Why, and when, to report a pressure injury

The purpose of incident reporting is to improve the safety and quality of care. Data will help services to monitor patterns of incidents and plan improvements.

*It is a requirement of SA Health Policy Directive and the National Safety and Quality Healthcare Service Standard 8.*

All pressure injuries (including stage 1 – non blanchable erythema) should be reported to SLS as soon as practicable by the staff member who discovered the pressure injury.

Tips for quick and easy reporting of a pressure injury into SLS

1. Select ‘incident affecting patient’

2. **Person Affected.**
   
   Use this section to record the location and treatment required, and if the one patient has **more than one pressure injury**
   
   > Under ‘Type’, select patient / consumer/client and complete details.
   
   > For the question ‘Was this person harmed in the incident?’ respond yes, because a pressure injury is harmful.
   
   > The Harm/Injury section will appear. From the drop down lists select:
     
     - the harm/injury (Pressure injury-skin or Pressure injury-mucosal)
     - the body part affected
     - the treatment required.
   
   > Then click ‘Add another injury’ to record details of other pressure injury(s). Select appropriate treatment option from drop down menu.

3. **Description of the Incident / Hazard / Event.**
   
   Write a brief description of the incident, without names or opinions.

4. **Incident classification**
   
   **Level 1 – Pressure Injury / ulcer/sore**
   
   **Level 2** – There are 3 options for when/where the PI was acquired, and SLS provides definitions.
   
   Note the advice in the pop-ups.

   **New** – All pressure injuries that have developed during the current admission to this health service. This includes SA Health services that are delivered to people in their homes.

   **Present on admission from home or external service provider** - PI was acquired in the community, private health services or residential aged care (ie outside of SA Health services) before admission to an SA Health service.

   **Worsening of existing / observed after internal transfer** - Either acquired in previous SA Health service, before transfer in to current location OR PI has deteriorated / progressed / worsened by one or more stages during current admission.
Level 3 – select most appropriate Stage - Stage 1, 2, 3, 4, unstageable, suspected deep or mucosal.

5. Open disclosure

For the question ‘Has this incident been disclosed to patient/family?’ indicate yes if you or a team member has discussed the PI(s) with the family and carer/family.

- This discussion should include expressing regret that this has occurred, providing information about what will happen next and answering any questions they may have.
- If there is any comment about how this discussion went, eg family angry or upset you can inform your line manager and include this information in the section above ‘What was the outcome of the incident’

6. SAC rating

- No pressure injury is ‘insignificant’ in consequence or outcome. Therefore, the consequence will range from minor to major. It will be extreme if death directly results eg from septicaemia, or length of stay is increased as a direct result by >125 days.
- With a pressure injury of Stage 2 or greater, the SAC rating will most commonly be SAC2 or SAC3 as the length of stay may increase, there is a likelihood of disfigurement or need for a procedure or surgery, and additional treatment or increased level of care is required.

Please note that anyone with an existing pressure injury, is graded as High risk. Discuss with medical officer, patient and carer and implement a revised care plan immediately.

For more information

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