

Pressure injury prevention and management, with Anj Dickson

Interview

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In this insightful interview, a seasoned health professional generously shares their extensive knowledge, thoughts, and experience in the field of Pressure Injuries.

The conversation delves into key themes that resonate with current research, such as the impact of systemic barriers, financial constraints, and disparities in pressure injury assessment tools.

Throughout the discussion, the expert Anj emphasises the importance of practical solutions. This includes providing education – particularly for the non-healthcare population, and actionable tips when assessing Pressure Injuries.

This interview is an invaluable resource for assessors and healthcare professionals. It offers firsthand insights that can guide decision-making, advocacy, and service development, aimed at better supporting disabled individuals in their daily lives.

Kia Ora Anj Dickson,

Please find below the list of questions for our written interview for our Newsletter. Please do feel free to contact either Nafi or I should you require further information. Thank you.

Interview Questions

Opening & Background

1. You have been with Counties Manukau for 17 years and specialized in wound care for the past seven years. What led you to focus on pressure injury prevention and management, and how has your perspective on wound care evolved over time?

When I retrained to be a nurse, I realised very quickly that I enjoyed the challenges that surround complex wounds. I had initially worked in Plastics and then General surgery and there were a lot of complex open abdominal wounds that I would spend hours redressing and marvel as they healed. In 2018, ACC had a project that funded Pressure injury improvement in the District's, and I was lucky enough to be chosen to support that and I haven't looked back. Pressure injuries are complex and I really enjoy with the patient and their family to put a plan in place to either heal the wound if feasible or at least treat the characteristics of the wound, to help improve their quality of life living with a chronic wound.

Expertise & Insights

2. You recently completed your Master's research on the impact of skin tone on pressure injury development. What were your key findings, and how could healthcare professionals, especially assessors, adapt their practices based on your research?

My research showed me that there is inequity in the pressure injury space, that I didn't even consider prior to completing my thesis. All the international research points towards skin tone being a risk factor, as it is more difficult to see the subtle signs of tissue damage in darker skin tones, but none of the internationally recognised pressure injury risk assessment tools acknowledge it or have been modified to acknowledge it. My research showed that pressure injuries were not being identified until they were open wounds (Stage 2 or greater). It showed me that the even the language of pressure injuries is bias, as it is European-centric and non-blanching redness only covers those with lighter skin tones, so we need to ensure that we are assessing darker skin tones more carefully. I always promote setting yourself up for success; good lighting, comparing, and contrasting to the surrounding skin, as well as feeling for subtle changes in temperature.

3. Pressure injuries are often seen as preventable, yet they continue to be a major issue. In your experience, what are the most common gaps in prevention that healthcare professionals should address?

Education of the non-health population – we have changed the name of pressure injuries over the years (pressure ulcers, bed sores, decubitus ulcers) but I think that one area we really lack in, is educating the carers. There is a large patient population that are cared

for at home by family, so why are we not investing time and energy into showing them why it is important to turn the family members that they are caring for and what are the signs that they need to look out for in the early stages of pressure injury and when seek support and who to reach out to.

4. If an assessor identifies a risk of pressure injury, when is the optimal time to refer for Specialist Nurse input, and what signs should prompt a referral?

I am a firm believer in utilising your resources – if you see something say something. Inform the patient, provide education to the carers making sure it is language appropriate (There are a lot of free resources from ACC about prevention available in 16 languages). If there is a wound or you think that the patient is vulnerable and could benefit from a prophylactic dressing, then have an early threshold for referring.

5. To assist assessors in building experience in pressure injury prevention and management, what key factors should they consider to ensure equipment reduces further pressure injury risk?

I think that the most important thing to do is to establish a rapport with your patients and their family. If people feel like you are genuinely there to help them without judgement, they are more likely to engage with you. I also think that is vital to choose equipment that not only meets their pressure relieving need, but it also acknowledges their financial ability as well. There is no point putting an alternating air mattress into a property if they don't have money for power to run it. Equally, educating the patient and family about how it works and why it is important that their loved one it one it is paramount

Assessor Relevance

6. Virtual consultations are becoming more common in wound care. From your experience, how effective is remote assessment in pressure injury management, and what are its limitations?

Virtual review for wound care works to a point, but a photo can't tell you what the malodour of a wound is, how much exudate there is and how deep it is, (although there is a lot of clever software out there that can do that now). But really seeing a person's home setting is vital in the pressure injury space – what is the home like? Where will the patient be sleeping? Are there a lot of young children that could kick out plugs from air mattress? Are their animals that can chew cords. Sometimes reviewing a patient's environment is

the best way to see the behaviours that may be leading to the development of pressure injuries, so you ensure that best fit for that patient.

Challenge & Future Outlook

7. Has a person you worked with, or an experience fundamentally changed your approach to pressure injury management? What did you learn from it?

I think that there is a lot of misdirected shame in the pressure injury space. It really saddens me that pressure injuries are often thought to be a sign of neglect, but sometimes it is a knowledge deficit. If a family member is looking after their loved one and a pressure injury develops, and as health professional, we struggle to see the early signs of pressure injury development, then how can we expect the family to see those signs. How can that be neglect because you know what you know?

Over the years I have learnt that it vital that I don't judge people or their families for the development of pressure injuries, because that won't help. I focus on connecting with the patients and their families, so I can understand what their home environment might look like and what may have been the contributing factors that lead to the development of the pressure injury; knowledge deficit, difficult behaviours due to cognitive decline, hierarchies within families – knowing more about each patient helps me, to help them.

8. Looking ahead, what are the biggest advancements or innovations in pressure injury prevention? How might emerging technology, materials, or AI shape the future?

There is a lot of technical advancements in the pressure injury space – new beds that can judge the quality of turns and send you a text to correct the turn; more advance moisture wicking fabrics for moisture management; new materials gel services that envelop the patients. I am really looking forward to seeing the technological advances to help us to help our patients.

Closing & Takeaway

9. If you could give one key piece of advice to assessors prescribing equipment to prevent pressure injuries, what would it be?

It is about the whole of the patient – not the hole in the patient. Making sure that we assess each patient as an individual, so that we met their needs, rather than what we think they need. Make sure the patients know the 'Why' why do you want them to use a piece of equipment and 'how' that is going to positively impact them?

Thank you again,

Kind regards,

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