Pressure Ulcers – Clinical and Organizational Change Concepts and Ideas

Choose change ideas most appropriate for your LTC home

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Advancing Quality in Ontario Long-Term Care Homes

Recognition and Assessment

Identify potential for improvement.
- Determine baseline measures.
- Identify trends/patterns and barriers.

Assess all residents.
- Assess on admission, change of status and at quarterly intervals and upon readmission or return from LOA (as per policy).
- Evaluate at-risk residents for early detection of Stage 1 pressure ulcers.
- Consider/use:
  – PURS i.e. Braden Scale
  – RAI-MDS
- Family member observations as potential source of additional information

Medication review
- Consult with physician and pharmacist regarding medication-related to risk of pressure ulcers i.e. medication that decrease mobility and circulation.
- Medication history to include identification of medication related pressure ulcers risk

Educate Residents/Family and Staff

Educate residents and families.
- Share risk information with residents and families, engage them and educate about prevention strategies.
- Educate all residents and families who have been assessed to be at risk regarding their risk status.
- Engage the family in supporting resident activity.

Educate staff.
- Educate staff at orientation and regular intervals regarding routine practices and protocols and specifics related to strategies to prevent pressure ulcers, staging of pressure ulcers, what is NOT a pressure ulcer, risk assessment, risk management, skin observation, follow up, weekly high risk rounds, etc.

Care Planning for Prevention

Care Planning
- Create individualized plan of care with resident, family and staff based on best-practice evidence and assessed risk.

Document
- Document pressure ulcer risk assessment results in the resident's health record and care plan.

Develop a Communication Plan to support care planning and prevention strategies.
- Communicate risk and prevention strategies.
- 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.
- Develop a handover form or report which includes pressure ulcer risk assessment.

Sample Prevention Strategies
- Include pressure ulcer risk status at transfer of care.
- Manage moisture and incontinence.
- Toilet routine to avoid incontinence
- Maximize nutritional status and develop standard ways to assess ongoing status in practice.
- Assess and control pain using a consistent approach and standardized tools.
- 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.
- Pressure relieving mattresses and padding
- No restraints

Improve Work Flow

Consider how to incorporate pressure ulcer prevention strategies into care processes. (See Care Planning for examples.)
- Implement daily skin observations by all caregivers during basic care in a manner that respects dignity and minimizes unnecessary exposure.
- Consider care process-related problems that may contribute to pressure ulcers.

Ensure adequate access to supplies and equipment (e.g. pressure relieving surfaces).

Establish roles and responsibilities for nurse/ leaders related to best practice care for pressure ulcers.

Develop Routine Practices

Develop routine practices/checklists to ensure pressure ulcer prevention strategies are consistently implemented.

Regularly review causes and risks.
- Examine each pressure ulcer incident to determine cause and effect to identify contributing factors and to prevent worsening or reoccurrence.
- Consider use of PUSH tool to allow for assessing the progress of healing for existing pressure ulcers.
- Test pressure ulcer huddles with interdisciplinary team to identify required changes to the care plan.
- Conduct weekly high-risk rounds for all residents assessed to be moderate or high risk.
- Conduct regular inspections of mobility assistive devices for potential causes of pressure.
- Establish standardize treatment protocol for Stage 1 pressure ulcers.

Develop policies and procedures that support implementation of best practices and prevention strategies and review regularly; check whether current policies/ protocols are consistent with evidence-based approaches and Provincial policy.

Design Systems to Avoid Mistakes

Clear identification of risk.

Establish workplace culture and environment where staff, families and residents work to support pressure ulcer prevention.

Develop reminder systems.

Conduct checking and monitoring to ensure prevention measures are implemented effectively.
- Ensure completion of risk assessments, care processes, and care planning.
- Evaluate care processes through audit process.

Design physical environment to supports pressure ulcer prevention.
- Ensure consistent use of positioning cushions/aids and pressure relieving surfaces

Pressure Ulcers: Overcoming Barriers Worksheet

Use this table to identify and track your **Change Ideas**. For each **Change Idea**, list all of the **barriers** you can think of, then list all of the **enablers** – or strategies that you could put into place to help overcome the barriers and ensure that your efforts will be effective and successful. Common examples from LTC homes have been included to help get you started.

Change Ideas	**Barriers** – what will get in the way of implementing your idea? (use fishbone and 5 whys to identify)	**Enablers** – what strategies, ideas, tools and tips can you implement that will ensure successful implementation of your change idea