

## RNAO Best Practices: Evidence Booster

### Pressure injury prevention strategies to improve clinical outcomes

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



RNAO's best practice guideline (BPG) *Risk Assessment and Prevention of Pressure Ulcers* (2011) aims to assist nurses in identifying persons at risk of developing pressure injuries. This BPG provides guidance to nurses in defining early interventions for pressure injury prevention and managing Stage 1 pressure injuries.



Peel Region is the second largest municipality in Ontario with a population of over 1.5 million people. The region operates five long-term care (LTC) centres: two in Mississauga, two in Brampton, and one in Caledon. These centres provide care that balances the clinical and emotional needs of each of its very diverse residents. The centres ensure that the needs of all its residents are met through emotion-based care and building meaningful connections. Peel Region is also committed to creating a supportive and healthy environment for its team members and volunteers. As an RNAO Best Practice Spotlight Organization® (BPSO®) for more than 10 years, Peel Long-Term Care continuously innovates and improves its services through evidence-based practices and delivering compassionate and meaningful care to all.

**Aim:** To examine the clinical outcomes associated with the implementation of RNAO's *Risk Assessment and Prevention of Pressure Ulcers* BPG in five long-term care homes within the Regional Municipality of Peel, Ontario, Canada.

**Measures:** The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine the (a) percentage of newly admitted residents who received an assessment on admission for the risk of developing pressure injuries using a reliable pressure injury risk assessment tool, and the (b) percentage of residents who developed one or more new stage II to IV pressure injuries.

**Clinical improvement:** There was a consistent pressure injury risk assessment on newly admitted residents (Figure 1) and maintained an average below 2.5 per cent in residents who developed one or more new stage II to IV pressure injuries (Figure 2).

**Figure 1: Education session by the BPG team on dressing a pressure injury**



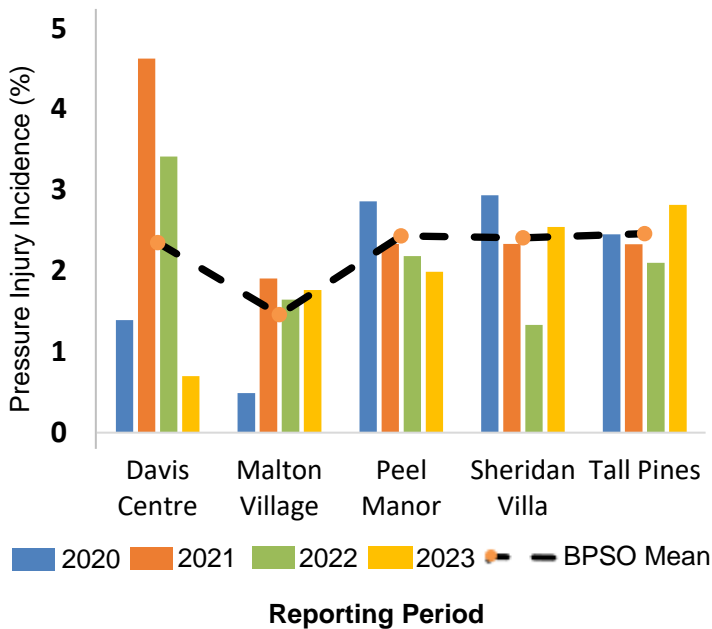
**Impact:** Peel Long-Term Care maintained and sustained **100 per cent** assessment of newly-admitted residents for the risk of developing pressure injuries since the inception.

#### Practice changes

Peel Long-Term Care implemented this BPG in 2020 to enhance risk assessment and prevent pressure injuries in its five long term care homes. Collaborating with the BPG teams, they developed action plans and adopted the Point Click Care (PCC) Skin and Wound Clinical Support Tool for consistent wound assessment, staging and documentation. This helped improve tracking of and communication about wound status through photos and structured notes. By 2022, the app was fully integrated into all five homes. The HealthConnex IPAC platform was introduced in 2022–2023 to help track and map wound infections, offering insights for trends analysis. Regular training for staff and the introduction of technology has helped to ensure sustained practice improvements, including revisions to the skin and wound program.

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**Figure 2: Residents who developed one or more new stage II to IV pressure injuries (%)**



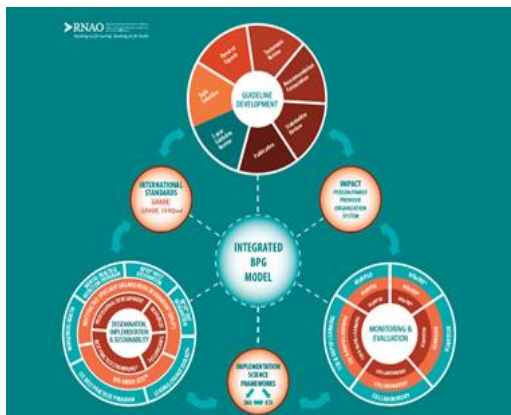
**Impact:** From 2020 to 2023, Peel Long-Term Care maintained an average of less than 2.5 per cent of residents who developed one or more new stage II to IV pressure injuries. Fluctuations in 2021 and 2022 are attributed to the impact of COVID.

### Practice changes

Key practice changes include:

- **Education and training:** Personal support workers (PSW) received guidance on risk factors and actions, and nurses and PSWs were trained in proper ROHO cushion placement. A Skin and Wound Care module has been developed to support ongoing learning. New team members undergo standardized orientation training, and staff have attended the “Wisdom in Wound Care” training hosted by RNAO. The homes have access to a nurse specialized in wound, ostomy and continence care who can monitor wound progress through an app, allowing for timely interventions on wound management. Care teams also received comprehensive training on skin care management in collaboration with the medical supply vendor.
- **Equipment and supplies:** Turning and repositioning sheets have been implemented to avoid soaker pad usage, and the number of pressure-relieving surfaces has been increased to enhance positive outcomes for residents.
- **Audits:** Regular audits ensure completion of weekly skin assessments, while supervisors of care conduct monthly audits to identify opportunities for improvement and provide timely coaching to staff.
- **Policy:** The Skin and Wound Care program has been reviewed to align with best practice guidelines and standards for pressure injuries. Committees have been restructured to ensure effective engagement on prevention of pressure injuries, skin and wound care, and incontinence.

**Conclusion:** Peel Long-Term Care demonstrated that the implementation of RNAO’s *Risk Assessment and Prevention of Pressure Ulcers* (2011) BPG led to a sustained 100 per cent of residents who received an assessment on admission for the risk of developing pressure injuries using a reliable pressure injury risk assessment tool and maintained an average of less than 2.5 per cent of residents who developed one or more new stage II to IV pressure injuries.



RNAO launched the BPG Program in 1999<sup>1</sup> 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 outcomes<sup>2</sup>.

NQuIRE<sup>2,3</sup>, a unique nursing data system at the International Affairs and Best Practice Guideline Centre, enables BPSOs worldwide to measure the impact of BPG implementation. It 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](mailto:NQuIRE@RNAO.ca) for more details. To learn more about RNAO’s IABPG Centre, please visit [RNAO.ca/bpg](http://RNAO.ca/bpg). This work is funded by the Government of Ontario. All work produced by the 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.

