

## Rosalie Ross Cunningham's story

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

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

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

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

### Patient story

**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 2012, Rosalie Ross Cunningham passed away due to sepsis caused by an infected pressure injury.

Her daughter, Paula Sole, shares her mother's story as a way to help prevent others from going through a similar experience.

'My mother had dementia and was living in an aged residential care facility,' says Paula.

'She went into the care home mobile, although a little unsteady on her feet. She was given a walker but sometimes did not recognise or remember her diminished physical condition and would often attempt to get about without it.'

One day Rosalie tried to get out of bed and fell. She fractured her femur and needed surgery.

When she came back from hospital she went into a hospital room at the care home, so staff could keep a closer eye on her.

'They got her up and moving because it was important for her to be mobile. But as her dementia worsened, so did her physical abilities. Eventually she could only stand with support, but not walk,' says Paula.

Rosalie spent many daytime hours in a lazy boy style chair without a footrest and positioned high off the ground, meaning her feet were not supported appropriately.

'Because of this she often slid down in the chair, which caused a shearing pressure and she developed some sacral reddening,' says Paula.

She was given a Roho, a special type of pressure-relieving cushion for use in chairs, but this did not prevent the shearing pressure in the lazy boy.

## Reducing harm from pressure injuries



Paula Sole, daughter of Rosalie

**'When someone is in care there is very little to excuse the development of pressure injuries.'**

To prevent further reddening, Rosalie was given a special mattress topper to ease pressure while in bed.

'This helped and the reddening decreased. But just as it began to mend, someone else needed the mattress, so it was moved to that resident,' says Paula.

In addition, Rosalie was doubly incontinent. This meant she needed regular care to clean the area and protect it from moisture.

'Staff would wash my mum, but some seemed to lack knowledge on how to wash her, particularly in light of the delicate and reddened skin on her sacrum,' explains Paula.

'It wasn't long before the skin broke down and became infected.'

The infection required antibiotics. But in no time, the infection led to sepsis.

Rosalie wasn't in a good way. Paula had to make the difficult decision to stop her mum's medication because the infection wasn't improving and her mother could not eat or drink.

'The doctor noted sepsis as the cause of death,' says Paula.

'It wasn't just one specific thing that caused the pressure injury to get worse. It felt like a number of smaller things that contributed as a whole,' she adds.

The factors that Paula believes contributed to her mum's deterioration included lack of the right resources and equipment, lack of attention to Rosalie's poor hydration levels, and staff who did not seem to know about pressure injury prevention (including non-medical staff, such as those providing food and drinks).

'My mum had dementia which made visits difficult anyway. Although the staff were very caring people, continually witnessing these shortfalls and then the pressure injury was very upsetting,' says Paula.

'You trust that the residential home will look after your loved one. It makes you worried to keep on saying the same things and risk offending the wrong person,' she says.

Paula never made a formal complaint after her mother's death, partly due the facility's apology and acknowledgement this should not have happened.

The residential care facility where Paula's mum lived has since changed ownership and new management are in place. The new manager believes pressure injury prevention is extremely important.

'When someone is in care there is very little to excuse the development of pressure injuries.

'Education of all staff, strong clinical planning and early detection should be enough to prevent pressure injuries,' he adds.

The residential home assesses each resident on admission, using two assessments, InterRAI and Waterlow, which are repeated six-monthly. Waterlow is a specific tool used to determine the risk of a patient developing a pressure injury; it assesses skin integrity. Assessment is performed more regularly than six-monthly if an issue is identified.

Anyone at high risk of developing a pressure injury has this outlined in their individual long-term care plan, which includes daily skin checks. A short-term care plan is implemented to deal with any immediate issue.

Staff receive pressure injury prevention, management and monitoring education during their orientation period. In addition, annual in-service training on pressure injuries is provided by a specialist.

### **Education of all staff, strong clinical planning and early detection should be enough to prevent pressure injuries.**

**'Prevention is far better than cure. Once pressure injuries have developed they can take a long time to heal and can significantly impact on a person's wellbeing.'**

'This includes monitoring for redness, maintaining skin integrity through regular positioning and moisturising, and we encourage concerns be escalated to our registered nurse and clinical manager as soon as possible.'

For those at high risk, the residential home has pressure relieving mattresses to help with prevention and management.

Patient positioning is taught with an emphasis on regular checks, at least two-hourly, for those who are not mobile. Those with known pressure injuries are checked more regularly.

'Any residents with pressure injuries are discussed at our fortnightly registered nurse meetings, at our general staff meeting and at our monthly quality meeting,' says the manager.

The residential home in this story now uses **SSKIN**, a set of evidence-based interventions for preventing and managing pressure injuries. When used together, these interventions can significantly improve residents' health outcomes and their quality of life.

**S - SURFACE:** Make sure the resident has the right supportive surface mattress, cushions and correct fitting medical devices in place to reduce harm.

**S - SKIN INSPECTION:** Conducting a regular skin check provides the earliest indicator of pressure damage. The frequency of this check depends on the individual resident's risk factors, particularly if their condition deteriorates.

**K - KEEP MOVING:** Residents need to change their position often. At least two hourly for those who are not mobile and more often for those with known pressure injuries.

**I - INCONTINENCE:** Keep the resident's skin clean and dry.

**N - NUTRITION:** Ensure that residents are eating properly and are well-hydrated.

‘When residents are admitted with a pressure injury, we meet weekly to discuss progress and involve a wound specialist immediately to advise on the best course of action.

‘Prevention is far better than cure. Once pressure injuries have developed they can take a long time to heal and can significantly impact on a person’s wellbeing,’ he explains.

**For more information about pressure injury prevention and management, and/or SSKIN go to:**

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

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

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

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

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

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