



Taking the Pressure Off

Rome wasn't built in a day. When the Pressure Injury Taskforce was first instituted in 2015, the team was prepared for a long and gruelling road. Fast-forward several years and the transdisciplinary team is transforming the quality of patient care.

The very thought of pressure injuries, more commonly known as **bedsores**, may cause some to cringe. However, this is not the reaction one would get from Ms Png Gek Kheng, who is passionate about looking into ways to alleviate pressure injuries to improve patient outcomes.

A pressure injury is defined as localised damage to the skin and underlying soft tissue. It occurs when pressure and/or shear stress is applied over a long time to a particular area, usually over a bony prominence. Pressure injuries range in severity, from as minor as developing a red spot to as major as a deep wound that exposes muscles, tendon, bone or cartilage. Typically, such injuries affect patients with limited mobility, especially those who are bedridden.

As an Advanced Practice Nurse specialising in geriatric care, Ms Png has seen her fair share of elderly patients afflicted by pressure injuries. Often, many pressure injuries are left untreated until they have progressed into more severe stages due to a lack of awareness and knowledge of the condition. The reality is that pressure injuries can be prevented with early intervention.

The Dream Team

Determined to reduce the prevalence of pressure injuries, Ms Png set about forming a Pressure Injury Taskforce. The diverse team comprises geriatricians, nurses, occupational therapists, dietitians and staff from the Performance Management and Office of Improvement Science (OIS).

“Everyone in the taskforce brings something to the table,” Ms Png explains. “It is an open collaborative effort where we bring our expertise together to develop a strategy to combat pressure injuries by educating our staff.”

Together, the team developed a three-tiered curriculum unique to CGH, to train nurses to become Pressure Injury Care champions. The three-tiered curriculum can be visualised as an inverted triangle, starting with the third tier which involves training nursing supervisors and educators first, followed by the second tier that aims to train staff nurses, and then newly registered and enrolled nurses.

This top-down approach was selected, as Ms Png says, because “if leadership of the various departments drive the initiative, it will be more effective as they will be better equipped to establish the areas which require improvement.”

“Furthermore,” she adds, “if a supervisor of the ward does not refresh and update their knowledge, they will not be able to supervise their nurses on the ground.”

The curriculum was initially met with scepticism from fellow nurses who doubted its value. Not many realised that in pressure injuries, there is often more than meets the eye.

“There were some nurses who assumed that pressure injury is a very basic and clear-cut topic that was already covered in their initial training,” Ms Png reveals. “But after they attended the workshop, they realised that they learnt a lot about pressure injuries.”

There are many challenges in managing and treating pressure injuries. Besides implementing strategized clinical decisions, nurses must also consider other areas that encompass patient care, which includes financial, emotional, psychosocial, regulatory and medical-legal considerations.

The complications of managing these factors are heightened by recent developments in the pathophysiology of pressure injuries, which serve as a basis for the aetiology, diagnosis and management of these wounds.



Speaking up for Those Without a Voice

In addition to focusing on the pharmaceutical aspects of pressure injuries, Ms Png stresses the importance of being sensitive to the needs and circumstances of both patients and their families. She especially has a soft spot for those who cannot vocalise or physically indicate their pain.

“Many bedridden patients may be in immense pain, but they may not have the ability to speak,” she sympathetically says. “However, I do notice from time to time that when nurses clean their pressure injuries, they scrunch up their faces and tears roll down their cheeks.”

As such, nurses are encouraged to observe patients’ response when treatment is administered, so that pain management techniques can be applied accordingly.

Spreading Awareness in the Community

While it is fundamental for nurses in healthcare institutions to fully understand the impact of pressure injuries, it is also equally important for the public to be aware of its high prevalence, as well as the techniques that can be applied to prevent the development of pressure injuries.

Among her many missions, Ms Png aims to make pressure injuries widely known to the public. She carries this out once every year when CGH hosts a Pressure Injury Awareness Day in November, intentionally scheduled to align with World Pressure Injury Day.

“We seize every opportunity to disseminate information to the masses. We invite internal speakers to speak about pressure injuries, usually centred on a particular theme,” she elaborates. “Last year’s theme was based on medical devices.”

Continue to Improve on Quality Improvement (QI)

When asked if her QI project can be improved, Ms Png confidently agrees without hesitation.

“I am very heartened by the good response my team and I have received,” she says. “But for every project, there is always room for improvement as new developments and insights may come in that will require us to refresh our strategy.”

“You cannot expect to be an expert on everything,” she adds. “We should adopt a humble mindset and always seek knowledge from others.”

As always, she encourages people to look at things on the whole spectrum. “If you are talking about patient care, then you need to look into holistic care. Don’t just look at the specific problem, look at the whole picture. When you want to look into Quality Improvement, it is important to always find ways to improve your skills and expertise as part of the process.”