

## Mölnlycke Sponsored Learning:

# The Progress Over Perfection: Taking the First Step in Pressure Injury Prevention

Presenters: Rosemary Hill RN BScN NSWOC

Pressure injuries (PIs) are among the most costly and preventable adverse events in healthcare. Their development can significantly impact patient outcomes, prolong hospital stays, and increase the burden on health-care systems. Prevention requires a proactive, structured approach that integrates clinical best practices, education and organizational support.

### Impact Of Pressure Injuries

PIs are painful and can lead to serious complications (e.g., osteomyelitis, sepsis) and long-term disability especially at the higher stage (i.e., Stage 3 or 4). The Canada Patient Safety Institute (now Healthcare Excellence Canada) designates Stage 3 or 4 PI acquired after hospital admission as a “Never Event”. Prevalence remains high across care settings: 25.1% in acute care, 29.9% in long-term care, 22.1% in mixed health-care settings, and 15.1% in community care. In Ontario, Hospital Acquired Pressure Injury (HAPI) treatment costs can range from \$44,000 for Category/Stage 2 to \$90,000 for Category/Stage 4. In 2019, it was estimated that HAPI-related cost could exceed \$26.8 billion annually in the United States. About 59% of those costs were attributable to Stage 3 and 4 full-thickness wounds (13.3% of patients), which occupy significant clinician time and hospital resources.

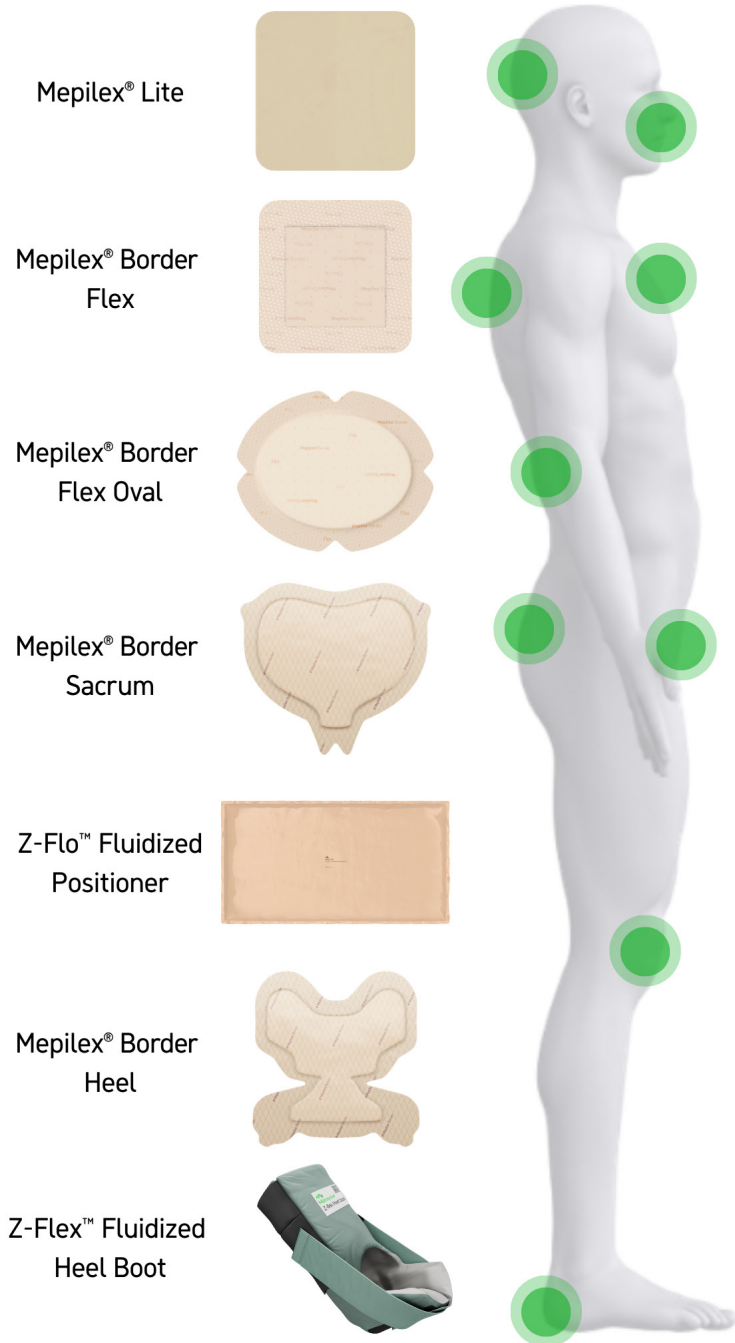
### Prevalence Study

Effective PI prevention begins with understanding risk factors and implementing evidence-based strategies. A prevalence study is often the first step, helping teams identify patterns and prioritize

interventions. Pre-study safety huddles can help shift the culture from blame to learning. Multidisciplinary teams – including wound champions/NSWOC, repositioners, and data recorders – play a key role in data collection and patient assessment. Accurate staging and risk assessment are essential. Tools like the Braden Score help clinicians evaluate risk, while visual aids and training materials support consistent documentation.

Repositioning patients every 2-3 hours, using appropriate support surfaces, and offloading pressure from vulnerable areas (especially heels and sacrum) are foundational practices in pressure injury prevention. Equity in care is also essential. Studies have shown that people with darker skin tones are more likely to develop higher stage PIs across health settings. Clinicians are encouraged to use proper lighting, palpation, and patient-reported symptoms rather than relying solely on visual redness. It's also equally important that clinicians educate themselves on how pressure injuries present in darker skin tones to ensure early detection and timely intervention. Building this awareness is a critical step toward eliminating disparities and strengthening prevention efforts across all patient populations.

Getting started with pressure injury prevention often means confronting systemic barriers - like a culture of blame, limited awareness, and resistance to change. These challenges can stall progress and discourage collaboration. Successful teams overcome them through strong leadership,



structured education, open communication, and access to quality equipment. Prevention isn't the responsibility of one person or role - it requires a coordinated, team-based approach. When everyone is informed, empowered, and supported, prevention becomes achievable and sustainable. Pressure injury prevention is not a one-time initiative, it's a sustained, proactive commitment to patient care. With the right tools, consistent training, and strong leadership, healthcare teams can make measurable progress toward safer outcomes. Preventative care is the quiet force that turns potential tragedies into invisible victories. When done right, there are no alarms or emergencies - just the quiet success of something not happening. Its power lies in its subtlety, measured not in dramatic interventions, but in the crises that never occur.

Pressure injury prevention isn't a one-product solution or a one-time initiative. It's a continuous, team-driven effort, where clinical practices, education, teamwork, and the right tools all work together. When teams are informed, empowered, and aligned, prevention becomes part of the culture, not just a task. It's time to make prevention a priority - quietly but powerfully reducing harm before it begins. For more information on implementing prevention strategies and available solutions, reach out to your local Mölnlycke representative.



*References available on request*

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**Rosmary Hill RN BSN CWOCN FNSWOC WOCC(C)** has been a nurse for over 35 years and is the recipient of the Award of Excellence in Practice from ARNBC. She works at Lions Gate Hospital as a Nurse Specialized in Wound Ostomy and Continence (NSWOC). unit patients compared to no dressings: a randomized controlled parallel-group trial.

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