

**<Insert your organisation’s Logo here>**

2016 NSW Pressure Injury

**Point Prevalence Survey Guide**

**Updated Dec 2016**

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# Introduction

The point prevalence survey aims to:

* Identify pressure injury prevalence within the organisation
* Identify core pressure injury prevention practices, including documentation, adherence to best-practice and evidence-based guidelines, to evaluate and inform strategic planning on service quality improvement, and demonstrate trends in care processes and patient outcomes
* Determine the severity and anatomical location of identified pressure injuries, distinguishing between pre-existing lesions and those acquired during this admission or episode of care
* Provide data for benchmarking between organisations.

This demonstrates the observed prevalence of pressure injury in an organisation (numbers of patients with pressure injuries at a specific point in time), and indicates the scale of the issue.

# Frequency

A point prevalence survey should be undertaken at least annually in Acute, Residential Aged Care (RAC) and Community Based Care settings as recommended by best practice guidelines. The survey also supports compliance with the National Safety and Quality Health Service Standards and policy.

**<Local exceptions e.g. mental health, maternity, community or outpatient services>**

# Key dates

**[Insert the dates for the survey to occur in your organisation here>**

# Survey tool

The Quality Audit Reporting System (QARS)

<http://qars.cec.health.nsw.gov.au/>

The survey tool developed locally should be based on one of the following state-wide tools:

***Inpatient Settings***

Questionnaire Number: 2114

Questionnaire Name: CEC\_08\_PI\_Prevalence\_Inpatient\_2016

***Residential Aged Care or MPS Settings***

Questionnaire Number: 2116

Questionnaire Name: CEC\_08\_PI\_Prevalence\_MPS\_RAC\_2016

***Community or Outpatient Settings***

Questionnaire Number: 2029

Questionnaire Name: CEC\_08\_PI\_Prevalence\_Community\_Outpatient\_2016

Versions to be used in the local survey are:

**<Local name - inpatient>**

**<Local name - RAC>**

**<Local name – community or outpatient>**

**<Paper version inpatient [Link] >**

**<Paper version RAC [Link] >**

**<Paper version community or outpatient [Link] >**

# Survey instructions

## Documents to read before completing the survey

PD 2014\_007 Pressure Injury Prevention & Management

## Training

The clinicians attending the survey require education and training to ensure inter-rater reliability and instruction in completing the required documentation.

Clinicians doing the survey need to complete the Health Education & Training Institute (HETI) Pressure Injury Prevention modules (updated 29 July 2016).

* Pressure Injury Prevention: Risk assessment
* Pressure Injury Prevention: Risk management.

Information is also available in an accompanying HETI educational module.

* Pressure Injury Point Prevalence survey (Conducting).

## Selecting surveyors

For every clinical unit AT LEAST one member of the survey team must be independent, i.e., not surveying their ‘home’ clinical units/teams.

The survey team should involve the clinicians caring for the patient/client/resident. By working with the clinicians caring for the patient/resident/client, they can assist with the skin assessment as part of routine care e.g. when the person is having a shower or being repositioned. The survey team may consist of nursing, allied health, medical or executive clinicians.

## Number of people included in the survey

It is recommended that at least 85% of people on the unit/ward/service on the day of the survey have the complete survey attended (this includes the visual skin inspection).

## Building the survey for your organisation

Open the QARS live environment at <http://qars.cec.health.nsw.gov.au/>

Search for Questionnaire number 2114

Copy and modify the Questionnaire “*CEC\_08\_PI\_Prevalence\_Inpatient\_2016*”

# Preparing for the survey

**Role of the Executive Sponsor**

The organisation needs an identified Executive Sponsor, whose role is to facilitate planning, resourcing and delivery of the survey and to support subsequent quality improvement.

**<Local Executive Sponsor>**

**Role of the Organiser/Organising Team**

The organisation needs an identified Organiser/Organising Team, whose role is to take responsibility for the overall planning, preparation, conduct and evaluation/debrief of the delivery of the survey.

**<Local Organiser/Organising team>**

**Role of Clinical Unit Lead**

The clinical unit lead is responsible to ensure that the patient’s safety, privacy and dignity are maintained throughout the survey, in conjunction with each patient’s nurse and survey teams. The Clinical Lead will ensure distribution of Pressure Injury Survey Patient Information to eligible patients/residents/clients prior to the survey.

**<Local Clinical Unit Lead>**

**Role of Survey Staff**

The survey team attend the clinical units solely to conduct the survey. They should refer requests for care to the patients’ nursing teams. The survey team have responsibility to complete the survey (paper based or electronically), this includes the documentation questions, comprehensive skin assessment and equipment questions.

The survey team must obtain verbal consent from the patient and/or their carer prior to attending the comprehensive skin assessment. The survey team should have copies of:

* Pressure Injury Prevention - Pressure Injury Care Review
* Pressure Injury Prevention - Information for Patients and Families
* Pressure Injury Prevention - For People at Risk
* Pressure Injury Classification System.

**<Local Survey Staff>**

The Pressure Injury Prevention Monitoring and Auditing Framework available on the CEC website provides more detail about the role each of the above play in ensuring the point prevalence survey runs smoothly. Considerable planning and preparation is required prior to the survey day.

Note: Skin assessment by visual inspection should be conducted by **two survey staff** in the presence of the patient’s nurse. With paediatric patients, a family member/responsible person should be in attendance. Agreement of both survey teamon lesion type and stage will ensure that all lesions are correctly identified and staged.

It is recognised that in some locations it may not be practical to allocate two surveyors. In this case, the ‘second opinion’ can be sought from the patient’s nurse. However, if the survey teamhave any uncertainty as to lesion type or stage, a third opinion must be sought from the clinical unit leador other designated source of ‘expert opinion’, who will have undertaken update/training, as agreed, during planning stages.

If the survey team detect a pressure injury not recorded in the patient’s health care record, they must alert the nurse looking after the patient and/or the nursing unit manager immediately.

# Questionnaire Instruction

**<The organisation should provide additional handling instructions for auditors if using the survey in paper format>**

Additional help on using QARS is available from the help button within the system or the local organisational contact for QARS **<insert details here>**.

**Auditor details**

These are pre filled in QARS based on the user logged into the system

* Auditor
* Audit Period

**Survey details and location**

* LHD – Pre filled in system
* Cluster – Pre filled in system or Change if required
* Facility – Pre filled in system or Change if required
* Division – Pre filled in system or Change if required
* Ward/Dept – Pre filled in system or Change if required
* Service Type – Change if required
* Survey Date\* – Pre filled in system. Change if required
* Item Name\* – Organisations may choose to use a patient identifier, room and bed number or other identifier in this field

|  |  |
| --- | --- |
| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 10375* |
| **Q1 What sex is the person?**   * **Female** * **Male** * **Other** |

**Notes & Instructions**

Select one of the answer options.

Copy the patient’s sex from the cover sheet of the medical record to the survey tool.

**Rationale and Analysis**

During the survey this is used to ensure the documentation survey component of the survey is matched to the visual inspection component of survey.

During analysis of the survey data it enables identification of differences in pressure injury prevalence or care provided between the sex cohorts.

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| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 10376* |
| **Q2 What is the date of birth of the person?**  **\_\_/\_\_/\_\_\_\_(dd/mm/yyyy)** |

**Notes & Instructions**

Record the date in the format dd/mm/yyyy.

Copy the patient’s date of birth from the cover sheet of the medical record to the survey tool.

One method of quickly completing this question is to pick the day and month from the drop down calendar menu then click in the field to change the year of birth.

**Rationale and Analysis**

During the survey this is used to ensure the documentation survey component of the survey is matched to the visual inspection component of survey

During analysis of the survey data it enables identification of differences in pressure injury prevalence or care provided between age cohorts.

It is suggested age cohorts are based on the *Age range* data element (METeOR identifier: 290540) from the Australian Institute of Health and Welfare 2012. National Health Data Dictionary. Version 16 Cat. no. HWI 119. Canberra: AIHW.

The groups are:

* 0-4 years
* 5-14 years
* 15-24 years
* 25-34 years
* 35-44 years
* 45-54 years
* 55-64 years
* 65-74 years
* 75 years or older
* Not stated

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| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 11508* |
| **Q3 Is the patient's admission planned or emergency?**   * **Planned** * **Emergency or non-elective** |

**Notes & Instructions**

Select one of the answer options.

This can normally be found on the admission summary sheet or in the patient administration system.

If the person was transferred from another facility consider if the transfer was planned or unplanned.

**Rationale and Analysis**

During analysis of the survey data it enables identification of differences in pressure injury prevalence or care provided between the admission type cohorts.

It is suggested identification of admission type cohorts is based on the *Urgency of admission* data element (METeOR identifier: 269986) from the Australian Institute of Health and Welfare 2012. National Health Data Dictionary. Version 16 Cat. no. HWI 119. Canberra: AIHW.

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| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 11564* |
| **Q4 Risk screening for pressure injury (rather than risk assessment) is the recommended preliminary activity in some care settings. Is there documentation of the person being screened for risk of pressure injury on presentation?**   * **Not applicable, screening is not used in this ward, unit or service** * **Yes a risk screening IS documented and indicated the person WAS NOT at risk of pressure injury** (If Yes a risk screening IS documented and indicated the person WAS NOT at risk of pressure injury, jump to question no: 13) * **Yes a risk screening IS documented and indicated the person WAS at risk of pressure injury** * **No a risk screening IS NOT documented** |

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| ***Community or Outpatient Survey*** | *QARS Question number: 11564* |
| **Q3 Risk screening for pressure injury (rather than risk assessment) is the recommended preliminary activity in some care settings. Is there documentation of the person being screened for risk of pressure injury on presentation?**   * **Not applicable, screening is not used in this ward, unit or service** * **Yes a risk screening IS documented and indicated the person WAS NOT at risk of pressure injury** (If Yes a risk screening IS documented and indicated the person WAS NOT at risk of pressure injury, jump to question no: 12) * **Yes a risk screening IS documented and indicated the person WAS at risk of pressure injury** * **No a risk screening IS NOT documented** |

**Notes & Instructions**

Select one of the answer options.

If your organisation does not have a local pressure injury risk screening protocol applicable to your service, ward or unit answer “Not applicable, screening is not used in this ward, unit or service”.

**Rationale and Analysis**

Screening is a process to identify those individuals who may benefit by further assessment to reduce pressure injury risk. Those individuals include patients who are not necessarily perceived as at risk of, or already affected by pressure injury. Some organisations have introduced pressure injury risk screening (rather than assessment) as the recommended preliminary activity in some care settings. This question provides information surrounding the scope and frequency of this activity in local settings.

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| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 10379* |
| **Q5 Is there documentation of a fully completed comprehensive risk assessment (using a validated tool and comprehensive skin assessment) within 8 hours of presentation to the organisation?**   * **Yes** (if Yes, jump to question no: 7) * **No** |

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| ***Community or Outpatient Survey*** | *QARS Question number: 12704* |
| Q4 Is there documentation of a fully completed comprehensive risk assessment (using a validated tool and comprehensive skin assessment) at first presentation to the community or outpatient service?   * **Yes** (if Yes, jump to question no: 6) * **No** |

**Notes & Instructions**

Select one of the answer options. This is a **compliance reporting question** for the survey.

Check the eMR, progress Notes, clinical Notes or ICU nursing discharge summary for this information.

The time of admission should be available from the eMR, admission summary sheet or similar.

**Rationale and Analysis**

Risk assessment of patients using a validated tool is recommended and does not require a separate screening process. The pressure injury risk assessment consists of two parts:

a) Use a validated pressure injury risk assessment tool/ process appropriate for the patient population in accordance with best practice guidelines, and

b) Skin assessment that is based on visual inspection.

Inpatients and RAC residents should receive a first pressure injury screen or assessment to guide clinical decision making within 8 hours of presentation to the health facility, community or outpatient clients at first presentation to the service. The screen/assessment is to be attended by health staff skilled in using the risk assessment tools or process appropriate for the patient population.

The comprehensive risk assessment is a requirement of the NSW Pressure Injury Prevention and Management policy (PD2014\_007).

This question is to measure if the person received a comprehensive risk assessment in a time frame recommended by best practice. It will enable organisations to identify if care processes surrounding comprehensive risk assessment are in place.

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| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 11562* |
| **Q6 Is there documentation the person receiving one element of the fully completed comprehensive risk assessment? (Single Choice)**   * **A comprehensive skin assessment within 8 hours of presentation to the organisation** * **A risk assessment using a validated tool within 8 hours of presentation to the organisation** * **The person received neither of the above** (If the person received neither of the above, jump to question no: 9) |

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| ***Community or Outpatient Survey*** | *QARS Question number: 12705* |
| **Q5 Is there documentation the person receiving one element of the fully completed comprehensive risk assessment? (Single Choice)**   * **A comprehensive skin assessment at first presentation to the community or outpatient service** * **A risk assessment using a validated tool at first presentation to the community or outpatient service** * **The person received neither of the above** (If the person received neither of the above, jump to question no: 8) |

**Notes & Instructions**

Select one of the answer options.

Risk assessment of patients using a validated tool is recommended and does not require a separate screening process. The pressure injury risk assessment consists of two parts:

1. Use a validated pressure injury risk assessment tool/ process appropriate for the patient population in accordance with best practice guidelines, and
2. Skin assessment that is based on visual inspection.

Check the eMR, progress Notes, clinical Notes or ICU nursing discharge summary for this information.

The time of admission should be available from the admission summary sheet or similar.

**Rationale and Analysis**

This question is to measure if the patient received at least one component of a comprehensive risk assessment at the initial assessment. It will enable organisations to identify if some care processes surrounding pressure injury assessment are in place.

Inpatients and RAC residents should receive a first pressure injury screen or assessment to guide clinical decision making within 8 hours of presentation to the health facility, community or outpatient clients at first presentation to the service. The screen/assessment is to be attended by health staff skilled in using the risk assessment tools or process appropriate for the patient population.

The comprehensive risk assessment is a requirement of the NSW Pressure Injury Prevention and Management policy (PD2014\_007).

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| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 11539* |
| **Q7 At the initial risk assessment (within 8 hours of presentation to the organisation) was the person:**   * **Not at risk or at no risk of pressure injury** If not at risk or at no risk of pressure injury, jump to question no: 13 * **At risk of pressure injury** * **An initial risk assessment is not documented for this person** if an initial risk assessment is not documented for this person, jump to question no: 9 |

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| ***Community or Outpatient Survey*** | *QARS Question number: 12706* |
| **Q6 At the initial risk assessment (at first presentation to the community or outpatient service) was the person:**   * **Not at risk or at no risk of pressure injury** If not at risk or at no risk of pressure injury, jump to question no: 12 * **At risk of pressure injury** * **An initial risk assessment is not documented for this person** if an initial risk assessment is not documented for this person, jump to question no: 8 |

**Notes & Instructions**

Select one of the answer options.

If the person received one or more elements of a comprehensive risk assessment within 8 hours of presentation (inpatient and RAC) or at first presentation community or outpatient, to the organisation choose “Not at risk or at no risk of pressure injury” or “At risk of pressure injury”.

If the person did not receive an initial risk assessment within 8 hours of presentation (inpatient and RAC) or at first presentation community or outpatient, to the organisation choose “An initial risk assessment is not documented for this person”.

**Rationale and Analysis**

This question is to measure if the patient is identified at risk of pressure injury development. The information is useful at a unit/service level to inform clinical practice improvement activities.

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| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 11540* |
| **Q8 At the initial risk assessment (within 8 hours of presentation to the organisation) which tool was used and what was the risk category?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **At risk** | **Low risk or Mild risk** | **Medium risk or moderate risk** | **High risk** | **Very high risk** | | **Waterlow** | **○** | **○** | **○** | **○** | **○** | | **Braden** | **○** | **○** | **○** | **○** | **○** | | **Norton** | **○** | **○** | **○** | **○** | **○** | | **Adapted Glamorgan** | **○** | **○** | **○** | **○** | **○** | | **Braden Q** | **○** | **○** | **○** | **○** | **○** | | **Other** | **○** | **○** | **○** | **○** | **○** | |

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| ***Community or Outpatient Survey*** | *QARS Question number: 12707* |
| **Q7 At the initial risk assessment (at first presentation to the community or outpatient service) which tool was used and what was the risk category?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **At risk** | **Low risk or Mild risk** | **Medium risk or moderate risk** | **High risk** | **Very high risk** | | **Waterlow** | **○** | **○** | **○** | **○** | **○** | | **Braden** | **○** | **○** | **○** | **○** | **○** | | **Norton** | **○** | **○** | **○** | **○** | **○** | | **Adapted Glamorgan** | **○** | **○** | **○** | **○** | **○** | | **Braden Q** | **○** | **○** | **○** | **○** | **○** | | **Other** | **○** | **○** | **○** | **○** | **○** | |

**Notes & Instructions**

This is a matrix type question. Select one of the risk category answer options for the risk assessment tool used during the initial risk assessment.

Indicate the risk assessment tool used and the person’s level of risk identified using that tool.

Risk assessment of patients using a validated tool is recommended and does not require a separate screening process. The pressure injury risk assessment consists of two parts:

a) Use a validated pressure injury risk assessment tool/ process appropriate for the patient population in accordance with best practice guidelines, and

b) Skin assessment that is based on visual inspection.

Check the eMR, progress Notes, clinical Notes for this information.

A formal scale or score used to help determine the degree of pressure injury risk. The tool must be appropriate for the patient population in accordance with best practice guidelines e.g. Waterlow, Braden, Norton for adult population and Braden Q or Adapted Glamorgan for neonatal/infant and paediatric population.

If another tool/process was used and documented, e.g. clinical judgement or a different tool, select **other** and the identified level of risk. Notes can be added to the comments box for local information.

**Rationale and Analysis**

This information identifies the risk assessment tool used and the level of risk identified. The information is useful at a unit/service level to inform clinical practice improvement activities.

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| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 11563* |
| **Q9 Is there documentation in the healthcare record of appropriate assessment or reassessment of the person's risk on transfer to this ward?**   * **Yes** * **No** * **N/A** |

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| ***Community or Outpatient Survey*** | *QARS Question number: 10375* |
| **Q8 Is there documentation in the healthcare record of appropriate assessment or reassessment of the person's risk on transfer to this community or outpatient service?**   * **Yes** * **No** * **N/A** |

Select one of the answer options. This is a **compliance reporting question** for the survey.

Check the eMR, progress Notes, clinical Notes for this information.

The time of admission to the unit/service should be available from the eMR, progress Notes or clinical Notes.

The comprehensive risk assessment/screening on transfer of care is a requirement of the NSW Pressure Injury Prevention and Management policy (PD2014\_007).

Risk assessment of patients using a validated tool is recommended on transfer of care, and does not require a separate screening process. The pressure injury risk assessment consists of two parts:

a) Use a validated pressure injury risk assessment tool/ process appropriate for the patient population in accordance with best practice guidelines, and

b) Skin assessment that is based on visual inspection.

Inpatients RAC residents and community or outpatient clients should have assessment or reassessment of pressure injury risk on transfer of care to the unit/service, to guide clinical decision making. The screen/assessment is to be attended by health staff skilled in using the risk assessment tools or process appropriate for the patient population.

If it is less than eight hours since arrival in the unit/service or if another valid reason is documented, then respond “N/A”. Add note to the comments box for local information.

**Rationale and Analysis**

Best practice guidelines and policy recommend risk assessment on transfer of care.

This question will identify if risk assessment is being attended on transfer of care.

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| ***Acute Survey*** | *QARS Question number: 11548* |
| **Q10 Is there documentation in the healthcare record of appropriate reassessment of the person's risk on each of the last 3 days?**   * **Yes** * **No** * **N/A** |

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| ***MPS or RAC Survey*** | *QARS Question number: 12724* |
| **Q10 Is there documentation in the healthcare record of appropriate reassessment of the person's risk weekly for the last 3 weeks?**   * **Yes** * **No** * **N/A** |

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| ***Community or Outpatient Survey*** | *QARS Question number: 12715* |
| **Q9 Is there documentation in the healthcare record of appropriate reassessment of the person's risk within the last month?**   * **Yes** * **No** * **N/A** |

**Notes & Instructions**

Select one of the answer options. This is a **compliance reporting question** for the survey.

Check the eMR, progress Notes, clinical Notes for this information.

For **inpatients** check records for the last three days. If the initial risk assessment is within the last three days then consider if there is documented reassessment of the person’s risk on each day.

For **RAC residents** check records for the last three weeks. If the initial risk assessment is within the last week then answer yes.

For **community or outpatient clients** check records for the last month. If the initial risk assessment is within the last month then answer yes.

If there is not a skin assessment and risk assessment documented for every day (24hr period) for in-patients, or at least one assessment in the last month for community clients, or weekly for the past three weeks for RAC residents, answer NO.

Score N/A if the person is not currently identified as ‘at risk’ of pressure injury.

**Rationale and Analysis**

Ongoing comprehensive risk assessment for people identified ‘at risk’ of developing a pressure injury is recommended by best practice guidelines and the NSW Pressure Injury Prevention and Management policy (PD2014\_007).

The policy outlines the appropriate reassessment requirements for ‘at risk’ people in the three care settings.

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| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 10885* |
| **Q11 Is there documentation of an appropriate pressure injury prevention plan for the person? (Single Choice)**   * **Yes** * **No**   *Q10 in Community or Outpatient Survey* |

**Notes & Instructions**

Select one of the answer options. This is a **compliance reporting question** for the survey.

Check the care plan, progress notes or clinical notes for this information.

Consider if the pressure injury prevention plan is documented. Consider if the pressure injury prevention plan is appropriate for the level of risk of the person and the context of care.

**Rationale and Analysis**

A documented pressure injury prevention plan is recommended as best practice for people identified ‘at risk’ of developing a pressure injury or with an existing injury.

This question provides information surrounding the documentation of appropriate interventions in a care plan or documented in the clinical record.

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| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 10385* |
| **Q12 Is there documentation of information on the prevention of pressure injury being provided to the person or their carer?**   * **Yes** * **No**   *Q11 in Community or Outpatient Survey* |

**Notes & Instructions**

Select one of the answer options. This is a **compliance reporting question** for the survey.

Check the eMR, progress Notes, clinical Notes for this information.

The National Safety Quality in Health Service Standards recommends provision of information, including written information and other resources, appropriate to the patient population are provided to people identified ‘at risk’ or with an existing pressure injury.

Some LHD/SHNs have produced their own information brochures. The CEC have produced information brochures for people in hospital and community settings which have been translated into other languages. A paediatric brochure is also available.

**Rationale and Analysis**

Best practice recommends involvement of patient, family or carer in their care. By providing information on risk factors, prevention strategies and management of pressure injuries, patients are more involved in their care and more aware of what they can do to help reduce the risk of injury.

This question is to measure if the patient, family or carer was provided with written information and it enables organisations to put strategies in place to improve provision of and documentation of written information being provided.

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| ***Acute Surveys*** | *QARS Question number: 11534* |
| **Q13 Is a pressure injury or injuries documented in the healthcare record within the last three days?**   * **Yes** * **No** |

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| ***MPS or RAC Surveys*** | *QARS Question number: 12903* |
| **Q13 Is a pressure injury or injuries documented in the healthcare record within the last week?**   * **Yes** * **No** |

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| ***Community or Outpatient Survey*** | *QARS Question number: 12720* |
| **Q12 Is a pressure injury or injuries documented in the healthcare record within the last month?**   * **Yes** * **No** |

**Notes & Instructions**

Select one of the answer options.

Check the eMR, progress Notes, clinical Notes for this information.

For **inpatients** check records for the last three days.

For **RAC residents** check records for the last week.

For **community or outpatient clients** check records for the last month.

**Rationale and Analysis**

This question indicated the number of documented pressure injuries the person currently has.

The information from this question Q13 (Q12 community or outpatient) can be compared to Q15 (Q14 community or outpatient)to determine the accuracy of pressure injury documentation.

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| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 11996* |
| **Q14 Was a comprehensive skin inspection conducted by the survey team, on the day of the audit? (Single Choice)**   * **Yes** * **No** *If No, jump* to *question no: 22* |

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| ***Community or Outpatient Survey*** | *QARS Question number: 11996* |
| **Q13 Was a comprehensive skin inspection conducted by the survey team, on the day of the audit?**   * **Yes** * **No** *If No, jump to question no: 21* |

**Notes & Instructions**

Select one of the answer options.

The survey team need to gain verbal consent from the person or their family or carer prior to attending the skin inspection. As skin inspection is part of routine care, visual inspection of the patient’s skin by local care staff is a form of observational survey. It is important to ensure that the patient is fully informed, understands the rationale for care, and consents to this occurring.

**Rationale and Analysis**

This question is the denominator for the survey.

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| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 11533* |
| **Q15 On conducting a skin inspection on the day of the audit. Does the person have a pressure injury or injuries?**   * **Yes** * **No** *If No, jump to question no: 22* |

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| ***Community or Outpatient Survey*** | *QARS Question number: 11533* |
| **Q14 On conducting a skin inspection on the day of the audit. Does the person have a pressure injury or injuries?**   * **Yes** * **No** *If No, jump to question no: 21* |

**Notes & Instructions**

Select one of the answer options.

**Rationale and Analysis**

By conducting a skin inspection the survey team are able to identify any current pressure injuries and verify that documentation is accurate.

This is the numerator for the survey (number of people with one or more pressure injuries).

|  |  |
| --- | --- |
| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 11542* |
| **Q16 What was location of the pressure injury or injuries (Record up to the four most severe pressure injuries for the person)?**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Sacrum** | **Buttock** | **Ischial, trochanter or hip** | **Heel** | **Ankle** | **Elbow** | **Shoulder** | **Face, nostril, ear or head (e.g. occiput)** | **Other** | | **Pressure injury A** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury B** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury C** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury D** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | **○** |   *Q15 in Community or Outpatient Survey* |

**Notes & Instructions**

This is a matrix type question. Select one of the pressure injury location answer options for up to four of the person’s most severe pressure injuries.

This question is constructed to gather information on the location of up to the four most severe pressure injuries for the person. In some cases organisations may elect to gather information WHERE a patient or client has more than four pressure injuries. The comments section of this question may be used to record the location of additional pressure injuries. If data is being collected for more than 4 injuries record as PI E, PI F, PI G etc.

**Rationale and Analysis**

This question records the number of pressure injuries and the location of the injury.

|  |  |
| --- | --- |
| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 12666* |
| **Q17 What classification was the pressure injury or injuries (Record up to the four most severe pressure injuries for the person)?**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Stage 1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | **Suspected deep tissue injury** | **Mucosal pressure injury** | | **Pressure injury A** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury B** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury C** | **○** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury D** | **○** | **○** | **○** | **○** | **○** | **○** | **○** |   *Q16 in Community or Outpatient Survey* |

**Notes & Instructions**

This is a matrix type question. Select one of the pressure injury classification answer options for up to four of the person’s most severe pressure injuries.

This question is constructed to gather information on the severity of up to the four most severe pressure injuries for the person. In some cases organisations may elect to gather information WHERE a patient or client has more than four pressure injuries. The comments section of this question may be used to record the severity of additional pressure injuries. If data is being collected for more than 4 injuries record as PI E, PI F, PI G etc.

**Rationale and Analysis**

This question records the number and severity of the injury.

|  |  |
| --- | --- |
| ***Acute and Community or Outpatient Surveys*** | *QARS Question number: 10390* |
| **Q18 WHERE do you understand the pressure injury or injuries developed?**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **In this health facility or service during current episode of care** | **At another health facility or service** | **In the community with services (e.g. nursing, occupational therapy, physiotherapy)** | **In the community without services** | **In an aged care facility** | **Other or don't know** | | **Pressure injury A** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury B** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury C** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury D** | **○** | **○** | **○** | **○** | **○** | **○** |   *Q17 in Community or Outpatient Survey* |

|  |  |
| --- | --- |
| ***MPS or RAC Survey*** | *QARS Question number: 12721* |
| **Q18 WHERE do you understand the pressure injury or injuries developed?**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **In this health facility or service during current episode of care** | **At another health facility or service** | **In the community with services (e.g. nursing, occupational therapy, physiotherapy)** | **In the community without services** | **At another aged care facility** | **Other or don't know** | | **Pressure injury A** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury B** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury C** | **○** | **○** | **○** | **○** | **○** | **○** | | **Pressure injury D** | **○** | **○** | **○** | **○** | **○** | **○** | |

**Notes & Instructions**

This is a matrix type question. Select one of answer options for WHERE the pressure injury developed for up to four of the person’s most severe pressure injuries.

This question is constructed to gather information on the point of development of up to the four most severe pressure injuries for the person. In some cases organisations may elect to gather information WHERE a patient or client has more than four pressure injuries. The comments section of this question may be used to record the point of development of additional pressure injuries. If data is being collected for more than 4 injuries record as PI E, PI F, PI G etc.

**Rationale and Analysis**

This question enables categorisation of the pressure injury into hospital acquired for the state-wide data collection.

|  |  |
| --- | --- |
| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 11552* |
| **Q19 Is the pressure injury or injuries?**   |  |  |  | | --- | --- | --- | |  | **A newly identified pressure injury** | **A device related injury** | | **Pressure injury A** | **○** | **○** | | **Pressure injury B** | **○** | **○** | | **Pressure injury C** | **○** | **○** | | **Pressure injury D** | **○** | **○** |   *Q18 in Community or Outpatient Survey* |

**Notes & Instructions**

This is a matrix type question. Select one of the pressure injury characteristics answer options for up to four of the person’s most severe pressure injuries.

A pressure injury should have each box in the row checked or ticked when the condition identified in the column is true.

This question is constructed to gather information on the characteristics of up to the four most severe pressure injuries for the person. In some cases organisations may elect to gather information WHERE a patient or client has more than four pressure injuries. The comments section of this question may be used to record the characteristics of additional pressure injuries. If data is being collected for more than 4 injuries record as PI E, PI F, PI G etc.

**Rationale and Analysis**

These fields are used to identify pressure injuries to be counted as part of the state-wide data collection.

|  |  |
| --- | --- |
| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 11554* |
| **Q20 Documentation in the healthcare record for the pressure injury includes:**   |  |  |  |  | | --- | --- | --- | --- | |  | **The correct location, classification and place WHERE it developed** | **Documentation on the wound management record or chart if greater than stage 1, or on the skin inspection record, chart, care plan or wound chart if stage 1** | **Notification in the incident notification system** | | **Pressure injury A** | **○** | **○** | **○** | | **Pressure injury B** | **○** | **○** | **○** | | **Pressure injury C** | **○** | **○** | **○** | | **Pressure injury D** | **○** | **○** | **○** |   *Q19 in Community or Outpatient Survey* |

**Notes & Instructions**

This is a matrix type question. Select one of the pressure injury documentation answer options for up to four of the person’s most severe pressure injuries.

A pressure injury should have each box in the row checked or ticked if it is documented correctly and notified in IIMS.

This question is constructed to gather information on the documentation of up to the four most severe pressure injuries for the person. In some cases organisations may elect to gather information WHERE a patient or client has more than four pressure injuries. The comments section of this question may be used to record the documentation of additional pressure injuries. If data is being collected for more than 4 injuries record as PI E, PI F, PI G etc.

**Rationale and Analysis**

This provides additional context on the documentation of pressure injuries noted in the skin inspection on the day of the survey.

|  |  |
| --- | --- |
| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 11549* |
| **Q21 Please provide a brief description of pressure injury assessment or care, healthcare record errors for this person:**  *Q20 in Community or Outpatient Survey* |

**Notes & Instructions**

This question allows the survey team to document any errors found in the healthcare record. Examples might include

* Incorrect identification of a lesion e.g. Incontinence Associated Dermatitis (IAD) or skin tear documented/recorded as a pressure injury
* A pressure injury recorded as a less severe or more severe classification than identified on visual inspection on the day of the survey
* An obvious error in the level of risk identified for a patient e.g. a patient who is unable to reposition themselves in bed or chair having a low pressure injury risk rating recorded.

**Rationale and Analysis**

This information can be used for qualitative local analysis to identify issues with documentation.

|  |  |
| --- | --- |
| ***Acute, MPS or RAC and Community or Outpatient Surveys*** | *QARS Question number: 11550* |
| **Q22 Can the person independently reposition in the bed and the chair? If the patient requires assistance to reposition, the response is No**   * **Yes** * **No**   *Q21 in Community or Outpatient Survey* |

**Notes & Instructions**

Select one of the answer options.

The survey team can either ask the patient directly or consult with the clinical staff caring for the person to determine if the person can independently reposition.

You can also check the eMR, progress Notes, clinical Notes or ICU nursing discharge summary for this information.

**Rationale and Analysis**

If a person is unable to independently reposition they are at high risk of pressure injury development.

During analysis of the data it enables identification of people at high risk of pressure injury development.

|  |  |
| --- | --- |
| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 11997* |
| **Q23 What mattress is the person using at the time of the survey?**   * **Basic hospital mattress or standard foam** * **Reactive (constant low pressure) non – powered high density foam or memory foam mattress** * **Reactive (constant low pressure) non-powered gel mattress** * **Reactive (constant low pressure) non-powered air mattress** * **Reactive (constant low pressure) non-powered combination mattress** * **Reactive (constant low pressure) powered low air loss mattress** * **Reactive (constant low pressure) powered other reactive mattress** * **Active powered alternating air overlay** * **Active powered alternating air mattress replacement** * **Equipment ordered** * **Other** * **Patient refused equipment** * **Not applicable** |

|  |  |
| --- | --- |
| ***Community or Outpatient Survey*** | *QARS Question number: 12722* |
| **Q22 What mattress is the person using at the time of the survey?**   * **Client’s own standard bed** * **Reactive (constant low pressure) non – powered high density foam or memory foam mattress** * **Reactive (constant low pressure) non-powered gel mattress** * **Reactive (constant low pressure) non-powered air mattress** * **Reactive (constant low pressure) non-powered combination mattress** * **Reactive (constant low pressure) powered low air loss mattress** * **Reactive (constant low pressure) powered other reactive mattress** * **Active powered alternating air overlay** * **Active powered alternating air mattress replacement** * **Equipment ordered** * **Other** * **Patient refused equipment** * **Not applicable** |

**Notes & Instructions**

Select one of the answer options.

The survey team should inspect the mattress type used by the person while conducting the skin inspection on the day of the survey and choose the mattress type identified in the above list that is closest to that being used by the person. Organisations may need to provide additional information to the survey teams to ensure this happens consistently across locations and settings.

**< The organisation should provide additional local information on the mattress types used locally and the corresponding mattress type identified in the survey responses >**

**Rationale and Analysis**

This question indicates if an appropriate mattress is in place for the person’s level of risk.

|  |  |
| --- | --- |
| ***Acute and MPS or RAC Surveys*** | *QARS Question number: 10396* |
| **Q24 What seating is the person using at the time of the survey?**   * **Basic hospital chair** * **Reactive non-powered foam** * **Reactive non-powered gel** * **Reactive non-powered air** * **Reactive non-powered combination** * **Active powered alternating air cushion** * **Equipment ordered** * **Other** * **Patient refused equipment** * **Not applicable or bed-bound** |

|  |  |
| --- | --- |
| ***Community or Outpatient Survey*** | *QARS Question number: 12723* |
| **Q24 What seating is the person using at the time of the survey?**   * **Client’s own standard chair** * **Reactive non-powered foam** * **Reactive non-powered gel** * **Reactive non-powered air** * **Reactive non-powered combination** * **Active powered alternating air cushion** * **Equipment ordered** * **Other** * **Patient refused equipment** * **Not applicable or bed-bound** |

**Notes & Instructions**

Select one of the answer options.

The survey team should inspect the seat type used by the person while conducting the skin inspection on the day of the survey and choose the seating type identified in the above list that is closest to that being used by the person. Organisations may need to provide additional information to the survey teams to ensure this happens consistently across locations and settings.

**<The organisation should provide additional local information on the seating types used locally and the corresponding seating type identified in the survey responses>**

**Rationale and Analysis**

This question indicates if appropriate seating is in place for the person’s level of risk.

# Indicators

The following table summarises the standard calculations for each of the state wide indicators. Organisations may find additional calculations may be needed for some indicators based on the quality of the audit data. If required further assistance and tools to calculate the indicators are available. Please contact the Project Officer, Pressure Injury Prevention Project at the Clinical Excellence Commission if this is required.

Notes

* QARS Question ID # or field name are listed the first time they are used.
* Field names from the data file or QARS Question ID # are identified using brackets and bold formatting, for example **[Facility] or [11533].** The question text from QARS is also provided.
* Values are identified using single quotation marks, for example ‘Yes’.
* DISTINCT means the unique values within the field.
* IN means WHERE there is a match for any value in a list of values
* For % indicators Multiply result by 100 or format as a percentage for presentation
* **[ReferenceID]** from the QARS data file is used as a field for counting records in this document. For data collections not derived from QARS please use any other field WHERE there is a value in every record of the data set.
* Generally the simplest method for calculation is applied. Questions 15, 16 & 17 may require additional filters if the audit data is not accurate.
* The calculations provided are for the Acute setting audit tool. Indicators for Community, RAC & MPS settings are calculated by adapting WHERE required to the similar question on the respective audit tools.

Source for Survey Tools

***Inpatient Settings:*** Questionnaire Number: 2114.Questionnaire Name: CEC\_08\_PI\_Prevalence\_Inpatient\_2016

***Residential Aged Care or MPS Settings:*** Questionnaire Number: 2116.Questionnaire Name: CEC\_08\_PI\_Prevalence\_MPS\_RAC\_2016

***Community or Outpatient Settings:*** Questionnaire Number: 2029. Questionnaire Name: CEC\_08\_PI\_Prevalence\_Community\_Outpatient\_2016

Thanks to the Illawarra Shoalhaven Local Health District, Clinical Governance Unit and in particular Jenny Nagorcka, Data Manager Special Projects for the work done in developing the PIP survey indicator set definitions.

| **Indicator Ref #** | **Description** | **Numerator** | **Denominator** | **QARS Question ID #, QARS question text, field name and notes** | **Notes** |
| --- | --- | --- | --- | --- | --- |
| 1.a. | The total number of inpatient facilities in the LHD/SHN. | Count of distinct inpatient facilities in the LHD/SHN conducting the survey | N/A |  | * Provided by the LHD/SHN conducting the survey * Facilities with a Health Establishment Registration On-line identifier |
| 1.b. | The total number of facilities in the LHD/SHN with Residential Aged Care (RAC) beds. | Count of distinct facilities in the LHD/SHN conducting the survey with at least one Residential Aged Care (RAC) bed | N/A |  | * Provided by the LHD/SHN conducting the survey * Facilities with a Health Establishment Registration On-line identifier |
| 1.c. | The total number of facilities in the LHD/SHN with community or outpatient services. | Count of distinct facilities in the LHD/SHN conducting the survey that provide Community or outpatient services | N/A |  | * Provided by the LHD/SHN conducting the survey * Facilities with a Health Establishment Registration On-line identifier |
| 2.a. | The number of inpatient facilities undertaking point prevalence surveys in this survey year. | Count of distinct values in **[Facility]**  WHERE **[AuditDate]** >= ‘01/01/xxxx’ and <= ‘31/12/xxxx’ | N/A | **[Facility]** | * Facilities with a Health Establishment Registration On-line identifier * Data for the period 1 January in this survey year to 31 December in this survey year |
| 2.b. | % of inpatient facilities undertaking point prevalence surveys in this survey year. | Count of distinct values in **[Facility]**  WHERE **[AuditDate]** >= ‘01/01/xxxx’ and <= ‘31/12/xxxx’ | 1.a. The total number of inpatient facilities in the LHD/SHN. | **[AuditDate]** | * Indicator Ref # 2.a. / Indicator Ref # 1.a. * Multiply result by 100 or format as a percentage for presentation |
| 3.a. | Total number of patients who are eligible for the survey (culturally and clinically appropriate). | Count of values in **[ReferenceID]** | N/A | **[ReferenceID]** | * Number of patients who are culturally and clinically appropriate to be part of the survey on the day |
| 4.a. | Total number of patients consenting to the survey (skin inspection). | Count of values in **[ReferenceID]**  WHERE **[11996]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | N/A | **[11996]** Was a comprehensive skin inspection conducted by the survey team, on the day of the audit? | * Number of patients who consented and survey conducted including skin inspection |
| 4.b. | % of patients consenting to the survey (skin inspection). | Count of values in **[ReferenceID]**  WHERE **[11996]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]** | See above | * Indicator Ref # 4.a. / Indicator Ref # 3.a. * % of patients who consented and survey conducted including skin inspection * Multiply result by 100 or format as a percentage for presentation |
| 5.a. | Total number of patients with 1 or more PI (overall prevalence). | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | N/A | **[11533]** On conducting a skin inspection on the day of the audit. Does the person have a pressure injury or injuries? | * The total number of patients and % who are identified to have 1 or more PI on the day of the survey |
| 5.b | % of patients with 1 or more PI (overall prevalence). | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]**  WHERE **[11996]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 5.a. / Indicator Ref # 4.a. |
| 6.a. | Total number of patients with 1 or more hospital acquired PI. | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND **[10390]** = ‘In this health facility or service during current episode of care’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | N/A | **[10390]** WHERE do you understand the pressure injury or injuries developed?  This is a matrix style question and will require the filter being applied across 4 columns of data **[Matrix1: Pressure injury A]-** [**Matrix4: Pressure injury D].** |  |
| 6.b. | % of patients with 1 or more hospital acquired PI. | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND **[10390]** = ‘In this health facility or service during current episode of care’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]**  WHERE **[11996]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 6.a. / Indicator Ref # 4.a. |
| 7.a. | Total number of patients with a comprehensive risk assessment documented or scored within 8 hours of presentation to the facility for this episode of care? (validated risk assessment tool and skin assessment). | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | N/A | **[10379]** Is there documentation of a fully completed comprehensive risk assessment (using a validated tool and comprehensive skin assessment) within 8 hours of presentation to the organisation? |  |
| 7.b. | % of patients with a comprehensive risk assessment documented or scored within 8 hours of presentation to the facility for this episode of care? (validated risk assessment tool and skin assessment). | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]** | See above | * Indicator Ref # 7.a. / Indicator Ref # 3.a. |
| 8.a. | Total number of patients identified at risk or higher on the initial risk assessment. | Count of values in **[ReferenceID]**  WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | N/A | **[11539]** At the initial risk assessment (within 8 hours of presentation to the organisation) was the person: |  |
| 8.b. | % of patients identified at risk or higher on the initial risk assessment. | Count of values in **[ReferenceID]**  WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 8.a. / Indicator Ref # 7.a. |
| 9.a. | Total number of patients with documentation of assessment or reassessment on transfer to the ward or service. | Count of values in **[ReferenceID]** WHERE **[11563]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx |  | **[11563]** Is there documentation in the healthcare record of appropriate assessment or reassessment of the person's risk on transfer to this ward? |  |
| 9.b. | % of patients with documentation of assessment or reassessment on transfer to the ward or service. | Count of values in **[ReferenceID]** WHERE **[11563]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]** WHERE **[11563]** = ‘Yes’  OR  WHERE **[11563]** = ‘No’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 9.a. / Count of 'Yes' or 'No' responses to [11563] * The following response is excluded from the denominator * N/A |
| 10.a. | Total number of patients with a comprehensive risk assessment documented on each of the most recent three days. | Count of values in **[ReferenceID]** WHERE**[11548]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx |  | **[11548]** Is there documentation in the healthcare record of appropriate reassessment of the person's risk on each of the last 3 days? | If in hospital for less than 3 days, audit of all in-patient days. |
| 10.b. | % of patients with a comprehensive risk assessment documented on each of the most recent three days. | Count of values in **[ReferenceID]** WHERE **[11548]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]** WHERE **[11548]** = ‘Yes’  OR  WHERE **[11548]** = ‘No’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 10.a. / Count of 'Yes' or 'No' responses to [11548] * The following response is excluded from the denominator * N/A |
| 11.a. | Total number of patients WHERE there is documentation of an appropriate pressure injury prevention care plan. | Count of values in **[ReferenceID]**  WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’ AND  WHERE **[10885]** = ‘Yes’ AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx |  | **[10885]** Is there documentation of an appropriate pressure injury prevention plan for the person? |  |
| 11.b. | % of patients WHERE there is documentation of an appropriate pressure injury prevention care plan. | Count of values in **[ReferenceID]**  WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’ AND  WHERE **[10885]** = ‘Yes’ AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]**  WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 11.a. / Indicator Ref # 8.a. |
| 12.a. | Total number of patients WHERE there is documentation on PI P being provided to the person or carer. | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’ AND  WHERE **[10385]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx |  | **[10385]** Is there documentation of information on the prevention of pressure injury being provided to the person or their carer? |  |
| 12.b. | % of patients WHERE there is documentation on PI P being provided to the person or carer. | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’ AND  WHERE **[10385]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]**  WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 12.a. / Indicator Ref # 8.a. |
| 13.a. | Total number of patients able to Independently reposition in bed and chair. | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’ AND  WHERE **[11550]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx |  | **[11550]** Can the person independently reposition in the bed and the chair? If the patient requires assistance to reposition, the response is "No" |  |
| 13.b. | % of patients able to Independently reposition in bed and chair. | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’ AND  WHERE **[11550]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]**  WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 13.a. / Indicator Ref # 8.a. |
| 14.a. | Total number of patients with pressure relieving equipment insitu. | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’ AND  WHERE **[11997]** IN  ‘Reactive (constant low pressure) non – powered high density foam or memory foam mattress’  ‘Reactive (constant low pressure) non-powered gel mattress’  ‘Reactive (constant low pressure) non-powered air mattress’  ‘Reactive (constant low pressure) non-powered combination mattress’  ‘Reactive (constant low pressure) powered low air loss mattress’  ‘Reactive (constant low pressure) powered other reactive mattress’  ‘Active powered alternating air overlay’  ‘Active powered alternating air mattress replacement’  ‘Equipment ordered’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx |  | **[11997]** What mattress is the person using at the time of the survey? |  |
| 14.b. | % of patients with pressure relieving equipment insitu. | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’ AND  WHERE **[11997]** IN  ‘Reactive (constant low pressure) non – powered high density foam or memory foam mattress’  ‘Reactive (constant low pressure) non-powered gel mattress’  ‘Reactive (constant low pressure) non-powered air mattress’  ‘Reactive (constant low pressure) non-powered combination mattress’  ‘Reactive (constant low pressure) powered low air loss mattress’  ‘Reactive (constant low pressure) powered other reactive mattress’  ‘Active powered alternating air overlay’  ‘Active powered alternating air mattress replacement’  ‘Equipment ordered’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]** WHERE **[10379]** = ‘Yes’ AND  WHERE **[11539]** = ‘At risk of pressure injury’ AND  WHERE **[11997]** IN  ‘Reactive (constant low pressure) non – powered high density foam or memory foam mattress’  ‘Reactive (constant low pressure) non-powered gel mattress’  ‘Reactive (constant low pressure) non-powered air mattress’  ‘Reactive (constant low pressure) non-powered combination mattress’  ‘Reactive (constant low pressure) powered low air loss mattress’  ‘Reactive (constant low pressure) powered other reactive mattress’  ‘Active powered alternating air overlay’  ‘Active powered alternating air mattress replacement’  ‘Equipment ordered’  ‘Basic hospital mattress or standard foam’  ‘Other’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 14.a. / Indicator Ref # 14.b. * The following responses are excluded from the denominator * Patient refused equipment * Not applicable |
| 15.a. | Total number of patients with a wound management record or chart documenting every current PI. | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  WHERE **[11554]** = ‘Documentation on the wound management record or chart if greater than stage 1, or on the skin inspection record, chart, care plan or wound chart if stage 1’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx |  | **[11554]** Documentation in the healthcare record for the pressure injury includes:  This is a matrix style question and will require the filter being applied across 4 columns of data **[Matrix1: Pressure injury A]-** [**Matrix4: Pressure injury D].** |  |
| 15.b. | % of patients with a wound management record or chart documenting every current PI. | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  WHERE **[11554]** = ‘Documentation on the wound management record or chart if greater than stage 1, or on the skin inspection record, chart, care plan or wound chart if stage 1’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 15.a. / Indicator Ref # 5.a. |
| 16.a. | Total number of patients with a device related injury. | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  WHERE **[11552]** = ‘A device related injury’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx |  | **[11552]** Is the pressure injury or injuries?  This is a matrix style question and will require the filter being applied across 4 columns of data **[Matrix1: Pressure injury A]-** [**Matrix4: Pressure injury D].** |  |
| 16.b. | % of patients with a device related injury. | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  WHERE **[11552]** = ‘A device related injury’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 16.a. / Indicator Ref # 5.a. |
| 17.a. | Total number of patients with a PI that have documentation in the healthcare record of it being notified in the incident notification system. | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  WHERE **[11554]** = ‘Notification in the incident notification system’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx |  | **[11554]** Documentation in the healthcare record for the pressure injury includes |  |
| 17.b. | % of patients with a PI that have documentation in the healthcare record of it being notified in the incident notification system. | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  WHERE **[11554]** = ‘Notification in the incident notification system’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | Count of values in **[ReferenceID]** WHERE **[11533]** = ‘Yes’  AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx | See above | * Indicator Ref # 17.a. / Indicator Ref # 5.a. |
| 18. | Classification of PI - hospital acquired. | Count of values in **[12666]**  WHERE **[10390]** = ‘In this health facility or service during current episode of care’ AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx BY  matrix value of **[12666]** |  | **[12666]** What classification was the pressure injury or injuries (Record up to the four most severe pressure injuries for the person)?  This is a matrix style question and will require the filter being applied across 4 columns of data **[Matrix1: Pressure injury A]-** [**Matrix4: Pressure injury D].**  Tip: Probably the easiest way to calculate this is by counting the values in a cross tab table for each matrix level then sum the counts for each response value. | Records without a PI classification value should be excluded from the report. |
| 19. | Classification of PI - NOT hospital/health service acquired | Count of values in **[12666]**  WHERE **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx BY  matrix value of **[12666]** |  | See above | Records without a PI classification value should be excluded from the report. |
| 20. | Location of PI – hospital acquired | Count of values in **[12666]**  WHERE **[10390]** = ‘In this health facility or service during current episode of care’ AND  **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx BY  matrix value of **[12666]** AND **[11542]** |  | **[11542]** What was location of the pressure injury or injuries (Record up to the four most severe pressure injuries for the person)?  This is a matrix style question and will require the filter being applied across 4 columns of data **[Matrix1: Pressure injury A]-** [**Matrix4: Pressure injury D].** | Records with a PI classification value that do not have a location value should be aggregated into the ‘Other’ location. |
| 21. | Location of PI - NOT hospital/health service acquired | Count of values in **[12666]**  WHERE **[AuditDate]** >= 01/01/xxxx and <= 31/12/xxxx BY  matrix value of **[12666]** AND **[11542]** |  | See above | Records with a PI classification value that do not have a location value should be aggregated into the ‘Other’ location. |

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| **LHD/SHN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2016 inpatient results** | | | | | | | | | | |
| **1.a.** The total number of facilities in the LHD/SHN | | | | | | | Number | |  | |
| **1.b.** Of your total facilities how many include Residential Aged Care (RAC) beds | | | | | | | Number | |  | |
| **1.c**. Of your total facilities how many include community or outpatient services | | | | | | | Number | |  | |
| **2.** The number of inpatient facilities undertaking point prevalence surveys in 2016 | | | | | | | Number | | % | |
| **3.** Total number of people who are eligible for the survey (culturally and clinically appropriate) | | | | | | | Number | |  | |
| **4.** Total number of people who consented to the survey including skin inspection | | | | | | | Number | |  | |
| **Pressure Injury (PI) Prevalence for inpatients** | | | | | | | | | | |
| **5.**People with 1 or more PI (overall prevalence) | | | | | | | Number | | % | |
| **6.**People with 1 or more hospital acquired PI | | | | | | | Number | | % | |
| **Initial comprehensive PI risk assessment** | | | | | | | | | | |
| **7.** Was a comprehensive risk assessment documented/scored within 8 hours of presentation to the facility for this episode of care? (validated risk assessment tool and skin inspection) | | | | | | | Number | | % | |
| **8.** Was the person identified **at risk or higher** on the initial risk assessment | | | | | | | Number | | % | |
| **9**.Was there documentation of assessment or reassessment on transfer to the ward/service | | | | | | | Number | |  | |
| **People identified at risk only** | | | | | | |  | |  | |
| **10.** Was a comprehensive risk assessment documented on each of the most recent three days | | | | | | | Number | | % | |
| **11.** Documentation of an appropriate pressure injury prevention care plan for this person | | | | | | | Number | | % | |
| **12**. Documentation of information on PI P being provided to the person/carer | | | | | | | Number | | % | |
| **13**. People who can independently reposition in bed and chair | | | | | | | Number | | % | |
| **14.** People with pressure relieving equipment insitu | | | | | | | Number | | % | |
| **People with a PI identified** | | | | | | | | | | |
| **15.** If the person has an identified PI, was there a wound management record/chart documenting every current PI | | | | | | | Number | | % | |
| **16.** Is the injury a device related PI | | | | | | | Number | | % | |
| **17.** If a PI was documented was it entered in the IIMS | | | | | | | Number | | % | |
| **18. Classification of PI - hospital acquired.** | | | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | **SDT** | | **Mucosal** | | **Total of all PIs** |
| **Total** | Number | Number | Number | Number | Number | Number | | Number | | Number |
| **19. Classification of PI - NOT hospital/health service acquired** | | | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | **SDT** | | **Mucosal** | | **Total of all PIs** |
| **Total** | Number | Number | Number | Number | Number | Number | | Number | | Number |

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| **20. Location of PI – hospital acquired** | | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | | **Stage 4** | **Unstageable** | **SDT** | **Mucosal** | **Total** |
| Sacrum | Number | Number | Number | | Number | Number | Number |  | Number |
| Buttock | Number | Number | Number | | Number | Number | Number |  | Number |
| Ischial | Number | Number | Number | | Number | Number | Number |  | Number |
| Trochanter/hip | Number | Number | Number | | Number | Number | Number |  | Number |
| Heels | Number | Number | Number | | Number | Number | Number |  | Number |
| Elbows | Number | Number | Number | | Number | Number | Number |  | Number |
| Ankles | Number | Number | Number | | Number | Number | Number |  | Number |
| Shoulders | Number | Number | Number | | Number | Number | Number |  | Number |
| Face | Number | Number | Number | | Number | Number | Number |  | Number |
| Ears | Number | Number | Number | | Number | Number | Number |  | Number |
| Head (e.g.,occiput) | Number | Number | Number | | Number | Number | Number |  | Number |
| Other | Number | Number | Number | | Number | Number | Number | Number | Number |
| **21. Location of PI - NOT hospital/health service acquired** | | | | | | | | |  |
|  | **Stage1** | **Stage 2** | | **Stage 3** | **Stage 4** | **Unstageable** | **SDT** | **Mucosal** | **Total** |
| Sacrum | Number | Number | | Number | Number | Number | Number |  | Number |
| Buttock | Number | Number | | Number | Number | Number | Number |  | Number |
| Ischial | Number | Number | | Number | Number | Number | Number |  | Number |
| Trochanter/hip | Number | Number | | Number | Number | Number | Number |  | Number |
| Heels | Number | Number | | Number | Number | Number | Number |  | Number |
| Elbows | Number | Number | | Number | Number | Number | Number |  | Number |
| Ankles | Number | Number | | Number | Number | Number | Number |  | Number |
| Shoulders | Number | Number | | Number | Number | Number | Number |  | Number |
| Face | Number | Number | | Number | Number | Number | Number |  | Number |
| Ears | Number | Number | | Number | Number | Number | Number |  | Number |
| Head (e.g.,occiput) | Number | Number | | Number | Number | Number | Number |  | Number |
| Other | Number | Number | | Number | Number | Number | Number | Number | Number |

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| **LHD/SHN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2016 community/outpatient services results** | | | | | | | | | | | |
| **1.a.** The total number of facilities in the LHD/SHN | | | | | | | | Number | |  | |
| **1.b.** Of your total facilities how many include community/outpatient services | | | | | | | | Number | |  | |
| **2.** The number of community/outpatient services undertaking point prevalence surveys in 2016 | | | | | | | | Number | | % | |
| **3.** Total number of people who are eligible for the survey (culturally and clinically appropriate) | | | | | | | | Number | |  | |
| **4.** Total number of people consented to the survey including skin inspection | | | | | | | | Number | |  | |
| **Pressure Injury (PI) Prevalence community or outpatient clients** | | | | | | | | | | | |
| **5.**People with 1 or more PI (overall prevalence) | | | | | | | | Number | | | % |
| **6.**People with 1 or more hospital/health service acquired PI | | | | | | | | Number | | | % |
| **Initial comprehensive PI risk assessment** | | | | | | | | | | | |
| **7.** Was a comprehensive risk assessment documented/scored at first presentation to the community or outpatient service for this episode of care? (validated risk assessment tool and skin inspection) | | | | | | | | Number | | | % |
| **8.** Was the person identified **at risk or higher** on the initial risk assessment | | | | | | | | Number | | | % |
| **9**.Was there documentation of assessment or reassessment on transfer to the community or outpatient service | | | | | | | | Number | | |  |
| **People identified at risk only** | | | | | | | |  | | |  |
| **10.** Was a comprehensive risk assessment documented within the last month | | | | | | | | Number | | | % |
| **11.** Documentation of an appropriate pressure injury prevention care plan for this person | | | | | | | | Number | | | % |
| **12**. Documentation of information on PIP being provided to the person/carer | | | | | | | | Number | | | % |
| **13**. People who can independently reposition in bed and chair | | | | | | | | Number | | | % |
| **14.** People with pressure relieving equipment insitu | | | | | | | | Number | | | % |
| **People with a PI identified** | | | | | | | | | | | |
| **15.** If the person has an identified PI, was there a wound management record/chart documenting every current PI | | | | | | | | Number | | | % |
| **16.** Is the injury a device related PI | | | | | | | | Number | | | % |
| **17.** If a PI is documented was it entered in the IIMS | | | | | | | | Number | | | % |
| **18. Classification of PI - health service acquired.** | | | | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | | **SDT** | | **Mucosal** | | **Total of all PIs** |
| **Total** | Number | Number | Number | Number | Number | | Number | | Number | | Number |
| **19. Classification of PI – NOT health service acquired** | | | | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | | **SDT** | | **Mucosal** | | **Total of all PIs** |
| **Total** | Number | Number | Number | Number | Number | | Number | | Number | |  |
| **20. Location of PI – health service acquired** | | | | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | **SDT** | | | **Mucosal** | | **Total** |
| Sacrum | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Buttock | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Ischial | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Trochanter/hip | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Heels | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Elbows | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Ankles | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Shoulders | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Face | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Ears | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Head (e.g.,occiput) | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Other | Number | Number | Number | Number | Number | Number | | | Number | | Number |
| **21. Location of PI – NOT health service acquired** | | | | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | **SDT** | | | **Mucosal** | | **Total** |
| Sacrum | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Buttock | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Ischial | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Trochanter/hip | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Heels | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Elbows | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Ankles | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Shoulders | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Face | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Ears | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Head (e.g.,occiput) | Number | Number | Number | Number | Number | Number | | |  | | Number |
| Other | Number | Number | Number | Number | Number | Number | | | Number | | Number |

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| **LHD/SHN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2016 Residential Aged Care results** | | | | | | | | | |
| **1.a.** The total number of facilities in the LHD/SHN | | | | | | | | Number |  |
| **1.b.** Of your total facilities how many include Residential Aged Care (RAC) beds | | | | | | | | Number |  |
| **2.** The number of MPS/RAC facilities undertaking point prevalence surveys in 2016 | | | | | | | | Number | % |
| **3.** Total number of people who are eligible for the survey (culturally and clinically appropriate) | | | | | | | | Number |  |
| **4.** Total number of people consented to the survey including skin inspection | | | | | | | | Number |  |
| **Pressure Injury (PI) Prevalence for RAC residents** | | | | | | | | | |
| **5.**People with 1 or more PI (overall prevalence) | | | | | | | | Number | % |
| **6.**People with 1 or more health service acquired PI | | | | | | | | Number | % |
| **Initial comprehensive PI risk assessment** | | | | | | | | | |
| **7.** Was a comprehensive risk assessment documented/scored within 8 hours of presentation to the facility for this episode of care? (validated risk assessment tool and skin inspection) | | | | | | | | Number | % |
| **8.** Was the person identified **at risk or higher** on the initial risk assessment | | | | | | | | Number | % |
| **9**.Was there documentation of assessment or reassessment on transfer to the ward/unit | | | | | | | | Number |  |
| **People identified at risk only** | | | | | | | |  |  |
| **10.** Was a comprehensive risk assessment documented weekly for the last three weeks | | | | | | | | Number | % |
| **11.** Documentation of an appropriate pressure injury prevention care plan for this person | | | | | | | | Number | % |
| **12**. Documentation of information on PIP being provided to the person/carer | | | | | | | | Number | % |
| **13**. People who can independently reposition in bed and chair | | | | | | | | Number | % |
| **14.** People with pressure relieving equipment insitu | | | | | | | | Number | % |
| **People with a PI identified** | | | | | | | | | |
| **15.** If the person has an identified PI, was there a wound management record/chart documenting every current PI | | | | | | | | Number | % |
| **16.** Is the injury a device related PI | | | | | | | | Number | % |
| **17.** If a PI is documented was it entered in the IIMS | | | | | | | | Number | % |
| **18. Classification of PI - health service acquired.** | | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | **SDT** | **Mucosal** | | **Total of all PIs** |
| **Total** | Number | Number | Number | Number | Number | Number | Number | | Number |
| **19. Classification of PI – NOT health service acquired** | | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | **SDT** | **Mucosal** | | **Total of all PIs** |
| **Total** | Number | Number | Number | Number | Number | Number | Number | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **20. Location of PI – health service acquired** | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | **SDT** | **Mucosal** | **Total** |
| Sacrum | Number | Number | Number | Number | Number | Number |  | Number |
| Buttock | Number | Number | Number | Number | Number | Number |  | Number |
| Ischial | Number | Number | Number | Number | Number | Number |  | Number |
| Trochanter/hip | Number | Number | Number | Number | Number | Number |  | Number |
| Heels | Number | Number | Number | Number | Number | Number |  | Number |
| Elbows | Number | Number | Number | Number | Number | Number |  | Number |
| Ankles | Number | Number | Number | Number | Number | Number |  | Number |
| Shoulders | Number | Number | Number | Number | Number | Number |  | Number |
| Face | Number | Number | Number | Number | Number | Number |  | Number |
| Ears | Number | Number | Number | Number | Number | Number |  | Number |
| Head (e.g.,occiput) | Number | Number | Number | Number | Number | Number |  | Number |
| Other | Number | Number | Number | Number | Number | Number | Number | Number |
| **21. Location of PI – NOT health service acquired** | | | | | | | | |
|  | **Stage1** | **Stage 2** | **Stage 3** | **Stage 4** | **Unstageable** | **SDT** | **Mucosal** | **Total** |
| Sacrum | Number | Number | Number | Number | Number | Number |  | Number |
| Buttock | Number | Number | Number | Number | Number | Number |  | Number |
| Ischial | Number | Number | Number | Number | Number | Number |  | Number |
| Trochanter/hip | Number | Number | Number | Number | Number | Number |  | Number |
| Heels | Number | Number | Number | Number | Number | Number |  | Number |
| Elbows | Number | Number | Number | Number | Number | Number |  | Number |
| Ankles | Number | Number | Number | Number | Number | Number |  | Number |
| Shoulders | Number | Number | Number | Number | Number | Number |  | Number |
| Face | Number | Number | Number | Number | Number | Number |  | Number |
| Ears | Number | Number | Number | Number | Number | Number |  | Number |
| Head (e.g.,occiput) | Number | Number | Number | Number | Number | Number |  | Number |
| Other | Number | Number | Number | Number | Number | Number | Number | Number |

## Appendix A

Sample emails

## District wide / facility wide pre survey email (3 weeks before survey)

***Attach Survey Flyer***

Dear colleague, <**insert organisation name>** Pressure Injury Point Prevalence (PIPP) Survey will be held on <**insert days and dates>** at all facilities within the organisation. The survey will be undertaken at least annually in Acute, Residential Aged Care (RAC) and Community Based Care settings. It aims to identify pressure injury prevalence within our organisation and core pressure injury prevention practices, including documentation, adherence to best-practice and evidence-based guidelines. The results will be used evaluate and inform strategic planning on service quality improvement, demonstrate trends in care processes and patient outcomes.

**What are the benefits of completing the survey?**

Completing the survey is important because it allows your team to gain a realistic view of what is happening in the day-to-day practice of your clinical unit. The results will support benchmarking both within this organisation and across the State.

## Information

There are a number of sources of support to assist you.

* A flyer is attached to post on the noticeboard for your team
* Go to the PIPP Survey page on the intranet <**insert link>** to access guides and tools.
* If you have questions about the survey questions themselves, or the PIPP Survey overall, please contact <**insert name>**, <**insert position>** name on <**02 XXXX XXXX>** or <**insert email address>**

Kind regards

# Pre survey email to members of survey teams (1 week before survey)

Dear colleague, Thank you for agreeing to participate as a Pressure Injury Point Prevalence (PIPP) Survey Team Member. The PIPP Survey will be held on <**insert days and dates>** at all facilities within the organisation.

You should attend <**insert ward and facility>** at <**insert time>** on the day of the survey and prepare for the survey with your team members.

The survey team attend the clinical units solely to conduct the survey. They should refer requests for care to the patients’ nursing teams. The survey team have responsibility to complete the survey (paper based or electronically), this includes the documentation questions, comprehensive skin assessment and equipment questions.

The survey team must obtain verbal consent from the patient and/or their carer prior to attending the comprehensive skin assessment. The survey team should have copies of:

* Pressure Injury Prevention - Pressure Injury Care Review
* Pressure Injury Prevention - Information for Patients and Families
* Pressure Injury Prevention - For People at Risk
* Pressure Injury Classification System.

The clinicians attending the survey require education and training to ensure inter-rater reliability and instruction in completing the required documentation. Clinicians doing the survey need to complete the Health Education & Training Institute (HETI) Pressure Injury Prevention modules.

[http://www.heti.nsw.gov.au/Courses/Pressure-Injury-Prevention--Management](http://www.heti.nsw.gov.au/Courses/Pressure-Injury-Prevention--Management/)

Information is also available in an accompanying HETI educational module titled “Pressure Injury Point Prevalence (PIPP) survey (Conducting)” available from the link

[http://www.heti.nsw.gov.au/Courses/conducting-a-Pressure-Injury-Point-Prevalence-PIPP-survey](http://www.heti.nsw.gov.au/Courses/conducting-a-Pressure-Injury-Point-Prevalence-PIPP-survey/)

**WHERE to get help**

There are a number of sources of support to assist you.

* Go to the PIPP Survey page on the intranet <**insert link>** to access guides and tools.
* If you have questions about the survey questions themselves, or the PIPP Survey overall, please contact <**insert name>**, <**insert position>** name on <**02 XXXX XXXX>** or <**insert email address>**

Kind regards

# District wide / facility wide post survey email (3 weeks after survey)

***Attach Summary of PIPP Survey Results to email***

Dear colleague, <**insert organisation name>** recently conducted an organisation wide Pressure Injury Point Prevalence (PIPP) Survey. Thank you to all staff that participated in and supported the survey. Congratulations to all staff within the organisation for providing high quality, safe care of our patients in this area and achieving excellent results in the survey.

A summary of the results of the survey are attached to this email and enables your team to gain a realistic view of what is happening in the day-to-day practice of your clinical unit and being able to benchmark both within this organisation and across the State.

In the coming year our organisation will be focusing on improving our pressure injury prevention care in the following areas:

* **<insert topic>**
* **<insert topic>**

When the results of the survey are discussed within your department, clinical unit or service consider how improvements in these areas can be made within your team. Please look out for further information on organisation wide approaches being

**More about the survey**

The survey will be undertaken at least annually in Acute, Residential Aged Care (RAC) and Community Based Care settings. It aims to identify pressure injury prevalence within our organisation and core pressure injury prevention practices, including documentation, adherence to best-practice and evidence-based guidelines. The results will be used evaluate and inform strategic planning on service quality improvement, demonstrate trends in care processes and patient outcomes.

If you have further questions about the PIPP Survey or the results, please contact <**insert name>**, <**insert position>** name on <**02 XXXX XXXX>** or <**insert email address>**

Kind regards

## Appendix B

Survey Flyer



2016 <Insert Organisation Name>

**Pressure Injury**

**Point Prevalence Survey**

**<Insert your organisation’s Logo here>**

**A Pressure Injury Point Prevalence (PIPP) Survey will be held on**

**<insert days and dates>**

**in Acute, Residential Aged Care (RAC) and   
Community Based Care settings across our organisation.**

*It aims to identify pressure injury prevalence within our organisation and core pressure injury prevention practices.*

***Completing the survey is important***  *because it allows your team to gain a realistic view of what is happening in the day-to-day practice of your clinical unit. The results will support benchmarking both within this organisation and across the State.*

**Further Information to assist you:**

Go to the PIPP Survey page on the intranet <insert link> to access guides and tools.

If you have questions about the survey questions themselves, or the PIPP Survey overall, please contact <insert name>, <insert position> name on <02 XXXX XXXX> or <insert email address>

## Appendix C

Data collection protocol

|  |  |  |
| --- | --- | --- |
| Date (Suggested schedule) | Action | Responsible |
| xx/xxx/xxxx  (6 weeks before survey) | Copy and customise the survey tools in QARS | Clinical Governance Unit |
| xx/xxx/xxxx  (5 weeks before survey) | Test the survey tools in one unit within your organisation | Clinical Governance Unit  Pressure injury prevention Staff |
| xx/xxx/xxxx  (4 weeks before survey) | Setup the survey in QARS and assign surveyors if needed | Clinical Governance Unit |
|  | Train staff to conduct survey | Pressure injury prevention Staff |
| xx/xxx/xxxx  (3 weeks before survey) | District wide / facility wide pre survey email | Clinical Governance Unit |
| xx/xxx/xxxx  (2 weeks before survey) | Ensure department, clinical unit or service staff are able to access QARS and review survey results post survey | Clinical Governance Unit  Pressure injury prevention Staff |
|  | Assign surveyors to departments, clinical units or services | Pressure injury prevention Staff |
| xx/xxx/xxxx  (1 week before survey) | Pre survey email to members of survey teams | Clinical Governance Unit |
| xx/xxx/xxxx  Survey date/s | Carry out survey | Clinical Governance Unit  Pressure injury prevention Staff |
| xx/xxx/xxxx  (3 weeks after survey) | District wide / facility wide post survey email with summary report | Clinical Governance Unit |
| xx/xxx/xxxx  (6 weeks after survey) | Provide final report to stakeholders highlighting areas of high performance and recommendations of areas for improvement | Clinical Governance Unit  Pressure injury prevention Staff |