

Quality Improvement Road Map to
**PREVENTING PRESSURE
ULCERS**

Residents First: On the Road to Quality Improvement

Residents First is a provincial initiative that promotes quality improvement for and by the long-term care (LTC) sector. The initiative is supported by the Government of Ontario and is being implemented in partnership with Ontario's Local Health Integration Networks (LHINs) over a period of five years.

Residents First begins and ends with residents. The vision for this initiative is that each resident enjoy safe, effective and responsive care that helps them achieve the highest potential of quality of life. Residents First supports enhancing a workplace culture where staff – from leadership to the front lines – are jointly engaged in a continuous journey toward quality improvement. The initiative is focused on achieving tangible and measurable improvements in LTC homes, based on internationally recognized indicators of quality. Residents First will provide people working in long-term care with knowledge, training and tools to support them in making quality improvements aimed at enhancing safety and promoting changes that make a positive difference in the well being of residents.

Residents First is being launched in 2010 in four regions of the province: Central East, Hamilton Niagara Haldimand Brant, Mississauga Halton and the North West. The goal is to recruit 100 homes for participation in the first year, and then to reach all homes within five years.

Residents First partners include:

- Concerned Friends of Ontario Citizens in Care Facilities
- Institute for Safe Medication Practices Canada
- Local Health Integration Networks
- Ontario Association of Non-Profit Homes and Services for Seniors
- Ontario Association of Residents' Councils
- Ontario Family Councils' Program
- Ontario Health Quality Council
- Ontario Long-Term Care Association
- Ontario Long-Term Care Physicians
- Quality Healthcare Network
- Registered Nurses' Association of Ontario
- Seniors Health Research Transfer Network

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1. The Starting Point – Facing the Challenge of Pressure Ulcers

Welcome and congratulations! By picking up this road map to preventing pressure ulcers, you are taking the first step towards improving resident outcomes. This road map aims to support teams participating in the Residents First collaboratives and other quality improvement (QI) projects focused on preventing pressure ulcers.

Pressure ulcers exact a high cost to individuals and the province's health care system. For an individual, it can mean the beginning of a loss of independence and a serious deterioration in their quality of life.

But, there is a growing body of research pointing the way to effective preventive measures that can help make people less prone to pressure ulcers and able to lead a high quality of life for as long as possible.

The good news is that pressure ulcers can be prevented! But how do you get there from here? Here's your road map.

2. The Benefits to Your Residents

This road map will guide you step-by-step to your destination of making quality improvements in preventing pressure ulcers. As in any journey, you must be prepared for stops or possible detours along the way. You will need to refer back to the map throughout the journey to help maintain your focus and keep you on track. It will offer signposts along the way in this worthwhile journey to reducing pressure ulcers and improving the quality of life for LTC home residents.

By following this road map, you can achieve a number of benefits for your residents. Here are some examples:

- Improved pressure ulcer rates (number of residents who have a new pressure ulcer and decreased prevalence of worsening pressure ulcers)
- Improved work practices (identification of high-risk residents, decreased prevalence of pressure ulcers, improved assessment related to pressure ulcers, improved documentation related to interventions for prevention, and improved follow up of high-risk residents by weekly high-risk rounds)
- Improved interdisciplinary team approaches to care (staff awareness of evidence-based practices)
- Improved resident-centred care approach (care plan interventions for pressure ulcer prevention are consistent with resident's goals, values, needs, wishes, preferences, and lived experiences)

3. The Journey to Preventing Pressure Ulcers

3.1 Assembling Your Team

Quality improvement is a team effort. So, start by assembling an LTC pressure ulcer improvement team in your home. You will want to include people who can bring energy and commitment to your team.

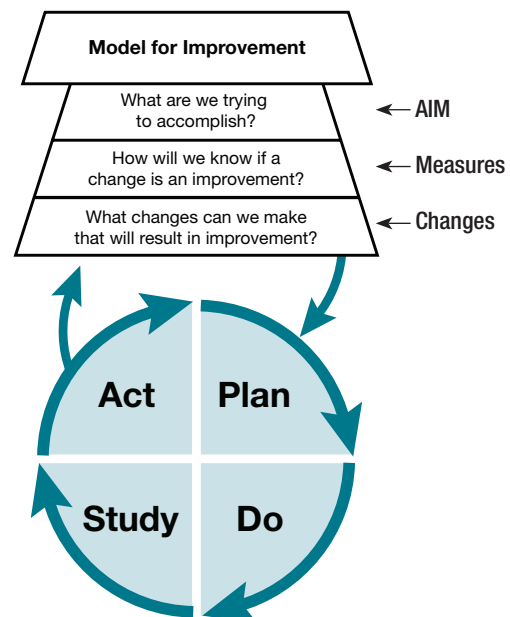
You may already have teams in place, however you may want to consider assembling a team that includes members from nursing and allied health along with a PSW and a manager. If appropriate, include a resident or family member.

It is recommended that you include someone with training in quality improvement facilitation, so they can support you on your journey.

Navigation Checklist

Consider these questions as you are starting out and remember to reflect on them throughout your journey.

1. What are you trying to accomplish?
2. How will you know a change is an improvement?
3. What changes can you make that could lead to an improvement?



Your team is your vehicle.

Your team will plan and implement the improvement to fit the context of your home by:

- gathering baseline measures;
- conducting small-scale tests of change using PDSA, “Think BIG, test SMALL;”
- studying outcomes of changes before planning next action steps; and
- helping successful changes become standard practices and lessons learned.

Quality improvement flourishes when there is support from the leadership to:

- guide, support and encourage the improvement team; and
- ensure the sustainability of the team’s effective changes.

3.2 Setting a Course for a Specific Destination

It is important for you to be clear on the aim you are trying to achieve in regards to reducing pressure ulcers in your LTC home. First, consider your current circumstances. Then, consider how you would like to improve them. Commit to achieving the improvement within a set timeframe. Set a target that will stretch your capability and make sure you keep in mind a level of improvement that will add value to residents.

Your aim is your ultimate destination.

Be sure to pinpoint your destination and establish a schedule for getting there.

Example: The AIM of the _____ (your LTC home) is to reduce by 50% the number of residents who have any pressure ulcers, from _____ to _____, by _____ (date).

3.3 Charting Your Progress

Improvements need to be measured. You need to be able to effectively track the changes that are occurring in your home and assess their impact on quality improvement.

Your measures are your signposts. There are a number of different areas that you need to measure in order to adequately assess the effectiveness of your efforts in preventing and reducing pressure ulcers. Measure actual outcomes, as well as the processes and mitigating steps that are in place to reduce pressure ulcers. These additional measures will help flag when you are going off the path.

The chart that follows describes the most relevant outcome, process and balancing measures.

Outcome Measures

1. Percentage of residents with stage 1 to 4 pressure ulcers in the previous month
2. Percentage of residents with a new ulcer in the current month of reporting compared to the previous month of reporting (RAI-MDS stages 2-4)
3. Percentage of residents who had a stage 1, 2 or 3 pressure ulcer in the previous month of reporting that got worse in the current month of reporting

Process Measures

1. Percentage of new residents admitted in the previous month for whom a pressure ulcer risk assessment was completed on admission
2. Percentage of high-risk residents who have risk level and interventions documented in their plan of care in the previous month
3. Percentage of high-risk residents who receive weekly high-risk rounds by a multidisciplinary team in the previous month

Balancing Measures

1. Percentage of residents who are frequently* incontinent of urine

*Definition: (RAI-MDS) "Frequently" incontinent episodes occur daily, but some control is present (e.g., on day shift). Exclude residents who are comatose or have an indwelling catheter.

4. Different Paths to Improvement

Quality improvement involves change on many levels. There is no one-size-fits-all solution to reaching your destination. Each home is unique. It is important for your team to discuss, explore and determine changes that can be made in your home that support, prevent, and reduce pressure ulcers. Consider your entire organization and approach to resident care to identify changes that can be made to support pressure ulcer reductions.

The following table sets out possible areas of focus and steps that you may want to take on your journey towards quality improvement.

Recognition and Assessment	Suggested Steps
<i>Identify pressure ulcer prevention and care as an area for potential improvement in performance and practice.</i>	<ul style="list-style-type: none">• Determine baseline measures related to pressure ulcers• Determine areas for improvement/change ideas in current processes and practices related to pressure ulcer prevention• Check whether current nursing home policies/protocols are consistent with current evidence-based approaches
<i>All residents will need a pressure ulcer risk assessment at certain intervals.</i>	<ul style="list-style-type: none">• Examine the current process for assessment and screening of all residents• Evaluate the at-risk resident for early detection of any stage 1 pressure ulcers• Assess all residents (head to toe) on admission, quarterly, upon change in status and annually using:<ul style="list-style-type: none">– RAI-MDS– PURS– Braden Scale• Include family members' observations where necessary• Conduct skin assessment upon readmission or return from LOA (as per policy)

Engaging Residents and Families	Suggested Steps
<i>Share risk information with residents and families and engage them in prevention strategies.</i>	<ul style="list-style-type: none"> • Implement interventions that are consistent with the resident's goals, values, needs, wishes, preferences and risk factors • Evaluate resident and family satisfaction using a regular satisfaction survey • Educate all residents and families who have been assessed to be at risk regarding their risk status • Consider resident education materials that are available for distribution to residents and family • Include findings regarding causes of past pressure ulcers into education for residents and families • Include information regarding risks • Engage the family in supporting resident activity
Care Planning for Prevention	Suggested Steps
<i>An individualized plan of care for pressure ulcer prevention created with the resident, family and staff is based on best practice evidence, and assessed risk while considering first the resident's values, beliefs, and preferences.</i>	<ul style="list-style-type: none"> • Communicate pressure ulcer risk with the resident, their family and staff using a variety of methods such as verbal, health record, care plan, shift change, risk rounds, care conferences, programming staff, etc. • Document pressure ulcer risk assessment results in the resident's health record and care plan • Include the pressure ulcer risk status at transfer of care in consistent ways such as shift change, high-risk resident rounds, and in other effective ways prior to outings with family • Manage moisture and incontinence in consistent and effective ways • Maximize nutritional status and develop standard ways to assess ongoing status in practice • Assess and control pain using a consistent approach and standardized tools

Care Planning for Prevention *(cont.)*

Suggested Steps

A well developed communication plan supports care planning for prevention strategies.

- Observe the resident for signs of potential infection
 - Assist with identified psychological needs
 - Maximize activity and mobility, eliminating friction and sheer
 - Turn and reposition based on an individualized plan
-
- Develop a handover form or report which includes pressure ulcer risk assessment
 - Include pressure ulcer risk as a topic for discussion at all admission care conferences and annual care conferences
 - Create an individualized plan of care with resident, family and staff and communicate (verbal, health record, care plan, shift change, risk rounds, care conferences, programming staff, etc.)

Improving Work Flow

Suggested Steps

Use education to enhance the development of routine practices relating to pressure ulcer prevention.

- Conduct educational sessions during staff orientation and at regular intervals on:
 - Strategies to prevent pressure ulcers
 - Staging of pressure ulcers
 - What is NOT a pressure ulcer (e.g., deep tissue injury (DTI), venous/arterial ulcer, and examples of what is NOT stageable)
 - Risk assessment, risk management, skin observation follow up, weekly high-risk rounds, etc.
- Educate all residents and families of those residents who have been assessed to be at risk for pressure ulcers regarding their risk status
- Consider education materials that are available for distribution to residents and families
- Include causes of past pressure ulcers in educational materials for residents and families

Improving Work Flow <i>(cont.)</i>	Suggested Steps
<i>Secure organizational support for pressure ulcer prevention intervention strategies to standardize practices for pressure ulcer prevention.</i>	<ul style="list-style-type: none"> • Identify required resources for pressure ulcer prevention and regulatory requirements impact • Review the existing pressure ulcer prevention policy in your LTC home to ensure it reflects current provincial legislation • Confirm the gap in opportunity and include in your plans for improvement • Regularly review (annually) organizational skin care policy (risk assessment, roles and responsibilities of each healthcare provider) • Plan for sustainability of improvements
<i>Consider environmental factors for pressure ulcer prevention.</i>	<ul style="list-style-type: none"> • Identify supplies and equipment for pressure ulcer prevention and/or signalling high-risk situations that may require pressure relieving surface to the multidisciplinary team • Conduct regular inspections of mobility assistive devices for potential causes of pressure (consider seating assessment) • Ensure consistent use of positioning cushions/aids and pressure relieving surfaces • Involve multidisciplinary teams from all departments
Developing Routine Practices	Suggested Steps
<i>The implementation of best practices for pressure ulcer prevention and care will prevent worsening of existing pressure ulcers or reoccurrence of same.</i>	<ul style="list-style-type: none"> • Examine each incident of pressure ulcer to determine cause and effect to identify contributing factors and to prevent worsening or reoccurrence • Identify residents who are assessed at high risk and implement appropriate interventions • Consider the use of a PUSH tool to allow for assessing the progress of healing for existing pressure ulcers • Test pressure ulcer “huddles” with the interdisciplinary team to identify any required changes to the care plan

Developing Routine Practices <i>(cont.)</i>	Suggested Steps
	<ul style="list-style-type: none"> • Review your process to ensure pressure ulcer risk assessment is completed on every resident on admission, quarterly, annually and on change in condition • Conduct weekly high-risk rounds for all residents assessed to be moderate and high risk using validated measurement scale (RAI-MDS, PURS or Braden) or clinical judgement • Implement daily skin observations by all caregivers during basic care in a manner that respects dignity and minimizes unnecessary exposure
Designing Systems to Avoid Mistakes	Suggested Steps
<p><i>A workplace culture where residents, families and staff can communicate suggestions and concerns that are considered in organizational planning will support system design.</i></p>	<ul style="list-style-type: none"> • Establish a multidisciplinary pressure ulcer prevention team • Use a PDSA approach to evaluate all tests of change • Collect, report and analyze data for learning • Establish a forum to review feedback, learning about changes and improvements to pressure ulcers in your LTC home (staff meetings, councils, huddles, newsletters, email notices, etc.) • Evaluate care processes through audit process • Implement visible identifiers to communicate risk on a chart and at the bedside, if appropriate

5. Navigation Support

Here are some resources that may be of assistance to you on your quality improvement journey.

RNAO LTC Best Practice Pressure Ulcer Toolkit

<http://www.ltctoolkit.rnao.ca/resources/pressure-ulcer>

RNAO Best Practice Guideline for Risk Assessment and Prevention of Pressure Ulcers

http://www.rnao.org/Storage/12/638_BPG_Pressure_Ulcers_v2.pdf

RNAO Best Practice Guideline for Client Centred Care

http://www.rnao.org/Storage/15/932_BPG_CCCare_Rev06.pdf

http://www.rnao.org/Storage/15/933_BPG_CCCare_Supplement.pdf

Canadian Association of Wound Care (CAWC) <http://www.cawc.net/>

Regional Geriatric Program Central <http://www.rgpc.ca/best/subjects/skin.cfm>

National Pressure Ulcer Advisory Panel <http://www.npuap.org/>

6. Conclusion

Congratulations! Now that you have taken this journey and reached your destination, you are ready to celebrate. Quality improvement is a continuous journey, and there is another destination waiting for you. You may choose to:

- reset your aim using the same topic and resident group;
- spread your success on this topic to a new resident group; and/or
- choose a new topic area of focus.

This is also a good opportunity to remind your team that you now have quality improvement tools and skills that you can direct to any improvement efforts in your home.

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Appendix: Paths to Improvement at a Glance

This table offers guidance on areas where change should be discussed and considered and possible steps to engage in, in order to bring these quality improvement changes to life.

Recognition and Assessment	Engage Residents/Family	Care Planning for Prevention	Improve Work Flow	Develop routine practices/Standardize	Design Systems to avoid mistakes
<p>Evaluate the “at risk” resident for Pressure Ulcers</p> <ul style="list-style-type: none"> • RAI MDS (PURS) • Braden Scale • Nutritional Assessment <hr/> <p>Assess all residents on admission, change of status and at required intervals (quarterly/annual)</p> <hr/> <p>Consider additional risk factors:</p> <ul style="list-style-type: none"> • Work Routines (Turning Schedules) • Equipment (Seating) <hr/> <p>Review Risk:</p> <ul style="list-style-type: none"> • Identify cause for residents with existing or previous Pressure Ulcer • Consider care process-related problems that may contribute to Pressure Ulcers <hr/> <p>Clearly identify:</p> <ul style="list-style-type: none"> • All residents assessed to be at risk for Pressure Ulcers (Using discrete identifiers), Health Record 	<p>Consistently implement interventions that are consistent with the resident’s goals, values, needs, wishes, preferences and risk factors</p> <hr/> <p>Share risk information with residents and families and engage them in prevention strategies</p> <hr/> <p>Prevention Strategies:</p> <ul style="list-style-type: none"> • Early identification of Stage 1 Pressure Ulcers by front line staff • Utilize Pressure relieving (off loading) techniques <hr/> <p>Prevention Strategies:</p> <ul style="list-style-type: none"> • Assess need for positioning aids to relieve pressure under bony prominences • Assess need for pressure relieving surface • Protect skin from excessive moisture and incontinence • Nutrition and Hydration Interventions <hr/> <p>Communicate:</p> <ul style="list-style-type: none"> • Pressure Ulcer risk with resident, family and staff (verbal, health record, care plan, shift change, risk rounds, care conferences, programming staff, etc.) 	<p>Care Planning:</p> <ul style="list-style-type: none"> • Create individualized plan of care with resident, family and staff and communicate (verbal, health record, care plan, shift change, risk rounds, care conferences, programming staff, etc.) <hr/> <p>Prevention Strategies:</p> <ul style="list-style-type: none"> • Early identification of Stage 1 Pressure Ulcers by front line staff • Utilize Pressure relieving (off loading) techniques <hr/> <p>Prevention Strategies:</p> <ul style="list-style-type: none"> • Assess need for positioning aids to relieve pressure under bony prominences • Assess need for pressure relieving surface • Protect skin from excessive moisture and incontinence • Nutrition and Hydration Interventions <hr/> <p>Communicate:</p> <ul style="list-style-type: none"> • Pressure Ulcer risk with resident, family and staff (verbal, health record, care plan, shift change, risk rounds, care conferences, programming staff, etc.) 	<p>Educate Staff:</p> <ul style="list-style-type: none"> • Orientation, Annually, Regular Intervals • Staging Pressure Ulcers (Early Identification) • Pressure ulcer risk, risk assessment, risk management, daily skin observations, reporting of changes, follow up required <hr/> <ul style="list-style-type: none"> • Develop Organizational policy and procedure for Pressure Ulcer prevention • Review Organizational policy for Least Restraint • Create an environment that supports interventions for Pressure Ulcer prevention • Provide access to supplies and equipment for preventing Pressure Ulcers and/or signaling high-risk situations to the multidisciplinary team 	<p>Monitor:</p> <ul style="list-style-type: none"> • Weekly High Risk Rounds • Indicator data collection and reporting • Alternatives to Restraints • Ensure completion of risk assessments, care processes, skin observation follow up and care planning • Pressure Ulcer huddles 	<p>Provide adequate support to LTC Pressure Ulcer Prevention Team to facilitate above activities</p>

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