VNAA BLUEPRINT FOR EXCELLENCE

Promoting Skin Integrity and Reducing Pressure Ulcers:

BEST PRACTICES TO IMPROVE HOME HEALTH QUALITY MEASURES
Why Focus on Pressure Ulcers?

Policy Reasons:
• IMPACT Act
• Home Health Compare and Star Ratings
• Value Based Purchasing
• Patient Experience: Meeting patient needs
• Reimbursement

Clinical Quality Reasons
• Up to 17% of home health patients may have pressure ulcers and many more are at risk
• Many pressure ulcers are preventable

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The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 standardizes many elements of patient assessment across post-acute care settings, and requires reporting of standardized performance measures. Required Measures:

- Estimated Medicare Spending per Beneficiary (resource use)
- Discharge to community (resource use)
- All condition risk adjusted potentially preventable hospital readmission rates (resource use)
- Skin integrity and changes in skin integrity
- Medication reconciliation
- Incidence of major falls
- Communicating the existence of and providing for the transfer of health information and care preferences
- Functional status, cognitive function, changes in function and cognitive function
What is the VNAA Blueprint?

- Expert recommendations from VNAA member Work Group
- Based on evidence, but evidence is not available on every topic. The Blueprint builds on evidence based practice identified in clinical practice guidelines and the VNAA Clinical Procedure Manual – it does not include all clinical detail.
- Recommendations are a work in progress – knowledge continues to evolve
- The Blueprint identifies multiple options for improvement. Users identify strategies that work in their organization, given size, workforce availability, caseload, customer needs.
- Blueprint ideas are used in conjunction with Clinical Pathways, accreditation, electronic tools, regulatory compliance and other requirements for home health agencies.
- The Blueprint does not provide medical advice.
For Live Links, Case Studies, Resources and More Information:

www.Vnaablueprint.org

VNAA Blueprint Module on Reducing Pressure Ulcers

http://vnaablueprint.org/pressure-injury/ReducingPressureUlcersHomeHealthOverview.html

IMPACT Act Resources

http://www.vnaablueprint.org/vnaa-impact-act-resources.html
Thank you
VNAA Best Practices
Work Group!
In 2016 the National Pressure Ulcer Advisory Panel (NPUAP) recommended that the term “pressure injury” replace “pressure ulcer” to more accurately describe damage to both intact and ulcerated skin. CMS has not yet made changes to terminology of its performance measure on pressure ulcers. To maintain consistency with CMS, the VNAA Blueprint uses the ‘pressure ulcer’ terminology, except when quoting or discussing resources in which the term ‘pressure injury’ is used. Note that CMS may review measures relating to Skin Integrity and may change terminology in the measures in the future.
Skin Integrity is important to home health and hospice. Quality measures are specific to home health:

**Reportable measure mandated by the IMPACT Act 1/17:** National Quality Forum measure number 0678: “Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay)

**Home Health Compare:**
- How often patients’ wounds improved or healed after an operation
- How often the home health team checked patients for the risk of developing pressure sores (bed sores)
- How often the home health team included treatments to prevent pressure sores (bed sores) in the plan
- How often the home health team took doctor-ordered action to prevent pressure sores (bed sores)
Cross-cutting strategies that influence quality in all domains:

1) Adopt a quality improvement model
2) Use your data strategically
3) Educate and train staff to improve reliability of performance
4) Ensure accurate OASIS assessment and documentation
5) Adopt specific clinical practice guidelines to inform agency policy and procedure
6) Emphasize clinical quality AND patient experience
Quality Improvement Models

See VNAA Blueprint for Excellence 5-Star Module.

Example: Institute for Healthcare Improvement
• Plan-Do-Study-Act-Sustain
• Improve consistency of practices
• Make the right thing to do the easy thing to do – build the processes into tools and documentation systems
• Evaluate new programs to ensure the achieve desired goals

Other programs and models available from HRSA, AHRQ, HHQI
Summary of VNAA Blueprint for Excellence
Reducing Pressure Ulcers Module
Goal: Consistent, evidence-based practice.

Training Programs:

• VNAA Clinical Procedure Manual (fits into agency training program)

• Wound, Ostomy and Continence Nurses: specialty nursing society that offers training and certification in advanced wound care.

• Home Care Institute: is a leading provider of quality and engaging online education solutions targeted specifically to the home care, hospice and private duty industries.

• NPUAP Educational and Clinical Resources
Big Picture: 3 strategies to improve pressure ulcer care:

1. Agency-level interventions
2. Patient-level prevention interventions
3. Patient-level treatment interventions
Agency-level **Quality Improvement** Challenges:

- Burdensome documentation systems for wound assessment and management
- Use of non-standard tools for evaluating wounds
- Understaffed for certified wound care staff
- Lack of continuity of staffing
- Lack of coordination of care
- Physician lack of knowledge and order for evidence-based wound care
- Difficulty obtaining authorization for appropriate durable medical equipment (DME) to prevent pressure ulcers
Interventions: Reducing Pressure Ulcer

Agency-level **Quality Improvement** Best Practice Interventions: **Training**

• Offer regular in-services on new/improved products for wound healing. Educate all staff on pressure ulcer risk factors and the need for holistic prevention strategies.
• Provide refresher training on full skin risk assessment on admission
• Use competency testing
• Use best practice information on improvement in surgical wounds- for example, training through HHQI.
• Provide regular education on wound documentation,
• Enlist OT and PT for training on prevention strategies
• Identify a pressure ulcer prevention consult ‘champion’ at the agency level
• Develop in house expertise from the agency certified wound certified care nurse
• Involve certified wound care nurse in agency-level supply formulary decisions
• Increase number certified wound assistants and certified wound care nurses
Agency-level **Quality Improvement Best Practice Interventions: Quality Management**

- Adopt and train on standardized protocols / algorithms for assessment, prevention, and treatment of wounds or patients at high risk
- Use standardized wound assessment protocols, including standard measurement tools, use of photographs, and sizing metrics.
- Adopt digital photography or online wound programs linked to EMRs
- Develop a skin integrity protection team that includes RNs, OT, and PT staff, to be activated for patients at high risk for pressure ulcers.
- Provide wound consults by certified staff for non-certified clinicians
- Develop protocols and criteria for triggering an electronic or on-site consultation.
- Develop and implement clinical protocols for on-site or remote wound care consults.

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Agency-level Quality Improvement Best Practices: Education and Relationship Building

• Develop relationships with local wound care programs to improve continuity of care and evidence-based wound care management
• Meet with referring physicians to provide materials / education on evidence-based wound care, including providing guidelines
• Use SBAR communications with physicians to adjust wound care prescriptions to reflect evidence-based practice
• Liaison with DME vendors to ensure vendors have documentation and orders for DME needed for wound management
• Develop and use forms to support and simplify physician orders and DME documentation
Patient-level **Prevention** Barriers:
• Cognitive changes in patient
• Patient immobility, incontinence, poor nutrition
• Lack of available caregivers to implement preventive protocols
• Reluctance to allow DME into the home, including specialized beds
Patient-level Prevention Best Practice Interventions: Risk Assessment and Planning

• Implement policy of skin risk assessment upon admission and specified frequency thereafter.
• Use the Braden Scale or other standardized tool for clinical risk assessment, and provide training to ensure all clinicians apply and interpret the results in the same way.
• Implement skin care planning process that aligns with risk factor scores on Braden Scale.
• Educate patients and families on the skin care plan
Patient-level **Prevention** Best Practice Interventions: Clinical Interventions

- **Reduce risks**
  - Maintain skin perfusion
  - Ensure appropriate nutrition / hydration
  - Manage co-morbidities: PVD, PAD, diabetes

- **Moisture management**
  - Appropriate skin care
  - Manage incontinence

- **Pressure redistribution and offloading**
  - Physical therapy to improve mobility, trunk strength
  - OT and PT to help patients reduce shearing, friction movements
  - Proper selection and management of DME, devices, products
Interventions: Reducing Pressure Ulcers

Patient-level Treatment Barriers:
- Wound care orders not always evidence-based
- Patient factors make care and prevention challenging
- Variability in staff assessment approaches to wounds
- Difficulty getting wound care supplies on formulary
Patient-level **Treatment** Best Practice Interventions:

- Apply standard staging method for pressure ulcers
- Adopt a specific evidence-based protocol for treatment of pressure ulcers preventively and at each stage.
- Use educational materials and SBAR communications with treating physicians to align orders with guideline recommended care.
- Educate clinicians on wound management strategies.
- Address co-morbidities impacting wound healing
- Remove factors contributing to ongoing pressure damage
- Use OT / PT to redistribute pressure, improve transferring and reduce shearing.
- Control pain
- Monitor closely for and treat infection.
- Develop collaborative patient education on care plan
- Use Agency-level wound care specialist to consult on challenging wounds, advocate for supplies and equipment, and educate referring physicians.
Tools: Reducing Pressure Ulcers

- Braden Scale
- AAWC Wound Patient/Caregiver Resources (patient education materials in English and Spanish)
- Wound care treatment algorithms – summarized on the AHRQ Guideline website
- WOCN Support Surface Selection algorithm
- EMR documentation template
- National Pressure Ulcer Advisory Panel - PUSH Tool 3.0 (web version) – model staging instrument with instructions
- Vendor Collateral Materials
Highlights of Best Practice Recommendations

- Skin risk assessment every visit
- Skin protection care plan
- Adopt and train to evidence-based guideline
- Assertive incontinence management
- Increase number of wound certified clinical specialists
- Intensified use of OT and PT for therapy and staff training
- Standard wound consults when healing does not meet milestones
- All staff in-services on skin care and documentation
- Standard wound assessment program with photography
- Collaborate with and refer to community resources: in-home support, nutrition, mobility
Patient experience matters to every quality measure: Make it an ‘always event’ to ask about the patient’s personal goal for each specific visit: “what can I do for you today?”
Resources: Pressure Ulcers

Guidelines


• The WOCN Society 2016 Guideline for Prevention and Management of Pressure Ulcers (purchase required).

• Wound healing society 2015 update on guidelines for pressure ulcers (2015)

• Association for the Advancement of Wound Care (AAWC) Guideline of Pressure Ulcer Guidelines. Malvern, 2010.

• Agency for Healthcare Research and Quality Guideline Clearinghouse: wound care guideline summary
National Pressure Ulcer Advisory Panel (NPUAP)

- **Educational and Clinical Resources** include a sample pressure ulcer nursing curriculum; NPUAP Prevention and Treatment slide sets for purchase; support surface terms and definitions; staging/category definitions and illustrations; a slide set on shear forces; NPUAP,EPUAP & PPPIA International Pressure Ulcer Prevention and Treatment Guidelines; the PUSH Tool; and more

- **NPUAP White Papers** address topics as nutrition, pain, avoidable vs. unavoidable ulcers, Deep Tissue Injury, and Staging.

- **Research References**

- **NPUAP Position Statements**
See VNAA’s Blueprint for Excellence

VNAABlueprint.org

for links to training, education, references, resources
Contact

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