

**WE
WILL**

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

ISDH Long Term Care
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Indiana State
Department of Health

Long Term Care Newsletter
Pressure Ulcer Initiative Update Issue

Pressure Ulcer Initiative Update

The Indiana Pressure Ulcer Quality Improvement Initiative was designed around the concept of collaborating on quality. It was designed around three periods of time. The first period kicked off with the first learning session last October. The focus of the first period included self-assessment, essentials of pressure ulcer prevention, risk assessment, skin inspection, and rapid improvement events.

The second period kicked off the past two weeks with the second learning sessions conducted regionally around the state. Nursing homes, hospitals, home health agencies, and a few family members participated in the sessions. Participants talked about their successes and challenges in implementing the first period of the initiative. Self-assessment data was reviewed highlighting attainment levels of the essential components of pressure ulcer prevention. The focus then turned to the second period of the initiative and its emphasis on education, consistency, and care coordination. Participants worked with other provider types to develop care coordination plans for the coming months.

The final period commences with the Outcomes Congress in August. The focus of the third period will be celebrating successes in preventing pressure ulcers and establishing continuity.

The Indiana State Department of Health (ISDH) and University of Indianapolis Center for Aging & Community are thrilled with the progress of the initiative. Participants reported declines in the number of pressure ulcers and implementation of improved prevention systems. Participants are collaborating to improve communication between providers as to risk assessment and care planning. The collaborative efforts are resulting in improved health care quality and supporting the vision of this initiative.

Technical Assistance

Effective wound care education for your staff

Planning for wound care education can seem overwhelming. Have you noticed there is wound and skin information everywhere? In order to provide effective education, the educator needs to consider the "audience" and evaluate their needs. Taking the time to evaluate what education is needed will make the education more effective. With all the new evidence-based wound prevention information, even the most seasoned professional has something to learn. Remember, no more massaging reddened areas

and toss out the rubber donut-shaped pillows.

Areas to consider in your evaluation for nurses

- Ability to identify the high risk patient/resident.
- Ability to understand and complete the skin risk assessment (e.g. Braden or Norton).
- Ability to complete a comprehensive wound assessment including measurements, staging and the ability to identify potential causes of the wound.
- Ability to demonstrate wound care skills (e.g. culturing technique, aseptic technique, and dressing changes).
- Ability to communicate effectively in different situations (e.g. physician notification, documentation skills, and ability to direct support staff on care needs).

Do not try to share all the information at one time. Start with the basics and then build on that foundation. Remember pressure ulcer prevention is a marathon, not a sprint.

Basics for the front line staff—Tips for preventing and/or healing pressure ulcers

1. Know which patients/residents are at risk for developing pressure ulcers
2. Assess patient's/resident's skin daily when providing care and report changes to the nurse
3. Help patients/residents to reposition on a regular schedule
4. Encourage patients/residents to be involved in exercise according to their ability
5. Assist patients/residents to drink plenty of fluids, if medically appropriate
6. Notify the nurse if you notice a change in the patient's/resident's behavior
7. Ask questions when you have them

New nurse orientation

When working with a newly hired nurse do you include a Skin Care/Wound Care competency? Skin care should be one of the first processes reviewed with a new employee. Discussing your involvement in the Indiana Pressure Ulcer Quality Improvement Initiative demonstrates the facility commitment to pressure ulcer prevention. Have them sign their name to the facilities' initiative commitment board to reinforce their promise to protect the patient's/resident's skin from pressure.

Be sure to validate that the orientating nurse can perform a complete skin risk assessment, demonstrate how to determine if a wound is pressure related, and provide comprehensive documentation of the findings. Once you have set the expectation on management of pressure related wounds, you have taken a big step to preventing them.

If you would like assistance in setting up a Wound Care Competency program contact Jo Dyer at jdyer@hce.org or call her at 812-234-1499 ext. 323.

Success Stories

One long term care facility had a resident that forgot when the staff turned and repositioned him. He expressed his concerns to the Director of Nursing. She solved the problem with designing a turning record that had a section for the staff and the resident to counter sign when he was repositioned. As he expressed concerns about his turning times, the sheet was reviewed with him as assurance the staff was appropriately caring for him. It was a great solution and helped the resident be involved in his care.

A rural facility solved its off-hours supply problem by clearing out a lockable closet and making it the "wound closet". It was filled with products, extra positioning pillows, and supportive surfaces to be used on evenings and week-ends. The house supervisor can utilize the necessary products and leave a message for the wound nurse to assess the resident her next working day.

A hospital based skilled unit uses a red heart on the skin care section of the aide report sheet. This alerts the aide the resident is a skin risk patient and should be handled with "extra loving care".

As you experience success stories, please share them with the collaborative team. Submit your stories

to Jo Dyer at jdyer@hce.org for inclusion in future publications.

Resident and Family Corner

A second free teleconference for nursing home residents and their families will be held by phone on May 27, 2009 from 3:00 – 4:15 p.m. Eastern Daylight Time. The teleconference is part of the Indiana Pressure Ulcer Quality Improvement Initiative developed by the Indiana State Department of Health and the University of Indianapolis Center for Aging & Community. While the call is open to all facilities, the facilities participating in the initiative should participate and involve as many residents and families as possible in the teleconference. Educated residents and families can help make pressure ulcer prevention efforts even more effective!

This call builds upon the very successful consumer education session conducted in November 2008. In addition to reviewing the facts about pressure ulcers and how to prevent them, the May teleconference will give participants the opportunity to hear directly from residents and family members on the Initiative's Consumer Advisory Council about their experiences and actions related to pressure ulcers and care.

Nursing homes in the initiative will be automatically registered for the call. A special teleconference flyer to give to residents and family members, a letter to mail to families, suggestions for holding a successful conference call event, and ways to promote the call at your nursing home will be sent next week to each nursing home's designated teleconference coordinator. If your nursing home has not yet designated a coordinator, please provide Robyn Grant with the name and email address for that person. Robyn can be reached at 317-687-3659 or rgrant@usaindiana.org. Additional materials and guidance for the teleconference will be forwarded later in May.

Nursing homes that are not participating in the initiative must register for the call by contacting Robyn Grant (see information above). The flyer and other promotional materials will be available to download after May 6 at www.usaindiana.org. Other handouts will be provided upon registration.

Hospitals and home health/hospice agencies participating in the initiative will receive information from their associations on how they and their patients and family members can participate.

Please join us in making this teleconference an even bigger success than our first one!

Frequently Asked Questions

Question: I have been educating my staff on pressure ulcer reduction, when will I have to re-test them?

ANSWER: As we approach the August Outcomes Congress, facilities will be asked to complete a new Self-Assessment and Staff Knowledge Questionnaires. Information on the self-assessment and knowledge questionnaires will likely be provided in the June 5 issue of this newsletter. These measurements, along with the monthly data sheets, will be critical to evaluating the accomplishments of this initiative. We also note that the six online pressure ulcer education modules will be ready in June. These will be another outstanding staff education tool. In the mean time, keep up the good work with staff education.

Coming Events

Teleconference for residents, patients, families and facilities: Wednesday, May 27, 2009, 3:00 - 4:15 p.m. Eastern Daylight Time. [see above for more information]

Outcomes Congress for Initiative Participants: Wednesday, August 26, 2009, at Lucas Oil Stadium.



The ISDH and Center for Aging and Community thank the initiative participants for their response to this initiative. The ideas and efforts contributed at the second learning session were wonderful lessons learned for all of the collaborative participants. Best wishes at implementing the next steps for care coordination and consistency. Thanks to all facilities, agencies, residents, and families for your efforts to prevent pressure ulcers.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health



Indiana State
Department of Health

Visit the ISDH website www.in.gov/isdh/24572.htm for more information regarding the North American Human Influenza A (H1N1).