

# Waikato District Health Board

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# Past PI measurement approaches

- Self reporting via incident forms
- HRT data
- Serious events – 3 stage 3 PI
- PI care audit
- Small hospital survey – resource intensive, infrequent, results inconclusive



# Current PI measurement approaches

- Random sample first Tuesday each month
- Sample drawn from midnight hospital census
  - Sample size based on ward size
    - > 11 beds – 3 pts
    - 11 – 30 beds – 7 pts
    - <30 beds – 10 pts
    - Average sample 5 patients per ward
    - Have reserves on each list
  - All wards bar agreed exceptions
- Measure process & outcome markers



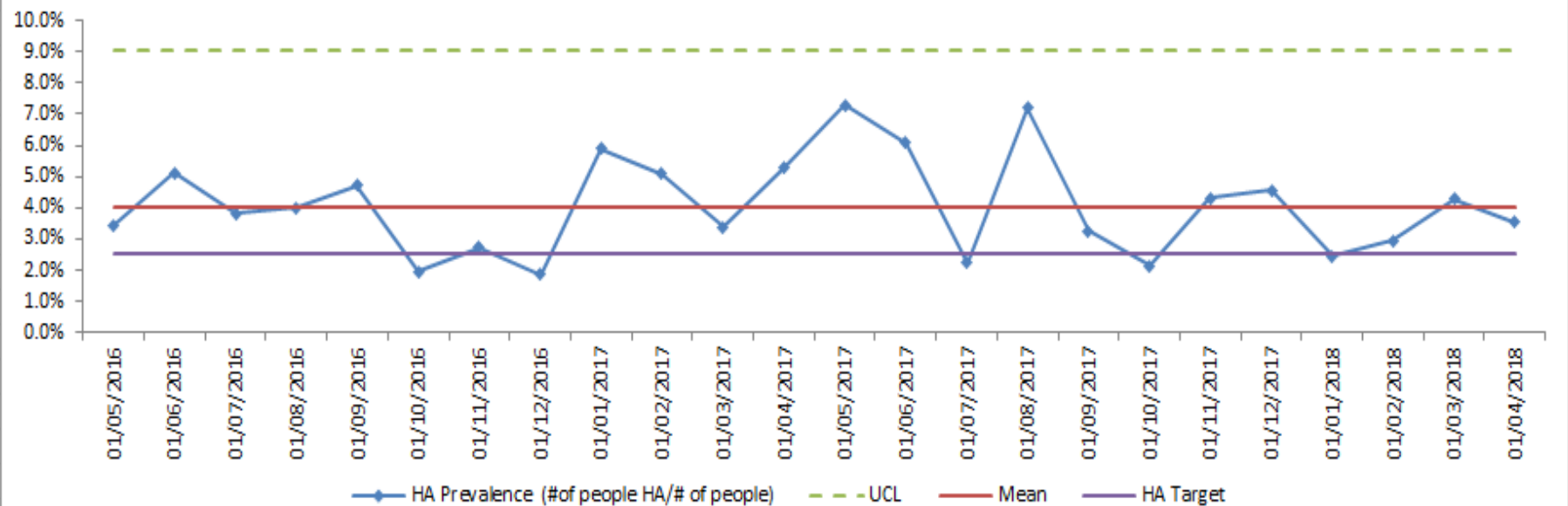
# Key lessons learned

- Leadership at governance level crucial
  - BoCG, PI measurement steering group
- Phase in across areas – take time to plan, implement and engage clinical areas
  - Listen to staff concerns – what is their biggest tension in managing PI, what is their knowledge base
- Get help to generate random sample and centralise reports
- Dedicated FTE to facilitate programme
- Go back to the start – re-educate and sustain!
  - See as business as usual



# Results

## Hospital Acquired Pressure Injury Prevalence Rate



# Actions

- Review prevalence at governance level
  - Closer look at risk areas and management strategies
    - Develop contributory factor list to assist with serious event review of stage 3&4 PI
    - Review mattress stock as contributing to stage 1&2 PI
    - Work with high risk populations – vascular, orthopaedics, neonates, frail elderly
    - Re-educate and sustain
    - Community prevalence???
- Recognition of commitment
  - “patient safety award”

