Guest editorial

The Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury

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> *There is an immense amount of zinc rubbing but I have not met with a single observation as to whether there was a danger of bed sores.* (Florence Nightingale, 1881[1].)

Miss Nightingale's observation on reading the St Thomas' Hospital nurse probationers' diaries was indeed prudent and ahead of contemporary thinking for it was to be another 80 years before nurses and other health professionals were to employ risk assessment tools for predicting pressure ulcers[2]. It proved to be even longer before evidence-based guidelines advanced understanding of pressure injury (PI) aetiology and determine the best evidence for their prevention and management.

The significant impact of PIs on individuals' health and wellbeing and health providers' fiscal burdens is well appreciated amongst health providers and those unfortunate enough to have personal experience of a PI. PIs lead to physical limitations, pain, infection, sleep deprivation and negative psychological outcomes related to mood, body image and coping skills[3]. The development of a PI is often associated with anger and blame, particularly when acquired in a health care facility[3]. Management of PIs may increase the need for hospitalisation, specialised care services, sophisticated offloading and repositioning equipment and wound dressings and devices.

PIs remain prevalent and represent serious clinical and economic health challenges[4]. In Australia, estimates of PI prevalence range from 5.6% to 48.4%[5-7]. Estimates of the prevalence of PIs in New Zealand have been reported to be 29% to 38.5%[8]. Whilst prevalence is reported to range from 9% to 14% in Singaporean acute and rehabilitation settings, in Hong Kong rehabilitation settings prevalence was estimated to be 21%[8]. However, variances in study methodologies employed across different countries and clinical settings makes benchmarking of prevalence, incidence and economic data difficult[8].

The prevention and effective management of PIs is an imperative to promoting optimal health outcomes and improving the allocation of human, economical and temporal international health resources. Clinical guidelines are a strategy associated with improved benefits for patient, clinician and health care systems[9]. However, the development of evidence-based guidelines demands considerable commitment and resources for any one group.

The Australian Wound Management Association (AWMA) and their subgroup the Australian Pressure Injury Advisory Panel teamed with the New Zealand Wound Care Society, the Hong Kong Enterostomal Therapists Association and the Wound Healing Society of Singapore to form an international collaborative known as the Pan Pacific Pressure Injury Alliance to develop the *Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury* (2012).

The objective in forming a Pan Pacific Alliance was to facilitate the development of regional partnerships that would ultimately lead to an expanded worldwide guideline consensus for PI classification, prevention and management. Furthermore, international collaboration was anticipated to reduce the work burden and resources required for the development of the Guideline.

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The resulting Guideline was developed using a rigorous and consultative methodology, which is outlined in the full version of the Guideline, and which focused on inclusion of high-level evidence obtained from existing clinical guidelines and systematic reviews. The Guideline aims to assist multidisciplinary health providers to: identify individuals of all ages who are at risk of PI; identify strategies to assess PIs and factors related to their risk; prevent or delay complications associated with PIs; optimise management of PIs and quality of life for individuals. The Guideline is supported by practice points and an algorithm to assist clinicians in implementing the recommendations and may be used as an informative source for consumers and unlicensed carers.

New terminology to describe PIs and a new PI staging system, which aligns with that outlined in the 2009 National Pressure Ulcer Advisory Panel (NPUAP) and European Pressure Ulcer Advisory Panel (EPUAP)[10] Guideline was adopted. The term *pressure injury* instead of *pressure ulcer* was determined by an overwhelming majority of respondents to an online survey across the four collaborating countries to be more reflective of national and international recognition that PIs are largely preventable[10,11]. Furthermore, the terminology is aligned with that used by the Australian Commission on Safety and Quality in Health Care in their National Safety and Quality Health Service Standard 8: Preventing and Managing Pressure Injuries[12].

However, adoption of new terminology to describe and categorise PIs is not without implications. One implication is the need for comprehensive education on implementation of the Guideline across sectors. Another implication is the divergence from terms to describe PIs proscribed in the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), which is used for funding and reporting in Australia, New Zealand and Singapore. To address this latter anomaly between clinical documentation that reflects the revised Guideline terminology and coding terminology, the AWMA has commenced negotiations which is hoped will lead to revision of the ICD-10-AM, and their alignment with revised Guideline terminology.

The Guideline was launched at the AWMA Conference in Sydney 18–21 March 2012 and is available in full and abridged versions, which can be purchased or downloaded free from www.awma.com.au An A4 flowchart with the staging system on the reverse is also available. The staging images and graphics can be downloaded for local use from the AWMA website. A printed copy of the abridged Guideline is included in this journal in the hope that dissemination of the *Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury* will contribute to improved health care outcomes for all.

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