Pressure Injury (PI) Care Plan Best Practice Guide

This guide is intended to improve overall quality and regulatory compliance when used by long-term care facilities to review, revise and/or implement best practices for the care planning of pressure injury prevention and/or treatment. Elements include facility practices, the role and responsibility of the interdisciplinary team and direct care staff, and education for residents, families and staff to optimize person-centered care and outcomes.

Facility Practice

- Leadership implements a systematic approach to ensure the comprehensive assessment of the resident's physical, social, emotional and mental needs is completed upon admission, quarterly, annually and with significant change in condition.
- The nursing home administrator, director of nursing and/or the medical director attend care plan meetings periodically.
- Residents and/or families are interviewed and involved in the assessment process and development of the care plan.
- Residents and/or families "drive" their care plan and share input with staff to individualize their care.
- The plan of care promotes "person-centered" care by defining individualized goals and interventions.
- Care plan meetings are scheduled to accommodate the resident's and/or family's schedule.

Interdisciplinary Team (IDT)

- The interdisciplinary team (IDT) includes the physician, licensed staff, CNA, social worker, dietary staff, rehabilitation staff, activities staff and other members as needed.
- All IDT members (including the CNA) regularly participate in care plan development.
- The team develops and implements a unified and individualized care plan that is responsive to identified risk factors and resident preferences. The team updates it as changes occur.
- Team members collaborate with other healthcare providers (i.e., dialysis, hospice, wound clinic, etc.) to coordinate and integrate the care plan.
- The team communicates any change in the plan of care in a timely manner to direct caregivers, the resident and family.

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Direct Care Staff

- Team members notify the resident and family regarding change(s) in condition.
- Team members review and discuss physician orders with the resident and family.
- Team members ensure interventions are in place and communicate their effectiveness.
- Practitioners and caregivers help to assess and document information related to a resident who has or is at risk of a pressure ulcer.
- Direct care staff has access to and utilizes the care plan to provide resident care.
- Team members identify and report changes in resident status to a licensed nurse in a timely manner.

Education

- Residents and families are educated regarding medical condition, interventions and prognosis.
- Team members are encouraged to ensure that each plan of care supports autonomy, self care and health promotion.
- The IDT is educated on the process for developing and writing a "person-centered" plan of care.

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