

Original research

# Reducing the incidence and severity of pressure injuries in a high level care residential aged facility: a quality improvement project

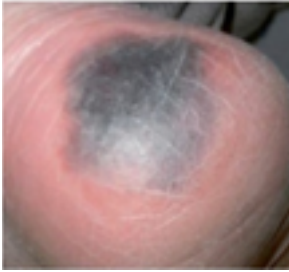



Waird A and Monaro S


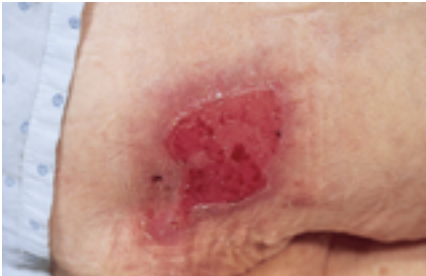
## Appendix 1: Pressure injury knowledge test (pre- and post-test)


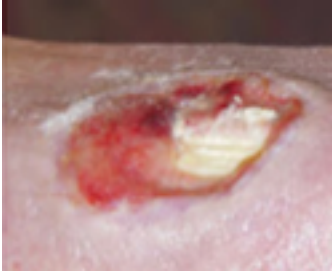
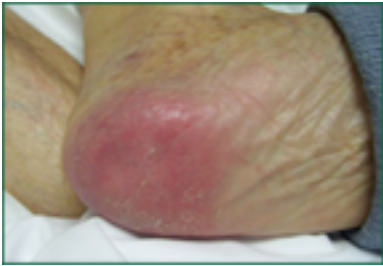

This is intended to be a snapshot of your current level of understanding relating to pressure injuries. It is of the utmost importance that you do not photograph this test on your phone, photocopy this test, research/look up the answers, or discuss the answers with your co-workers. If you do not know any answers, it is okay to leave them blank. This test is completely anonymous; please do not add your name. Please just answer what you can.

1	What are at least four risk factors associated with ageing for the development of pressure injuries? (You may list more)	..... ..... ..... ..... .....
2	List at least four preventative measures you can perform to reduce the risk of pressure injuries (You may list more)	..... ..... ..... ..... .....
3	Name two risk assessment scale tools	..... .....
4	What is a pressure injury? (briefly define)	..... ..... ..... ..... .....
5	How many stages of pressure injuries are there?	.....

6	Name the stages	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
7	Define “non-blanching”	<p>.....</p> <p>.....</p> <p>.....</p>
8	Define “necrotic eschar”	<p>.....</p> <p>.....</p> <p>.....</p>
9	Define “slough”	<p>.....</p> <p>.....</p> <p>.....</p>
10	What is the fluid emitted by a wound called?	<p>.....</p>
11	Define “haemoserous”	<p>.....</p>
12	Define “purulent”	<p>.....</p>
13	What is shear?	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
14	Identify three anatomical locations where a pressure injury may occur in a resident who is: <ul style="list-style-type: none"> <li>(a) lying supine</li> <li>(b) sitting in a wheelchair or chair</li> <li>(c) lying prone</li> <li>(d) lying on either side</li> </ul>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
15	Name three locations pressure injuries may develop in a resident wearing nasal prongs	<p>.....</p> <p>.....</p> <p>.....</p>
16	Define “undermining”	<p>.....</p> <p>.....</p> <p>.....</p>

17	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... ..... ..... .....</p>
18	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... ..... ..... .....</p>
19	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... ..... ..... .....</p>
20	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... ..... ..... .....</p>

21	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... .....</p>
22	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... .....</p>
23	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... .....</p>
24	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... .....</p>

<p>25</p>	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... .....</p>
<p>26</p>	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... .....</p>
<p>27</p>	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... .....</p>
<p>28</p>	<p>What is this? Does this require a dressing? If yes, what dressing is required?</p> 	<p>..... ..... ..... ..... ..... ..... ..... .....</p>
<p>29</p>	<p>Do you think any of the above wounds require consultation with an expert?</p>	<p>YES/NO</p>
<p>30</p>	<p>If yes, which ones? (circle)</p>	<p>17 18 19 20 21 22 23 24 25 26 27 28</p>

Appendix 2: Participant information statement and consent form

Part 1 – Information

Residents in aged care facilities are at greater risk for multiple health issues, one of which is wounds. The most common wounds experienced by residents are pressure injuries (previously known as pressure ulcers, bed sores or pressure areas), skin tears, and ulcers on the lower legs and feet. The majority of residents do not want to go to hospital and prefer treatment in their own place of residence, particularly if it is for a chronic condition. Wound management is becoming an essential skill for healthcare workers in residential aged care facilities and becoming proficient in this skill requires increased knowledge.

This facility will be participating in a Quality Improvement Project to improve knowledge and skills of its staff in pressure injury prevention, identification and management over the coming months.

In order to establish base line data, a Pressure Injury Point Prevalence Audit (PIPPA) will be performed in this facility. This will involve a full body skin inspection of every resident. These inspections will be carried out by a Clinical Nurse Consultant competent in this area of practice and will take only a few minutes for each resident. Every effort will be made to preserve their dignity and comfort during the inspection.

Part 2 – Consent

I have read Part 1 or someone has read it to me in a language that I understand.

I understand the purpose of the Audit described in Part 1.

I have had the opportunity to ask questions and I am satisfied with the answers I received.

I freely agree to participate in the completion of the Audit and understand that I am free to decline any skin inspection during the Project.

I understand that I will be given a signed copy of this document to keep.

Name of Participant .....

\*Signature ..... Date ..... / ..... / .....

\*Resident, family member, person responsible (circle)