Center of Excellence Initiative: Continuing to Reduce Incidence of Pressure Injuries/Pressure Ulcers (PI/PU) and Managing the Treatment of PI/PU in High Risk Residents

Joint Conference Committee Meeting March 13, 2018
Presented by: Regina Gomez
Fatima Ascano-Martin
Edward Guina
Background

- A3 started in February 2017
- **Definition of Pressure Injury/Ulcer (PI/PU):**
  
  Any wound caused by prolonged periods of unrelieved pressure on the skin, soft tissue, muscle, and bone

- **Percent of Long-stay High-risk Residents with PI/PU** – one of the CMS Quality Measures (QM)
  - A high risk resident is identified with 1 or more of the following criteria on the Minimum Data Set (MDS): impaired mobility, comatose, and malnutrition or at risk for malnutrition

- **Skilled Nursing Facility (SNF) PI/PU incidence rates**
  - Ranges between **2.2% to 23.9%** (Source: IMPACT ACT of 2014)

- **Burden/Cost of PI/PU**
  - Associated with life-threatening infections, prolonged hospital stay, and high treatment costs
  - Average cost of hospital stay related to PI/PU: **$40,381** (Federal Register, 2006)
Current Conditions

Certification and Survey Provider Enhanced Reports (CASPER) Definition:
Pressure injury incidence is either facility-acquired (FA), or present on admission (POA) and has not healed within 100 days of stay.

Laguna Honda’s publicly reported CMS QM for long-stay high-risk residents with PI/PU has consistently been below State (6.7%) and National averages (6.4%)
## Current Conditions (continued)

### 13 residents triggered on the CASPER Report as of 2/14/17

<table>
<thead>
<tr>
<th>Stages</th>
<th>No. of Residents</th>
<th>Percentage</th>
<th>Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>15%</td>
<td>Stage 2</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>Stage 3</td>
</tr>
<tr>
<td>11</td>
<td>85</td>
<td></td>
<td>Stage 4</td>
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<table>
<thead>
<tr>
<th>Sites</th>
<th>No. of Residents</th>
<th>Percentage</th>
<th>Location</th>
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<tbody>
<tr>
<td>2</td>
<td>15</td>
<td></td>
<td>Hip</td>
</tr>
<tr>
<td>7</td>
<td>54</td>
<td></td>
<td>Sacrum</td>
</tr>
<tr>
<td>4</td>
<td>31</td>
<td></td>
<td>Ischium</td>
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<table>
<thead>
<tr>
<th>Bowel Incontinence</th>
<th>No. of Residents</th>
<th>Percentage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>13</td>
<td>100</td>
<td></td>
<td>Managed with disposable briefs and incontinent care</td>
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<table>
<thead>
<tr>
<th>Bladder Incontinence</th>
<th>No. of Residents</th>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>3</td>
<td>23</td>
<td></td>
<td>Managed with disposable briefs and incontinent care</td>
</tr>
<tr>
<td>9</td>
<td>69</td>
<td></td>
<td>With Indwelling Catheter</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td></td>
<td>Intermittent Catheter</td>
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<table>
<thead>
<tr>
<th>Albumin level</th>
<th>No. of Residents</th>
<th>Percentage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td>54</td>
<td></td>
<td>&gt;3.5 to 4</td>
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<tr>
<td>3</td>
<td>23</td>
<td></td>
<td>below 3.4</td>
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<tr>
<td>2</td>
<td>15</td>
<td></td>
<td>No albumin ordered</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td></td>
<td>Refused labs</td>
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<thead>
<tr>
<th>Support Surface</th>
<th>No. of Residents</th>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>13</td>
<td>100</td>
<td></td>
<td>Low air loss mattress</td>
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<thead>
<tr>
<th>Co-morbidities</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>Dementia, Spinal Cord Injury, HIV, Malnutrition/weight loss</td>
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### Stages of Pressure Injury and Source of Incidence

- **Stage 2**: Facility Aquired (2), Upon Admission (5)
- **Stage 4**: Facility Aquired (1), Upon Admission (5)

### Current Status of PI

- **Healed**: Facility Aquired (2), Upon Admission (2)
- **Expired**: Facility Aquired (1), Upon Admission (1)
- **Non-healing**: Facility Aquired (4), Upon Admission (3)
Problem Statement

1) 2 to 3% of high-risk long stay residents at LHH develop PI/PU.
2) The PI/PU of newly admitted residents are not healing within 100 days.

Goals and Targets

1) Improve healing by 50% for all current residents with PI/PU by the end of June 30, 2017.


3) Reduce high risk pressure ulcers in long stay residents based on the CASPER report by 1% from 2.5% to 1.5% by end of June 30, 2017.
Analysis

**Staff**
- Some staff not consistent in following care plan due to unclear assessment tool
- Delays in care delivery or response due to lack of standard workflow for reporting, consultation, and treatment
- Possible delay in submitting of e-referral to Plastics Clinic

**Equipment**
- Lack of standard workflow in utilizing appropriate pressure relieving devices

**Training & Education**
- No standard work competency check after PI training
- No standard process for collecting PI data for the MDS Coordinators

**Intrinsic Factors**
- High % of residents that lead to PI
- Comorbidities – DM, Dementia, HIV/AIDS, SCI
- Bowel incontinence
- Poor nutrition/ malnutrition
- Palliative/end of life
- Age > 65 years
- Non-compliance (due to pain or behavior)

**Extrinsic Factors**
- Unable to tolerate repositioning
- Friction/shearing forces
- Moisture
Countermeasures & Interventions – Completed in December 2017

Revise Protocols & Create Standard Workflow
- House-wide implementation of the Braden Scale (tool for predicting PI/PU risk)
- 3 standardized workflows were developed for comprehensive wound care assessment, MDS coding and implementation of the resident care plan
- Hospital-wide and Nursing policies and procedures were updated

SWAT Champions
- 14 licensed nurses designated as Skin Wound Assessment Team (SWAT) champions on day shift as a wound resource for residents and staff on each unit
- Establish SWAT champion roles and responsibilities

Competency Assessment
- Skills check conducted for 14 SWAT champions, including real-time skills practice during Plastic Clinic sessions
Results

(Goals and Targets were not met by June 30, 2017)
Coaching Kata

• What is the challenge (the target condition)?
  – To further reduce the number of facility acquired PI/PU (especially on heels) and heal the wounds of residents admitted with PI/PU in less than 100 days

• What is the actual condition now?
  – As of the February 2018 report, there were 12 residents on the CASPER report (2.2%)
  – 9 residents remain in-house, 1 pressure ulcer healed and 2 residents were discharged
  – The facility adjusted rate is 1.5% (or 9 out of 537 at risk residents)

• What problems or obstacles are now preventing you from reaching the target condition?
  – Incidence of facility acquired PIs on resident heels
  – Residents who are not adhering to the treatment plan
  – The CASPER report itself (discharged residents remain on the list for 6 months, residents with healed pressure ulcer remain on the list until the next MDS)

• What is your next step?
  – Replace the heel pressure reducing device with a better product (Completed)
  – Adjust True North metrics to exclude residents who have been discharged
  – Create a new A3 and develop new countermeasures and interventions to reach the stated goals and target conditions
Next Steps/Ideas Brainstormed

- Identify SWAT champions for P.M. and A.M. shifts
- Strengthen roles of SWAT champions by allocating protected time for job related functions
- Stress earlier identification of facility acquired PI/PU to Nursing staff
- Reconcile & track PI/PU data weekly/monthly (Unusual Occurrence, CASPER, End of Month Reports)
- Conduct annual skills check for licensed nurses using simulation based learning via life-like mannequin and synthetic wound models and clinical scenarios
Questions/Comments