

Possible PDSA Test Cycles

Nursing Homes, Hospitals, and HHAs

- Annual or more frequent inservicing of staff on “Pressure Ulcer Prevention”
- Adding “Prevention” to staff orientation
- Tools for increasing communication of “risk factors” present to staff
- Family and resident/patient education on “pressure ulcer prevention” (including the brochure)
- Appropriate interventions implemented based on specific risk factors
- Daily inspection of skin for pressure ulcers
- Proper management of moisture, including both cleansing and moisturizing skin
- Optimization of nutrition and hydration
- Repositioning every two hours /offloading every hour for those in chairs
- Use of pressure-relieving surfaces

Nursing Homes

- Consistent Assignments for CNAs
- Involving CNAs in the Care Planning process
- Use of a decision-making tool to determine the most appropriate type of support surface needed for the resident
- Establishing a process for encouraging and providing better hydration (e.g., smoothies in the afternoon; more variety on hydration carts; picnic jugs of ice water, lemonade, etc.

available throughout the building including in therapy and activity rooms)

- Providing more variety in snacks and food easily available to the residents 24/7
- Offloading from chairs as an activity (short dance, exercise, etc.)
- Specific form for CNAs to turn into the nurse with results of skin inspection
- Adding weekly skin assessment to MAR or TAR
- Addressing residents “At Risk” for PU at stand-up, not just those with PUs
- Conduct a new Braden Risk Assessment each time a new PU is discovered
- Establish a method of identifying residents at risk that all NH staff will recognize
- Track and report “days since last nosocomial pressure ulcer development”

Hospitals

- Turn clocks at the bedside
- Skin inspections every shift
- Conduct a Risk Assessment on each shift

Home Health Agencies

- Turn clocks at bedside
- Instruct family members in skin inspections
- Conduct a Risk Assessment at each visit by the nurse