

# Survey of Wound Prevalence in a Long-Term Care Facility



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Pressure injuries are more common in the long-term care (LTC) population. This report presents the results of an analysis of wound practice data collected at a Newfoundland LTC facility in Canada, and describes how a regional strategy for wound care provides the opportunity to develop enhanced wound services and a policy for the prevention of pressure injuries.

Wounds are a serious health complication that affect quality of life for the individual and have significant clinical and economic implications. Chronic wounds can create additional challenges for those who have a compromised health status. The lack of appropriate and timely care leads to poor client outcomes. In many cases, the development of chronic wounds can be avoided or, if detected in the early stages, can be managed effectively to reduce the risk of amputation. A regional strategy for wound care provides the opportunity to develop a clear action plan on care coordination and enhanced wound services across the healthcare region (The geographical region covers 500 km and services 80,000 people). This approach will ensure that regardless of where they live, patients will have access to wound care based on evidence-informed practice and provided in a timely manner in the most appropriate settings. According to Wounds Canada (2018), the overall prevalence of pressure injuries across all health care settings is 26%; approximately 70% of these wounds are preventable. This report presents the results of an analysis of wound practice data collected in January 2018 at a Newfoundland Long-Term Care Facility (Corner Brook Long Term Care). The 265 patients were assessed for any skin redness, marks, wounds, or blisters to their skin. These people would then be assessed to determine what type of wound if any they had. The results of the analysis indicated that 38 patients had 45 wounds. The prevalence of all total wounds of any type for the long-term care

(LTC) facility was 14.3%. The prevalence rate of pressure injuries only was 8.7%; 23 patients had 26 pressure injuries. Pressure injuries are more common in the LTC population due to their advanced age and possible comorbidities. Values of pressure injury prevalence range from 10% to 54% (Wounds Canada, 2017). The prevalence of skin tears in this LTC facility was 0.4%. This value was lower compared with the 2013 prevalence rate of 14.0% (Tables A, B, and C).

Implementation of a standardized wound product formulary improves outcomes. Costs are controlled when product formularies are streamlined to ensure that product use is not duplicated and products are used for their intended purposes. Combining product formulary standardization and protocol standardization decreases the frequency of dressing changes and improves healing outcomes. Thus, patient outcomes improve and costs are controlled. The wound management

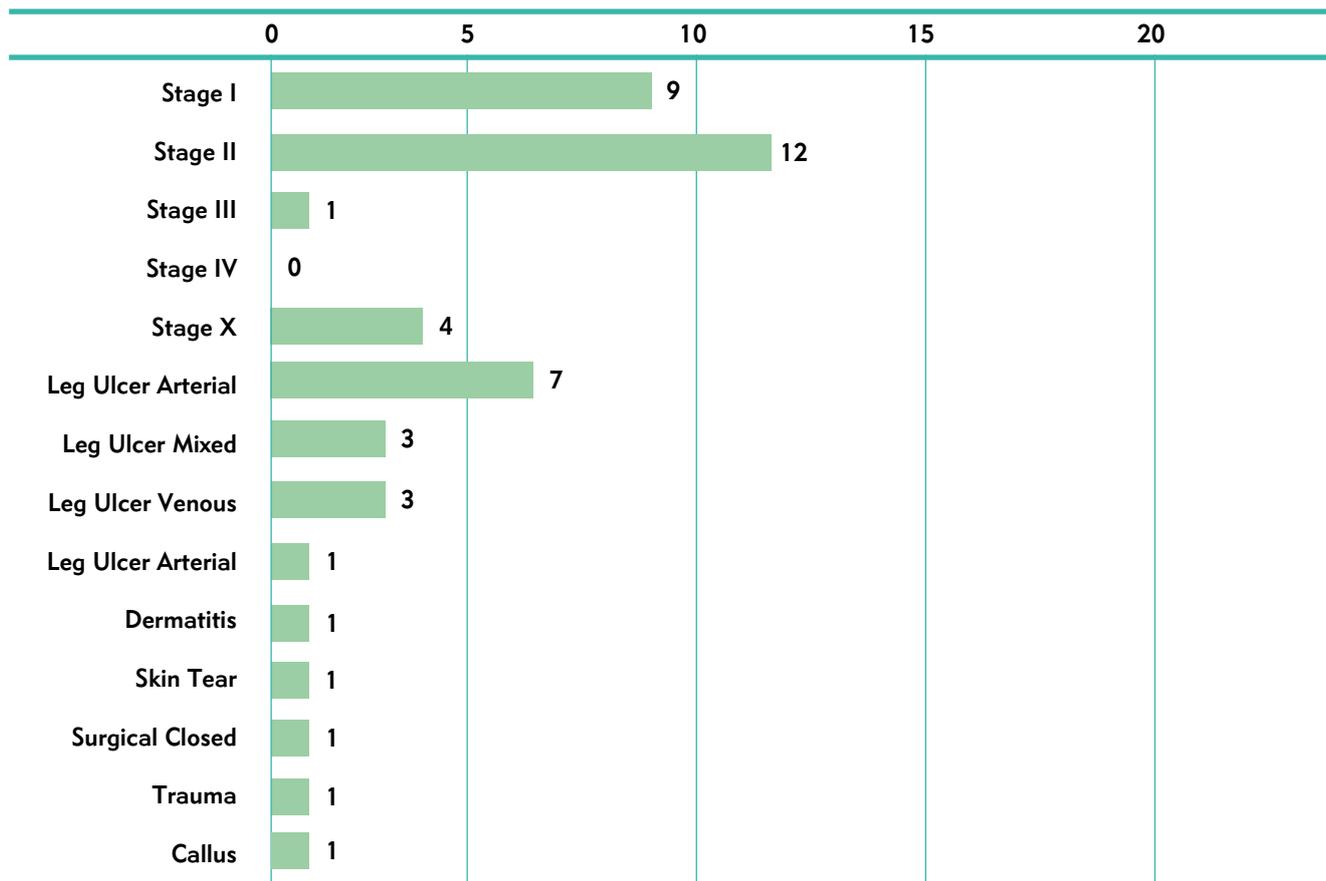
**Table A: Demographics (Patients with Wounds Only)**

	Patients with Wounds (n=39)
Average Age	81.8
Males	16 (41%)
Females	23 (59%)
With Diabetes	15 (38.5%)
Without Diabetes	24(61.5%)

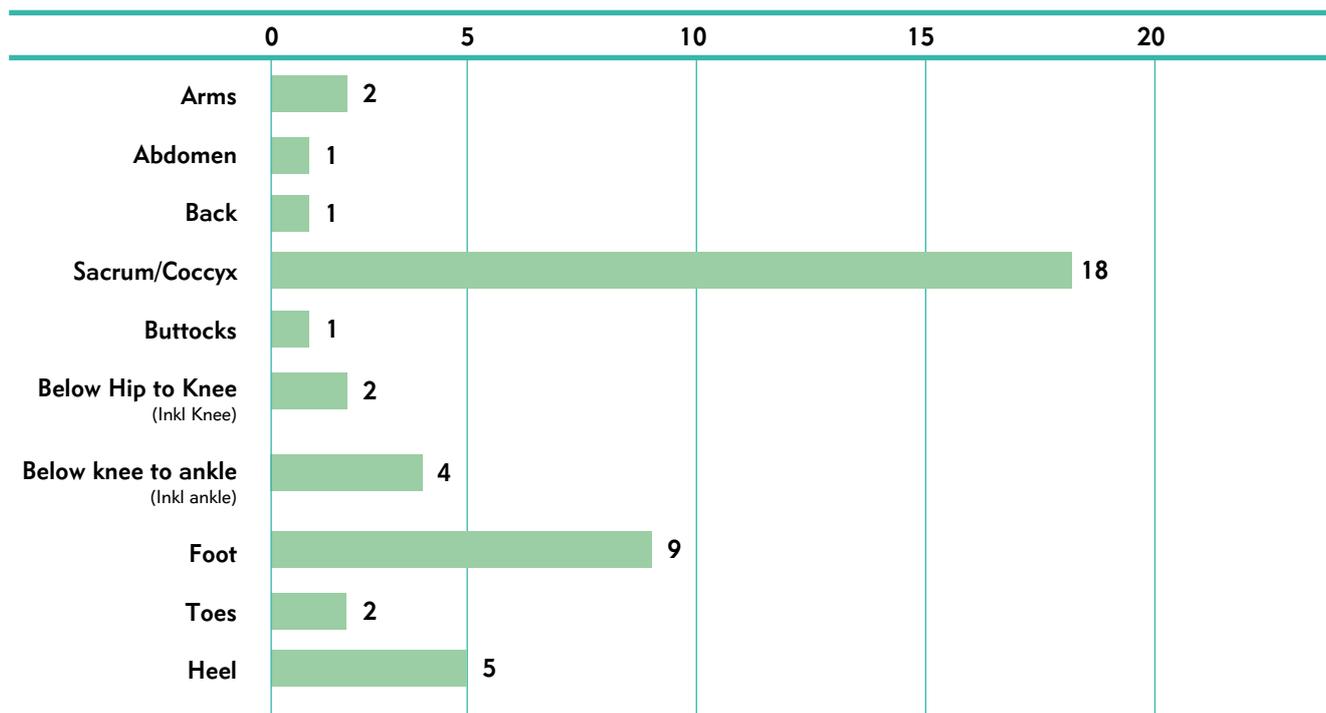
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**Conflicts of interest:**  
None

**Table B: Types of all wounds n=45 (Pop'n=265)**



**Table C: Location of all wounds in corner brook LTC n=45**



products have been standardized in this facility and for the entire region across the continuum of care.

The last Wound Prevalence Survey was completed in 2013 at this same facility. Implementation of a program of early detection and appropriate treatment of stage 1 pressure injuries was recommended. A staff education program was included. A Pressure Injury Prevention Program was also developed since the last prevalence survey. Numerous education sessions on pressure injury prevention and management and use of standardized wound management products have been conducted. Three e-learning modules on pressure injury prevention, the Braden Scale, and Wound Healing & Nutrition have been added to the online learning formulary for staff.

Electronic online documentation and policies include the Braden Scale, Skin Assessment, Wound Assessment, Dressing Intervention, Negative Pressure, Wound Culture, Falls Prevention, Hydration Program, and Therapeutic Support Surfaces. By implementing preventative measures, nursing staff can have profound effects on improvements in patient outcomes and cost reductions associated with wound care. The Braden Risk Assessment Tool is a validated and reliable tool. When it is implemented frequently and consistently it can help identify patients at risk for the development of pressure injuries and enable caregivers to intervene before skin breakdown occurs. A recent Braden Scale Audit revealed that regional completion rates ranged from 98%–100% (Table D).

A Therapeutic Support Surface Policy was incorporated into Meditech. The policy includes a mattress tracking system to ensure that appropriate surfaces are available to patients and residents to prevent pressure injuries. A pamphlet for patients and caregivers, titled Pressure Ulcer Prevention-Tips for Caregivers, was developed by the Regional Wound and Skin Care Committee and it is available for public access.

A successful Wound Resource Nurse Education Program was implemented in 2014 after the first prevalence sur-

vey. This program includes an annual two-day event attended by the same 60 registered nurses. The program takes place in May every year. The attendees represent the entire region covering long-term, acute, and community care. These wound care resource nurses receive advanced training in effective wound prevention and management. With their annual training these nurses have become an additional and valuable resource for wound care advice throughout the region.

A wound management and skin care product list was standardized for the region in 2017. This list helps ensure that patients receive the best possible care in the most financially responsible way. A 22-page Wound Management Quick Reference Pocket Guide was developed by a wound care team to assist nurses to make wound-related decisions when care is organized or provided. The guide provides an overview of commonly encountered, but not well understood, wound care topics including fundamentals of wound management, assessment, infection, pressure injuries, arterial ulcers, venous ulcers, incontinence-associated dermatitis and skin tears, wound management products, and debridement.

The current study allowed us to see a breakdown of what stages of pressure injuries were present in the LTC facility and on where they were located on the patient's body. Tables E and F present the results for the stages and locations of pressure injuries found in the LTC facility.

### Recommendations and Practice Suggestions

According to Wounds Canada (2018), the overall prevalence of pressure injuries across all health care settings is 26%; approximately 70% of these wounds are preventable. The prevalence rate for pressure injuries in the LTC Corner Brook facility was 8.7%, compared with the 2013 prevalence rate of 10.3%. However, at this facility the total rate (1.88%) for stage 3, stage 4, and stage X or unstageable pressure injuries was one of the lowest rates in Canada; there were no stage 4 pressure injuries. Skin tears are generally more common among the LTC population. Values for prevalence range from 10% to 54%

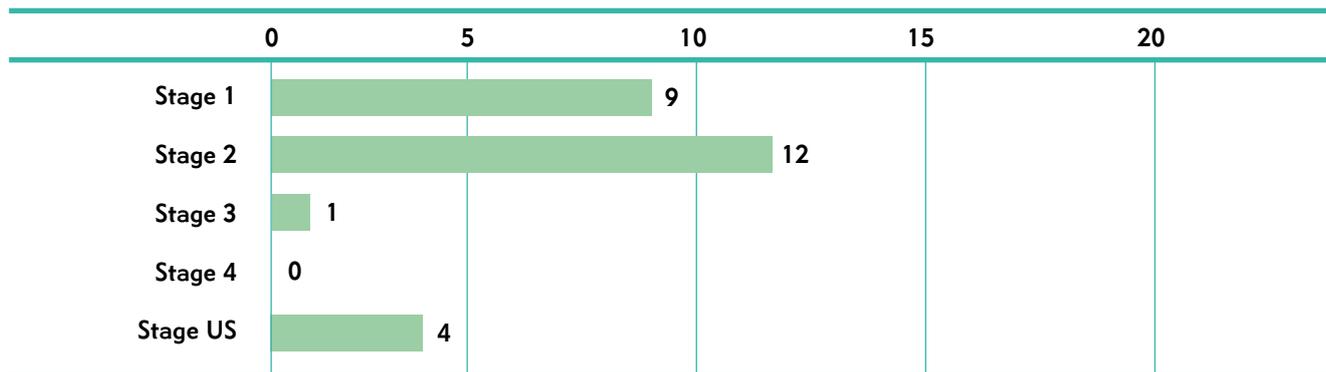
**Table D: Braden risk assessment analysis**

Risk Level	Patients with All Wounds (n=38)	Patients with Pressure Injuries (n=23 patients with 26 wounds)
No ( $\geq 17$ )	5 (13.2%)	2 (8.7%)
Low (15-16)	9 (23.6%)	9 (39.1%)
Moderate (13-14)	12 (31.6%)	6 (26.1%)
High ( $\leq 12$ )	12 (31.6%)	6 (26.1%)
Average Braden	13.9 (Moderate Risk)	14.1 (Moderate Risk)

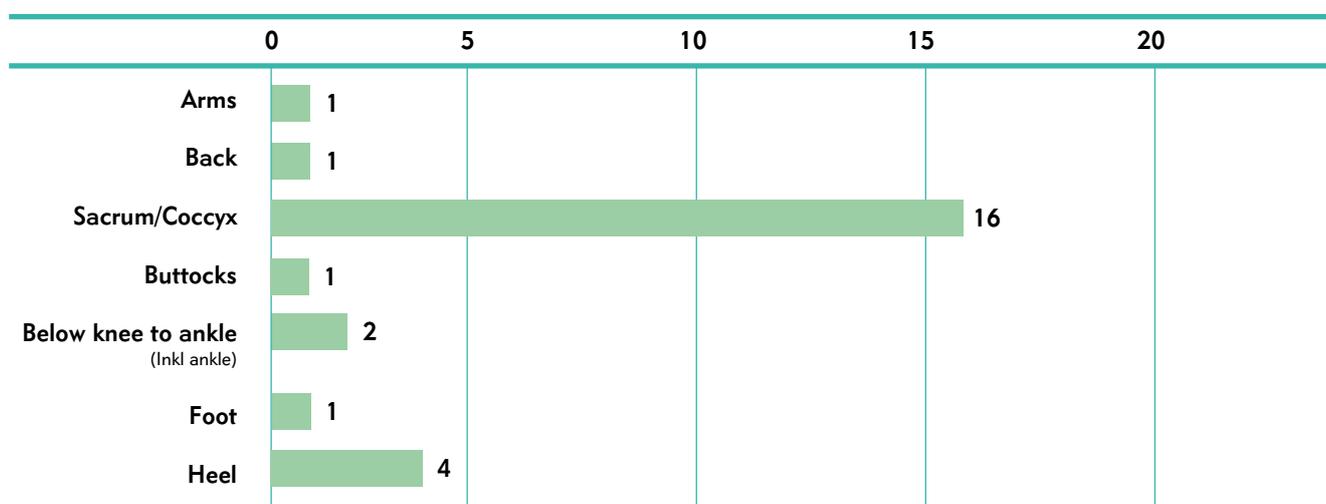
**Table E: Stages of pressure injuries**

Total number of patients with Pressure Injuries, N=23

Total number of Pressure Injuries, N=26



**Table F: Pressure injuries**



(Wounds Canada, 2017). The rate of skin tears in the LTC Corner Brook facility was 0.4%, compared with the 2013 prevalence rate of 14.0%.

The results of this prevalence survey showed the appropriate usage of wound management products and proper dressing change frequency for all wound types. There has been a significant decrease in preventable wounds and an increase in the use of wound and skin care best practice recommendations. We will continue to follow an integrated approach based on recommendations from Wounds Canada (2018). We will focus on prevention across all areas of the healthcare system to continue to reduce prevalence and incidence rates. The Pressure Injury Prevention Program should be continued and be updated as needed. Annual resource nurse wound education

will continue. The results of this survey suggested that the combination of proper education, product use standardization, a team approach, and continued program support will contribute to continued decreased rates in the occurrence of preventable wounds. ■

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