

**WE
WILL**

**PREVENT PRESSURE ULCERS.
KNOW THE FACTS. TAKE ACTION.**

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In Today's Pressure
Ulcer Initiative Issue:

- Initiative Update
- Tip of the Month
- Technical Assistance
- Success Stories
- Resident and Family Corner
- Legal Corner
- Frequently Asked Questions
- Coming Events



*Long Term Care Newsletter
Pressure Ulcer Initiative Update Issue
Indiana State Department of Health*

Pressure Ulcer Initiative Update

This issue of the Indiana State Department of Health (ISDH) Long Term Care Newsletter is an update of the Indiana Pressure Ulcer Quality Improvement Initiative. The Indiana Pressure Ulcer Quality Improvement Initiative is a 15-month quality improvement collaborative that began in June 2008. The objective of the initiative is to prevent pressure ulcers and significantly reduce the number of pressure ulcers occurring in patient care settings. The University of Indianapolis Center for Aging and Community is the project manager and coordinator for the initiative with Jennifer Bachman serving as the Project Director.

The concept for this initiative began in 2005 when the ISDH developed a Medical Error Reporting System. In both 2006 and 2007, pressure ulcers were the most reported event. Also in 2005, the ISDH and Centers for Medicare and Medicaid Services (CMS) began developing quality of care performance measures and objectives. CMS implemented "GPRG Goals" that focused on the reduction of pressure ulcers and restraints. The ISDH therefore wanted to develop quality improvement programs that provided support to Hoosier health care facilities and agencies in addressing these quality of care issues.

Initiative Overview

The initial participants in the initiative include 105 nursing homes, 40 hospitals, and at least 24 home health agencies. The following is the basic structure of the initiative:

- Pre-work: In this step participants were provided checklists and worksheets for facilities to conduct a preliminary assessment of their pressure ulcer system.
- First Learning Session: This event brings participants together to discuss pressure ulcer prevention, completing a risk assessment, educating patients and families, planning for change, and skin evaluation.
- First Action Period: From first learning session through April 2009. Participating facilities and agencies identify goals for their system and implement changes aimed at preventing pressure ulcers. The focus on this initial action period is the assessment of pressure ulcers. Initiative facilitators are provided to participants to assist in implementation during the action period.

- Resident and Family Teleconference: November 12, 2008. A teleconference was conducted to provide information on residents and families can become involved in pressure ulcer prevention efforts. There were 52 nursing homes that participated comprising 395 individuals.

- Webinar: November 12 and 19, 2008. A Webinar was conducted for hospital and home health participants to discuss possible data collection systems for the pressure ulcer initiative.

- Second Learning Session: April 2009. The Second Learning session will be conducted regional and include participating home health agencies, hospitals, and nursing homes. The focus of the session will be staging of pressure ulcers and care coordination.

- Coaching Webinar: March 26, 2009. A Webinar will be conducted for participants to provide assistance on implementation challenges.

- Second Action Period: April 2009 - August 2009. Participating facilities and agencies will identify goals for their system and implement changes aimed at improving care coordination and consistent staging. Initiative facilitators are provided to assist in implementation during the action period.

- Consumer Guide Published: June 2009. A guide for patients and families will be published to provide information on pressure ulcers and how patients and families may assist in the prevention of pressure ulcers.

- Educational Modules Released: June 2009. The initiative team is developing six educational modules. Each module will be a 15 - 30 minute session and will be available online through the ISDH Web site. The modules are designed to be used as a resource for facilities in educating staff on the prevention of pressure ulcers.

- Outcomes Congress: On August 26, the Initiative Team will share its findings and achievements with participants and the health care community. The event will highlight effective models of pressure ulcer prevention, treatment, and care coordination.

Learning Session Updates

As reporting in the previous pressure ulcer newsletters, the nursing home learning sessions were conducted in five locations around the state. There were 94 nursing homes participating with a total of 393 participants.

On January 22, 2009, the first learning session was conducted in Indianapolis for 40 participating hospitals. There were approximately 125 participants in attendance.

The first learning session for participating home health agencies was scheduled for January 29. Because of a winter storm, the event was postponed until Friday, February 20 at the Junior Achievement Conference Center in Indianapolis. At least 24 home health agencies have signed up to participate.

Tip of the Month

A skin inspection should involve four senses:

- Seeing: The caregiver needs to look for pressure ulcer warning signs to include red spots or blisters, skin tears, bruising, rashes, and existing pressure ulcers.

- Touching: The caregiver needs to gently touch the skin to feel for areas that are either mushy or overly firm.

- Listening: The caregiver needs to ask individuals if they have any pain or discomfort and listen for statements such as "My heels are sore" or reactions to touching a particular area.

- Smelling: Be aware of smells that are new or unusual for the individual, including urine, stool or wound

odors.

Today's legal corner focuses on the legal significance of the four senses.

Technical Assistance

Change from a TAP to PAT philosophy

T	Treatment	P	Prevention
A	Assessment	A	Assessment
P	Prevention	T	Treatment

While all actions are important, changing to a prevention mode will reduce the need for treatment. The reverse is not true.

Tips to move toward this change:

- Include front line staff in testing process improvements
- Include all staff as part of the pressure ulcer prevention program
- Adopt consistent assignments of staff for continuity of care
- Prioritize the skin risk assessment at the time of admission
- Correlate the care plan with the results of the admission skin risk assessment
- Ask for technical support if you need ideas and help

Support Surfaces

The Centers for Medicare & Medicaid Services divides support surfaces into three groups.

- *Group 1*
 - non-powered foam, gel, water, or air (used for pressure ulcer prevention)
- *Group 2*
 - dynamic powered surfaces such as low air-loss and alternating pressure (usually used for Stage III or Stage IV pressure ulcers or multiple non-improving Stage II ulcers)
- *Group 3*
 - fluidized-air surfaces (usually used after a trial of Group 2)

Support surfaces are not a substitute for proper assessment, proactive care, and resident/patient education. However, if you have any questions about the right support surface, discuss the case with your physical therapy department. Physical therapists are trained to understand the proper fitting of pressure reducing surfaces.

Keeping the momentum going

At times, the work ahead can seem a bit overwhelming. Remember, it is important to look at this initiative as a marathon, not a sprint. Sustained successes will come when the changes are small, tested, and adopted by the front line staff. A joke goes like this: "How do you eat an elephant?" The answer is "one bite at a time"!

The technical assistance provided for participants will vary according to the need of the facility or agency. Keep in mind that no question is too difficult for our expert panel.

Success Stories

Here are some highlights of activities that show the excitement and commitment of initiative participants. Good things are happening each day.

- A facility was having a difficult time documenting the severity of a diabetic foot ulcer on the bottom

of the foot. Their solution was to develop an individualized wound care form with a half page foot diagram with room to describe the wound in detail. The different shifts found this beneficial. Reports are positive and the wound is healing.

- Several hospitals have deepened their organizational commitment to improve systems of care for managing pressure ulcers across the healthcare continuum. Lunches and transitions of care meetings have begun the collaborative process.
- Several facilities have added all staff education on pressure ulcers. This is occurring at the time of orientation and is followed by annual competency training. By including everyone from the administrator to the maintenance staff, the awareness of patient safety and comfort has made a big difference in the facility according to a wound care nurse.

As you experience success stories, please share them with the collaborative. Submit ideas to Jo Dyer at jdyer@hce.org for inclusion in future publications.

Resident and Family Corner

From the beginning of this initiative, it was the intent to involve patients, residents, and families in the collaborative. Plans are underway to create a consumer advisory council. The council will consist of residents and families from all parts of the state. Participants will have conference calls with the initiative team.

The role of the Consumer Advisory Council will be to:

- Guide the development of a consumer brochure related to pressure ulcer prevention
- Obtain suggestions on how facility and agency staff can assist them in their care
- Provide feedback, from a consumer perspective, on how the initiative is working in their facility.
- Identify tools and information the consumer would like to have made available.

For more information on the Consumer Advisory Council or to recommend a resident or family member for participation on the council, please contact Robyn Grant at United Senior Action Foundation at robynjgrant@sbcglobal.net.

Legal Corner

Regardless of how competent you are as a nurse, if your documentation is poor, it can undermine your credibility if you become involved in an investigation, lawsuit, or licensure action. A patient or resident's medical record is a legal document, and it should contain a complete and accurate account of the care and treatment you rendered to him. Careful and complete documentation is key to reducing liability and proving compliance with the standard of care. If documentation is incomplete or inaccurate, then it can be difficult for defense counsel to prove you complied with the standard of care.

So, what should you think about as you assess and document your findings with respect to pressure ulcers (or, for that matter, in general)? Dr. Richard Sal Salcido, Editor-in-Chief of *Advances in Skin and Wound Care*, suggests that health care providers go back to basics: using the senses of sight, touch, hearing and smell to assess the status of a patient's wound.^[1] You can then document your objective findings based on your assessment using these senses.

(1) Sense of Sight: Visually examine the wound and assess its color, its capillary permeability, its size and its depth. Note whether there is any drainage and, if so, its color and consistency. Look for any deviation from normal, healthy tissue.

(2) Sense of Touch: Palpate the wound and surrounding area. Check its consistency and that of the surrounding area. Is the tissue firm? Boggy? Normal? Does palpation cause the patient pain? Also, what is the temperature of the wound and the adjacent tissue?

(3) Sense of Hearing: Listen to the patient, his family members and other health care providers as they describe the wound. Use this information to record how the wound developed, how it has progressed or deteriorated, what treatments have been implemented and whether they have worked or not. Listen to the patient describe how he feels, whether the wound is itchy, painful, etc.

(4) Sense of Smell: Wounds should be relatively odor-free. An odor emanating from a wound may be attributable to a dressing that has not been changed regularly, to necrotic tissue, or to infection. For instance, a caustic or rancid odor could indicate the presence of bacteria in the wound.

If you think about your four senses as you assess and document, you may find that your charting will be more accurate and complete. Remember, an attorney or investigator will look to the medical record to prove his theory that a plaintiff developed a pressure ulcer as a result of neglect or substandard care. Therefore, accurate and complete documentation can help protect you from liability, and assist defense counsel to disprove the other side's case.

[1] Richard Sal Salcido, M.D., *Using Our Senses in Wound Care*, *Advances in Skin and Wound Care*, Vol. 18(1) Jan.-Feb. 2005.

Frequently Asked Questions

Question: Should there be a separate wound care team?

ANSWER:

- A diverse wound care team will ensure that a focused review of pressure ulcers remains an organizational commitment. If the wound care team meets as part of the care planning committee, it usually does not include front line staff and its tendency is to focus on treatment. Prevention techniques and process changes are the cornerstone of the Indiana Pressure Ulcer Quality Improvement Initiative. A well structured meeting, specifically devoted to pressure ulcers, can produce improved outcomes. It is worth the effort.

Question: Where should my facility be in the Initiative process?

ANSWER:

- A plan for the prediction, prevention, and early treatment of pressure ulcers should be firmly in place.
- Front line staff should have their initial education and all employee education should be in the planning, if not completed.
- A Plan-Do-Study-Act (PDSA) cycle should be complete with advancement of the results.

Question: When will this program end?

ANSWER: The formal initiative ends with the Outcomes Congress on August 26, 2009. An important part of the Outcomes Congress will be focusing on continuation and the next steps for participating health care facilities and agencies. The initiative is not a program that has a beginning and an end. Our goal is that the tools learned and changes implemented in this initiative will lead to improved knowledge and *process changes* which will be sustained and ongoing beyond the formal initiative.

When you have questions, contact Jo Dyer at 812-234-1499 ext.323, or at jdyer@hce.org.

Coming Events

February 20, 2009: Rescheduled First Learning Session for participating home health agencies.

April 14, 15, 16, 29, & 30, 2009: Second Learning Sessions for all participants at regional locations around the state.

August 26, 2009: Final Initiative Congress for all participants, Indianapolis.



The Indiana State Department of Health and University of Indianapolis Center for Aging & Community appreciate the commitment and positive response to this initiative. Congratulations on the progress and accomplishments of the facility and agency teams. Thank you for your efforts to prevent pressure ulcers.

Terry Whitson
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