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ABCs OF PRESSURE ULCER PREVENTION

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GOAL
× This presentation will provide the basic ABC toolkit of important information to create a pressure ulcer prevention program appropriate for assisted living agencies.
OBJECTIVES

- Comprehend the assisted living responsibilities regarding the need for a pressure ulcer prevention program
- Identify the building blocks in developing a pressure ulcer prevention program
- Recognize communication factors essential for an effective pressure ulcer prevention program

TYPES OF ASSISTED LIVING

- Community Based Residential Facility (CBRF)
- Residential Care Apartments Complex (RCAC)
  - Certified
  - Registered
- Adult Family Homes (AFH)
- Adult Day Care Provider (ADC)
- ***Note: Regulations vary with the type of licensed assisted living facility

REASONS FOR A PRESSURE ULCER PREVENTION TOOLKIT
CLIMATE/CULTURE CHANGES

- Increase aging vulnerable population
- Workforce training & staffing requirements
- Public demands – “ought to know”
- Improved knowledge of consumer
- Care & complexity of resident unmanaged needs
- Shift from nursing home to assisted living admissions
  - Growth in the number of AL type facilities

CLIMATE/CULTURE CHANGES (CONT)

- Assisted living industry are not fully regulated as are nursing homes/skilled nursing facilities (SNF)
  - Social v. medical model of care
  - Freedom of choice/independence
  - Increase costs passed on to the consumer
  - Skin health is not viewed as a priority
  - Will most people(AL agencies do the right thing without being observed/regulated
- Increase in health care costs
  - A complex pressure ulcer can cost as little as $70,000.00

FACTS ON INCIDENCE AND RISKS

- It has been estimated that as many as 23.9% of residents in skilled care and nursing home facilities develop pressure ulcers at some time
- In high-risk individuals, including elderly individuals with femoral fractures and/or hip fractures, the incidence and prevalence is over 60
  - 1.8 million Americans are annually afflicted with pressure ulcers at a treatment cost of $1.3 billion
- 95% of pressure ulcers occur on the lower part of the body, 36% of which are on the sacrum and 30% on the heel
- 8% of all deaths in nursing homes are attributed to pressure ulcers
- 70% occur in people 70 years and older
- An individual at high risk can develop a pressure ulcer within 2-6 hours of the onset of pressure
LEGAL IMPLICATIONS

- Increase in negligence litigation in not meeting standards of care (SOC)
  - CA jury awards 9.5 million against AL for pressure ulcers
  - GA wrongful death in AL facility
  - TX lawsuit by family regarding negligence of AL
- Resident rights to expect quality safe care
- Assisted living facilities are caring for more complex residents
- Current regulations are open for interpretation by the facility
  - Assisted Living Regional Directors referrals to enforcement specialists for violation citations
  - Prompt and adequate treatment, physician notification
  - Supervision

REGULATIONS (ALL TREATED THE SAME ?)

- Federal
  - Omnibus Budget Reconciliation Act '87 (OBRA)
    - Conduct an assessment after a significant change in a resident’s condition – open for interpretation
  - Daubert Rule ’93
  - Center for Medicare/Medicaid Services (CMS)
    - Stress the need for taking a holistic approach (between each person’s physical, functional and psychosocial needs) when evaluating a resident’s skin status to maintain healthy skin
- State
  - Department of Health Services (HFS-83, 129, 132)
    - Division of Quality Assurance
  - State of Wisconsin Administrative Code/Statutes/Laws
- Scope and standards are not the same for agencies that care for the elderly
- Implicit agreement for assisted living facilities

LACK OF QUALITY CARE INDICATORS

- Pressure ulcers are avoidable/preventable
- Identify vulnerable elderly
  - Rates health as fair to poor
  - Limitation in function/mobility/activity
  - Unable to maintain personal hygiene or other functional abilities (doing the dishes)
  - Increases with age >85 person in extremely vulnerable
- CAUTI can also increase the potential for pressure ulcer
ASSISTED LIVING RESPONSIBILITIES

WHAT ARE THEY?

- Maintain a resident’s quality of life
  - Provide basic needs (Maslow Hierarchy)
  - Ensure a feeling safety, security, hope and comfort
  - Promote life satisfaction & contributions to society
  - Sustain independence in activities of daily living

- Endorse a positive, motivating, supportive work environment for staff
  - Provide training and mentoring
  - Create team champions /leaders
  - Expect effective communication/documentation

STANDARDS /BENCHMARKS OF QUALITY OF CARE

- From research to evidence-based practice
- Resources
  - Wound Ostomy Continence Nurse Society (WOCN)
  - National Pressure Ulcer Advisory Panel (NPUAP)
  - National Institutes of Health (NIH)
  - National Guideline Clearing House
  - Agency for Health Care Research and Quality
  - Wisconsin Quality Coalition (WQCO) – Metastar
  - Center for Disease Control (CDC)

- ***There are new standards that relate to staffing, training and treatment***
PRESSURE ULCER

- Disruption in the integrity and function of body tissue/skin
- An area of skin that breaks down when staying in one position for too long without shifting body weight. The constant pressure against the skin reduces the blood-oxygen supply to that area, and the affected tissue over time dies.
- Starts as a reddened or purple area on the skin that can get progressively worse, forming a blister, then an open sore, and finally a crater with bone exposed. The most common places for pressure ulcers are over bony prominences (bones close to the skin) such as the heels, hips, ankles, coccyx and sacrum
- Indicates that resident's skin is not being cared for and needs not being met

OTHER CONTRIBUTING FACTORS

- Shear – occurs when skin moves in one direction and the underlying bone moves in opposite direction creating a stretching and tearing of tissue cells
- Friction – occurs when the motion of the body does not change when there is a change in position to the skin
- Moisture – occurs when irritating fluids (urine) alter the pH of the skin making it softer and more vulnerable for the skin to open

PRESSURE ULCER – STAGE I

- Skin is the largest and the most frequently traumatized organ system in the body
- The beginning stage of a pressure sore has the following characteristics:
  - The skin is intact.
  - The skin appears red on people with lighter skin color, and the skin doesn't briefly lighten (blanch) when touched.
  - On people with darker skin, there may be no change in the color of the skin, and the skin doesn't blanch when touched. Or the skin may appear ashen, bluish or purple.
  - The site may be painful, firm, soft, warmer or cooler compared with the surrounding skin.

http://www.mayoclinic.com
PRESSURE ULCER – STAGE II
- An open partial thickness wound
- The outer layer of skin (epidermis) and part of the underlying layer of skin (dermis) is damaged or lost.
- The pressure ulcer may appear as a shallow, pinkish-red, basin-like wound.
- It may also appear as an intact or ruptured fluid-filled blister.
- *** Seek medical attention

PRESSURE ULCER STAGE III & IV
NON-STAGEABLE & DEEP TISSUE INJURY
- Assisted living facilities may not accept or retain a resident with these types of pressure ulcers
- Are in need of more advanced interventions and monitoring

HUMAN RISK FACTORS FOR PRESSURE ULCER
- Co-morbid conditions
  + Diabetes
  + Obesity/Malnutrition
  + Vascular & respiratory diseases
  + Neuromuscularskeletal disorders
- Medications that require additional monitoring
  + Steroids
  + Sedatives/pain relievers
  + Vasopressors/cardiac blockers
HUMAN RISK FACTORS FOR PRESSURE ULCER

- Impaired mobility/function
- Altered cognition/behavior
- Deficits in nutrition/hydration
- Incontinence
- A history of pressure ulcers

IMPACT IN QUALITY OF LIFE FROM A PRESSURE ULCER

- Increase in pain and suffering
- Financial impact
- Strain of personal/family resources
- Emotional expectations
  - Pessimism, hopelessness, depression
  - Compliance
  - Coping
  - Social isolation
  - Altered body image

WHERE TO BEGIN

- Start with the creation of a multidisciplinary task force
  - Gap Analysis
  - Plan Do Check Act (PDCA)
  - Failure Mode & Effects Analysis (FMEA)
  - Root Cause Analysis
- Develop an implementation plan for pressure ulcer prevention
- Design an assessment tool
- Initiate program and evaluate outcomes according to an appropriate timeline
BUILDING BLOCKS FOR MAINTAINING
HEALTHY SKIN

THE BLOCKS IN THE TOOLKIT
The essentials:
* Assessment – Assessment – Assessment
* Monitor – Monitor – Monitor
* Intervention – Intervention – Intervention
* Communication
* Documentation
* Education

ASSESSMENTS
* Data collection
* Monitor closely any changes that can occur
  + Urinary and/or fecal incontinence
  + Alteration in dietary and/or hydration needs
  + Increase time in bed and lying in same one position for more than two hours
  + Increase time sitting in a chair without getting up for more than two hours
  + Change in cognitive/mental behavior such as increase in confusion
  + Complaints of pain especially over a bony area of the body
## Interventions

- Taking action toward prevention for a resident at high risk for developing a pressure ulcer.
- Care provided to improve a situation (especially medical procedures or applications that are intended to relieve illness or injury) [www.thefreedictionary.com](http://www.thefreedictionary.com)

## Urinary/Fecal Incontinence

- Change clothing
- Cleanse skin with mild soap and water
- Apply skin barrier/skin moisturizer
- Evaluate further if there is an infection
- Check skin especially over bony prominences
- Avoid the use of non-breathable “diapers”

## Alteration in Dietary/Hydration Intake

- Provide a diet with adequate calories, protein and vitamin C in order to promote healthy skin
- Encourage adequate fluid intake
- Determine resident’s foods likes and dislikes
- Dental needs
INACTIVITY/IMMOBILITY

- Encourage or if needed assist with
  - Turning/repositioning every two hours maximum while in bed
  - Reposition every 15-30 minutes when up in chair
  - If resident is in a chair for most of the day consider a pressure relief cushion
- If in bed consider an air/foam/gel mattress overlay
- Promote ambulation (assist if needed for safety)
- Help with range of motion exercises

CHANGE IN COGNITION/BEHAVIOR

- May be an indication of unrelieved pain
- May be an indication of a urinary tract infection
- May be dehydrated
- If diabetic, check blood sugar level
- Exercise patience especially if resident refuses care/treatment

PAIN

- Do not ignore
- Ask if pain is located over a bony area especially coccyx/sacrum/hip area and heels
- Inspect/assess area of pain
- If area is a non-blanchable red/purple in color
  - Immediately off load
  - Offer pain medication
  - Monitor closely every 15 minutes if not resolved in 1-2 hours seek medical attention
  - Do not massage affected area > in pain
COMMUNICATION & COLLABORATION

- Assisted living providers should
  - Take a proactive role
  - Educate staff/residents/caregivers
  - Work alongside other health providers
  - Create a workforce of champions for healthy skin
- Continuous quality improvement
- Increase resident/consumer satisfaction
- Multidisciplinary task force approach from CNAs to maintenance staff
- Open dialog with other health care providers

CONTACT HEALTH CARE PROVIDER

When:
- Skin is not blanchable and stays red/purple
- Skin area around wound is warm, red, painful and swollen
- A blister develops
- Skin opens/breaks down

In order to:
- Receive an intervention/treatment order
- Document all assessments and interactions
- Notify resident’s POA of wound
**DOCUMENTATION**

- Design a check list to ensure that routine charting of resident’s needs, plan of care, interventions/treatments, outcomes and resident/family response are appropriately and completely noted
- Create an agency specific document/tool that is comprehensive to communicate effectively the resident’s needs/status to staff, other agencies (transfer of care), health care providers
- See handouts

**DOCUMENTATION**

- What to include in document/tool
  - Dietary/hydration requirements
  - Toileting schedule - incontinence
  - Underlying illnesses/conditions
  - Diagnoses (current)
  - Medication use/changes
  - Mobility and activity abilities
  - Mental/cognitive status
  - Recent previous falls - injuries
  - Skin assessment/issues

**EDUCATION**

- Develop in-service training program/presentations
- Encourage on-line education programs
  - Webinars
  - Interactive programs
  - Self learning modules
- Create competency skill set testing
- Promote a journal club
- Unit based education board/posters
EDUCATION TOPIC IDEAS

- Pressure ulcer prevention
- Skin risk assessment
- Dementia
- Medications
- Geriatrics/concepts of aging
- Documentation
- Communication
- Standards of care (policy & procedure)

RESOURCES

- Bureau of Aging and Long Term Care Resource
- Wisconsin Health Care Assoc (WHCA)
- Wisconsin Center for Assisted Living (WiCAL)
- Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)
- Wisconsin Assisted Living Assoc (WALA)
- Residential Services Association
- Assessing Care of the Vulnerable Elders (ACOVE)
SUMMARY/REVIEW

- Assisted Living facility commitment to:
  + Training
  + Mentoring
  + Collaboration/Communication
  + Assessment
  + Documentation
  + Pressure Ulcer Prevention Program

REFERENCES

- See handouts
- Send e-mail inquiry to:
  + Shawneen Schmitt at merithealthpro@gmail.com

THANK YOU FOR YOUR ATTENTION

QUESTIONS?