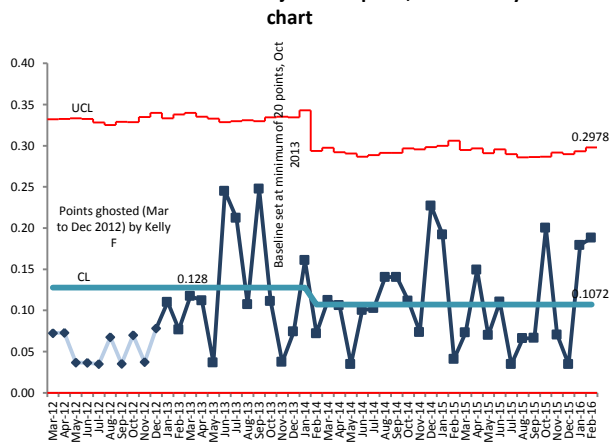


### WDHB Acute - Falls with major harm per 1,000 bed-days u chart



#### Fall - Definition

A fall is defined as “inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects”.<sup>1</sup>

#### Data

Number of falls per month based on the Severity Assessment Code (SAC) rating and per service level e.g. dementia, hospital, rest home level care.

Number of bed days per month per service level.

Outcome data is based on the rate of falls with major harm (SAC 1&2) or with harm (SAC 1 - 3) per 1,000 bed days for each service level.

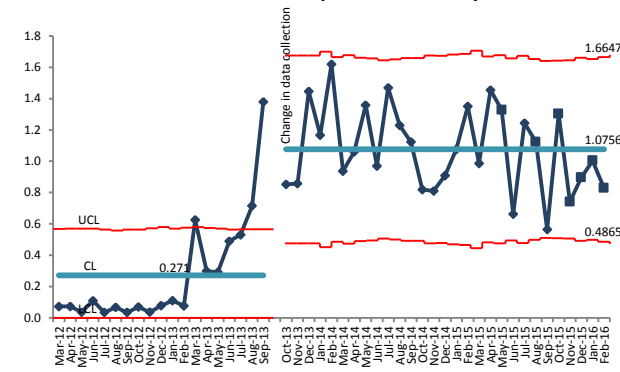
For further information, please refer to [www.firstdonoharm.org.nz](http://www.firstdonoharm.org.nz)

<sup>1</sup> World Health Organisation, 2007: WHO global report on falls prevention in older age, p1.

### Falls - Guide to classifying consequence in Incident Reporting System

Injury type	Specific description	Consequence	SAC
No injury	No injury	Minimal	4
Death	Patient has died as result of fall	Severe	1
Brain / head injury	Possible knock to head with no apparent injury or observations necessary	Minimal	4
	Possible knock to head or possible loss of consciousness with doctor assessment and/or neurological observations	Minor	3
	Possible knock to head or possible loss of consciousness requiring CT scan showing no injury	Minor	3
	Knock to head causing concussion, traumatic brain injury or skull fracture	Moderate	2
Fracture / dislocation	Suspected fracture	Leave file open till have results of investigations	
	Any fracture	Moderate	2
Laceration / cut / skin tear	Cut / skin tear requiring dressing, band-aid, steri-strips	Minor	3
	Cut / skin tear - no treatment	Minimal	4
Wound dehiscence	Cut requiring suturing or stapling (may also be known as clipping)	Moderate	2
	Any dehiscence requiring resuturing after a fall e.g. stump wound dehiscence	Moderate	2
Soft tissue injury	Suspected sprain requiring rest, ice, compression, elevation (RICE)	Minor	3
	Sprain requiring splinting/corutches	Minor	3
Teeth chipped / damaged	Teeth or dentures chipped requiring dental repair or replacement	Moderate	2
Pain	Pain requiring assessment for possible injury	Leave file open till have results of investigations	
Emotional distress	Perceived emotional distress/loss of confidence but no physical injury	Minimal	4
	Perceived emotional distress and physical injury	Score according to physical injury	
Equipment	IV lines, nasogastric tubes, etc displaced during fall and require reinserting	Minimal	4
	Swelling	Area is swollen – no investigations required	Minimal
Bruise / contusion	Area is swollen – fracture/head injury suspected	Leave file open till have results of investigations	
	Bruise that requires no treatment	Minimal	4
	Bruise that requires assessment to check for fracture	Leave file open till have results of investigation	

### WDHB Acute - Falls with harm per 1,000 bed-days u chart



#### Pressure Injury - Definition

A pressure injury is “a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction”.<sup>1</sup>

#### Data

Random prevalence audit/survey (percentage per 100 patients)  
Number of new, facility-acquired pressure injuries per month based on the European Pressure Ulcer Advisory Panel (EPUAP) grading system.

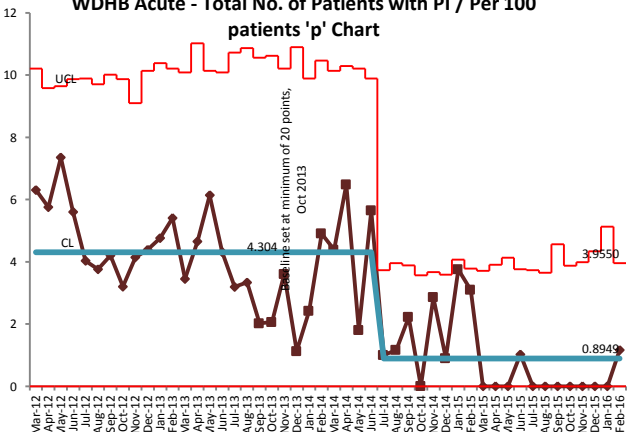
Number of patients surveyed.

Outcome data is based on the rate of pressure injuries Grade 3 & 4 + ungradeables or total, per 100 patients.

For further information, please refer to [www.firstdonoharm.org.nz](http://www.firstdonoharm.org.nz)

<sup>1</sup> National Pressure Ulcer Advisory Panel, 2007.

### WDHB Acute - Total No. of Patients with PI / Per 100 patients 'p' Chart



The European Pressure Ulcer Advisory Panel (EPUAP) grading system includes Grade 1, Grade 2, Grade 3 & Grade 4. Grade 3 & 4 + ungradeables are reported together in the same category.

- Grade 1:** Non-blanchable erythema (redness) of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.
- Grade 2:** Partial thickness skin loss involving epidermis, dermis, or both. The injury is superficial and presents clinically as an abrasion or blister.
- Grade 3:** Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.
- Grade 4:** Extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.

### WDHB Acute - Grade 3, 4 & Ungradeable / Per 100 patients 'p' Chart

