



30 March 2016

Partnership to reduce pressure injuries in New Zealand Update 1, January–March 2016

Progress is being made on a number of fronts with the three agencies partnering to reduce pressure injuries in New Zealand; we will work closely with the sector and keep you informed of developments.

Work underway

We recognise that there is some great work going on across the sector in pressure injury prevention and management and we will be looking to build on this work. However there is variability in clinical practice, processes, systems and the extent to which all these aspects are evidence informed, and meet best practice.

In providing national leadership for pressure injury prevention in New Zealand, we have prioritised a number of parallel work streams. These align with the recommendations in the KPMG report (<http://www.hqsc.govt.nz/our-programmes/other-topics/publications-and-resources/publication/2362/>) and can be grouped into:

- ❖ evidence informed guidance (including tools and resources) for the New Zealand environment
- ❖ integration and alignment of data and measurement approaches across the sector
- ❖ improved health literacy for pressure injury prevention, applying clinician-consumer co-design principles.

Each agency will lead specific areas of work aligned to their strengths and areas of interest and expertise. We are all committed to this national focus over a long term.

Guidance, resources and tools

The first project has seen the ACC-led establishment of a guidance expert panel, chaired by Dr Robin Griffiths, senior medical advisor, ACC. The role of this group is to review the evidence, literature and existing best practice and to adapt this for the New Zealand environment. It will also consider what tools and resources should be shared and/or developed to assist putting guidance into practice to improve pressure injury prevention.

Membership of this expert panel can be found at:

<http://www.hqsc.govt.nz/assets/Pressure-Injuries/PR/Expert-reference-panel-membership-Apr-2016.pdf>.

Data and measurement

In parallel, will be the establishment by the Commission of a small group of individuals with expertise and experience in pressure injury data collection, reporting and

measurement approaches. The group will look at the range of data collection systems currently across the sector. They will consider how we can better align and integrate data for local quality improvement purposes, to influence improved practice, changes in behaviour and inform national prevalence knowledge.

Clinical leadership

The Ministry of Health has a key clinical leadership role through the office of the Chief Nursing Officer. Prevention of pressure injuries (and treatment injuries more broadly) has been included in the annual planning guidance for all District Health Boards for 2016–17. In addition HealthCert has profiled pressure injuries as an audit and learning focus in aged residential care during 2016.

Reporting of pressure injuries

It is important that individuals suffering harm from pressure injuries receive the level of care, in particular for rehabilitation, they are entitled to. We have become aware that there are varying levels of knowledge around the ACC treatment claims process for pressure injuries. ACC will address this as part of the guidance work, and will review its current processes for pressure injury claims.

All three agencies strongly advocate that Grade 3 and above pressure injuries be regarded as “never events” and must be reported routinely as serious adverse events, with appropriate analysis undertaken, and a focus on learning from these events, to avoid repeated harm occurring.

Co-design

One of the Commission’s key strategic platforms is its Partners in Care programme. We will work on developing innovative co-design approaches to improve the knowledge of consumers and health professionals on pressure injury prevention and management. We are committed to this being relevant and tailored to the hospital, aged residential care and home/community settings. We will work with a range of consumers and clinicians to achieve the best outcomes for all concerned. We expect this work to commence in the second half of 2016.

Building on existing concepts

What is clear is the desire of health professionals to build on some of the concepts and frameworks already familiar to them. For example the approach adopted nationally on reducing harm from falls. At a practical level the concept of “Ask, assess, act” is equally relevant to pressure injury prevention and management. We will build on such platforms to the extent that it is appropriate. While falls and pressure injuries have significant impact on all population groups, some of the most severe impact is on the frail and elderly so there is synergy in adopting similar approaches.

These concepts will be reflected in the guidance that comes from the expert reference panel.

Building partnerships

The findings in the KPMG report advocated that public and private partnerships be considered. These recommendations have been considered and are helping to shape our future priorities.

Regular sector updates

We are delighted with the willingness of individuals and professional groups to be involved and work with us in bringing a national focus on pressure injury prevention in

New Zealand. We will update the sector quarterly on progress, and consult and engage with you all as the need arises. Your feedback and input is important to us.

If you wish to discuss any matters in more detail please contact Sean Bridge: sean.bridge@acc.co.nz or Bridgette Connor: bridgette.connor@hqsc.govt.nz.