



Service Priorities and Programmes
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Strategies to enhance Pressure Injury Prevention in Residential Care Homes

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Introduction

Most frail elders are living in residential care homes (RCHs) and they are at risk of develop pressure injuries (PI). Prevention of PI is a top priority in RCHs. Knowledge deficit of the RCHs staff, inadequate staff supervision or insufficient pressure relieving devices also contributed to poor clinical outcomes. An enhancement program was launched in 2016 to sustain the good practice and address the training needs of RCHs staff due to high turn-over rate.

Objectives

- Developed an evidence-based prevention protocol for RCHs
- Empower staff of RCHs in knowledge and skill on prevention of pressure injury for their residents
- Provide regular supervision and audit to ensure sustainability of good practice
- Minimize the incidence and severity of pressure injury

Methodology

The evidenced-based prevention protocol was developed in Jan 2012 and further updated in 2014 for RCHs under QEH CGAT. OAHs staff were engaged to identify the care issues and barriers which would potentially lead to development of pressure injuries. It also provided the insights of their training needs on PI preventions and correct use of different PI prevention devices. Due to high turn-over rate of staff in RCHs, educational talks were conducted periodically. User friendly instruction signage were designed and posted up to remind them on proper skin care. During regular home visits, CGAT nurses would inspect the nursing care standard on prevention of PI and corrected any improper practices at the spot. On-site demonstration on proper positioning and wound care for newly developed pressure injury by CGAT nurses. Encourage RCH staff to use pressure relieving measures and skin care to reduce the risk of skin breakdown

Result

Strategies implemented in RCHs were effective to improve the knowledge and concept of pressure injury prevention amongst RCHs staff. The incident rate of develop pressure injuries in 39 residential homes was significantly decreased from

5.3% in 2013 to 3.6% in 2016. The CNS referrals were decrease from 46.6% in 2013 to 37.7% in 2016. The good practices such as proper positioning, skin care, application of pressure relieving devices were reinforced. The program is still on-going to upkeep the care quality and ensures the sustainability by regular audit.