Pressure Injuries Prevention in Emergency Department

Mandy Man, WHA, BScN (RN), HBA
ED TBQI Clinician Lead
Vancouver General Hospital Emergency Department

People come to VGH ED for all kinds of health issues
Over the years, the population of our ED has changed...
Sicker Older Stay for longer

MEET LARRY
Larry is a quadriplegic who requires a machine to help him breathe. Unable to move or toilet himself, he is at risk of many things. One of those being pressure injuries. At times, Larry gets admitted to the hospital for more advanced treatments. Larry's pressure injury unfortunately worsened during his most recent admission.

We have noticed stories like Larry's...

According to literature
We also have limited data
As reporting is voluntary
In 2019, VGH's wound care team received...
220 cases pressure injuries related to hospital ranked #40 cases
Hospital acquired pressure injuries which are equivalent to 0.79% and 0.25% of hospital admissions.
However, we believe that cases are SEVERELY UNDERREPORTED and that the consults captured the WORST cases only.

Ed RNs were asked to list what they believe are best practices to prevent pressure injuries. They are almost a perfect match to what wound care nurses listed as practice expectations (red box).

There appears to be a linear correlation between percentage of patients laying on excess amount of sheets and the number of patients in ED.

It doesn't seem to be a knowledge gap...

As we continue our journey to help patients like Larry, we are also seeking ideas and feedback!

Contact Mandy D mandy.man@dch.ca

Some interesting facts
Overall, there was inconclusive evidence on how often patients should be repositioned.
Mattresses can play an important role in reducing incidences of pressure injuries.
Best practices = Early recognition of high risk patients + Institution of preventative interventions.

So what?!
In 2019, at VGH For each patient
Pain & Suffering ~4 days (length of stay) 7.3% (mortality rate) ~$25,000 (cost)
Pain & Suffering ~280 days (length of stay) 511 patients (mortality rate) ~$1,750,000 (cost)

We conducted some unit specific audits...
Breakdown by unit
Breakdown by mobility status
Majority of cases

On average, ED patients were:
Repositioned every 2.4hrs Tolerated every 4hrs Mobilized every 4.7hrs

Acuity (lack of time) is considered the main barrier to best practice.

Aim: To decrease the prevalence of pressure injuries by 2% by September, 2020

Change Idea #1 Full Gel Mattresses

We believe that better offloading surfaces can slow skin breakdown and "buy nurses time"

Change Idea #2 Patient/Family Engagement

We believe that there are opportunities to better involve patients and families for a collaborative approach to pressure injuries prevention in the ED.

Full gels mattresses appear superior according to our pressure mapping exercise as well as user experience experiment.