

Appendix A

Appendix A Static Pressure Reduction Foam Mattress Technical Specifications

Technical specification for static pressure reduction foam mattresses were developed for the Department of Human Services Mattress Replacement Program and are useful for health services to consider prior to any purchase of this type of equipment.

These specifications should be considered in the context of other relevant business, occupational health and safety and supply factors.

The key technical criteria included:

COVERS

Must:

- Waterproof
- Infection control features to prevent ingress of fluid such as waterfall or similar zips and welded seams (not sewn)
- Compatible with cleaning using hypochlorite and alcohol based solutions

Preferred:

- 2-way stretch to minimise shearing forces
- Moisture Vapour Transmission Rate (MVTR) between 250-500g/m²/24hrs
- Bed base surface more durable material than patient surface
- Company, product and foam particulars noted on the cover

FOAM

Must:

- All new materials
- Classification should be H (conventional resilience, heavy duty), HR (high resilience) and/or LR (low resilience)
- Density and hardness should be expressed together e.g. 35/130
- Density minimum 35kg/m³ for single layer and all layers of multilayered mattress
- Hardness single layer 130 Newtons and multilayer may increase for base layer and decrease for other layers
- Side walls of 50mm and of H or HR foam if multilayered
- Depth of 150mm for beds and 100mm for trolleys
- Support a load of 150kg

Preferred:

- Double or triple layered
- A profile or hinging system which adapts the mattress to a variety of bed positions e.g. head of the bed raised
- Castellations that assist with spread of pressure

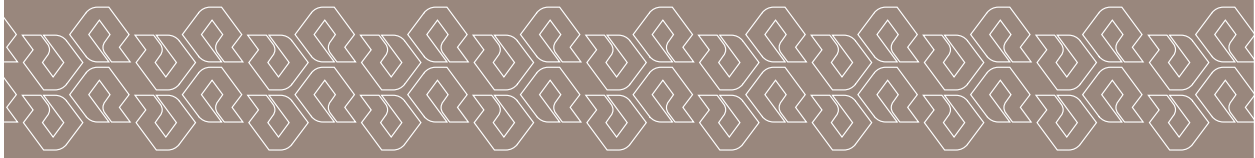
GENERAL

Must:

- Minimum 2 year warranty on cover and foam
- Fire retardant properties

Preferred:

- Cover and foam treated with antifungal and antibacterial compounds



Appendix B

Appendix B
National Pressure
Ulcer Advisory Panel
Staging System

Pressure ulcers are classified by the depth of tissue damage present

For the purpose of this survey staging of pressure ulcers will be that recommended for use by the Australian Wound Management Association, which is consistent with the recommendations of the National Pressure Ulcer Advisory Panel (NPUAP) U.S.A.

Stage 1

Observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area of the body may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel) and/or sensation (pain, itching).

The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue or purple hues.

Stage 1



*Please note:
heel pressure
ulcer covered with
a film dressing*

Stage 2

Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.

Stage 2



Stage 3

Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to but not through underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

Stage 3



Stage 4

Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone, or supporting structures (for example, tendon or joint capsule). Undermining and sinus tracts may also be associated with Stage 4 pressure ulcers.

Stage 4



Limitations to Staging System

There are limitations to any staging system and the following points should be noted:

1. Reactive hyperaemia may easily be confused with a Stage 1 pressure ulcer. Reactive hyperaemia is a normal compensatory mechanism following an episode of reduced perfusion from localised pressure. Relief of this pressure results in a large and sudden increase in blood flow to the affected tissue.

NB For the purpose of this survey, patients who are identified as having an area of reactive hyperaemia will need to be repositioned off the affected area; the skin will then need to be re-inspected thirty minutes later for evidence of a Stage 1 pressure ulcer.

2. Identification of Stage 1 pressure ulcers may be difficult in individuals with darkly pigmented skin.
3. When necrotic tissue (eschar or slough) is present the true extent of tissue damage is masked. Accurate staging of the pressure ulcer is not possible until the necrotic tissue has sloughed or the wound has been debrided. Pressure ulcer staging systems should be used to document the maximum anatomic depth of tissue involved in the ulcer after necrotic tissue has been removed.

NB For the purpose of this study, the presence of necrotic tissue within or covering a pressure ulcer shall automatically indicate that the ulcer will be classified as Stage 4.

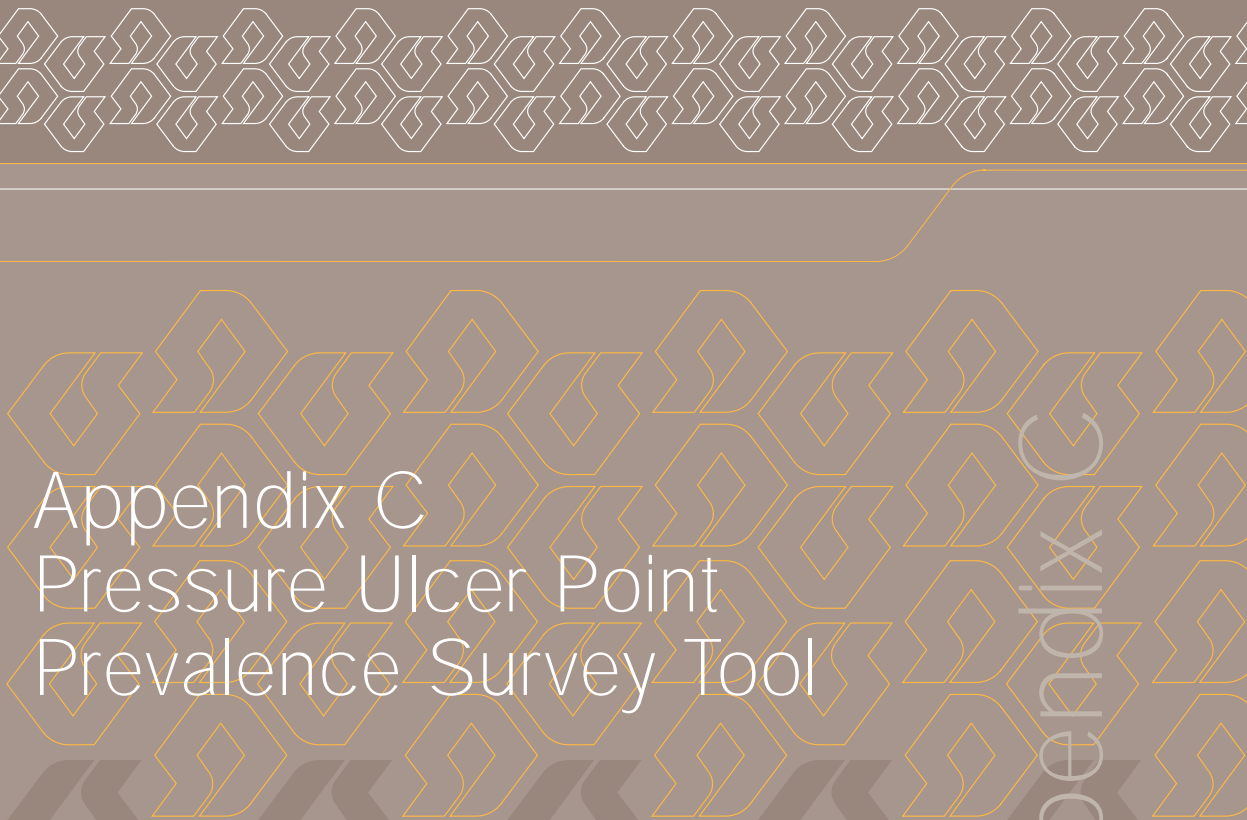
The presence of dense or deep slough over all or a portion of the ulcer shall also mean that the ulcer will be classified as Stage 4.

4. Staging of healing pressure ulcers (reverse staging) remains controversial (as the healing of a Stage 4 pressure ulcer is not equivalent to a Stage 2 pressure ulcer) but a system may need to be developed for use in management protocols.
5. The NPUAP recommend that the progress of a healing pressure ulcer be documented by objective parameters such as; size, depth, amount of necrotic tissue, amount of exudate and the presence of granulation and epithelial tissue.

6. The staging system depends on visual observation of tissue involvement only. Health care professionals involved in individual care should also note the following factors: location; dimensions or surface area of the wound bed, wound edges and surrounding skin; the amount of exudate; severity of pain; and other factors which may impede wound healing.

Reference: Australian Wound Management Association. Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers. West Leederville, Perth, Australia: Cambridge Publishing, 2001.

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Appendix C
Pressure Ulcer Point
Prevalence Survey Tool

Appendix C



PRESSURE ULCER POINT PREVALENCE SURVEY TOOL

Instructions: Please fill in the appropriate circle(s) using a dark pen e.g. ● DO NOT TICK THE CIRCLE.

1. Date of Survey: / /
2. Hospital Name:
3. Unit Record No:
4. Ward/Unit:
5. Date of Admission: / /
6. Age: years months days
7. Type of Admission: Elective Emergency/Non-elective
8. Gender: Male Female

9. Primary Medical Speciality (*choose 1 only*):

<input type="radio"/> Cardiovascular/Cardiology	<input type="radio"/> Haematology	<input type="radio"/> Rehabilitation
<input type="radio"/> Critical Care	<input type="radio"/> Infectious Diseases	<input type="radio"/> Renal
<input type="radio"/> Endocrinology	<input type="radio"/> Neurological	<input type="radio"/> Respiratory Medicine
<input type="radio"/> ENT	<input type="radio"/> Neurosurgical	<input type="radio"/> Spinal Injury
<input type="radio"/> Emergency Medicine	<input type="radio"/> Obstetric	<input type="radio"/> Stroke
<input type="radio"/> Gastroenterology	<input type="radio"/> Oncology	<input type="radio"/> Thoracic Surgery
<input type="radio"/> General Medicine	<input type="radio"/> Ophthalmology	<input type="radio"/> Transplant
<input type="radio"/> General Surgical	<input type="radio"/> Orthopaedic	<input type="radio"/> Urological
<input type="radio"/> Geriatric Medicine	<input type="radio"/> Palliative Care	<input type="radio"/> Vascular
<input type="radio"/> Gynaecology	<input type="radio"/> Plastic Surgery	
<input type="radio"/> Other (Please State)		

10.(a) Is there documented evidence of an assessment of the patient's level of risk for developing a pressure ulcer using a *risk assessment tool* between the first and third day of admission?

Yes No If Yes complete Questions 10(b) and 10(c). If No go to Question 11.

10.(b) If a risk assessment score or category of risk has been identified, which assessment tool was used?

Braden Norton Waterlow Other (Please State)

10.(c) If an initial risk assessment was completed state the category of risk documented.

No risk Low Medium High Very High

11. Is the patient's principal diagnosis?
- Cancer Pressure Ulcer Drug or Alcohol disorder None of these
12. Does the patient have any of the following?
- Diabetes Chronic Renal Failure Acquired Brain Injury None of these
13. Select one category to indicate patient's smoking history:
- Current smoker Smoked in the last 10 years? Never smoked or >10 years ago?
14. Was skin inspection refused
15. Select refusal reason: Too ill Consent declined Other

COMPLETE PHYSICAL SKIN EXAMINATION AS PER GUIDELINES

16. Skin Colour: White Light Olive Dark Olive Black
17. Can the patient independently reposition himself or herself? Yes No
18. Are pressure reducing/relieving device(s) currently insitu? Yes No

If pressure reducing/relieving device(s) are present, please indicate TYPE of device(s) in use:

19. Comfort and/or Adjunct Devices
20. Cushions & Overlays STATIC DYNAMIC
21. Replacement Mattresses STATIC DYNAMIC
22. Specialty Beds

23. Is there evidence of a pressure ulcer on skin examination? Yes No

If you answered Yes to Question 23 please continue over the page...Otherwise, thank you for your assistance with this survey.

ONLY complete Questions 24 – 27 if you have identified that the patient has a pressure ulcer(s).

24. State SITE and STAGE of ALL pressure ulcers present on examination.

Fill in the appropriate circle(s) for the SITE AND Left or Right or Both where applicable i.e. Both Elbows

Fill in the circle for the appropriate STAGES 1, 2, 3 or 4

Site	Ulcer present				Stage			
	Ulcer present	Left	Right	Both	1	2	3	4
a. Occiput	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Scapula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Spinous Process	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Finger(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Finger(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Sacrum / Coccyx	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Iliac Crest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Ischium/Buttocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Greater Trochanter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Knee (medial & lateral condyle)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Medial Malleolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Lateral Malleolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Leg (other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Heel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Toe(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Toe(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Foot (other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Other (State site below)								
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Total number of pressure ulcers present following a skin examination.

26. Were any of these pressure ulcers present on admission? (Check first 24 hours documentation)

Yes No If yes, how many pressure ulcers were present on admission

27. Is there documentation related to the progress or management of the pressure ulcer within the last 5 days?

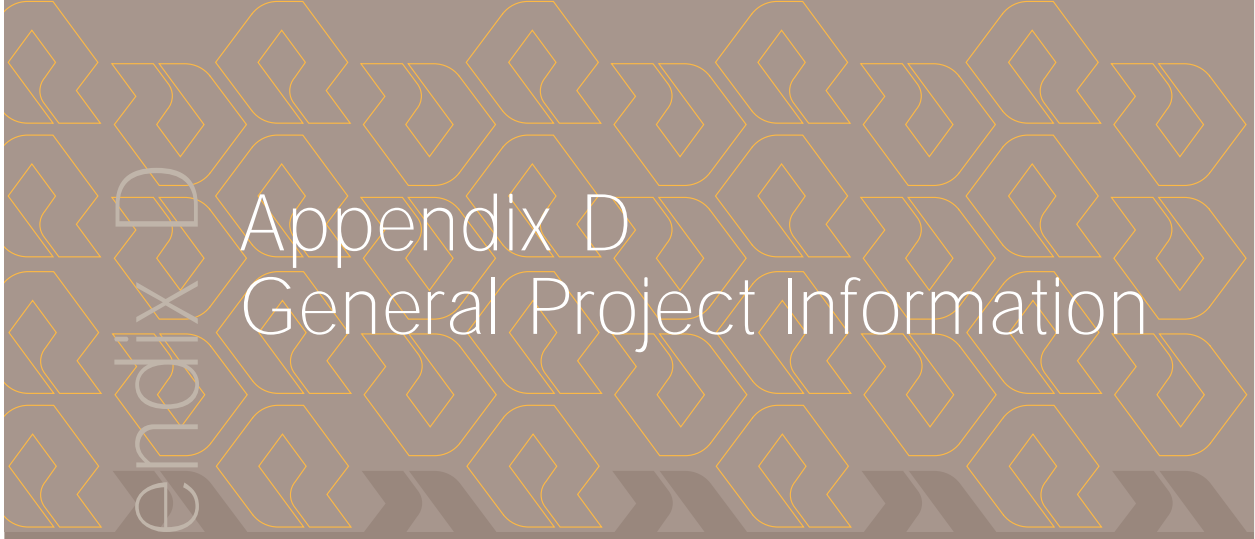
Yes No

Thank you for your assistance with this survey.



Appendix D

Appendix D
General Project Information



The Second Victorian State-wide Pressure Ulcer Point Prevalence Survey (PUPPS 2)

Background

The Victorian Quality Council (VQC) has invited metropolitan, rural and regional health services to take part in the second Pressure Ulcer Point Prevalence Survey (PUPPS 2) to take place over November & December 2004.

The project will provide data on the prevalence and severity of pressure ulcers in Victorian health services, allow comparison across Victorian hospitals in like settings and enable individual health services to better understand their own pressure ulcer management. It will track improvements in prevalence and pressure ulcer management for the state and for those health services who participated in the first PUPPS in 2003. In addition, data will be collected on the implementation of several of the recommendations suggested in the VQC State-wide PUPPS Report 2003¹.

Pressure ulcers are acknowledged as a significant health problem within Australian and international health care settings. The reduction of hospital-acquired pressure ulcers is a VQC priority area. Results from VQC PUPPS 2003 identified a mean prevalence of 26.5% (range 5.6% to 48.4%) in a population of 5,150 acute and subacute patients. Hospital acquired pressure ulcers accounted for 67.6% of ulcers identified. A total of 2,676 ulcers were identified on 1,367 patients. Other results identified ulcer severity, the use of pressure ulcer risk assessment tools, support surfaces, documentation and practices in pressure ulcer management.

In response to recommendations in the VQC State-wide PUPPS Report 2003, the Minister for Health announced funding of \$2million for a mattress replacement program for acute and subacute services of Victorian public hospitals, which is currently being tendered. Selected recommendations were also included in the Department of Human Services Policy & Funding Guidelines 2004-2005², specifically, the facilitation of PUPPS 2 where the guidelines state "...all health services will be expected to participate".

Definition

A "Pressure Ulcer" is defined as any lesion caused by unrelieved pressure resulting in damage of the skin and underlying tissue³.

Project Outline

The proposed survey group will include all acute and subacute adult and paediatric inpatients on the day of the point prevalence survey who verbally consent to a full body skin inspection for evidence of pressure ulcers, and a medical record audit for documentation on pressure ulcer management. Psychiatric, hospital in the home, day surgery and day procedure patients will be excluded.

The project will run over several weeks due to the number of participating health services.

The survey process occurs over two single days with one education day and one survey day. The survey for each individual health service will generally take place across all sites in that health service on a single day.

The surveyors will receive education on staging pressure ulcers and training in the use of the survey tool.

Health services will receive a state-wide report and an individual comparative data report.

On the survey day survey teams will examine the skin of all patients participating in the survey, document any evidence of pressure ulcers, then audit the medical records for documentation of risk factors, risk assessment and pressure ulcer management.

Ethical Considerations

Patient participation in the survey is entirely voluntary and verbal consent will be sought from each patient. Participation will not interfere in any way with the patient's current treatment.

Skin inspection is a non-invasive clinical observation, and the proposed approach will involve hospital staff performing any patient handling involved in the inspection. On the survey day survey teams will check



with the shift co-ordinator for patients who are to be excluded according to the survey criteria or due to consent not given.

Patient information sheets will be distributed to all patients by hospital project staff in the days prior to the point prevalence survey being undertaken. Hospital staff involved in the survey will check with each patient that they received and understood the information sheet and consent to participate in the survey, prior to the skin inspection being undertaken.

Data generated by the survey will be kept under secure conditions and individual data will not be kept beyond an initial check for completeness at the hospital site.

How to be involved

Health service participation involves:

- Nominating an onsite co-ordinator to work with VQC project staff,
- Appropriate planning and preparation to ensure valid and reliable data collection, and
- Provision of staff to act as surveyors.

Each site co-ordinator will recruit hospital staff to act as surveyors and assist with other planning tasks. Most sites will need approximately 2 surveyors for every 40 patient beds.

VQC regards this survey as an important contribution to improving safety and quality and will fund health services to assist in backfilling staff involved in the project. VQC will provide training and support during the data collection period.

VQC Project Support

Kerry May (VQC PUPPS 2 project officer) will be responsible for liaison with health services, preparation and dissemination of information for planning and data collection as well as ongoing evaluation and management of the project.

Further information can be obtained from your site co-ordinator.

References:

1 Victorian Quality Council. *Victorian Quality Council State-wide PUPPS Report - 2003*: www.health.vic.gov.au/qualitycouncil

2 Victorian Government Department of Human Services. *Victoria - Public hospitals and mental health services: Policy and funding guidelines 2004-05*, Melbourne, Victoria.

3 Australian Wound Management Association. *Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers*. West Leederville, Perth, Australia: Cambridge Publishing, 2001.



Appendix E
Patient Information (English)

Appendix E



We invite you to participate in a survey of pressure ulcers that is to be conducted at this hospital.

If you decide to participate it is important that you understand the reason for the survey.

What is the reason for the survey?

Pressure ulcers (also known as pressure sores or bed sores) can occur in the elderly, immobile and acute or chronically ill person. Unrelieved pressure is the main cause.

The Victorian Quality Council is a group that works on behalf of the Victorian Minister for Health to help hospitals improve quality and safety. The Victorian Quality Council and Victorian public hospitals are working together to find out how many patients have pressure ulcers in order to help us reduce the problem.

What will the survey involve?

The survey will take place while you are in hospital and should take approximately 5 minutes of your time. All patients who are inpatients of the hospital on the day of the survey will be asked to take part.

On the day of the survey two hospital staff will check to see if you have received and understood this information sheet. Then they will ask if you have any questions about the survey and if you agree to participate.

If you do agree to participate in the survey:

1. One staff member will ask you if you have any area of discomfort where you have been sitting or lying, or when you move about in bed. Then the staff member will ask your permission to inspect your skin to see if you have any redness or breaks in the skin.
2. The second staff member will make notes of the inspection on the survey form.

3. The staff member will then ask if they may check your medical record to see if there is any documentation regarding pressure ulcers. Your medical record will not be removed from the ward.

Is there any risk involved?

Participation in this study will not in any way interfere with your current treatment.

Your participation is entirely voluntary and you are free to change your mind about participating at any time.

Your privacy and dignity are our first priority.

No survey information that can identify you will be kept.

Thank you for your time and consideration of this request.

Further information

For queries about this project ask your nurse to phone the Site Co-ordinator.



PUPPS 2



Appendix F
Survey Interrater
Reliability Tool

Appendix F



SURVEY INTERRATER RELIABILITY TOOL

Date: _____ Hospital: _____

Pressure ulcers are classified by the depth of the tissue damage present. For the purpose of this survey the staging of pressure ulcers will be consistent with the recommendations of the Australian Wound Management Association and the National Pressure Ulcer Advisory Panel, USA¹.

References:

1. Australian Wound Management Association. Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers. West Leederville, Perth, Australia: Cambridge Publishing, 2001.
2. Reid J & Morison M. Towards a Consensus: classification of pressure sores. J Wound Care 1994;3 (3):157-160.

Instructions: Please fill in the appropriate circle using a dark pen e.g. ● DO NOT TICK THE CIRCLE.

Question	Statement	Answer			
		A	B	C	D
Q1	Which statement best describes a Stage 1 pressure ulcer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	A Inflammation with local heat, erythema, oedema and possible induration - more than 15mm diameter.				
	B Discolouration intact skin (light pressure applied to the site does not alter the discolouration).				
	C The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red or purple hues.				
	D Discolouration of skin, with persistent erythema after pressure is released. A blister may be forming.				
Q2	Which statement best describes a Stage 2 pressure ulcer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	A Partial thickness loss of skin layers involving epidermis and possibly penetrating into but not through the dermis.				
	B Partial thickness skin loss or damage involving epidermis and/or dermis. The ulcer presents clinically as a blister, abrasion, shallow ulcer, without undermining of adjacent tissue. Any of these may have underlying blue/purple/black discolouration or induration.				
	C Epidermis and/or dermis ulcerated with no subcutaneous fat observed.				
	D Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.				

Question	Statement	Answer										
		A	B	C	D							
Q3	Which statement best describes a Stage 3 pressure ulcer? A Full thickness tissue loss extending through dermis to involve subcutaneous tissue. Presents as a shallow crater unless covered by eschar. B Fat obliterated; limited by deep fascia; undermining of the skin. C Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue. D Full thickness ulceration through to the junction with subcutaneous tissue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
Q4	Which statement best describes a Stage 4 pressure ulcer? A Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, or bone, or supporting structures (for example, tendon or joint capsule). B The lesion extends into the subcutaneous fat with lateral extension of the sore over the deep fascia. C Penetration of the skin (epidermis and dermis) with a clearly visible cavity (with or without necrotic tissue) more than 5mm at surface. D A lesion that extends into the subcutaneous tissue and may penetrate into the fascia and muscle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
Q5	Identify the stage of the ulcer on each slide shown											
	Stages 1-4	1	2	3	4	Stages 1-4	1	2	3	4		
	Slide	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Slide	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix G Protocol & Guidelines

SURVEY PROTOCOL

NOTE: If at any time you are concerned about the welfare or current treatment of any patient who you have surveyed please contact your Site Co-ordinator.

During the survey please ensure the patient's privacy and dignity are maintained at all times.

ON ENTERING THE WARD/UNIT

1. The surveyors will approach the shift co-ordinator, introduce themselves and remind the shift co-ordinator of the survey. Staff should identify patients who may require assistance with manual handling (e.g. spinal patients). They should also identify patients who are leaving the ward for diagnostic or surgical procedures or who are to be discharged and endeavour to survey these patients as a priority.
2. List all the patient Unit Record Numbers against their respective bed number on the Worksheet. (Include a line for any closed or empty beds.)
3. The surveyors will then audit all patients medical records to complete the first section (Questions 1 to 13) of page 1 of the Survey Tool (data collection sheet).

APPROACHING THE PATIENT FOR SKIN INSPECTION

4. The surveyors may approach the patient, with or without the nurse (caregiver).
5. The surveyors will ask the patient if they have received and read a Patient Information Sheet regarding the PUPPS 2 survey.
6. The surveyors will explain or remind the patient of the purpose for the survey, answer any questions and proceed to obtain verbal permission for participation.
7. Once verbal consent has been obtained the surveyors may ask the patient:

"Do you have any areas of discomfort where you have been sitting or lying, or when you move about in bed (e.g. tailbone, heels, elbows)?"
8. The surveyor's will conduct an examination of the patient's skin paying particular attention to bony prominences. During this process please remove and replace any anti-embolic stockings, or other items of clothing to gain full visibility of the skin. Please do not disturb intact wound dressings until you have checked with the nurse caring for the patient to identify if the dressing is covering a pressure ulcer.
9. The surveyors will ensure that the patient is left in a comfortable position after the skin inspection. Please thank the patient for their participation in the survey.
10. The surveyors will record their findings on the Survey Tool (data collection sheet) provided.

NOTE: If the survey team is unable to stage an ulcer or if more than 5 ulcers are found on one patient they should contact the Site Co-ordinator.

11. The survey team will then review the medical records of all patients who have a pressure ulcer to complete the data entry on the Survey Tool (data collection sheet).

BEFORE LEAVING THE WARD

12. The surveyors will ensure that all data entry is complete prior to leaving the ward. They should notify the shift co-ordinator when they have completed the survey and thank them for their assistance.

FINAL REVIEW

13. At the end of the day each team will check their forms to ensure all data is present and compare the information to their notes on the Worksheet.

GUIDELINES FOR DATA ENTRY

1. Use a dark pen (blue or black) to fill in the survey forms, do not use felt-tip pens.
2. Completely fill in circles eg
Correct ●
Incorrect ○○
Please DO NOT tick the circles.
3. If you fill in a circle in error place a cross over the top of the incorrect circle and fill in the correct response. e.g. Male ~~○~~ Female ●
4. Where a number is required ensure all boxes are filled, one number per box. Commence filling number boxes from the right hand side. Use '0' if the number does not fill all the boxes.
5. If you fill in a number box in error place a cross over the top of the incorrect number and put the correct number to the right of the target box. e.g. ~~0~~ 04.
6. **Question 6.** "Age" Newborn to 42 days of age record in the 'days' boxes, from 42 days to 12 months record in the 'months' boxes, children over 12 months and adults record in the 'years' boxes. Only fill in one group of boxes, i.e. there is no need to fill in months and days on adults or children over 1 year.



7. **Question 7.** "Emergency / Non-elective" means any patient admitted via the Emergency Department or other non-elective means such as via outpatients or inter-hospital transfer.
8. **Question 9.** Choose one "Primary Medical Specialty" only. "Critical Care" includes: Adult & Neonatal Intensive Care, Level 2 Special Care Nurseries, Coronary Care and High Dependency Units. "Rehabilitation" means an active program of restorative rehabilitation.
9. **Question 11.** Choose 1 "principal diagnosis" only.
10. **Question 12.** "Chronic Renal Failure" also includes evidence of chronic renal impairment.
11. **Question 14 & 15.** Indicate if the patient refuses a skin inspection and also note the reason.
12. **Question 18.** "Insitu" means in place, under or around the patient to assist with pressure reduction or relief. For example, a pillow between the knees preventing skin-to-skin contact or under the lower limb to elevate a heel free of the mattress surface means that a device is "insitu".
13. **Question 19 to 22.** Please state which types of device(s) were insitu. Multiple entries are OK if more than one type of device is in use. Use the table below to assist with the device classification.
14. **Question 24 to 27.** Only proceed to these questions if a pressure ulcer(s) is identified during the skin inspection.
15. **Question 24.**
 - If an ulcer is present colour in the "ulcer present" circle and the corresponding side or "both" (if applicable e.g. both elbows).
 - Then colour in the "stage" circle that corresponds to the ulcer. Note the "number" of ulcers in the box to the right of the stage circle if there is more than one ulcer present.
 - If a patient has multiple ulcers on a single site (e.g. sacrum) fill in each stage observed with the number of that stage present. For example if there are 2 stage 2 pressure ulcers, write 2 in the box on the right of the stage 2 circle.
 - If the patient has bilateral ulcers but these are at different stages please make a note next to the correct stage box to signify which stage is for each side.
16. Check all survey forms to ensure data is complete before leaving the ward area.
17. Return completed survey forms with the Worksheet to your Site Co-ordinator.

Thank you for your very valuable time and assistance with this survey.

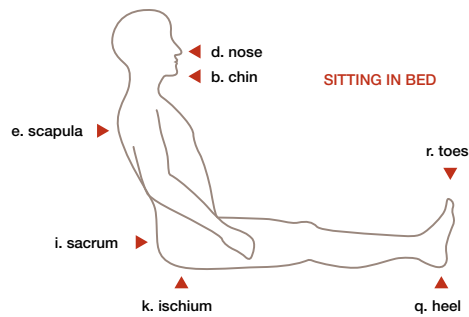
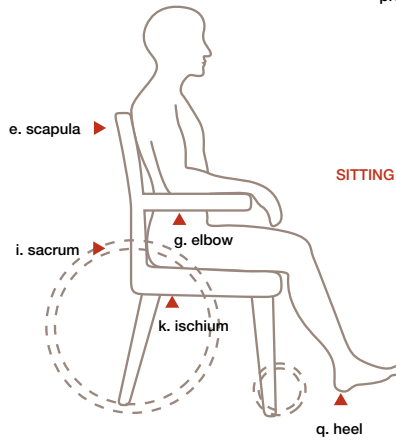
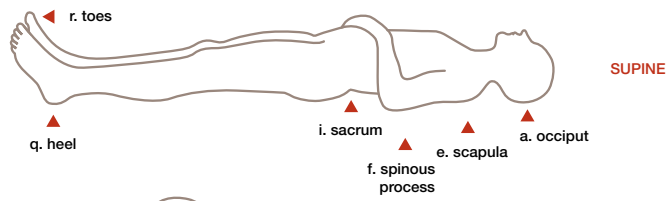
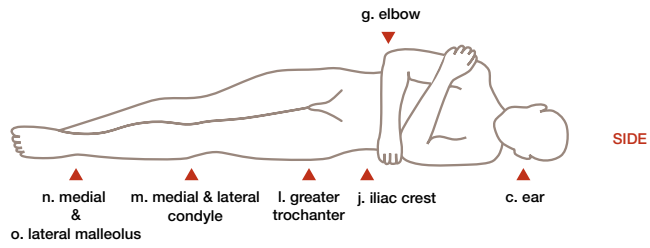
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Pressure relieving/reducing devices	Examples
Comfort &/or adjunct	Sheepskin, (inc booties, heel or elbow protectors), pillows, Spenco fibre filled or dermal pads, foam wedges
Cushions & overlays - STATIC	Foam, eggshell foam, gel mats, static air cushion, static air overlays
Cushions & overlays - DYNAMIC	Alternating air cushion, alternating air overlays such as Alphaxcell
Replacement mattresses - STATIC	High specification foam, layered/cubed foam mattresses, static air replacement mattress
Replacement mattresses - DYNAMIC	Low air loss mattress such as Therakair, alternating air replacement mattress
Specialty beds	Low air loss beds, air fluidised beds such as Clinitron



Appendix H Pressure Points

Appendix H





Appendix I Site Contextual Information

Appendix I

The Victorian Quality Council (VQC) has invited metropolitan, rural and regional health services to take part in the second Pressure Ulcer Point Prevalence Survey (PUPPS 2) which is scheduled for November & December 2004. VQC and the Department of Human Services (DHS) regard this point prevalence study as an important contribution to improving safety and quality. This contextual survey will help provide valuable information for the state of Victoria, and your health service.

These contextual questions aim to:

1. Generate data for the VQC State-wide PUPPS 2 Report - 2004; and
2. Track improvements in pressure ulcer prevention and management since the VQC State-wide PUPPS Report 2003.

We would appreciate you completing and returning this form to VQC (via email, fax or mail - see back page for details) by Thursday 11 November 2004.

If you have any questions about the information requested, please don't hesitate to contact Kerry May or Veronica Strachan on 1300 135 427.



Health service: _____

Site: _____

Date this report completed: _____

The following questions are based around the recommendations in the VQC State-wide PUPPS Report 2003 which are stated below:

Key recommendation

Health services should take comprehensive and systematic action to reduce the prevalence and incidence of pressure ulcers.

Best practice clinical guidelines for the prediction and prevention of pressure ulcers should be used as the foundation framework from which local policies and strategies are developed.

A qualified wound management/tissue viability staff resource should be available to all health services to lead and manage pressure ulcer prevention and management programs.

Education for all direct care and clinical staff in pressure ulcer basics should be undertaken.

Written and verbal information on pressure ulcer prevention and management should be available for all patients and carers prior to, on or during their admission.

Risk assessment for skin integrity should be performed for all hospital admissions, updated as necessary for any change in health status or on a regular basis for longer-term patients and should lead to clinical intervention.

Basic hospital mattresses should be upgraded to pressure reduction foam as soon as practicable and an ongoing program of mattress replacement should be in place.

Clinical risk reporting on pressure ulcers should be regular and involve prevalence, incidence and documentation audit and clinical coding.

Key Recommendation: Comprehensive and systematic action to reduce prevalence and incidence

1. Is there an organisation wide strategy to reduce hospital acquired pressure ulcers?

Yes No

Comment: _____

2. Does your site have existing protocols and policies for the prevention and management of pressure ulcers?

Yes No

Comment: _____

3. Does your site have a Wound Management or Pressure Ulcer committee?

Yes No

Comment: _____

4. Is there an executive sponsor responsible for pressure ulcer prevention and management?

Yes No

Comment:

5. Are any of the following Allied Health disciplines actively involved in your pressure ulcer prevention and management strategy? (colour circle of all that apply)

Nutrition/Diabetes Occupational Therapy Physiotherapy Podiatry

Key Recommendation: Best practice clinical guidelines

6. Are your policies and strategic plan for preventing and managing pressure ulcers based on best practice clinical guidelines such as the Australian Wound Management Association Guidelines for the Prediction and Prevention of Pressure Ulcers?

Yes No

State which guidelines are used:

Key Recommendation: Qualified wound management/tissue viability staff resource

7. Does your site have specialist wound management staff with specific hours allocated to the provision of wound management education, prevention and management?

Yes No

Comment (include approximate hours allocated):

8. Have your specialist wound management staff undertaken additional training/education in wound management?

Yes No

Comment:

Key Recommendation: Education for all direct care and clinical staff

9. Does your site have a staff education programme on pressure ulcer prevention and/or management?

Yes No

Describe the format (e.g. web-based, lecture, workshop) and frequency of this programme:



10. Is the programme available for non-clinical staff such as personal service attendants and orderlies?

Yes No

Comment:

Key Recommendation: Information for patients and carers

11. Does your site provide patient/carer information on pressure ulcer prevention?

Yes No

What form does this take (e.g. written, video)?

Key Recommendation: Risk assessment for skin integrity

12. Does your site use a pressure ulcer risk assessment tool?

Yes No If yes, state which tool:

Braden Norton Waterlow

Other

13. Is this pressure ulcer risk assessment performed on admission?

Yes No

When is it repeated?

14. Does your site have any recommended interventions according to level of assessed risk? (e.g. for high risk order mattress X and perform 2/24 turning)

Yes No

Comment:

Key Recommendation: Replacement of basic hospital mattresses

15. Has your site undertaken any planning for the replacement of standard non-pressure reduction hospital mattresses?

Yes No

Comment:

Key Recommendation: Clinical risk reporting

16. Does your site collect data on pressure ulcers as part of your clinical risk management program? If yes, who is the data reported to? (i.e. hospital executive, board, units, all staff or other external organisations)

Yes No

Comment:

Influence and effectiveness of PUPPS 2003

17. What impact or influence have the key recommendations from the VQC State-wide PUPPS Report 2003 had on organisational strategies for the prevention and management of pressure ulcers at your site?

18. How has your organisation supported the implementation of the VQC State-wide PUPPS Report 2003 key recommendations?

19. Have there been any barriers to your site implementing the key recommendations of the VQC State-wide PUPPS Report 2003?

Yes No

Comment:

20. How was the information contained in the VQC State-wide PUPPS Report 2003 disseminated to staff at your site? How widely was this information communicated? (e.g. Ward meetings, Management meetings, Executive meetings, Board meetings)



21. How was the information contained in the VQC **Individual Health Service PUPPS Report 2003** disseminated to staff at your site? How widely was this information communicated? (e.g. Ward meetings, Management meetings, Executive meetings, Board meetings)

Any other comments?

Thank you for your time and assistance.

Please return this survey via e-mail to vqc@dhs.vic.gov.au or fax to 1300 138 933.

