



## **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 del Trabajador





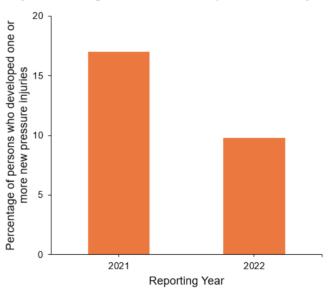
Hospital del Trabajador, located in Santiago, Chile, has 50 years of clinical experience and is a member of the Chilean Safety Association (ACHS) Health Network. As a complex care hospital, it specializes in the treatment of comprehensive trauma, burns and occupational health, and also provides comprehensive rehabilitation services for adults. Recognized as an international Best Practice Spotlight Organization® (BPSO®) since 2020, the hospital's primary objective is to position Chile as a leader in delivering exceptional healthcare services to workers and their families. The hospital also serves as a distinguished teaching center of excellence.

**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 del Trabajador in Santiago, Chile.

**Measures:** The Nursing Quality Indicators for Reporting and Evaluation<sup>®</sup> (NQuIRE<sup>®</sup>) data system, the pressure injury notification database, and quarterly and annual prevalence hospital reports were used to determine incidence and risk assessment of pressure injuries at Hospital del Trabajador.

**Clinical improvement:** There was a decrease in the percentage of persons who developed one or more new pressure injuries during their hospital admission from 2021 to 2022 (Figure 1) and an increase in the percentage of persons who received a risk assessment for developing pressure injuries in 2022 (Figure 2).

Figure 1: Percentage of persons who developed one or more new pressure injuries during admission at Hospital del Trabajador



**Impact:** From 2021 to 2022, there was a seven per cent relative decrease in the percentage of persons who developed one or more new pressure injuries during their admission.

#### **Practice changes**

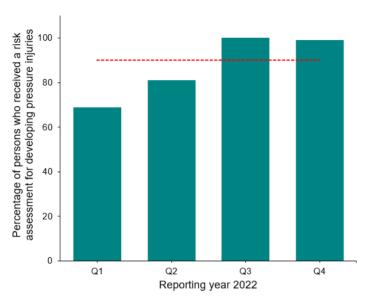
Following a meticulous gap analysis, Hospital del Trabajador implemented standardized practices across the full organization to help assess and manage pressure injuries. Implementation strategies included: improving staff education; using advanced healing dressings; making supplies and equipment appropriate for high-risk patients; introducing paper charting to conduct assessments; and making ongoing quality improvement efforts to improve patient care. The hospital started BPG implementation in 2021, and continues to sustain the practice changes noted above.





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Figure 2: Percentage of persons who received a risk assessment for developing pressure injuries, as per hospital protocol



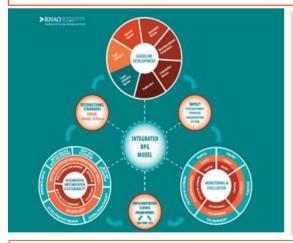
**Impact:** In 2022, there was a 31 per cent increase (from 69 per cent in Q1 to 100 per cent in Q3) in the percentage of persons who received a risk assessment for developing pressure injuries.

#### **Practice changes**

Key practice changes include:

- Staff education: Created a training platform exclusively designed for the assessment and management of pressure injuries. Regularly offered enhanced education on assessment and management of pressure injuries and clinical simulation tailored to meet the needs of the nurses.
- Equipment and supplies: Acquired appropriate dressing supplies and equipment to alleviate pressure such as dry flotation mattresses for high-risk patients.
- Charting system: Used paper charting for conducting assessments.
- Audits: Introduced and improved collaboration between the work committee and the quality improvement management team to conduct regular quarterly audits aimed at evaluating pressure injury incidences.

**Conclusion:** Hospital del Trabajador demonstrated that the implementation of RNAO's BPG, *Assessment and Management of Pressure Injuries for the Interprofessional Team*, led to a decrease in the percentage of persons who developed one or more new pressure injuries during admission 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<sup>2,3</sup>, 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 <a href="NQUIRE@RNAO.ca">NQUIRE@RNAO.ca</a> for more details. To learn more about RNAO's IABPG Centre, please visit <a href="RNAO.ca/bpg">RNAO.ca/bpg</a>. This work is funded by the Government of Ontario. All work produced by the RNAO is editorially independent from its funding source.

#### References

- <sup>1</sup> 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.
- <sup>2</sup> 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.
- <sup>3</sup> VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, İ., & 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.