPS2 conducted in August 2008.
- Same methodology as Cabrini PUPPS1
- Data collected by Graduate Nurses.
- *Results*
- The results showed the prevalence decreased from 20.6% in 2006 to 11.5% in 2008 !!!

Limitations

Non participation rate approx. 30%,
DOUBLE the statewide surveys...

However, comparisons between both studies remain valid because the distribution of patterns of reasons for non participation is similar.

Recommendations

- Changes for nursing practice improvement
- Improving patient knowledge
- Ongoing evaluation of practice changes



Questions ???



References

- Alexander, C., & Marsh, L. (1992). Creating the optimum environment for pressure area care. *British Journal of Nursing*, 1(15), 751-757.
- Cabrini-Deakin Centre for Nursing Research (2007). *Pressure ulcer point prevalence survey*. Melbourne: Cabrini Health.
- Gardner, A., Gomez, Y., Millar, L., Legg, S., Mulcahy, A., McGillion, A. (2009). Pressure injury prevalence in a private health service: risks and recommendations. *Wound Practice & Research*, 17 (3), 134-145.
- Graves, N., Birrell, F.A., & Whitby, M. (2005). Modeling the economic losses from pressure ulcers among hospitalized patients in Australia. *Wound Repair and regeneration*, 13(5), 462-467.
- Grimshaw, J.M., Shirran, L., Thomas, R., Mowatt, G., Fraser, C., Bero, L., Grilli, R., Harvey, E., Oxman, A., O'Brien, M.A. (2001) Changing provider behaviour; An overview of systematic reviews of interventions. *Medical Care* 39 (8): SII2-II45.

References

- Victorian Quality Council (2004). *VQC State-wide PUPPS 1 Report 2003: Pressure ulcer point prevalence survey*. Melbourne: Metropolitan Health and Aged Care Services Division – Victorian Government Department of Human services.
- Victorian Quality Council (2005).*VQC State-wide PUPPS 2 Report 2004: Pressure ulcer point prevalence survey*. Melbourne: Metropolitan Health and Aged Care Services Division – Victorian Government Department of Human Services.