



# Pressure Injuries: Changing Mindset Changes Outcomes

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## Why Is It Important To Focus On The Continuing Care Population?

Covid-19 brought to light the vulnerability of populations living in continuing care settings, as these individuals were dying at an alarming rate during the pandemic. The spotlight has rarely been focused on this population, their vulnerability and the sheer volume of patients

living in these homes. For example, Alberta has 106 acute care facilities with 8,523 acute care beds in comparison with 28,360 continuing care beds<sup>1</sup>, many of which are within the 186 Long Term Care homes.<sup>2</sup> Alberta is the only province in Canada that funds a Designated Supportive Living (DSL) model, with residents of DSL receiving 24-hour on-site scheduled and unscheduled

personal care and support services from health-care aides and/or licensed practical nurses.<sup>3</sup> As a skin and wound RN this makes it possible to provide care at these homes supporting both staff and patients with chronic complex skin and wound needs.

Continuing care patients are described as highly complex individuals with unpredictable care needs who cannot be cared for at home or another level of facility living.<sup>4</sup> Assessing pressure injury risk in patients living in Long Term Care (LTC) and Supportive Living (SL) is standard practice in Alberta, and yet, pressure injuries are amongst the most common preventable wounds found in this population. A 2003 study funded by Wounds Canada found the overall prevalence of pressure injuries across all health-care settings was 26%, with preventable wounds making up about 70% of the total.<sup>5</sup> There is consensus among skin and wound experts and researchers that using a validated risk assessment tool to identify and address risk factors can prevent pressure injuries.<sup>5</sup> The Alberta Facility-Based Continuing Care Review confirmed that sites are using well established and valid clinical assessment tools.<sup>3</sup> The benefits of using a standardized risk assessment tool are well documented, along with positive outcomes related to interventions that address the identified risks.<sup>5</sup> The goal is to prevent pressure injuries from occurring, however, this too often becomes a task with little connection between the risk assessment findings and the patient themselves. We have the tools, and the assessments are being completed, so why do we still have so many pressure injuries in this population?

### Just Another Task

When supporting staff and residents in LTC and SL, I see that sites are diligently completing their risk assessments and commonly using the Braden Scale<sup>6</sup> or Resident Assessment Instrument Pressure Ulcer Risk Scale (interRAI PURS)<sup>7</sup> assessment tools to do so. The risk assessment scores are documented in the charts and updated routinely, and yet I hear time and again the distress

in the health-care provider's voice when they discover a pressure injury despite their diligence in completing risk assessments. A gap exists between identifying the risks and preventing the wounds. Completion of the risk assessment tool alone does not prevent wounds, which makes perfect sense, but the disconnect is real. There is a common perception that the task is complete once the assessments have been documented and many health-care providers are not aware of, or have never been taught, the connection between identifying risk, implementing interventions, and evaluating the response. There are many barriers contributing to the risk assessments becoming "just another task" for health-care providers. To address this, health-care providers may need to change their mindset around how we use the pressure injury risk assessment tools.

### Changing Mindset Changes Outcomes

Whether using the Braden or the interRAI PURS, once trained and familiar with the risk assessment tools, most health-care providers can complete the assessment within a few minutes. Using the information from the completed assessment, what are the practical, effective strategies that can be implemented to see changes in our patient's outcomes?

Here is where mindset comes into play. Instead of just filing the assessment in the chart, or hitting "save" on the computer, we could use our identified risks as our care planning "cheat sheet", where every identified risk has a corresponding personalized intervention.

### Strategies To Change Our Mindset<sup>8</sup>

#### 1 Connection:

The first strategy to change our mindset is to remember we are caring for people with families and friends. A person-centered approach can humanize our work, so we connect with the patient and family. Ask what the patient and key family members want

– it doesn't have to be connected to pressure injury prevention, but it sure can foster a connection. Personal connections help us care about our patient's outcomes.

## 2 Curiosity:

Secondly, engage your curiosity. Ask yourself throughout the risk assessment "what else is going on here?" and watch for connections to their skin health. Think about why you are asking questions about pain, previous pressure injuries, and nutrition. Our patients are holistic beings and prevention includes promoting optimal overall health.

## 3 Care planning cheat sheet:

Identify the valuable information gathered from the risk assessment. Every item coded on the assessment as less than optimal is an opportunity for intervention. Our risk assessments are often completed as part of a holistic assessment, followed by creation of or updating the care plan. This is your 'golden ticket' to creating a prevention-focused care plan. Every identified risk requires an intervention.

## 4 Continuity:

Once the personalized care plan is created, and interventions implemented, we can follow up and see how our updated interventions have worked. This requires continuity as some interventions can make an impact over time, such as nutrition changes. Continuity is also important in sustaining any changes that are working well, and tweaking any that are not. Here is where the connections built in Step 1 come in handy, as we have an incentive to work together with the patient and family to find ongoing solutions for managing risks.

## 5 Creativity:

Making changes can be hard, from a personal, unit, facility, organization or systems stand-

point. Education provides us opportunities for change and when change feels overwhelming, creativity can help with motivation and sustainability. Challenge your colleagues to change mindsets together and be resources and motivation for one another. Work with your educator or manager to create a unit-wide change, adopting one strategy at a time. Engage your organization to reduce pressure injuries from the top down or embrace the new system-wide documentation program that allows for easier and more consistent communication. Creatively working together promotes solutions for change.

Step-by-step, change is possible in all care streams. The tools and resources are available and accessible, and the strategies discussed apply to all care settings. Pressure injury prevention helps everyone – it improves patient quality of life, reduces nursing time and health-care costs, improves communication and a sense of community, engages organizations and promotes a feeling of pride and accomplishment. Challenge yourself to change your mindset about your risk assessments from a task to a continuum of care and see your patient's outcomes improve. Prevention is possible! 🎯

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FIRST-TIME  
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