
# Implementation Guide:
# Goal 4: Reducing High Risk Pressure Ulcers

***This Implementation Guide provides efficient, consistent, evidence-based approaches to address the prevention and minimization of pressure ulcers.***

***www.nhqualitycampaign.org***

ADVANCING EXCELLENCE IN AMERICA'S NURSING HOMES

# A Campaign to Improve Quality of Life for Residents and Staff

*Advancing Excellence in America's Nursing Homes* is a national campaign to encourage, assist and empower nursing homes to improve the quality of care and life for residents.

Comprised of long term care providers, medical professionals, consumers, employees, and state and federal agencies, *AE* is the largest and first coalition of its kind to measure quality by setting clinical and organizational goals for nursing homes.

The coalition stimulates quality improvements by providing nursing homes with free, current and practical evidence-based resources, empowering residents and their families with education, and helping participants reach their targets. Homes can compare their progress with state and national averages.

This Implementation Guide was prepared by volunteers and members of the Advancing Excellence Steering Committee.

Click here to see a list of coalition leaders.

# Goal 4: Reducing High Risk Pressure Ulcers

**NEW GOAL 4: Pressure Ulcers.** Nursing home residents receive appropriate care to prevent and appropriately treat pressure ulcers when they develop.

The following objectives have been developed to provide national targets that will encompass all nursing homes, inclusive of those that are very high performers on a specific goal and those that may need significant improvement on a specific goal.

It is the intent of the Advancing Excellence campaign to encourage every individual nursing home to reach the highest performance levels possible.

**For Goal #4, it is our vision that ALL nursing homes will strive to prevent the onset of any new pressure ulcer and to heal existing pressure ulcers in the shortest amount of time.**

**Objectives** – By December 31, 2011:

A: The national average for high risk pressure ulcers will be at or below 9%.

B: 30% of nursing homes will report rates of high risk pressure ulcers at or below 6%.

C: The average of the scores of the nursing homes exceeding the 2009Q1 90$^{th}$ percentile (n=1147) will be reduced from 25% to 18%.

D: Compared to June 2006, there will be 3,000 fewer residents with pressure ulcers per 100,000 nursing home residents. Applying this to the current pressure ulcer denominator of approximately 750,000 results in 22,500 fewer residents with pressure ulcers.

E. Each state will attain an average facility level improvement of one decile.

F. NH will set a specific target to improve the prevalence of pressure ulcers by one decile rank over the next 24 month period

| ICON KEY |
|---|
| Recognition/Assessment |
| Cause Identification |
| Management |
| Monitoring |

**The icons in the box** to the left will be used throughout this guide to help identify those processes related to key evidence-based approaches.

# Approach to Implementation

A nursing home working to reduce the incidence and prevalence of pressure ulcers should follow these steps.

## Recognition / Assessment

1. *Identify pressure ulcer prevention and care as an area for potential improvement in performance and practice.*

   - Based on nursing home quality improvement data, quality measures, survey results, review of actual resident cases, comparison to benchmarks, etc.

2. *Identify authoritative information available for the topic.*

   - Review references listed in the "*Pressure Ulcer Resources*," as well as reliable and evidence-based information about preventing and managing pressure ulcers from the literature and from relevant professional associations and organizations, particularly the National Pressure Ulcer Advisory Panel (NPUAP).
   - Identify ways to distinguish the reliability of information about preventing and managing pressure ulcers (i.e., how to separate valid ideas from myths and misconceptions about the topic).
   - Review regulatory standards to determine whether internal policies and procedures and performance meet or exceed the standards.

3. *Identify current processes and practices in the nursing home.*
   For an overview of the process, see *Pressure Ulcer Process Review Tool* and *Flow Diagram*.

   - Are the nursing home's approaches consistent with the steps identified in the *Pressure Ulcer Care Process Framework*?
   - Identify the nursing home's current approach to preventing and managing pressure ulcers, and the basis for that approach.
   - Who in the nursing home decides how to try to prevent and manage pressure ulcers, and what approaches do they use?

4. *Identify areas for improvement in processes and practices.*
   Using the information gathered in Steps 2 and 3 above, compare current with desirable approaches to preventing and managing pressure ulcers. Address the following:

   - Check whether current nursing home policies / protocols are consistent with current evidence-based approaches, (i.e., new 2009 NPUAP guidelines).
   - Check whether desirable approaches are being followed consistently.
   - Identify whether anyone has been reviewing and comparing current approaches to preventing and managing pressure ulcers to desirable ones.

# Approach to Implementation (cont.)

- Have issues related to preventing and managing pressure ulcers been identified previously? Were they followed up on? Has the nursing home previously evaluated its performance and taken steps to improve?

## Cause Identification

5. *Identify the causes of issues related to pressure ulcer prevention and care, including root causes of undesirable variations in performance and practice.*

- Identify issues and practices that are inhibiting the prevention and healing of pressure ulcers.
- Identify underlying causes of (including root causes – see resources), and factors related to, undesirable approaches to preventing and managing pressure ulcers in the nursing home.
- Identify reasons given by those who do not adequately follow desirable approaches.

## Management

6. *Reinforce optimal practice and performance.*

- Continually promote "doing the right thing in the right way."
- Follow the steps of the *Pressure Ulcer Care Process Framework*, throughout the nursing home.
- Identify and use tools and resources to help implement the steps and address related issues.
- Based on information and data collected about the organization and the processes and results related to preventing and managing pressure ulcers, reinforce systems and processes that are already optimal.

7. *Implement necessary changes.*

- Address underlying causes (including root causes) of the challenges and obstacles to the nursing home's capacity to prevent and manage pressure ulcers.
- Implement pertinent generic and cause-specific interventions.
- Address issues of individual performance and practice that could be improved in trying to prevent and resolve pressure ulcers.
- Refer to the *Pressure Ulcer Resources* for resources and tools that can help to address this goal.

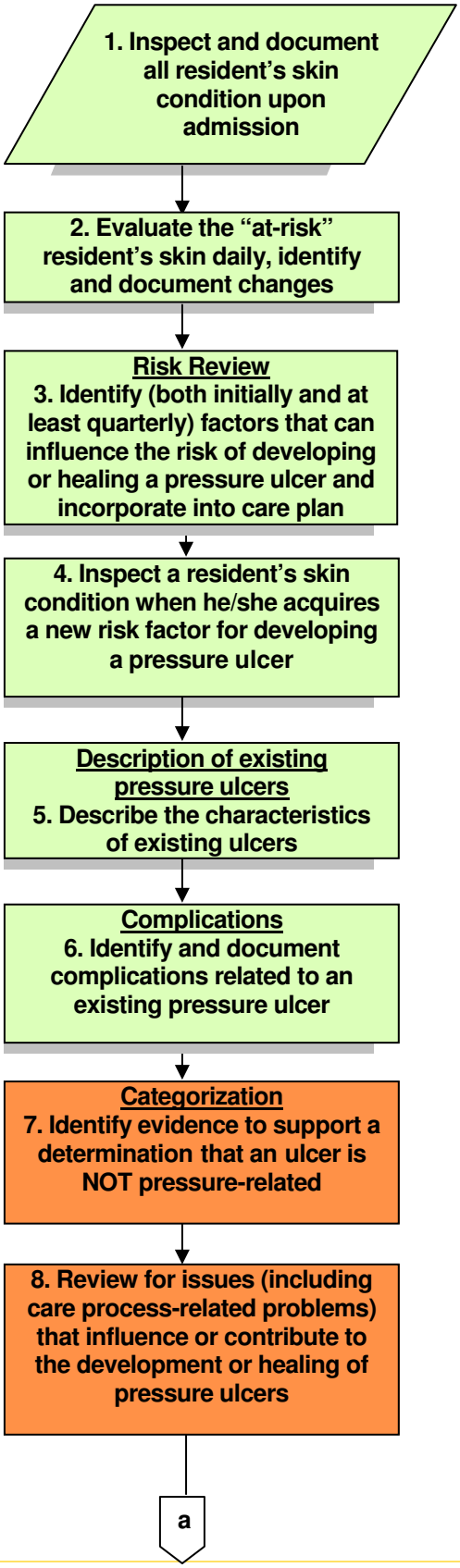
# Approach to Implementation (cont.)

## Monitoring

8. *Reevaluate performance, practices and results.*

- Recheck for progress towards getting "the right thing done consistently in the right way."
- Use the *Pressure Ulcer Process Review Tool* to identify whether all key steps are being followed.
- Use the *Pressure Ulcer Care Process Framework* and related references and resources from Steps 2-4 above, and repeat Steps 2-7 (Recognition / Assessment, Cause Identification, and Management) until processes and practices are optimal.
- Continue to collect data on results and processes.
- Evaluate whether changes in process and practice have helped attain desired results.
- Adjust approaches as necessary.

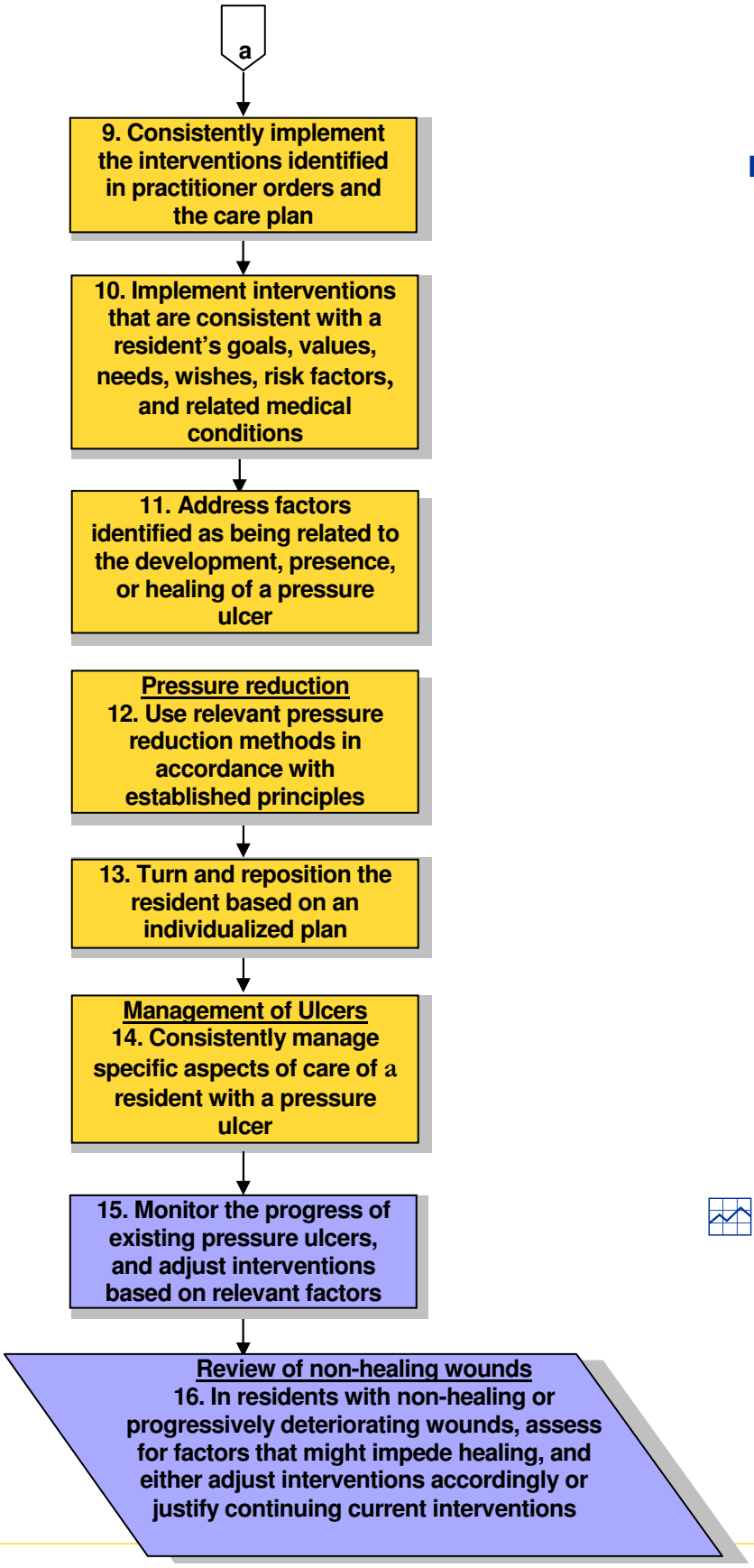
# Flow Diagram – Pressure Ulcer Process Framework




RECOGNITION / ASSESSMENT

CAUSE IDENTIFICATION / DIAGNOSIS

# Flow Diagram – Pressure Ulcer Process Framework (cont.)



# PRESSURE ULCER PROCESS FRAMEWORK

| CARE PROCESS STEP | EXPECTATIONS | RATIONALE |
|---|---|---|
| **PROBLEM RECOGNITION / ASSESSMENT** | | |
| 1. Inspect and document the resident's skin condition upon admission. | - Staff systematically assesses the skin condition of all residents, in a manner that respects their dignity and minimizes unnecessary exposure.<br>- Staff identifies and documents any existing pressure ulcers and other skin breakdown, in enough detail to permit additional assessment and management to occur.<br>- Staff systematically inspect and document a resident's skin condition from head to foot no later than within 24 hours of admission, seeking the presence of pressure ulcers of any stage. *BEST PRACTICES are to evaluate the skin within 1-4 hours of admission because pressure ulcers can develop very rapidly in many situations.*<br>- Staff review transfer documents and medical records to identify interventions that have been provided to existing pressure ulcers noted on admission. | - The skin is one of the body's organs, and both influences and is influenced by each person's physical condition and functional and psychosocial status.<br>- While exposure of the individual is necessary for a thorough assessment, it should be done in a dignified manner in the proper context of getting to know the individual.<br>- Timely identification of the presence of skin damage and risk factors permits implementation of pertinent interventions.<br>- Careful, thorough skin assessment is important to help identify pressure ulcers, especially Stage 1, to allow timely and appropriate interventions.<br>- Information about many aspects of an individual and their current condition is pertinent to addressing risks and problems related to the skin. |

# PRESSURE ULCER PROCESS FRAMEWORK (cont.)

| CARE PROCESS STEP | EXPECTATIONS | RATIONALE |
|---|---|---|
| **PROBLEM RECOGNITION / ASSESSMENT (cont.)** | | |
| 2. Evaluate the resident's skin condition daily and identify changes; communicate changes to other appropriate staff and document in medical record. | - Staff inspects the resident's skin at least approximately weekly for the presence of pressure ulcers or other skin breakdown.<br>- Staff inspects and document skin condition within 24 hours of arrival or return from another facility.<br>- Staff inspects skin daily over bony prominences for residents at risk for skin breakdown. | - Many risk factors persist indefinitely in frail and chronically ill individuals.<br>- Subsequent changes in a resident's condition may increase his/her potential for skin breakdown. |
| <u>Risk Review</u><br>3. Identify (both initially, upon change of condition, and at least quarterly) factors that can influence the risk of developing or healing a pressure ulcer. | - Staff looks for specific physical and functional factors associated with the risk of developing a pressure ulcer or known to influence the healing of pressure ulcers.<br>- Staff accurately assess for the three primary at-risk factors: mobility/activity, moisture/incontinence, and nutritional deficit. | - Factors associated with an increased risk of developing a pressure ulcer and those that influence healing of existing pressure ulcer |
| 4. Inspect a resident's skin condition when he/she develops a new risk factor that potentially causes a pressure ulcer | - Staff re-evaluates a resident's skin when he/she develops a new risk factor known to be associated with an increased risk of skin breakdown. For example, a decline in level of consciousness or a weight loss of 5 pounds compared to the previous month would suggest a skin assessment at the next scheduled check, or in the interim. | - New risk factors may become apparent at any time, especially within the first several days after admission or after a change in condition.<br>- Changes in a resident's medical condition, function, and psychosocial status can increase the potential for skin breakdown. |

# PRESSURE ULCER PROCESS FRAMEWORK (cont.)

| CARE PROCESS STEP | EXPECTATIONS | RATIONALE |
|---|---|---|
| **PROBLEM RECOGNITION / ASSESSMENT (cont.)** | | |
| <u>Complications</u><br>5. Identify complications related to an existing pressure ulcer. | - Staff, in conjunction with the resident and family, seek and identify physical complications and functional and psychological consequences related to an existing pressure ulcer; for example, pain, cellulitis (soft tissue infection around the ulcer), osteomyelitis, or social isolation. | - Pressure ulcers may have associated physical, functional, and psychological complications, which may be managed effectively once they are identified.<br>- Open pressure ulcers usually are colonized with bacteria, but may not be infected.<br>- Osteomyelitis may be present without specific signs or symptoms, and may be a cause of constantly draining or non-healing wounds. |
| <u>Description of existing pressure ulcers</u><br>6. Describe the characteristics of existing ulcers. | - Staff describe and document a pressure ulcer's key characteristics including size, location, depth and stage, the presence or absence of necrosis and slough, tunneling or sinus tract(s), and exudate, and note the condition of the wound bed including evidence of healing such as granulation (where visible), the presence of eschar, and the status of surrounding skin. | - Documented assessment of these parameters over time helps identify the progress of pressure ulcer healing or deterioration.<br>- Appropriate pressure ulcer treatment is related to these various parameters. |

# PRESSURE ULCER PROCESS FRAMEWORK (cont.)

| CARE PROCESS STEP | EXPECTATIONS | RATIONALE |
|---|---|---|
| **PROBLEM RECOGNITION / ASSESSMENT (cont.)** | | |
| | - Staff identifies factors that indicate pressure ulcer healing or deterioration.<br>- Staff recognizes special pressure ulcer presentations such as deep tissue injury or pressure ulcers in darkly pigmented individuals | - Wound debridement may enlarge a wound by removing nonviable tissue, but such a change in size does not indicate worsening.<br>- Wound sizes may be influenced by position, edema, and additional factors. |
| **CAUSE IDENTIFICATION / DIAGNOSIS** | | |
| <u>Categorization</u><br>7. Identify evidence to support a determination that an ulcer is not pressure-related. | - Staff collect and assess information, in conjunction with the practitioner, that helps determine the likely category (arterial ulcer, venous ulcer, etc.) and causes of an ulcer<br>- The staff or practitioner document the basis for conclusions that an ulcer is not pressure-related.<br>- As needed, a health care practitioner evaluates the evidence to help determine whether an ulcer was pressure-related or due to another cause. | - Various conditions can cause skin breakdown.<br>- Different kinds of ulcers have defining characteristics and related factors that help determine their origin. |

# PRESSURE ULCER PROCESS FRAMEWORK (cont.)

| CARE PROCESS STEP | EXPECTATIONS | RATIONALE |
|---|---|---|
| **CAUSE IDENTIFICATION / DIAGNOSIS (cont.)** | | |
| 8. Review for issues (including care process-related problems) that influence or contribute to the development or healing of pressure ulcers. | - The staff and management look for problems or gaps in performance of specific tasks (assessment, repositioning, etc.) related to pressure ulcer care that could increase the risk of acquiring, or impede healing of a pressure ulcer. | - For example, individuals who cannot relieve pressure independently or who cannot address other relevant risk factors require others to provide essential elements of care. Therefore, some of those at risk for a pressure ulcer may require repositioning or other assistance based on individualized need and plan of care. |
| **MANAGEMENT / TREATMENT** | | |
| 9. Consistently implement the interventions identified in physician orders and the care plan. | - Staff individualizes the approaches to prevent and treat pressure ulcers and manage pressure ulcer risk factors.<br>- Relevant procedures and protocols are applied consistently and correctly. | - Reasonable approaches to prevent and treat pressure ulcers have been identified. For example, excessive friction and shearing can cause skin damage, and a soft tissue infection of the tissue around a wound may impact healing.<br>- Both generic and individualized interventions are appropriate for individuals with pressure ulcers or pressure ulcer risks. |

# PRESSURE ULCER PROCESS FRAMEWORK (cont.)

| CARE PROCESS STEP | EXPECTATIONS | RATIONALE |
|---|---|---|
| **MANAGEMENT / TREATMENT (cont.)** | | |
| 10. Implement interventions that are consistent with a resident's needs, risk factors, related medical conditions, goals, values and wishes. | - Staff with the practitioner's input, identify realistic goals for ulcer management.<br>- There is a rationale for these interventions and treatment plan, including situations where healing is not the goal. | - Pressure ulcers should show progress towards healing within 2 to 4 weeks, but may be delayed by various factors, such as active medical conditions and complications, that influence the likelihood and rate of pressure ulcer healing.<br>- Sometimes (for example, end of life situations) healing of a pressure ulcer is not feasible or is not the primary goal of care.<br>- Interventions should be consistent with currently accepted practices, or the staff and practitioner should be able to explain why they deviated from those approaches. |
| 11. Address factors identified as being related to the development, presence, or healing of a pressure ulcer. | - The staff and practitioner address physical, functional, and psychosocial issues that affect, and are affected by, having a pressure ulcer, such as pain, decreased mobility, dependency for eating, continence, pressure reduction, fluid and electrolyte imbalance, and medication-related anorexia or lethargy. | - Skin condition and integrity relates to overall medical, functional, and psychosocial status.<br>- Various conditions and impairments can predispose to developing skin breakdown or inhibit wound healing.<br>- Some factors influencing the |

# PRESSURE ULCER PROCESS FRAMEWORK (cont.)

| CARE PROCESS STEP | EXPECTATIONS | RATIONALE |
|---|---|---|
| **MANAGEMENT / TREATMENT (cont.)** | | |
| | - If ulcer healing is not anticipated, the staff and/or practitioner identify and document factors (for example, underlying medical conditions) that they identify as impeding their ability to heal a pressure ulcer. | development or healing of pressure ulcers are correctable, while others may be only partially correctable or may worsen despite interventions. |
| <u>Pressure reduction</u><br>12. The staff uses relevant pressure reduction methods in accordance with established principles. | - Staff initiates pressure reduction measures consistent with relevant principles; for example, the number of available turning surfaces and the ability of the resident to maintain a position. | - Pressure reduction is a key component of pressure ulcer prevention and healing. |
| 13. The staff turn and reposition the resident based on an individualized plan. | - For a resident with a pressure ulcer or who is at risk for pressure ulcers, staff develops an individualized approach to turning and repositioning.<br>- If staff believe that limitations (e.g., a resident's inability or unwillingness to cooperate) prevents them from consistently achieving or maintaining an effective change in position or pressure reductions, they attempt to address these limitations and document related efforts. | - A consistent effort to reduce pressure on vulnerable or affected areas is desirable, although the optimal frequency of turning and positioning has not been precisely identified. Repositioning decreases the time spent in one position, and pressure-reducing surfaces reduce pressure intensity.<br>- Current guidelines suggest repositioning at-risk individuals approximately at least every |

# PRESSURE ULCER PROCESS FRAMEWORK (cont.)

| CARE PROCESS STEP | EXPECTATIONS | RATIONALE |
|---|---|---|
| **MANAGEMENT / TREATMENT (cont.)** | | |
| <u>Management of ulcers</u><br>14. Consistently manage specific aspects of care of a resident with a pressure ulcer | - Staff provides specific aspects of pressure ulcer care in accordance with relevant protocols or procedures, which are based on generally accepted recommendations relevant to the long-term care population.<br>- Staff tries to maintain stable body weight, or indicate why this is not feasible (for example, for someone who has major underlying medical illnesses) or desirable (for example, in someone who is overweight and on a planned weight loss program). | two hours while in bed and approximately hourly while seated. Individual tissue tolerance should be considered.<br>- Some of the approaches to pressure ulcer care have a strong evidence basis; others are based on consensus or a combination of evidence and consensus.<br>- A consistent approach to wound care should help attain desirable outcomes.<br>- Although various options exist for most aspects of wound care, some of them have been shown not to work or to actually be problematic.<br>- Other than basic caloric support to try to maintain stable weight and a multivitamin, additional nutritional interventions in the absence of specific identified deficits are of unproven benefit for individuals with pressure ulcers. |
| **MONITORING** | | |
| Monitor the progress of existing pressure ulcers, and adjust | - The staff reassesses an existing pressure ulcer approximately weekly. | Consistent review and description helps identify whether a wound is healing and |

# PRESSURE ULCER PROCESS FRAMEWORK (cont.)

| CARE PROCESS STEP | EXPECTATIONS | RATIONALE |
|---|---|---|
| **MONITORING (cont.)** | | |
| interventions based on relevant factors. | - Staff describes pressure ulcers consistent with the initial evaluation, and compares findings over time.<br>- The staff and practitioner address relevant factors such as the extent of healing, pressure ulcer characteristics, any wound complications, medical stability and complications, and overall prognosis.<br>- The staff and practitioner explain decisions to change, maintain, or stop various interventions, based on the nursing home's procedures or protocols and on resident-specific factors. | factors that may inhibit their progress.<br>- Complications may (but do not necessarily) require a change in management.<br>- Several methods of wound measurement allow for assessing the progress of healing; for example, the PUSH tool and others.<br>- Resident goals and wishes, such as those that may be stated in advance care directives, are pertinent to treatment decisions. |
| <u>Review of non-healing wounds</u><br>16. In residents with non-healing or progressively deteriorating wounds, assess for factors that might impede healing, and either adjust interventions accordingly or justify continuing current interventions. | - The staff and physician consider medical, mechanical, procedural, and other factors that could affect healing, including inadequate turning and positioning, additional or different approaches to pressure reduction, and the presence of cellulitis or osteomyelitis. | - Factors that are identified as inhibiting healing should be addressed unless there are valid clinical reasons for not doing so.<br>- Some factors that influence the healing of a pressure ulcer may be more treatable than others. |

# Goal #1: Reducing the incidence of high risk pressure ulcers

This document is intended to be used in conjunction with the **Process Review Tool** included with the **Reducing High Risk Pressure Ulcers Process Frameworks** documents currently available on the Advancing Excellence website. It is an outline of the steps to follow as you embark on your journey toward reducing the incidence and prevalence of pressure ulcers. Included are references to websites, documents, tools, and processes available on the Advancing Excellence website and other recognized LTC professionals and resources.

## Recognition/Assessment

I. Why is it necessary to reduce the incidence of high risk pressure ulcers?
   a. To assure that the care provided to residents meets their needs and expectations and helps them to attain a high quality of life.
   b. To assure alignment with the mission and vision of the nursing home.
   c. Reducing pressure ulcers can improve quality of life and decrease facility costs thereby improving financial bottom line and increase market share.
   d. It's the right thing to do.

II. How do we best determine if we have a system for preventing high risk residents from developing pressure ulcers?
   a. Identify whether pressure ulcer prevention and care is an area for potential improvement by studying collected data from various sources: internal QI data, QI/QM reports, survey results, resident/family and staff satisfaction surveys and assessments.
   b. See Pressure Ulcer Process Framework Implementation Guide on Campaign website (see resources at end). Is the facility following best-practices for assessment, risk identification, interventions?
   c. Develop an internal education plan for all staff on the importance and value of pressure ulcer prevention and care.
   d. Develop an internal communication plan for all staff so they can easily and appropriately communicate observations, changes, data and other information through the proper channels and to the right personnel. (see communication tools on www.medqic.org )

## Cause Identification

I. What is the best way to identify potential causes of nosocomial pressure ulcers in our facility?
   a. Assemble a facility representative Quality Improvement (QI) team. Include persons from all departments, residents, volunteers, and physicians (no larger than about eight people.)
   b. Determine if standardized processes are being followed for admission assessment, risk identification, interventions, on-going assessment. (see Pressure Ulcer Process Framework Implementation Guide (see resources below).
   c. Are standardized and valid tools being used for assessment and root cause analysis?
   d. Are appropriate professional consultants (nutrition, wound, physical therapy) being used?
   e. Identify any barriers to processes. Are there specific reasons staff give for not adequately following best-practices?

## Management

I. What is the best way to begin making improvements in reducing the incidence and prevalence of high risk pressure ulcers?
   a. Select realistic, measurable improvement goals related to identified gaps in Pressure Ulcer prevention processes from above – set Targets.
   b. Using a simple action plan (road map), identify specific interventions to implement, time frames for completion, key responsible individuals.
   c. Interventions should be based on best practices from expert sources (see **Resources** included in the

"Pressure Ulcer Prevention Process Frameworks" document on AE website below).

d. Communicate action plan goals to all stakeholders – all staff, residents, family (as appropriate) and give all involved parties a copy of the goals.

## Monitoring

I. What is the best way to monitor progress toward the intended goals of improvement?

a. Constantly re-evaluate "management" of the clinical implementation process
b. Use a QI implementation process, such as the Plan, Do, Study, Act cycle to implement and adapt changes (see www.MedQic.org reference below)
c. Determine progress toward goal(s) listed in action plan.
d. Identify and address any barriers.
e. Make revisions and implement new/revised interventions.
f. Continue the cycle until goals are attained.
g. Set new goals and Targets and continue the process

For additional assistance with reducing the incidence and prevalence of pressure ulcers you may want to contact your State's LANE convener found on the Advancing Excellence website www.nhqualitycampaign.org
Quality Improvement Tools: www.medqic.org
See "Implementation Guide: Goal 1: Reducing High Risk Pressure Ulcers" at http://www.nhqualitycampaign.org/files/im/1_PressureUlcer_TAW_Guide.pdf
National Pressure Ulcer Advisory Panel: www.npuap.org
The Hartford Foundation: www.consultgerirn,org/topics/pressure_ulcers_and_skin_tears

# PRESSURE ULCER PROCESS REVIEW TOOL

| Abstraction Date: | | | |
|---|---|---|---|
| Nursing home Name: | | Nursing home Address: | |

| | | YES | NO | N/A |
|---|---|---|---|---|
| **RECOGNITION/ASSESSMENT** | | | | |
| 1. | Did the staff inspect and document skin condition within designated time frame but no more than 24 hours of arrival or return from another nursing home, and at least weekly/quarterly thereafter? Best practices indicate inspection within 1-4 hrs. | | | |
| 2. | Did the staff assess, measure and document the highest staged pressure ulcer within the designated time from (preferably 1-4 hrs but no more than 24 hours) of admission? | | | |
| 3. | Did the staff and/or practitioner evaluate the resident's skin condition at least weekly and identify significant changes in skin condition? | | | |
| 4. | Did the staff and/or practitioner identify factors that could influence the individual's risk of developing or healing a pressure ulcer (e.g., history of pressure ulcers, bowel or bladder incontinence, excessive skin moisture, cognitive impairment, bed/chair mobility, functional status, nutritional status, diagnoses, medications)? | | | |
| 5. | Did the staff and practitioner address (document and include in care plans) those identified risk factors, to the extent possible? | | | |
| 6. | If the resident acquired a new risk factor for developing a pressure ulcer, did the staff inspect and document a resident's skin condition periodically (including detailed descriptions of ulcer)? | | | |
| 7. | Did the staff and practitioner seek and identify complications related to an existing pressure ulcer? | | | |
| 8. | Did the staff and/or practitioner describe the characteristics of existing ulcers (staging, size, epithelialization, exudates, granulation tissue, necrotic tissue, sinus tracts, undermining, tunneling, etc.)? | | | |
| **CAUSE IDENTIFICATION** | | | | |
| | | **YES** | **NO** | **N/A** |
| 9. | Did the staff and/or practitioner provide evidence to support any determination that an ulcer was not pressure-related? | | | |
| 10. | Did the staff and management check for care-related processes that could influence or contribute to the development or healing of pressure ulcers? | | | |
| **TREATMENT/MANAGEMENT** | | | | |
| | | **YES** | **NO** | **N/A** |
| 11. | Did staff consistently implement and document interventions identified in practitioner orders and the care plan? | | | |
| 12. | Were interventions consistent with a resident's needs, risk factors, related medical conditions, goals, values and wishes? | | | |
| 13. | Did the staff use relevant pressure reduction methods in accordance with pertinent standards, including bed and chair support surfaces, and turning and positioning? | | | |
| **MONITORING** | | | | |
| | | **YES** | **NO** | **N/A** |
| 14. | Did the staff and practitioner monitor the progress of existing ulcers and adjust interventions based on relevant factors (i.e., healing, overall health condition)? | | | |
| 15. | Did the staff and/or practitioner document improvement of the ulcer by the end of the fourth week after admission or its onset, or review the current approaches and adjust them as indicated? | | | |

**FOR ANY "NO" ANSWERS, FACILITY MUST REVIEW TO DEtERMINE WHY THE ACTIVITY WAS NOT DONE. IN SOME CASES, THIS MIGHT TRIGGER A ROOT CAUSE ANALYSIS AND IN OTHER'S IT MAY MEAN A REVISION OF THE POLICY AND PROCEDURES OR REQUIRE EDUCATION OF STAFF. AS PART OF THE QI PROCESS, FACILITIES MUST CONTINUE TO IMPROVE EACH AREA UNTIL THE PROCESS BECOMES INTEGRATED INTO THE DAILY ROUTINE AND THERE IS PERFORMANCE GOALS ARE CONSISTENTLY ACHIEVED.**

# PRESSURE ULCER RESOURCES

| RESOURCE | LOCATION | CONTACT INFORMATION |
|---|---|---|
| **Recommended Clinical Practice Guidelines** | | |
| Clinical Practice Guidelines for Prevention and Prediction and Treatment of pressure ulcers | Agency for Healthcare Research and Quality (formerly the Agency for Health Care Policy and Research) | http://www.ahrq.gov |
| Pressure Ulcers/Pressure Ulcer Therapy Companion | American Medical Directors Association | American Medical Directors Association<br>11000 Broken Land Parkway, Suite 400<br>Columbia, MD 21044<br>800-876-2632 |
| Wound Ostomy and Continence Nurses Guideline for the Prevention and Treatment of Pressure Ulcers | Wound Ostomy and Continence Nurses Society | WOCN<br>15000 Commerce Parkway<br>Suite C<br>Mt. Laurel, NJ 08054<br>888/224-WOCN<br>Fax 856/439-0525 |
| Agency for Healthcare Research and Quality (formerly Agency for Health Care Policy and Research) Guidelines for Prediction and Prevention of Pressure Ulcers and Treatment of Pressure Ulcers | National Library of Medicine - Prediction and Prevention<br>National Library of Medicine - Treatment | 8600 Rockville Pike<br>Building 38A<br>Bethesda, MD 20894<br>Phone: (301) 496-2475 |
| Wound Ostomy and Continence Nurses Guideline for the Prevention and Treatment of Pressure Ulcers | Wound Ostomy and Continence Nurses Society | WOCN<br>15000 Commerce Parkway, Suite C<br>Mt. Laurel, NJ 08054<br>888/224-WOCN<br>Fax 856/439-0525 |
| **Clinical Tools** | | |
| PUSH Tool and Staging definitions | National Pressure Ulcer Advisory Panel | 1255 Twenty-Third Street NW, Suite 200,<br>Washington, DC 20037<br>Phone: (202) 521-6789 |

# PRESSURE ULCER RESOURCES (cont.)

| RESOURCE | LOCATION | CONTACT INFORMATION |
|---|---|---|
| **Clinical Tools (cont.)** | | |
| Norton Scale | National Library of Medicine | 8600 Rockville Pike<br>Building 38A<br>Bethesda, MD 20894<br>Phone: (301) 496-2475 |
| Braden Scale | Prevention Plus | Prevention Plus is an Internet resource. General email may be sent to:<br>Jball79686@aol.com |
| The Role of Nutrition in Pressure Ulcer Prevention and Treatment: NPUAP White Paper | National Pressure Ulcer Advisory Panel | http://www.npuap.org |
| Pressure Ulcer Record | QualityNet | QualityNet (formerly MedQIC) is an Internet resource. Questions related to Nursing Home content can be directed to:<br>Kristina Milinkovich, MPA<br>Stratis Health<br>2901 Metro Drive, Suite 400<br>Bloomington, MN 55425<br>kmilinkovich@stratishealth.org<br>952-853-1817 |
| Pressure Ulcer Presentation | QualityNet | |
| Shared Tools Related to Pressure Ulcers<br>• Pocket Guide for Pressure Ulcers<br>• Clinical Fact Sheet-Quick Assessment of Pressure Ulcers<br>• Pressure Ulcer Jeopardy<br>• Pressure Ulcer Framework | QualityNet | |
| **Quality Improvement Tools** | | |
| Quality Indicators for Prevention and Management of Pressure Ulcers in Vulnerable Elders | Assessing Care of Vulnerable Elders (ACOVE) | Barbara Bates-Jensen PhD, RN, CWOCN, UCLA Borun Center for Gerontological Research, 7150 Tampa Avenue, Reseda, CA 91335. |
| Pressure Ulcer Tools: Pocket Guides for Management, Positioning Guide and Educational Brochure | Arkansas Foundation for Medical Care | www.afmc.org |

# PRESSURE ULCER RESOURCES (cont.)

| RESOURCE | LOCATION | CONTACT INFORMATION |
|---|---|---|
| **Clinical Tools (cont.)** | | |
| Pressure Ulcer Collaborative Framework | QualityNet | QualityNet (formerly MedQIC) is an Internet resource. Questions related to Nursing Home content can be directed to:<br>Kristina Milinkovich, MPA<br>Stratis Health<br>2901 Metro Drive, Suite 400<br>Bloomington, MN 55425<br>kmilinkovich@stratishealth.org<br>952-853-1817 |
| Essential Systems for Quality Care | QualityNet | |
| Facility-Assessment Checklists | QualityNet | |
| Communicating with Physicians | QualityNet | |
| **Informational Resources** | | |
| **Revised Tag F314** | *Centers for Medicare & Medicaid Services* | http:/www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCletter09-22.pdf |
| Nursing Home Compare | http://www.medicare.gov/nhcompare/home.asp | Centers for Medicare & Medicaid Services<br>7500 Security Boulevard<br>Baltimore, MD 21244<br>Phone: (877) 267-2323 |
| MDS 2.0 Resident Assessment Protocol for Pressure Ulcers | CMS - MDS 2.0 for Nursing Homes - Appendix C (pp. 84-86) | Centers for Medicare & Medicaid Services<br>7500 Security Boulevard<br>Baltimore, MD 21244<br>Phone: (877) 267-2323 |
| Federal Regulation Related to Pressure Ulcers – F314 | State Operations Manual Appendix PP (pp.152-183) | |
| Clinical Overview | QualityNet | Quality Net Information above |
| Other Clinical Resources | QualityNet | |
| Pressure Ulcer Fast Facts | QualityNet | |
| **Quality Measure Information** | | |
| Pressure Ulcer Quality Measure | QualityNet | |
| **Literature / Latest Research** | | |
| Pressure Ulcer Literature Listing | QualityNet | |

# PRESSURE ULCER RESOURCES (cont.)

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|---|---|---|
| **Specialty Organizations and Links** | | |
| AHCA Quality First Guide to Nursing Home Performance Measures | American Health Care Association | 1201 L Street, N.W.<br>Washington, DC 20005<br>Phone: (202) 842-4444 |
| Pressure Ulcers: Guidelines for Prevention, Assessment, and Treatment | hcPro healthcare Marketplace | 200 Hoods Lane<br>Marblehead, MA 01945<br>Phone: (877) 727-1728 |
| Pressure Ulcer Prevention Education Module | The Borun Center | 7150 Tampa Avenue<br>Reseda, CA 91335<br>Phone: (818) 774-3347 |
| Pressure Ulcer Education Module (Requires registration) | The Wound Institute | 3909 Hulen Street<br>Fort Worth, TX 76107<br>Phone: (800) 441-8227 |