

Safety & Quality

Pressure Injury Clinical Governance

The following is an example of Terms of Reference and roles and responsibilities of a health service's Pressure Injury Prevention and Management Committee.

A committee can assist in demonstrating compliance with the requirements of accreditation.

Each site or region Pressure Injury Prevention and Management Committee will produce minutes, agendas and reports that demonstrate that the committee:

- > has the overall aim of working towards implementing the international guidelines (*Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline, 2014 Emily Haesler (Ed.). National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Cambridge Media: Osborne Park, Western Australia*)
- > uses quality improvement or similar methodology to lead / undertake and document quality improvement activities, including consumer input to address safety risks and ensure the effectiveness of the pressure injury prevention and management system
- > has designated responsibility for pressure injury prevention and management activities
 - develops and works to an action plan approved annually by the LHN Clinical Governance Committee
- > provides expert advice and reports to management, clinical governance committees, consumer groups and other staff
 - assists with preparation and analysis of data and other information for reports to Clinical Governance Committee. Prepare reports and other presentations to executive as required
 - provides expert advice about procurement of relevant equipment / device and other for the health service
- > receives reports about progress against the pressure injury prevention action plan from members:
 - Safety and Quality Risk Manager (data and actions arising from incidents),
 - wards and units, health care teams
 - allied health
 - medical and pharmacy services
 - other relevant areas including, but not limited to workforce development (training), and procurement (equipment supplies)



- > provides reports and evidence that assist the service to demonstrate compliance with accreditation requirements, and the requirements of the draft SA Health Policy Directive
- > promotes practice and delivery of services that are in accord with National Guidelines, draft SA Policy Directive and NSQHSS Standard 8
 - develops, implements and monitors systems of care for pressure injury prevention and management that are based on local needs and actions arising from analysis of incidents, including:
 - internal procedures
 - safe environment, and timely provision availability of equipment / devices
 - screening and assessment occurring for the right person, at the right time, with the right frequency
 - internal referral pathways
 - provision of information to consumers
 - provision of interdisciplinary care and other intervention strategies as required
 - incident reporting, investigation and other data capture
 - discharge planning / handover / external referral to other services
- > assists with planning and delivery (where possible) of workforce training, including determining staff training needs. Monitor the training conducted (numbers of sessions, topics, numbers and type of staff trained, proportion and spread of staff trained and effectiveness of training)
- > develop and implement mechanisms for communication about pressure injury prevention with staff
- > develop and implement mechanisms for consumer engagement around;
 - their individual skin and wound care
 - the development of information materials for consumers
 - service planning, design and evaluation.

For more information

**Pressure Injury Prevention and Management
Safety and Quality Unit
PO Box 287,
Rundle Mall, Adelaide SA 5000
Telephone: 08 8226 6539
www.sahealth.sa.gov.au/safetyandquality**

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