Pressure Injury (PI) At-Risk Assessment Best Practices

This list of best practices 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 assessing pressure injury risk. Elements include facility practices, the role and responsibility of direct care staff and the interdisciplinary team, and education for residents, families and staff to optimize person-centered care and outcomes.

Facility Practice

- Complete a risk assessment (e.g., Braden, Norton) on admission/readmission, four times weekly, quarterly and with any significant changes
- Provide staff with protocols for implementation of appropriate interventions for all risk factors (e.g., nutrition, mobility, moisture, etc.)
- Provide guidance for an interdisciplinary approach to completion of the Minimum Data Set (MDS) and Care Area Assessment (CAA) analyses and designate a framework that encourages collaboration between disciplines for each CAA area so that an individualized plan of care is identified
- Implement daily by certified nursing assistant (CNA): head-to-toe and front-to-back visual skin inspections, including the skin around and under medical devices
- Implement weekly by licensed nurse: head-to-toe and front-to-back visual skin assessments, including the skin around and under medical devices
- Validate completion of head-to-toe skin assessment documentation and follow-up with assigned accountability (e.g., nursing manager)
- Involve the quality improvement team in monitoring, investigating and creating action plans for concerns identified (e.g., PDSA, action plan)
- Support consistent staff assignment
- Encourage family and resident involvement in prevention and care and follow up on any skin concerns reported by family members

Direct Care Staff

- Conduct a weekly huddle meeting to receive feedback from direct care staff on subtle changes in resident condition that change the "at-risk" level of the resident
- Establish a schedule for licensed nurses and CNAs to complete head-to-toe and front-to-back skin assessments/observations, including skin under and around medical devices, and create and implement a reporting process for concerns noted
- Develop nutrition/hydration awareness to encourage reporting of decreases in intake
- Establish a system for notifying direct care staff of "at-risk" residents, including prevention interventions to be implemented

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Interdisciplinary Team (IDT)

- Utilize CAA analysis during IDT collaboration for care plan development
- Discuss “at-risk” residents with intact skin during a weekly at-risk meeting
- Make family and residents aware of risk assessments and skin inspections and involve them in care plan development

Education

- Focus on education with direct care staff on the importance of thorough skin inspections and proper positioning/repositioning in beds and chairs
- Educate licensed staff on the accurate completion of an "at-risk" scale (e.g., Braden, Norton) and facility policies on appropriate interventions in response to individual risk factors
- Educate staff on the importance of skin observations and reporting all abnormalities and provide education on assessing darker skin tones
- Empower leadership to identify gaps in care and respond in a timely manner by educating/re-educating staff involved
- Emphasize standardized, consistent performance
- Develop clinical competencies and define roles of individual disciplines
- Educate and involve residents and family in at-risk modalities and encourage them to report changes in condition