

Best Practice Recommendations For Skin Health and Wound Management 2025

CHAPTER 2



How to Use Wounds Canada's Best Practice Recommendations for Skin Health and Wound Management 2025

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This chapter will assist you in creating a plan to implement the best practice recommendations (BPRs) contained in this document into your clinical setting. This process will involve moving your own new knowledge into practice, knowing where to find and how to use relevant resources to support your practice and creating an environment where you, your colleagues, your patients and their families are adequately supported to achieve the best possible health outcomes.

Learning does not occur until practice changes and measured patient outcomes occur.

Successful integration of the new knowledge will depend on several factors, including:

- organizational supports such as relevant policies, procedures and resources
- education/instruction to support the knowledge and skills of the integrated team members
- the willingness of administrators and other health decision makers to prioritize a 'skin friendly' environment
- the available resources in the care setting and community (post discharge).

The integrated team includes not only health-care professionals, but the patient, their caregivers and other support personnel.

The steps below provide a method for taking the information contained in the subsequent chapters of this document and moving it into practice in an effective, sustainable way that will result in improved outcomes for all patients, cost savings and increased provider and patient satisfaction.

Steps to Implementation of the Best Practice Recommendations

Step 1: Define need for change and establish a baseline

- Before beginning your best practice journey it is essential to start with an assessment of what is currently happening in your care setting through an environmental scan. An environmental scan identifies the current state of the workforce, education, health-care delivery, policies, legislation and availability of resources and technology.¹
- Determine what skin health and wound care practice changes MAY need to occur. These changes may be identified from the environmental scan, specific quality improvement (CQI) data, critical incident reports and staff and patient surveys.
- Carefully conduct prevalence studies of the common individual wound types in your setting. This will serve as:
 - a measure of how your current approaches compare with those in other, similar settings
 - a baseline for measuring the impact of any changes implemented at the provider and organizational levels including policy and practice changes.

Step 2: Read Chapters 3 and 4

Chapters 3 and 4 provide essential background for the remaining chapters on specific wound types, so it is essential that you read both before proceeding to any of the other chapters on specific wound types. These two chapters provide the fundamentals of promoting skin health and preventing wounds, as well as treating and managing wounds that occur.

Chapter 3: Skin: Anatomy, Physiology and Wound Healing describes and illustrates the layers of skin and discusses how intact skin prevents wounds. The chapter also discusses how these protective layers can be altered by internal and external forces, and the process through which healing takes place.

Chapter 4: Best Practice Recommendations for the Prevention and Management of Wounds: An Overview focuses on the promotion of skin health, prevention of wounds and wound recurrence and management of wounds. In addition, an extensive appendix, **Nutrition for Skin Health: Wound Prevention and Wound Healing**, discusses the effects of deficits in nutrition and which elements enhance skin health and wound healing. The appendix is divided into two sections—one for generalist health providers and one specifically for registered dietitians—to assist the reader regardless of professional background.

Step 3: Read the chapters on specific wound types (Chapters 5 through 13) as needed

- Choose a best practice recommendation chapter on which you want to focus and read it in its entirety, taking note of new information and creating a comparison chart of your current practice and the best practices outlined in the chapter. Make sure to include whether you have access to the full range of integrated team members indicated in the recommendations and if their knowledge and skill levels meet the requirements.
- Use the hyperlinks in the chapter to become familiar with the relevant resources* that will assist the team in implementing the recommendations and improving outcomes.
- Repeat this process with any of the chapters (wound types) for which you have identified a need and established a baseline, as outlined in Step 1.

*Each of the chapters contains links to many of the tools referred to within the text; patient resources, such as the Care at Home and DIY documents (which cover topics such as changing a dressing at home and managing leg edema); an extensive array of clinician-focused resources such as the BPR Briefs (a condensed version of the chapters); and Product Pickers (information about specific devices such as dressings, offloading devices and surfaces, as well as skin and wound cleansing products). These resources will be invaluable for supporting positive practice change.

Example: Pressure Injuries: If your focus is on pressure injuries, read Chapter 5: Best Practice Recommendations for the Prevention and Management of Pressure Injuries, following the steps above and then move on to Step 4. Ensure you have completed a prevalence study by this point so you understand the true scope of the issue, can make the most effective decisions and can evaluate the progress of any changes made.

Step 4: After you have completed your comparison chart, use it to identify gaps in current practice and policies and discuss possible changes with stakeholders

- Set process and outcome goals for change, based on your identified gaps. To create effective goals, you will need to:
 - Discuss possible changes with clinical staff and organizational leads, such as educators, professional practice resources and management, as well as patient liaisons/committees
 - Use data to support the practice, policy and procedure changes you are considering.
- Identify how organizational supports can be leveraged to advance this step, or what other areas of focus need to be considered to ensure greater momentum and uptake.²
- Establish priority levels for the changes needed to address the gaps and meet the goals you have set. It can be difficult to implement sweeping changes all at once, and a phased rollout is often an effective and sustainable way to support positive practice and policy change.
- Consider prioritizing policy changes to address the gaps, as new or modified policies are often necessary before practice changes can be implemented to effectively address identified gaps.

Example: Pressure Injuries: Changes needing to be addressed may include improving identification of risk on patient admission, with immediate follow-up for appropriate interventions (such as surface use and/or repositioning schedule), or training staff on proper staging and documentation of existing pressure injuries. Each of these examples may require staff training, practice and policy change and enforcement to result in successful implementation that leads to improved outcomes.

Step 5: Finalize solutions to gaps in best practice and adapt as necessary to the local context

- Create a plan to address the gaps and meet the goals. This process of creating a plan may involve multiple consultations with stakeholders and multiple iterations of the plan to incorporate feedback.
- Ensure the plan is appropriate for your setting, patient population, the level of care provider abilities or potential

abilities and the availability of resources. It is important to recognize what is modifiable and what is not when you create your plan.

- Identify what you want to do, how you envision carrying out or implementing this change based on your plan and measuring outcomes (Plan-Do-Study-Act [PDSA] cycle).³ The measurement/evaluation components are essential for ensuring your plan is working and for assessing change and driving improvements.
- Identify barriers to implementation of the plan. Include a process for overcoming the barriers within the plan.
- Ensure you have the right team members—with identified roles—to implement and measure any changes (in both process and outcomes). Make sure to assign one or more ‘champions’ to lead the implementation process.
- Get buy-in from all team members and others within the organization/setting/agency that may influence outcomes (including finance, dietary staff, cleaners and many others who may not traditionally be considered).

Example: Pressure Injuries: Create drafts for training sessions, new practices and policies around proposed changes relating to risk assessment and staging of pressure injuries specific to your organization/setting/agency. Implement a process that allows time for review and feedback. Expand the team as necessary and ensure patients and their families have a voice in the process.

Step 6: Facilitate movement into practice

- Implement the plan.
- Ensure policies are in place to support all practice changes.
- Provide education/instruction, as needed, for stakeholders as required (including health providers, patients and family, administrators, others) to ensure changes are doable and will be effective.
- Create supported time for clinician in-service sessions and patient/family education.
- Keep relevant BPR chapters and other resources readily available in facility libraries, on computers and/or on tablets used at the bedside.
- Ensure relevant resources are available.
- Identify and celebrate implementation successes.⁴

Example: Pressure Injuries: Ensure all staff, patients and families understand the importance and details of pressure injury prevention and effective management, and are equipped to participate (based on adequate knowledge and skills) in best-practice-based and patient-centred care. Hold a ‘Pressure Injury Fair’ to celebrate and demonstrate successful changes.

Step 7: Monitor and evaluate processes and outcomes and communicate the results

- Ensure you have a process that supports ongoing high-quality documentation to confirm your quality improvement activities are moving in the right direction, are based on best practice and are leading to improved outcomes.⁵
- Revise your plan as needed, particularly if you are not achieving the goals you set out in your plan.
- Consider publishing results as appropriate through posters, articles in journals, panel presentations at conferences, attending conferences and sharing with your peers.
- Continue to celebrate your successes internally through organization/agency/facility publications, posters and newsletters.

Example: Pressure Injuries: Complete chart audits on patients at risk for, or with, pressure injuries to ensure policies and practices have changed. Conduct an annual prevalence study and compare with previous study results to determine if changes have made a difference. Conduct patient and family satisfaction surveys before implementing changes and annually, with specific questions relating to skin health and pressure injuries. Report and discuss findings with the team.

Summary

Evidence demonstrates that use of best practices in health care:

- improves patient care
- reduces variation in care
- transfers research evidence into practice
- promotes clinician, patient and caregiver knowledge base
- increases patient and care provider satisfaction
- assists with clinical decision making
- identifies gaps in research
- stops interventions that have little effect or cause harm
- reduces cost.

To implement best practice, clinicians and organizational leaders in education, quality improvement and management must partner to integrate evidence-based practice, education and policies that consider specific patient risk factors and available resources. The goal of this integration is to implement and sustain high-quality patient-centred skin health, wound prevention and wound management practices in an environment where communication, education, practice and resource-related barriers are minimized. This is an active, continuous improvement process requiring supportive administrators, allocation of appropriate resources and the co-operation of everyone on the integrated team.

Resources to Support Your Success

Choosing Wisely Canada. (2024). Implementation and Research Network

<https://choosingwiselycanada.org/about/cwc-irn/>

Healthcare Excellence Canada. (2023). Implementation Science.

<https://www.healthcareexcellence.ca/en/what-we-do/all-programs/implementation-science-teams-strengthening-pandemic-preparedness-in-long-term-care/meet-the-implementation-science-teams/>

Institute for Healthcare Improvement. (2024). How to improve: Model for Improvement

<https://www.ihl.org/resources/how-improve-model-improvement>

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https://rnao.ca/sites/rnao-ca/files/RNAO_ToolKit_2012_rev4_FA.pdf

Registered Nurses' Association of Ontario (RNAO). (2023). How to use the Leading Change Toolkit.

<https://rnao.ca/bpg/leading-change-toolkit/how-to-use-the-leading-change-toolkit>

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