

Pressure Injury Prevention Patient Education Resources Implementation Toolkit

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Preface

Pressure Injuries (PIs) occur in up to 10% of hospitalised patients and cost the Australian health system over \$1.2 billion annually (1). Pressure injury prevention (PIP) is an international priority and is part of the Australian National Safety and Quality Health Service Standards (2). Patient centred care and actively promoting patient participation in care is also embedded in the Standard. Griffith University researchers developed three patient education resources, a 5-minute video, poster and brochure, to promote active patient participation in PIP (3, 4). These resources were then used in a large PIP study undertaken in 8 Australian hospitals in 3 states (5). More recently these resources have been translated into eight other languages (Arabic, Chinese, Spanish, Vietnamese, Italian, Greek, Croatian and Somalian). This implementation toolkit, aimed at nurses who have organisation wide responsibility for PIP, provides suggestions for a process to embed these three patient education resources (video, poster and brochure) in everyday clinical practice.

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1. Professor Wendy Chaboyer (Griffith University)
2. Professor Tracey Bucknall (Deakin University, Geelong and Alfred Health)
3. Professor Joan Webster (Royal Brisbane and Women's Hospital)
4. Associate Professor Elizabeth McInnes (Australian Catholic University and St Vincent's Hospital Sydney)
5. Dr Merylyn Banks (Royal Brisbane and Women's Hospital)
6. Professor Marianne Wallis (University of the Sunshine Coast)
7. Professor Brigid Gillespie (Griffith University and Gold Coast University Hospital)
8. Professor Jenny Whitty (University of East Anglia)
9. Associate Professor Lukman Thalib (Qatar University)
10. Professor Nicky Cullum (University of Manchester)

A list of publications related to this trial is provided in Appendix A.

Pressure Injury Prevention Patient Education Resources

Implementation Toolkit

Introduction

As part of a research project, we have developed evidence-based patient education resources for Pressure Injury Prevention (PIP) including a 5-minute video, poster and brochure, focus on three simple things patients can do to actively participate in PIP. Appendix B contains examples of the poster and brochure, which are available in a variety of languages. The information contained in these resources is reflective of the international guidelines for PIP and is aligned with the Australian National Safety and Quality Health Service Standards (2). The three simple messages to promote patient participation in PIP covered in the patient education resources are:

1. Keep moving
2. Look after your skin
3. Eat a healthy diet

We know actively involving patients in their care has a number of challenges related to both the patient and their illness and how nurses deliver care. Active patient participation is facilitated when (6):

1. Nurses and patients have an established relationships;
2. Nurses are willing to share control over care with patients;
3. Nurses and patients share information with each other; and
4. Nurses and patients agree on and together engage in patient care (physical or intellectual).

This implementation toolkit provides a simple overview of the process of implementing the PIP patient education resources in clinical practice.

Four Steps to Implementing the Patient Education Resources

This implementation toolkit is meant to be used by nurses who have organisation-wide responsibility for PIP. We have structured this toolkit in four steps for implementing the patient education resources. They are:

1. Identify the local ward based PIP champions who will lead and support the integration of the PIP patient education resources into routine clinical practice;
2. Assist local PIP champions in understanding the challenges to using the resources in routine practice;
3. Assist the local PIP champion to implement the PIP resources into routine practice; and
4. Evaluate the use of PIP resources and patient participation in PIP.

Suggestions for how to undertake these four steps are provided next.

1. Identify the local ward based PIP champions who will lead and support the integration of the PIP patient education resources into routine clinical practice.

The local, ward based PIP champion could be the nurse manager, clinical facilitator or educator or someone else who is respected by staff working in the unit. Supported by the hospital PIP leader, this local champion has to be willing to take the lead responsibility for getting the PIP patient education resources into practice.

2. Assist local PIP champions in understanding the challenges to using the resources in routine practice.

While using these resources to educate patients seem simple, it does require conscious efforts to integrate this education into nurses' everyday practice. Because the resources focus on how patients can participate in PIP, nurses have to be willing to partner with patients in PIP. The potential challenges for this to occur need to be identified and strategies to overcome these challenges developed. For example, previous research suggests nurses may think partnering with patients may take more time or patients may not be able to effectively participate in PIP. Understanding what nurses' think their ward specific barriers are to patient education and patient participation in PIP, provides an opportunity to help identify strategies to overcome these barriers. And, understanding what ward nurses think might facilitate patient education and participation in PIP in their ward, can be used to help with the uptake of these patient education resources. Gathering information on the barriers and facilitators to the use of the PIP patient education materials could occur during a staff meeting or in service.

Ultimately, bedside nurses will be using the patient education resources, therefore, they have to learn about them. To achieve this, together the hospital PIP leader and the ward champion could deliver in services to ward staff on the PIP resources and partnering with patients to promote their participation in PIP. During these inservices, the ward champions could lead a discussion about how the resources can be used. Staff nurses can be asked how and when the resources should be used and by whom. The development and use of a short standardised powerpoint presentation can assist in this. An example of a powerpoint presentation has been developed for use alongside this toolkit.

3. Assist the local PIP champion to implement the PIP resources into routine practice.

Once the nursing staff and local champions have determined how the patient education resources will be used in their particular ward, several practical issues have to be addressed. A start date for their use has to be determined. The location where the paper based resources will be stored and how they are replenished once supplies run low needs to be identified. And, how patients will gain access to the video will need to be documented. Documenting a PIP patient education implementation plan can help you keep on track. An example of an implementation plan can be found in Appendix C.

4. Evaluate the use of PIP resources and patient participation in PIP

Like other new practices, it is helpful to understand if the patient education resources are being used as intended and if they are beneficial. There are several ways you can establish this. To understand if the resources are being used, you could audit clinical practice using observation or ask patients and nurses series of questions. Observations might include an environmental scan to identify to the extent to which the resources are visible at the patient's bedside. Some questions you could patients are:

- Have you watched the video or read the poster or brochure?
- How easy or difficult were the PIP resources for you to understand?
- Do you think they are useful? Why? Why not?

Some questions you could ask nurses are:

- How often do you use the PIP resources in your daily practice?
- How easy or difficult are the PIP resources to use in your daily practice?
- Do you think they are useful? Why? Why not?

To understand whether these resources have been beneficial, some examples include:

- Assess patients' understanding of PI. For example, you could ask patients to give you examples of ways they can prevent PIs.
- Measure patients' participation in PIP (survey resource for tool kit). Our team has developed a short 7-item survey that patients can complete to identify their participation in PIP. (Appendix D)
- Monitor rates of PI. Some hospitals conduct regular PI audits. If available, you could access this data both prior to and after implementing the PIP patient education resources and compare the trends in PI prevalence over time.

If you chose to do a more formal evaluation, you might consider using the Plan-Do-Study-Act (PDSA) cycle. There are many resources readily available to assist you in undertaking a PDSA cycle. Some options to consider for evaluating the PIP implementation can be found in Appendix E.

Summary

This implementation toolkit has provided a simple overview of the process of implementing the PIP patient education resources into clinical practice. The toolkit was structured in four steps for implementing the patient education resources. We have provided a variety of suggestions for each of these steps and have explained how you can obtain the video, poster and brochure. We hope that you have found this toolkit beneficial.

Appendix A

Publications related to the NHMRC Pressure Injury Prevention Care Bundle Trial

1. Chaboyer, W., Bucknall, T., Webster, J., McInnes, E., Gillespie, B., Banks, M., Whitty, J. Thalib, L., Roberts, S., Tallott, M., Cullum, N. & Wallis, M. (2016). The effect of a patient centred care bundle intervention on pressure ulcer incidence (INTACT): a cluster randomised trial. *International Journal of Nursing Studies* 64, 63-71.
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Appendix B

Examples of the Patient Education Poster and Brochure

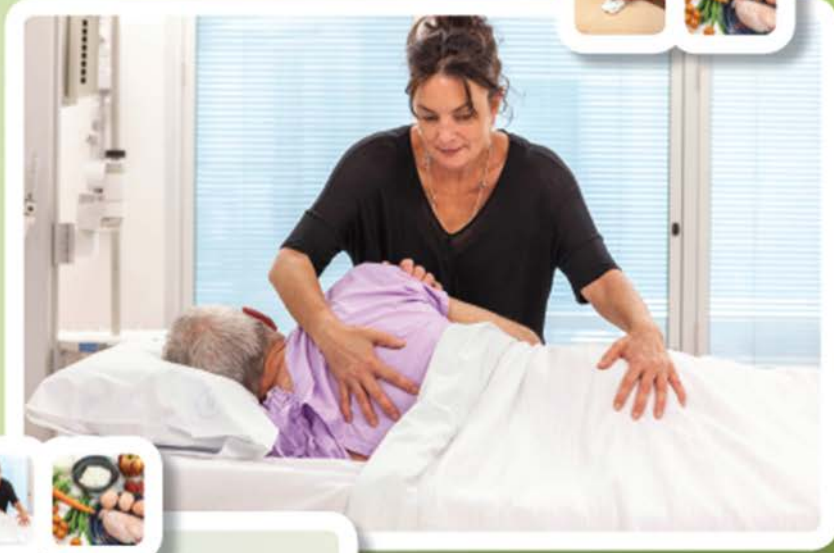
The poster and brochure are available in 8 languages (Arabic, Chinese, Spanish, Vietnamese, Italian, Greek, Croatian and Somalian) and the DVD is available in all the same languages except Somalian.



Example of Poster (English)

الوقاية من إصابات الضغط

إستمر في التحرك



إعتني بجلدك



إتبع نظام
غذاء صحي

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Example of Poster (Arabic)

KEEP MOVING



IN BED:

- While you are lying in bed, turn or shift your position frequently.
- When you change positions, use pillows to support yourself if needed.
- If you are unable to move yourself, ask the staff to help you change your position regularly.



OUT OF BED:

- Change your position frequently in the chair.
- Keep active by going for walks if possible.

LOOK AFTER YOUR SKIN

- Advise staff if you get tenderness, pain or soreness over a bony area, or if you notice any reddened, blistered or broken skin.
- Keep your skin and bedding clean and dry.
- Let the staff know when your clothes or bedding are damp.
- Use moisturising lotion to prevent the skin from drying out and cracking. Staff can apply moisturiser to any difficult to reach spots.
- Clean the skin as soon as it becomes soiled.
- Special equipment such as air mattresses, pressure relieving cushions and booties may be used to reduce the pressure to specific areas.
- Use a mild cleanser or moisturising soap to prevent drying out of your skin.



EAT A HEALTHY DIET

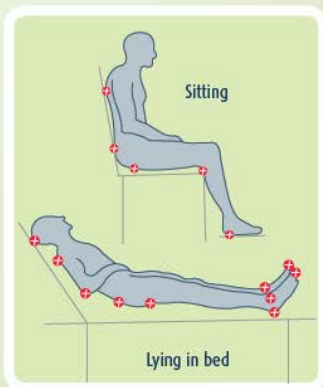
- Good nutrition plays a vital role in skin protection and wound healing.
- Lean meats, poultry, fish, eggs and beans/legumes and dairy products are good sources of iron and protein, which helps your skin to heal.
- Ensure you drink plenty of fluids to keep yourself well hydrated.
- Consult with a qualified dietician or nutritionist.
- Take nutritional supplements as prescribed.



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PRESSURE INJURY LOCATIONS

Pressure injuries occur over bony areas – especially the heels, elbows, hips, buttocks and tailbone but can occur anywhere there is continuous pressure on the skin. The red crosses show places on your body at risk of a pressure injury.



PREVENTING PRESSURE INJURIES



REMEMBER

1. Keep moving
2. Look after your skin
3. Eat a healthy diet

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PREVENTING PRESSURE INJURIES

Hospitalised patients are at risk of getting pressure injuries, which are often referred to as bedsores.



This brochure identifies three simple actions that may reduce your risk of developing a pressure injury:

1. Keep moving
2. Look after your skin
3. Eat a healthy diet

保持运动



卧床时：

- 当您平躺在床上时，请经常转动或交替变换您的姿势。
- 当您改变姿势时，如有需要，请使用枕头支撑自己。
- 如果您无法移动身体，请要求工作人员帮助您定时变换姿势。

离开床时：

- 经常改变您在椅子上的坐姿。
- 如果可能的话，出去散步，保持活跃。



护理皮肤

- 如果您感到骨区有压痛、疼痛或酸痛，或者您注意到皮肤有任何红肿、起泡或破裂，请告知工作人员。
- 保持皮肤和床上用品清洁干燥。
- 您的衣物或床上用品被弄潮时，请让工作人员知道。
- 请使用润肤乳液防止皮肤干燥开裂。工作人员可以在任何您难以够到的地方为您涂抹润肤霜。
- 皮肤变脏后请尽快清洁皮肤。
- 特殊设备如充气床垫、减压垫和靴子可用于减少特定区域所受的压力。
- 使用温和的清洁剂或保湿型肥皂来防止皮肤干燥。



健康饮食

- 良好的营养在保护皮肤和伤口愈合方面起着至关重要的作用。
- 瘦肉、家禽、鱼、蛋和豆子/豆类以及乳制品是铁和蛋白质的良好来源，这会帮助您的皮肤愈合。
- 请确保您饮用充足的流质来保持体内水分充足。
- 请向具备合格资质的膳食专家或营养学家咨询。
- 遵照医嘱服用营养补充剂。

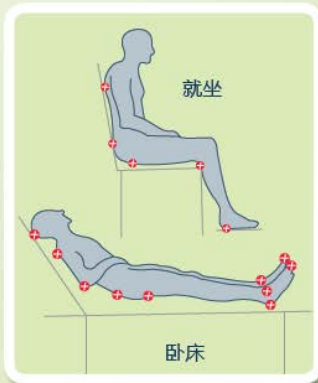


压力性损伤位置

预防压力性损伤

预防压力性损伤

压力性损伤会发生在骨区——特别是脚后跟、手肘、髌部、臀部以及尾椎处，但也可以出现在任何皮肤受到持续压力的地方。红十字标示的是您身上有可能发生压力性损伤的地方。



请牢记

1. 要保持运动
2. 要护理皮肤
3. 要摄入健康饮食



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住院病人有遭受压力性损伤的风险，这通常被称为褥疮。



本手册说明了三种简单的措施，可以降低您遭受压力性损伤的风险：

1. 保持运动
2. 护理皮肤
3. 健康饮食

简体中文 / Chinese (Simplified)

Appendix C

Example of a PIP Patient Education Resources Implementation Plan

<p>ABC Hospital, City, State</p> <p>Project Title: INTACT PIP Resource Implementation</p> <p>Project Team: AB, CD, EF (names)</p>	
Project aim	Implement the INTACT PIP resource bundle on the Geriatric ward (<i>n</i> beds=15), over the period of 1 month (January 2017 – February 2017).
Steps involved and key players	<ol style="list-style-type: none"> 1. Identify, consult and engage key stakeholders Players: AB, CD, geriatric ward nursing staff and managers 2. Assess local/ward-level readiness for change and develop a change management action plan Players: AB, geriatric ward nursing staff and managers, patients, patient carers/families, patient engagement and liaison services 3. Assess current PI prevalence at the local level and across the entire facility Players: AB, EF, district health body, hospital quality and safety control personnel 4. Assess current PIP strategies employed at the local level and across the entire facility Players: CD, geriatric ward nursing staff and managers 5. Discuss barriers and enablers to implementing the INTACT PIP resources, as well as overcoming these barriers Players: AB, CD, nursing staff and managers, patients, patient carers/families 6. Implementation timeline Players: AB, nursing staff and managers
Resources required	<ul style="list-style-type: none"> • INTACT PIP Poster • INTACT PIP Brochure • INTACT PIP DVD • Printer, paper and printing supplies

	<ul style="list-style-type: none"> • Access to a television in all rooms on the geriatric ward (with the capacity to play the downloaded DVD)
Data to collect	<p>Pre-implementation:</p> <ul style="list-style-type: none"> • Current PI prevalence on the geriatric ward (and associated morbidity and mortality, as well as cost to the hospital in hospital-acquired PIs) • Amount of time spent by nursing staff informing patients about PIs and self-care practices to minimise their chances of acquiring a PI <p>Post-implementation (timeline determined by project team):</p> <ul style="list-style-type: none"> • New PI prevalence (morbidity, mortality and cost) • Amount of time nursing staff are required to spend with patients using the resources • Cost of implementation (with regards to resources, staffing time, etc.) • Patient QoL/satisfaction surveys • Staff satisfaction surveys
Expected outcomes	<ul style="list-style-type: none"> • ___/___ patients received the PIP resources • ___% received 1 resource, ___% received 2 resources and ___% received all 3 resources • A reduction in PI prevalence on the geriatric ward by ___% • A staff satisfaction survey rating of ___% • A ward-based saving on PI treatment of \$___ annually

Appendix D

Patient Participation in Pressure Injury Prevention Scale

Item	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I know a lot about pressure injury risk.	1	2	3	4
2. I always felt well enough to be able to talk with my nurses.	1	2	3	4
3. When I wanted information about my pressure injury care and treatment, it was easy to find a nurse to tell me what I wanted to know.	1	2	3	4
4. During my hospital stay, when decisions had to be made about pressure injury prevention, nurses described the good and bad things about my options.	1	2	3	4
5. I participated in the decisions made about my pressure injury prevention care, to the extent I wanted to.	1	2	3	4
6. Family members or friends helped me make sure my health care wishes were being followed by the nurses.	1	2	3	4
7. The pressure injury prevention care I received was right for me.	1	2	3	4

From: Chaboyer, W., Harbeck, E., Bucknall, T., McInnes, E., Thalib, L., Whitty, J., Wallis, M. & Gillespie, B. (2017). Initial psychometric testing and validation of the Patient Participation in Pressure Injury Prevention scale. *Journal of Advanced Nursing*, 73(9), 2237-2247 doi: 10.1111/jan.13289.

Appendix E

Evaluating Your PIP Implementation

Below is a table that outlines the types of evaluations that you may conduct in order to determine the effectiveness and feasibility of the PIP resource implementation. It is important to consider evaluating aspects of implementation other than outcomes, as you need to also understand how it is that these outcomes arose.

Evaluating your PIP implementation^(7, 8)

Type of evaluation	What does it show?	How to go about it
Formative evaluation	<ul style="list-style-type: none"> • Feasibility of the implementation • Appropriateness and acceptability of the implementation • How to improve the project before it progresses beyond pilot implementation 	<ul style="list-style-type: none"> • Most effective to use this type of evaluation before full implementation begins as it allows for changes to the initial plan to be made • Focus groups/ interviews with key stakeholders • Reflexive diaries
Process evaluation	<ul style="list-style-type: none"> • Whether the PIP resources were implemented as your plan intended • The 'how' of obtaining changes; were the resources accessible to the target population? 	<ul style="list-style-type: none"> • Focus groups/ interviews with key stakeholders (discussing barriers to implementation, reach of the resources) • Surveys (satisfaction, usefulness/effectiveness)
Outcome evaluation	<ul style="list-style-type: none"> • The tangible effects that implementation had on the target population, and other aspects such as a change of practice, <i>n</i> patients that received resources etc. (refer to table 1 expected outcomes) 	<ul style="list-style-type: none"> • Set realistic goals/outcomes that you wish to achieve during implementation planning. Examples of outcome evaluation may include: • Assessing PI prevalence before and after implementation • Assessing the cost effectiveness of the resource implementation • Assessing satisfaction of patients and staff with the resource roll-out • Assessing patient mortality before and after implementation

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