

# Understanding Long-Term Care

ONTARIO  
LONG TERM CARE  
ASSOCIATION

## Wounds and pressure ulcers

- National statistics from the Canadian Institute for Health Information show that the proportion of residents who develop new or worsening pressure ulcers in long-term care is at around 3% across the country and has not changed for many years. This consistency implies there are some particularly stubborn challenges in ulcer prevention.
- Wound care protocols in Ontario's long-term care homes are required by legislation and are very rigorous. In quality improvement plans submitted to Health Quality Ontario in 2014, 92% of Ontario long-term care homes identified reducing pressure ulcers as a priority for their quality improvement efforts. This demonstrates a commitment to learning even better ways to care for treatable wounds, as well as improving the comfort of those whose wounds cannot be healed.

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Many factors contribute to the development of a wound besides pressure, long before the pressure is there. Pressure is often the immediate cause, but is not the root cause.

Treating the wound means identifying and removing the source of the pressure and, more importantly, the underlying issues.

The human skin is designed to heal itself when injuries happen. Most of the time, this healing takes between 14 and 21 days regardless of what has caused the injury. But as we age – particularly if we are elderly, in poor health, or immobile – our bodies no longer have the resources to heal properly. In addition, we lose much of the subcutaneous fat under our skin as well as muscle mass, both of which act like a buffer to protect the skin. The skin overlying bony prominences is at risk of developing pressure sores if we are unable to reposition ourselves.

Unfortunately, even when people are repositioned regularly, they remain at risk of developing pressure sores due to their underlying frailty.

Poor nutritional status is another major contributor to frailty and the development and healing of wounds. It is one of the first things that long-term care homes look at when treating wounds. If someone is not able to consume the sufficient nutrients, it leaves the body more vulnerable to wounds and makes them more difficult to treat. Long-term care residents may be unable to eat enough food due to a difficulty with swallowing, lack of appetite due to other medical conditions, or because they have dementia that has caused them to lose interest in eating or the knowledge of how to feed themselves. Even when these individuals are hand-fed by nursing home staff, their physical limitations may result in poor overall nutrition.

As well, resistance to receiving care – such as help with feeding – is a common behaviour among people with Alzheimer’s and dementia, which creates special challenges in ensuring that someone receives the nutrients they need. Diabetes is also a major factor in wound development, and contributes to many wounds that simply cannot be healed. For example, many patients with diabetes have poor circulation to the feet. If a person develops an ulcer on the foot, it may not heal due to lack of oxygen. These sores can develop easily – for example, a man with both diabetes and dementia may have something in his shoe that rubs on his foot all day, but he can't identify the source of his discomfort. By the time his shoe is removed that evening, he has developed a pressure ulcer.

Wounds, particularly those that are chronic and can't be healed, are understandably distressing, both for residents and their families. Long-term care homes provide pain relief, topical treatments to reduce wound odour, distracting activities such as music or companionship, and compassionate care to help residents to cope.

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*This backgrounder has been developed by the Ontario Long Term Care Association. Clinical information has been provided by a long-term care physician with certification in wound care.*