

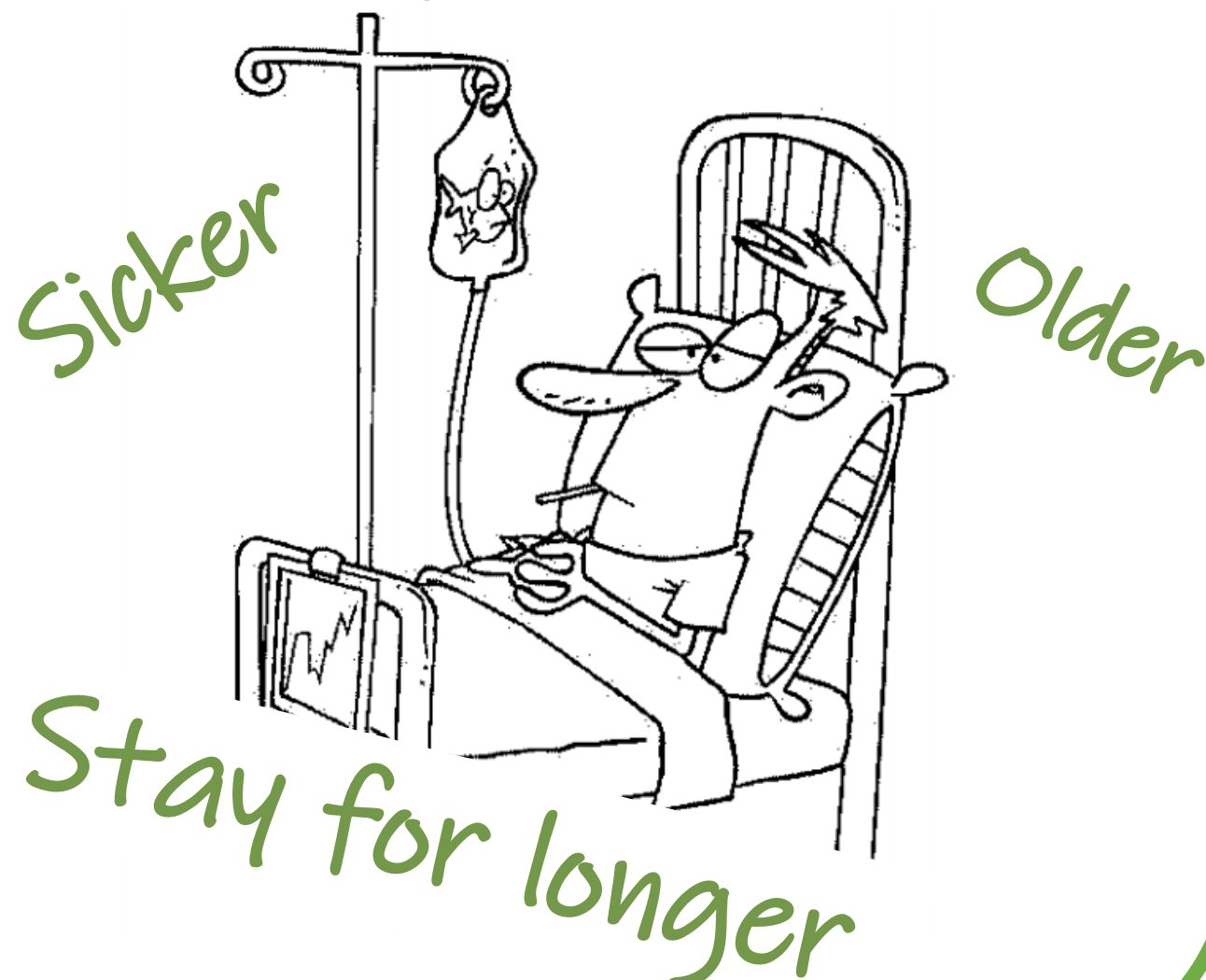
# Pressure Injuries Prevention in Emergency Department

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People come to VGH ED for all kinds of health issues

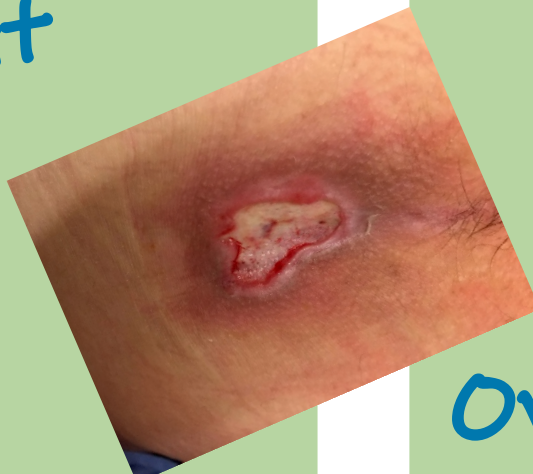


Over the years, the population of our ED has changed...

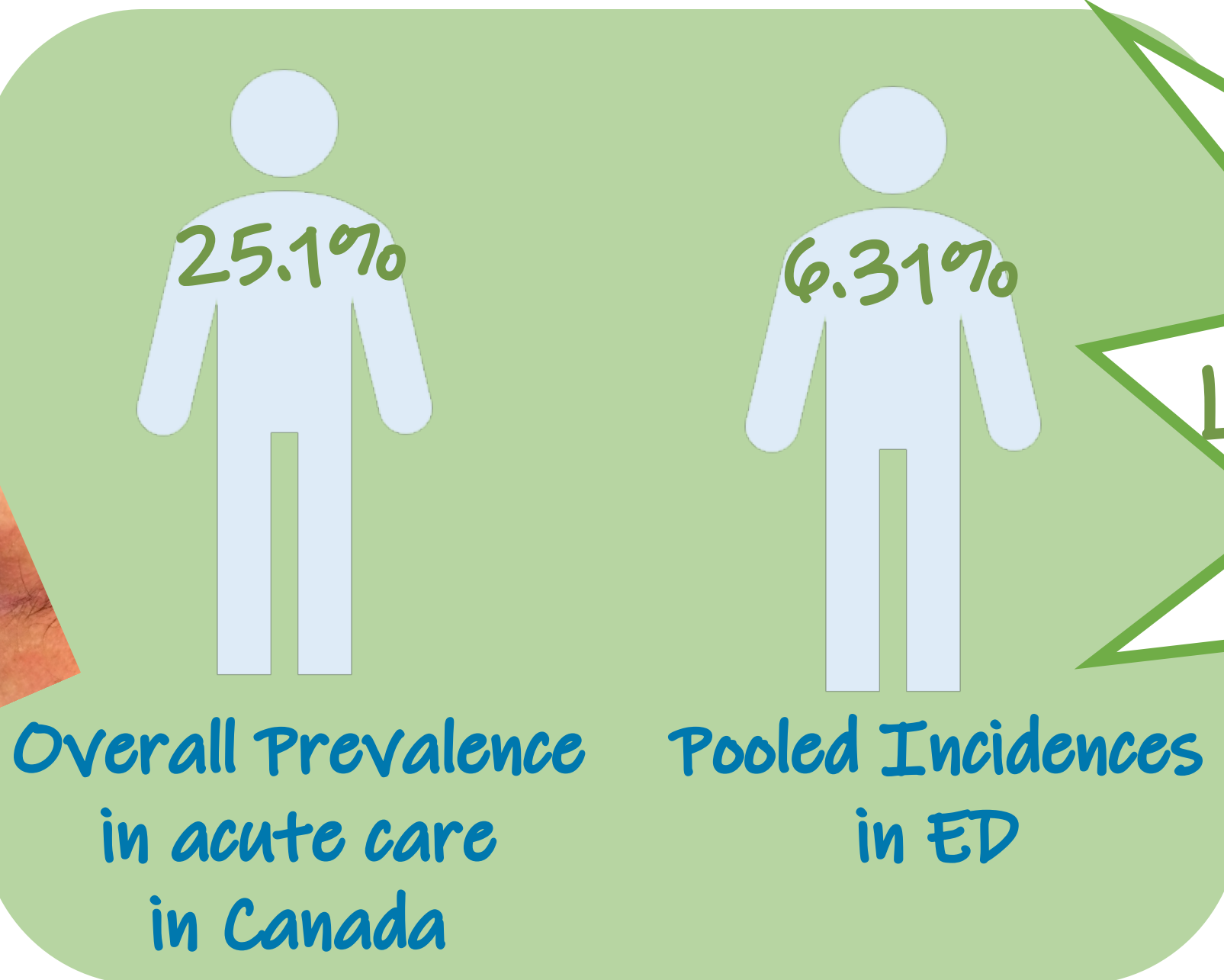


## MEET LARRY

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 advance treatments. Larry's pressure injury unfortunately worsened during his most recent admission.



Are no longer isolated cases...



We also have **LIMITED DATA** As reporting is voluntary

In 2019, VGH's wound care team received... **220 cases**

pressure injuries related consults **70 cases**

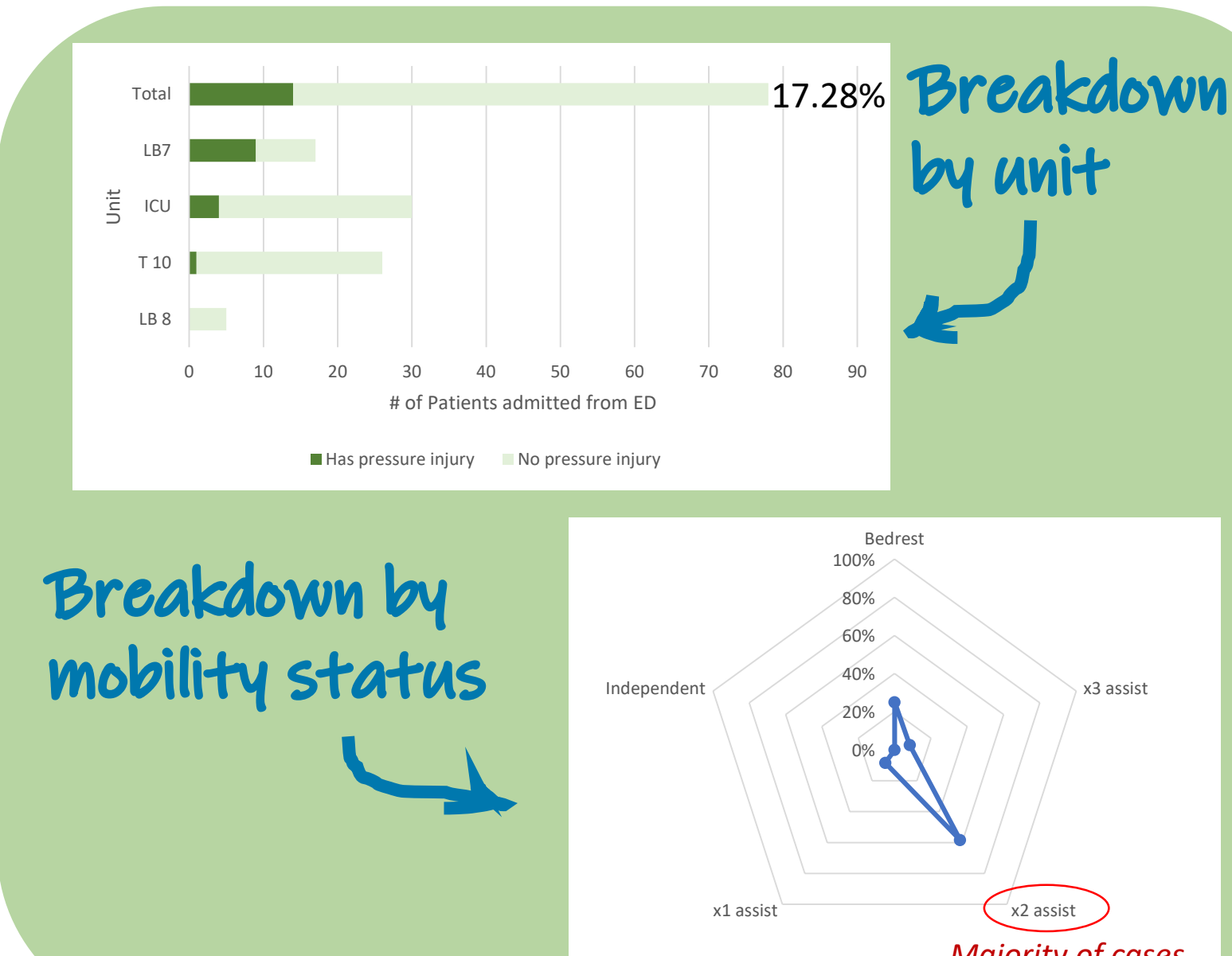
Hospital acquired pressure injuries which are equivalent to **0.79%** and **0.25%** of hospital admissions.

However, we believe that cases are **SEVERELY UNDERREPORTED** and that the consults captured the **WORST** cases only.

## ACCORDING TO LITERATURE

We have noticed stories like Larry's...

We conducted some unit specific audits...



Which confirmed our suspicion.

## 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)

Total based on 70 known cases

↑ Pain & Suffering  
↑ ~280 days (length of stay)  
↑ 5.11 patients (mortality rate)  
↑ ~\$1,750,000 (cost)

Calculated based on voluntary data reported when RNs were "not busy"...

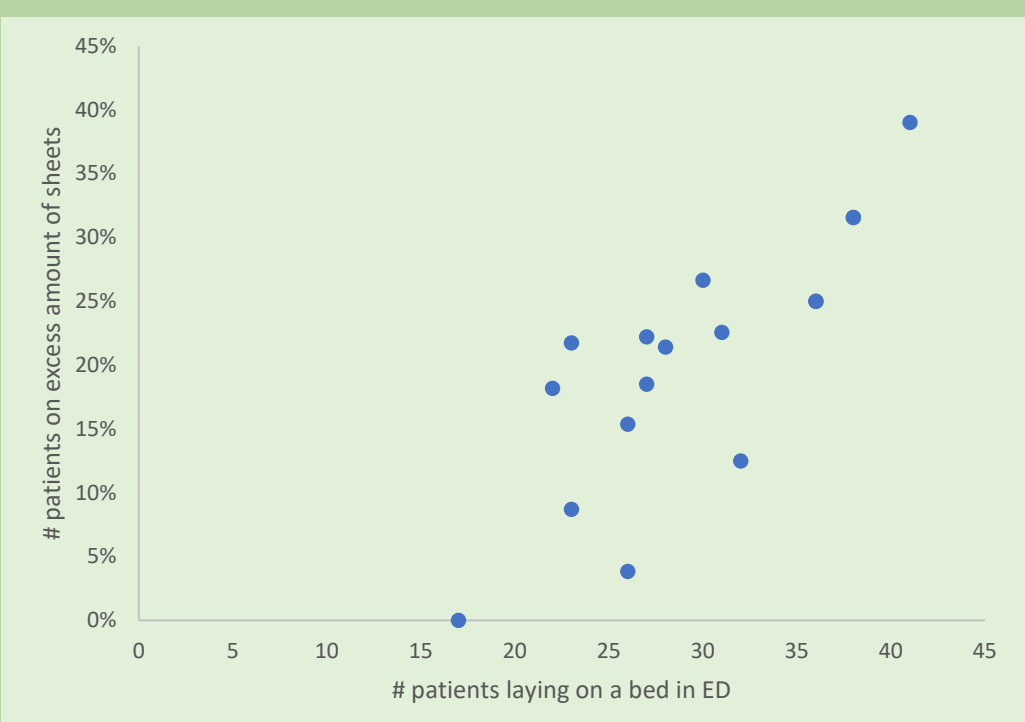
On average, ED patients were:

Repositioned every 2.4hrs  
Toileted every 4.1hrs  
Mobilized every 4.7hrs



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

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



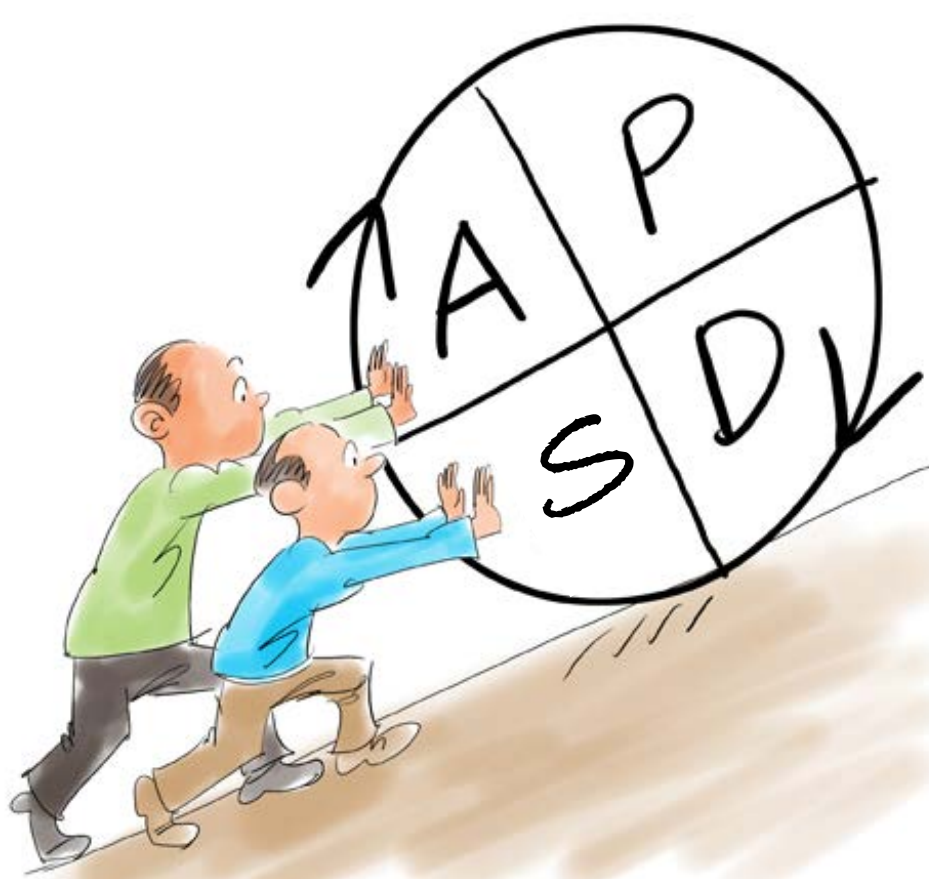
It doesn't seem to be a knowledge gap...

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



Contact Mandy @ [mandy.man@vch.ca](mailto:mandy.man@vch.ca)

Currently in process of trialing different approaches...

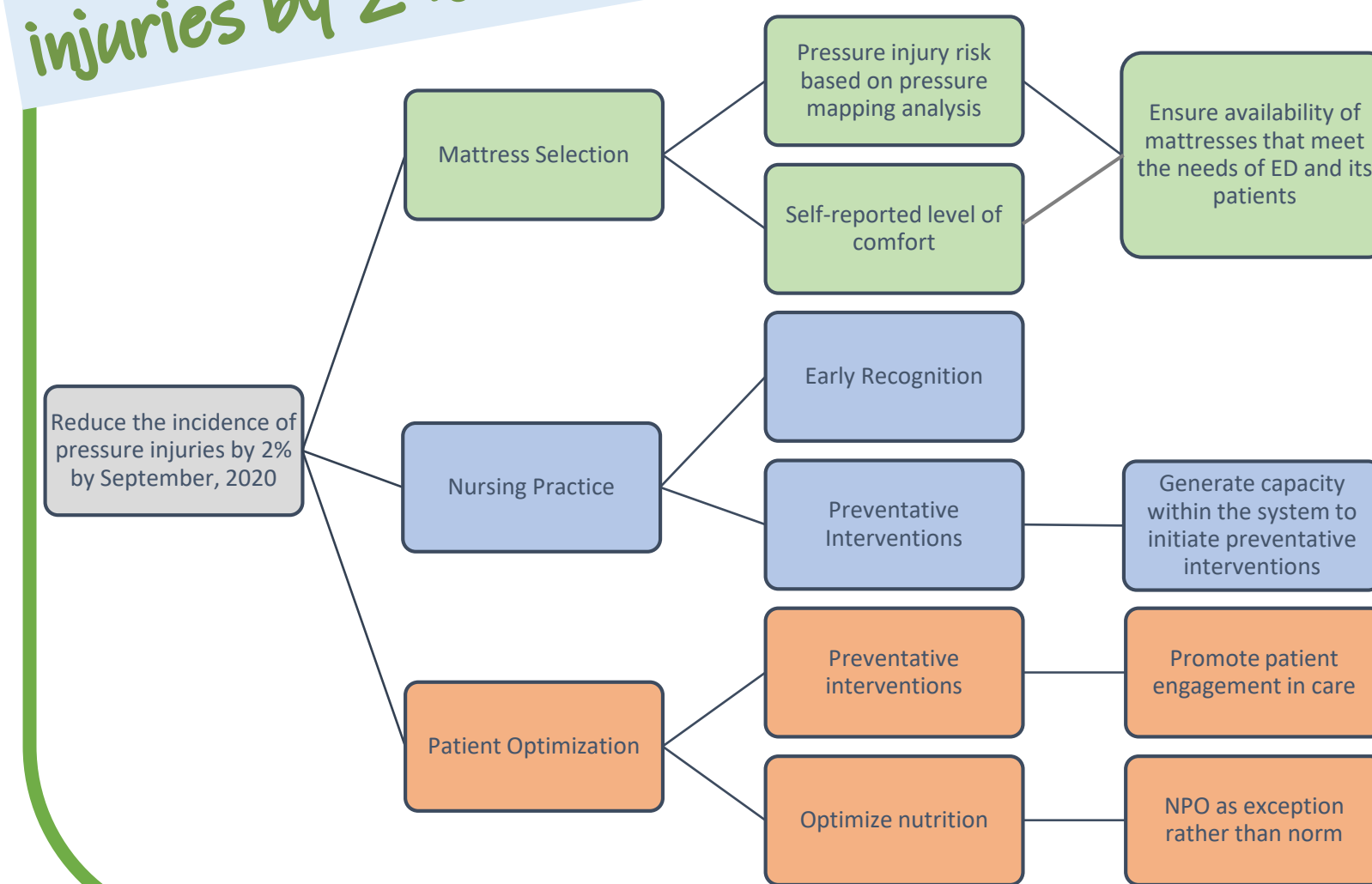


## Change Idea #2 Patient/ Family Engagement



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

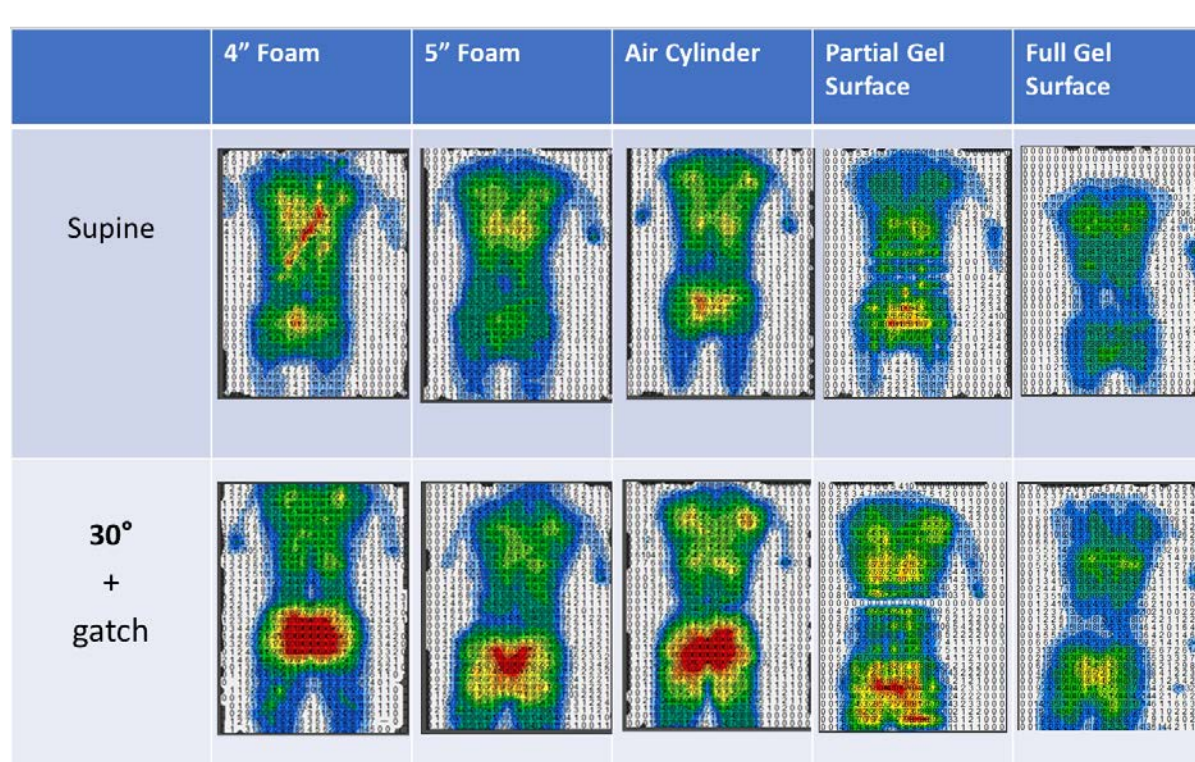
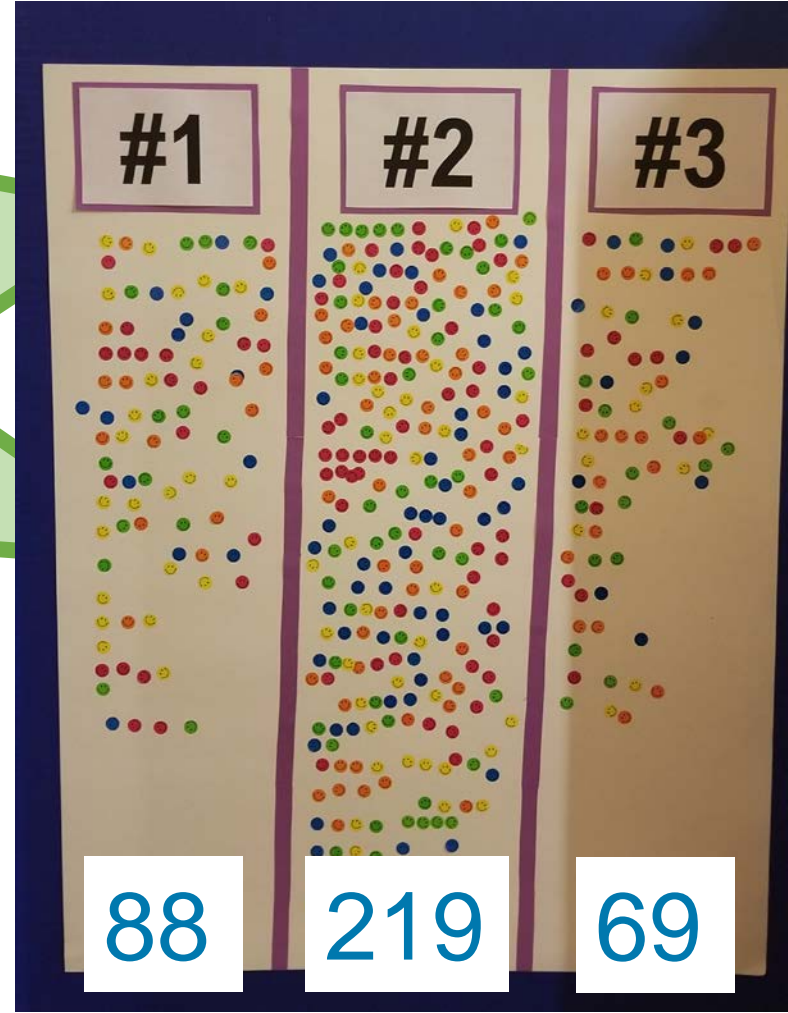
Aim: To decrease the prevalence of pressure injuries by 2% by September, 2020



Change Idea #1 Full Gel Mattresses

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

4" Foam Full gel surface 2" Foam



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