Pressure Injury Prevalence Study Tool User’s Guide

The Pressure Injury Prevalence Study Tool is designed to be used by hospital staff members to conduct pressure ulcer prevalence studies, record patient-level findings, and compile the study data to identify specific process points for improvement. There are three components to the tool: this Users Guide, a Patient Study Form, and a Data Collection Spreadsheet.

This tool was designed to adhere to the definition/specifications for the NQF 0201 Pressure Ulcer Prevalence (hospital acquired) outcome measure, and is intended to be a companion to the HSAG HIIN Compendium of Measures.

The tool is intended for use in Health Services Advisory Group Hospital Improvement Innovation Network (HSAG HIIN) participating facilities that are not currently conducting prevalence studies and/or receiving external guidance for conducting the studies or data collection.

What is a Prevalence Study?
A prevalence study is conducted to find the “prevalence” of a disease or condition at a particular point in time.1 For hospital-acquired pressure injury (HAPI) prevalence describes the percentage of people having a pressure ulcer while on a unit on a given day. It includes pressure ulcers present on admission, as well as new pressure ulcers that developed during the patient’s stay. It provides a snapshot of the pressure ulcer burden in your facility.

How to Conduct a Prevalence Study?
1. Determine the frequency for your regular study (monthly or quarterly?).
2. Pick a day once a month/quarter.
3. Announce the date early and identify at least two staff members from each department to be available on the day of prevalence study.
4. Determine the start and end time for the study.
   *Note: Prevalence studies usually take four hours and are planned for completion during the morning hours.*
5. Meet the team at a start time on the day of the study and brief the team on the process and the tool.
6. Reconvne the team at study end time.
7. Collect all study forms and validate completeness and accuracy before the team disperses.

Using the Patient Study Form and Data Collection Spreadsheet
1. Use one Patient Study Form per patient.
2. Complete the Patient Study Form completely and accurately.
4. Engage the patient’s primary nurses to assist with conducting skin assessments.
5. Group all like-unit forms and enter the corresponding pressure ulcer counts for each category in Section 4 from the Patient Study Forms.
6. Enter one unit per line of the Data Collection Spreadsheet.
Staging Resources
In order to complete a patient skin assessment (upon admission and again in Section 4 of the Patient Form), it is necessary to have a working knowledge of pressure injury wound identification, staging, and documentation. The National Pressure Ulcer Advisory Panel (NPUAP) provides international authority and consensus guidance on staging definitions. Please consult the NPUAP Pressure Injury Stages page for definitions and the Pressure Injury Staging Illustrations page for corresponding pictorial examples of each stage.

Inclusion/Exclusion Criteria
Complete the Patient Study Form by following the case inclusion and exclusion criteria outlined below:

Cases to Include:
- All inpatients admitted to the unit.

Cases to Exclude:
- All newborns and hospice patients.
- Patients with a length of stay less than 24 hours (observation less than 24-hour, same day surgery, emergency department, and other ambulatory care patients).
- Patients who refuse to be assessed.
- Patients who are off the unit at the time of the prevalence measurement (i.e., surgery, x-ray, physical therapy, etc.).
- Patients who are medically unstable at the time of the measurement for whom assessment would be contraindicated at the time of the measurement (i.e., unstable blood pressure, uncontrolled pain, or fracture waiting repair.).
- Patients who are actively dying and pressure ulcer prevention is no longer a treatment goal.

Next Steps
After conducting your prevalence study, collecting the data, and entering the data into the Data Collection Spreadsheet, complete your HIIN Data Submission Template to meet the HSAG HIIN program data submission requirements for Measure ID NQF0201.

The Data Collection Spreadsheet will automatically compile the HSAG HIIN Data needed to fulfill your data submission requirement.

For information on using the Data Submission Template, please watch the HSAG HIIN Secure Data Portal Tutorial or contact your Clinical Improvement Advisor.

Reference: