

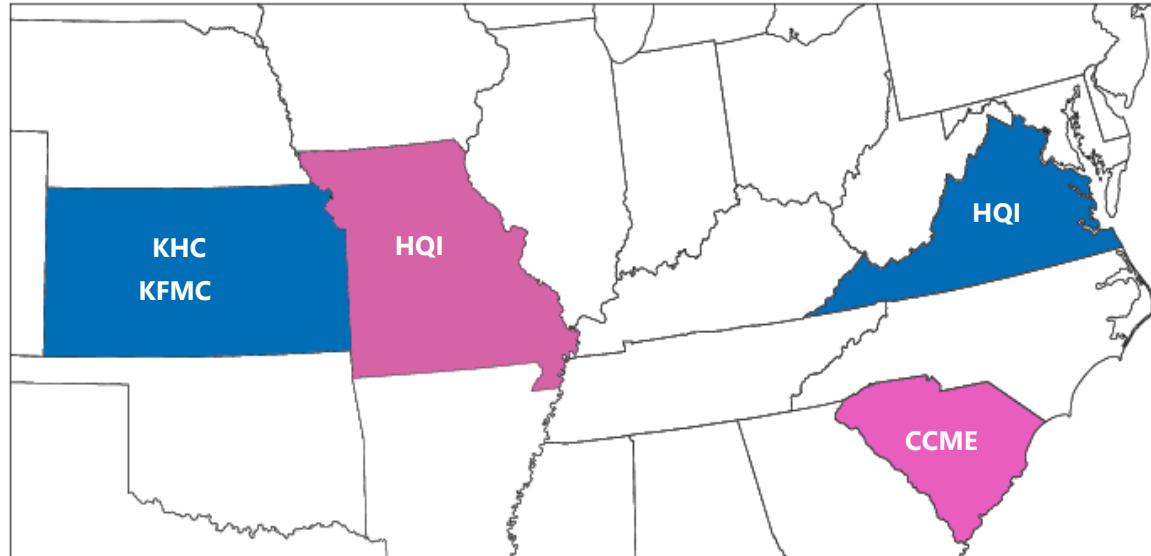




Health Quality Innovation Network

Strategies for Success: Pressure Injury Management and Prevention Best Practices

Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Today's Speakers



Brenda Groves
Quality Improvement Consultant

Pressure Injury Sprint Series: Quality Improvement Principles

The Pressure Injury Sprint was a seven-part webinar series where we explored successful strategies and quality improvement principles that enhance your pressure injury program

The benefits of participation:

- Participants had the opportunity to engage and learn with subject matter experts
- Participants received resources and tools to help drive their quality improvement efforts



Pressure Injury Sprint Series – Session One: The Pre- admission and Admission Process

Session 1 Review

In Session One, we reviewed:

- The definition of a pressure injury
- Regulatory standards for assessment and care planning upon admission/re-admission
- Risk assessment strategies
- Successful strategies to ensure a comprehensive pressure injury assessment, prevention and management program

Session Recording <https://bit.ly/3v5edy7>

Regulatory Review

F-686 Treatment/Services to Prevent/Heal Pressure Injuries

1. Promote the prevention of pressure ulcer/ injury development
2. Promote the healing of pressure ulcers/injuries that are present (including prevention of Infection to the extent possible)
3. Prevent development of additional pressure ulcer/ injury

F-655 Baseline Care Plan

1. Develop and implement a baseline care plan
2. Provide effective and person-centered care
3. Meet professional standards of quality care
4. Within 48 hours of admission

Best Practice Resource Review

The **Pressure Injury Evidence-Based Practice Checklist** will aid long term care facilities in evaluating their processes/practices of assessing and address pressure injury risk in their resident population

- This Checklist includes best practice action items for:
 1. Assessing risk
 2. Prevention and skin care
 3. Treatment
 4. Education



Pressure Injury Evidence-Based Practice Checklist

Assessing Risk	Present	Revision Needed	Revision Complete	Implemented
Risk assessment policy (NPIAP, WOCN, F586)				
Evidence-based risk assessment (Braden or Norton) completed on admission, readmission, weekly x 4, quarterly and with all condition changes? (NPIAP, F586)				
Systems established to ensure assessments are completed in timely manner and interventions are implemented, monitored, and revised (F586)				
Policy for scheduled head-to-toe skin assessments (including the skin under/around medical devices) on admission and at least weekly by licensed staff (NPIAP, WOCN, F586)				
Policy for scheduled head-to-toe skin observations and reporting twice weekly by CNA (NPIAP)				
Nutritional screening policy in place - admission and change of condition and ongoing assessments for newly admitted or facility acquired PI residents. (NPIAP, WOCN, F586)				
Prevention plan implemented according to each subset of the risk assessment and taking into consideration additional intrinsic/extrinsic risk factors, including: <ol style="list-style-type: none"> 1. BMI 2. Age 3. LOS 4. Smoking 5. Weight loss 6. ED Visits 7. Prolonged time on stretchers 8. Medications (sedatives, hypnotics, analgesics, and nonsteroidal anti-inflammatory drugs) 9. History of hip fracture (NPIAP, WOCN, F586)				
Assess the resident's skin and review medical record for history of PI (WOCN, F586)				

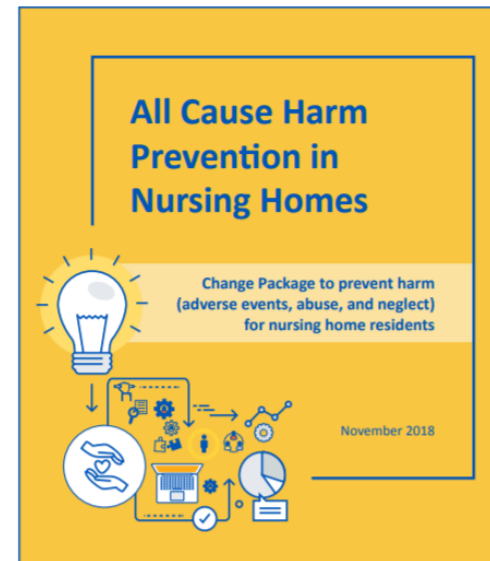
Pressure Injury Evidence-Based Practice Checklist <https://bit.ly/3fZdhXX>

Best Practice Resource Review

The **All Cause Harm Prevention in Nursing Homes Change Package** was developed from a series site visits to nursing homes across the country

The practices in the Change Package reflect the best practices to prevent, detect, and mitigate harm

The information applies to both short-stay and long-stay residents



Pressure Injury Sprint Series – Session Two: Pressure Injuries: Do you know it when you see it? Pressure Injury or Not??

Session 2 Review

In Session 2, we reviewed:

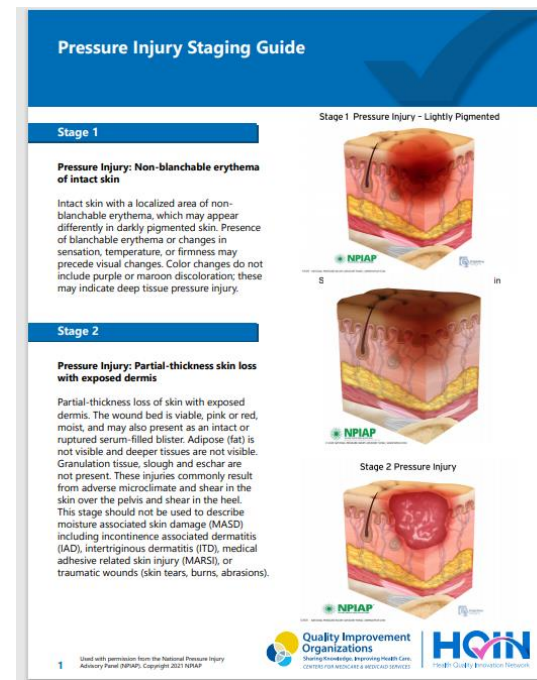
- Pressure injury stages/characteristics and the two pathways for pressure injury development
- The characteristics of non-pressure related injuries
- The importance of accurate and timely wound documentation
- Best practice strategies for care planning and performance improvement interventions

Session Recording <https://bit.ly/2TVY0yg>

Best Practice Resource Review

The **Pressure Injury Staging Guide** is intended to help nursing home staff accurately identify pressure injuries in all of their stages.

This tool was developed using the definitions for staging as defined by The National Pressure Injury Advisory Panel (NPIAP). The NPIAP provides interprofessional leadership to improve patient outcomes in pressure injury prevention and management through education, public policy and research.



Pressure Injury Staging Guide
<https://bit.ly/3xLEvYa>

Clinical Fact Sheet: Quick Assessment of Leg Ulcers

The **Clinical Fact Sheet: Assessment of Leg Ulcers** resource provides a quick reference on leg ulcers that are NOT a pressure related injury

This tool covers:

- Medical history
- Location
- Appearance
- Perfusion
- Treatment recommendations

Clinical Fact Sheet: Quick Assessment of Leg Ulcers

Venous Insufficiency (Stasis)	Arterial Insufficiency	Diabetic Foot Ulcer (DFU)
History <ul style="list-style-type: none"> • Previous DVT & Varicose veins • Reduced mobility • Obesity • Vascular Ulcers • Phlebitis • Traumatic Injury • CHF • Orthopedic procedures • Pain reduced by elevation • Pregnancy • Arthritis • Conditions affecting calf muscle pump • Prolonged standing 	<ul style="list-style-type: none"> • Diabetes • Anemia • Arthritis • Increased pain with activity and/or elevation • CVA • Smoking • Intermittent claudication • Traumatic injury to extremity • Vascular procedures/surgeries • Hypertension • Hyperlipidemia • Arterial Disease • Advanced Age • Obesity • Cardiovascular Disease 	<ul style="list-style-type: none"> • Diabetes • Spinal cord injury • Hansen's Disease • Relief of pain with ambulation • Paresthesia of extremities • Hypertension • Smoking • HIV, AIDS • Chemotherapy
Location <ul style="list-style-type: none"> • Medial aspect of lower leg and ankle • Superior to medial malleolus 	<ul style="list-style-type: none"> • Toe tips or web spaces • Plantar heel • Lateral malleolus • Mid tibia • Areas exposed to pressure or repetitive trauma 	<ul style="list-style-type: none"> • Plantar aspect of foot • Metatarsal heads • Heels • Altered pressure points/sites of painless trauma/repetitive stress • Occasionally on dorsal surface • Interdigital
Appearance <ul style="list-style-type: none"> • Color: base ruddy • Surrounding Skin: erythema (venous dermatitis) and/or brown staining (hemosiderin staining) • Depth: usually shallow • Wound Margins: irregular • Exudate: moderate to heavy • Edema: pitting or non-pitting; possible induration and cellulitis • Skin Temp: normal; warm to touch • Tissue: granulation frequently present; may be covered with fibrinous slough • Infection: less common 	<ul style="list-style-type: none"> • Color: base of wound, pale/pallor on elevation • Skin: shiny, taut, thin, dry, hair loss of lower extremities, atrophy of subcutaneous tissue, dependent rubor in affected extremity • Depth: May be deep • Wound Margins: even/punched out • Exudate: dry/minimal • Edema: variable • Skin Temp: decreased/cold • Tissue: granulation rarely present • Infection: frequent (signs may be subtle) • Necrosis, eschar, gangrene may be present 	<ul style="list-style-type: none"> • Surrounding Skin: Pale pink, pale red • Depth: variable • Wound Margins: well defined, if slough and/or callus formation • Exudate: variable • Edema: cellulitis, erythema and induration common • Skin Temp: warm • Tissue: Granulation may be present or obscured by callus • Necrotic tissue variable, gangrene uncommon • Infection: frequent

page 1 of 2

Clinical Fact Sheet: Quick Assessment of Leg Ulcers

<https://bit.ly/3zN4IHt>



Pressure Injury Sprint Series Session Three: What to do? What to do? PI Treatment Strategies

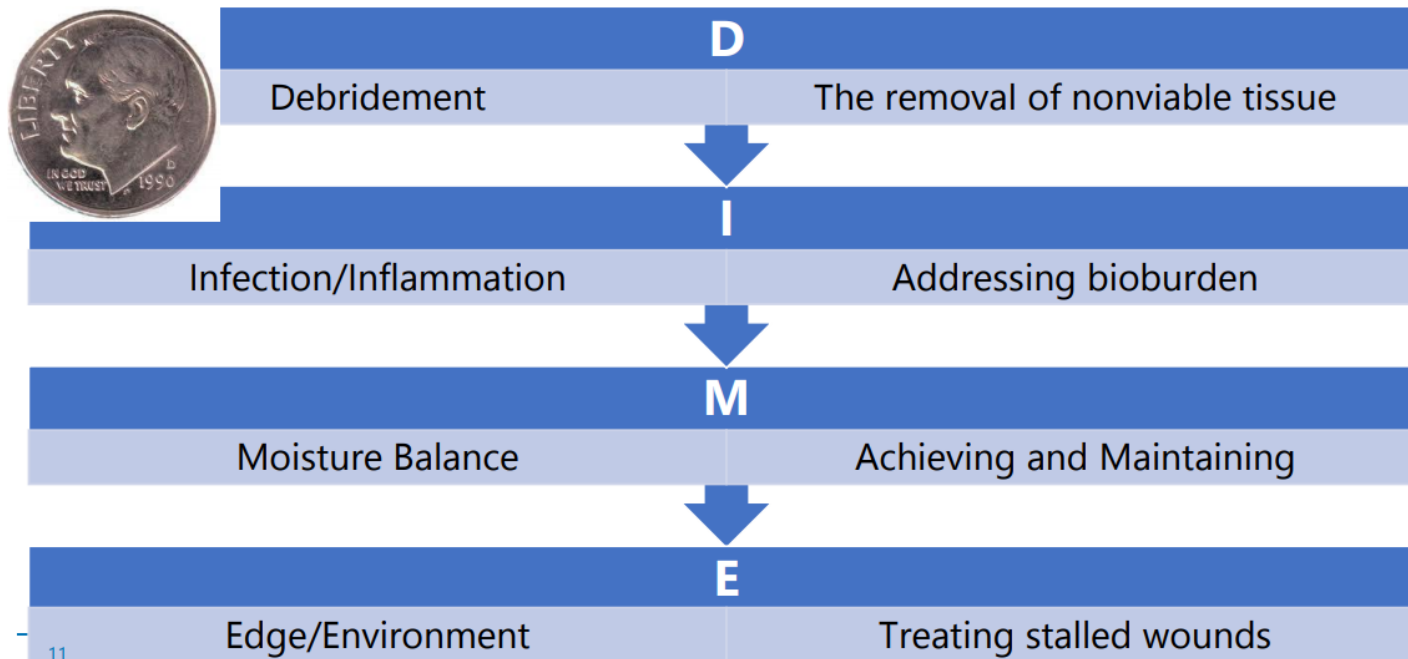
Session 3 Review

In Session 3, we reviewed:

- How to take a structured approach to pressure injury treatment
- Factors that influence/impede wound healing
- When it is appropriate to change treatment

Session Recording <https://bit.ly/3ysMOs3>

D.I.M.E.- Structured Approach to Treatment



11

Impedance to Healing

Local Factors	Systemic Factors
Oxygenation Infection Foreign Body Repeated Trauma	Age Stress Ischemia Co-morbid conditions Medications Smoking Immunocompromise Nutrition Obesity

When is it appropriate to change treatment?

☐ Progression of healing

☐ 2-4 weeks without improvement

☐ Treatment goal has been met

☐ Allergic reaction

☐ Intolerance

☐ Consultant's recommendation

☐ Resident/family request

☐ To prevent antibiotic resistance

☐ Supply chain issues

Best Practice Resource Review

The **Pressure Injury Treatment Self-Assessment** resource provides facilities with a guide to assess their current pressure injury treatment protocols and processes to identify areas for improvement in overall quality and care.

Pressure Injury Treatment Self-Assessment -
<https://bit.ly/2URjnkT>

Pressure Injury (PI) Treatment Self-Assessment

Review each assessment statement below, then enter a rating based on your level of agreement and related comments.

Assessment Statement	Rating Scale 1 (strongly disagree) to 10 (strongly agree)	Comments
The facility has pressure injury treatment protocols in place to direct evidence-based treatment practices.		
Treatment protocols have been approved by the medical director and the QA/QI committee.		
Licensed staff know and follow the facility-approved formularies and treatment protocols.		
Adequate evidence-based treatment supplies and products are available and accessible for staff use.		
The IDT and the resident's attending physician collaborate to develop an individualized treatment plan.		
The facility has a system in place to reassess progress of wounds (i.e., every two weeks).		
Licensed staff are trained in facility treatment protocols and clinical application.		
The facility has a system in place for measuring and documenting pressure injuries at least weekly.		
The facility utilizes pressure redistribution mattresses and seat cushions, as appropriate.		
The facility has a system in place to track the proper functioning and life expectancy of pressure redistribution mattresses and seat cushions.		

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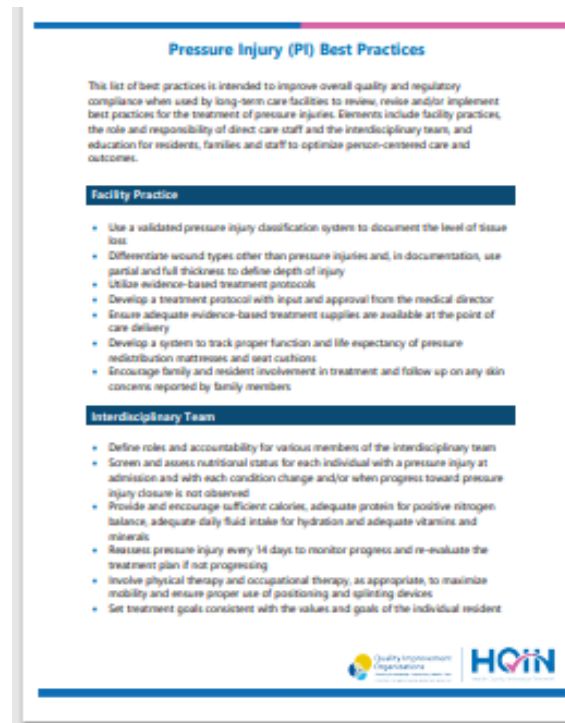
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Best Practice Resource Review

The **Pressure Injury Best Practices** tool is intended to improve overall quality and regulatory compliance when used to review, revise and/or implement best practices for the treatment of pressure injuries.

Elements include:

- Facility practices
- The role and responsibility of the IDT and direct care staff
- Education for residents, families and staff to optimize person-centered care and outcomes



Pressure Injury Treatment Best Practices - <https://bit.ly/3dCVUdS>



Pressure Injury Sprint Series

Session 4: Section M: More Than Just Numbers and Checkboxes

Session 4 Review

In Session 4, we reviewed

- The impact of Section M
- The steps for assessment and documentation
- Coding tips to assist in accurate MDS documentation

Session recording <https://bit.ly/2UwemOX>

Impact of Section M

Very complex and accurate understanding of coding instructions is crucial.

Affects many areas that are important to nursing homes

- QMs and Survey
- 5 Star Quality Rating
- PDPM
- Medicaid Case Mix
- Skilled Nursing Facility Quality Reporting Program



Key Websites for MDS 3.0

- CMS 3.0 Quality Measures User's Manual
 - [MDS 3.0 Quality Measures User's Manual - v12.1, Effective October 1, 2019 \(cms.gov\)](#)
- MDS 3.0 RAI Manual
 - [Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual | CMS](#)
- SNF Quality Reporting Program
 - [Skilled Nursing Facility Quality Reporting Program \(SNF QRP\): Overview of Data Elements Used for Reporting Assessment-Based Quality Measures Affecting FY 2023 Annual Payment Update \(APU\) Determination \(cms.gov\)](#)

MDS 3.0 Section M

The items in this section cover the following areas:

- Resident risk
- Presence of pressure related injuries
- Wound appearance
- Change of pressure ulcers/injuries
- Other skin ulcers, wounds, or lesions that are non-pressure related
- Treatment categories related to skin injury or avoiding injury

Best Practice Resource Review

The **Quality Measure Tip Sheet** outlines the MDS coding requirements for high risk residents with pressure injuries (long stay) and includes tips for proper coding.

Quality Measure Tip Sheet – High Risk Residents with Pressure Injuries (Long Stay): <https://bit.ly/3eDmluR>

Quality Measure Tip Sheet

High Risk Residents with Pressure Injuries (Long Stay)

MDS Coding Requirements

- Determine deepest anatomical stage
- Identify unstageable pressure injuries
- Determine "present on admission"
- If the pressure injury was unstageable on admission, but becomes numerically stageable later, it should be considered "present on admission."
- Note any worsening in pressure injuries since prior assessment.

Coding Tips

- Determine that the lesion being assessed is primarily related to pressure and that other conditions have been ruled out. If pressure is not the primary cause, do not code in M0300.
- DO NOT code skin tears, tape burns, moisture associated skin damage (MASD) or excoriation in M0300.
- When a pressure injury presents as an intact blister, examine the adjacent and surrounding area for signs of deep tissue injury. When a deep tissue injury is determined, DO NOT code as a Stage 2.

Ask These Questions

MDS

- Was the MDS coded per Resident Assessment Instrument (RAI) requirements?
- Does staff who code Section M have easy access to all wound care documentation?

Upon Admission

- Is the skin evaluated immediately upon admission and at least weekly thereafter for changes?
- Was a risk assessment completed upon admission?
- Are interventions immediately implemented for prevention and based on the risk score?
- Does your system include a second nurse "head-to-toe" check within 24 hours of admission/re-admission?

Best Practice Resource Review

The **Quality Measure Tip Sheet- Changes in Skin Integrity** is designed to improve quality measure performance through accurate Minimum Data Set (MDS) coding and probing questions to identify areas of opportunity.

Quality Measure Tip Sheet

Changes in Skin Integrity Post-Acute Care: Pressure Injury

The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure reports the percentage of Medicare Part A skilled nursing facility (SNF) stays with Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device or deep tissue injury, that are new or worsened since admission. The measure is calculated by reviewing a resident's minimum data set (MDS) pressure ulcer discharge assessment data for reports of Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, or qualifying pressure injuries that were not present or were at a lesser stage at the time of admission.

NOTE: If a resident has multiple Medicare Part A SNF stays during the targeted 12 months, all stays are included in this measure.

Measure Exclusions

- Data on new or worsened Stage 2, 3, 4 and unstageable pressure ulcers, including deep tissue injuries, are missing [-] at discharge
- M0300B through M0300G are dashed [-]
- The resident died during the SNF stay (i.e., Type 2 SNF Stays)
 - Type 2 SNF Stays are SNF stays with a PPS 5-Day Assessment (A0310B = [01]) and a matched Death in Facility Tracking Record (A0310F = [12])

Covariates

- Functional Mobility Admission Performance
- GG0170C1 Mobility: Lying to Sitting on Side of Bed= [01, 02, 07, 09, 10, 88]
([01] = Dependent, [02] = Substantial/maximal assistance, [07] = Resident refused, [09] = Not applicable, [10] = Not attempted due to environmental limitations, [88] = Not attempted due to medical condition or safety concerns)
- Bowel Continence
 - H0400 Bowel Continence= [1, 2, 3] ([1] = Occasionally incontinent, [2] = Frequently incontinent, [3] = Always incontinent)
- Peripheral Vascular Disease/Peripheral Arterial Disease or Diabetes Mellitus
 - Active I0900 Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) in the last 7 days
 - Active I2900 Diabetes Mellitus in the last 7 days

Quality Measure Tip Sheet – Changes in Skin Integrity Post-Acute Care: Pressure Injury: <https://bit.ly/2UTuji1>

Session 5: The CNA's Role & Responsibility in Preventing, Identifying and Reporting Pressure Injuries

Session Review

In Session 5, we reviewed:

- CNA's role, and responsibility, for preventing and identifying pressure injuries while: providing daily care
- Signs and symptoms of potential break-down
- Best practice interventions and strategies when caring for a resident with a pressure injury

Session Recording <https://bit.ly/3rRn9Y0>

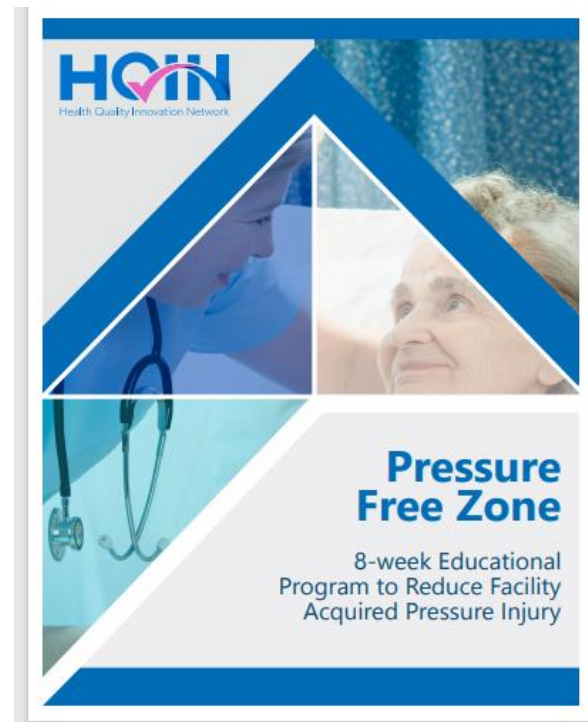
Best Practice Resource Review

The **Pressure Free Zone** program is a turnkey educational toolkit to assist nursing homes with ongoing prevention and elimination of facility-acquired pressure injuries.

Includes:

- Turn-key, ready to use tools
- Memo board to celebrate "Pressure Free" days
- Educational content

[Pressure Free Zone \(hqin.org\)](http://hqin.org)

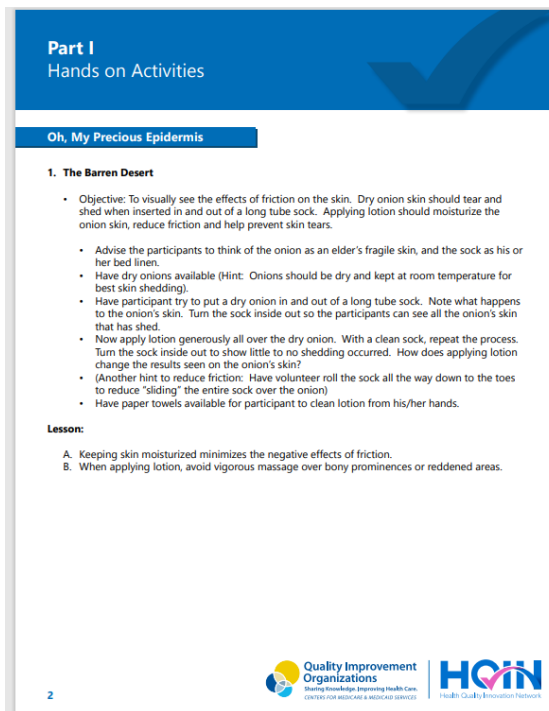


Best Practice Resource Review

The **Meet Me at the Skin Care Fair** resource was developed to be a turn-key educational toolkit.

This toolkit includes

- Hands on activities and discussion points to provide staff the knowledge to prevent pressure related injuries



Skin Care Fair <https://bit.ly/3ydlS9L>



Session 6: The Nuts and Bolts of Pressure Injury Care Planning

Session Review

In Session 6, we reviewed

- The difference between avoidable and unavoidable pressure injuries
- Best practices for pressure injury care plan development
- The importance of resident/family involvement
- Best practice for pressure injury care plan monitoring

Session Recording <https://bit.ly/3jZQ7S1>

Avoidable vs Unavoidable

Interpretation of “Avoidable” Pressure Injury

Resident developed a pressure ulcer/injury and the facility did not do one or more of the following:

- evaluate the resident’s clinical condition and risk factors
- define and implement interventions that are consistent with resident needs, resident goals, and professional standards of practice
- monitor and evaluate the impact of the interventions; or revise the interventions as appropriate

Best Practice Resource Review

The **Pressure Injury Care Planning Best Practice 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 IDT and direct care staff
- Education for residents, families and staff to optimize person-centered care and outcomes

Pressure Injury Care Planning Best Practice Guide <https://bit.ly/2UpS0ia>

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.

Best Practice Resource Review

The **Simple Strategies for Pressure Injury Care Planning** resource provides best practice steps for:

- Identifying risk
- Setting goals
- Selection of interventions
- Ongoing monitoring

Think About It!

The care planning process should include efforts to stabilize, reduce, or remove underlying risk factors; to monitor the impact of interventions; and to modify interventions as appropriate.

Identify Risks/Opportunities-Review the following and conduct a cause-and-effect analysis.

- Medical Conditions
- Comprehensive skin and risk assessments
- MDS/CAAs

Section B	Section J
Section C	Section K
Section D	Section M
Section G	Section N
Section H	Section O
Section I	Section P

Set Goals

- Use the SMART Framework
- Address what you hope to accomplish
 - Improvement
 - Remain the same
- Realistic for both resident and Interdisciplinary Team (IDT)
- Reflect resident's goals

Interventions Should:

- Enable resident to meet his/her goals
- Address the opportunity/risk
- Be realistic
- Person centered

Monitor for Progress

Review the care plan


- After MDS completion
- When resident preferences or goals change
- When resident's condition changes
- When a risk becomes a reality
- When resident/representative declines services/treatments

Modify the care plan


- To address response to new condition or treatment
- Decide if IDT is going to:
 - Continue Plan
 - Modify Plan
 - Eliminate Plan
- Identify care or service being declined and IDT efforts to educate and provide alternatives

Simple Strategies for Pressure Injury Care Planning

This material was prepared by Health Quality Innovations (HQI), a Quality Improvement Network Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12/20/2016HQI-QIN-QIO-0017-001/002



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Simple Strategies for Pressure Injury Care Planning <https://bit.ly/37L77pl>



Pressure Injury Quality Improvement Action Plan

Pressure Injury Action Plan

Pressure Injury Action Plan Template

Facility Name: _____ Date: _____

TOPIC AREA

- ☐ Pressure Injury Prevention and Management Program

Conduct Root Cause Analyses for Each Identified Gap or Opportunity:

- Determine contributing factors, events, system issues and processes involved
- Utilize RCA tools as appropriate (e.g., 5 Whys, Fishbone, Cause & Effect Diagram)
- Conduct a Plan-Do-Study-Act (PDSA) to test intervention, review results and adjust actions needed

Identify Gaps & Areas of Opportunity:

- Review previous survey findings, federal and state regulations and CDC updates for long-term care facilities
- Pressure Ulcer/Injury Critical Element Pathway <https://cmscompliancegroup.com/wp-content/uploads/2017/08/CMS-20078-Pressure-Ulcer.pdf>
- Check [CMS Quality Safety & Oversight memos](#)

The sample RCA, actions, interventions, best practices and metrics illustrated here to address identified infection prevention areas of opportunity are solely intended as example guidance. Your team should perform an infection prevention gap analysis/risk assessment and build a customized action plan to best meet the needs of your specific organization and community.

Organizational Commitment

The Organizational Commitment to Pressure Injury Prevention and Treatment Self-Assessment

resource contains best practices for an organizational commitment to pressure injury prevention and treatment.

Organizational Commitment to Pressure Injury (PI) Prevention and Treatment Self-Assessment

Complete each field below to assess your organization's commitment to pressure injury prevention and treatment.

What are your program strengths?			
What areas need improvement?			
Question (Check the "Y" and/or "NI" box(es) to designate Yes and If the area Needs Improvement)	Y	NI	Comments
Has an evidence-based policy for PI prevention been developed and is it currently in use?	<input type="checkbox"/>	<input type="checkbox"/>	
Has accountability for monitoring prevention interventions been assigned?	<input type="checkbox"/>	<input type="checkbox"/>	
Are prevention interventions communicated to direct care staff consistently?	<input type="checkbox"/>	<input type="checkbox"/>	
Are evidence-based treatment protocols according to wound descriptions available?	<input type="checkbox"/>	<input type="checkbox"/>	
Has accountability for monitoring treatment compliance/documentation been assigned?	<input type="checkbox"/>	<input type="checkbox"/>	
Has accountability for weekly measurements and skin observations been assigned to a designated nurse?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If yes, does the designated nurse have expertise?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a process been implemented to validate clinical findings with documentation?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the interdisciplinary team participate in weekly wound review?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wound meeting efficient?	<input type="checkbox"/>	<input type="checkbox"/>	

Be Recognized for Your Quality Improvement Efforts!



1. Recognizes health care providers, partners and/or stakeholders across the U.S. that have worked with us on quality improvement efforts
2. Nominations open in September
3. Winners will be announced in November

FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

Kansas

Brenda Groves

Quality Improvement Advisor

bgroves@kfmc.org

785-271-4150

SOUTH CAROLINA

Beth Hercher

Quality Improvement Advisor

bhercher@thecarolinascenter.org

803-212-7569

MISSOURI

Dana Schmitz

Quality Improvement Advisor

dschmitz@hqi.solutions

314-391-5538

VIRGINIA

Allison Spangler

Quality Improvement Advisor

aspangler@hqi.solutions

804-289-5342

CONNECT WITH US

Call 877.731.4746 or visit www.hqin.org



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