

**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 Initiative is in its home stretch. One year ago the initiative collaborative team first met to begin planning the initiative. As we head into these final three months, we appreciate how much has been accomplished over the past year. There are still things to accomplish in the coming months and some exciting new resources yet to come. We look forward to celebrating successes at the Outcomes Congress on August 26 at Lucas Oil Stadium. We hope you will join us for that celebration.

Time For Post Tests

At the beginning of the initiative, participating facilities and agencies completed a Knowledge Questionnaire and a Self-Assessment. These tools were designed to establish a baseline. The collaborative team used these tools to assist in planing the initiative.

Throughout the initiative, participants have been encouraged to use these tools to focus activities and development system improvements. During Learning Session #2, participants were provided results of data from the knowledge questionnaire and self-assessments that were completed last October and December. Now is a good time to review the data and identify additional areas of improvement for your facility or agency.

It is important for us to evaluate this initiative to determine successes and areas for improvement. We therefore will request all participating facilities and agencies to complete a post-test Knowledge Questionnaire and Self-Assessment. On June 10, you will receive a *Q IN to Skin* with links to the Knowledge Questionnaire and Pressure Ulcer Self-assessment. A link to instructions for completing these documents will be included. The completed questionnaires and self-assessment will be due on July 6. Results will be provided at the Outcomes Congress.

If you have any questions, please contact [Jo Dyer](#) at (812) 234-1499, [Jennifer Bachman](#) at (317) 791-5936 or [Lidia Dubicki](#) at (317) 791-5926.

Tip of the Month

Minimizing Pressure

Indiana Pressure Ulcer Quality Improvement Initiative participants recognize the importance of preventing pressure ulcers. More than 150 facilities and agencies in Indiana are taking a strong stand to eliminate pressure ulcers by committing time and resources to the initiative.

During the last few months, participants have learned how to conduct a comprehensive skin risk assessment, provide proper skin care, monitor nutritional status, and manage moisture. Another key component to pressure ulcer prevention is minimizing pressure. Long periods of low pressure are as dangerous to tissue as short periods of high pressure. The key is to keep pressure minimal all the time.

Interventions that minimize pressure include the following:

- Maintain the head of the bed at 30-degree laterally inclined position.
- Maintain proper alignment with the appropriate cushioning devices.
- Maintain a bed turning schedule customized to the patient's and/or resident's condition. Where possible, teach patients or residents to shift their weight every 15 to 20 minutes.
- Maintain a consistent pressure off-loading schedule using improvisational opportunities to help the chair bound patient/resident move their bodies while sitting.
- Maintain moisturized skin.
- Maintain the practice to lift, not drag the patient/resident.

Patients/residents with limited mobility are at a higher risk to develop pressure ulcers. Skin trauma also can be caused by friction (rubbing) of the top layer of the skin. Friction causes damage to the skin and blood vessels under the skin. To prevent friction, patients and residents should be instructed on assisting with movement techniques as they are able. Everyone should be lifted, rather than dragged, during repositioning.

Technical Assistance

Using the Nursing Process to improve the delivery of care

How important are your care plans? The answer is very important. As pressure ulcer prevention becomes a nursing practice priority across all care settings, care planning is the essential "road map" to good patient/resident care. Without a multidisciplinary care plan important patient/resident issues likely would be neglected.

Has your care planning become repetitious and boring? Be honest, was your initial reaction to answer "yes"? If so, you are not alone. Now is a good time to take a look at your care planning process and clean out the cobwebs. Take a very close look at your current care plans. When you read several care plans for patients/residents that have a similar diagnosis you are likely to find catch phrases and "canned" responses. If so, it might be time to return to the nursing process.

The nursing process is a dynamic, holistic, and collaborative process. It is a systematic action plan that includes the following:

- Assessing of the patient/resident
- Developing a nursing diagnosis
- Planning care to meet the patient/resident needs
- Instituting an implementation plan
- Evaluating the plan and the goal have been met

Remind your team about the importance of using the nursing process as they care for their patients and residents.

Assessment (collect data)

Assessment of the patient is the start of the care planning process. There is a strong relationship between the assessment and the care planning process; one needs the other. The assessment should include an accurate skin risk assessment, such as the Braden Scale. The information gathered in the assessment phase leads to the nursing diagnosis.

Nursing Diagnosis (determine the problems)

The nursing diagnosis is the clinical judgment derived from the patient/resident assessment. There are two parts to this diagnosis. The first is the nursing "diagnostic category" that identifies the problems. The second is identifying the factors that put the patient/resident at risk. An example would be a person with a subscale Braden being identified as "at risk for pressure ulcers due to poor mobility". The nursing diagnosis drives the care plan.

Planning (write measurable goals/outcomes and nursing interventions)

The care plan process should ensure the right resources and actions are used to reach the optimum outcome for the patient/resident. It should focus on actions which are designed to solve or minimize an existing problem. If the nursing diagnosis reveals "at risk for pressure ulcers due to poor mobility", a goal might look like the following:

Goal 1—Absence of reddened area over bony prominences
Action Plan

- Use of a pressure-reducing support surface
- Reposition every two hours when in bed
- Offload for one full minute every hour when in chair
- Use pillows to float heels off the mattress

The care plan drives the implementation of the plan.

Implementation (initiate the care plan)

This is the step that actually reaches the patient. The staff, with teamwork, must ensure they are initiating and completing the action steps documented in the care plan. The care should be person-centered and provided with the patient/resident's welfare in mind.

Coordinating a complex patient/resident's care can be a difficult task, however, when everyone on the team (including the family) is involved, it can be made easier. It takes a "purpose filled" resolve to make sure the care plan is being correctly carried out, and that the patient/resident is responding to the treatments. Implementing the plan leads to the evaluation.

Evaluation (determine if the goals/outcomes have been met)

This is the final step in the nursing process and determines the effectiveness of the care plan. The care planning team should report the current interventions and the status of reaching the person-centered goals. The care plan is a dynamic document and should be frequently reviewed and amended as the condition warrants. Revision of the care plan and the interventions is expected if the outcomes are not being met.

It is very evident the nursing process should be closely followed when it comes to a pressure ulcer prevention program. It might be time to "dust off" the nursing process information and share with the staff.

External Collaboration—Stay on Task

Preparing for an external collaborative meeting with other initiative participants requires careful planning. Remember, we are in the collaborative together for the patients and residents. Being prepared to share protocols and processes is part of the networking process.

Listed below are some tips for a successful work group that will help everyone stay on "task":

- Review participants and make introductions at each meeting.
- Review the completed tasks so everyone is on the "same page" at the meeting.
- Review new tasks and confirm the responsible parties with target completion dates at the conclusion of the meeting.
- Review new ways to communicate and deliver care across settings. Consider each participant from each different setting as "experts" in their field.
- Identify next steps and responsible person for each action item.

Make sure the meetings are organized, held within time limits, and builds on collaborative results. We have a lot to learn from each other.

A Skin Safety Plan

According to the Institute for Clinical Systems Improvement (ICSI), part of a good skin safety protocol is having a Skin Safety Plan. A skin safety plan for prevention of pressure ulcers incorporates the following interventions:

- Minimize or eliminate friction and shear
- Minimize pressure
- Manage moisture
- Maintain adequate nutrition and hydration

Consistent use of a protocol or plan assures that the intended result is reliably achieved. To read more about ICSI and their Skin Safety Protocol, visit www.icsi.org.

Success Stories

- A long term care facility included an aide from each wing in its initiative activities, including the learning sessions. The aides were given a job classification of Skin Care Aide. These aides developed a comprehensive *Skin Care Assessment Form* that includes resident information that only a primary caregiver might know. It answers questions about urinary leakage when walking, product use, and resident preferences. The forms are placed in a binder on the unit and the bedside aides review the information prior to assuming care. These forms are an important communication tool and have been helpful when care planning.
- The use of interactive education labs has become popular with several facilities. The staff educators relate this type of educational offering allows the staff to complete the education at their pace and has decreased disruption on the units.

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

Frequently Asked Questions

Question: I have heard people talking about goals and quality measures. I produce quality indicator numbers for administration each month. Why is this important for all of my staff to know about the measures?

ANSWER: Each facility and/or agency strives to provide the highest level of service and quality care possible. Leadership monitors and trends different quality measurements to make sure a standard of care is met and maintained. Sharing unit specific goals allows the care team to have input on interventions that will produce the most favorable outcomes for the patient/resident. When the care staff is involved in reviewing the data, the care they provide becomes more real to them. They can see how their actions influence the patient and/or

resident.

Question: How do I handle resistance by my staff to change? They think they are doing a good job and don't have time for new things.

ANSWER: Changing behavior requires more than re-education. It is important for the staff to fully understand the reason for changes. Data provided through this initiative can be used to help focus on needs and weaknesses in the system. The staff needs to have time to ask questions and be involved in finding solutions to identified barriers. Finding interactive educational opportunities is critical to your success. Utilize any staff member who steps forward to lead change at the bedside. Long-standing change will only be achieved by front-line workers.

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

Coming Events

The final event of the initiative will be the Outcomes Congress, to be held on August 26, 2009 at Lucas Oil Stadium in Indianapolis. The Congress will be a day of celebration and information sharing as we hear from speakers and communities across Indiana who will discuss their successes. Watch for registration details in our next pressure ulcer initiative newsletter.

Best wishes for the coming week.

Terry Whitson
Assistant Commissioner
Indiana State Department of Health

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