

**WE
WILL**

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

ISDH Long Term Care
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In Today's Pressure Ulcer
Initiative Update Issue:

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Indiana State
Department of Health

Long Term Care Newsletter
Pressure Ulcer Initiative Update Issue

Pressure Ulcer Initiative Update

Accessing the Pressure Ulcer Education Module and Tools

On July 2, 2009, the Indiana State Department of Health (ISDH) announced the release of three health care quality resources and tools - the Indiana Health Care Quality Resource Center, the Pressure Ulcer Education Modules, and the Pressure Ulcer Consumer Brochure. Access to these resources is through the ISDH Web site. The pressure ulcer education modules and consumer brochure are located in the Pressure Ulcer Resource Center which is accessed through the Indiana Health Care Quality Resource Center.

The following are the steps to access the pressure ulcer resources and tools:

- Go to the ISDH home page at www.in.gov/isdh
- Select "Health Care Licensing" from the links on the left side of the page under ISDH Home
- From the drop down links, select "Health Care Quality Resource Center". That is the home page for the Resource Center.
- To select the Pressure Ulcer Resource Center, scroll to the bottom of the page and select "Pressure Ulcer Resource Center"
- On the Pressure Ulcer Resource Center Home Page, the links to the education modules are located in the middle of the page under the "Education Module" banner and the link to the pressure ulcer consumer brochure page is located near the bottom of the page under the "Resources / toolkit" banner.

The direct link to the Indiana Health Care Quality Resource Center is <http://www.in.gov/isdh/24555.htm>.

The direct link to the ISDH Pressure Ulcer Resource Center, which includes the education modules and consumer brochure information, is <http://www.in.gov/isdh/24558.htm>.

Indiana Pressure Ulcer Initiative Outcomes Congress

Share in the success of the Indiana Pressure Ulcer Initiative!

Outcomes Congress

August 26, 2009
Registration: 7:30 am - 8:30 am
Program: 8:30 am - 3:15 pm
Lucas Oil Stadium, Indianapolis, IN

Agenda

Included on the agenda are:

- Dr. Judy Monroe, MD, Indiana State Health Commissioner
- Dr. Joyce Black, member of the Board of Directors of the National Pressure Ulcer Advisory Panel, and known to many for her expertise and research
- Kathy Duncan, point person for the Rapid Response Teams for the Institute for Healthcare Improvement [100,000 Lives Campaign]

Registration

Online registration is now available for the Outcomes Congress, which will take place August 26 at Lucas Oil Stadium in downtown Indianapolis. The cost to attend the Congress is \$40/participant. All registration will take place online, regardless of how you intend to pay for your attendance.

Payment options

Pay by credit card: Once you complete the registration information, you will be prompted to "Check out with PayPal." Choose this option if you are paying by credit card. You do not have to join PayPal in order to pay via credit card on the PayPal site.

Pay by check: If you would like to pay by check, click the "Other Payment Options: Show" link located at the bottom left of the registration page, under the credit card symbols. You will be shown the address to which to send your payment. Be sure to click the large gray "Pay by Check" option so you can confirm your attendance.

Deadline for registration is August 12, 2009. Ready to register? Click below:

[CLICK AND REGISTER >](#)

Tip of the Month

Managing Moisture

Skin integrity is a key component in the prevention of pressure ulcers. Once the skin is compromised, it is at a higher risk for further damage and breakdown. Management of moisture from perspiration, wound drainage, and bowel and/or bladder incontinence is an important component in the effort to prevent pressure ulcers. Keeping skin clean and free from irritation requires daily diligence.

Excessive dry or moist skin conditions can equally contribute to skin breakdown. The use of irritant-free and non-alcohol moisturizers to minimize dryness of fragile skin is as important as using a topical moisture barrier to prevent excessive fluid from reaching the skin. It is a balance that must be closely monitored in order to maintain healthy skin. Bedding and clothing free of wrinkles is a basic prevention measure to be implemented when excessive perspiration is noted. Preventing moisture collection in skin folds also is an intervention to be utilized by a caregiver. The use of absorbent powders and soft cloths in the folds has been found to be successful interventions.

Moisture as a result of bowel and/or bladder incontinence is especially troublesome and can present a challenge to caregivers. Fecal incontinence is a high risk factor as stool contains bacteria and enzymes that are caustic to the skin. If there is fecal and urinary incontinence, the fecal materials convert urea to ammonia, thus raising the skin pH. Fragile or damaged skin becomes more susceptible to these irritants.

It is important to carefully evaluate the cause of the incontinence to determine reversible conditions. Reversible causes to incontinence may include urinary tract infections, reaction to medication, or polyuria due to a metabolic imbalance.

Interventions that assist in managing moisture include the following:

- Determine the underlying cause of the excessive moisture and immediately intervene.
- Communicate the incontinent episodes to the primary caregiver.
- Implement a toileting schedule or bowel and/or bladder program as appropriate.
- Apply a moisture barrier to the affected areas.
- Cleanse affected skin gently with a pH-balanced cleanser.
- Avoid excessive friction or scrubbing which can further traumatize the skin.
- Contain wound drainage.
- Store the skin products near the patient to facilitate timely use.
- Utilize underpads or garments that keep moisture away from the skin.

Information utilized in this section was referenced from the following:

1. The Pressure Ulcer Prevention PowerPoint as presented by Jeri Lundgren, RN. The information may be found in the Indiana Pressure Ulcer Initiative Long Term Care Tool Kit from Learning Session #1.
2. The Institute for Healthcare Improvement (IHI) 5 Million Lives Campaign web-site at <http://www.ihl.org>
3. The National Pressure Ulcer Advisory Panel Web-site at <http://www.npuap.org>

Technical Assistance

Admission Assessment: Common Pitfalls

It is well accepted the initial skin risk assessment is critical to developing an appropriate care plan for all patients and/or residents. Whether the practice site is in a hospital, long term care facility, or home health and/or hospice agency it is evident the professional assessment at admission is important. The timely results of the skin risk assessment must be documented in the medical record and the findings must be communicated to the rest of the care team.

Some common deficiencies in this process can be related back to staff competency. It is a good idea to periodically conduct an audit of the initial skin risk assessments to assure the staff is following organizational guidelines. Your review should evaluate staff competency in the following:

- Identifying all the components of the skin risk assessment
- Implementing appropriate interventions based on the skin risk assessment
- Determining if a wound is pressure related
- Pressure ulcer wound staging
- Documenting the key elements related to the wound

Internal and external communication along the continuum

According to Webster's dictionary, communication is the process by which information is conveyed or imparted. It is now recognized that effective communication is a skill that can be taught and learned. Over the past few years the healthcare industry has become aware of the importance of communication as it relates to patient safety and team performance. The information should be consistent methods of communicating that are brief, specific, and timely. Next, the information should be interactive so the information can be verified and confirmed. Finally, the information should be documented in a manner that can be accessed by other team members.

Internal "walking rounds" are valuable activity in many healthcare settings to promote patient and/or resident safety at change of shifts. Consider the benefit to the patients and/or residents when direct sharing of information between caregivers is practiced. It is the timely exchange of specific care needs

during the hand-off of care that is crucial for medical safety. Some organizations have instituted this practice recognizing as an opportunity to reposition or toilet the patient and/or resident prior to the new caregiver assuming care. The time spent on careful hand-off benefits everyone.

The external transfer of care also is critical for the patient and/or resident safety, quality of care, and satisfaction. Many times the movement from one care setting to another is the most confusing and unsettling period for the patient and/or resident and their family caregivers. The transfer process also is stressful for the staff. For that reason, most organizations have started to examine their discharge and transfer processes. A standardized discharge process can ease the transition of care and increase information sharing. Use of a standardized communication tool makes a significant difference and should include status of skin integrity, all wounds and pressure ulcers, and the identified risk factors and the current interventions.

Collaborative meetings are currently being held between Indiana Pressure Ulcer Initiative hospitals, long term care facilities, and home health and hospice agencies and are the cornerstone to preventing pressure ulcers and other serious medical complications. Decreasing unnecessary steps in the hand-off process and increasing direct communication will lead to a smooth and effective transfer of care. Keep up the good work and share your process with other Initiative participants.

Here is an example of how it can work. One facility has a number of dialysis patients who are out of their building for hours at a time. The director of nursing has initiated discussions with the staff of the local dialysis unit. The high risk pressure ulcer patients are identified and requests for off-loading and position changes have been made. A personal telephone call is made by the dialysis staff to the facility when concerns are noted during the resident's session. The director of nursing shared this as a new process and has hopes the two organizations will refine and improve this transfer of care process over the next few months.

As you work collaboratively and develop innovative changes for your communities, please share your progress with Jo Dyer at jdyer@hce.org or at 812-234-1499. We support your efforts and want to share your success during the Outcomes Congress in August.

Success Stories

One facility has developed a Pressure Ulcer Observation form. Every two hours the staff records the pressure ulcer patient and/or resident's activity such as, position change, off-loading measures, and hydration. At the end of a 24 hour period, the director of nursing analyzes the documentation for improvement opportunities or trends that indicate a decline in the person's status. This form has increased accountability with the staff and has given the administrative staff a way to monitor the status of the pressure ulcers in the facility. The form includes the following:

- Unit and bed
- Identifier
- Pressure relieving devices
- Positioning supports
- Location of the ulcer and the treatment provided
- Time and position changes
- General activity level

A long term facility has discovered a way to make sure every staff member receives information on skin care and pressure ulcer reduction. A one page newsletter with a skin column is enclosed with each pay stub. The facility knows that this one envelope is sure to be opened. Thanks for sharing this idea, which is a creative way to distribute important information.

Frequently Asked Questions

Various inquiries related to policy and procedures have been discussed during technical assistance

interactions. As a practice process changes, a review of the related policy and procedures should immediately occur. Typically, protocols and policies should be reviewed at least yearly to validate what is actually happening in daily practice.

Many organizations have amended or instituted new procedures for admission assessments, skin risk evaluations, and pressure ulcer prevention measures since becoming participants in the Indiana Pressure Ulcer Initiative. If you have not reviewed your policies and procedures since joining this initiative, you should do it now to confirm regulatory compliance.

To submit a question, contact Jo Dyer at 812-234-1499 or jdyer@hce.org.

Coming Events

Important Dates:

August 12 - Deadline for Outcomes Congress registration

August 26 - Indiana Pressure Ulcer Initiative Outcomes Congress

The Indiana Pressure Ulcer Initiative began in June 2008 and was planned as a 15-month initiative. The release last week of the education modules, consumer brochure, and health care quality resource center was an important goal of the initiative towards improving resources available to facilities, agencies, and consumers.

We are now entering the final two months of the initiative. We are very excited about the many success stories that we are hearing and we look forward to sharing these successes with you as we lead up to the Outcomes Congress. Thank you for your efforts to prevent pressure ulcers.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health

Do you know someone who could benefit from this newsletter?

