

NOVEMBER 17, 2022



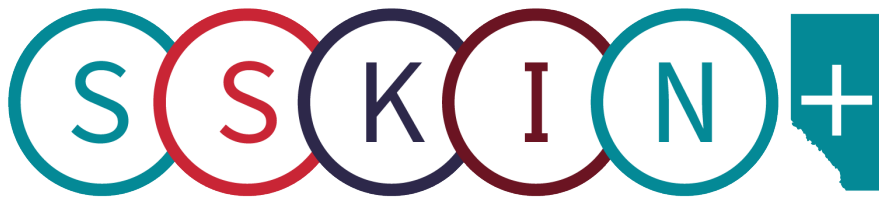
**Image with permission:** Suzanne Avoledo Unit Supervisor Unit 52 Grey Nuns Community Hospital  
Covenant Health

## WORLD WIDE STOP PRESSURE INJURY DAY Patient and Family Toolkit

THEME: Patient, Family, Caregiver Engagement

#STOPTHEPRESSURE

Covenant Health AHS Collaborative



## A Message for Patients, Families and Caregivers

### World Wide Pressure Injury Prevention Day November 17<sup>th</sup>, 2022

Covenant Health and Alberta Health Services are working collaboratively to raise awareness and develop programs to prevent pressure injuries (also known as bed sores, pressure sores, pressure ulcers to patients and the public). In our organizations we focus on pressure injury prevention everyday and every year we participate in the global initiative from the European Pressure Ulcer Advisory Panel (EPUAP) to raise awareness about the problem of pressure injuries with our patients and the public. This day is known as World Wide Pressure Injury Prevention day and this occurs every year on the third Thursday each November.

Covenant Health and AHS are committed to patient safety and preventing harm from preventable pressure injuries. Our organizations have developed World Wide STOP Pressure Injury Day toolkits for our patients and for our providers to raise awareness about the problem of pressure injuries and to highlight some strategies to educate and empower all of us in prevention. The theme for this year is "Patient, Family and Caregiver Empowerment."

How can you get involved? Reach out to your local community to learn about pressure injuries, make policy makers aware of pressure injuries and join the conversation on social media. (@CovenantCA, @AHS\_media, @WoundsCanada, @EPUAP1).

We encourage you to review this information about the problem of pressure injuries. We want to raise awareness of the problem of pressure injuries and some of the strategies to prevent them with our patients and families. We want to partner with you to work together to help prevent pressure injuries.

If you have any questions about the information in this package, please speak to your healthcare provider.

If you require further information, please contact [Marlene.Varga@Covenanthealth.ca](mailto:Marlene.Varga@Covenanthealth.ca) or [Charlene.Brosinsky@Albertahealthservices.ca](mailto:Charlene.Brosinsky@Albertahealthservices.ca).

one GOAL worldwide:

# STOP

## PRESSURE ULCERS

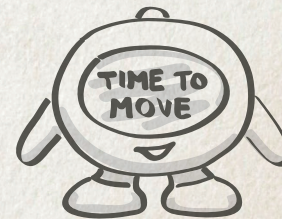
### 17<sup>th</sup> November 2022



*How can you get involved?*

- Host educational activities on prevention and treatment of pressure ulcers
- Organise awareness raising events to share information about pressure ulcers
- Reach out to your local community to inform them about pressure ulcers
- Make policy makers aware about pressure ulcers
- Join Stop Pressure Ulcers community on Social media

*Time to act, to keep the skin intact.*



Download support material for free at:  
[www.epuap.org](http://www.epuap.org)

EPUAP Business Office: [office@epuap.org](mailto:office@epuap.org), +420 251 019 379.

For more information follow EPUAP on [in](#) [t](#) [f](#)

# Together for pressure ulcers prevention

Get some inspiration from our partners around the world.

London, United Kingdom



Stockholm, Sweden



Alberta, Canada



Kowloon, Hong Kong



Pilsen, Czech Republic



Pretoria, South Africa



Pisa, Italy



See more on [www.epuap.org/stop-pressure-ulcers](http://www.epuap.org/stop-pressure-ulcers).



Pressure  
Injury  
Prevention 

November 17 is  
World Wide Pressure  
Injury Prevention Day.

**Wear a red shirt!**





November 17 is  
World Wide Pressure  
Injury Prevention Day.  
**Wear a red shirt!**



**Join the conversation.**

#EndWounds #ProtectSkin  
#StopthePressure

 **@CovenantCA**

# Pressure injury prevention: SSKIN bundle



A pressure injury, also known as a pressure ulcer, pressure sore or bed sore, is damage to the skin and underlying tissues caused by unrelieved pressure. Most pressure injuries are preventable.

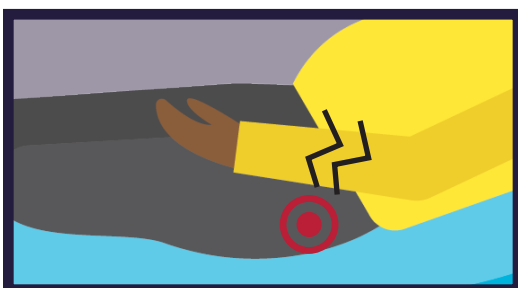


## You may be at higher risk of developing pressure injuries if you:

- have diabetes
- are over the age of 65
- have difficulty moving, changing position or walking
- have loss of feeling or sensation
- have a dark skin tone
- have many health conditions
- are having or recovering from surgery
- have a medical device, such as a splint, in place

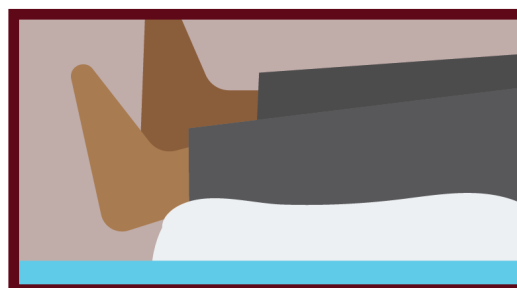
Following the **SSKIN** tips will help keep you safe.

### Skin inspection



Tell someone if you see or feel any changes to your skin like redness or pain.

### Surface



Using a special mattress, pillow or cushion may help protect your skin.

### Keep moving



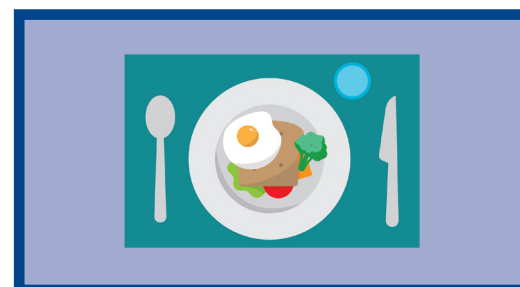
Change your position regularly when lying in bed or sitting in a chair. Shift your position regularly if able.

### Incontinence and moisture



Ask for support with going to the bathroom and try to keep any moisture away from the skin.

### Nutrition and hydration

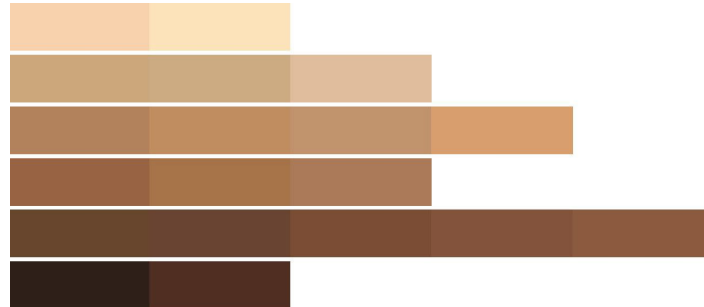


Drink plenty of water if safely able and eat well.

**If you have had a pressure injury, please let our team know. Talk with your care team about participating in prevention.**



# Dark Skin Tones and Pressure Injury Prevention

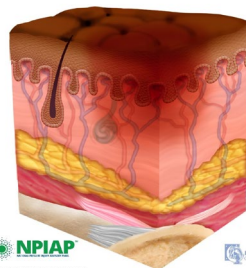


## Key Messages

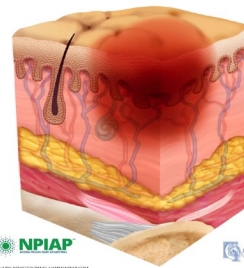
It has been acknowledged that skin tone variance may affect presentation of early-stage pressure injuries. Many of the signs and symptoms that clinicians have been educated to look for may present differently depending on a patient's skin tone. Typically, pressure injury damage can present as redness to the skin or sometimes purple or maroon colored. Clinicians visually assess the skin for pressure related damage (redness) and sometimes will press the skin to assess for a blanching response (the skin should turn lighter when pressed). When this blanching does not happen, this is a sign of pressure injury damage.

It has been found that dark skin rarely shows the blanching response that clinicians are trained to look out for, and redness may also be hard to detect. The challenge is that by the time that physical and textual (feeling of the skin) changes to the skin have been detected, the damage may be more severe. It is therefore necessary for patients and clinicians to be aware of all possible signs and symptoms of pressure injury development and how these may present across skin tones.

Stage 1 Pressure Injury – Darkly Pigmented



Stage 1 Pressure Injury - Lightly Pigmented







The message is that persons with dark skin tones are at higher risk for the development of more severe pressure injuries. We want our patients and families to know this information. Our teams are exploring new ways to overcome this barrier to safe and equitable care. We want our patients and families to know that there are other parts of a skin assessment to look for that may indicate pressure injury damage. Here are some questions to consider as part of a holistic skin assessment:

- What is the wound or area around the wound skin like in comparison to the surrounding skin?
- Are there any differences in color?
- Does the skin feel warm/cool? Are there any changes in temperature?
- Does the skin feel spongy or firm to the touch?
- Does the skin look or feel shiny or tight?
- Is there any swelling or inflammation?
- Are there any changes in the texture of the skin and underlying tissue?
- How is the overall condition of the skin?
- Is there any pain, itchiness or change in sensation (feel)?

Our organizations are working on focusing on reducing inequalities in health care and one of the strategies to support this includes promoting patient and family involvement and participation. Please join our teams in pressure injury prevention. We welcome your questions, comments, feedback and participation in pressure injury prevention every day.

Late identification of pressure damage due to skin tone constitutes an omission in care that can lead to patient harm. Join us to become more aware of skin tone variance and early identification of pressure injury damage.

## Inquires and Feedback

For more information please contact [PIP@Covenanthealth.ca](mailto:PIP@Covenanthealth.ca)



### Pressure Injury

#### WHAT IS IT?

A pressure injury is a wound caused by . . . you guessed it: pressure! Pressure reduces or stops blood flow to an area, causing the skin and underlying tissues to break down and a wound to occur. In some cases the wound can go right to the bone. Pressure injuries are common over areas where the bone is close to the surface, such as at the base of the spine, on the hips and over the ankles or other vulnerable areas such as ears. If pressure is on the area for too long the skin and tissue in that area die. The result is a pressure injury.

Certain medications you are on, injuries to nerves caused by trauma, or diseases such as multiple sclerosis, may limit your ability to feel some sensations such as pain or other types of discomfort. If you can't feel the discomfort that usually comes with reduced blood flow, you are less likely to move to get the pressure off the area.

#### WHAT CAN I DO MYSELF (DIY)?

Removing pressure is key. Pressure blocks off blood flow, so you need to "reposition" yourself, or move, to allow blood to flow back into the area. This means you must **move regularly**, even if the movements are small (and sometimes that's all it takes). If you have issues that affect your ability to move it is also important that EVERY SURFACE you sit or lie on is designed to lower the pressure. This includes your wheelchair and bed and even your sofa, kitchen chair or car seat.



### WHEN DO I CALL IN A PRO?

You may need to consult a physical therapist or occupational therapist who can help you choose the right surfaces to sleep or sit on. There are many types of specially designed furniture pieces available. If you have a pressure injury that persists or you are unsure of the care required you may need to call in a wound care specialist.

### THE KEY RULE

**Be aware of and remove or reduce pressure from bony areas.**

### WANT TO KNOW MORE?

Another set of free resources, called the [Care at Home series](#), may also be of interest to you, especially [Caring for Pressure Injuries at Home: Preventing and Managing Pressure Injuries](#).



## Pressure Injuries: The Problem and the Solution

# Action is needed to prevent pressure injuries

### The Problem

Pressure injuries (PIs) are any damage to the skin and underlying structures caused by unrelieved pressure, usually over bony areas. They present in the form of discoloured areas, blisters, ulcers or deep craters that reach to bone and endanger the life of the individual.

Prevalence and incidence rates of pressure injuries reported in Canada are high and have **significant consequences to patients**.

PIs are **costly to health-care systems** in terms of clinician time, hospital bed use and financial resources.

**PIs are largely preventable**, particularly the more severe categories (stages III and IV), and as such are looked at as a quality indicator related to the level of care delivered by an agency or facility. As a result, Accreditation Canada has added pressure injury prevention as a required organizational practice for acute care, rehabilitation, complex care, and long-term care (Accreditation Canada, 2013).

The Canadian Patient Safety institute lists "Any stage III or stage IV pressure ulcer acquired after admission to hospital" as a **"never event."**

### The Numbers

- **26%** prevalence across all health-care delivery sites
- **25%** incidence in patients aged 60–69 years
- **45%** incidence in patients over 85
- Up to **95%** of persons with a spinal cord injury will develop a PI in their lifetime
- May be the direct cause of **7 to 8%** of premature deaths in persons with a spinal cord injury.
- The cost of care for a single PI can range from **\$13,000 to \$115,000** (with a median cost of \$36,000).
- PI treatment can increase nursing time by up to **50 percent**.

## The Solution

A change in policy and procedure can reduce the prevalence and incidence rates in any care setting. Required steps include:

- **Prevention as a priority:** Culture change in all health settings is required to support prevention.
- **Improved risk assessment on admission or change of status:** Accreditation Canada Required Organizational Practices (2016) requires that each patient's risk for developing a pressure injury be assessed and interventions to prevent pressure ulcers be implemented.
- **Plans of care connected to risk:** Both the prevention and treatment of pressure injuries must be part of a comprehensive process based on appropriate initial and continual patient assessment.

### The Economics of Prevention versus Treatment

The numbers speak for themselves:

Daily cost of prevention = **\$54.66** < > Daily cost of treatment = **\$2,770.54**

*(Padula WV, Mishra MK, Makic MB, Sullivan PW. Improving the quality of pressure ulcer care with prevention: A cost-effectiveness analysis. Med Care. 2011;49(4):385-92)*

In a 100-bed facility, with high-risk patients and 25% prevalence, this could translate to **\$2 million for prevention vs. \$25 million for treatment annually.\***

\* Cost of Prevention = 365 (days in the year) x 100 (number of patients at any given time) x \$54.66 (cost of prevention);

Cost of Treatment = 365 (days in the year) x 25 (number of patients with a PI at any given time) x \$2,770.54 (cost of treatment)

## The Bottom Line

To save dollars, suffering and patient lives, let's work together to make pressure injury prevention a priority through improved risk assessment policies and procedures and allocation of resources toward validated prevention programs.

**Want to know more? Visit us at [www.woundscanada.ca](http://www.woundscanada.ca).**



Wounds Canada is the leading wound-related knowledge mobilization organization in Canada.



# Pressure Injuries: Just the facts!

**Definition of Pressure Injury:** A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.

## Stages of Pressure Injuries



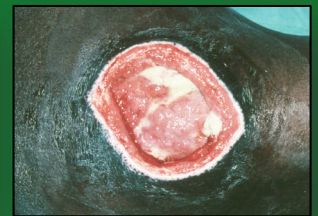
**Stage 1 Pressure Injury: Non-blanchable erythema of intact skin**  
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.



**Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**  
Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).



**Stage 3 Pressure Injury: Full-thickness skin loss**  
Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.



**Stage 4 Pressure Injury: Full-thickness skin and tissue loss**  
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.



**Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss**  
Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be removed.



**Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration**  
Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.



## Additional Pressure Injury Definitions:

**Mucosal Membrane Pressure Injury:** Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue these injuries cannot be described by terminology from the staging system. These injuries are either partial thickness or full thickness.

**Medical Device Related Pressure Injury:**  
This describes an etiology of the injury. Medical device related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.

## Best Practices for *Prevention* of Medical Device-Related Pressure Injuries

- ✓ **Choose** the correct size of medical device(s) to fit the individual
- ✓ **Cushion** and protect the skin with dressings in high risk areas (e.g., nasal bridge)
- ✓ **Remove** or move removable devices to assess skin at least daily
- ✓ **Avoid** placement of device(s) over sites of prior, or existing pressure ulceration
- ✓ **Educate** staff on correct use of devices and prevention of skin breakdown
- ✓ **Be aware** of edema under device(s) and potential for skin breakdown
- ✓ **Confirm** that devices are not placed directly under an individual who is bedridden or immobile



ET Tube

Mucosal Membrane Pressure Injury



Trach Ties

Unstageable



Retention Sutures

Stage 3



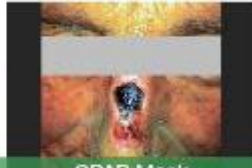
NG Tube

Unstageable



Oxygen Tubing

Stage 2



CPAP Mask

Unstageable



O<sub>2</sub> Saturation Probe

Stage 2



Arterial Line Tubing

Stage 2

Copyright © October 2013, Updated May 2017 by National Pressure Ulcer Advisory Panel. All rights reserved.



# STOP!

## PRESSURE INJURIES

### Prevent Pressure Injuries

Also known as bedsores, decubitus ulcers, & pressure ulcers

### Pressure Injuries

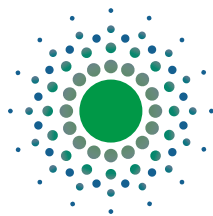
are a major burden to patients, caregivers, the healthcare system & society

1. IS YOUR PATIENT AT RISK?
2. IMPLEMENT PREVENTATIVE STRATEGIES
3. DOCUMENT, DOCUMENT, DOCUMENT
4. REFER TO INTERNATIONAL PRESSURE INJURY GUIDELINES





# FACT



# NPIAP SHEET

NATIONAL PRESSURE INJURY ADVISORY PANEL

## INCIDENCE

Centers for Medicare & Medicaid Classify Pressure Injuries a

“**NEVER EVENT**”

### NO OTHER

PREVENTABLE EVENT OCCURS AS FREQUENTLY AS PRESSURE INJURIES

Acute Care Rates: **2% – 40%**

PRESSURE INJURY  
INCIDENCE/  
PREVALENCE

## PREVALENCE

ONE OF THE FIVE

**MOST COMMON**

HARMS EXPERIENCED BY PATIENTS



**25** <sup>.2%</sup> Long Term Acute Care

**9** <sup>.7%</sup> Acute Care

**11** <sup>.8%</sup> Long Term Care (Nursing Home)

**12** <sup>.0%</sup> Rehabilitation Centers

(2014 data)

## PRESSURE INJURY COST

2007

**\$11.6**  
BILLION

PATIENT CARE COST PER PRESSURE INJURY:

**\$20,900** TO **\$151,700**

2019

**\$26.8**  
BILLION  
(ESTIMATED)

## LAWSUITS

**17,000**

Directly related

to pressure injuries

## IMPACT ON PATIENTS

Annually

**2<sup>ND</sup>** most common claim after wrongful death



**2.5 million** patients per year develop a pressure injury



**60,000** patients die every year as a direct result of pressure injuries



Patients with hospital acquired pressure injuries (HAPI) have a median **excess length of stay** of 4.31 days



Patients with HAPI have **higher 30-day readmission** rates (22.6% vs. 17.6%)

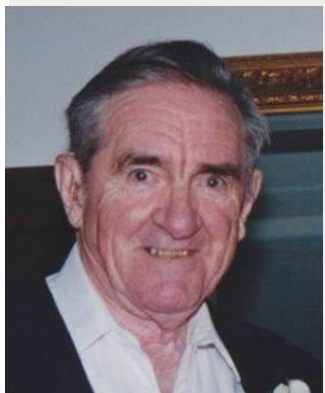


HAPI rates are **increasing**. All other hospital acquired conditions are decreasing (AHRQ, 2019).

For more info visit, [www.NPIAP.com](http://www.NPIAP.com)

# A Patient Journey

## Preventing Hospital Acquired Pressure Injuries



### Meet Joe

Joe and his wife are recently retired and enjoying their freedom to travel, especially to see their children and grandchildren! They have a cruise planned to celebrate retirement and are looking to sell their home and buy one with less need for maintenance.

Today Joe and Alice are off to help their daughter who is about to give birth to their ninth grandchild. Joe was lifting the last of the bags filled with gifts for the new baby and family into the car when he feels some tightness in his chest.

He brushes it off as likely related to his age and all those bags he packed, or maybe just his arthritis flaring up. Off they go on the 4-hour drive, excited to see the family and meet the baby! But the chest pain doesn't let up and Joe finally admits to Alice that he has a little "indigestion". Being a worrier, Alice insisted that he stop at an Emergency Room, just to be sure everything is OK.

### The Medical Emergency

Sadly, this was not indigestion. Joe is having a heart attack. The surgeon reviewed the process and possible complications but assured them that complications were very rare. Alice was extremely scared because Joe is the love of her life and heart surgery is a big operation.

The operation lasted just over 4 hours and the surgeon said everything went well. Joe does not remember much of the next few days, but Alice does.



The doctors said his blood pressure was low and his heart was struggling to beat normally so he would require additional medication to support his heart and recovery. These complications were part of what the surgeon talked about as possible complications, but Alice wondered if there was anything more.

Within two days Joe was feeling better so the care team helped him move from the bed and into a chair. That is when Alice saw a dark purple area on Joe's lower back. The nurses explained that this was a pressure injury and likely developed when Joe was not able to be moved in bed because of his low blood pressure. Alice did not remember that pressure injuries were discussed by the surgeon...but maybe she just forgot.



<https://npiap.com/>



## What Happened?

The purple area, called a deep tissue pressure injury, continued to open up and become a deep wound.

Joe spent the next 18 months going to the wound center for treatment, going to surgery for debridement to remove dead tissue from the wound, using a negative pressure device to help the wound heal and having a wound nurse come to the house to dress the wound. The pressure injury healed 20 months from the time of open-heart surgery. But when it healed, the scar that formed was painful and Joe struggles to this day to sit because when he sits it pulls on the scar.

The baby is almost 2 years old, and Joe and Alice have had to miss a lot of milestones including multiple holiday gatherings due to the wound that developed during hospitalization. Joe and Alice have many questions. Are pressure injuries a common problem after surgery? Are they all this painful? Could this have been prevented?

## What We Need

Stories like this one of Joe Gorman are more common than you might realize.



Many patients with this or similar experiences who develop a pressure injury ultimately die, but only after extensive and expensive treatments, surgeries, and hospitalizations [1]. The cost of pressure injuries in the United States exceeds 26.8 billion dollars per year. [2] Regardless of the payor source, the treatment of pressure injuries results in a massive burden in all areas of healthcare. The incidence and true burden of pressure injury is relatively unknown overall and unidentified in high-risk groups apart from a few single hospital studies. Some hospitals track their pressure ulcers rates, some hospitals don't measure them at all. There is little to no consistency in the data.



**\$26.8 Billion +**  
cost of pressure injuries  
in the United States



**60,000 Patients**  
die each year due to  
pressure injury complications

## We Need to Do Better for our Patients

The National Pressure Injury Advisory Panel is focused on how to accurately measure pressure injuries. These data can inform doctors, hospitals, and patients of the risk for pressure injury.

When we are all using the same data to drive prevention and treatment, we will be able to develop successful programs of prevention.



<https://npiap.com/>

1) McEvoy, N. The economic impact of pressure ulcers among patients in intensive care units. *J Tissue Viability*, 2021, 30(2), 168-177.

2) Padula, W.V. The national cost of hospital acquired pressure injuries in the United States. *International Wound Journal* (2019). 16(3), 634-640.



# What if the family had known more?

By Heather Ibbetson, BN BA and Linda Moss

*For Linda Moss, the 92.1 FM radio station in Southern Ontario holds a special meaning; it was one of her father's favourite channels. When her dad, Bob Wilson, became hospitalized, she brought a radio to the hospital so he could listen to his station. The radio covered up the loud noises from the medical machines and provided a better healing environment. While driving home from work, she would listen to the radio and know her dad was listening too. Today, listening to the station reminds her of her dad and of the patients and families across Canada who are coping with pressure injuries—and it encourages her to continue the advocacy journey that arose from her love for her dad.*

**W**ell-documented practices exist to detect and prevent the development of pressure injuries. Unfortunately, this information is often not passed along to people who could help patients. Frequent turning, appropriate surfaces, a healthy diet and proper skin protection are all important factors. But for fam-

ilies such as Bob Wilson's, these factors often go undiscussed and unaddressed when health professionals are focused only on treating a primary health issue. Bob Wilson's family did not learn about the risks related to pressure injury until it was too late.

Bob Wilson was a devoted father and grandfather. He loved to spend time with his daugh-



ters, was active in several recreational sports and enjoyed vacationing in Florida. After sustaining a brain injury when falling down the stairs taking out the recycling, Wilson had successful neurosurgery and was then transferred to a second hospital for rehabilitation. For months, his family was notified only about his neurological progress, the primary reason for his hospitalization.

One day, the family noticed a nurse preparing for a dressing change and asked what was going on. They were told that Wilson was beginning to develop a wound, and that it was approximately the size of a toonie. The family was reassured that the health-care team was taking care of it and so focused their attention back on his brain injury. This was a missed opportunity to educate the family about the dangers of pressure injury and have them participate in the care plan.

The family did not hear about the wound again until Wilson was transferred back to the first hospital for a skin flap procedure. After he had been transferred, his family was notified that he was both septic and emaciated. They were called into



**Figure 1:** Image of Bob Wilson's unstageable pressure injury from the surgeon's phone

a meeting. According to Moss, “the surgeon told us that the surgery was now cancelled and she showed us a picture of the pressure injury she took from her cell phone” (see Figure 1).

Moss and her family felt shock and heartbreak. The family had been grateful early on for the care Wilson received at the second hospital but could not understand why they were not notified about the growing severity of the wound until he had been transferred.

While the health-care team implemented different treatment plans, the wound continued to deteriorate. After a month back at the first hospital, Wilson and his family learned that the ulcer had progressed into bone and bloodstream, causing osteomyelitis. Shortly after, his family learned there was nothing else the health-care team could do aside from palliative care.

*“Wounds are a silent killer . . . and as his daughters, we weren’t going to look under the sheets.”*

*—Linda Moss*

### **Sharing Their Story**

Moss and her family decided to speak up after seeing the picture on the surgeon’s phone. They felt like they needed to share Wilson’s story and educate others. Moss and her family continue to hope their story will prevent another family from going through the shock and heartbreak they





**Figure 2:** The pressure injury following debridement. The wound had started to improve, but at this point it was too late.

did. They also made the decision to share the photograph of his wound. The photo was highly impactful and went viral online. The devastating reality of the photo has helped others understand the severity of pressure injuries and the importance of acting to ensure something like this never happens again.

### **For Families**

Moss has connected with families across the country who are going through a similar journey. She has created a Facebook social media page called Wound Care Aware to help provide information and support. Participating in these spaces allows families to express their feelings and find support. She has also been an advocate for various committees, public speaking events and webinars, and she recommends that other families become involved too. These activities provide a means to raise awareness and promote self-healing.

Moss encourages families to:

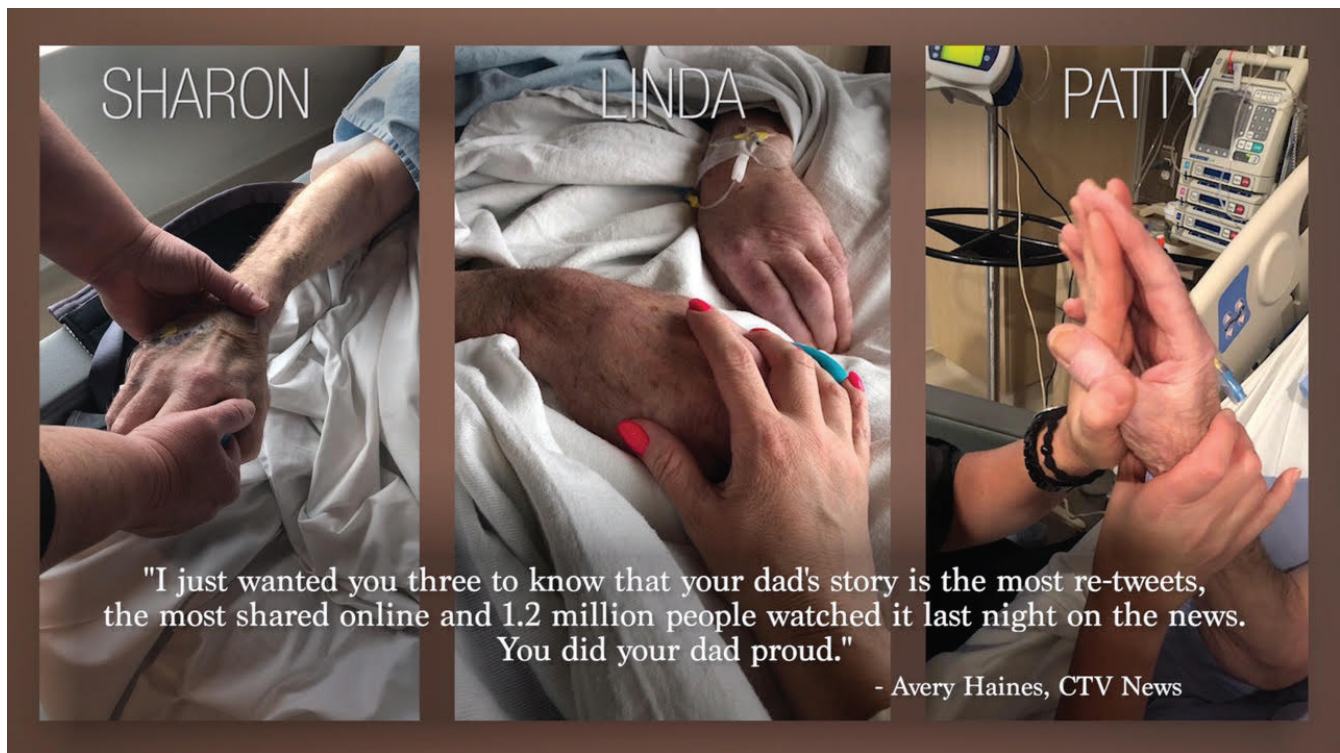
- Ask questions and become a part of care planning. From firsthand experience, she understands that families want to help but may not

know how to get involved or may feel they may get in the way.

- Be present, when possible, when physicians are making rounds. It can be difficult to get time with the physician, but families should not be afraid to request a meeting or ask questions.

*“It hit us like a hammer . . . We were there every day and some days for five or six hours a day. We were told the bed was moving him, and we rarely saw him being turned. We could have helped turn him. When I think about the times when he held my hand really hard, or when a tear came down, was that his way of telling us something was wrong? He couldn’t talk. We were his voice but we were unaware what was festering under those sheets. This is something our family will live with—and it haunts us.”*

- Ask about medications or treatment, and document everything. The health-care team may not be able to disclose everything, but it is important to ask anyway.
- Find an advocate, if one is available, at the hospital. Patient and family advocates can help



bridge the gap between the family and health-care team.

- Remember that Communication, Comfort, Companionship and Champions are essential in Care.

### For Health-care Professionals

Moss emphasizes that the staff were kind and professional during their interactions with her and her family. However, the prospect of a deteriorating pressure injury was never mentioned. When reflecting on her interactions with the health-care team, she has some suggestions that may ensure families are better informed.

- Present information to patients and families upon admission on associated risks to hospitalized patients for conditions such as pressure injuries. This information can help prepare and guide patients and families during hospitalization.
- Share with patients and families on a timely basis information on the patient's current health status, including primary and secondary concerns. In Wilson's case, it appeared that each health-care professional assumed another per-

son had or would inform his family about the wound. It is important to reach out to family members, when appropriate, and provide them with a full understanding of the situation. Barriers to information sharing can be challenging for health-care professionals to navigate, so it is important to understand what can and

*"The most painful thing was watching him pass away in front of us and knowing that we didn't have a chance to try and save his life."*

cannot be communicated. Health-care professionals should also advocate for policies that are inclusive of families.

- Provide the family with care-related tasks to help reduce the workload of health-care professionals. Families often want to help but feel

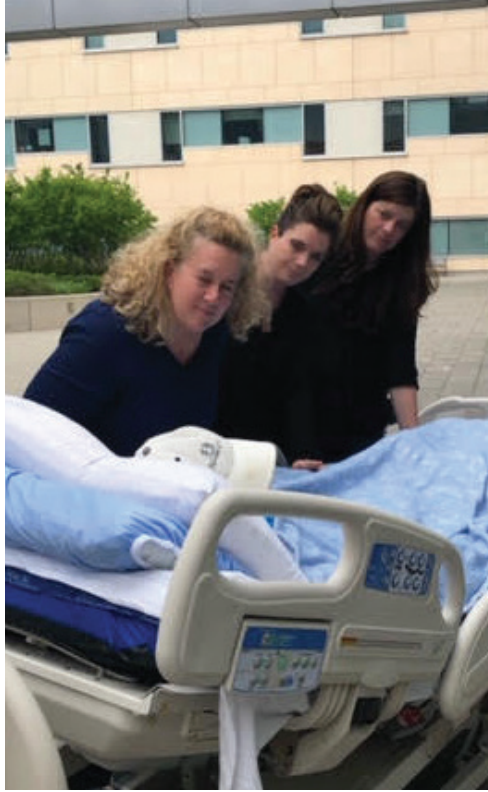


unsure of how. In Wilson's case, he could not speak or press his call bell. His family would assist with providing whatever he needed, such as warm blankets and entertainment. Moss and her family were present each day and could have done more had they been taught what they could do and how to do it, such as help turn her dad and attend to his other needs. She notes that families do not require a complex understanding of the situation to participate in the care. Explaining broad concepts is enough.

- Include families in the care planning process. At minimum, families should be notified of the care plan upon the first week of admission.
- Refer patients and families to advocates and social resources. These resources can help families navigate the health-care system and improve their health literacy. This could be included during onboarding.
- Facilitate transparent and effective communication so health-care professionals and families can work together on creating and implementing a care plan to benefit the patient.

## For Policy Makers

The prevention and treatment of pressure injuries requires change at all levels, and governments and policy makers are essential change agents. Moss and her family noticed drastic differences between hospitals regarding the protocols and procedures for pressure injuries. One hospital made sure that Wilson was constantly on an incline to reduce the risk of aspiration; however, this position also limited his ability to be turned and added more pressure to the wound. Another hospital followed a position-rotating schedule to ensure that the pressure was redistributed away from the wound.



After seeing these differences, Moss recommends that:

- Standardized pressure injury prevention and treatment based on best practice must be implemented in all settings and supported by policy.
- Each hospital and long-term care facility should have a wound specialist available along with a visible pressure ulcer prevention chart.

After Wilson's story appeared in various media outlets, the second hospital hired onsite wound care spe-

cialists. But it shouldn't have taken a story like Wilson's to spur the needed changes.

Just as 92.1 FM reminds Moss of her father, we must also be reminded that we each have a role to play in preventing potentially fatal pressure injuries. Families, health-care professionals and policy makers can all work to achieve better outcomes for at-risk patients. Linda Moss and her family continue to advocate for Bob Wilson and other at-risk individuals, raise awareness and heal. 🩹

Linda Moss participated in a discussion panel for Canadian Patient Safety Week in late October 2021. This year's theme was about patient engagement and partnerships for safety, with a focus on essential care partner programs. There is clear evidence that the presence of essential care partners benefits care, experiences, safety and outcomes. Guidance and evidence about essential care partners will be shared with health policy implementers, patients and essential care partners to make this process better understood.

**#EssentialTogether**  
**#StopPressureInjuries**



# 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<sup>1,2</sup> 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.<sup>3</sup>

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.<sup>4</sup> 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.<sup>4</sup> Today's situation is full of opportunities; research shows there is currently poor patient engagement and understanding of information on pressure injuries.<sup>5</sup>

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 interactions<sup>6</sup>

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.<sup>3</sup>

**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.<sup>7</sup> For those who can be involved, connection, communication, care-planning and compassion are key. Tools have been developed to support patient engagement<sup>7,8</sup> 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.<sup>3</sup> 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 necessity<sup>9</sup> and critical for the sustainability of health systems worldwide.<sup>10</sup>

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.<sup>11</sup>

Like many other patients, families and care partners, Linda Moss learned the hard way about pressure injury prevention. Her story<sup>12</sup> 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.<sup>13</sup>

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.<sup>14</sup>

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.

**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 permission<sup>15</sup> 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),<sup>16</sup> 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](http://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-contenu.quebec.ca/cdn-contenu/sante/documents/Problemes\\_de\\_sante/covid-19/Rapport\\_FAC/Observation\\_FAC\\_CHSLD.pdf?1590587216](https://cdn-contenu.quebec.ca/cdn-contenu/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](https://www.internationalguideline.com/static/pdfs/Quick_Reference_Guide-10Mar2019.pdf).