

# Appendix A: Glossary of terms

**Adjunct (noun) or Adjunctive (adjective):** Added to something else as a supplement rather than an essential part (105).

**Best practice guidelines (BPG):** “Best practice guidelines are systematically developed, evidence-based documents that include recommendations for nurses and the interprofessional team, educators, leaders and policy-makers, persons and their families on specific clinical and healthy work environment topics. BPGs promote consistency and excellence in clinical care, health policies and health education, ultimately leading to optimal health outcomes for people and communities and the health system” (106).

**Best Practice Spotlight Organization (BPSO)®:** A health service or academic organization that has partnered formally with RNAO over a three-year time period with a goal of creating evidence-based practice cultures through the systematic implementation and outcome evaluation of multiple best practice guidelines (BPGs) (107). Upon successful completion of the first three-year time period, sites are recognized as designated. Following the pre-designation period, BPSOs are required to achieve deliverables and are redesignated on a biennial basis. The BPSO designation was launched in 2003 as a knowledge translation strategy. BPSOs have been established across all sectors with sites in Ontario and throughout the world.

**Caregiver/essential caregiver:** A caregiver or essential caregiver provides physical, psychological and emotional support, as deemed important by the person. This care can include support in decision making, care coordination and continuity of care. Caregivers can include family members, close friends or other support people and are identified by the person or substitute decision marker (8).

**Deep tissue pressure injury:** Local injury of persistent, non-blanchable deep red, maroon, purple discolouration or epidermal separation revealing a dark wound bed or blood filled blister (9).

**Education statements:** Organizational approaches to the delivery of education in health service organizations and academic institutions to support evidence-based practice. Education statements are based on an analysis of educational recommendations across several BPGs on diverse clinical topics and populations. Education statements can be applicable to all clinical BPGs, and they can be contextually adapted within health-service organizations and academic institutions to support implementation of clinical recommendations.

**Evidence-based practice:** The integration of research evidence with clinical expertise and patient values. It unifies research evidence with clinical expertise and encourages the inclusion of patient preferences (109).

**Evidence-to-Decision (EtD) frameworks:** A table that helps guideline panels make decisions when moving from evidence to recommendations. The purpose of the Evidence-to-Decision framework (EtD) is to summarize the research evidence, outline important factors that can determine the recommendation, inform panel members about the benefits and harms of each intervention considered, and increase transparency about the decision-making process in the development of recommendations (20).

**Evidence profile:** Allows presentation of key information about all relevant outcomes for a given health care question (20). It presents information about the body of evidence (e.g., number of studies), the judgments about the underlying quality of evidence, key statistical results, and the quality of evidence rating for each outcome (20).

**External reviewer:** Individuals or groups who commit to reviewing and providing feedback on the draft RNAO best practice guideline prior to publication. External reviewers often include individuals or groups that are directly impacted by the guideline topic and recommendations (e.g., people accessing health services, people working in health service organizations, or people with subject-matter expertise).

**Good practice statement:** Good practice statements are directed primarily to nurses and the interprofessional teams that provide care to persons and their families across the continuum of care, including (but not limited to): primary care; home and community care; acute care; and LTC.

Good practice statements are actionable statements that should be done in practice (15). These are believed to be so beneficial that summarizing the evidence would be a poor use of the expert panel's time and resources (15). Moreover, researchers may no longer be conducting studies on the topic, or the alternative to the action may be unethical or studying them may go against human rights (15,16). Given the high level of certainty that the benefits derived from the good practice statement outweigh the harms, they are not based on a systematic review of the evidence, and they do not receive a rating of the certainty in their evidence or a strength (i.e., a rating of conditional or strong, which is further discussed below) (17). This does not diminish certainty in the evidence. While they are often supported by indirect evidence, there is a well-documented clear and explicit rationale connecting the indirect evidence to the statement (15). As such, good practice statements should be interpreted as strong recommendations as there is an underlying assumption that there is high certainty in the benefits of implementing the action (15).

**Grading of Recommendations Assessment, Development and Evaluation (GRADE):** A methodological approach to assess the certainty of a body of evidence in a consistent and transparent way, and to develop recommendations in a systematic way. The body of evidence across identified important and/or critical outcomes is evaluated based on the risk of bias, consistency of results, relevance of studies, precision of estimates, publication bias, large effect, dose-response, and opposing confounding (20).

When using GRADE, five components contribute to the assessment of confidence in the evidence for each outcome. These components are as follows:

1. Risk of bias, which focuses on flaws in the design of a study or problems in its execution.
2. Inconsistency, which looks at a body of evidence and assesses whether the results point in the same direction or if they are different.
3. Imprecision, which refers to the accuracy of results based on the number of participants and/or events included, and the width of the confidence intervals across a body of evidence.
4. Indirectness, whereby each primary study that supports an outcome is assessed and a decision is made regarding the applicability of the findings to the population, intervention and outcome outlined in the research question.
5. Publication bias, where a decision is made about whether the body of published literature for an outcome potentially includes only positive or statistically significant results (20).

**Guiding principles:** Overarching concepts that denote a philosophy, belief, value, and/or standard of behaviour that nurses, members of the interprofessional team, and health service organizations should apply to their practice when implementing recommendations and good practice statements.

**Healable wound:** A wound that has adequate blood supply, and can be healed if the underlying cause is addressed (110).

**Health provider:** Refers to both regulated (e.g., nurses, physicians, dietitians and social workers) and unregulated (e.g., personal support workers) workers who are part of the interprofessional team.

**Regulated health provider:** In Ontario, the *Regulated Health Professional Act, 1991* (RHPA) provides a framework for regulating 26 health professions, outlining the scope of practice and the profession-specific controlled or authorized acts that each regulated professional is authorized to perform when providing health care and services (11).

**Unregulated health provider:** Unregulated health providers fulfill a variety of roles in areas that are not subject to the RHPA. They are accountable to their employers but not to an external regulating professional body (such as the College of Nurses of Ontario). Unregulated health providers fulfill their roles and tasks that are determined by their employer. Unregulated health providers only have the authority to perform a controlled act as set out in the RHPA if the procedure falls under one of the exemptions set out in the Act (12).

**Health service organizations:** Organizations delivering health-care services to defined communities or populations. These include, but are not limited to, family health teams, home care organizations and hospitals.

**Implementation science:** Defined as “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services and care” (111).

**Incontinence-associated dermatitis (IAD):** A type of irritant contact dermatitis (inflammation of the skin) found in persons with fecal and/or urinary incontinence. Incontinence-associated dermatitis is known by other names such as perineal dermatitis and diaper rash. It is included within a broader group of skin conditions that are referred to as moisture-associated skin damage (MASD) (33).

**Indigenous:** Introduced and used in a global context following the international efforts of Aboriginal peoples to achieve a greater presence in the United Nations (UN). The UN broadly defines Indigenous persons as peoples of long settlement and connection to specific lands who practice unique traditions and retain social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they reside (112). Under the UN definition, Indigenous is generally understood to include the following: self-identification at the individual level and acceptance by an Indigenous community as a member; historical continuity with pre-colonial or pre-settler societies; strong links to territories and surrounding natural resources; distinct social, economic or political systems; and distinct language, culture and beliefs. Indigenous peoples form non-dominant groups within society and resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities (112).

The Canadian Constitution recognizes three groups of Indigenous peoples: First Nations, Inuit and Métis. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs (113).

**Indirect evidence:** As per GRADE methods, directness is judged based on the target population, intervention, and outcomes of interest (20). Evidence can be indirect if the populations differ from those of interest, the intervention tested differs from the intervention of interest, or the outcomes differ from those of primary interest (20).

*See surrogate outcome.*

**Interprofessional team:** A team comprised of multiple health providers (regulated and unregulated) who work collaboratively to deliver comprehensive and quality health services to persons within, between and across health-care settings (10). Key interprofessional team members supporting persons with or at risk of pressure injuries may include but are not limited to: nurses, personal support workers, general practitioners, physicians, dietitians, occupational therapists, physiotherapists and social workers. It is important to emphasize that persons and their caregivers are at the centre of the interprofessional team as active participants.

**Maintenance wound:** A wound with the potential to heal, but may not be healable, slow or erratic to heal because the cause or contributing factors cannot be easily mitigated, the person chooses other life priorities over adhering with optimal care or does not have the necessary resources to implement the ideal pressure management plan. Surgical options may not be possible due to comorbidities or lifestyle pressures that are known to result in a poor surgical outcome (114).

**Medical device-related pressure injury:** Pressure injuries that result from the use of medical devices, equipment, furniture, and everyday objects that have been in direct contact with skin. The increased pressure from these objects has caused soft tissue damage. The resultant pressure injury generally mirrors the pattern or shape of the device. Common devices that can cause pressure injuries include respiratory devices, tubes, drains, and compression wraps, splints or braces (115).

**Meta-analysis:** A systematic review that uses statistical methods to analyze and summarize the results of the included studies (116).

*See systematic review*

**Moisture-associated skin damage (MASD):** Skin damage caused by prolonged exposure to various sources of moisture, including urine or stool, perspiration, wound exudate, mucus, and saliva. MASD is characterized by inflammation of the skin, occurring with or without erosion or secondary cutaneous infection.

Moisture-associated skin damage is an umbrella term as multiple conditions may result in MASD; four of the most common forms are incontinence-associated dermatitis, intertriginous dermatitis, periwound moisture-associated dermatitis, and peristomal moisture-associated dermatitis (32).

**Mucosal membrane pressure injury:** A pressure injury found on mucous membranes with a history of a medical device in use at the location of the injury. Because of the anatomy of the tissue, these wounds cannot be classified using a staging system (117).

**Non-healable wound:** A wound which is physically unable to heal due to co-morbid health conditions, such as systemic disease (e.g. osteomyelitis that cannot be eliminated), poor circulation or cancer (114).

**Non-randomized study (NRS):** A quantitative study estimating the effectiveness of an intervention, where people are allocated to different interventions using methods that are not random (116).

**Nurse:** Refers to registered nurses, licensed practical nurses (referred to as “registered practical nurses” in Ontario), registered psychiatric nurses and nurses in advanced practice roles, such as nurse practitioners and clinical nurse specialists (11).

**Outcomes:** A dependent variable, or the clinical and/or functional status of a person or population, used to assess if an intervention is successful. In GRADE, outcomes are prioritized based on whether they are: (a) are critical for decision making, (b) important but not critical for decision making, or (c) not important. The use of these outcomes helps make literature searches and systematic reviews more focused (20).

**Person:** An individual with whom a health or social service provider has established a therapeutic relationship for the purpose of partnering for health. Replaces the terms “patient,” “client,” and “resident” that are used across health and social service organizations (13).

**Person-centred:** An approach to care in which the person is viewed as whole. The process of coming to know the whole person is nurtured through the formation of a therapeutic relationship between the person, those who are significant to them, and health and social service providers. This approach to care involves advocacy, empowerment, mutual respect and an understanding of the person's right to be autonomous, to self-determine and to participate actively in decisions about their health (both illness and wellness) (13).

**Person with lived experience:** Members of the community who have first-hand experience and knowledge of the topic of interest either as a person, unpaid caregiver, or advocate. Persons with lived experience are a diverse group with an array of backgrounds and experiences (118).

**PICO research question:** A framework to outline a focused question. It specifies four components:

- Patient or population that is being studied.
- Intervention to be investigated.
- Comparison or alternative intervention.
- Outcome of interest (20).

**Pressure injury:** Localized damage to the skin and/or underlying tissue, as a result of pressure or pressure in combination with shear. Pressure injuries usually occur over a bony prominence but may also be related to a medical device or other object (14).

**Stage 1:** intact skin with a local appearance of non-blanchable erythema (i.e. skin redness).

**Stage 2:** partial-thickness skin loss with exposed dermis.

**Stage 3:** full-thickness skin loss

**Stage 4:** full-thickness skin and tissue loss with visible fascia (i.e. the connective tissue that holds structures in place), muscle, tendon, ligament, cartilage or bone (9).

**Preventative care bundles:** A group of evidence-based interventions that can ensure the delivery of a standardized method of care. When these interventions are performed together, they can have a better outcome than if performed individually (74).

**Qualitative research:** An approach to research that seeks to convey how human behaviour and experiences can be explained within the context of social structures, through the use of an interactive and subjective approach to investigate and describe phenomena (119).

**Quantitative research:** An approach to research that investigates phenomena with tools that produce statistical measurements/numerical data (120).

**Randomized controlled trial (RCT):** An experiment in which the investigator assigns one or more interventions to participants who are randomly allocated to either the experimental group (receives intervention) and the comparison (conventional treatment) or control group (no intervention or placebo) (116).

**Recommendation:** A course of action(s) that directly answers a recommendation question (also known as a “PICO research question”). A recommendation is based on a systematic review of the literature and is made in consideration of its: (a) benefits and harms (b) values and preferences and (c) health equity. All recommendations are given a strength – either *strong* or *conditional* – through panel consensus.

It is important to note that recommendations should not be viewed as dictates, because recommendations cannot take into account all of the unique features of individual, organizational and clinical circumstances (20).

**Recommendation question:** A priority research area of practice, policy or education identified by expert panel members that requires evidence to answer. The recommendation question may also aim to answer a topic area around which there is ambiguity or controversy. The recommendation question informs the research question, which guides the systematic review.

**RNAO Clinical Pathways™:** RNAO Clinical Pathways are a digitized version of RNAO’s Best Practice Guidelines that can be embedded in an electronic health record system to promote evidence-based, person- and family-centred care.

**Shared decision making (SDM):** An interpersonal, interdependent process in which health providers, persons and their caregivers collaborate in making decisions about a person’s health (55).

**Social movement for knowledge uptake and sustainability:** Individuals, groups and/or organizations that, as voluntary and intrinsically motivated change agents, mobilize to transform health outcomes (121).

**Support surfaces:** Specialised medical devices designed to relieve and/or redistribute pressure on the body in order to prevent and treat pressure injuries (77). Support surfaces can include mattresses, cushions and overlays. Powered support surfaces operate using electrical current and may be active or reactive.

**Systematic review (SR):** A comprehensive review of the literature that uses clearly formulated questions and systematic and explicit methods to identify, select and critically appraise relevant research. A systematic review collects and analyzes data from the included studies and presents them, sometimes using statistical methods (116).

*See meta-analysis*

**Unstageable pressure injury:** Full-thickness skin and tissue loss that is obscured by slough or eschar (i.e., dead tissue) so that the severity of injury cannot be confirmed (9).