Indiana State Department of Health

WE WILL PREVENT PRESSURE ULCERS. KNOW THE FACTS. TAKE ACTION.

# PRESSURE ULCER SYSTEM COMPONENTS

## Organization Components

- Pressure Ulcer Team
  - Have a multidisciplinary pressure ulcer team that includes nursing, aides, and support services
  - Have nurse(s) who specialize in wound care and management
  - Have nurse(s) who measure, document and report all wounds consistently

- Pressure Ulcer System
  - Implement written pressure ulcer prevention system that includes policies and procedures for the prevention and treatment of pressure ulcers
  - Conduct plan-do-study-act (PDSA) cycles to test and implement new processes
  - Conduct evaluation of pressure ulcer program at least annually
  - Have a consistent assignment system in place
  - Conduct ongoing review and trending of pressure ulcer data including prevalence and incidence rates

- Education and Staffing
  - Provide pressure ulcer training during staff orientation
  - Ensure that all staff are able to recognize pressure ulcer risk factors
  - Identify “skin champions”(staff with specific education and responsibilities related to pressure ulcer prevention)
  - Ongoing program to raise staff awareness about pressure ulcer prevention, equipment and supplies
  - Ongoing program to provide education and training for residents, patients, families, and caregivers

- Care Planning
  - Individualize the care provided
  - Actively involve aides and therapy staff in care planning
  - Actively involve resident/patient and families in care planning
  - Develop care plans on admission and with change in condition that focus on interventions based on Braden sub-scores vs. Braden total score
  - Ensure system communicates changes in interventions in a timely manner

## Essentials of Pressure Ulcer Prevention Components

- Comprehensive risk assessment upon admission
  - Conduct a preliminary risk assessment for pressure ulcers at the time of admission and implement any needed immediate measures
  - Complete comprehensive risk assessment for pressure ulcers within 24 hours of admission
  - Communicate results of risk assessment to appropriate staff
  - Implement a validated risk assessment tool

- Reassess risk for all patients and residents daily
  - Track all nosocomial and admitted pressure ulcers
  - Have a protocol in place for when a new pressure ulcer is identified
  - Have a system for identifying changes in patient/resident needs and activities
  - Have a protocol in place for when changes occur that ensures appropriate notification

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- Inspect skin daily
  - Perform skin assessment within 24 hours of admission
  - Through the risk assessment process, determine an appropriate skin assessment and skin inspection schedule for each resident/patient
  - Incorporate skin inspection opportunities into duties for every staff person
  - Implement a skin inspection reporting form and system

- Manage moisture
  - Have a plan for each patient/resident to minimize exposure of the skin to moisture resulting from incontinence, perspiration, or wound drainage
  - Have a strategy in place to help staff reliably identify when skin becomes wet and provide immediate assistance to the patient/resident
  - Have barrier products, perineal cleaners and support surfaces available and accessible
  - Include the assessment or identification of wet skin in routine periodic activities such as repositioning, applying barrier agents, toileting, and offering fluids

- Optimize nutrition and hydration
  - Perform regular nutrition and hydration assessments as determined by risk assessments
  - Implement an “automatic consult” to a clinical dietician based on risk assessment
  - Implement system where staff offer water to every patient/resident at the time of turning, repositioning or other interactions
  - Include the patient/resident’s “favorites” related to food and fluids

- Minimize pressure
  - Ensure individualized pressure reducing plan based on the risk assessment
  - Turn/reposition patients/ residents at least every two hours
  - Have a procedure in place to determine needed type of support surface
  - Use patient/resident specific, unit or facility-wide cues to remind staff to turn/reposition all at-risk patients/residents
  - Implement a turn team

## Care Coordination Components

- Use Skin Integrity Transfer Form for patient/resident transfers between health care settings
- Provide a physician discharge report, either written or electronically, at the time of transfer between health care settings
- As part of the facility’s pressure ulcer prevention system, implement or improve system for hand-offs and reporting between caregivers, shifts, departments, and facilities
- Participate in a patient safety coalition with area providers
- Establish regular meetings with area facilities, agencies and providers to coordinate communication, discharge, transfers and emergencies
- Create culture of collegiality and learning between partners to enhance advocacy on behalf of patients/residents/clients/families