

**National Safety and Quality Health Service Standards
Standard 8 Preventing and Managing Pressure Injuries - MEASUREMENT PLAN**

Note: The measurement plan details the criteria / action and those question/s / responses that correspond to the action. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
Governance and systems for the prevention and management of pressure injuries	Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.	8.1 Developing and implementing policies, procedures and/or protocols that are based on current best practice guidelines	8.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools	Facility	Identify if the facility has a pressure injury prevention and management policy in place	Evidence that the facility has a pressure injury prevention and management policy	1.0 Is there evidence that the facility (or at service level) has a pressure injury prevention and management policy in place?	Yes; No			
							1.1 If yes to 1.0: Is the policy evidence based and consistent with national guidelines?	Yes; No			
							1.2 If yes to 1.0: Does the policy incorporate screening and assessment tools?	Yes; No			
							1.3 If yes to 1.0: Does the policy incorporate the requirements for pressure injury prevention plans?	Yes; No			
1.4 If yes to 1.0: Is the policy tabled at a governance committee/s or group meeting/s?	Yes; No										
1.5 If yes to 1.4: Specify the committee/group.	text box										
1.6 If yes to 1.4: Do the terms of reference detail the overseeing of the policy for pressure injury prevention and management?	Yes; No										
1.7 If yes to 1.0: Does the policy define the audit process to be undertaken to assess against it?	Yes; No										
1.8 If yes to 1.0: Does the policy reference the consultation processes or collaborative group/s involved in its development?	Yes; No										
1.9 If yes to 1.0: Does the policy detail the date it became effective?	Yes; No; N/A										
1.10 If yes to 1.0: Does the policy detail the date of the next revision?	Yes; No										
1.11 If yes to 1.0: Does the policy reference the source documents (if applicable) particularly where they are represented as best practice?	Yes; No										
1.12 If yes to 1.0: Does the workforce know the document exists, can access it and know and use the contents?	Yes; No										
1.13 If yes to 1.0: Outline details of the document, where kept, review date/s and the owner.	text box										
Governance and systems for the prevention and management of pressure injuries	Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.	8.1 Developing and implementing policies, procedures and/or protocols that are based on current best practice guidelines	8.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools	Facility	Identify if the facility has a Nutrition Risk Screening, Assessment and Support policy in place	Evidence that the facility has a Nutrition Risk Screening, Assessment and Support policy	2.0 Is there evidence that the facility (or at service level) has a Nutrition Risk Screening, Assessment and Support policy in place?	Yes ; No			
							2.1 If yes: Outline the policy 'owner', file location and review date.	insert text box			
Governance and systems for the prevention and management of pressure injuries	Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.	8.1 Developing and implementing policies, procedures and/or protocols that are based on current best practice guidelines	8.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools	Facility	Identify the extent the wards/units have a pressure injury prevention and management procedure/guideline in place	% of wards/units that have a pressure injury prevention and management procedure/guideline in place	13.0 What is the number of wards/units that have a pressure injury prevention and management procedure/guideline in place? (PI_Ward_Q1.0)		Number of wards/units that have a pressure injury prevention and management procedure/guideline in place	Total number of wards/units audited	
Governance and systems for the prevention and management of pressure injuries	Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.	8.1 Developing and implementing policies, procedures and/or protocols that are based on current best practice guidelines	8.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools	Ward	Evidence that wards/units have a pressure injury prevention and management procedure/protocol in place	% of wards/units that have a pressure injury prevention and management procedure/protocol in place	1.0 Is there evidence that the ward/unit has a pressure injury prevention and management procedure/guideline in place?	Yes; No			
							1.1 If yes to 1.0: Is the procedure/guideline evidence based and consistent with national guidelines?	Yes; No			
							1.2 If yes to 1.0: Does the procedure/guideline incorporate screening and assessment tools?	Yes; No			
							1.3 If yes to 1.0: Does the procedure/guideline incorporate the requirements for pressure injury prevention plans?	Yes; No			
1.4 If yes to 1.0: Is the procedure/guideline tabled at a governance committee/s or group meeting/s?	Yes; No										
1.5 If yes to 1.4: Specify the committee/group.	text box										
1.6 If yes to 1.4: Do the terms of reference detail the overseeing of the procedure/guideline for pressure injury prevention and management?	Yes; No										
1.7 If yes to 1.0: Does the procedure/guideline define the audit process to be undertaken to assess against it?	Yes; No										
1.8 If yes to 1.0: Does the procedure/guideline reference the consultation processes or collaborative group/s involved in its development?	Yes; No										
1.9 If yes to 1.0: Does the procedure/guideline detail the date it became effective?	Yes; No										
1.10 If yes to 1.0: Does the procedure/guideline detail the date of the next revision?	Yes; No										
1.11 If yes to 1.0: Does the procedure/guideline reference the source documents (if applicable) particularly where they are represented as best practice?	Yes; No										
1.12 If yes to 1.0: Does the workforce know the document exists, can access it and know and use the contents?	Yes; No										
1.13 If yes to 1.0: Outline details of the document, where kept, review date/s and the owner.	text box										
Governance and systems for the prevention and management of pressure injuries	Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.	8.1.2 The use of policies, procedures and/or protocols is regularly monitored	Identify the extent the wards/units undertake regular audits on pressure injuries	Facility	Identify the extent the wards/units undertake regular audits on pressure injuries	% of wards/units that undertake regular audits on pressure injuries?	14.0 What is the number of wards/units that undertake regular audits of clinical records on pressure injuries at the bedside in the medical record? (PI_Ward_Q2.0)		Number of wards/units that undertake regular audits of clinical records on pressure injuries at the bedside in the medical record	Total number of wards/units audited	
							14.1 Outline what tools are used, how frequent the audits are undertaken, what is reported and which committees/groups. (PI_Ward_Q2.1 & 2.3)				
							14.2 What is the number of wards/units who provide the audit results to a committee/group to review? (PI_Ward_Q2.2)				

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward	Evidence that wards/units undertake regular audits on pressure injuries?	2.0 Is there evidence that the ward/unit undertakes regular audits of clinical records on pressure injuries at the bedside in the medical record? 2.1 If yes: Outline what tool is used, how frequent is the audit undertaken and what is reported. 2.2 If yes to 2.0: Is there evidence that the audit results are provided to a committee/group to review? 2.3 If yes to 2.2: Which committee/group?	2.0 Is there evidence that the ward/unit undertakes regular audits of clinical records on pressure injuries at the bedside in the medical record? 2.1 If yes: Outline what tool is used, how frequent is the audit undertaken and what is reported. 2.2 If yes to 2.0: Is there evidence that the audit results are provided to a committee/group to review? 2.3 If yes to 2.2: Which committee/group?	Yes ; No text box Yes ; No text box			
		8.2.1 An organisation-wide system for reporting pressure injuries is in use		Facility	Identify if the facility has an evaluation and improvement plan in place	Evidence the facility has an evaluation and improvement plan in place	11.0 Is there evidence that the facility (or at service level) has an evaluation and quality improvement plan/s in place to reduce pressure injury incidents? 11.1 If yes: What sources of data/information led to the development of the plan eg. PRIME, Queensland Bedside Audit, other data sources? 11.2 If yes to 11.0: Is there evidence that the plan/s record quality improvement action/s to be implemented? 11.3 If yes to 11.2: List the actions as per plan. 11.4 If yes to 11.0: Is there evidence that the plan/s include a risk register for the proposed quality improvement actions? 11.5 If yes to 11.4: Does the risk register include a scale to rate risks? 11.6 If yes to 11.4: Are the risks reviewed on a regular basis? 11.7 If yes to 11.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions? 11.8 If yes to 11.0: Is there evidence that the plan/s are tabled at a committee/group? 11.9 If yes to 11.8: Which committee/group? 11.10 If yes to 11.0: Who assisted in the development of the plan/s? 11.11 If yes to 11.0: Is there evidence the workforce know the plan/s exist? 11.12 If yes to 11.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed.	Yes; No text box Yes; No text box Yes; No text box Yes; No text box Yes; No text box Yes; No text box			
		8.2 Using a risk assessment framework and reporting systems to identify, investigate and take action to reduce the frequency and severity of pressure injuries		Ward	Identify if the ward has an evaluation and quality improvement plan/s in place	Evidence the wards/units have an evaluation and quality improvement plan/s in place	3.0 Is there evidence that the ward/unit has an evaluation and quality improvement plan/s in place to reduce pressure injury incidents? (N/A for facility or service level responses and report at facility level) 3.1 If yes: What sources of data/information led to the development of the plan eg. PRIME, Queensland Bedside Audit, other data sources? 3.2 If yes to 3.0: Is there evidence that the plan/s record quality improvement action/s to be implemented? 3.3 If yes to 3.2: List the actions as per plan. 3.4 If yes to 3.0: Is there evidence that the plan/s include a risk register for the proposed quality improvement actions? 3.5 If yes to 3.4: Does the risk register include a scale to rate risks? 3.6 If yes to 3.4: Are the risks reviewed on a regular basis? 3.7 If yes to 3.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions? 3.8 If yes to 3.0: Is there evidence that the plan/s are tabled at a committee/group? 3.9 If yes to 3.8: Which committee/group? 3.10 If yes to 3.0: Who assisted in the development of the plan/s? 3.11 If yes to 3.0: Is there evidence the workforce know the plan/s exist? 3.12 If yes to 3.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed.	Yes; No text box Yes; No text box Yes; No text box Yes; No text box Yes; No text box Yes; No text box			
				Facility	Identify if the facility has undertaken Quality Improvement activities to prevent pressure injuries	Evidence the facility has undertaken Quality Improvement activities to prevent pressure injuries	12.0 Is there evidence that the facility (or at service level) has undertaken Quality Improvement activities to prevent pressure injuries? 12.1 If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s.	Yes; No text box			
				Facility	Identify if the ward/unit has undertaken Quality Improvement activities to prevent pressure injuries	% of wards/units that have undertaken Quality Improvement activities to prevent pressure injuries (PI_Ward_Q4.0) 16.1 Collate information on details of the improvement activities. (PI_Ward_Q4.1)	16.0 What is the number of wards/units that have undertaken Quality Improvement activities to prevent pressure injuries? 16.1 Collate information on details of the improvement activities. (PI_Ward_Q4.1)	Yes; No text box	Number of wards/units that have undertaken Quality Improvement activities to prevent pressure injuries	Total number of wards/units audited	
				Ward	Identify if the ward/unit has undertaken Quality Improvement activities to prevent pressure injuries	Evidence that the ward/unit has undertaken Quality Improvement activities to prevent pressure injuries	4.0 Is there evidence that the ward/unit has undertaken Quality Improvement activities to prevent pressure injuries? 4.1 If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s.	Yes; No Insert text box			
					Identify the extent to which patients have consented to a skin inspection Identify the extent to which patients have pressure injuries Identify the extent to which patients have pressure injuries that are hospital acquired Identify the extent to which patients have pressure injuries that are present on admission Identify the extent to which patients have pressure injuries on admission and do not acquire any more	% of patients that consented to a skin inspection % of patients who had one or more pressure injuries % of patients with one or more pressure injuries that can be identified as being hospital acquired % of patients with one or more pressure injuries that can be identified as being present on admission % of patients with a pressure injury present on admission who did not develop a pressure injury in hospital	9.0 Has verbal consent been obtained for full skin inspection? 9.1 If yes: Is there evidence of one or more pressure injuries? 9.2 If one or more pressure injuries, Record the stage, site, side of body and whether the injury was present on admission (POA). 9.3 If one or more pressure injuries, Record the stage, site, side of body and whether the injury was present on admission (POA).	Yes ; No Yes ; No Stage : POA ; Site : Side of Body	Number of patients that consented to a skin inspection Number of patients with one or more pressure injuries Number of patients with one or more pressure injuries that can be identified as being hospital acquired Number of patients with one or more pressure injuries that can be identified as being present on admission	Total Number of eligible patients audited Total Number of eligible patients who had consented to a skin inspection Total Number of eligible patients who had consented to a skin inspection and had one or more pressure injuries Total Number of eligible patients who had consented to a skin inspection and had one or more pressure	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Patient					Number of patients with a pressure injury present on admission who did not develop a pressure injury in hospital	Total Number of eligible patients who had consented to a skin inspection and had one or more pressure injuries	
				Ward			14.0 What is the number of patients who consented to a skin inspection? (PI_Patient_Q9.0) (Out of those who consented) 15.0 What is the number of patients who have evidence of one or more pressure injuries? (PI_Patient_Q9.1) (Out of those who consented) 15.1 What is the number of patients with one or more pressure injuries that can be identified as being hospital acquired? (PI_Patient_Q9.2) (Out of those who consented and had one or more pressure injuries) 15.2 What is the number of patients with one or more pressure injuries that can be identified as being present on admission (POA)? (PI_Patient_Q9.2) (Out of those who consented and had one or more pressure injuries) 16.0 What is the number of patients with one or more pressure injuries present on admission (POA) AND did not develop a pressure injury in hospital? (PI_Patient_Q9.2) (Out of those who consented and had one or more pressure injuries)	Number of patients that consented to a skin inspection Number of patients with one or more pressure injuries Number of patients with one or more pressure injuries that can be identified as being hospital acquired Number of patients with one or more pressure injuries that can be identified as being present on admission Number of patients with a pressure injury present on admission who did not develop a pressure injury in hospital	Total Number of eligible patients audited Total Number of eligible patients who had consented to a skin inspection Total Number of eligible patients who had consented to a skin inspection and had one or more pressure injuries Total Number of eligible patients who had consented to a skin inspection and had one or more pressure injuries Total Number of eligible patients who had consented to a skin inspection and had one or more pressure injuries		
				Patient	Identify the extent to which pressure injuries are reported in the incident management system and documented in the chart	% of patients with a pressure injury that have documented evidence (chart) that the pressure injury has been reported in facility incident management system	6.0 Is there evidence in the chart that the pressure injury was reported in the facility incident management system?	Yes ; No; N/A	Number of eligible patients that have evidence documented in the chart of the pressure injury being reported in facility incident management system	Total Number of eligible patients who have consented to a skin inspection and have a pressure injury	
				Ward			11.0 What is the number of patients with a pressure injury who have evidence in the chart that the pressure injury was reported in the facility incident management system? (PI_Patient_Q6.0)		Number of eligible patients that have evidence documented in the chart of the pressure injury being reported in facility incident management system	Total Number of eligible patients who have consented to a skin inspection and have a pressure injury	
				Facility	Identify if the facility provides pressure injury prevention and management	Evidence the facility provides pressure injury prevention and management	4.0 Is there evidence that the facility (or at service level) provides staff education on pressure injury prevention and management? 4.1 If yes: Is there evidence that the education includes the use and allocation of equipment and devices to manage pressure injuries? 4.2 If yes to 4.0: Is there evidence that the education assesses the skills of their staff regarding pressure injury prevention and management? 4.3 If yes to 4.0: Is there evidence that attendance at the education sessions is recorded? 4.4 If yes to 4.0: Is there evidence that education is matched to staff training needs? 4.5 If yes to 4.0: Is there evidence that staff feedback reports of the sessions are evaluated and incorporated into the next revision? 4.6 If yes to 4.0: Provide comments on the education sessions and resources that are provided and when.	Yes ; No Yes ; No			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
			8.2.2 Administrative and clinical data are used to regularly monitor and investigate the frequency and severity of pressure injuries	AS PER 8.2.1							
				Facility	Identify if the facility has an incident management system for reporting, investigating and analysing pressure injuries	Evidence the facility has an incident management system for reporting, investigating and analysing pressure injuries	3.0 Is there evidence that the facility (or at service level) has an incident management system for reporting, investigating and analysing pressure injuries? 3.1 If yes: Outline the system eg. PRIME 3.2 If yes to 3.0: Is this regularly monitored? 3.3 If yes to 3.2: when and by whom? 3.4 If yes to 3.0: Are reports developed using data in the system? 3.5 If yes to 3.4: Are the reports used to identify frequency, severity and gaps? 3.6 If yes to 3.4: Are the reports tabled at a governance committee/group for review? 3.7 If yes to 3.6: Which governance committee/group?	Yes; No text box Yes; No text box Yes; No Yes; No Yes; No text box			
			8.2.3 Information on pressure injuries is regularly reported to the highest level of governance in the health service organisation	Facility	Identify if the facility reports data on pressure injuries	Evidence of the reporting of pressure injury data for the facility	5.0 Is there evidence that the facility (or at service level) reports on pressure injuries in its annual reports and have it as one of its safety indicators? 5.1 If yes: Is there evidence that the data presented is meaningful and relevant? 5.2 If yes to 5.0: Is there evidence that the report/s are tabled at a governance committee/group? 5.3 If yes to 5.2: Which committee/group and when. 5.4 If yes to 5.0: Is there evidence that the report/s are provided to stakeholders external to the organisation? 5.5 If yes: Outline details.	Yes ; No Yes ; No Yes ; No insert text box Yes ; No text box			
			8.2.4 Action is taken to reduce the frequency and severity of pressure injuries	AS PER 8.1.2, 8.2.1, 8.2.2							
			8.3 Undertaking quality improvement activities to address safety risks and monitor the systems that prevent and manage pressure injuries	AS PER 8.1.2, 8.2.1, 8.2.2							
			8.3.1 Quality improvement activities are undertaken to prevent pressure injuries and/or improve the management of pressure injuries	Facility	Identify the extent to which each ward/unit has evaluation and quality improvement plan/s in place	% of wards/units that have evaluation and quality improvement plan/s in place	15.0 What is the number of wards/units that have evaluation and quality improvement plan/s in place to reduce pressure injury incidents? (Pl_Ward_Q3.0) 15.1 List the sources of data/information that led to the development of the plan/s. (Pl_Ward_Q3.1) 15.2 What is the number of wards/units where the plan/s record quality improvement action/s to be implemented? (Pl_Ward_Q3.2) 15.3 List the actions as per plan. (Pl_Ward_Q3.3) 15.4 What is the number of wards/units where the plan/s include a risk register for the proposed quality improvement actions? (Pl_Ward_Q3.4) 15.5 What is the number of wards/units that have a risk register that includes a scale to rate risks? (Pl_Ward_Q3.5) 15.6 What is the number of wards/units where risks are reviewed on a regular basis? (Pl_Ward_Q3.6) 15.7 What is the number of wards/units where the plan/s includes mechanisms for evaluating the quality improvement actions? (Pl_Ward_Q3.7) 15.8 What is the number of wards/units where the plan/s are tabled at a committee/group? (Pl_Ward_Q3.8) 15.9 List the committees/groups? (Pl_Ward_Q3.9) 15.10 List the persons who assisted in the development of the plan/s? (Pl_Ward_Q3.10) 15.11 What is the number of wards/units where the workforce know the plan/s exist? (Pl_Ward_Q3.11) 15.12 Outline who the 'owners' are, the clinical leads, where the plans are filed and how often they are reviewed.(Pl_Ward_Q3.12)	The number of wards/units that have evaluation and quality improvement plan/s in place	Total number of wards/units audited		
			8.4 Providing or facilitating access to equipment and devices to implement effective prevention strategies and best practice management plans	Patient	Identify the extent to which redistribution / positioning devices are present at the bedside	Count of redistribution / positioning devices are present at the bedside	1.0 Are there redistribution/ positioning devices evidenced at the bedside? 1.1 If yes: Which Bedding devices? 1.2 If yes to 1.0: Which Chair devices? 1.3 If yes to 1.0: Which Positioning devices? (select all devices that are present)	Yes; No (bed) Standard pressure reducing foam mattress ; Pressure reducing overlay - powered; Pressure reducing overlay - unpowered; Alternating mattress - replacement ; Alternating mattress - overlay ; Special / self adjusting mattress ; Specialty bed system; Other (chair) Pressure reducing chair ; cushion; Other; N/A.	Number of each pressure redistribution / positioning device at the bedside	Total number of patients audited	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward			6.0 What is the number of patients who have a standard pressure reducing foam mattress redistribution device? (Pl_Patient_Q1.1) 6.1 What is the number of patients who have a pressure reducing overlay redistribution device? (Pl_Patient_Q1.1) 6.2 What is the number of patients who have an alternating mattress - replacement redistribution device? (Pl_Patient_Q1.1) 6.3 What is the number of patients who have an alternating mattress - overlay redistribution device? (Pl_Patient_Q1.1) 6.4 What is the number of patients who have a special / self adjusting mattress redistribution device? (Pl_Patient_Q1.1) 6.5 What is the number of patients who have a specialty bed system redistribution device? (Pl_Patient_Q1.1) 6.6 What is the number of patients who have a pressure reducing chair? (Pl_Patient_Q1.2) 6.7 What is the number of patients who have a cushion/s (on chair)? (Pl_Patient_Q1.2) 6.8 What is the number of patients who have foam wedges positioning devices? (Pl_Patient_Q1.3) 6.9 What is the number of patients who have an extra pillows positioning devices? (Pl_Patient_Q1.3) 6.10 What is the number of patients who have a bed cradle positioning device? (Pl_Patient_Q1.3) 6.11 What is the number of patients who have a sheepskin positioning device? (Pl_Patient_Q1.3) 6.12 What is the number of patients who have another positioning device? (Pl_Patient_Q1.3)		Number of each pressure redistribution / positioning device at the bedside	Total number of patients audited	
				Facility	Identify if the facility has an equipment (mattress and devices) maintenance and replacement program, with inventory system and regular equipment audits	Evidence the facility has an equipment (mattress and devices) maintenance and replacement program, with inventory system and regular equipment audits	6.0 Is there evidence that the facility (or at service level) has an equipment (mattress and devices) maintenance and replacement program? 6.1 If yes: Outline details. 6.2 If yes to 6.0: Is there evidence of an inventory of all pressure injury equipment in the facility? 6.3 If yes to 6.2: Outline where kept, who manages it, how often it is updated and when a stocktake is undertaken. 6.4 If yes to 6.0: Is there evidence of regular audits of clinical use of the equipment undertaken? 6.5 If yes to 6.4: Outline how often.	Yes ; No <i>insert text box</i> Yes ; No <i>insert text box</i> Yes ; No <i>insert text box</i>			
Preventing pressure injuries	Patients are screened on presentation and pressure injury prevention strategies are implemented when clinically indicated.	8.5 Identifying risk factors for pressure injuries using an agreed screening tool for all presenting patients within timeframes set by best practice guidelines	8.5.1 An agreed tool to screen for pressure injury risk is used by the clinical workforce to identify patients at risk of a pressure injury	Facility	Identify if the facility uses an agreed tool for pressure injury screening	Evidence that the facility uses an agreed pressure injury screening tool	7.0 Is there evidence that the facility (or at service level) uses an agreed pressure injury screening tool? 7.1 If yes: Which tool?	Yes ; No Waterlow ; Braden Q ; Glasgow ; Other			
			8.5.2 The use of the screening tool is monitored to identify the proportion of at-risk patients that are screened for pressure injuries on presentation	Patient	Identify the extent to which patients are being risk assessed for pressure injuries and how timely	% of patients who had a risk assessment and were identified as at risk of a pressure injury	2.0 Is there documented evidence at the bedside that a pressure injury risk assessment was undertaken on admission to the facility? 2.1 If yes: What is the patient's documented category of risk? 2.2 If yes to 2.0: Within what timeframe from facility admission was the pressure injury risk assessment undertaken?	Yes ; No No risk ; low risk ; at risk ; medium risk ; high risk ; very high risk <2hr ; <4hr ; <8 hr ; <12hr ; < 24 hr ; >24 hr ; Not available	Number of patients who were identified as 'at risk' of pressure injury	Total number of patients audited who had a pressure injury risk assessment	
				Ward			7.0 What is the number of patients who have evidence of a pressure injury risk assessment at the bedside? (Pl_Patient_Q2.0) 7.1 What is the number of patients with a pressure injury risk assessment, who are 'at risk' or higher? (Pl_Patient_Q2.1) 7.2 What is the number of patients with a pressure injury risk assessment, who had the assessment undertaken within 24hrs of admission? (Pl_Patient_Q2.2)		Number of patients who were identified as 'at risk' of pressure injury	Total number of eligible patients audited who had a pressure injury risk assessment	
			8.5.3 Action is taken to maximise the proportion of patients who are screened for pressure injury on presentation	AS PER 8.1.2, 8.2.1, 8.2.2, 8.4.1, 8.5.1							

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions		
		8.6 Conducting a comprehensive skin inspection in timeframes set by best practice guidelines on patients with a high risk of developing pressure injuries at presentation, regularly as clinically indicated during a patient's admission, and before discharge	8.6.1 Comprehensive skin inspections are undertaken using an agreed assessment tool and documented in the patient clinical record for patients at risk of pressure injuries	Facility	Identify if the facility uses an agreed tool for pressure injury skin inspection	Evidence that the facility uses an agreed pressure injury skin inspection tool	8.0 Is there evidence that the facility (or at service level) uses an agreed pressure injury skin inspection tool? 8.1 If yes: Outline details	Yes ; No <i>insert text box</i>					
						Identify the extent to which patients had a skin inspection and how timely	% of patients who had documented evidence of a skin inspection	3.0 Is there documented evidence at the bedside that a comprehensive skin inspection was undertaken on admission to the facility? (Note: Comprehensive skin inspection involves checking for signs of erythema, blanching response, localised heat, oedema, induration and skin breakdown) 3.1 If yes: Within what timeframe from facility admission was the comprehensive skin inspection undertaken?	Yes ; No <2hr ; <4hr ; <8 hr ; <12hr ; < 24 hr ; >24 hr ; Not available	Number of patients who had documented evidence at the bedside of a comprehensive skin inspection	Total Number of patients audited		
			8.6.2 Patient clinical records, transfer and discharge documentation are periodically audited to identify at-risk patients with documented skin assessments	Patient									
			8.6.3 Action is taken to increase the proportion of skin assessments documented on patients at risk of pressure injuries	Ward			8.0 What is the number of patients who have evidence at the bedside that a comprehensive skin inspection was undertaken on admission to the facility? (PI_Patient_Q3.0) 8.1 What is the number of patients with a comprehensive skin inspection, who had the inspection undertaken within 24hrs or admission? (leave blank if N/A no skin inspection) (PI_Patient_Q3.1)		Number of patients who had documented evidence at the bedside of a comprehensive skin inspection	Total Number of eligible patients audited			
					AS PER 8.1.2, 8.2.1, 8.2.2, 8.4.1, 8.5.1, 8.6.1								
		8.7 Implementing and monitoring pressure injury prevention plans and reviewing when clinically indicated	8.7.1 Prevention plans for all patients at risk of a pressure injury are consistent with best practice guidelines and are documented in the patient clinical record	Patient	Identify the extent to which patients have a pressure injury prevention management plan	% of patients who have a completed Pressure Injury Prevention and Management Plan	4.0 Is there documented evidence at the bedside of a Pressure Injury Prevention and Management Plan?	Yes ; No; N/A (Patient not at risk)	Number of patients who have a completed Pressure Injury Prevention and Management Plan	Total Number of patients audited			
				Ward			9.0 What is the number of patients who have documented evidence at the bedside of a Pressure Injury Prevention and Management Plan?(PI_Patient_Q4.0)		Number of patients who have a completed Pressure Injury Prevention and Management Plan	Total Number of eligible patients audited			
				Facility	Identify if the facility has a pressure injury prevention and management plan for use across the facility	Evidence the facility has a pressure injury prevention and management plan	9.0 Is there evidence that the facility (or at service level) has a standard Pressure Injury Prevention and Management Plan? 9.1 If yes: Outline details.	Yes ; No <i>insert text box</i>					

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions	
			8.7.2 The effectiveness and appropriateness of pressure injury prevention plans are regularly reviewed		AS PER 8.1.2, 8.2.1, 8.2.2, 8.4.1, 8.5.1, 8.6.1, 8.7.1							
			8.7.3 Patient clinical records are monitored to determine the proportion of at-risk patients that have an implemented pressure injury prevention plan <i>(Developmental action)</i>		AS PER 8.7.1							
			8.7.4 Action is taken to increase the proportion of patients at risk of pressure injuries who have an implemented prevention plan <i>(Developmental action)</i>		AS PER 8.1.2, 8.2.1, 8.2.2, 8.4.1, 8.5.1, 8.6.1, 8.7.3							
Managing pressure injuries	Patients who have pressure injuries are managed according to best practice guidelines.	8.8 Implementing best practice wound management and ongoing monitoring as clinically indicated	8.8.1 An evidence-based wound management system is in place within the health service organisation	Facility	Identify if the facility uses an evidenced-based wound management system across the facility	Evidence the facility uses an evidenced-based wound management system across the facility	10.0 Is there evidence that the facility (or at service level) uses an evidence based wound management system? 10.1 If yes: Outline details.	Yes ; No <i>insert text box</i>				
			8.8.2 Management plans for patients with pressure injuries are consistent with best practice and documented in the patient clinical record	Patient	AS PER 8.7.1 Identify the extent to which patients have documented evidence of referral to a wound management service	% of patients who have documented evidence of referral to a wound management service	5.0 Is there documented evidence of referral to a wound management service?	Yes ; No ; NA	Number of patients with documented evidence of referral to a wound management service	Total Number of eligible patients audited		
			8.8.3 Patient clinical records are monitored to determine compliance with evidence-based pressure injury management plans	Patient								
				Ward			10.0 What is the number of patients with a pressure injury who have documented evidence of referral to wound management service? (PI_Patient_Q5.0)		Number of patients with documented evidence of referral to a wound management service	Total Number of eligible patients audited		
			8.8.4 Action is taken to increase compliance with evidence based pressure injury management plans		AS PER 8.1.2, 8.2.1, 8.2.2, 8.4.1, 8.5.1, 8.6.1, 8.7.3, 8.8.2							
Communicating with patients and carers	Patients and carers are informed of the risks, prevention strategies and management of pressure injuries	8.9 Informing patients with a high risk of pressure injury, and their carers, about the risks, prevention strategies and management of pressure injuries	8.9.1 Patient information on prevention and management of pressure injuries is provided to patients and carers in a format that is understood and is meaningful <i>(Developmental action)</i>	Facility	Identify the extent to which the ward provide pressure injury prevention and management communication material for patients/carers	% of wards/units that provide patients/carers communication material on pressure injury prevention and management	17.0 What is the number of wards/units that provide patients/carers communication material on pressure injury prevention and management? (PI_Ward_Q5.0)					


Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward		Evidence that the ward provides patients/carers communication material on pressure injury prevention and management	5.0 Is there evidence that the ward/unit provides patients/carers communication material on pressure injury prevention and management? 5.1 If yes: Outline what communication material is provided.	Yes ; No insert text box	Number of wards/units that provide patients/carers communication material on pressure injury prevention and management	Total number of wards/units audited	
				Patient	Identify the extent to which patients/carers receive information about their pressure injury risk	% of patients/carers who reported receiving information (written or verbal) on their risk of pressure injury	7.0 Patient/carer Q - Ask "Have you received information on your risk of pressure injury?"	Yes; No; Don't know	Number of patients/carers that reported receiving information (written or verbal) on their risk of pressure injury	Total Number of patients	
				Ward			12.0 What is the number of patients who reported that they received information on risk of pressure injury? (PL_Patient_Q7.0)		Number of patients/carers that reported having had their pressure injury risk discussed with them	Total Number of eligible patients	
		8.10 Developing a plan of management in partnership with patients and carers	8.10.1 Pressure injury management plans are developed in partnership with patients and carers <i>(Developmental action)</i>	Patient	Identify the extent to which patients/carers were involved in the development of pressure injury prevention/management plans	% of patients/carers who reported being involved in the development of pressure injury prevention/management plans	8.0 Patient/carer Q - Ask " Were you involved in the development of a plan to prevent and / or manage your pressure injuries?"	Yes ; No; Don't know	Number of patients/carers that reported being involved in the development of pressure injury prevention/management plans	Total Number of patients	
				Ward			13.0 What is the number of patients who reported being involved in the development of a plan to prevent and/or manage their pressure injuries? (PL_Patient_Q8.0)		Number of patients/carers that reported being involved in the	Total Number of eligible patients	

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **Work in Progress**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.

© State of Queensland (Queensland Health) 2014



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Australia licence. In essence, you are free to copy, communicate and adapt the work for non-commercial purposes, as long as you attribute the Health Services and Clinical Innovation Division, Queensland Health, you distribute any derivative work only under this licence and you abide by the licence terms. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-sa/3.0/au/4.0/>

For further information contact Patient Safety and Quality Improvement Service, Clinical Excellence Division, Department of Health, PO Box 2368, Fortitude Valley, BC, Qld 4006, email PSQIS_Comms@health.qld.gov.au, phone (07) 3328 9430. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Department of Health, GPO Box 48, Brisbane QLD 4001, email ip_officer@health.qld.gov.au