

NOVEMBER 17, 2022



**Image with permission:** Suzanne Avoledo Unit Supervisor Unit 52 Grey Nuns Community Hospital  
Covenant Health

## WORLD WIDE STOP PRESSURE INJURY DAY HEALTH CARE PROVIDER TOOLKIT THEME: Patient, Family, Caregiver Engagement

#STOPTHEPRESSURE

Covenant Health AHS Collaborative

# World-Wide Stop Pressure Injury Day Toolkits

We are celebrating World Wide Stop Pressure Injury Day on November 17<sup>th</sup>.

Covenant Health and Alberta Health Services have collaborated to develop the 2022 healthcare provider and patient/resident toolkits. These toolkits contain awareness and educational information from the provincial Pressure Injury Prevention Committee, Wounds Canada, the National Pressure Injury Advisory Panel (NPIAP) and the European Pressure Ulcer Advisory Panel (EPUAP).

Please share these toolkits with your teams! Please share the patient and family toolkit with your patients, residents and families. Challenge your teams to review, share and apply some of this important information in your care areas.

During the week of November 14-18<sup>th</sup>, live webinars (patient stories, patient engagement and current statistics) will be held. The Wounds Canada virtual Pressure Injury Symposium will be held on November 17<sup>th</sup>. Check out the links in the toolkit.

Here are some other challenges for your teams to consider:

- Print off the Patient/Resident toolkit and take it on your leader rounding
- Add this toolkit and your team's activities to your Accreditation preparations
- **Wear a red shirt on November 17<sup>th</sup>. Have conversations with your peers and your patients as to why we are wearing red.**
- Take photos of your creative awareness ideas with your teams. Send AHS & Covenant Health photos along with consent to [Marlene.Varga@Covenanthealth.ca](mailto:Marlene.Varga@Covenanthealth.ca) so we can share across the globe (EPUAP)
- Spread the word on social media with #EndWounds; #ProtectSkin #PressureInjuryPreventionCollaboration; #StopPressureInjuries

Sponsored by the Provincial Pressure Injury Prevention Committee





Covenant  
Health



Covenant  
Care

## CONSENT TO DISCLOSURE OF PHOTOGRAPH OR OTHER PERSONAL OR HEALTH INFORMATION FOR EDUCATION AND PROMOTION PURPOSES

I, \_\_\_\_\_ (name) hereby consent to my personal information and/or my individually identifying health information relating to: \_\_\_\_\_ (description of information/relevant dates, etc.) being disclosed by Covenant Health and/or Covenant Care to: \_\_\_\_\_ (name of recipient) in accordance with section 40(1)(d) of the *Freedom of Information and Protection of Privacy Act* ("FOIP") and/or section 34 of the *Health Information Act* ("HIA"), in the form of (check all that apply):

- |  |                                   |
|--|-----------------------------------|
| <input type="radio"/> Still/digital Photographs                | <input type="radio"/> Writing     |
| <input type="radio"/> Sound recordings                         | <input type="radio"/> Other _____ |
| <input type="radio"/> Video recordings (with or without sound) |                                   |

for the following purpose(s) (check all that apply):

- |  |   |
|--|---|
| <input type="radio"/> Media release/interviews | <input type="radio"/> Presentations   |
| <input type="radio"/> Publications             | <input type="radio"/> Hospital displays   |
| <input type="radio"/> Education                | <input type="radio"/> Covenant Health website/intranet ( <i>accessible nationally and internationally</i> ) |
| <input type="radio"/> Promotions/ Advertising  | <input type="radio"/> Covenant Care website ( <i>accessible nationally and internationally</i> )            |
| <input type="radio"/> Social media             | <input type="radio"/> Other _____   |

(Check and complete if applicable): I confirm that Covenant Health and/or Covenant Care may use my name, address and telephone number for the purpose of contacting me to discuss any changes in circumstances which may be relevant to the consent. My address and telephone number is as follows: \_\_\_\_\_

Other relevant information/conditions: \_\_\_\_\_

I acknowledge that I have been made aware of the reasons that my personal information (including a photographic image or images of myself) and/or individually identifying health information is needed and the risks and benefits of consenting, or refusing to consent, to the use and /or disclosure of the same. I understand and confirm that I may revoke this consent at any time.

I release and discharge Covenant Health and Covenant Care, and those for whom each is responsible at law, from all responsibility and liability for the content of the above mentioned still/digital photographs, video recordings and/or sound recordings and the specific use to which they may be applied. I declare that this release and discharge shall be binding upon my heirs, executors, administrators and assigns.

**I understand that I have the right to refuse to grant this consent.**

This consent is effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and \_\_\_\_\_ (if applicable) expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(day) (month) (year) (day) (month) (year)

\_\_\_\_\_  
Signature of Staff or Patient or Authorized Representative

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Staff or Patient or Authorized Representative

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Source of Representative's Authority  
(If applicable, attach copy of authoritative document)

Information on the form is collected under the authority of section 33(c) of FOIP to obtain your consent to disclose your information for the purpose(s) indicated above. For more information about the collection of information on this form contact the communications staff member working with you or call 780.735.7766.

## Consent To Collect, Use, and Disclose Stories, Photos and/or Video and Sound Recordings

**Important** - Complete this form when a photo, audio, video or written recording is needed for media, promotions, publications, education, presentations and other similar purposes.

Name of Individual being recorded				
Address	City/Town	Prov	Postal Code	Phone Number
Name of Individual giving consent ( <i>Individual or Authorized Representative</i> ) <input type="checkbox"/> Self			Source of Representative's Authority ( <i>Attach a copy of the document which authorizes you</i> )	
Type of recording ( <i>check all that apply</i> )				
<input type="checkbox"/> Still/Digital Photographs <input type="checkbox"/> Sound Recordings <input type="checkbox"/> Video Recordings ( <i>with or without sound</i> ) <input type="checkbox"/> Interviews/Writing/Stories/Narratives <input type="checkbox"/> Other, specify _____				
Scope of Use or Disclosure <input type="checkbox"/> Internal only <input type="checkbox"/> Both internal and external to AHS				
Purpose of collection and disclosure				
<input type="checkbox"/> Media Release/Interviews <input type="checkbox"/> AHS Publications <input type="checkbox"/> Quality Improvement <input type="checkbox"/> Promotions <input type="checkbox"/> AHS or Hospital Presentations/Displays <input type="checkbox"/> Quality and Patient Safety Reporting <input type="checkbox"/> AHS Education <input type="checkbox"/> AHS Website <input type="checkbox"/> Other, specify _____				
Name of person or group the recording, story or photo is being shared with ( <i>For example "The General Public", "Research Papers", "AHS Website"</i> )				
<p><input checked="" type="checkbox"/> I authorize Alberta Health Services (AHS) to record me and/or take my photo and use them in communications about AHS programs and services. I understand there are many ways of sharing communication, including printed and electronic methods. I understand that the recording or photo may be shared with a range of people and groups.</p> <p><input checked="" type="checkbox"/> I authorize AHS to use my name, address and telephone number to contact me about this consent.</p> <p><input checked="" type="checkbox"/> I understand why these recordings and/or photos are being taken and how they may be used. I know that there are risks and benefits to giving this consent. I know that I can stop this consent at any time by informing AHS in writing.</p> <p><input checked="" type="checkbox"/> I understand that AHS cannot control information once it has been shared outside of AHS. I understand that if I ask AHS to stop using my recordings and/or photos it will only stop <i>additional</i> use of those recordings and/or photos after the date my request is received by AHS.</p> <p><input checked="" type="checkbox"/> I agree to release and discharge AHS and those that AHS is responsible for at law from the responsibility and liability of the content and claims for the printed/electronic communication where my information was used. I confirm that this release and discharge shall be binding upon my heirs, executors, administrators and assigns.</p>				
Date consent is effective ( <i>yyyy-Mon-dd</i> )			Expiry date ( <i>yyyy-Mon-dd</i> ) <input type="checkbox"/> None	
Signature of Individual/Authorized representative giving consent			Date ( <i>yyyy-Mon-dd</i> )	
<b>Witness:</b> I watched the Individual giving consent sign the consent form ( <i>witness must be at least 18 years of age</i> )				
Name		Signature		Date ( <i>yyyy-Mon-dd</i> )

The information on this form, together with any record authorizing a representative to act on behalf of the individual, is being collected under section 22 (3) and 23 of the Health Information Act and/or section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of recording consent to the disclosure of health information and/or personal information in the specified recording. Information collected on this form will be retained in the client file. For questions about the collection of your information please contact the Communications Advisor working with you or call 403-943-1210.



*one GOAL worldwide:*

# STOP

## PRESSURE ULCERS

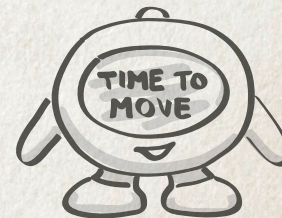
### 17<sup>th</sup> November 2022



*How can you get involved?*

- Host educational activities on prevention and treatment of pressure ulcers
- Organise awareness raising events to share information about pressure ulcers
- Reach out to your local community to inform them about pressure ulcers
- Make policy makers aware about pressure ulcers
- Join Stop Pressure Ulcers community on Social media

*Time to act, to keep the skin intact.*



Download support material for free at:  
**[www.epuap.org](http://www.epuap.org)**

EPUAP Business Office: [office@epuap.org](mailto:office@epuap.org), +420 251 019 379.

For more information follow EPUAP on [in](#) [t](#) [f](#)



London, United Kingdom



# Together for pressure ulcers prevention

Get some inspiration from our partners around the world.

Stockholm, Sweden



Alberta, Canada



Pilsen, Czech Republic

Pretoria, South Africa



Kowloon, Hong Kong



Pisa, Italy

See more on [www.epuap.org/stop-pressure-ulcers](http://www.epuap.org/stop-pressure-ulcers).

# Pressure Injuries: Just the facts!

**Definition of Pressure Injury:** A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.

## Stages of Pressure Injuries



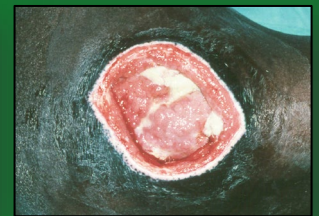
**Stage 1 Pressure Injury: Non-blanchable erythema of intact skin**  
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.



**Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**  
Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).



**Stage 3 Pressure Injury: Full-thickness skin loss**  
Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.



**Stage 4 Pressure Injury: Full-thickness skin and tissue loss**  
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.



**Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss**  
Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be removed.



**Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration**  
Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.



## Additional Pressure Injury Definitions:

**Mucosal Membrane Pressure Injury:** Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue these injuries cannot be described by terminology from the staging system. These injuries are either partial thickness or full thickness.

**Medical Device Related Pressure Injury:**  
This describes an etiology of the injury. Medical device related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.



## *Best Practices for **Prevention** of Medical Device-Related Pressure Injuries*

- ✓ **Choose** the correct size of medical device(s) to fit the individual
- ✓ **Cushion** and protect the skin with dressings in high risk areas (e.g., nasal bridge)
- ✓ **Remove** or move removable devices to assess skin at least daily
- ✓ **Avoid** placement of device(s) over sites of prior, or existing pressure ulceration
- ✓ **Educate** staff on correct use of devices and prevention of skin breakdown
- ✓ **Be aware** of edema under device(s) and potential for skin breakdown
- ✓ **Confirm** that devices are not placed directly under an individual who is bedridden or immobile



ET Tube

Mucosal Membrane Pressure Injury



Trach Ties

Unstageable



Retention Sutures

Stage 3



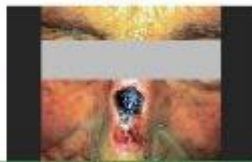
NQ Tube

Unstageable



Oxygen Tubing

Stage 2



CPAP Mask

Unstageable



O<sub>2</sub> Saturation Probe

Stage 2



Arterial Line Tubing

Stage 2

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# STOP!

## PRESSURE INJURIES

### Prevent Pressure Injuries

Also known as bedsores, decubitus ulcers, & pressure ulcers

### Pressure Injuries

are a major burden to patients, caregivers, the healthcare system & society

1. IS YOUR PATIENT AT RISK?
2. IMPLEMENT PREVENTATIVE STRATEGIES
3. DOCUMENT, DOCUMENT, DOCUMENT
4. REFER TO INTERNATIONAL PRESSURE INJURY GUIDELINES



# FACT NPIAP<sup>®</sup> SHEET

NATIONAL PRESSURE INJURY ADVISORY PANEL

## INCIDENCE

Centers for Medicare & Medicaid  
Classify Pressure Injuries a

“**NEVER  
EVENT**”

**NO OTHER**

PREVENTABLE EVENT  
OCCURS AS  
FREQUENTLY AS  
PRESSURE INJURIES

Acute Care Rates:  
**2% – 40%**

PRESSURE INJURY  
INCIDENCE/  
PREVALENCE

## PREVALENCE

ONE OF THE FIVE

**MOST  
COMMON**

HARMS  
EXPERIENCED  
BY PATIENTS



**25** <sup>.2%</sup> Long Term  
Acute Care **9** <sup>.7%</sup> Acute  
Care  
**11** <sup>.8%</sup> Long Term Care  
(Nursing Home)  
**12** <sup>.0%</sup> Rehabilitation  
Centers  
(2014 data)

## PRESSURE INJURY COST

2007

**\$11.6  
BILLION**

PATIENT CARE  
COST PER PRESSURE  
INJURY:

**\$20,900 TO  
\$151,700**

2019

**\$26.8  
BILLION**  
(ESTIMATED)

LAWSUITS

**17,000**  
Directly related

to pressure injuries

## IMPACT ON PATIENTS

Annually

**2<sup>ND</sup>** most common claim  
after wrongful death



**2.5 million** patients  
per year develop a  
pressure injury



**60,000** patients die  
every year as a direct  
result of pressure injuries



Patients with hospital  
acquired pressure  
injuries (HAPI) have a  
median **excess length of  
stay** of 4.31 days



Patients with HAPI have  
**higher 30-day  
readmission** rates  
(22.6% vs. 17.6%)

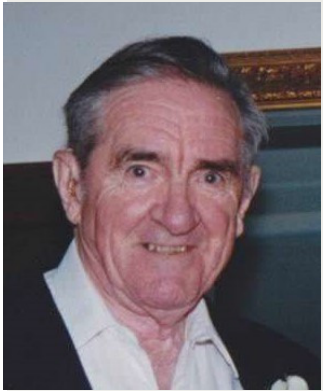


HAPI rates are  
**increasing**. All other  
hospital acquired conditions  
are decreasing  
(AHRQ, 2019).

For more info visit, [www.NPIAP.com](http://www.NPIAP.com)

# A Patient Journey

## Preventing Hospital Acquired Pressure Injuries



### Meet Joe

Joe and his wife are recently retired and enjoying their freedom to travel, especially to see their children and grandchildren! They have a cruise planned to celebrate retirement and are looking to sell their home and buy one with less need for maintenance.

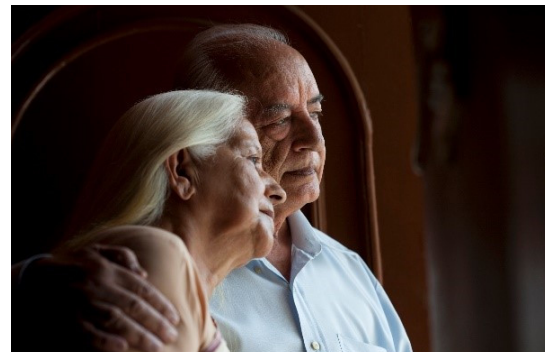
Today Joe and Alice are off to help their daughter who is about to give birth to their ninth grandchild. Joe was lifting the last of the bags filled with gifts for the new baby and family into the car when he feels some tightness in his chest.

He brushes it off as likely related to his age and all those bags he packed, or maybe just his arthritis flaring up. Off they go on the 4-hour drive, excited to see the family and meet the baby! But the chest pain doesn't let up and Joe finally admits to Alice that he has a little "indigestion". Being a worrier, Alice insisted that he stop at an Emergency Room, just to be sure everything is OK.

### The Medical Emergency

Sadly, this was not indigestion. Joe is having a heart attack. The surgeon reviewed the process and possible complications but assured them that complications were very rare. Alice was extremely scared because Joe is the love of her life and heart surgery is a big operation.

The operation lasted just over 4 hours and the surgeon said everything went well. Joe does not remember much of the next few days, but Alice does.



The doctors said his blood pressure was low and his heart was struggling to beat normally so he would require additional medication to support his heart and recovery. These complications were part of what the surgeon talked about as possible complications, but Alice wondered if there was anything more.

Within two days Joe was feeling better so the care team helped him move from the bed and into a chair. That is when Alice saw a dark purple area on Joe's lower back. The nurses explained that this was a pressure injury and likely developed when Joe was not able to be moved in bed because of his low blood pressure. Alice did not remember that pressure injuries were discussed by the surgeon...but maybe she just forgot.



<https://npiap.com/>





## What Happened?

The purple area, called a deep tissue pressure injury, continued to open up and become a deep wound.

Joe spent the next 18 months going to the wound center for treatment, going to surgery for debridement to remove dead tissue from the wound, using a negative pressure device to help the wound heal and having a wound nurse come to the house to dress the wound. The pressure injury healed 20 months from the time of open-heart surgery. But when it healed, the scar that formed was painful and Joe struggles to this day to sit because when he sits it pulls on the scar.

The baby is almost 2 years old, and Joe and Alice have had to miss a lot of milestones including multiple holiday gatherings due to the wound that developed during hospitalization. Joe and Alice have many questions. Are pressure injuries a common problem after surgery? Are they all this painful? Could this have been prevented?

## What We Need

**Stories like this one of Joe Gorman are more common than you might realize.**



Many patients with this or similar experiences who develop a pressure injury ultimately die, but only after extensive and expensive treatments, surgeries, and hospitalizations [1]. The cost of pressure injuries in the United States exceeds 26.8 billion dollars per year. [2] Regardless of the payor source, the treatment of pressure injuries results in a massive burden in all areas of healthcare. The incidence and true burden of pressure injury is relatively unknown overall and unidentified in high-risk groups apart from a few single hospital studies. Some hospitals track their pressure ulcers rates, some hospitals don't measure them at all. There is little to no consistency in the data.



**\$26.8 Billion +**  
cost of pressure injuries  
in the United States



**60,000 Patients**  
die each year due to  
pressure injury complications

## We Need to Do Better for our Patients

The National Pressure Injury Advisory Panel is focused on how to accurately measure pressure injuries. These data can inform doctors, hospitals, and patients of the risk for pressure injury.

When we are all using the same data to drive prevention and treatment, we will be able to develop successful programs of prevention.



<https://npiap.com/>

1) McEvoy, N. The economic impact of pressure ulcers among patients in intensive care units. *J Tissue Viability*, 2021, 30(2), 168-177.

2) Padula, W.V. The national cost of hospital acquired pressure injuries in the United States. *International Wound Journal* (2019). 16(3), 634-640.

# WORLDWIDE STOP PI DAY IDEAS!

## CHAMPIONS!



LOCAL CHAMPION LEADERS  
Edmonton General PIP Fair

## NPIAP SITE



FREE ONLINE RESOURCES  
National Pressure Injury  
Advisory Panel

## ENGAGEMENT



MAKE LEARNING FUN!  
Local MLA invited to local  
event at Covenant Health



PROVINCIAL GOVERNMENT  
Declaration by the Honorable  
Health Minister



MEETING AT THE LEGISLATURE  
Covenant Health and AHS



FUN  
Covenant Health Grey Nuns  
Champions off the charts!



CARE PACKAGES  
Covenant Health



CAKE!  
Corporate Director  
Engagement Covenant Health



MULTIDISCIPLINARY TEAMS!  
Covenant Health



# WORLD WIDE STOP PI DAY IDEAS!

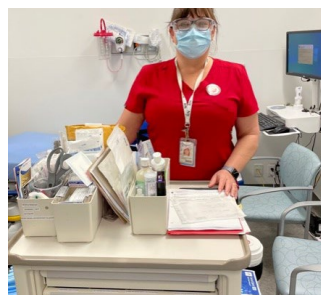
## RED SHIRT DAY IDEAS



CHARLENE  
Nice shirt and button!



JULIE  
Another nice shirt!



JODI  
Great red scrubs and displays!



DR, HO AND CHARLENE  
One red shirt and one blue suit!

## RED SHIRT IDEAS



VILLA CARITAS  
Covenant Health



ROYAL ALEX  
Barb and the champions! AHS



SUZANNE AT THE GREY NUNS  
Covenant Health

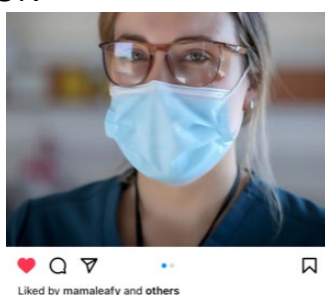


SHERRY AT LETHBRIDGE  
Covenant Health

## DISPLAYS AND EDUCATION



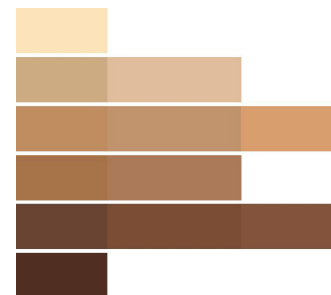
GREY NUNS DISPLAY  
Covenant Health



ARTICLES!  
AHS Communications Team



STOP PI DAY PAMPHLET  
Covenant Health on pamphlet for 2 years in a row



DARK SKIN TONE AWARENESS  
Persons with dark skin tones are at higher risk for more severe pressure injuries





National Conference – October 14-16, 2022

Pressure Injury Prevention

Conversations – Awareness - Collaboration





November 17 is  
World Wide Pressure  
Injury Prevention Day.  
**Wear a red shirt!**





November 17 is  
World Wide Pressure  
Injury Prevention Day.  
**Wear a red shirt!**



**Join the conversation.**

#EndWounds #ProtectSkin  
#StopthePressure

 @CovenantCA



# Pressure injury prevention: SSKIN bundle



A pressure injury, also known as a pressure ulcer, pressure sore or bed sore, is damage to the skin and underlying tissues caused by unrelieved pressure. Most pressure injuries are preventable.

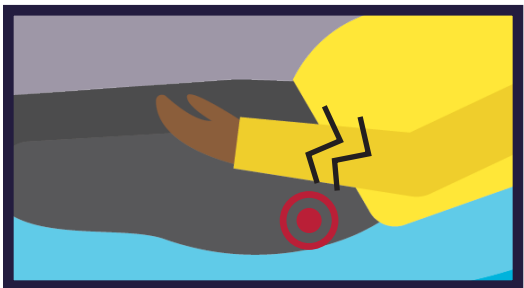


## You may be at higher risk of developing pressure injuries if you:

- have diabetes
- are over the age of 65
- have difficulty moving, changing position or walking
- have loss of feeling or sensation
- have a dark skin tone
- have many health conditions
- are having or recovering from surgery
- have a medical device, such as a splint, in place

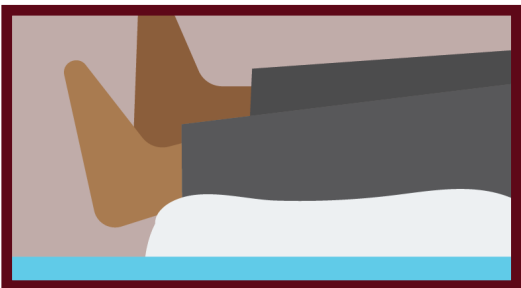
Following the **SSKIN** tips will help keep you safe.

### Skin inspection



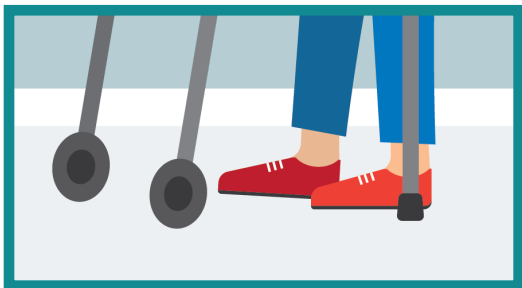
Tell someone if you see or feel any changes to your skin like redness or pain.

### Surface



Using a special mattress, pillow or cushion may help protect your skin.

### Keep moving



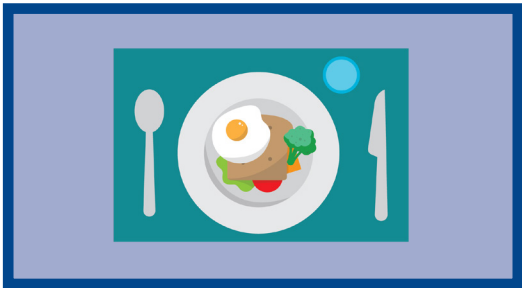
Change your position regularly when lying in bed or sitting in a chair. Shift your position regularly if able.

### Incontinence and moisture



Ask for support with going to the bathroom and try to keep any moisture away from the skin.

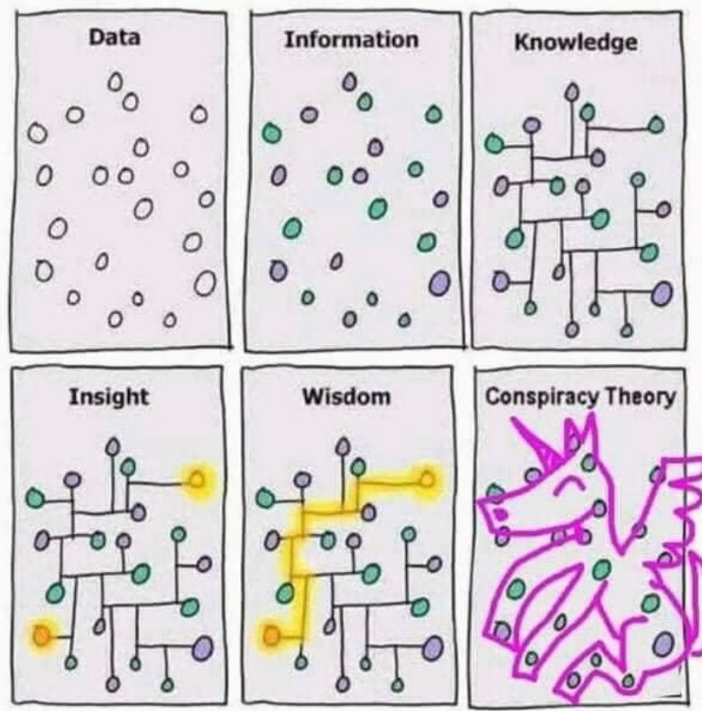
### Nutrition and hydration



Drink plenty of water if safely able and eat well.

If you have had a pressure injury, please let our team know. Talk with your care team about participating in prevention.





# **WORLDWIDE**

## **STOP PRESSURE INJURY DAY**

### **LIVE EDUCATION**

#### **Session Summary**

This webinar will explore the current statistics related to pressure injuries and the current audit tools and resources available to conduct audits. Learn how sites are conducting audits and developing action plans based on results.

#### Webinar #1

### **“Pressure Injury Data Review: Results and Opportunities”**

**November 14, 2022**

**1200-1300**

**Presenter:**

**Charlene Brosinsky  
and Reyna Colney**

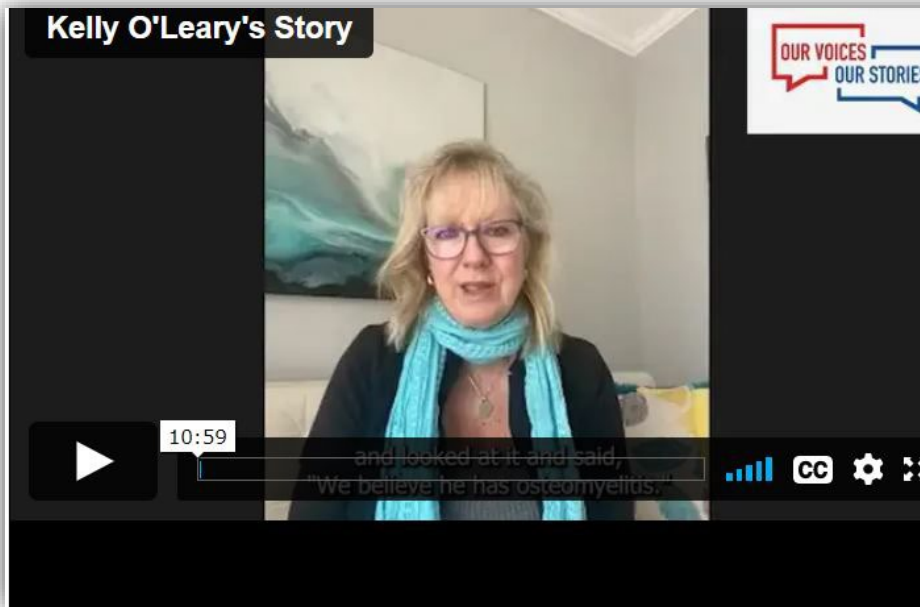
**Click or Scan:**



**SCAN ME**

**COVENANT HEALTH  
AND AHS  
COLLABORATION**





## WORLDWIDE STOP PRESSURE INJURY DAY LIVE EDUCATION

### Session Summary

**Wounds Canada** developed a number of patient journey stories about prevention and wound care. In this webinar, we will hear the recorded webinar about the story of Kelly O'Leary as she discusses the journey of her father who developed a pressure injury. This webinar will be followed by a discussion about engaging, educating and including our patients, families and caregivers in pressure injury awareness and prevention.

### Webinar #2

**“Kelly O’Leary’s  
Story: My father  
died with a  
pressure injury”**

**November 15th, 2022**

**1200-1300hrs**

**Facilitator:  
Marlene Varga**

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## **WORLDWIDE**

# **STOP PRESSURE INJURY DAY**

## **LIVE EDUCATION**

### **Session Summary**

Patient and family engagement and education plays a crucial factor in overall pressure injury prevention. In this webinar we will explore current statistics related to Pressure Injury Prevention (PIP) engagement and education and discuss strategies and opportunities for improvement. The SSKIN bundle will reviewed in detail.

### **Webinar #3**

**"Patient and  
Family  
Engagement and  
Education in PIP"**

**November 16th, 2022**

**1200-1300hrs**

**Presenter:  
Marlene Varga**

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## **WORLDWIDE STOP PRESSURE INJURY DAY WEAR A RED SHIRT TODAY!**

### **Symposium Summary**

The Pressure Injury Symposium coincides with the recognition of Worldwide Stop Pressure Injury Day. This virtual event will examine the risks and causes along with the multi-disciplinary comprehensive management of pressure injuries by dietitians, nurses, surgeons, physicians, and physiatrists to develop strategies, overcome barriers and improve patient outcomes. Join us for this one-day virtual learning event with co-chairs Dr. Alan Rogers and Stephanie Chadwick.

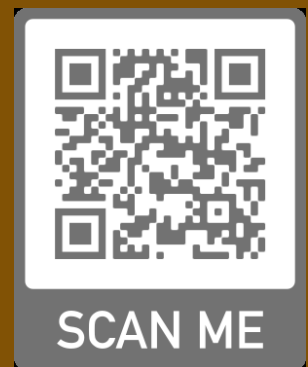
**Wounds Canada  
Pressure Injury  
Symposium**

**November 17th, 2022**

**0700-1520 MST**

**Register at  
WoundsCanada.ca**

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