

Empowering patients to play an active role in pressure ulcer prevention

By Hannah Miller, MSN, RN

Developing a pressure ulcer can cause the patient pain, lead to social isolation, result in reduced mobility, and can even be fatal. According to the Agency for Healthcare Research and Quality, estimated costs for each pressure ulcer range from \$37,800 to \$70,000, and the total annual cost of pressure ulcers in the United States is an estimated \$11 billion.

Nurses understand their role in preventing pressure ulcers, but what role do patients play in the prevention plan? Nurses need to empower the patient to be an active member in health promotion activities and participate in prevention measures. In this article, I highlight the importance of incorporating pressure ulcer prevention into patient education for high-risk patients as a way to empower patients. Empowered patients can help improve outcomes and reduce overall costs of this hospital-acquired complication.

Patient engagement

A basic element of empowerment is engagement. Nurses must practice a patient-centered approach to healthcare delivery that embraces and supports the belief that patients are, or can become, competent to make informed decisions. Engaged patients tend to function better, experience fewer symptoms, and are less likely to ex-

perience an adverse event compared to those who aren't engaged.

As a practicing nurse, you would think that engaging patients in their care would lie at the core of the culture of our health-care system; unfortunately, that is not always the case. For example, sometimes we forget to explain to patients *why* we are asking them to perform health promotion activities. If we instruct patients to follow a direction without explaining the meaning behind it, they may be less likely to actively participate in the activities.

Helping patients understand the reason behind an activity, instead of making it seem like we are ordering them to do it, can help performance and adherence levels. With our expertise and close proximity to patients, we are able to take a leading role in engaging them in their care.



The value of teach-back

High-risk patients must be informed about pressure ulcers, including prevention and complications. Arming patients with knowledge makes them feel empowered to actively participate in their health promotion. Unfortunately, studies reported by Dewalt and colleagues note that 40% to 80% of in-

More about teach-back

The conversation below illustrates how discussion as part of teach-back can reinforce a patient's understanding of pressure ulcer prevention.

Nurse: "There are several factors that may lead to pressure ulcers. Those risk factors include: eating the wrong kinds of food, not being able to move around much, other medical problems like diabetes, not being able to feel much when you touch something, and not being able to control your urination, which can make your skin wet."

Patient: "Okay, I get it."

Nurse: "To be sure you have a good understanding of the factors that may lead to pressure ulcers, could you teach back to me three of those risk factors we just talked about?"

Patient: "Sure. Three risk factors would be not eating right, not moving around enough, and my diabetes."

Nurse: "Thank you very much, it sounds like you have a great understanding. What questions can I answer for you?" (Note: This is better than simply asking, "Do you have any questions?" because people tend to just say no.)

Here are more resources for teach-back:

- **Always use teach-back!**^A This toolkit includes an interactive teach-back learning module.
- **The teach-back method.**^B Here you can find tips, a PowerPoint presentation, and a **video on health literacy**^C, an important consideration when teaching patients.

formation taught to patients is forgotten immediately. The teach-back method is one way to reduce those percentages.

In the teach-back method, patients teach the information taught to them back to the nurse. This can be done

through discussion or demonstration, depending on the topic. (See *More about teach-back*.) When information is correctly taught back, it confirms that the patient understands the content. Using the teach-back method in combination with daily reinforcement from nursing staff can help to solidify the knowledge learned and encourage implementation of health practices.

Integrating into care

Latimer, Chaboyer, and Gillespie reported that after conducting interviews regarding pressure ulcer education, patients had varying knowledge of pressure injuries and only a few reported receiving education from healthcare providers about risk factors and strategies to prevent pressure ulcers.

To ensure pressure ulcer prevention education occurs when needed, it's helpful for this education to be part of the standard of care for high-risk patients. Making these education sessions mandatory and using the teach-back method to confirm understanding can help patient adherence to suggested prevention interventions. As nurses, we are empowering our patients by effectively supplying them with information they need to make good choices and be active in promoting their health.

Clinicians should document that education was provided and its level of effectiveness. Evidence of effectiveness includes patient involvement in prevention measures, such as actively turning themselves. Proper documentation by nursing staff shows the effect of education on patients' participation in their own health promotion activities. Although education may take time, the time spent outweighs

the complications of this debilitating condition. After all, it is far easier to prevent a complication than it is to treat one and regain a patient's health.

Promoting engagement

A pressure ulcer often results in patient pain and suffering, poor patient outcomes, decreased quality of life, and increased costs for both patients and their providers. The integration of pressure ulcer prevention into required patient education using the teach-back method empowers and engages patients, fostering their active participation in their own health promotion. Healthcare providers and patients can work together as a team to prevent the many costs of pressure ulcers. ■

Hannah Miller is a clinical learning lab specialist at Chamberlain College of Nursing in Cleveland, Ohio.

Selected references

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Online Resources

A. <http://www.teachbacktraining.org/>

B. <http://www.nchealthliteracy.org/toolkit/tool5.pdf>

C. https://www.youtube.com/watch?v=cGtTZ_vxjyA

CASE STUDY: Peristomal pyoderma gangrenosum

By Susan Lee, BSN, RN, WCC

As a wound care specialist, you have learned about many skin conditions, some so unusual and rare that you probably thought you would never observe them. I've been a nurse for 38 years, with the last 10 years in wound care, and that's certainly what I thought. But I was wrong. Let me tell you about my challenging patient with an unusual skin condition.

A perplexing patient

Mrs. Thompson*, a 77-year-old resident in a long-term care facility where I work, had diabetes, peripheral vascular disease, and a history of a cerebrovascular accident in 1993, which left her with left-sided paralysis.

In February 2010, Mrs. Thompson underwent a colostomy in her left lower abdominal quadrant as a result of a large sigmoid colon volvulus. She was doing well until November 2011, when peristomal skin breakdown began, presumably caused by leakage. Over the course of the next 18 months, her skin breakdown would often improve without any change in treatment, which made subsequent exacerbations frustrating.

Here are the appliance-related adaptations my colleagues and I tried with Mrs. Thompson:

- stoma powders and paste
- wafer adaptations
- plain and medical-grade honey hydrocolloid applied directly to peristomal lesions.