



Pressure Injury Prevention: A Guide for Providers and Patients

By Marlene Varga, MSc RN IIWCC, and Linda Moss

The COVID-19 pandemic has highlighted the importance of prevention as well as the political and systemic challenges within health care. Wound prevention and management have been areas hard hit by the pandemic, as illustrated by the military reports on long-term care facilities in Ontario and Quebec^{1,2} and surveys conducted by Wounds Canada. This article focuses on pressure injury prevention in practice from both a clinician and community advocate perspective and uses some of the lessons learned before and during the pandemic to highlight challenges and provide helpful information and resources that clinicians can use with their patients and their families.

*As a Clinical Nurse Specialist in a full-time pressure injury prevention role in a large organization, **Marlene Varga** is aware of the challenges and opportunities in making prevention as a priority*

***Linda Moss** became one of Canada's leading advocates of pressure injury awareness after her father was admitted to hospital and developed a PI that eventually led to his death.*



From Marlene Varga: An Organizational Perspective on Pressure Injury Prevention

In any aspect of health care, patients, residents, families and care partners must be involved every step of the way. Within our organization's pressure injury prevention program, we have recognized that some of the most important things we can do are to enhance the patient-health provider relationship, improve the awareness and dialogue about pressure injury prevention, and include patients and their circle all along their journey. Listening to our patients has helped our organization improve our program and further explore opportunities to support patient, family, and community awareness and person-centred care in the area of pressure injuries.

For pressure injury prevention awareness and programming to be front and centre in organizations, prevention needs to be identified as a strategic priority supported by strong leadership engagement. In my career I have witnessed 25

years of pressure injuries in acute care. I'm fortunate to work in an organization that recognizes that there needs to be structure and processes around pressure injury prevention to improve outcomes. Through our senior leadership commitment to prevention and patient safety we are making a difference in raising awareness, mobilizing, educating and engaging our teams and standardizing processes to prevent facility-acquired pressure injuries. This priority aligns with the expectations that patients want a strong commitment to prevention, appropriate evidence-based interventions, self-management options and good interactions within the system.³

Consumers of care have identified that they need information about pressure injuries related to knowledge and skills, risk factors for pressure injuries, accessing pressure injury care, quality of life for patients and care partners, and the pressure injury itself.⁴ Informal care partners place high importance on education for pressure injury prevention, including how pressure injuries occur, preventing a pressure injury during immobility, pressure injury risk factors, facility-based pressure

injury prevention plans, skin care and pressure injury healing strategies.⁴ Today's situation is full of opportunities; research shows there is currently poor patient engagement and understanding of information on pressure injuries.⁵

An understanding of pressure injury risk and patient engagement in prevention strategies can be influenced by factors such as:

- the complexity of the tasks that patients are

asked to undertake

- whether the patient has had any previous experience with pressure injuries
- the quality of the health-care personnel interactions⁶

Therefore, providing information is a complex process and requires consideration of the recipients and how they may receive this information.

Minimum Expectations and Key Considerations for Pressure Injury Prevention for Patients and Families

Patients and families have expectations of health care related to health outcomes, clinician experience and the health system.³

Health outcomes: Expect that your skin and risk level will be assessed on admission and that a prevention plan will be established by the care team with your input. Expect that a goal of pressure injury prevention will be established on admission. Ask that these assessments be completed on admission, communicated to you and your family and documented in the health record.

Clinicians: Expect that the care team will communicate with you about the care plan, how you can partner in that care plan and that the care team will listen to your input regarding evaluating and updating the plan of care. Expect that your care plan goals and strategies will be evaluated and updated regularly by the team with your feedback. Expect that if you do develop a pressure injury in care that this will be communicated to you immediately. Ask your physician about your pressure injury prevention plan.

System/Facility: Expect that the health system has established that skin safety and pressure injury prevention are priorities that are supported by funding, education and policy. Ask your facility how they are monitoring the development of pressure injuries and what the current rate of facility-acquired pressure injuries is within the facility. Many facilities have quality boards and quality councils related to quality improvement activities. Quality boards should have audit information about the status of pressure injuries in the facility and action planning for quality improvement activities related to pressure injury prevention. Quality councils bring the team together to discuss opportunities for quality improvement. Patients, residents and family members are encouraged to be part of these regular council meetings.



Pamphlets, leaflets, and awareness posters and videos for patients and families can only go so far. Moore and colleagues identified the opportunities to identify who can and should be involved in pressure injury care.⁷ For those who can be involved, connection, communication, care-planning and compassion are key. Tools have been developed to support patient engagement^{7,8} to encourage patients, families and caregivers to be involved in the prevention and management of wounds and encourage a meaningful shift to the concept of patient involvement. The challenge is that these tools are targeted toward providers and may not be fully facilitated and shared with patients.

Ask how your voice can support and advocate for organizational or system changes based on your expectations and experience.

Encourage Patient and Family Participation

Most patients recognize that the health system influences the health care they receive apart from individual clinician encounters.³ Pressure injury prevention is therefore complex as systems may not be set up or funded to focus on prevention. Place this in the current context of the pandemic, burnout, staffing shortages and integration of electronic health-care records, and we must ask the question: will pressure injury prevention be further developed within organizations or will it take a back seat?

The pandemic: The pandemic limited when families and care partners participate in care. Now that restrictions have changed, we can incorporate care partners back into our system. Essential care partners can be an additional layer of safety and be the voice to speak out about pressure injury prevention when follow-through is lacking.

Staff burnout and shortages: Shortages in health-care staff are estimated to reach 9.9 million globally by 2030, meaning patient, family and care partner involvement will become a necessity⁹ and critical for the sustainability of health systems worldwide.¹⁰

Essential care partners are an underutilized resource that can support person-centred care,

engage in pressure injury prevention and advocate for gaps within the system.

While patient and family engagement in care can be beneficial, and even essential in many cases, it can also leave some to feel their involvement is tokenistic, especially when their requests are denied, or decisions have already been made without them.¹¹

Like many other patients, families and care partners, Linda Moss learned the hard way about pressure injury prevention. Her story¹² is available to view [here](#). Stories such as hers can be an effective knowledge translation strategy to mobilize best practice evidence to guide decisions in health care and are an integral component of the evidence-based practice movement.¹³

Recent systematic reviews have found that changing health-promoting decision making using storytelling appears to be promising, as stories help people identify with one another and picture themselves behaving differently, which, in turn, reduces resistance and inspires new health behaviours.¹⁴

Patients and families who courageously share their experiences of illness can help improve not only one individual's care, but also positively affect the system and advocate for change.

For Patients: What to Expect

What should happen: Once admitted to a care facility, a standard skin and risk assessment is performed as early as possible on admission and documented in the medical record. This is completed by the health-care team by assessing your ability to feel discomfort, moisture on the skin, how much you can move in and out of bed, how well you are eating and drinking and the degree to which your skin and tissues are subjected to friction and shear (for example sliding down in bed). Your skin will also be assessed on admission to look for skin changes or previous areas that have had a pressure injury that also puts you at risk. Based on these assessments, the care team is expected to work with you to develop a care plan around your level of risk, implement the plan and evaluate the plan regularly.

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What might happen: The initial skin and risk status may be completed days or weeks prior to admission to a facility and therefore will not be an accurate assessment of the current risk and skin status. Or it might not happen at all. Information may not be consistently documented or communicated to patients and care providers on admission. After a current skin and risk assessment is complete, the next, and most important, step is to set a goal for prevention and establish a pressure injury prevention care plan with input from you and your family/care partners and the rest of the team as available. This may not occur consistently in practice due to several provider or organizational barriers or competing priorities.

From Linda Moss: A Care Partner/Advocate Perspective

Suddenly you find yourself entering a very busy and bright hospital, you feel alone, you are scared and trying to navigate long hallways with medical professionals hustling by. You may wander around trying to find where your loved one has been placed. You may be told to wait in a room and then wonder how your loved one is doing. You wait and you feel helpless. As a care partner, you may often have to learn first-hand on your own how to help care for your loved one. The information listed below is a guide to help you navigate what seems like uncharted and sometimes scary territory. The goal is to help bridge any communication barrier between families and health-care personnel, so together we can align and become a united team. We have the same common goal: the safety and well-being of the patient.

First, the Facts

Here are a few important things you should know about pressure injuries.

- Pressure injuries can be called by several names, including pressure ulcers, bedsores, decubitus ulcers.
- Most pressure injuries are preventable; some are unavoidable in certain cases.
- Pressure injuries are caused by unrelieved pressure, sometimes coupled with something called “shear” where the skin moves in one direction and underlying tissue moves in a different direction.
- The main risk factor for the development of a pressure injury is immobility (lack of movement), even for a relatively short period of time.
- Being admitted to a facility puts you at risk for developing a pressure injury.
- Your risk factors for the development of a pressure injury can change over time. If you are sick, unconscious or on medications that reduce your ability to feel pain or to move, your risk increases.
- Pressure injuries typically develop over bony areas like shoulder blades, backside, hips, ankles and heels.
- Your skin may develop red or purple areas as a pressure injury develops.
- Pressure injuries can be painful. However, individuals with nerve impairment (lack of feeling due to spinal cord injury, for example) may feel no pain at all.
- Pressure injuries can develop into deep wounds.
- Severe pressure injuries can lead to infection and even death.

Next Up: Prevention

When you (or your family member) enter a facility to receive care, your risk for a pressure injury becomes something to consider. The good news is you can play an active role in pressure injury prevention and participate in prevention strategies to keep your skin safe.

First, if you do not have a pressure injury upon admission to a facility, document this in your personal records. You can also take photos of your backside and your heels specifically. Ensure the facility has documented that you arrived there without a pressure injury present.

Then, ask your care team the following questions:

- What is my risk level for the development of a pressure injury? Is it high, moderate or low?

Top Tips for Preventing Pressure Injuries: The 3C Approach

1. COMMUNICATE AND COLLABORATE

If you are a patient or care partner:

- Advocate for a meeting to be held with everyone involved to discuss the patient's care and prevention plan as soon after admission as possible. Tip: Virtual meetings may be the easiest way to collaborate on care plans.
- If you notice any early signs of pressure injury damage, communicate immediately with the rest of the care team.

If you are a health-care provider:

- Families need to know what is going on under those sheets. If you see a wound forming, document it and alert the family/care partners ASAP so discussions can take place with the team to alter the care plan.
- Allow and encourage care partners to rotate to avoid burnout.
- Listen to the families/care partners; they know the patient's history.

2. BE A CHAMPION

If you are a patient or care partner:

- Educate yourselves on the issue so you can be better informed, ask useful questions and provide appropriate help.
- Visit often; your presence with the patient can contribute to recovery.
- Document the patient's progress with video, photos and notes. The time you have with the health-care teams is limited, and thorough documentation gives them the opportunity to see progress or any concerns.

If you are a health-care provider:

- Refer patients, families and care partners to resources. These resources can help families navigate the health-care system and improve their health literacy.
- Help families help the health-care provider teams. Most families want to help, they just don't know what to do. They can help with exercise, minor

grooming or comfort needs and feeding. Having a care partner bedside can often safely reduce the workload of nursing and other staff.

- Access the wound care specialist onsite so wounds are prevented or treated promptly to improve patient outcomes and reduce the burden on care teams. If your facility doesn't have a wound specialist, advocate for one.
- Positivity Produces Productivity – encourage your patients; a patient's mental health is critical in their healing and recovery.
- All patients in LTC or hospital deserve the right to have at least one advocate (essential care partner [ECP]) by their side upon entry and at any given time for their own health, safety and mental state. This can be critical in their care and recovery.

3. PROVIDE COMFORT

If you are a patient or care partner:

- The little things mean a lot. Bring clean clothes, slippers, warm blankets, favourite items, a picture of the patient before admittance (so all team members can appreciate who the patient truly is), and music, which for many people is soothing, stimulating or uplifting.
- Most important: If the patient wants to move or get up, encourage it and ask for assistance if needed. Movement is key!

If you are a health-care provider:

- Before leaving the room, take a last look to see if the patient looks comfortable. Immobile patients rely on others to provide for them. Are they cold? Do they need a position adjustment? Are things within reach? Do they need the TV or music on? Ask "Do you need anything?" This helps avoid the call bell push.
- Provide the family with care-related tasks to help ease the burden on care teams. Families want to help!
- Provide companionship. Not all patients have family members or friends who can visit. These people need you!

Resources

Whether you are a health-care professional, a patient or a care partner looking after a vulnerable loved one, you can access many different types of useful resources to help prevent injuries. Here are just a few.

Join a Community

Facebook Wound Care Aware: Patient self-help and support groups play an active role in self-management. Linda Moss started a Facebook group for individuals to reach out to one another about their wound care concerns. This group provides an opportunity for patients to share their stories and voices and to connect with others.

Wounds Canada Care at Home Resources

The Wounds Canada [Care at Home Series](#) provides information about preventing and managing pressure injuries at home. This is a great resource that explains what pressure injuries are, common causes and locations of pressure injuries and specific strategies so you can take an active role in prevention at home or anywhere you go.

SSKIN+ Bundle

The SSKIN+ Bundle is a group of interventions that, when implemented together, will support better patient outcomes than when implemented individually. The SSKIN bundle safety card was adapted with permission¹⁵ and is widely used to initiate conversations around pressure injury prevention. An example can be downloaded [here](#). There are several pressure injury prevention interventions available, starting with a skin and risk assessment completed on admission.

Key SSKIN+ interventions include:

- **Skin assessment on admission:** This is to determine the presence or absence of pressure injuries.
- **Support surfaces:** Ensuring appropriate bed and seating surfaces are in place based on your risk level. Beds and cushions can help redistribute pressure.
- **Keep Moving:** Staying in one position for too long can cause pressure injuries. If you are able to keep moving and stay mobile, this can help


reduce your risk for developing pressure injuries. If you are unable to walk or move, the care team will help you change your position regularly to reduce pressure to your skin and tissues.

- **Incontinence and moisture:** Not being able to hold your urine or stool can also put you at risk of pressure injuries. If these waste products encounter your skin, the area must be cleaned and protected from these potentially damaging irritants and moisture. Keeping moisture, heat and humidity away from the skin is important.
- **Nutrition and hydration:** Eating well and drinking well can also help in preventing pressure injuries. A dietitian can assess your diet and provide recommendations.
- The + refers to additional interventions such as patient education, empowerment and engagement and use of prophylactic dressings.

Worldwide Stop Pressure Injury Day Advocates

Wounds Canada and other organizations across Canada have joined the global campaign to prevent pressure injuries. Led by the National Pressure Injury Advisory Panel (NPIAP) and the European Pressure Ulcer Advisory Panel (EPUAP),¹⁶ the objective of Worldwide Pressure Injury Prevention Day is to increase awareness about pressure injury prevention and to educate the public on this topic. In Alberta a “Red Shirt Day” Campaign runs on the third Thursday every November to raise awareness of pressure injuries, with the recognition that, although skin redness often is the first visual sign of pressure-related damage, persons with dark skin tones may present with skin discoloration instead of redness. Visit [here](#) for more information.

- What is included in my pressure injury prevention care plan? Is there a goal established to prevent pressure injuries for me? What are the key strategies that will be implemented to prevent pressure injuries? Some of the elements of a pressure injury plan you may want to ask about include:
 - Regular skin checks to look for early signs of pressure injury
 - Appropriate bed and seating surfaces
 - Mobility plan and/or repositioning schedule
 - Moisture management plan to keep damaging moisture (like sweat, urine and fecal matter) away from skin
 - A plan to protect skin from devices such as splints or tubes
 - Nutritional assessment and plan
- What information can be provided to me, my family or care partner about pressure injury prevention? How will this information be followed up by discussions with me, my family or care partner?
- How can we be involved in developing and participating in the care plan?
- Will I, my family/care partner and physician be informed if I develop a pressure injury?
- Does the facility have a comprehensive pressure injury prevention program in place?
- What are the current statistics around pressure injuries that develop in the care facility?
- Are there regular audits to monitor quality improvement strategies related to pressure injury prevention?

Some of these questions may be challenging to understand or even ask. Health-care providers, community advocates and wound care organizations such as Wounds Canada are in place to help the public increase their awareness and knowledge and be equal partners in pressure injury prevention if able. 

References

1. Canadian Armed Forces. Canadian Armed Forces Report on Ontario Long-term Care Homes. 2020. Available from: www.macleans.ca/wp-content/uploads/2020/05/JTFCObservations-in-LTCF-in-ON.pdf
2. Canadian Armed Forces. Canadian Armed Forces Report on Quebec Long-term Care Homes. 2020. Available from: https://cdn-content.quebec.ca/cdn-content/sante/documents/Problemes_de_sante/covid-19/Rapport_FAC/Observation_FAC_CHSLD.pdf?1590587216
3. El-Haddad C, Hegazi I, Hu W. Understanding patient expectations of health care: A qualitative study. *J Patient Exp*. 2020;7(6):1724–31.
4. Haesler E, Pittman J, Cuddigan J, Law S, Chang YY, Balzer K, et al. An exploration of the perspectives of individuals and their caregivers on pressure ulcer/injury prevention and management to inform the development of a clinical guideline. *J Tissue Viability*. 2022;31(1):1–10.
5. Fletcher J. Pressure Ulcer Education: Giving information to patients. *Nurs Times*. 2020;116(5):31–33.
6. McInnes E, Chaboyer W, Murray E, Allen T, Jones P. The role of patients in pressure injury prevention: A survey of acute care patients. *BMC Nursing*. 2014;13(1).
7. Moore Z, Kapp S, Sandoz H, Probst S, Milne C, Meaume S, et al. A tool to promote patient and informal caregiver involvement for shared wound care. 2021;12(3):86–92
8. International Best Practice Statement: Optimizing patient involvement in wound management. *Wounds Int*. 2016. Available from: <https://www.woundsinternational.com/resources/details/international-best-practice-statement-optimising-patient-involvement-in-wound-management>
9. Moore Z. Patient involvement: A necessity not a dream. *J Wound Care*. 2022;31(4):281. Available from: <http://dx.doi.org/10.12968/jowc.2022.31.4.281>.
10. World Health Organization. Health workforce data and statistics. 2022. Available from: <https://tinyurl.com/2p98enwj>.
11. Bombard Y, Baker GR, Orlando E, Fancott C, Bhatia P, Casalino S, et al. Engaging patients to improve quality of care: A systematic review. *Implement Sci*. 2018;13(1).
12. Ibbetson H, Moss L. What if the family had known more? *Wound Care Canada*. 2021;19(2):16–23.
13. Rose R, Chakraborty S, Mason-Lai P, Brocke W, Page SA, Cawthorpe D. The storied mind: A meta-narrative review exploring the capacity of stories to foster humanism in health care. *J Hosp Adm*. 2015;5(1):52.
14. Perrier M-J, Martin Ginis KA. Changing health-promoting behaviours through narrative interventions: A systematic review. *J Health Psychol*. 2018;23(11):1499–517.
15. Arrowsmith M, Heywood N, Herring L, Baguno C. A novel method of preventing pressure ulcers: The pressure ulcer safety card. *Wounds UK*. 2021;17(2):54–56.
16. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide. 2019. Available from: https://www.internationalguideline.com/static/pdfs/Quick_Reference_Guide-10Mar2019.pdf.



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