

**WE
WILL**

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

**ISDH Long Term Care
Newsletter Issue # 09-13
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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

Agenda for Learning Session II

The second of the regional learning sessions begins on April 14 and continues through April 30. A list of dates and locations is included below under coming events. The focus of the learning session will be to identify challenges in implementing improvements, improve consistency in the staging of pressure ulcers, and improve care coordination. The following are a few of the items on the agenda for the second learning session:

- Review of data gathered during the initiative to identify significant findings.
- Work session to identify accomplishments and challenges faced by participants.
- Panel discussion on lessons learned and challenges faced in the initiative.
- Presentation by Dr. Harper on pressure ulcer staging.
- Presentation by Melissa Wray on documentation and care coordination.
- Presentation on the principles of care coordination.
- Work session to identify care coordination priorities and action steps.

Registration for Learning Session II

Participants should register now for Learning Session # 2, which will be held regionally throughout the state. To begin the registration process, go to the Center for Aging and Community website at www.cac.uindy.edu, choose Current and Past Initiatives, in the Indiana Pressure Ulcer Quality Improvement Initiative box, click For more information...., choose Event tab and follow the links.

Alternatively, visit Eventbrite.com at events link <http://www.eventbrite.com/org/160613479?s=1130272>

Notes about online payment: Please register online regardless of how you will pay for your attendance.

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.

Yet to Come in the Initiative

An objective of the initiative was to ensure the availability of good resources that contribute to an effective pressure ulcer prevention system. The collaborative team recognized the importance of tools and resources that facilities, agencies, caregivers, and consumers can use in the prevention of pressure ulcers. In many areas the collaborative team was unable to find an existing tool so the team has developed the needed tools. Participating facilities have already been provided with many of these tools and resources. There are still some major tools yet to come. These include:

- Discharge transfer form on skin: One of the major objectives of this initiative is to improve care coordination between providers. A discharge transfer form on skin is being developed to provide consistent communication between facilities on skin assessment and treatment. The form is expected to be provided at the second learning session.
- Consumer brochure: A consumer brochure on pressure ulcers is being developed to increase awareness of pressure ulcers among residents, patients, and families. The brochure is expected to be available at the second learning session or shortly thereafter.
- Education modules: The collaborative team is developing six online education modules on pressure ulcers. These modules are approximately fifteen minutes in length and provide an introduction to the essentials of pressure ulcer prevention. The modules are expected to be released in June 2009.
- Resource Center: This initiative has assembled many tools and resources. The ISDH wants to ensure that these tools and resources are available at all times. An online Resource Center is being developed that will house resources from this initiative as well as additional information about the prevention of pressure ulcers. Look for the Resource Center in the summer of 2009.

Tip of the Month

The Institute of Healthcare Improvement 5 Million Lives campaign for pressure ulcer prevention stresses the importance of optimizing nutrition and hydration in at risk patients/residents.

Some tips for improving patient/resident nutrition in your care setting might include:

- Allow for their preference in what and when to eat and drink. Try adding some powdered milk to puddings and shakes to supplement protein if medically appropriate.
- Be creative when offering supplements. Try a brightly colored glass or mug to engage the resident/patient.
- Take opportunities to offer hydration during personal care interactions. Consider opportunities such as when returning to bed, after turning, while in the beauty shop, or waiting for a visitor.
- Assist with meals and snacks. Make sure they have the appropriate adaptive equipment that will promote independence and maximize their intake.
- Make meal time enjoyable. When possible encourage conversation or offer to play music to make mealtime a pleasant occasion.

Technical Assistance

Is it time for some celebration?

If your organization has not had a facility-acquired pressure ulcer in a month, why not celebrate? Try posting a day-by-day tally in a staff area. Count the number of days your organization has remained free of pressure ulcers. This can be the motivator needed to keep up the offloading and turning schedules even when the staff is busy. Celebrate with a leadership walk-around and include a "treat" for a job well done.

Are you still having acquired pressure ulcers in spite of your interventions?

Facilities that involve front-line staff and conduct weekly pressure ulcer committee meetings have better outcomes. A short meeting focused on prevention may be the change that will produce improved outcomes. Schedules lead to action. When the clinical team focuses on workflow, documentation issues, and care planning needs of the at risk population, the feedback can be valuable and save work down the line. Try it, it couldn't hurt.

HELP!

Nurses, as a group, tend to resist asking for help. Leadership should encourage employees to ask for help when they are unable to complete pressure ulcer prevention activities on the "at risk" patient/resident. The turning schedule, skin care, and nutritional needs should not be compromised because staff is busy. Develop flexibility in care schedules and prioritize those "at risk". When doing a skin risk assessment, if there are questions on staging, encourage staff to ask for an extra set of eyes. Four eyes are better than two when determining a risk score.

A Final Thought

Remember when times get tough ..."Nobody can go back and start a new beginning, but anyone can start today and make a new ending." Maria Robinson

Success Stories

Good results and accomplishments are occurring every day. Here are a few successes that have occurred through this initiative.

- A hospital wound care nurse shared they discovered a number of deep bruises in their total hip population. The investigation revealed the Surgical Department utilized a "holding post" to position post-operative patients. After transfer to the floor, the injury manifested. The staff has padded the post and is monitoring the surgical hip patients for new incidents.
- A director of nursing recently stated the focus on the certified nurse aides and facility service personnel as critical team members is providing them important information for clinical decision-making. She reported many of the certified nurse aides were excited to have input and suggestions into care planning and decisions.
- A facility included the in-service coordinator in their pressure ulcer prevention committee. Communication and reinforcement with the staff has been increased.
- A director of nursing shared how an aide solved a problem related to "floating the heels". When asked how to help keep positioning pillows separate from other pillows, the aide suggested colored pillowcases. The facility now has green colored cases. All staff has been educated that green cases are to be used for heel positioning. Everyone is instructed to report if they see green pillowcases under the head or in a chair. The intervention has proved to be successful.

As you experience success stories, please share them with the Indiana pressure ulcer collaborative team. Submit your stories to Jo Dyer at jdye@hce.org for inclusion in future publications.

Resident and Family Corner

The new Consumer Advisory Council is up and running! The council is composed of three residents and ten family members from eight nursing homes participating in the Initiative. Among the reasons people gave for joining the group was their desire to prevent other residents from developing pressure ulcers.

The Council has met twice by phone. On both calls, Consumer Advisory Council members provided excellent suggestions and guidance for the development of a consumer brochure on pressure ulcer prevention. The Council's next focus is on shaping the second consumer teleconference.

It's not too late to have residents/patients or family members from your facility or agency join the Consumer Advisory Council. Contact Robyn Grant at rgrant@usaindiana.org for more information. The group meets monthly by phone using an 800 number. The next Consumer Advisory Council call is April 22, 2009 from 3:00 – 4:00 pm Eastern.

Legal Corner

The Institute for Healthcare Improvement has identified malnutrition and dehydration as major factors in the development of pressure ulcers. Poor nutritional status and dehydration can weaken the skin and make people more vulnerable to developing pressure ulcers, or inhibit treatment interventions that have been implemented. Therefore, optimization of a patient's nutrition and hydration status can help prevent pressure ulcers from forming or promote healing of existing wounds. However, because interdisciplinary communication regarding a patient's health status is a key factor in the prevention and treatment of pressure ulcers, documentation and communication regarding nutrition and hydration are imperative.

Documentation should include an assessment of a patient's nutritional needs. Factors influencing these needs include height, weight history, medications that might affect intake or tolerance to food and hydration, nutrition-related labs, whether the patient has speech or chewing difficulties, gastrointestinal problems, signs and symptoms of dehydration, current interventions, and food preferences. It is also important to document any communication with other members of the health care team regarding interventions and strategies related to nutrition and hydration, as well as their effectiveness.

Malnutrition and dehydration are common themes in many law suits involving pressure ulcers, and lack of documentation related to nutrition and hydration is a frequent issue. Documentation is often lacking in areas related to diet orders, weight records, food/fluid records, oral nutritional supplement intake records, intake/output records and skin assessment records. Other areas where documentation in the medical record may be inadequate include follow-up on referrals and communication with physicians, dieticians, pharmacists and other members of the health care team.

It is critical that documentation of these records is complete. It is also crucial to document a patient's non-compliance and refusal of nutrition and hydration., such as when a patient refuses a meal or nutritional supplement or meal replacement, non-compliance to follow a diet order, refusal to be weighed, etc. Likewise, it is imperative to document all patient education, communications with families, any attempt to offer alternative supplements or nutrition, and other strategies attempted to meet the patient's nutritional needs.

Proper nutrition and hydration are key factors in the prevention and treatment of pressure ulcers. Documentation relating to nutrition and hydration is a key component to interdisciplinary communication and a successful outcome in the prevention and treatment of pressure ulcers.

This legal corner article was contributed by Melissa J. Wray, Bingham McHale LLP, Indianapolis, IN.

Frequently Asked Questions

Question: Do we need to submit data even if we have no pressure ulcers to report?

ANSWER: Yes. If we do not receive a data report, the collaborative team has no way of

knowing whether there were no pressure ulcers or the facility forgot to submit the report. There is a section at the bottom of the *Pressure Ulcer Data Collection Tool* to check if your organization is pressure ulcer free for the month. An important component of this initiative is making sure you have a smooth process in place for collecting and evaluating data. Collecting and submitting your organization's monthly data helps the collaborative team to assess the effectiveness of the initiative and assists you in having a consistent evaluation system. If you need a data collection tool, please go to <http://cac.uindy.edu/initiatives/IPUQII.php> and download the appropriate form for your care setting.

Question: If a resident from a long term care facility is placed on a bed hold for hospitalization and returns with a pressure area, what should I record as the admission date on the data collection tool?

ANSWER: For the purposes of the pressure ulcer initiative data collection, the date that the patient returned to the facility (off bed hold) should be used.

Coming Events

Learning Session II:

Learning Session II will be conducted at regional locations. Each participating facility or agency will attend their assigned regional session. Check in and coffee and breakfast snacks begins at 8:00 a.m. local time at each location with the first presentation beginning at 8:30 a.m. The following are the dates and locations for the second learning sessions for Pressure Ulcer Initiative participants:

Central Indiana- Tuesday, April 14, 2009, 8 a.m. EDT,
The Garrison, Fort Harrison Conference Center,
6002 North Post Road, Indianapolis, IN

Northeast - Wednesday, April 15, 2009, 8 a.m. EDT,
LaFontaine Golf Club,
6129 N. Goshen Road, Huntington IN 46750

Northwest - Thursday, April 16, 2009, 8 a.m. CDT,
The Calumet Conference Center at Purdue University-Calumet,
2200 169th Street, Hammond, IN

Southeast - Wednesday, April 29, 2009, 8 a.m. EDT,
Hillcrest Golf and Country Club,
850 North Walnut Street, Batesville, IN

Southwest - Thursday, April 30, 2009, 8 a.m. EDT,
Carolina Cherry Restaurant & Reception Hall
2717 Washington Avenue, Vincennes, IN 47591-3613

Outcomes Congress

August 26, 2009: Outcomes Congress, final initiative event for all participants, Indianapolis.

The Indiana State Department of Health and University of Indianapolis Center for Aging & Community appreciate the commitment and positive response to this initiative. Congratulations on the progress and accomplishments of the facility and agency teams. We look forward to seeing participating facilities and agencies at the April Learning Session II. Thanks to all facilities and agencies for your efforts to prevent pressure ulcers.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health

The logo for the Indiana State Department of Health features a teal-to-white gradient bar on the left. To the right of this bar, the words "Indiana State" are written in a small, white, sans-serif font above the words "Department of Health", which are in a larger, white, sans-serif font.

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the latest public health information.

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<http://www.in.gov/isdh/23260.htm> for information on long term care.