

Saskatchewan Health Quality Council

Test Drives New Pressure-ulcer Guidelines



By Laurie Gander



AND Catherine Delaney

Seven long-term-care facilities in Saskatchewan made significant changes to their skin- and wound-care practices by implementing new pressure-ulcer guidelines while participating in a quality improvement pilot project. These guidelines comprise one chapter of the Saskatchewan Skin and Wound Care Guidelines, which also include chapters on normal wound healing and lower limb ulcers, as well as a guide for organizational implementation. Diabetic foot guidelines will be added shortly.

The Guidelines are the product of the Saskatchewan Skin and Wound Care Action Committee (Action Committee), established in response to the need for standardized, evidence-based wound management in Saskatchewan. The committee, co-chaired by the Health Quality Council (HQC) and the Saskatchewan Association of Health Organizations (SAHO), was

composed of skin- and wound-care experts and representatives from regional health authorities. The committee's objectives were to develop and assist with the implementation of a provincial skin- and wound-care initiative promoting and supporting the use of best practice.

The project began with the Action Committee producing pressure-ulcer guidelines. After reviewing several existing guidelines, the committee adapted guidelines, developed by the Registered Nurses' Association of Ontario, to reflect Saskatchewan services and wound-care products. Stakeholders across the province reviewed the adapted guidelines; many of their suggestions were incorporated into the final version.

The HQC led the pressure-ulcer guidelines implementation pilot project. In June 2004, a call went out to locate long-term-care facilities interested in participating. To be eligible, sites needed senior leadership

The HQC, the first organization of its kind in Canada, was formed by an Act of the Saskatchewan legislature in 2002. The Council's primary goal is to improve the quality of care and the caring experience in Saskatchewan by encouraging the use of best practice. It achieves this by conducting research into current care practices, identifying areas for improvement, and working with health-care providers and other stakeholders to encourage the adoption of evidence-based practices. Evaluation of the effectiveness of changes in care is an essential part of all Council projects. The Council also provides support and training in quality improvement concepts and quality measurement tools and analysis.



support and a strong desire to improve their current pressure-ulcer prevention and management practices. Preference was given to facilities without a wound-care protocol, since these sites offered the greatest room for improvement.

The project team included a Knowledge Exchange Consultant—a project co-ordinator of sorts—who maintained regular contact with stakeholders, recruited pilot sites, encouraged the implementation of evidence-based practice in the sites, and responded to questions and concerns that arose during the project. An HQC researcher conducted a literature review, designed data-collection tools, worked with pilot sites to co-ordinate data collection, and analyzed data. The HQC program director managed the project, and a communications consultant helped with identifying and carrying out communication strategies related to the team's objectives.

Seven long-term-care facilities began the year-long implementation project in September 2004. The HQC, working closely with the facilities, assisted them in

- identifying a site leader who would promote the new pressure-ulcer guidelines within the organization and serve as the key contact with HQC
- co-ordinating the formation of a multidisciplinary wound-care committee
- updating the knowledge of wound-care committee members who had a role in training front-line care providers
- using reminders such as posters and pocket guides
- meeting with wound-care committees from other pilot sites to share insights, challenges and successes, and to engage in problem-solving.

The HQC evaluation of the pilot sites' implementation of the pressure-ulcer guidelines included measurement of the prevalence and incidence of pressure ulcers throughout the project. The combined results for all pilot sites showed a considerable decrease in the number of residents who acquired a new pressure ulcer.

In summary, all sites made significant changes to their skin- and wound-care strategies. The sites

- established interdisciplinary wound-care committees
- started using the Braden Risk Assessment Scale to assess every resident for risk of developing a pressure ulcer. They found ways to incorporate this information into their pressure-ulcer prevention plans, including, for example, implementing positioning schedules

LINKS Keeps Care Professionals Connected

A key communications strategy in this and other HQC quality improvement projects has been the establishment of a Learning, Innovating, Networking, Knowing, Sharing (LINKS) Team. The Knowledge Exchange Consultant identifies care providers, managers, and others with an interest in the topic and invites them to join the LINKS Team. The team is a hybrid of an advisory group, a working group, and a "just keep me informed" group. Members of the LINKS Team can be involved at one or more of these levels throughout the life of the project, depending upon their interest and availability. LINKS Team goals include keeping members informed about the project and staying aware of potential opportunities for involvement.

Regular project updates were sent via a brief e-newsletter to over 200 people on the Skin and Wound LINKS Team. Members were encouraged to pass the e-newsletter on to others who may be interested. For example, a request for feedback on the draft pressure-ulcer guidelines and updates on pilot site activities were sent out through the LINKS e-newsletter.

- made changes to the products they use
- provided formal and informal training for their staff, including nursing staff and special-care aides, on the prevention and management of pressure ulcers
- documented wound assessment and treatment using a detailed wound record.

One site made changes to transfer and lifting procedures to minimize shearing; another developed a computer spreadsheet to track aspects of wound care, including information on mattress type, pressure-relieving devices used, regular positioning, and Braden score.

This spring, HQC mailed 750 copies of the Saskatchewan Skin and Wound Care Guidelines to all provincial health regions. A PDF of the guidelines is available on the HQC Web site at www.hqc.sk.ca.

A report on the pressure-ulcer-implementation pilot project is being prepared for publication. Active dissemination of key findings may lead to wider adoption of successful strategies in acute care, home care, and long-term care in Saskatchewan. A newly formed Saskatchewan Skin and Wound Care Network, co-ordinated by SAHO, will facilitate the spread of these strategies and make recommendations for continuing provincial communication, education and support for improvement in wound care in Saskatchewan. 🙌

Laurie Gander, BScN, BSW, MN, is program director with the Health Quality Council, Saskatchewan, where she provides expertise in clinical practice guidelines and research on utilization of selected health services. She has extensive clinical and teaching experience in a wide range of health service areas, including public health, acute care, and long-term care.

Catherine Delaney, PhD, is a knowledge exchange consultant at the Health Quality Council, Saskatchewan. In her role, she links stakeholders committed to quality improvement (QI) and supports those who are engaged in QI initiatives. She also has eight years of experience as a change agent, trainer, and applied researcher.