

Preventing Hospital Acquired Pressure Injury as a Patient Safety Strategy: Pressure Injury Data in Australian Acute Care settings

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Background

Hospital-acquired pressure injuries (HAPIs) represent a serious clinical and economic problem. The cost of treating HAPIs in Australian public hospitals is AUS\$983 million per annum. Three main data sources for pressure injury (PI) collected in Australian hospitals include incident reporting (RiskMan), medical record coded data and Pressure Ulcer Point prevalence surveys (PUPPS). Coding issues lead to inaccurate interpretation and hinder accurate HAPI identification, coding and prevention.

Objectives

To compare HAPI data sources of Victorian acute care hospitals. To investigate PI data collection quality and develop a PI data harmonization tool.

Method

We compared available data sets a. incident reporting, b. medical record coded data and c. PUPPS data conducted in 2015, 2016, and 2017. We used the International Classification of Diseases 10th edition Australian modified (ICD-10AM) coding classification system.

Results

Of the 507 PIs recorded in PUPPS, 136 (26.8%) (95%CI 23.0-30.9) of PIs were recorded in RiskMan.. The True Positive Fraction (TPF) of ICD 10 codes and Riskman for PI was assessed using PUPPS as the gold standard. The calculated agreement of RiskMan and coding with PUPPS: RiskMan TPF 109 (36.2%) (95%CI 30.8-41.9). PI location sites recorded in PUPPS were more accurate in RiskMan e.g.ischium-buttocks PI (30.0%) and lower back (21.7%), compared with head (11.1%), heel (16.5%) and toe (5.7%), which were underreported.

Conclusions

Data harmonization to optimise capacity to benchmark performance with other hospitals and reduce incidence of preventable HAPIs is recommended.