**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](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)

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.

|  |
| --- |
| **Area of Opportunity:**  |
|  |
| **Root Cause Analysis** **(specify each root cause and address each within the action plan):** |
|  |
|  |
|  |
| **S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)** |
| Achieve 95% compliance with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by [SPECIFIC DATE] |

| **Project Start Date** | **Specific Actions and Interventions****\****HQIN IP Intervention Resources (optional)* | **Projected Completion Date** | **Person/Team Responsible**\**To include QAPI Committee* | **Ongoing Monitoring and Surveillance** | **Additional Comments** |
| --- | --- | --- | --- | --- | --- |
|  | * Complete Organizational Self-Assessment
* Review pressure injury prevention and management policies and procedures and update if needed
 |  | Administrator, DON, Wound Nurse, PIP Team |  | Self Assessment:  Organizational Commitment to PI Prevention and Treatment- <https://hqin.org/resource/self-assessment-organizational-commitment-to-pressure-injury-pi-prevention-and-treatment/> Ensure policies and procedures are evidence-based * NPIAP Guidelines

[Guidelines - National Pressure Ulcer Advisory Panel (npiap.com)](https://npiap.com/page/Guidelines)* AMDA The Society for Post-Acute and Long Term Care Medicine

[AMDA (paltc.org)](https://paltc.org/) |
|  | * Designate responsibility and accountability for pressure injury prevention and management program oversight
 |  | Administrator, DON |  |  |
|  | * Implement a standard of practice for pressure injury risk assessment
* Ensure your pressure injury pre-admission and admission proesses follow current standards of care
 |  | Administrator, DON, Wound Nurse |  | Evaluate your processes/practices of assessing and addressing pressure injury risk in your resident population* Pressure Injury Evidence-Based Practice Checklist <https://bit.ly/3fZdhXX>
 |
|  | * Implement a standard of practice for pressure injury prevention and management
* Ensure your pressure injury prevention and management program follow current standards of practice and guidelines
* Ensure there is a process for tracking and trending wounds i.e. admitted vs facility acquired, staging declining/improving etc. and results taken to QAPI.
 |  | Administrator, DON, Wound Nurse |  | Identify strengths and weaknesses using checklists, analyze current tools and make changes as appropriate* Pressure Injury Treatment Self Assessment- <https://hqin.org/resource/pressure-injury-treatment-self-assessment/>
* Pressure Injury Treatment Best Practices- <https://hqin.org/resource/pressure-injury-treatment-best-practices/>
* Pressure Injury Staging Guide- <https://hqin.org/resource/pressure-injury-staging-guide/>
* Wound Measurement and Documentation Guide- <https://hqin.org/resource/wound-measurement-and-documentation-guide/>
 |
|  | * Develop a care plan for the residents area(s) of identified risk
* Ensure a process is in place for ongoing monitoring and effectiveness of care plan
* Ensure a process is in place for communicating changes in risk or wound status
 |  | DON, Unit Manager, MDS, InterdisciplinaryTeam |  | * Pressure Injury Care Planning Best Practice Guide- <https://hqin.org/resource/pressure-injury-care-planning-best-practice-guide/>
* Pressure Injury At-Risk Assessment Best Practices- <https://hqin.org/resource/pressure-injury-at-risk-assessment-best-practices/>
* All Cause Harm Prevention Change Package for Nursing Homes

<https://qioprogram.org/all-cause-harm-prevention-nursing-homes> * Interact Tools (SBAR, Stop and Watch)

<https://hqin.org/recognition-of-residents-changing-health-conditions-more-important-now-than-ever/>  |
|  | * Provide PI prevention and treatment education to staff
* Provide education to staff on appropriate pain assessment/treatment, hand hygiene practices and PPE when providing wound/dressing care
 |  | DON, Unit Manager, Wound Nurse |  | Develop a reference area for materials, establish competency of staff, identify a “champion”,provide ongoing education* Pressure Free Zone

<https://bit.ly/3xulCIN>* Skin Care Fair- <https://hqin.org/resource/skin-care-fair/>
* Clinical Fact Sheet:  Quick Assessment of Leg Ulcers- <https://hqin.org/resource/clinical-fact-sheet-quick-assessment-of-leg-ulcers/>
* MDS RAI Manual

[Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual | CMS](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual) |
|  | * Provide education to residents/representatives about PI risk, treatment best practices and consequences of refusals
* Have system in place to allow resident/representative to have choice in PI prevention and/or treatment decisions and care planning process
 |  |  |  |  |
|  | * Implement a plan to evaluate the quality of pressure injury assessment, prevention and treatment
* Report findings and compliance at monthly/quarterly QAPI meeting
 |  | QAPI Team |  | Continually evaluate the process of assessment/reassessment of risk factors, measure the outcomes of care (presence or pressure injury, care planning and healing)* [QAPI At a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home](https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiataglance.pdf)
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