



ACI NSW Agency
for Clinical
Innovation

Spinal Pressure Injury Prevention & Management Model of Care

Louise Kelly

J Middleton, F Monypenny

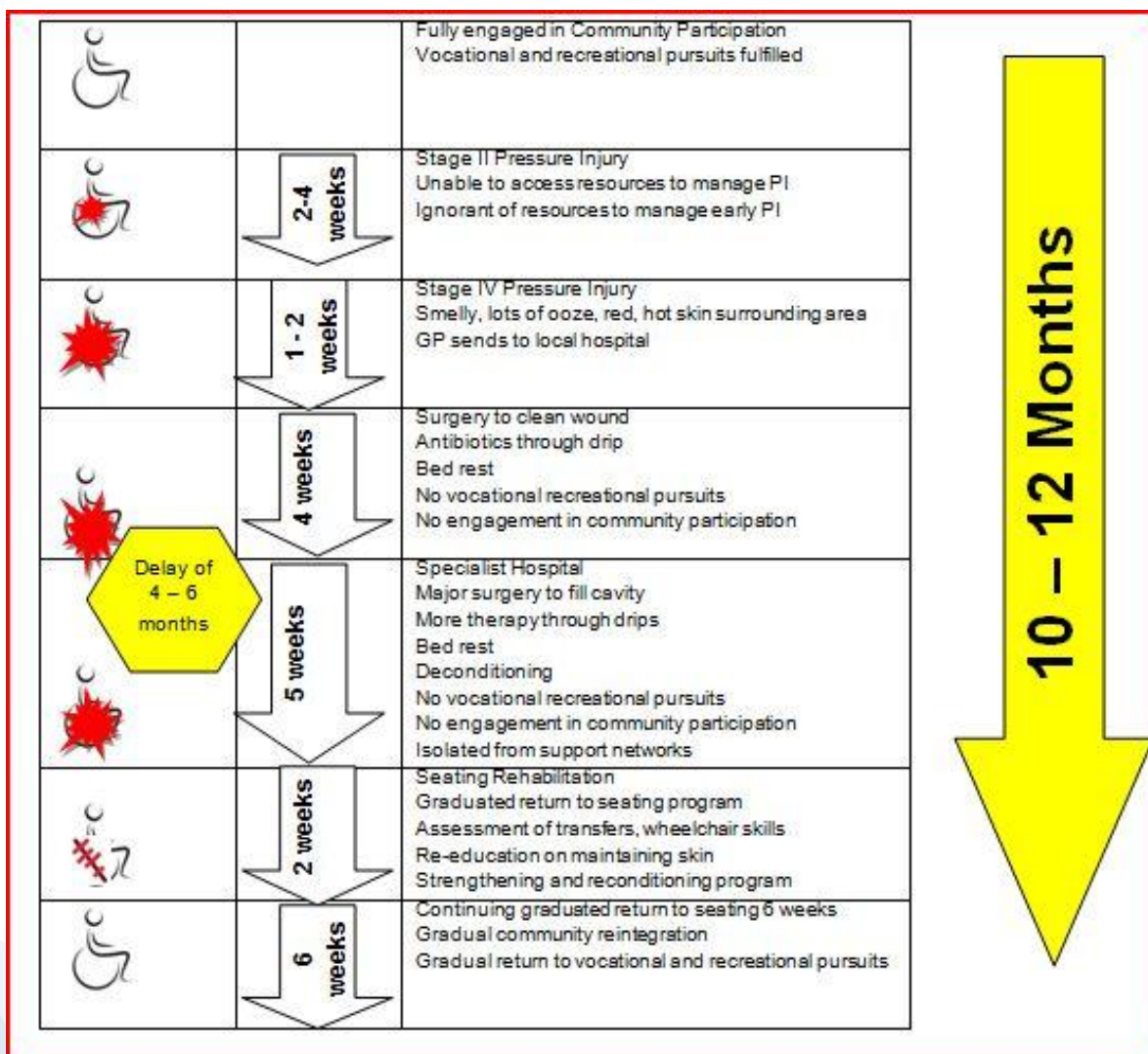
State Spinal Cord Injury Service

NSBC 19th October 2012

Emily's Story

Emily is a 20 year old young lady who was born with spina bifida and hydrocaephalus. She came with her Mum to the Spina Bifida clinic for a second opinion regarding a pressure ulcer on her right foot that had become infected. She had been told that amputation was the only option for her but could not cope with the thought of losing her leg. The staff at the clinic agreed that Emily should try and exhaust all possibilities to maintain functional independence as she could do standing transfers and shuffle over very short distances with support of a belt. In the following year, she was admitted to a second metropolitan hospital for cellulitis and a right below knee amputation was performed. She subsequently developed a stage IV pressure injury under her right Ischial Tuberosity (sitting bone). She stated that it was because the hospital did not use an air mattress during her admission however lack of pressure reducing mattresses are generally associated with sacral pressure injuries. The Spina Bifida Clinic discovered the situation after the Community Nurse contacted the clinic, concerned that Emily was self neglecting and abusive to certain staff and questioning whether Emily was suffering from depression and body image issues. Eventually Emily underwent a buttock rotation flap repair. Case Management and Allied Health were referred at discharge from hospital. Four months after surgery and four years following her initial pressure injury on her foot, Emily is pressure injury free, linked to an employment agency and playing wheelchair sport.

Typical current patient journey

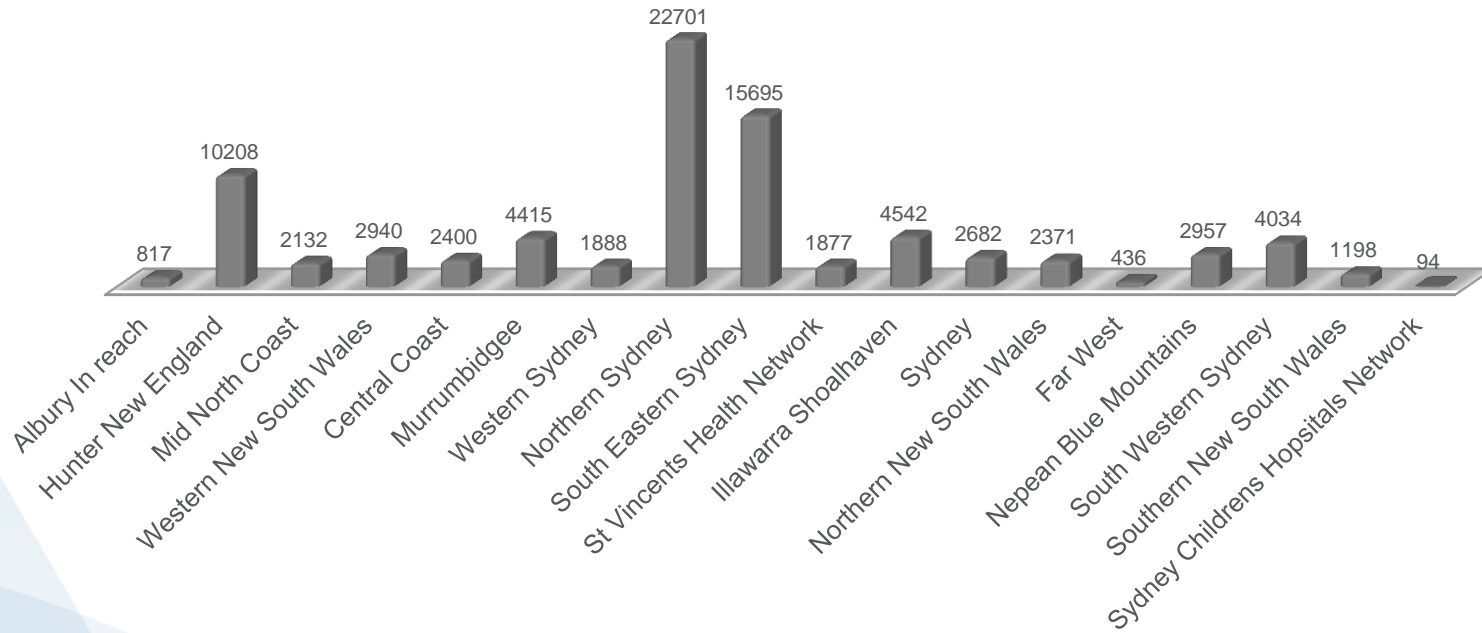


So what?

- Delayed healing leads to issues with chronic wound healing
- Physical conditioning deteriorates
- Ability to engage in community participation activities disrupted
- Unplanned, protracted hospitalisation that is fragmented

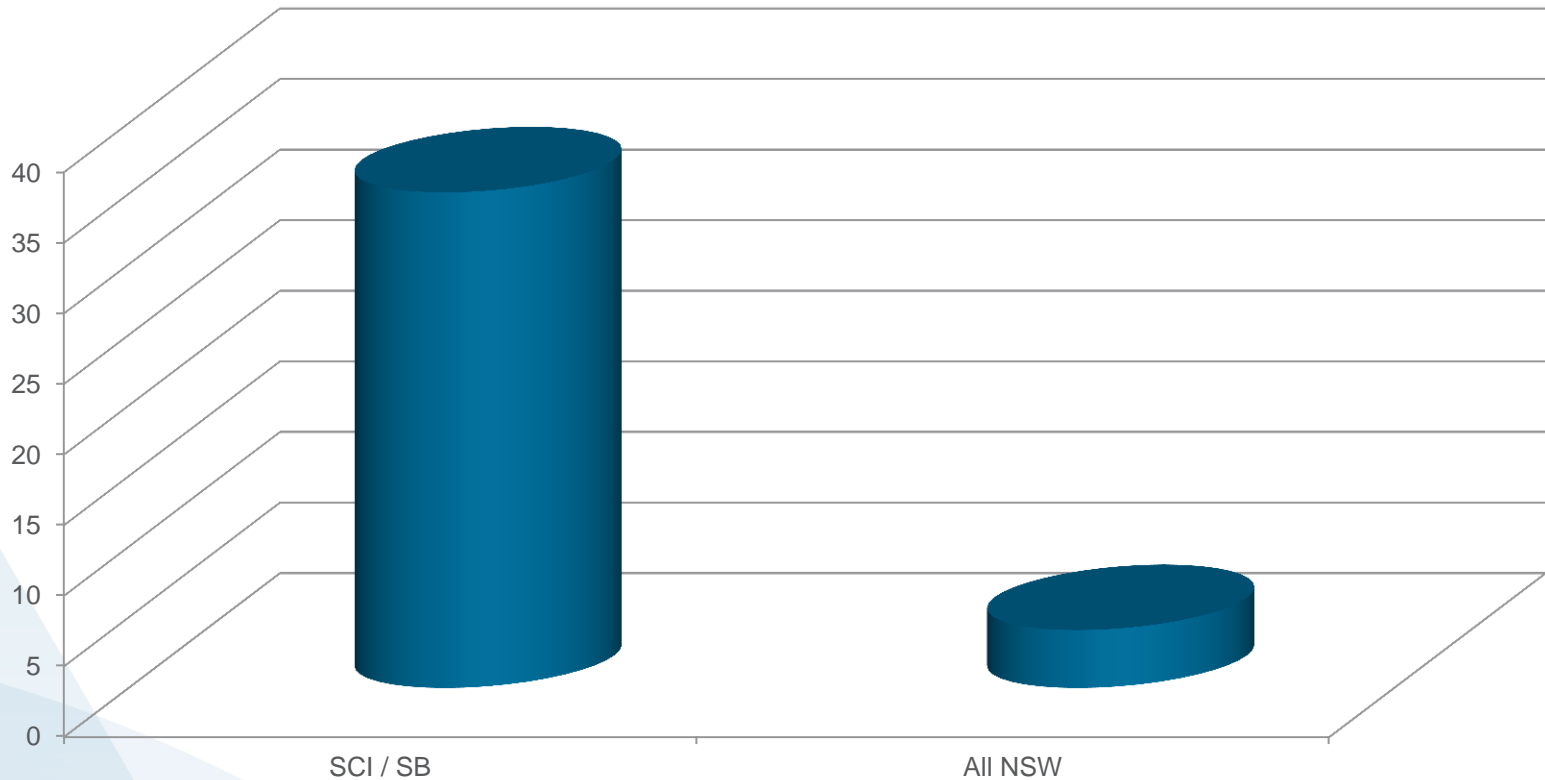
Hospital Utilisation Data 2006 - 2011

Total Public and Private Bed Days by Local Health District



Comparative ALOS

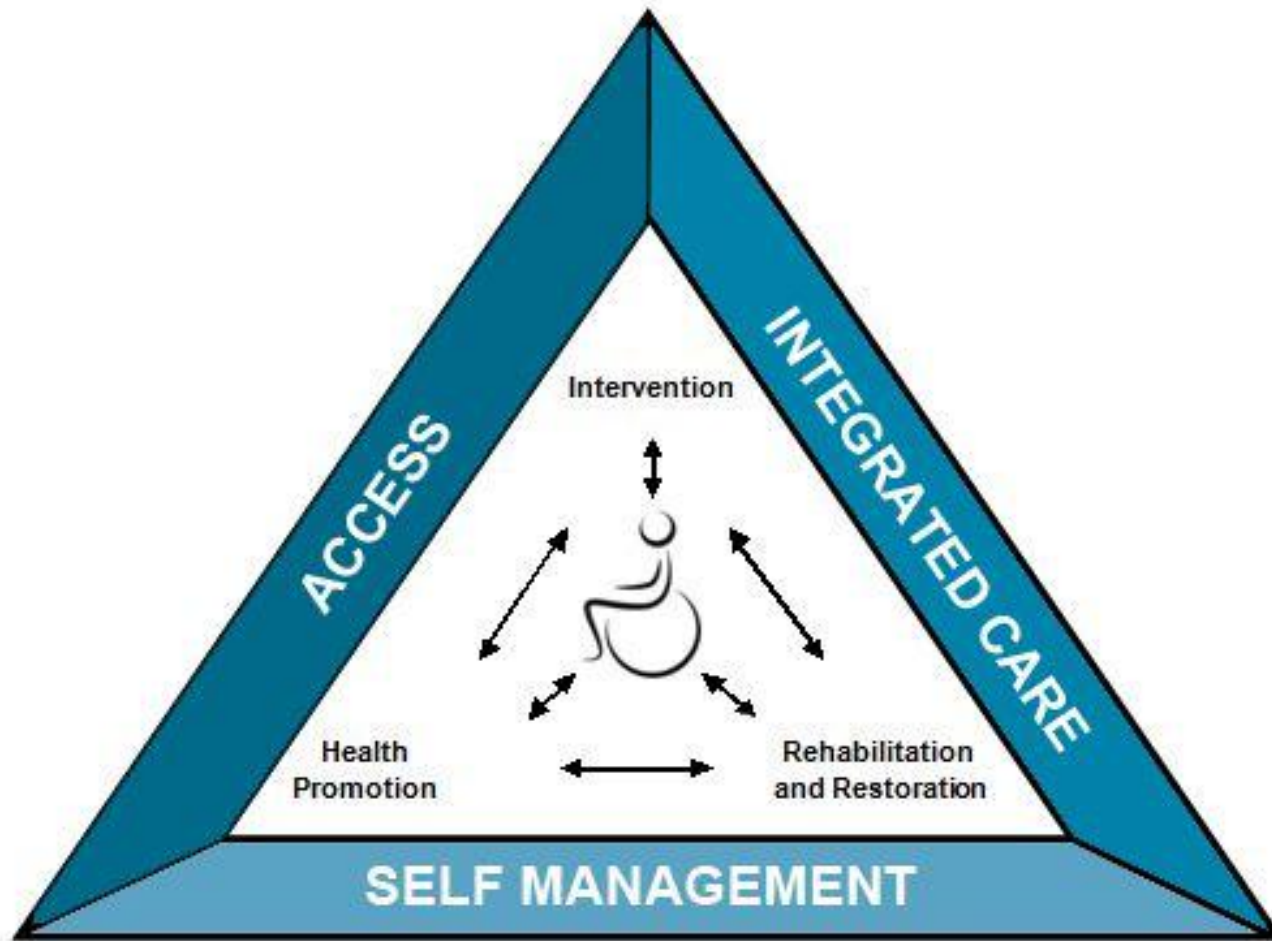
Average Length of Stay (days)



Aim

- To develop & implement a Model of Care (MoC) for the prevention & management of pressure injury in people living with SCI and SB in NSW across continuum of care

The Model



Adapted Kaiser Triangle



Outline of Phases of Care

1		Health Promotion
2a		Intervention (\leq Stage II PI)
2b		Intervention (\geq Stage III PI)
3a		Restoration & Rehabilitation
3b		Quality of Life Maintenance

Outcomes of the Model



Any Questions?