

Falls and Pressure Injuries

Agreed Northern Region operational definitions and data capture

PRESSURE INJURIES

Agreed definition: "A pressure injury is "a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction".¹

Pressure injuries	Acute care (DHB)	Age related residential care (ARRC)
Operational definitions	<ul style="list-style-type: none"> ○ Adopt European grading system for pressure injuries² ○ Will report three categories: <ul style="list-style-type: none"> ○ Grade 1 ○ Grade 2 ○ Grade 3 and 4 ○ Ungradeable to be included with grade 3 – 4 category ○ Pressure injuries related to medical devices to be included 	<ul style="list-style-type: none"> ○ Adopt European grading system for pressure injuries which includes Grade 1, Grade 2, Grade 3 and 4 ○ Ungradeable to be included with grade 3 – 4 category ○ Pressure injuries related to medical devices to be included
Population - Excluded	<ul style="list-style-type: none"> ○ Mental health (adult and paediatric) ○ Day stay ○ Emergency departments (except short stay/assessment ward) 	
Included	<ul style="list-style-type: none"> ○ All others ○ Mental health psycho geriatric 	<ul style="list-style-type: none"> ○ All residents
Baseline	<ul style="list-style-type: none"> ○ Will start with data gained from February 2012 	<ul style="list-style-type: none"> ○ Sector will establish baseline based on data collection
Outcome data capture	<ul style="list-style-type: none"> ○ Agreed to conduct a monthly random prevalence audit/survey (percentage per 100 patients) ○ Random selection of five patients per 30 bed ward or 15% of ward or unit patients (rounded up to whole patient) ○ Random bed selection suggested as preferred method ○ Survey audit to be conducted first week of each month ○ Data reported to NDSA <i>First, Do No Harm</i> (FDNH) by end of second week of month ○ Do not all have to use same assessment tool across the DHBs (CMDHB willing to share their tool) ○ Surveys to be conducted by consistent staff who have received appropriate training 	<ul style="list-style-type: none"> ○ Collect data on new facility-acquired pressure injuries as they occur (i.e. incidents) ○ Minimum reporting is Grade 3 and Grade 4 per 1000 occupied bed days ○ Monthly

¹ National Pressure Ulcer Advisory Panel (NPUAP), 2007.

² Defloor, T., M. Clark, et al. (2005). "EPUAP statement on prevalence and incidence monitoring of pressure ulcer occurrence." J Tissue Viability 15(3): 20-7.

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Pressure injuries	Acute care (DHB)	Age related residential care (ARRC)
Reporting to Ministry of Health	<ul style="list-style-type: none"> Region will report as a whole Patients with pressure injuries per 100 patients Will need to establish how to represent region data (FDNH to sort out) 	<ul style="list-style-type: none"> Region will report as a whole Residents with pressure injuries Grade 3 and above per 1000 occupied bed days Will need to establish reporting mechanism with ARRC sector
Reporting to FDNH	<ul style="list-style-type: none"> Grade 1 Grade 2 Grade 3 – 4 (including ungradeable) Each DHB to send data to NDSA FDNH by end of second week of month (excel format if possible at this stage as establishing data repository still in process) FDNH will report previous month's data to FDNH Steering Group Will be able to have individual DHB data available for learning and improvement processes 	<ul style="list-style-type: none"> Grade 3 – 4 (including ungradeable) DHB ARRC focal point will forward consolidated data to FDNH by end of second week of month DHB focal point will work with ARRC sector to establish timeframes for reporting and support needed
Process indicators	<ul style="list-style-type: none"> Percentage of hospital patients risk assessed within a time frame Percentage of patients receiving appropriate bundle of care per risk score 	<ul style="list-style-type: none"> To be determined by the ARRC facility
Balancing measures	<ul style="list-style-type: none"> Further work to be done to establish and agree balancing measures 	<ul style="list-style-type: none"> Further work to be done to establish and agree balancing measures

³ National Pressure Ulcer Advisory Panel (NPUAP), 2007.

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FALLS

Agreed definition: A fall is defined as “inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects”.⁴

Falls	Acute care (DHB)	Aged related residential care (ARRC)
Operational definitions	<ul style="list-style-type: none"> o Data capture to be based on voluntary reporting using Risk Monitor Pro or similar o SAC⁵ scoring process to be used in assigning level of harm o Guide established to clarify and guide SAC scoring⁶ 	<ul style="list-style-type: none"> o Voluntary reporting o Report only SAC 1 and 2 o SAC guide to be aligned to suit sector
Population - Inclusion	<ul style="list-style-type: none"> o All patients (including outpatients on-site) 	<ul style="list-style-type: none"> o All residents including short stay
Exclusion	<ul style="list-style-type: none"> o Visitors o Staff 	<ul style="list-style-type: none"> o Visitors o Staff
Baseline	<ul style="list-style-type: none"> o DHBs will provide baseline data by end of February 2012 	<ul style="list-style-type: none"> o Sector will establish baseline based on data collection
Outcome data capture	<ul style="list-style-type: none"> o Voluntary reporting using Risk Monitor Pro or equivalent o Falls per 1000 bed days o Falls with major harm (SAC 1 or 2) per 1000 bed days – with an absolute number as well 	<ul style="list-style-type: none"> o Falls with major harm (SAC 1 or 2) per 1000 occupied bed days
Reporting to Ministry of Health	<ul style="list-style-type: none"> o Will report region as a whole o Falls with major harm per 1000 bed days o FDNH to clarify how to combine data across region 	<ul style="list-style-type: none"> o Will report region as a whole o Falls with major harm per 1000 occupied bed days o Will need to establish reporting mechanism with ARRC sector
Reporting to FDNH	<ul style="list-style-type: none"> o Each DHB to send data to NDSA FDNH by end of second week of month 	<ul style="list-style-type: none"> o DHB ARRC focal points to forward consolidated data to FDNH by end of second week of month
Process indicators (internal DHB processes)	<ul style="list-style-type: none"> o 10 patients randomly selected per unit every 6 months o Percentage of patients with falls assessment o Percentage of patients assessed appropriately o Percentage of patients receiving appropriate intervention as per risk assessment score 	
Balancing measures	<ul style="list-style-type: none"> o Further work to be done to establish and agree balancing measures 	<ul style="list-style-type: none"> o Further work to be done to establish and agree balancing measures

⁴ World Health Organisation, 2007: WHO global report on falls prevention in older age, p1.

⁵ SAC = severity assessment code.

⁶ Falls – Guide to classifying consequence in Incident Reporting System (Feb 2012).

Falls – Guide to classifying consequence in Incident Reporting System

Injury type	Specific description	Consequence	SAC
No injury	No injury	Minimal	4
Death	Patient has died as result of fall	Severe	1
Brain / head injury	Possible knock to head with no apparent injury or observations necessary	Minimal	4
	Possible knock to head or possible loss of consciousness with doctor assessment and/or neurological observations	Minor	3
	Possible knock to head or possible loss of consciousness requiring CT scan showing no injury	Minor	3
	Knock to head causing concussion, traumatic brain injury or skull fracture	Moderate	2
Fracture / dislocation	Suspected fracture	Leave file open till have results of investigations	
	Any fracture	Moderate	2
	Dislocation of any joint	Moderate	2
Laceration / cut / skin tear	Cut / skin tear requiring dressing, band-aid, steri-strips	Minor	3
	Cut / skin tear - no treatment	Minimal	4
	Cut requiring suturing or stapling (may also be known as clipping)	Moderate	2
Wound dehiscence	Any dehiscence requiring resuturing after a fall e.g. stump wound dehiscence	Moderate	2
Soft tissue injury	Suspected sprain requiring rest, ice, compression, elevation (RICE)	Minor	3
	Sprain requiring splinting/crutches	Minor	3
Teeth chipped / damaged	Teeth or dentures chipped requiring dental repair or replacement	Moderate	2
Pain	Pain requiring assessment for possible injury	Leave file open till have results of investigations	
Emotional distress	Perceived emotional distress/loss of confidence but no physical injury	Minimal	4
	Perceived emotional distress and physical injury	Score according to physical injury	
Equipment	IV lines, nasogastric tubes, etc displaced during fall and require reinserting	Minimal	4
Swelling	Area is swollen – no investigations required	Minimal	4
	Area is swollen – fracture/head injury suspected	Leave file open till have results of investigations	
Bruise / contusion	Bruise that requires no treatment	Minimal	4
	Bruise that requires assessment to check for fracture	Leave file open till have results of investigation	

Note: If unsure of injury – leave Incident Reporting System (IRS) file open until all investigations complete. When investigations complete correct any selection made by reporter of event that is now shown to be incorrect e.g. ‘no injury incurred’, ‘suspected fracture’ to ‘fracture’. Complete outcome notes outlining findings of investigations, treatment and outcome for patient e.g. “# RNOF following fall, requiring surgical repair and additional 7 days in hospital. Likelihood for all falls is ‘Almost Certain’. Consequence rating for fractures and intra or extra-cranial haemorrhage may be increased to major or serious if permanent disability or death is determined as the outcome.