

MHC Pressure Injury Prevalence & Incidence Interim Care 2013-2017

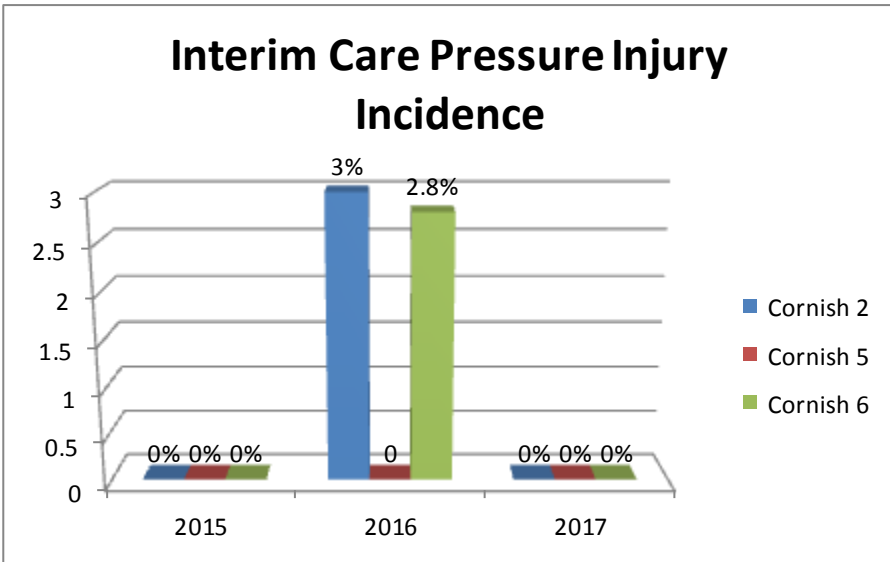
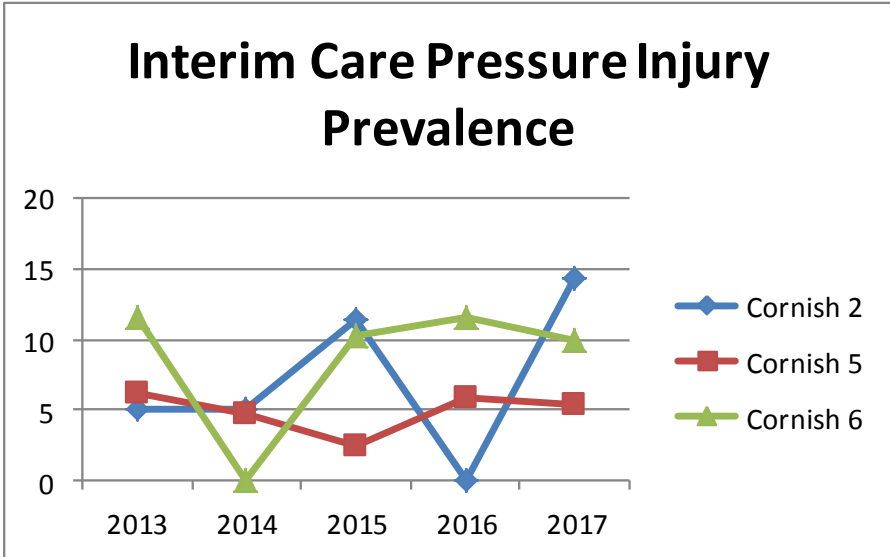
Goal: To collect and track MHC data for the evaluation of pressure injury (PI) prevention strategies

Background

- Full skin assessments were completed on all residents at MHC annually in November 2013-2017.
- Goal was to establish baseline data as well as data for evaluation of pressure injury prevention quality improvement initiatives

Definitions

- **Pressure Injury:** In 2016 the National Pressure Ulcer Advisory Council (NPUAP) changed the terminology from “pressure ulcer” to “pressure injury” to more accurately reflect all stages and types of injuries caused by pressure.
- **Prevalence:** Residents found to have a PI at a specific point in time. The PI may have developed prior to or during admission to MHC. The more resident turnover, the less the prevalence number tells us about our in-house PI rate.
- **Incidence:** The number of new cases of PI’s developed in a specific time period. This is our MHC in-house rate of PI development. We assessed 14 days following prevalence. PI’s found during prevalence are removed to determine the incidence rate.



Strategies Implemented 2013-2017

- Bed mobility and heel offloading education and guideline
- Continence, wound care and product education
- Soaker/sling removal for best practice- fewest layers
- Automatic referral to Rehab & Dietitian services for PURS scores 3-8 (moderate-very high risk) and PI’s
- Identification of high risk individuals and daily skin assessments
- Revised PURS form to include PI prevention interventions and mattress allocation guidelines