

## Patient and family collaboration vital to pressure injury care plan success

### Patient story

**Pressure injuries, also known as pressure ulcers or bed sores, are a major cause of preventable harm for patients using health care services.**

**Whether a person is in hospital, aged residential care or receiving home care, pressure injuries can be distressing, debilitating and, in the worst case, life-threatening.**

**Pressure injuries can develop very quickly (in as little as four hours) so early preventative action is essential.**

**All health professionals, family/whānau members and patients have an important role to play in prevention. With the right knowledge and care, most pressure injuries can be avoided.**

**This is one of a series of pressure injury patient stories prepared by the Health Quality & Safety Commission to raise awareness of the issue. The stories highlight ways to improve practice and make pressure injury prevention a key priority and part of a daily care routine.**

In 2013, Amanda Bradbury<sup>1</sup> was admitted to hospital with lymphedema (swelling) in her legs and a pressure injury on her sacrum, believed to be caused by an old, ill-fitting wheelchair.

The 49-year-old was born with spina bifida, club foot and hydrocephaly (a build-up of cerebrospinal fluid in the ventricles of the brain), and has been in a wheelchair from a very young age.

While Amanda was in hospital, her pressure injury was dressed regularly. Staff also arranged for a district nurse to visit Amanda at home, twice a week, to dress the wound.

In addition, Amanda's new wheelchair, which she received shortly before her hospital admission, was adapted to keep her legs elevated to manage the lymphedema and provide a more comfortable fit.

Over the course of the next two years, the pressure injury continued to be looked after at home by a district nurse and Amanda's mother, Rosemary.<sup>2</sup>

The impact of having a long-term pressure injury affected Amanda's personality and demeanour.

'I withdrew into myself and I did not communicate a lot. I was very quiet,' says Amanda.

<sup>1, 2</sup> Names have been changed to protect privacy of the patient and their family and whānau.

During that same time, Amanda and her mother were still trying to come to terms with the loss of Amanda's father, so the pressure injury added further to the stress and upset already present.

At the end of 2015, Amanda had a bad case of diarrhoea. It got into the pressure injury and the wound quickly deteriorated.

'I have no feeling below my waist, so I couldn't tell how bad the pressure injury was,' says Amanda.

Rosemary contacted the district nursing office at Southern District Health Board (DHB) and asked for a district nurse to visit immediately.



**Left to right: Trish Hoskin, Charge Nurse Manager;  
Emil Schmidt, Wound Care Nurse Specialist; and  
Angela Koopman, Charge Nurse Manager**

Amanda's GP and the district nurse treated the pressure injury for a few days with a new dressing and antibiotics.

With no improvement, and with Amanda's permission, a photo was sent to Emil Schmidt, wound care nurse specialist at Southern DHB, during a hospital outpatient appointment. Amanda was immediately admitted to hospital.

'I felt so sick I thought I was going to die,' says Amanda.

'The day after I was admitted I had an operation to debride the pressure injury. Within two weeks I had three debridement operations,' she explains.

Surgical debridement of a pressure injury involves removing dead skin and tissue to promote healing.

While in hospital, Amanda also had negative pressure wound therapy, antimicrobial dressings and went onto a trial for a new low-frequency ultrasound debridement machine.

She was also given an air mattress to reduce the pressure caused by lying down, because she was required to stay in bed.

The treatments and therapies helped the wound to regenerate new tissue and the slow process of healing began.

Dietitians, allied health professionals, such as physiotherapists and occupational therapists, came together to support Amanda's recovery. In addition, Rosemary cooked for Amanda every day, with the hope good nutrition would support Amanda's body to heal.

Finally, after four months in hospital, Amanda was able to go home. But it wasn't long before she was back in hospital again.

A shunt in Amanda's head became infected and she was seriously unwell. Furthermore, the pressure injury still hadn't healed.

Thankfully Amanda recovered from the infection. But, after returning for a further debridement, Emil Schmidt and charge nurse managers Trish Hoskin and Angela Koopman decided that her pressure injury could not be managed as before.

**'A strong therapeutic relationship developed and staff worked closely with the patient and carer, listening to and acknowledging their perspectives and concerns.'**

'We called a meeting to determine what more we could do to support Amanda and Rosemary. We had to assess Amanda's vulnerability to pressure injury risk at home,' says Angela.

To do this, they needed to understand Amanda's surroundings and needs at home, as well as her goals.

'Amanda's case was a complex care situation at home, over many years,' says Emil.

'What we learnt was the importance of wrapping a care team around Amanda because of her needs, and also supporting Rosemary, as Amanda's carer.

'This involved establishing a multidisciplinary team of doctors, nurses, allied health professionals, district nurses, nutritionists, wound care specialists and Amanda's GP.

'We needed to determine how to manage and treat Amanda's pressure injury, while preventing a similar occurrence in the future,' he explains.

The team worked with Amanda and Rosemary to set care plan goals. For Amanda, these included being able to get a comfortable and good night's sleep (a priority for Rosemary too), and to be in her wheelchair during waking hours to allow independent mobility.

'We got Amanda an air cushion for her wheelchair to reduce pressure when she was sitting in it for long periods during the day,' says Angela.

'We established a plan for any after-hours wound events and planned for regular Waterlow<sup>3</sup> assessments, which monitor the stage or severity of the pressure injury, to take place,' she adds.

Because of the position of Amanda's legs, pressure mapping was also important. It showed a lot of pressure was being placed on her sacrum.

The team decided Amanda needed to use an air mattress at home. This would support healing of the pressure injury by relieving pressure on the area, and would support Amanda's overall wellbeing.

A twice-yearly medical review with her GP to track progress and make alterations to her care plan was also established. Similarly, Emil visits regularly to check the healing progress.

'Amanda wants to remain in her own home for as long as possible, so it is important to determine how we can support her to remain happy and safe with all her care needs met,' says Angela.

Once the pressure injury care plan was drafted, it was given to Amanda and Rosemary to review. Shortly after, they met as a group with a facilitator, to discuss and seek agreement and understanding from all parties about the proposed course of action.

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3 [www.judy-waterlow.co.uk/waterlow\\_score.htm](http://www.judy-waterlow.co.uk/waterlow_score.htm)

**'The DHB has reviewed its pressure injury prevention guidelines and developed a flowchart showing staff how to raise concerns about potential pressure injuries.'**

With so many people involved in Amanda's care, the team decided it was important for her and Rosemary to have a single point of contact to manage queries and concerns effectively. All queries are routed through a district nursing clinical coordinator who then liaises with other providers.

Trish Hoskin, Charge Nurse Manager of the surgical ward where Amanda was admitted, says the importance of working collaboratively to provide optimal outcomes was demonstrated in the management of care and improvement of Amanda's pressure injury.

'The patient and primary carer needed to be involved in all aspects of care delivery to ensure a positive outcome,' says Trish.

'A strong therapeutic relationship developed and staff worked closely with the patient and carer, listening to and acknowledging their perspectives and concerns.

'The primary goal was to put supports in place at home to maximise wound healing while ensuring Amanda, her mother and wider team concurred with the plan,' she explains.

The process of establishing a wraparound care plan for Amanda has led to wider pressure injury management improvements throughout the DHB.

Education about pressure injury prevention and management has taken place on wards throughout the DHB. It also held a pressure injury education day with 150 people from the DHB attending.

The DHB has reviewed its pressure injury prevention guidelines and developed a flowchart showing staff how to raise concerns about potential pressure injuries. This includes how and when to take a photo of a suspected pressure injury for a specialist consult and what to do if the wound care specialist is unavailable.

Amanda has been back in her home for nearly a year. Her pressure injury is 95 percent healed, but it remains important to follow her care plan on a daily basis.

'The district nurses come several times a week. Emil visits once a month and Amanda's GP is very good,' says Rosemary.

'Having the roundtable meeting very much helped. It was above and beyond anything we could have expected.

'The team put themselves out to get an air mattress for Amanda and it's been a great thing,' she says.

This means Amanda is finally getting a comfortable and good night's sleep, while the pressure is taken off her wound.

'Healing my pressure injury is a slow process, but the care plan and mattress has made a whale of a difference,' says Amanda.

'It's really valuable when staff involve the patient and family or caregiver and listen to their feedback.

'Similarly, working together in this way provides a good opportunity for a health provider to check anything they are unsure about.

'It gives everyone the confidence to continue with the care plan or to reassess it if needed,' explains Amanda.

### Tips for improving pressure injury prevention from Southern DHB

- Early establishment of a multidisciplinary team to wrap around the patient is important, especially for patients with complex needs. The team should come together with the patient, their carers and family and whānau to make a care plan together. The patient and their carers, family and whānau are part of the team too and have an important role to play in pressure injury prevention and management.
- Understand the patient's normal environment at home. What is normal for them is not always normal for others. The multidisciplinary team needs to think about how the patient's 'normal' environment could cause or impact on a pressure injury and what support can be provided to reduce pressure injury risk in the home.

#### For more information about pressure injury prevention and management go to:

<https://www.hqsc.govt.nz/our-programmes/pressure-injury-prevention/>

<https://www.acc.co.nz/assets/provider/acc7758-pressure-injury-prevention.pdf>

<https://www.nzwcs.org.nz/>

<https://www.nzwcs.org.nz/resources/publications/10-guidelines-and-protocols>

<http://nhs.stopthepressure.co.uk/>

<https://www.nursingtimes.net/download?ac=1237263>

Whitlock J. 2013. SSKIN bundle: preventing pressure damage across the health-care community. *British Journal of Community Nursing (Wound Care supplement)*, S32–S39.