Pressure Ulcer Treatment & Prevention Strategies

**Standardize Skin Care Interventions:**
- Adopt a risk assessment tool to be used on all patients upon admission and every 8-24hrs
- Conduct a comprehensive skin assessment utilizing an established protocol or pathway that will guide interventions
- Develop protocols for utilization of pressure relief/reduction mattresses, overlays, or cushions; create a decision tree for special care beds
- Strive for the standardization of barrier creams, cleansers, and wound care products
- Create standard turning schedules and teams to carry out this function: odd room numbers vs. even room numbers; offer fluids at each position turn
- Implement pressure relief pads to use in the OR, ER or other ancillary departments
- Utilize SBAR communication: shift change reports, notifying physicians of changes in patient status, requests for referrals/consults
- Streamline the discharge process by utilizing a standard transfer form
- Develop an “all eyes open” multidisciplinary approach to observation of “at risk” patients

**EHR/EMR Automation:**
- CPOE prompts. Design history and physical examination templates to prompt physicians to include documentation of skin assessments, determine the presence of pressure ulcers on admission, and consider wound care consults/referrals
- Risk assessment tool/scale automatically generates and continues to prompt until assessment is completed
- Create a forcing function for certain assessment scale scores to trigger a response, such as instituting preventive or treatment measures, submitting consults/referrals for wound care, nutrition and/or therapy
- Post prompts for daily or every shift assessments

**Education & Staff Development:**
- Recruit unit-based skin care champions and provide extensive education/training
- Establish a multi-disciplinary education program for nurses, CNA/techs, physicians, therapists, housekeeping staff, and dietary staff
- Develop patient and family education programs. These “extra sets of eyes” can be taught the importance of prevention and treatment of pressure ulcers
- Utilize annual skills labs/competencies or workshops. Include competencies in orientation, training, and mentor programs
- Storyboards are effective tools to promote staff motivation, sharing successes and lessons learned
- Educate physicians about appropriate documentation for reporting and reimbursement purposes
- Consider employing a Certified Wound Care Nurse

**Monitoring:**
- Launch a skin resource committee/team with unit-based representation to study data and the effectiveness of interventions
- Conduct concurrent or retrospective chart audits to ensure policies are followed and skin care issues are addressed
- Conduct a mini root cause analysis to determine preventability for any hospital-acquired pressure ulcer. Ask: WHAT, WHY, and HOW
- Create a dashboard to track goals and progress
- Report data findings to ALL staff (unit staff, unit managers, chief nursing officer, QI/RM staff, C-suite, and board members)

Document available at www.primaris.org

MO-09-02-PUH March 2009 This material was prepared by Primaris under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy.