

St Vincent's Hospital Stop PU day

For EPUAP Stop Pressure Ulcer Day, the St Vincent's Skin Integrity Risk Committee organised a hospital-wide awareness initiative centred on a week-long window display. This display in the main hospital featured the new heel elevation guide, academic posters showcasing research completed at the hospital, and themed props to promote evidence-based pressure injury prevention. Key messages focused on risk assessment, offloading strategies and the importance of early identification and escalation. At the subacute centre, a complementary notice and visual display about the day was set up to raise awareness among staff and visitors, and to direct them to relevant resources and local champions.

The Skin Integrity Risk Committee, a multidisciplinary group responsible for oversight of skin integrity across the hospital, led the planning and implementation of these activities. On the day itself, committee members staffed an information table at the main hospital entry, engaging directly with clinicians, hospital staff and family members about pressure injury risk, practical prevention strategies and available tools. Small prizes were offered to encourage interaction and reinforce key messages in a positive and engaging way. Representatives from industry partners were invited to participate, reflecting active engagement with external stakeholders and support for innovation in pressure injury prevention.

Together, these activities demonstrated an integrated approach to pressure injury prevention that spanned education, policy, research and industry engagement, and highlighted the leadership role of the Skin Integrity Risk Committee in driving hospital-wide awareness, culture change and improvement in skin integrity practices.

St. Vincent's Hospital

Main Entry

After hours entry to the hospital is by the Main Entry only. No Smoking Permitted in the Main Entry or within (3) Three metres of the Main Entry.

one GOAL worldwide:

STOP

PRESSURE INJURIES

20th November 2025



Effectiveness of organisational strategies for pressure injury prevention and treatment in acute hospital settings: A systematic review

ACU

Background: Pressure injuries are a global health problem, with an estimated 10% of hospital inpatients developing a pressure injury during their stay. The incidence of pressure injuries is higher in acute hospital settings compared to long-term care facilities. The aim of this review was to assess the effectiveness of organisational strategies for pressure injury prevention and treatment in acute hospital settings.

Aim: To assess the effectiveness of organisational strategies for pressure injury prevention and treatment in acute hospital settings.

Methods: A systematic review of the literature was conducted. The search strategy included the following keywords: 'pressure injury', 'prevention', 'treatment', 'organisational strategies', 'acute hospital settings'. The search was limited to English language publications and was conducted in the following databases: Medline, Embase, CINAHL, and Cochrane. The search was limited to the period between 2012 and 2024.

Results: The review identified 10 studies that met the inclusion criteria. The studies were of varying quality, with the highest quality studies being those that used a randomised controlled trial design. The results of the review showed that organisational strategies for pressure injury prevention and treatment were effective in reducing the incidence of pressure injuries in acute hospital settings.

Clinical significance: The results of this review have important implications for clinical practice. They suggest that organisational strategies for pressure injury prevention and treatment are effective in reducing the incidence of pressure injuries in acute hospital settings. This information can be used to inform the development of organisational strategies for pressure injury prevention and treatment in acute hospital settings.

Conclusion: Organisational strategies for pressure injury prevention and treatment are effective in reducing the incidence of pressure injuries in acute hospital settings. This information can be used to inform the development of organisational strategies for pressure injury prevention and treatment in acute hospital settings.

HEEL ELEVATION GUIDE

Refer to SVHM Pressure Injury Prevention Policy and SVHM Pressure Injury Care Plan

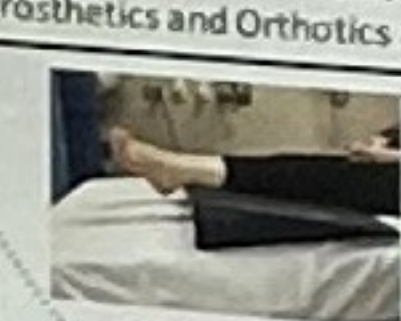
Consider heel elevation for people who are a medium heel pressure injury risk and implement heel elevation for all people who are high heel pressure injury risk.


IMMEDIATE HEEL ELEVATION AT POINT OF CARE – ALL CLINICAL STAFF CAN INITIATE


Elevate heel/s so that they are not touching the mattress or footstool. Use a heel wedge or pillows with sufficient height to elevate heels. Other devices are available if heels are not adequately elevated by these simple, first line measures.

Heel Pressure Injury Present

1. Implement immediate heel elevation at point of care
2. Refer to Podiatry for all Stage 2+ foot pressure injuries (Use the Electronic Journey Board)
3. If heels are not adequately elevated from mattress or footstool using heel wedge or pillow issue an OAPL Heel Cushion (not to be used while weight-bearing). Order from Central Equipment Library (x12308)
4. If PI deteriorates re-refer to Podiatry
5. If prescribed device is not being used or well tolerated contact Podiatry (x12308 or EJB) or Prosthetics and Orthotics (x12356 or EJB)

 Heel wedge

 Pillow under calf

 OAPL Heel Cushion

Better and fairer care. Always.

one GOAL world wide:
STOP
PRESSURE INJURIES
20th November 2025



Effectiveness of organisational strategies for pressure injury prevention and treatment in acute hospital settings: A systematic review

McMahon, P., H., Holmes, E., et al., 2024, NPLAP, 2024, 10.1111/npiap.12001

Background
National and international guidelines recommend evidence-based strategies to prevent and treat pressure ulcers.

Aim
To investigate the effects of organisational interventions on the incidence, healing, and management of pressure injuries in adult patients in acute hospital settings.

Methods
Design: Systematic review.
Protocol registration: PROSPERO (CRD42023036001).
Search strategy: CENTRAL, Ovid MEDLINE, Ovid Embase, CINAHL, and Scopus.
Inclusion criteria: RCTs, Cluster RCTs, controlled before-and-after studies, interrupted time series.
Exclusion criteria: Published in English between 2012-2024.
Settings: Acute hospital settings.

Results
14 studies met the inclusion criteria. The studies were of low to moderate quality. The results showed that organisational interventions had a significant effect on reducing the incidence of pressure injuries.

Clinical significance
Pressure injury prevention and treatment strategies should be implemented in acute hospital settings to reduce the incidence of pressure injuries.

Conclusion
Organisational strategies incorporating multiple interventions (including staff education, risk assessment, and documentation) may reduce pressure injury incidence in acute hospitals.

HEEL ELEVATION GUIDE

Refer to SVHM Pressure Injury Prevention Policy and SVHM Pressure Injury Care Plan
Consider heel elevation for people who are at medium heel pressure injury risk and implement heel elevation for all people who are at high heel pressure injury risk.

IMMEDIATE HEEL ELEVATION AT POINT OF CARE - ALL CLINICAL STAFF CAN INITIATE
Elevate heel/s so that they are not touching the mattress or foot stool. Use a heel wedge or pillows with sufficient height to elevate heels. Other devices are available if heels are not adequately elevated by these simple, first-line measures.

Heel Pressure Injury Present

1. Implement immediate heel elevation at point of care
2. Refer to Podiatry for all Stage 2+ foot pressure injuries (use the Electronic Journey Board)
3. If heels are not adequately elevated from mattress or foot stool using heel wedge or pillow issue an OAPL Heel Cushion (not to be used while weight-bearing). Order from Central Equipment Library (x12208).
4. If Pi deteriorates re-refer to Podiatry
5. If prescribed device is not being used or well tolerated contact Podiatry (x12338 or EJB) or Prosthetics and Orthotics (x12356 or EJB)

Heel wedge **Pillow under calf** **OAPL Heel Cushion**

Better and fairer care. Always.



one GOAL worldwide:

STOP

PRESSURE INJURIES
20th November 2025



WORLDWIDE
PRESSURE INJURY
PREVENTION DAY
STOP
PRESSURE
INJURIES
www.npiap.com


HEEL ELEVATION GUIDE

Refer to SVHM Pressure Injury Prevention Policy and SVHM Pressure Injury Care Plan
Consider heel elevation for people who are at a **medium** heel pressure injury risk and implement heel elevation for all people who are **high** heel pressure injury risk

IMMEDIATE HEEL ELEVATION AT POINT OF CARE – ALL CLINICAL STAFF CAN INITIATE
Elevate heel/s so that they are not touching the mattress or foot stool. Use a heel wedge or pillows with sufficient height to elevate heels. Devices are available if heels not adequately elevated by these simple first line measures.

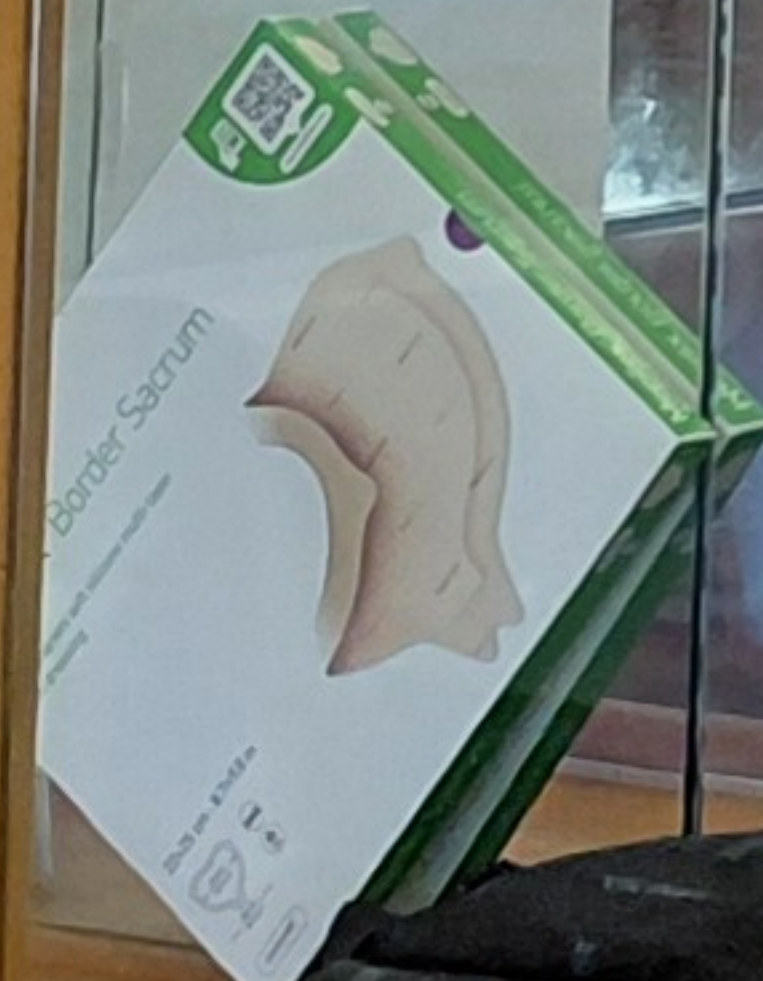
Heel Pressure Injury Present

1. Implement immediate heel elevation at point of care (use the Electronic Journey Board)
2. Refer to Podiatry for all Stage 2+ foot pressure injuries (use heel wedge or pillow issue)
3. If heels are not adequately elevated from mattress or foot stool using heel wedge or pillow issue an OAPL Heel Cushion (not to be used while weight-bearing). Order from Central Equipment Library (x12208).
4. If PI deteriorates re-refer to Podiatry
5. If prescribed device is not being used or well tolerated contact Podiatry (x12338 or EJB) or Prosthetics and Orthotics (x12356 or EJB)



WORLDWIDE
PRESSURE INJURY
PREVENTION DAY
STOP
PRESSURE
INJURIES
www.npiap.com

WORLDWIDE
PRESSURE INJURY
PREVENTION DAY
STOP
PRESSURE
INJURIES
www.npiap.com



FIRE SAFETY DOOR
DO NOT OBSTRUCT



ST VINCENTS
FOUNDATION
AUSTRALIA

The Green Shop

one 6th world
STOP
PRESSURE INJURIES
20th November 2020

STOP
PRESSURE INJURIES

STOP
PRESSURE INJURIES

STOP
PRESSURE INJURIES

STOP
PRESSURE INJURIES

STOP
PRESSURE INJURIES

Dressings with Safetac[®] TECHNOLOGY

one GOAL worldwide:

STOP

PRESSURE INJURIES
20th November 2025

Mepilex[®] Border Sacrum
Mepilex[®] Border Heel

Designed for treatment, optimised to prevent

Mölnlycke Mepilex[®] Border Sacrum

24x25 cm - 9.4x9.8 in

WORLDWIDE PRESSURE INJURY PREVENTION DAY

STOP

PRESSURE INJURIES

Together we can prevent pressure injuries - awareness, early detection and care make the difference

Join Mölnlycke this year! Learn more about the event at www.molnlycke.com/stop

Find out more at www.molnlycke.com/stop



Have you checked your skin?

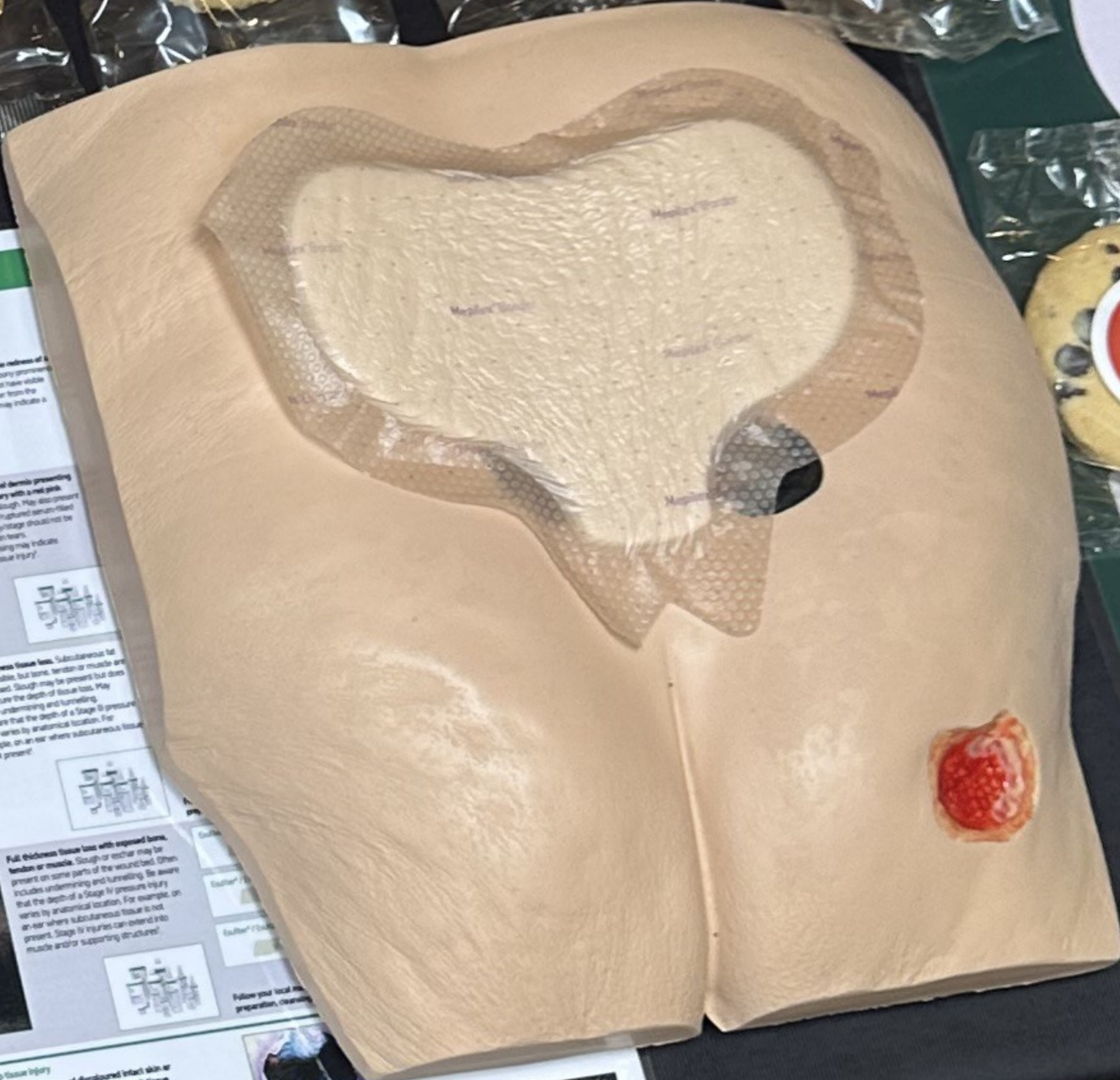
TODAY

Mark 'P' for Pressure
IF SKIN IS BROKEN, TREAT IT
Mark 'T' for Treatment

Mepilex Border Flex/Oval	Size (cm)
595311	10x10 Square
583500	7.8x10 Oval
583300	13x16 Oval
583400	15x19 Oval

* Other sizes are available

Find out more at www.molnlycke.com/au | www.molnlycke.co.nz



Pressure injury staging

Wound appearance	Description
	Non-blanchable redness of the skin (erythema) that may be painful, itchy, warm, or cool. The color may be different from the surrounding skin.
	Partial-thickness loss of skin with exposed dermis. The wound bed may contain pink or red tissue. The wound may be painful, itchy, or warm.
	Full-thickness loss of skin with visible subcutaneous fat, muscle, or bone. The wound bed may contain yellow or tan slough or eschar. The wound may be painful, itchy, or warm.
	Full-thickness loss of skin with visible muscle, bone, or other structures. The wound bed may contain yellow or tan slough or eschar. The wound may be painful, itchy, or warm.

For additional treatment options, please refer to the Mölnlycke Pressure Injury Management Pocket Guide.

Mölnlycke