

RNAO Best Practices: Evidence Booster

Implementation impact: Better assessment and management of pressure injuries

Risk Assessment and Prevention of Pressure Ulcers (2011) and Pressure injury management: Risk assessment, prevention and treatment (2024)



RNAO's Best Practice Guidelines (BPG) on *Risk Assessment and Prevention of Pressure Ulcers* (2011) and *Assessment and Management of Pressure Injuries for the Interprofessional Team* (2016) aim to establish early intervention strategies for preventing, managing, and identifying individuals at risk of pressure injuries. These BPGs aim to provide evidence-based recommendations that support informed decision-making and best practices of interprofessional teams involved in the assessment and management of pressure injuries in patients.



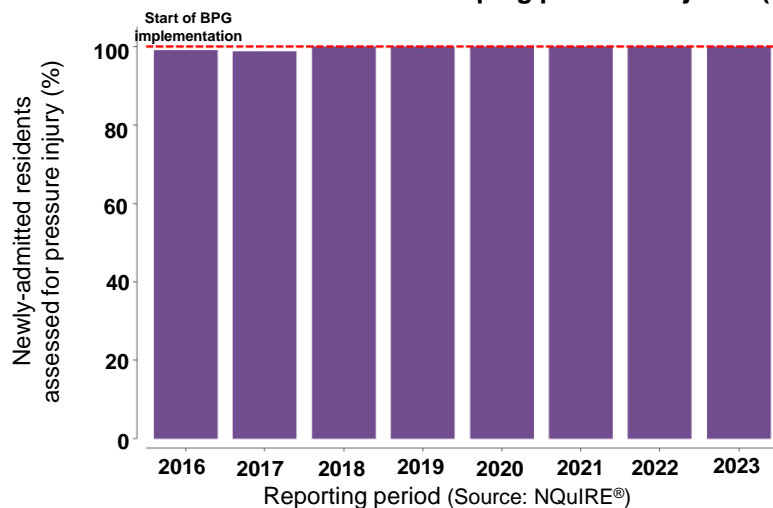
Perley Health is an innovative community that empowers seniors and veterans to live life to the fullest. Home to more than 600 seniors and veterans in long-term care (LTC) and independent apartments, Perley Health provides clinical, therapeutic and recreational services to residents, tenants and people from across the region. One of the largest and most progressive long-term care homes in Ontario, Perley Health is also a centre for research, education and clinical innovation. The Perley Health Centre of Excellence in Frailty-Informed Care™ conducts and shares the practical research needed to improve care. Recognized as a Best Practice Spotlight Organization® (BPSO®) since 2016, Perley Health is dedicated to developing, disseminating, and supporting the uptake of the BPGs. This commitment includes evaluating the impact on residents, organizations and health system outcomes.

Aim: To examine the clinical outcomes associated with the implementation of RNAO's *Risk Assessment and Prevention of Pressure Ulcers* (2011) and *Assessment and Management of Pressure Injuries for the Interprofessional Team* (2016) BPGs at Perley Health Community of Care, a long-term care setting located in Ottawa, Ontario.

Measures: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine (a) the percentage of newly-admitted residents who received an assessment on admission for the risk of developing pressure injuries, and data from the Canadian Institute for Health Information (CIHI) to determine (b) the percentage of residents whose pressure injury worsened in LTC.

Clinical improvement: Perley Health maintained consistency on the assessment of newly admitted residents on admission for the risk of developing pressure injuries (Figure 1) and there was a decrease in the percentage of residents whose pressure injury worsened (Figure 2).

Figure 1: Newly admitted residents who received an assessment on admission for the risk of developing pressure injuries (%)



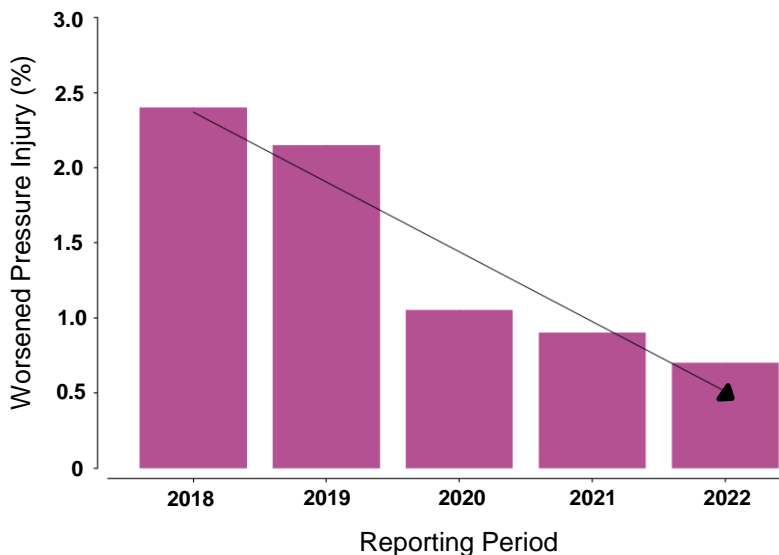
Impact: From 2018 to 2023, Perley Health maintained a 100 per cent assessment rate of newly-admitted residents for the risk of developing pressure injuries.

Practice changes

In 2016, Perley Health began implementation work on two RNAO BPGs to enhance the assessment, prevention and management of pressure injuries among seniors and veterans. To support this initiative, Perley Health fosters an interprofessional team approach and integrates ongoing education for all staff on the latest evidence-based practices in pressure injury care. Registered nurses and registered practical nurses use a standardized head-to-toe skin assessment and employ the Pressure Ulcer Scale for Healing (PUSH) tool for weekly wound documentation. A Resident Assessment Instrument-Registered Practical Nurse (RAI-RPN) also conducts a quarterly re-evaluation of the Pressure Ulcer Risk Scale (PURS) and with every significant change in residents' condition, as part of the RAI-MDS assessment. Perley Health has successfully sustained these practice changes and continuously strives to maintain optimal skin integrity for all residents.

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Figure 2: Residents whose pressure injury worsened in LTC (%)



(Source: CIHI, Worsened Pressure Ulcer in Long-Term Care (%))

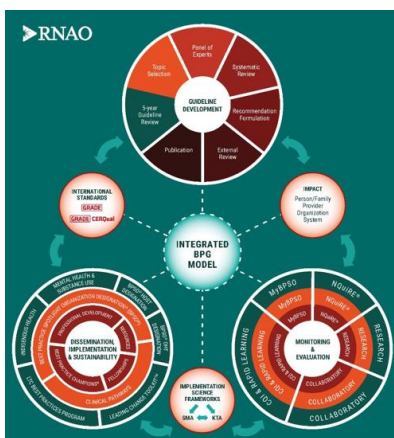
Impact: From 2018 to 2022, there was a 1.7 per cent (from 2.4 per cent to 0.7 per cent) decrease in the percentage of residents whose pressure injury worsened. Over the last three years, Perley Health has consistently achieved lower rates of pressure injuries.

Practice changes

Key practice changes included:

- **Rounding:** Hourly rounding, led by personal support workers (PSW), and supported by the interprofessional team, focuses on comfort, hydration, continence management and repositioning to maintain good skin integrity.
- **Skin Care:** Developed a comprehensive skin care protocol, which includes the application of skin cleansers, moisturizers, and skin protectants to help preserve skin integrity.
- **Interprofessional Collaboration:** To optimize prevention of skin impairment and wound healing, residents at risk of pressure injuries are promptly referred to: a) occupational therapists for pressure redistribution assessment and offloading strategies; b) registered dietitians for nutritional assessment and interventions; and c) specialized nurses such as the Nurse Specialized in Wound, Ostomy and Continence Care (NSWOC) and the Skin Wellness Associate Nurse (SWAN) for advanced care.
- **Audits:** Ongoing monthly audits of internal data on new or worsening pressure injuries, quarterly skin assessment audits, and weekly wound assessment documentation audits.

Conclusion: Perley Health demonstrated that the implementation of RNAO's *Risk Assessment and Prevention of Pressure Ulcers* (2011) and *Assessment and Management of Pressure Injuries for the Interprofessional Team* (2016) BPGs enables consistent assessment of all new admissions for the risk of developing pressure injuries and a decrease in the percentage of residents whose pressure injury worsened. Through this work, the team at Perley is developing a comprehensive Wound Care Field Guide that they are eager to share. For more information or to get on the waitlist for a copy, please reach out to them at centreforexcellence@perleyhealth.ca.



RNAO launched the BPG Program in 1999¹ with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes².

NQuIRE^{2,3}, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs worldwide the ability to measure the impact of BPG implementation. The NQuIRE data system collects, compares and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact us by email at NQuIRE@RNAO.ca for more details. To learn more about RNAO's IABGC Centre, please visit RNAO.ca/bpg. This work is funded by the Government of Ontario. All work produced by RNAO is editorially independent from its funding source.

References

- 1 Grinspun, D. (2018). Transforming nursing through knowledge: The conceptual and programmatic underpinnings of RNAO's BPG program. In D. Grinspun & I. Bajnok (eds.), *Transforming nursing through knowledge: Best practices for guideline development, implementation science and evaluation* (pp. 3-25). Sigma Theta Tau International.
- 2 Naik, S., Voong S., Bamford, M., Smith, K., Joyce, A., & Grinspun D. (2020). Assessment of the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) database using a data quality index. *Journal of the American Medical Informatics Association*, 27(5), pp. 776-782.
- 3 VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., & Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQuIRE. *Nursing Leadership*, 25(2): 26-37.

