

RNAO Best Practices: Evidence Booster

Effective implementation of Best Practice Guidelines amid the COVID-19 pandemic

Assessment and Management of Pressure Injuries for the Interprofessional Team (Third Ed., May 2016) & Assessment and Management of Pain (Third Ed., 2013)



The purpose of these guidelines are to present evidence-based recommendations for nurses and interprofessional team that apply to the decisions and best practices of interprofessional teams who are assessing and managing pressure injuries and the presence, or risk of any type of pain.



Background

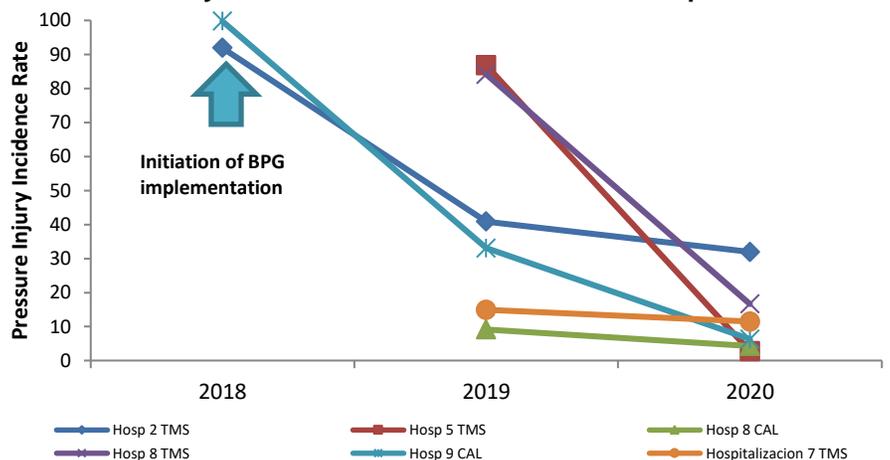
The COVID-19 pandemic is an unprecedented health crisis affecting health organizations all over the world. Clinica FOSCAL is a non-profit teaching hospital BPSO that provides highly complex health services, with the highest quality standards, committed to providing safe and humane care for all person in Latin America. The organization is comprised of a total of 21 complex continuing care units. This BPSO effectively implemented the two BPGs organization-wide and have demonstrated positive impacts on patient care amid COVID-19.

Aim: To examine the quality of care and impact on health outcomes for persons and families experiencing care with the implementation of the RNAO Best Practice Guideline (BPG) *Assessment and Management of Pressure Injuries for the Interprofessional Team (Third ed., May 2016)* and *Assessment and Management of Pain (Third ed., 2013)*, in a Latin American Best Practice Spotlight Organization® (BPSO®).

Measure: Using indicators from the Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system to determine the pressure injury incidence rate, pain assessments completed, and client satisfaction on pain control.

Clinical improvement: Noted as a decrease in the pressure injury incidence rate, an increase in the percentage of pain assessments completed and improved client satisfaction with pain control.

Figure 1: Rate of persons who developed a new pressure injury per 1000 care-days/care-visits for a Latin American hospital BPSO

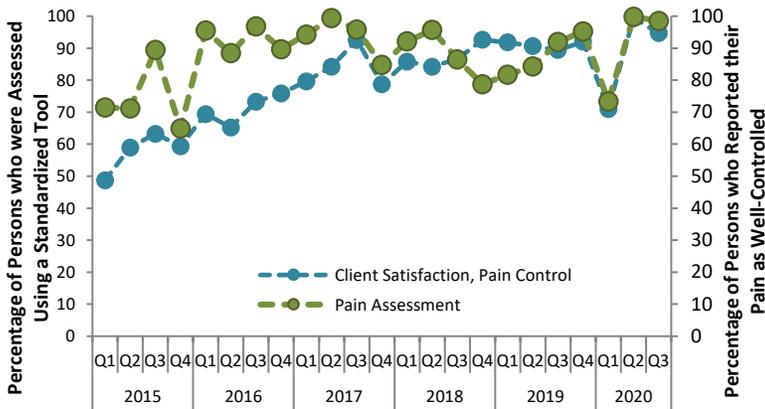


Impact: The BPG implementation started in 2018. From January 2018 to November 2020, there was a dramatic decrease in average pressure injury incidence rates within six implementations sites. These units reported that one hundred per cent of persons are participating in developing their personalized plan of care and received risk assessments upon initiation of care.

Practice changes: Clinica FOSCAL focused BPG implementation on strengthening patient care within the intensive care unit, emergency department and provided training to all persons entering the institution on pressure injury risk assessment and prevention of pressure injuries. Staff were educated and trained on how to perform the skin assessment and apply the Braden scale (reassessments according to risk). Education and training focused on aspects such as: the sensitivity and moisture of the skin; friction of the persons' body with the bed sheet; and mobility, activity, and nutrition status of the person. Posters were published to remind staff about the steps for a proper skin assessment, in addition to care activities, risk classification and reassessment.

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Figure 2: Pain assessment completed and client satisfaction with pain control for persons receiving care

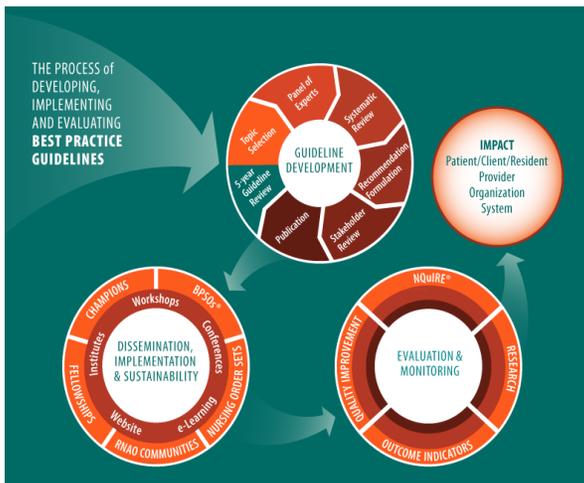


Impact: The BPG implementation started in 2014. Data was analyzed from January 2015 to November 2020. There was a dramatic increase (from 70 per cent to 100 per cent) in the percentage of pain assessments completed and increase (from 48 percent to 100 per cent) in percentage of persons who reported their pain as well-controlled.

Practice Changes

The BPG was implemented on a number of units including surgery, outpatient surgery, and the labor and delivery room. Clinica FOSCAL used certain measures of adherence to the assessment procedure in pain management within these units and feedback was provided to the staff of the hemato-oncology services about the pain assessment. An annual update to the pain assessment was performed based on the new recommendations or process changes, and involved all staff of various services. A special training program was conducted with all clinical and non clinical staff. Changes were made to the electronic medical record to streamline assessments, evaluation of pain and administration of opioids in addition to updates to the vital signs record to include pain assessment. A telephone follow-up strategy was initiated to improve client satisfaction and a pamphlet to educate clients on pain management was developed.

Conclusion: These analyses demonstrate significant improvements in the pressure injury incidence rate, percentage of pain assessments completed, and increased client satisfaction regarding pain control at Clinical FOSCAL that implemented RNAO's best practice guidelines, *Assessment and Management of Pressure Injuries for the Interprofessional Team (Third ed., May 2016)* and *Assessment and Management of Pain (Third ed., 2013)*.



RNAO launched the BPG Program in 1999¹ with funding from the Ministry of Health and Long-Term Care in 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.

NQUIRE³, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation by BPSOs worldwide. The NQUIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact: NQUIRE@RNAO.ca for more details. To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg.

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