

Pressure Ulcer Prevention: Implementation Strategies

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Prevention Program

- Prevention Program Assessment
 - Include ALL staff?
 - Nursing (licensed and caregivers)
 - Dietary
 - Therapies
 - Physicians/Nurse Practitioners

Prevention Program

- The individual and family members
- Housekeeping, Activities, Maintenance, etc.
 - Assist with answering call lights
 - Monitor equipment
 - Notify appropriate staff if the individual is:
 - in one position too long
 - smells of urine or feces
 - has not been given hydration, meal tray, supplements

Prevention Program

- Prevention Program Assessment
 - Consider the unlicensed caregivers to drive the prevention program
 - Solicit feedback and ideas
 - Empowerment
 - Consistent assignments and universal workers

Assessing Programs

- Break your pressure ulcer Prevention program down into two areas:
 - Admission process
 - On-going Prevention Program
- Utilize the Quality Improvement process when assessing each program

Admission Program

- Developing a task force for skin:
 - Assess when and where your admissions are happening
 - When and who is inspecting the skin upon admission/within 24 hours (not just to the care setting, but also to the unit)

Admission Program- cont

- Developing a task force for skin:
 - When and who is identifying the risk factors within 24 hours, and
 - When and who is care planning/implementing the interventions within 24 hours?
 - Reality -- not what the policy and procedure states

Admission Process

- All care settings admission process (within the first 24 hours) should include:
 - A head to toe skin inspection by the licensed staff (ideal within 8 hours)
 - A risk assessment for the potential for skin breakdown
 - Development of a temporary plan of care
 - Communication to the caregivers

Admission Program

- Admission Process Tips
 - At a MINIMUM interventions within the first 24 hours should include:
 - Support surfaces (bed and W/C)
 - Turning & repositioning schedules
 - Incontinence care & keeping skin clean and dry
 - Heels elevated off bed
 - Dietary and therapy referrals
 - Access to topical dressings if admitted with pressure ulcers

**Prevention Program
Assessment**

- Does your current prevention program include:
 - On-going Risk Assessments per care setting guidelines?
 - On-going skin inspections?
 - On-going updates to the plan of care?

**Prevention Program
Assessment**

- Does your current prevention program include:
 - On-going communication and involvement with the direct caregivers?
 - How do the caregivers communicate skin concerns (verbally or written)?

**Prevention Program
Assessment**

- Does your current prevention program include:
 - Identified interventions/products for skin risk factors such as:
 - Pressure redistribution bed surface, including access to low-air-loss and air-fluidized beds if needed
 - Wheelchair cushions
 - Heel lift devices and/or pillows

Prevention Program Assessment

Identified interventions/products for skin risk factors such as:

- ✓ Barrier ointments/creams to protect from incontinence (are they accessible to the caregivers)
- ✓ Lifting and positioning devices
- ✓ Dietary supplements as appropriate
- ✓ A list of interventions to consider for potential risk factors, to help develop the plan of care

Prevention Program Assessment

- Do you have effective communication systems
 - between shifts and between caregivers (last time turned & toileted at a minimum)?
 - Are interventions being communicated to the caregivers (turning schedules, heel lift, toileting, etc.)?
 - Between Units?
 - Between health care settings?

Prevention Program Assessment

- Do you have monitoring programs in place such as:
 - Monitoring turning and repositioning (sticky notes)
 - Monitoring toileting schedules
 - Assessment and confirmation that equipment is in place and functioning properly

Prevention Program

Assessment

- Are you utilizing your Wound Care Nurse for prevention????
 - Monitoring that the risk assessment and skin observations are done at appropriate intervals
 - Monitoring that the plan of care reflects interventions being implemented and identified risk factors
 - Do the risk assessments, physician orders, caregiver assignment sheets and MDS/RAPS match the care plan?

Other Prevention Program

Tips

- Do you have monitoring programs in place such as:
 - Monitor treatment books
 - Ensure IDT is being proactive and discussing high risk individuals (immobile, losing weight and incontinent)
 - Monitor daily cares to ensure they are inspecting the skin, doing proper peri-care, ROM, feeding/supplements, weights, I & O, etc.

Education

- Ongoing Education for Prevention
- During initial orientation
- At least yearly
- Include all staff

Team Time

- Meet with those from your organization and those from your partner organization (hospital or nursing home) if attending.
- Using the worksheet in your packet complete the first 3 steps:
 - Identify team members
 - Identify aim
 - Develop measures
- If you already have completed some of these steps then keep going on the worksheet.
- Stratis Health staff will circulate –if anyone has questions or needs help.



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