

RNAO Best Practices: Evidence Booster

Implementation impact: Improving clinical outcomes related to pressure injuries

Assessment and Management of Pressure Injuries for the Interprofessional Team (2016)



RNAO's best practice guideline (BPG) *Assessment and Management of Pressure Injuries for the Interprofessional Team (2016)* aims to provide evidence-based recommendations that support informed decision-making and best practices of interprofessional teams involved in the assessment and management of pressure injuries in adult patients.



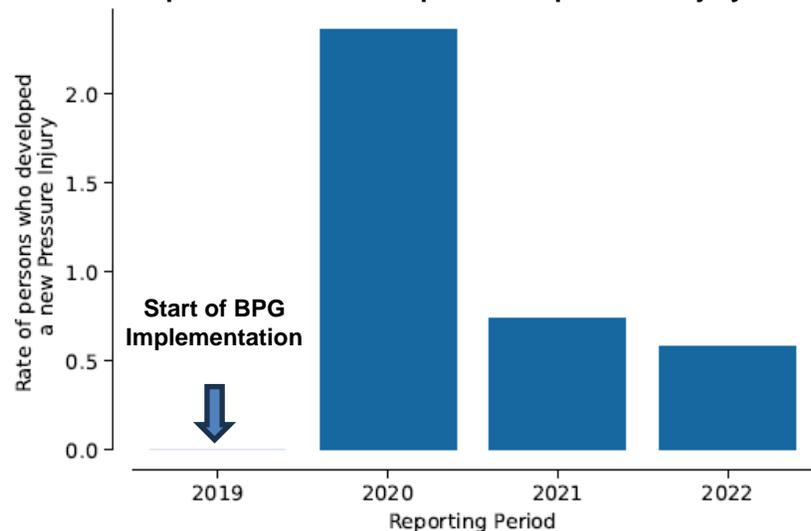
Hospital Clínico Herminda Martin (HCHM), located in Chillán, Ñuble, Chile was established in 1942. HCHM is recognized as a Best Practice Spotlight Organization® (BPSO®) and is part of the innovative partnership between the Registered Nurses' Association of Ontario (RNAO) and the Government of Chile to bring evidence-based nursing practice to Chilean hospitals. This approach enhances the delivery of care and improves the health and quality of life of persons receiving care. HCHM offers a wide range of services, encompassing emergency care, outpatient care, inpatient care, and primary care. HCHM is a teaching hospital affiliated with medical schools and universities in that region.

Aim: To examine the clinical outcomes associated with the implementation of the RNAO's *Assessment and Management of Pressure Injuries for the Interprofessional Team (2016)* BPG at Hospital Clínico Herminda Martin in Chillán, Ñuble, Chile.

Measures: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine: (a) the rate of persons who developed a new pressure injury and (b) the percentage of persons who received a risk assessment for developing pressure injuries at Hospital Clínico Herminda Martin.

Clinical improvement: There was a decrease in the rate of persons who developed a new pressure injury (Figure 1) and an increase in the percentage of persons who received a risk assessment for developing pressure injuries (Figure 2).

Figure 1: Rate of persons who developed a new pressure injury at HCHM



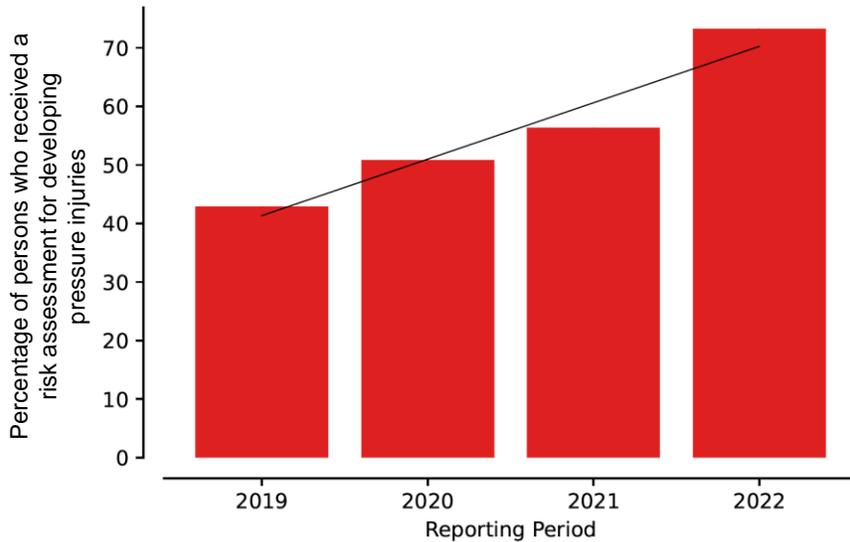
Impact: From 2020 to 2022, there was a reduction from 2.36% to 0.58% in the rate of persons who developed a new pressure injury.

Practice changes

Hospital Clínico Herminda Martin implemented the BPG in 2019, which prompted a comprehensive review and subsequent revision of their pressure injury protocol. The protocol was updated in 2023. HCHM implemented the organization-wide standardization of practices based on the BPG recommendations to help assess and manage pressure injuries. This revision included standardizing pressure injury risk assessment; standardizing and using pressure injury prevention devices; recruiting skilled team leaders in pressure injury prevention; standardizing nutritional assessments for persons at risk of developing pressure injuries and other skin lesions; and early identification and referrals of persons with pressure injuries. HCHM has successfully sustained these transformative practices, showcasing their lasting commitment to excellence.

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Figure 2: Percentage of persons who received a risk assessment for developing pressure injuries during admission at HCHM



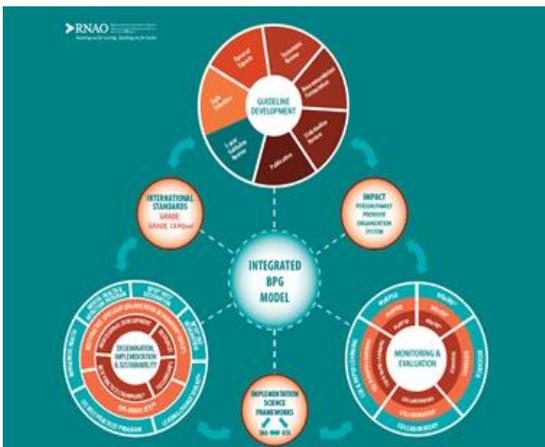
Impact: From 2019 to 2022, there was a 70.6 percent (from 42.9 to 73.2) relative increase in the percentage of persons who received a risk assessment for developing pressure injuries during admission.

Practice changes

Key practice changes with BPG implementation at HCHM included:

- **Staff education:** Staff are trained and educated on the assessment, prevention, and management of pressure injuries annually and on an as needed basis.
- **Equipment:** Incorporated pressure injury prevention devices such as dry flotation mattresses for beds and stretchers for persons at high-risk.
- **Change agents:** Established “Pressure Injury Champions” – leaders in the implementation of the BPG – facilitating peer-to-peer training and consistently ensuring patient safety.
- **Interprofessional collaboration:** Timely referrals of persons at high-risk of developing pressure injuries to an occupational therapist, physiotherapist, dietician and wound care team.

Conclusion: Hospital Clínico Herminda Martin demonstrated that the implementation of RNAO’s *Assessment and Management of Pressure Injuries for the Interprofessional Team* (2016) BPG led to a decrease in the rate of persons who developed a new pressure injury and an increase in the percentage of persons who received a risk assessment for developing pressure injuries.



RNAO launched the BPG Program in 1999¹ with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes².

NQuIRE^{2,3}, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs worldwide the ability to measure the impact of BPG implementation. The NQuIRE data system collects, compares and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact us by email at NQuIRE@RNAO.ca for more details. To learn more about RNAO’s IABPG Centre, please visit RNAO.ca/bpg. This work is funded by the Government of Ontario. All work produced by the RNAO is editorially independent from its funding source.

References

- 1 Grinspun, D. (2018). Transforming nursing through knowledge: The conceptual and programmatic underpinnings of RNAO’s BPG program. In D. Grinspun & I. Bajnok (eds.), *Transforming nursing through knowledge: Best practices for guideline development, implementation science and evaluation* (pp. 3-25). Sigma Theta Tau International.
- 2 Naik, S., Voong S., Bamford, M., Smith, K., Joyce, A., & Grinspun D. (2020). Assessment of the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) database using a data quality index. *Journal of the American Medical Informatics Association*, 27(5), pp. 776-782.
- 3 VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., & Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQuIRE. *Nursing Leadership*, 25(2): 26-37.