

Continuum of Care

[Working Together to Prevent the Incidence of Pressure Ulcers]

KNOXVILLE COMMENTS

Question #1

How can we work together to reduce the incidence of pressure ulcers across care settings?

Answer #1

▶ Nursing Home

- Good communication and documentation between care settings
- Uniformity within the care settings to follow evidenced based practice techniques
- Each care setting should develop interdisciplinary team work (C.N.As, dietary, MD, Social, PT)
- Implement Continuity Care Tool, ie standardized transfer form
- Hospitals need to be more aware of prevention - share lessons learned from LTC to acute care settings
- Teach proper repositioning techniques to direct care staff and also teach them signs of early detection for each care setting
- Daily and consistent skin assessments should be implemented in each care setting
- Standardization and implementation of care that is given
- Utilizing proper equipment in LTC and Acute care
- Current medical record and PrU history provided to the transferring facility
- Appropriate and realistic staff & patient ratio in both LTC and Acute Care
- Crossover documentation
- Better reporting upon transfer
- Standardization of tools used, ie Braden scale within care settings

▶ Home Health

- Better communication and consistency between care settings
- Better documentation of wound care treatment the patient is currently receiving and a better way to pass on this patient information during a transfer
- Better relationship and communication across the care settings
- Education across care settings

▶ Hospitals

- Standardized policies, procedures and utilization
- Early intervention, continual education of direct care staff and utilization of proper equipment in all care settings
- Asses the "larger" picture ie, nutrition, hydration etc. Also, have the staff and MDs that provide wound care return to a "team approach" in all care settings
- Create teams with specific goals and policies.
- Communicate to team members about wounds and what we are doing to treat them.
- Good communication between caregivers, especially nursing to nursing assistants
- Good communication in reporting and charting
- Increase staff to proper levels, this is a problem in all care settings (*cont.*)

Continuum of Care

[Working Together to Prevent the Incidence of Pressure Ulcers]

Answer #1 continued

- Follow evidence based practice techniques.
- Uniform standards of care
- Timely transfer forms: pt history, treatment etc to ensure continuum of care
- Standardized documentation between care settings
- Standardized assessments between care settings
- Making early interventions, education and utilizing proper equipment a priority at all care settings
- Develop a standard that all settings can use to increase awareness and reduce the incidence of pressure ulcers
- Better reporting and identification of wounds between settings

Question #2

What barriers does your facility face in preventing pressure ulcers?

Answer #2

▶ Nursing Home

- Not being persistent about providing to staff the knowledge and emphasizing importance of pressure ulcer prevention
- Education, lack of
- Staff participation and awareness
- 80% of our prevalence of pressure ulcers is from the acute care setting
- Lack of proper positioning education to direct care staff
- Normal decline of aging, effects on skin
- C.N.As are the lowest pay scale with least amount of training, but provide the most direct care
- Cost of special beds, mattresses and other support surfaces
- C.N.As are not reporting early signs
- Poor communication
- Unavoidable pressure ulcers due to a medical condition
- Motivation of staff
- Unqualified staff
- Consistent documentation
- Gap of experience and training from one staff to another
- Lack of re-imbursement from insurance companies

▶ Home Health

- Inaccurate representation from referral sources of patient condition/co morbidities
- Lack of MD support for utilizing support surfaces
- Physician refusal to follow current standards of care
- Lack of transferring accurate information between care settings.
- Lack of patient compliance
- Family and patient compliance
- Caregiver compliance
- Insufficient resources and insurance reimbursement

Continuum of Care

[Working Together to Prevent the Incidence of Pressure Ulcers]

Answer #2 continued

▶ Hospital

- Friction and shearing when repositioning a patient
 - Back dated protocols, lack of education for staff, poor communication across care staff
 - Staff turnover
 - Money. Overall interest of all care givers to prevent the incidence of pressure ulcers
 - Insufficient staff and time. Lack of education, especially to nursing assistants
 - Staffing morale, nursing shortage. Upper management does not support wound team and the purchasing of better wound products.
 - Upper management not realizing the importance to hire better skill sets
- Inadequate staffing, knowledge deficit, lack of supplies
 - Time and people
 - Not having a wound care team
 - Lack of education, lack of communication & low staffing
 - Poor motivation of aids to reposition and utilize specialized equipment
 - Hiring the right employee, one who is interested in increasing the awareness of pressure ulcer prevention facility wide
 - Insufficient staff

Question #3

What lessons have you learned within your facility as you work towards reducing the incidence of pressure ulcers?

Answer #3

▶ Nursing Homes

- Team work and having the same goals
 - Better prevention processes
 - Providing education to all staff
 - Communication is KEY
 - Weekly skin assessments
 - Frequent repositioning, assessment and detection of incontinence
 - Utilizing preventative products and providing good peri care
 - Making prevention a facility-wide priority
 - Continual education of all care staff for early signs and symptoms
 - Providing timely and effective interventions at first change of condition
- Consistent staffing
 - Skin assessments completed prior to discharging residents to the hospital. Nine out of 10 residents come back with wounds.
 - Providing education to direct care staff on importance of repositioning and using pressure redistribution equipment
 - Understanding the importance of a multifaceted approach, turning, protective products and pressure redistribution equipment and surfaces.
 - Early detection of stage 1 pressure ulcers Management to approve to purchase better repositioning surfaces, beds, etc

Continuum of Care

[Working Together to Prevent the Incidence of Pressure Ulcers]

Answer #3 continued

▶ Home Health

- Better documentation and communication
- Provide continual education to staff and families
- Teamwork and determination to make it right

▶ Hospitals

- Provide efficient in-services to staff. P&P guidelines are up to date and concurrent with gold standards. Wound care rounds.
- Making sure staff know and understand protocols and ideas
- Direct care staff does not feel that repositioning and providing gold standards of care are priority.
- Implemented weekly "Wound Wednesday" procedure to be more consistent with measuring wounds
- Utilizing appropriate interventions, ie proper positioning, turning and wound treatments
- Providing timely interventions
- Need better MD awareness of skin and wound issues. Also, better communication and documentation.
- Maintain proper supplies and equipment
- Utilizing wound care protocols, wound care team consults, and providing staff appropriate supplies
- Providing frequent staff education and encouragement to make prevention priority

Question #4

What is the number one thing that can be done by my facility/organization to help your facility/organization to reduce the incidence of pressure ulcers?

Answer #4

▶ Nursing Home

- Education of nurses, C.N.As, dietary, social and MDs
- Incentives and awards programs
- Education
- Prevention and quick intervention
- More C.N.A. staff education across care settings
- Resident and family education of the importance for repositioning
- Provide better, accurate and in-depth medical history
- Develop educational tools and visual aids to better equip and train staff for the importance of re-positioning
- Stop the "blame game"
- Standardized prevention techniques and documentation
- Everyone should work together
- Send patient wound care history and treatment care plan when transferring to acute care setting
- Allowing front line staff the opportunity to go to trainings

Continuum of Care

[Working Together to Prevent the Incidence of Pressure Ulcers]

Answer #4 continued

▶ Home Health

- Develop teaching materials that can be utilized across the care settings to educate families and caregivers

▶ Hospitals

- Develop cross setting standardization of assessment and documentation
 - Education and providing proper supplies and equipment
 - Begin to develop a new mind-set that we are providing the proper and best care for the patient regardless of which setting the patient is coming from or going to.
 - Develop better P&P on wound care
- Better communication across the care settings
 - Promote ADLs
 - Providing better communication and better treatment of care histories across the continuum of care