Best practices for pressure injury prevention and documentation

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Disclosures
• National Pressure Ulcer Advisory Panel, Board of Director
• Advances in Skin & Wound Care, Editorial Advisory Board
• Monument Analytics, Consultant
Pressure Injury Prevention: Quality & Improvement for Best Practices & Success
Forces facing the acute care setting (AKA today’s realities)

- Accreditation Bodies
- Capitated/Global Payments
- Reduced Resources
- Staffing
- Liability Issues
- Regulatory Bodies
- Consumerism
- Quality Measures & Metrics
- Benchmarks Report Cards
The acute care setting faces other challenges

• What we inherit
• What we cause

.....and sometimes we cause things because we inherit so much!
For successful PIP programs and practices...
The plan & team are important$^{1,2,3}$

The plan is important.....
• PIP is a very complex process
  • Staff need to “connect the dots”
• Sustainable

The team is important....
• PIP not a one-person job
• Sustainable
NYULH Pressure Injury Prevention Plan

Guidelines, Protocols & Procedures

Clinician Training

Assessment

Reducing Risk Factors

Skin Care

Patient & Family Education

Pressure Redistribution Surfaces

Nutrition/Hydration Assessment & Intervention

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Interprofessional Team

Commitment from everyone

• The team:
  • Knows the plan
  • Understands their role
  • Supports
Plan & interprofessional team are in place....what next?
Factors to Consider

Vulnerable Areas & Vulnerable Populations

• Certain areas can increase risk
• Certain populations more at risk
• Risk factors
• Human factor

Where does prevention begin, where should it be, & how should it continue?
Vulnerable Areas

• **ER**\(^7-10\)  
  12.3 million admitted; 1.5 million admitted to critical care unit  
  PI Prevalence estimate: 5.2 -7.8%; Pooled incidence: 0.38 -19.1%

• **Perioperative**\(^11,12,13-21\)  
  PI Prevalence estimate: 6.8%-30.6%; Incidence %: 5%-54.8%  
  PI types: Stages 1, 2, 3, 4, DTPI, MDRPI  
  Surgical process

• **ICU**\(^22-24\)  
  PI Prevalence estimate: 16.9–23.8%; Pooled incidence: 10–25.9%  
  Patient risk factors  
  ICU stay
Who’s on the Team?

- **ER**
  - Nurses
  - Patient care technicians
  - Transporters
  - Radiology technicians
  - Supply technicians
  - Physicians

- **Perioperative Phase**
  - Nurses
  - Surgeons
  - Surgical technicians
  - Anesthesiologists
  - Supply technicians

- **ICU**
  - Nurses
  - Patient care technicians
  - Intensivists
  - Therapists
  - Registered Dietitians
  - Supply technicians

Who’s documenting?
What is being documented?
Who’s looking at the documentation?
Are we individualizing the patient’s care?
Opportunities

• ER
  Skin & risk assessments
  Track PIs
  Support surfaces
  Supplies
  Skin care resources & champions

• Perioperative Phase
  Frequent skin & risk assessments
  Watch for MDRPIs
  Specialty Equipment
  Prevention strategies
  Interprofessional team rounds
  Skin care resources all shifts

• ICU
  Prevention, Vigilance, Awareness
  Recognize harm
  Hold individuals accountable
  Consider audits & RCA’s
  Education

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Assess Skin/Mucosa for

SORE® 6

Potential sources of medical device pressure injuries *, **

Stock items
- Bedpan
- Diapers
- TEDS
- Incontinent pads
- Needle caps

Objects
- Toys
- Cutlery
- Food Items
- Toiletries
- Toothbrush
- Comb
- Hairbrush
- Glasses
- Bottle caps

Required medical devices
- BiPap masks
- IV hubs
- ETTs
- Tubing
- Drains
- BIS monitors
- BP cuffs

Electrical equipment
- Phones
- Music players
- Tablets
- Chargers
- Electrical cords
- Call bell
- Razors
- Hearing aids

* Depending on your practice setting, some items may be considered a medical device versus equipment.

** This list is neither all-inclusive nor all-encompassing.

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High Risk Populations

**Pediatrics**
- Prevalence estimate: 0.47-35%; Incidence %: 8%-16%
- MDPRI #1 PI etiology: Critically ill
- Skin maturity age-related

**Bariatric**
- Obesity prevalence estimate – adults: 39.8%; children: 18.5%
- PI prevalence estimate: 4.8-12% (external devices)
- Significantly associated with HAPIs

**Older Adult**
- Age significantly associated with HAPIs
- Skin changes & aging
- Multimorbidities

**End-of-Life**
- Multiorgan failure
- PIs – device related
- Patient & family goals of care
Who’s on the Team?

- **Pediatrics**
  - Nurses
  - Patient care technicians
  - Child Life specialists
  - Therapists
  - Parents

- **Bariatrics**
  - Nurses
  - Patient care technicians
  - Therapists
  - Supply Chain/Purchasing

- **Older Adult**
  - Nurses
  - Patient care technicians
  - Geriatric team
  - Registered Dietitians
  - Therapists

- **End-of-Life**
  - Nurses/Patient Care Technicians
  - Medical Team
  - Palliative Care Team
  - Therapy

Who’s documenting?
What is being documented?
Who’s looking at the documentation?
Are we individualizing the patient’s care?
Pediatrics
- Skin bundle audits that involve devices
- Interprofessional team approach
- Equipment

Bariatrics
- Surfaces & other equipment
- Guidelines & protocols
- Staff & patient education

Older Adult
- Involve team experts & consultations
- Interprofessional rounds
- Proper equipment

End-of-Life
- Remove devices ASAP
- Know the patient’s goals of care
- Individualize preventative measures

Prevention, Vigilance, Awareness, Recognize harm
- Hold individuals accountable
- Consider audits & RCA’s
- Education
Documentation

Challenges

• Lack of knowledge of the condition, clinical discrepancies
• Identification
• Paper vs. EMR vs. Mixed forms
• Disciplines documentation discrepancies

Opportunities

• Clinical documentation standard
• Standardized documentation
• Address documentation needs
• Visible to all disciplines

• Document all prevention, intervention & treatment strategies
• Coders, administration, medical and nursing quality teams, data analysts

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Summary

• Plan & interprofessional team
• Acknowledge challenges
• Look for opportunities
• Enculturate changes
• Education
• Support
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2019 International Pressure Ulcer/Injury Prevention and Treatment Clinical Practice Guideline (CPG) Launch

University of Southern California (USC)
Los Angeles, CA

For more information visit npuap.org/event/ClinicalLaunch
References


