Welcome to the Department’s online information session for QI 1 Pressure Injuries for the National Quality Indicators Program in residential aged care services.

This information session builds on the National Aged Care Quality Indicator Program webinar, and is a deeper dive into QI 1 pressure injuries. During this session we will discuss the why, what, and how of collecting & reporting pressure injuries. We will touch on how the QI results will be displayed and how the QIs complement the existing accreditation standards. To finish this session we have developed a quick quiz to allow you to reflect on your understanding of the information.

As you know from the quality indicators webinar, the voluntary national quality indicator program has commenced with an initial suite of 3 indicators for residential aged care services, which includes the QI 1 – pressure injuries.

So why is monitoring pressure injuries so important?

Let’s start with some stats. There is substantial evidence and research that demonstrates the development of pressure injuries as a significant issue for older people living in residential aged care. Older age and age-related changes make people more susceptible to pressure injuries, with seventy percent of pressure injuries occurring in people aged seventy or older.

The evidence shows that up to forty-two percent of people who live in residential aged care services may have pressure injuries.

And did you know? A 2004 report “Pressure ulcers: a cause for concern” noted that from 2001–2003, 923 deaths occurred as a direct or indirect result of a pressure injury.

But why is monitoring pressure injuries so important?

Residents with pressure injuries suffer pain and discomfort, reduced physical function and even death. There’s also a considerable financial cost to an organisation caring for people with pressure injuries.

So how do they develop? Pressure injuries usually develop as a result of:

- friction,
- age and medication related changes to skin,
- poor nutrition,
- decreased mobility,
- chronic disease,
• incontinence, and
• restraint

And the adverse events or harm associated with pressure injuries include:
• pain,
• infection and cellulitis
• reduced physical function, and
• death

If you would like to understand more about the evidence behind QI 1 – pressure injuries we encourage you to take the time now to mouse over each of the dot points on the page.

Slide 4 – Definitions

So what are we measuring?

Definitions are very important when it comes to collecting good data and everyone collecting data must be on the same page about how to stage a pressure injury. For the purposes of collecting this indicator, the international staging classification for pressure injuries is used, and is available on the Australian Wound Management Association website.

Data collectors for this quality indicator should be well trained in staging pressure injuries according to these classifications, and have access to resource materials to help them make correct observations. Although the Program does not require a registered nurse to undertake the assessments, it is a requirement of the Program that if a person undertaking an assessment is uncertain of the staging or presence of a pressure injury to seek advice from a suitably qualified practitioner.

Remember a pressure injury is a localised injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure, shear, or a combination of these factors.

There have been previous terms used, but for the purposes of this indicator the term pressure injury has been adopted and should be used.

There are six measures for this QI corresponding to each of the Stages defined by the Australian Wound Management Association.

If you would like to view the full classification information for staging pressure injuries you can review them now by mousing over the measure definitions. Alternatively, if you would like to review the classification and staging information at any time please refer to the QI resource manual.

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At the end of the day, the goal is to get the most accurate information possible, and it’s important that everyone collecting the data is clear on the data rules for each indicator.

The rules are designed to help organisations collect information in a consistent and comparable way that gives them a clear picture of their risks and issues for each indicator.
The pressure injury indicator is collected and reported using six measures for each resident every quarter:

- stage one, stage two, stage three, stage four, unstageable pressure injuries and suspected deep tissue injury.

As you can see here, the pressure injury indicator is collected using the direct observation survey method with a full body assessment of each resident's skin performed every quarter.

The key data rules for the pressure injury indicator are:

- ask resident for permission,
- conduct a full body assessment,
- count and record all observed pressure injuries, and the residents they relate to,
- classify the pressure injury/s and seek advice from a clinician if you are unsure,
- record on the data recording sheet with comments,
- note that the pressure injury indicator has no exclusions, and
- include respite residents.

The data can be collected by allocating a two week period every quarter to complete all the resident assessments, or by assessing all residents on the same day each quarter. These observations can be done as part of your regular care for residents. Whichever way you choose, it’s important to be consistent.

When you’re recording the data remember to include:

- any residents, including respite residents, admitted during the current reporting quarter with pressure injuries present on admission,
- if the pressure injury developed while the resident was away from the facility, for example in a hospital, and
- where the pressure injury relates to a resident receiving end of life palliative care.

Some quick tips for accurate data collection for pressure injuries

- use actual observation around the same time each quarter,
- count every pressure injury,
- be consistent, and
- do not rely on incident reporting.

For more detailed information on each of the points please mouse over now, for more information.

**Slide 6 – Scenarios**

The next part of this information session is a mock data collection cycle. We will work through a couple of scenarios, recording the results on the data collection sheet, and preparing the data for upload into the QI system within the My Aged Care Provider Portal.

Your facility has 7 residents. You have decided to split the observations across the period, doing approximately half on the 3rd of Feb and the other half on the 6th.
You start your observations with Mrs Jones. Before starting your observations you confirm that Mrs Jones is happy to consent, and you record the assessment date.

Mrs Jones has recently entered the facility. It was noted that she had two existing pressure injuries. Both were identified as Stage 3, on the posterior aspect of each heel (calcaneus) bone. You note during your observation that both stage 3 pressure injuries are still present.

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- You record the 3rd of Feb as the date observation was undertaken.
- As you counted two Stage 3 pressure injuries, you count and record both.
- In addition to the count, you note in the comments field “2 * Stage 3 pressure injuries were present on admission”. It is important to track any related information such as the cause, as part of the comments, as they will appear on your QI reports and provide context to your QI results.

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Next you observe Mr Smith. Before you start the observation you confirm that Mr Smith consents to being assessed.

You also note that Mr Smith was recently transferred to hospital for treatment of pneumonia. He was in hospital for six weeks and has just recently returned.

Upon his return, the nursing staff noted that Mr Smith had developed a new Stage 2 pressure injury over the sacrum during his admission at the hospital. You note during your observation that the stage 2 pressure injury is present.

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- You record the 3rd of Feb as the assessment date and 1 stage 2 pressure injury.
- It is important to note that although the pressure injury occurred external to the facility the program definitions still count the stage 2 pressure injury to allow tracking total number of pressure injuries.
- You also record a comment that “The resident spent 6 weeks in hospital and the pressure injury was identified on return.”

Slide 10
You complete the rest of the observations for the period. During these you identify two more residents with pressure injuries and Mr Halbhavi refuses consent to be assessed. You record them on your data-recording sheet adding comments as required, including that one resident did not want to be assessed.

You tally your results for this quarter ready for submission into the QI system. Tallying the total for each column: 2 x Stage 1, 3 x stage 2, 2 x stage 3 and no stage 4, un-stageable or suspected deep tissue injuries.

You also summarise comments for each page, you will need to make sure you remove all personally identifiable information, such as removing names and room numbers as part of this process.
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The last page of the example data collection template includes a summary table. As your My Aged Care Outlet Administrator completes submission of data into the QI system, this template has been specifically designed to assist in preparing your data for upload.

It is important to note here that the comments you upload into QI are displayed on your QI reports and allow you to provide context to your results.

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Your My Aged Care Outlet Administrator will then enter & submit the results via the My Aged Care Provider Portal. As you can see the fields on the summary page of the manual data collection sheet directly map across to the My Aged Care submission screen to assist data entry of the QIs.

Please note that the assessment complete date on this form is the final date an assessment was carried out. For this scenario the 6th of February would be recorded.

If you would like to find out more about how to set up and use QI within the My Aged Care system, please refer to the quick reference guides or tutorial video available on the quality indicators webpage. If you are new to using My Aged Care you will need an AUSKey to access the portal. The last page of this information module has links on how to set up access.

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The intention for the National Quality Indicator Program is to assist you in continuous quality improvement and provide consumers with transparent, comparable information about the quality of service in your facility.

The department is looking at reporting the results through two separate channels, one provider focused information through the My Aged Care Service Provider portal, and the second through the service finder in My Aged Care.

The first provides 4 reports which will become available 7 days after the end of the submission period for that quarter. These reports are able to be run by any staff member or team lead that has been enabled with the QI role. The reports available will expand over time as additional quality indicators are added to the suite and will also be modified based on feedback from sector consultation.

The second channel of publication will be through the My Aged Care Service Finder and will focus on consumer choice. After you have submitted data for a period, a new icon will be published on your facility’s service finder page identifying your participation in the program. This indicator of participation will appear 24 hours after your QI data has been submitted and will disappear if you do not submit QI data for two consecutive quarters.

More detailed QI information will be published on the My Aged Care website when the data has been established as reliable and accurate, and after consultation with providers and consumers. The published QI data is expected to be a representation of the QI results and is unlikely to be the raw QI results. Providers will be informed when this information will be published although this will not happen before mid 2017.
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So how does this QI complement the accreditation standards?
Quality indicators are a voluntary program and are not a requirement of the accreditation process. The quality indicator program is a free tool made available to assist you identifying areas of improvement in your organisation, allowing you to put improvement strategies in place and tracking how effective these strategies are.
If you are involved in the program, we encourage you to discuss the results as part of your accreditation process as they do assist in demonstrating continuous quality improvement. We have for your convenience mapped the accreditation standards against QI 1 – Pressure injuries. You can review these now or for further information please refer to the resource manual.

Slide 15-19 Quiz
It’s now time to take the quiz and find out what you’ve learned in the information session.

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Congratulations on completing the Quality Indicator 1 - Pressure Injuries information session. We hope it’s successfully introduced you to this indicator if you’re new to it; or if you’re a current user that it has updated and refreshed your knowledge.
More information can be found in the Department’s quality indicator resource materials.
It’s a good idea to visit these for further guidance and more detail on data collection and reporting and use of the data.
For your convenience we have pulled together some handy links to help you find program related information, please click next to view them. When you are finished you can close the session by closing your web browser.

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{Nothing said here}