

STATE-WIDE PREVALENCE OF PRESSURE INJURY IN INTENSIVE CARE

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- Pressure injury (PI) is an enduring complication of hospitalisation
 ICU patients are more susceptible due to
- ICO patients are more susceptible due multiple risk factors
- Several studies have indicated that ICU patients are more likely to develop PIs compared to general patients.

3-year state-wide prevalence (Coyer et al., 2017)
 ICU PI prevalence 11.5% vs non-ICU 3.0%
 Mucosal PI accounted for 22.4% of all ICU PIs
 Not adjusted for variables such as hospital, time, risk level
 Stage 1 PI not

Australian Critical Care

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Research paper

included

Pressure injury prevalence in intensive care versus non-intensive care patients: A state-wide comparison



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Study design

5-year secondary data analysis of annual state-wide point prevalence studies

> 18 ICUs

Stage I PI included

Logistic regression modelling used to derive prevalence and effect estimates



Results

> ICU sample (n = 611)

- Mean age 58 (SD 17) years (vs 65 general patients *p* < .001)
- 93% at risk of PI (vs 33% general patients *p* < .001)
- ICU median risk level = high risk

 Overall results summary
 All-stage ICU prevalence estimate of hospital-acquired (HA) PI = 9.6% (vs 2.1% in non-ICU)

- > ICU ≥ Stage II prevalence estimate of HAPI = 8.6% (vs 1.2% in non-ICU)
- ICU patients developed a greater proportion of severe HAPIs than non-ICU patients
- Most ICU HAPIs on the sacrum/coccyx and heels.

Characteristics of ICU HAPIs

- > 86 HAPIs (range 1-5) reported in 58 ICU patients
- Largest proportion was Stage II (29.1%)
- Proportion of severe PI = 14.4% (stages 3,4 and SDTI)
- > 75.9% of patients with HAPI were at very high risk
- Most HAPIs on sacrum/coccyx (20.9%), heel (16.3%), or mouth/lips (15.1%)

ICU vs non-ICU HAPIs by category

Pressure injury category	ICU n (%)	Non-ICU n (%)	Total <i>n</i> (%)
Stage I	18 (20.9)	186 (46.0)	204 (41.6)
Stage II	25 (29.1)	126 (31.2)	151 (30.8)
Stage III	7 (8.1)	17 (4.2)	24 (4.9)
Stage IV	0 (0)	4 (1.0)	4 (.8)
Suspected deep tissue injury	17 (19.8)	37 (9.2)	54 (11.0)
Unstageable	9 (10.5)	26 (6.4)	35 (7.1)
Mucosal	10 (11.6)	8 (2.0)	18 (3.7)
Total	86 (100)	404 (100)	490 (100)

^aHospital-acquired pressure injuries were present in 370 patients (58 in intensive care and 312 in non-intensive care wards).

Most Stage I on heels (28%)Most Stage II on sacrum/coccyx (20.0%) Most Stage III on sacrum/coccyx (57.1%) Most SDTI on heels (35.3%) and sacrum/coccyx (28.6%) Most Unstageable on heels (33.3%) and sacrum/coccyx (22.2%) **Mucosal** on either lips/mouth (70%) or nose (30%)

ICU vs non-ICU HAPIs by site: Top 5

Body site	Intensive care <i>n</i> (%)	Non- intensive care <i>n</i> (%)	Total <i>n</i> (%)
Sacrum/coccyx	18 (20.9)	135 (33.4)	153 (31.2)
Heel	14 (16.3)	98 (24.3)	112 (22.9)
Lip/mouth	13(15.1)	O (O)	13 (2.7)
Ear	8 (9.3)	32 (7.9)	40 (8.2)
Nose	8 (9.3)	10 (2.5)	18 (3.7)

Conclusions

- Significant differences between HAPI prevalence of ICU versus non-ICU patients
 - Downward trend (11.5% → 8.6% [9.6% inc. Stage I])
 - Mucosal PI proportion of 11.6% = clinically significant
- International benchmarks
 - Global ICU-acquired PI 16.2% (Labeau et al., 2021)
 - Australian sub-set: ICU-acquired PI = 9.7% (Coyer et al., 2022)
 - UK sub-set: ICU-acquired PI = 8.8% (Rubulotta et al., 2022)
 - Chinese sub-set: ICU-acquired PI = 4.3% (Lin et al., 2022)
 - USA ICU HAPI prevalence 14.3% (Cox et al., 2022)

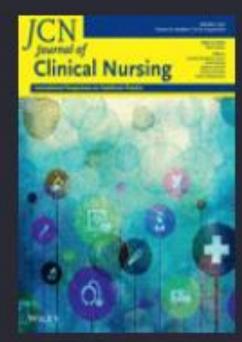
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EMPIRICAL RESEARCH QUANTITATIVE

Journal of Clinical Nursing WILEY

State-wide prevalence of pressure injury in intensive care versus acute general patients: A five-year analysis

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ICU incidence and characteristics of hospital-acquired mucous membrane pressure injury

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Mucous membrane pressure injury (MMPI) first defined in 2008



- International guideline (EPUAP et al., 2019) recommends they should be reported in incidence and prevalence studies
 (N.B. DecubICUs study [Labeau et al., 2021] did not collect MMPI)
- Caused by pressure from medical devices at the site of injury
 - ICU patients are particularly vulnerable
 - Few previous studies have reported incidence or prevalence (Fulbrook et al., 2022)
 - ICU MMPI prevalence low = 1.6% but accounted for 11.6% of ICU HAPIs (Fulbrook et al., 2023)

Systematic review 2008-2020
 21 studies met inclusion criteria
 None directly reported MMPI incidence or prevalence
 MMPI incidence/prevalence able to be calculated from only 4 studies – all in ICU

hospital settings

Incidence 0.8% and 30.4%

Prevalence1.7% and 3.7%

DOI: 10.1111/Wj.13629 ORIGINAL ARTICLE Int Wound J. 2022;19:278–293 WILEY Systematic review: Incidence and prevalence of mucous membrane pressure injury in adults admitted to acute

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Study design

5-year secondary data analysis of hospital clinical incident reports of MMPI (2015-2019) 630-bed tertiary general hospital 26-bed general and cardiac ICU > All MMPI validated by specialist nurses Device insertion times derived from patient charts

Results

- > 414 MMPI reported in 296 of 265,396 hospital episodes
- Most MMPI were hospital-acquired (91.5%, n = 379)
- > Of these, 74% were in ICU (mean age 60, SD 16)
- > ICU incidence = 2.4% vs .03% non-ICU
- In ICU, most MMPI initially reported correctly (89.5%)

Time-to-MMPI

 ICU median timeto-MMPI following device insertion
 = 3 days (IQR 1–5; range 0–33)



Device type		n	Median (IQR)	Range
Oral endotracheal tube-related device	Non-ICU	5	2 (0-5)	0-8
	ICU	215	2 (1-4)	0-18
	Overall	220	2 (1-4)	0-18
Urinary catheter	Non-ICU	15	5 (1-14)	0-37
	ICU	11	14 (7-19)	5-33
	Overall	26	9 (4.5–15.3)	0-37
Gastric tube (nasal/oral)	Non-ICU	12	7 (5.3–14.3)	2-21
	ICU	6	4 (1-9.5)	1-14
	Overall	18	6.5 (3.8-12.5)	1-21
Nasal prongs	Non-ICU	5	8 (7–15.5)	6-17
	ICU (0	-	-
	Overall	5	8 (7–15.5)	6-17
Tracheostomy tube	Non-ICU	0	-	-
	ICU	6	11 (3.5-22.3)	2-23
	Overall	6	11 (3.5-22.3)	2-23

Device by site: ICU

Device	Hospital-acquired MMPI location <i>n</i> (%)					Total <i>n</i>	
	Neck	Mouth	Tongue	Lips	Nose	Genitals	(%)
Oral ET- related	-	106 (35.1)	22 (7.3)	127 (42.1)	1 (0.03)	-	256 (84.8)
Urinary catheter	-	-	-	-	-	21 (7.0)	21 (7.0)
Gastric tube (nasal/oral)	-	-	1 (0.03)	2 (0.06)	13 (4.3)	-	16 (5.3)
Tracheostomy tube	9 (3.0)	-	-	-	-	-	9 (2.4)
TOTAL <i>n</i> (%)	9 (3.0)	106 (35.1)	23 (7.6)	129 (4.3)	14 (4.6)	21 (7.0)	302 (100)

Conclusions

Massive difference between ICU MMPI incidence versus non-ICU

Most MMPI ETT-related

 Further research to differentiate between tube types, tapes, ETADs

> Time-to-MMPI relatively short

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EMPIRICAL RESEARCH QUANTITATIVE

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What next?

Multi-site RCT: Eliminating harm from devices across the life span in critical illness (DEFENCE) (Coyer F, Fulbrook P et al.)

The DEFENCE bundle:

- 1. Clinical need, selection and fit of the device
- 2. Regular skin and mucous membrane assessment under and surrounding the device
- 3. Repositioning the device
- 4. Protection of the skin underneath the device
- 5. Timely removal of the device.

