

## At a glance: Recommended pressure injury prevention practice for ARC providers in the South Island of New Zealand

A quick reference guide designed to support Aged Residential Care facilities to rapidly assess key factors for pressure injury (PI) prevention. We recommend senior clinical/facility leaders complete and discuss the checklist and agree any areas for action. Further practical recommendations can be found in the ['Guiding principles for pressure injury prevention and management in New Zealand'](#).

### Leadership direction

- There is an organisation/ workplace statement and policy for reducing harm related to PI.
- There are education resources for staff and residents.
- Equipment for pressure injury prevention (PIP) supplied to support policy/vision.
- Staff are encouraged to learn about and be involved in risk reduction/prevention activity.
- PI and PIP are on the agenda of management meetings at each level of leadership.

### Policy and procedure

- PI Policy and Procedure are current and accessible to staff.
- Policy requirements are embedded in practice (e.g. all residents risk assessed, care planned and evaluated).
- Adherence to policy and the outcomes for residents are monitored and data is used in meetings and improvement activities.

### Equipment and handling

- Education on person handling occurs as part of staff orientation and is updated annually.
- All necessary equipment for routine care is accessible when needed.
- Education is provided on PIP equipment use and its care/ maintenance.
- Staff demonstrate competence in the use of PIP equipment and assessment for equipment failure.

### Monitoring of daily care

- There are processes (e.g. daily 'care manager' rounds, review of care at handover; Wellbeing Checks) to ensure care is delivered to the standard required on the day.
- Care plans are updated daily.

### Incident reporting

- Incidents are reported within the required timeframes.
- Incident reviews focus on structures and processes to improve.
- Incident review is part of the team's quality meeting.
- The facility has a 'just culture'.

- Trends are reviewed and learnings are shared at team meetings.

### Quality monitoring

- PI monitoring exists via an Incident management system, and internal audit programme of prevention, care, prevalence and severity.
- Results are shared internally with all clinical and care staff.
- Learning from other similar agencies.

### Staff education

- PIP education is available and expected to be undertaken by employees.
- Person handling education is available.
- Experts are available to educate new and junior staff

### Resident/whānau education

- There is evidence of the resident or guardian, significant others, or carers, being involved in the development of a care plan.
- Resident is participating in shared decision making and shared goals of care.
- Education on risk and prevention provided to resident and whānau.

### Risk assessment

- PI guidelines and assessment tools are available and are used according to policy.
- Specific risk factors are identified for each resident and are discussed at handovers.

### Care Planning and Implementation

- Care planning includes broad goals, specific interventions and what evaluation is needed.
- The plan has specific interventions and equipment (care items) needed for resident care.
- Implementation of the planned care items and their effect is written up when first being used or the outcomes / condition changes.

### Evaluation

- Education has specific material on evaluation and how, what, and when to evaluate.
- The tools staff use provide space for evaluation.
- Procedures indicate when evaluation should occur.

### Handovers

- All the relevant foundations of care (e.g. cognition, skin, nutrition, elimination, mobility, support surfaces, devices, medicines) information is available and specifics discussed with relevant staff.

**Multi-professional team**

- Staff report clinical problems immediately so action can be taken.
- Discussion/regular review of PI preventive care by the medical team is evident in record.
- Referrals are made to appropriate health professionals when required.
- There is evidence the advice provided in referrals is put in care plans and followed.

**Transfer of care**

- PIP care and history of injury is provided to other service providers on transfer.
- Transfer notes are routinely used in care planning when a resident arrives in a new care setting.
- Progress notes note the condition of the skin on admission.
- ACC claims are made where relevant