Utilizing QAPI to Develop a Pressure Ulcer Program

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QAPI

• QAPI
  - Quality Assurance
    - Performance Improvement

QAPI

• Quality Assurance (F520 QA&A, Quality Assessment & Assurance)
  - Identifies and corrects quality issues
  - Retrospective
  - Focus on outliers or individuals
  - Efforts end once achieved
  - DON, Physician and 3 staff members
  - Meet quarterly
QAPI

• Performance Improvement
  – Proactive approach
  – Efforts are on-going
  – Focus on system changes
  – Plan involves input from staff representing all roles
    and disciplines within the organization
  – Meet at more frequent intervals

QAPI

• QAPI (Quality Assurance & Performance Improvement)
  – Systematic,
  – Comprehensive,
  – Data-driven,
  – Proactive approach

QAPI

System Changes

QAPI

SYSTEMATIC
ON-GOING
CHANGE
QAPI

Element 1 - Design & Scope

- Learn the basics of QAPI
  - Review QAPI 5 elements
  - Understand how QAPI coordinates with QAA
- Assess QAPI in your organization
- Create a structure and plan to support QAPI

http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.html

Element 1 - Design & Scope

- Design & Scope Steps
  - **Step 1**: Locate or Develop your organization’s vision statement
  - **Step 2**: Locate or develop your organization’s mission statement
  - **Step 3**: Develop a purpose statement for QAPI
  - **Step 4**: Establish Guiding Principles
  - **Step 5**: Define the Scope of QAPI in Your Organization
    - Cardiac care
    - Wound care
    - Dementia Care, etc
  - **Step 6**: Assemble Document
**Element 2 – Governance & Leadership**

- Understand the QAPI Business Case – What’s in it for you
- Promote a fair & open culture where staff are comfortable identifying quality problems and opportunities
- Create a Culture that embraces the principles of QAPI
- Promote engagement and commitment of staff, residents and families in QAPI
- Involve residents & families

**Element 3 – Feedback, Data Systems & Monitoring**

- Use and make data meaningful
  - Identify what you need to monitor
  - Collect, track, and monitor measures/indicators
  - Set goals, benchmarks, thresholds
  - Identify gaps and opportunities
  - Prioritize what you will work to improve
  - Use data to drive decisions

**Element 4 – Performance Improvement Projects (PIP)**

- Implement performance improvement projects
  - Focus on topics that are meaningful and address the needs of residents and staff
  - Charter PIP teams
  - Support staff in being effective PIP team members
  - Use tools that support effective teamwork
  - Plan, implement, measure, monitor and document changes, using a structure performance improvement approach (i.e., PDSA)

- Enhance QAPI communications
  - Commitment boards
  - Storyboards
  - Success stories
Element 5 - Systemic Analysis & Systemic Action

- Understand and focus on organizational processes and systems
  - Model and promote systems thinking
  - Practice Root Cause Analysis (RCA) – Get to the root of the problems
  - Flowcharting
  - Five Whys
  - Fishbone Diagram
  - Take action at the systems level

Performance Improvement Program (PIP)

- PIP Focus Today
  - Skin Integrity Program

Governance & Leadership

- Administrator, DON and Management must fully support the program and be actively involved
Targeting Your Skin Integrity PIP

- Break your Skin Integrity Systems Down:
  - Sufficient Supplies
  - Wound Care Team and Effective Meetings
  - Communication Systems
  - Pre-Admission Process
  - Admission Process
  - Prevention Program
  - Treatment Program

QAPI Assessing Systems

- Correct Team Members
- Start small
- Root Cause Analysis:
  - Review what ACTUALLY happens verses what NEEDS to happen
  - Identify Performance Gaps
  - Identify the data to be used and set a goal
  - Develop an action plan
QAPI Assessing Systems

**PLAN**

• Correct Team Members

QAPI Assessing Systems

**PLAN**

• Start small

QAPI Assessing Systems

**PLAN**

• Root Cause Analysis Goal
  - Determine what happened
  - Determine why it happened
  - Figure out what to do to reduce the likelihood that it will happen again.
QAPI

Root Cause Analysis
- Seeks to identify the origin of a problem
  - Physical Causes
  - Human Causes
  - Organizational Causes

QAPI Assessing Systems

Root Cause Analysis:
- Review what ACTUALLY happens versus what NEEDS to happen
- Identify Performance Gaps

Sign of Insanity:
- Doing the same thing over and over again and expecting different results
  - Albert Einstein
QAPI Assessing Systems

• Root Cause Analysis: Flow Chart

QAPI Assessing Systems

• Root Cause Analysis: Fishbone Diagram

“To address this mistake we must use root-cause analysis. I’ll begin by saying it’s not my fault.”
QAPI Assessing Systems

• Root Cause Analysis: Why Diagram

<table>
<thead>
<tr>
<th>WHY</th>
<th>WHY?</th>
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<tbody>
<tr>
<td>Painful experience</td>
<td>High cost</td>
</tr>
<tr>
<td>Fresh food</td>
<td>Competition</td>
</tr>
<tr>
<td>Tasty</td>
<td>Quality</td>
</tr>
<tr>
<td>Save money</td>
<td>Staff</td>
</tr>
<tr>
<td>Less travel</td>
<td></td>
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</tbody>
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QAPI Assessing Systems

• Once the performance gaps are identified:
  • Identify the data to be used and set a goal
  • Develop an action plan

QAPI Implement the Plan

• Identify the area within the facility to test
• Implement the program
QAPI Analyze Progress

- Review the progress of the program
  - Where are you compared to the goal
  - What is working
  - What is not working

QAPI Adjust the Program

- Make adjustments to the program based on the analysis
  - Start a new PDSA cycle
  - OR
  - If successful, roll out to the entire facility and start a PDSA cycle for the facility

Targeting Your Skin Integrity PIP

- Utilizing PDSA for Your Skin Integrity Systems Improvement:
  - Sufficient Supplies
  - Wound Care Team and Effective Meetings
  - Communication Systems
  - Pre-Admission Process
  - Admission Process
  - Prevention Program
  - Treatment Program
Sufficient Resources PIP

• Involve the staff that utilize the supplies and Equipment
  – Floor nurses who are doing dressing changes
  – Nursing Assistants
  – Housekeeping
  – Maintenance
  – Therapy

Sufficient Resources PIP

• Sufficient Resources
  – Go look into supply rooms, treatment carts, etc. for topical dressings in the facility
  – Do an overview of equipment:
    • Bed surfaces
    • Wheelchair cushions
    • Heel lift
    • Positioning devices
    • Incontinence products
    • Nutritional supplements
    • Lifting and repositioning devices

Sufficient Resources PIP

• Sufficient Resources
  – Set up a wound care formulary of products
**Sufficient Resources PIP**

- **Sufficient Resources**
  - If possible have an approval system for anything ordered off of your product formulary
  - Educate your Physicians, NP's, Wound Clinics, etc. on your product formulary

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**Sufficient Resources PIP**

- **Sufficient Resources**
  - Topical Supplies
    - Moisture dressings (i.e., hydrogels, hydrocolloids and transparent films)
    - Absorptive dressings (i.e., foams and calcium alginates)
    - Debriding Agents (Santyl, Medical grade honey)
    - Antimicrobials (silver, cadexomer Iodine, medical grade honey, etc.)
    - Collagen Dressings

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**Sufficient Resources PIP**

- **Sufficient Resources**
  - Make a streamlined topical management guideline with limited products in each major category:
    - Guideline should guide the nurse by characteristics of the wound (i.e., superficial dry wound)
    - Recommend product category for ordering (i.e., adhesive foam versus Allevyn adhesive)
Sufficient Resources PIP

- **Sufficient Resources**
  - Access to adjunctive therapies
    - E-Stim
    - NPWT (Negative Pressure Wound Therapy)
    - Celleration MIST
    - Hyperbaric Chambers

- Barrier ointments/creams to protect from incontinence (are they accessible to the caregivers)
- Absorptive products for incontinence

- Lifting and positioning devices
- Heel Lift Devices
**Sufficient Resources PIP**

- **Sufficient Resources**
  - Dietary supplements as appropriate
    - Protein & Calories
    - Multivitamins

- **Sufficient Resources**
  - Lotions
  - Protective garments

- **Sufficient Resources**
  - Compression Therapy for Venous Insufficiency
    - Compression wraps
    - Compression stockings
    - Compression pumps
  - Protective/appropriate footwear
Sufficient Resources PIP

- Sufficient Resources
  - Pressure redistribution bed surfaces
  - Preventative Mattresses
  - Advanced Therapy (i.e., low-air-loss, alternating air, etc.)
  - Wheelchair cushions

Remember the most expensive product is the one that doesn’t work!!!!

Sufficient Resources PIP

- Sufficient Resources
  - Access to:
    - Podiatrists
    - Wound Clinics/Physicians
    - Certified Wound Care Nurses
    - Vascular Surgeons/Physicians
Skin Integrity Team PIP

- **Wound Care Nurse**
  - Utilized when a wound happens
  - Typically is responsible for the weekly documentation of a wound
  - Ensures appropriate treatment strategies

Skin Integrity Team PIP

Oversight of the program
- Prevention
- Education
- F314 Compliance
- MDS Accuracy
- Monitoring
Skin Integrity Team PIP

- **Investment in Knowledge**
  - Consider WOCN (www.wocn.org) or WCC (www.wcei.net) certification
  - Prevention
  - Etiology of wounds
  - Assessment & Documentation
  - Treatment modalities
  - F314 Training
  - MDS 3.0 Section M Training
  - OASIS-C Integumentary Items

Skin Integrity Team PIP

- Wound Care Expertise takes *education* **AND** *experience*
- No one wound nurse can manage a prevention and treatment program alone

Skin Integrity Team PIP

- **Development of a Skin Care Team**
  - Key Nursing Assistants from ALL shifts
  - Key Floor Nurses from ALL shifts
  - Nurse Managers
  - Therapy
  - Dietary
  - Physician/NP/Medical Director
  - Housekeeping/Maintenance
  - MDS Coordinator
Skin Integrity Team PIP

• Skin Team Meetings
  – Develop a SET schedule for the Skin Care Team meetings – Management MUST support
    • Initially may need to be weekly to bi-weekly
    • Monthly

Skin Integrity Team PIP

• Skin Team Meeting Agenda
  – Review current residents with wounds
    • Progress
    • Topical Treatment
    • Support surfaces/equipment
    • Heel lift
    • Turning Schedule
    • Incontinence management
    • Nutritional Support
    • Therapy Involvement
    • Compliance/Barriers to plan of care

Skin Integrity Team PIP

• Skin Team Meeting Agenda
  – Review ALL Residents (bring in treatment book)
    • Review Treatment sheets
    • Decrease/change in mobility
    • Change in appetite, eating habits or weight loss
    • Change in continence
    • Change in cognition
    • Overall changes/decline
Skin Integrity Team PIP

• Skin Team Meeting Agenda
  – Review Supplies/Equipment
    • Support Surfaces (bed & wheelchair)
    • Heel lift devices
    • Positioning devices
    • Perineal cleansers and barrier ointments/creams
    • Lifting devices
    • Topical dressings

Communication PIP

• Communication Systems
  • On-going communication and involvement with the direct caregivers (plan of care, interventions, etc.)?
  • How do the caregivers communicate skin concerns (verbally or written)?

Communication PIP

• Communication Systems
  • Between shifts and between caregivers (last time turned & toileted at a minimum)?
  • Between Units?
  • Between health care settings?
Communication PIP

- Communication Systems
  - Physician/NP, Family, Interdisciplinary Team, Skin Care Team & Direct Care givers
    - Upon Discovery of a wound
    - No Progress in 2 weeks
    - Decline
    - Healed

Pre-Admission Process PIP

- Whom in the facility does the pre-admission screening?
  - Social Services
  - Admissions
  - Nursing

- Where do your admissions come from?
  - Have you had any surprises and if yes, from where?
    - Didn’t know they had a wound
    - The wound is at a deeper stage than expected
    - Unaware of adjunctive treatment until arrival

Pre-Admission Process PIP

- Does the Pre-Admission Intake Ask/Address:
  - Do they currently have any skin breakdown?
    - Even if the answer is no proceed to the following questions
  - Are they currently receiving any skin care treatments?
  - What type of mattress are they currently on?
  - Do they have a wheelchair cushion/type?
  - What type of turning program/devices?
  - Are they incontinent (if yes how is it being managed) or have a catheter?
  - Any dietary supplementation?
  - Have they been seen by a wound care nurse/Physician?
Pre-Admission Process PIP
• Does the Transfer Form Communicate:
  – Complete assessment of current skin concerns
  – Current topical treatment and order
  – The type of mattress they were on and ordered
  – Type of wheelchair cushion they were on and ordered
  – Type of turning program/devices utilized and ordered
  – Incontinence/catheter and management
  – Dietary supplementation
  – Any follow up visits with wound care clinicians

Admission Process PIP
• Developing a task force to evaluate the Admission Process:
  – Assess when and where your admissions are happening
  – Who is Doing the Admission Assessments – This will be the Team Members

Admission Process PIP
• All care settings admission process (within the first 24 hours) should include:
  • A head to toe skin inspection by the licensed staff (ideal within 8 hours)
  • A risk assessment for the potential for skin breakdown
  • Development of a temporary plan of care
  • Communication to the caregivers
Admission Process PIP

• Admission Process Tips
  • At a MINIMUM Temporary Care Plan within 24 Hours to Include:
    • Support surfaces (bed and W/C)
    • Turning & repositioning schedules & devices
    • Incontinence care & keeping skin clean and dry
    • Heels elevated off bed
    • Dietary and therapy referrals
    • Topical Tx as ordered
    • Monitor wound for signs/symptoms of infection
    • Notify Physician and family of decline or concerns

Prevention Program PIP

What is your on-going prevention program?

Prevention Program PIP

• Prevention Team PIP Team Members:
  • May want to utilize the Skin Integrity team plus:
    • Who does the licensed weekly skin checks?
    • Who does the on-going risk assessments?
    • Who updates the plan of care?
Prevention Program PIP
• Does your current prevention program include:
  § On-going skin inspections?
  § Long Term Care:
    • Daily with cares by the caregivers
    • Weekly by licensed staff
    • Upon a planned discharge
  § Acute Care
    • Daily
  § Home care
    • With each nurse visit

Prevention Program PIP
• Does your current prevention program include:
  § On-going Risk Assessments per care setting guidelines?
    • Does it utilize a validated tool (i.e. Braden scale, Norton)
    • Is it comprehensive, picking up risk factors the validated tool doesn’t pick up

Prevention Program PIP
• A COMPREHENSIVE RISK assessment In Long Term Care should be completed:
  – Upon admission
  – *Weekly for the first four weeks after admission*
  – With a change of condition (including pressure ulcer formation, change in mobility and/or continence status, decrease in weight, etc.)
  – Quarterly/annually with MDS
Prevention Program PIP
• A COMPREHENSIVE RISK assessment in Acute Care should be completed:
  – Upon Admission
  – Daily

Prevention Program PIP
• A COMPREHENSIVE RISK assessment in Home Care:
  – Upon admission
  – With every Nurse visit

Prevention Program PIP
• Ensure correlating interventions for risk factors identified
  – Ensure the risk assessment is broken down into its subsets
  – Have a “cheat sheet” for interventions and supplies that correlated with identified risk factors for care planning
Prevention Program PIP

- Does your current prevention program include:
  - On-going updates to the plan of care?
    - Do all caregivers give input
    - Do all nurses give input
    - Is it interdisciplinary
    - Input from the resident and family

Treatment Program PIP

Overall Treatment Program

Treatment Program PIP

- Treatment Team PIP Team Members:
  - May want to utilize the Skin Integrity team plus:
    - Nurses who do the day to day treatment
**Treatment Program PIP**

- **Checklist for When a Wound is Found:**
  - Notification of the Physician and family/designee of the development of a wound, regardless of stage
  - Documentation of the wound(s)
  - New risk assessment
  - Evaluate Support Surfaces
  - Evaluate turning and repositioning
  - Evaluate all interventions
  - Up-date the care plan
  - Up-date the nursing assistants assignment sheets

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**Treatment Program PIP**

- **Weekly Wound Rounds**
  - Involvement of:
    - Minimum of:
      - Nurse Manager
      - Floor Nurse
      - Nursing Assistant
    - If possible the wound team members
      - Therapy
      - Dietary
      - Physicians/NP

**GREAT TIME FOR BED SIDE EDUCATION**

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**Treatment Program PIP**

- **Risk/Benefit Discussion**
  - Discuss resident’s condition
  - Treatment options
  - Expected outcomes
  - Consequences of refusing treatment (pressure ulcer development, sepsis and even death)
  - Offer relevant alternatives
  - Recommend showing residents/families pictures of pressure ulcers
Treatment Program PIP

• Risk/Benefit Conversation
  – Document the date of discussion in care plan and put resident’s request in care plan
  – Review quarterly, with readmission and with change of condition

Monitoring Your PIP Programs

• All staff should be involved
• Continuous

Monitoring Your PIP Programs
• Wound Nurse to Monitor on a Monthly Basis:
  – Treatment books
  – Charts of high risk AND wound care residents
  – Weekly skin checks
  – Supplies
  – Dressing Change technique
• Have floor nurses involved with monitoring turning, toileting, equipment on a daily basis
Monitoring Your PIP Programs

- Monitoring that the risk assessment and skin observations are done at appropriate intervals
- Monitoring that the plan of care reflects interventions being implemented and identified risk factors
- Do the risk assessments, physician orders, caregiver assignment sheets and MDS/CAAs match the care plan?

Monitoring Your PIP Programs

- Monitoring turning and repositioning (sticky notes)
- Monitoring toileting schedules
- Assessment and confirmation that equipment is in place and functioning properly

Monitoring Your PIP Programs

- Monitor daily cares to ensure they are
  - Inspecting the skin,
  - Doing proper peri-care,
  - Range of Motion
  - Utilizing equipment/supplies correctly
  - Feeding/supplements,
  - weights,
  - I & O, etc.
Monitoring Your PIP Programs

• Monitor the Physician and NP Documentation of:
  • Orders
  • Diagnosis
  • Progress notes

Monitoring Your PIP Programs

• Daily rounds by Administrator, DON and Managers
• Walking rounds for each shift

Monitoring Your PIP Programs

• Input on the program from residents and family members
On-Going Education PIP

- Recommend doing educational programs in this order
  - Prevention
  - Assessment and Documentation
  - Treatment Modalities
  - Lower Extremity Ulcers

- Do bedside follow up after educational programs
- Do education on orientation and periodically throughout the year

QAPI Celebrate Success

Taking the Time to Utilize a Quality Improvement Process Can Improve Resident Outcomes and Workflow

Happy Residents and Staff

Resources

- [www.wocn.org](http://www.wocn.org) (Wound, Ostomy & Continence Nurse Society)
- Provide Certification for 4 yr RNs
- Available Guidelines:
  - Prevention and Management of Pressure Ulcers
  - Management of Wounds in Patients with Lower-Extremity Arterial Disease
  - Management of Wounds in Patients with Lower-Extremity Neuropathic Disease
  - Management of Wounds in Patients with Lower-Extremity Venous Disease
Resources

- [www.wcei.net](http://www.wcei.net) (Certifies in wound care)
- [www.npuap.org](http://www.npuap.org) (National Pressure Ulcer Advisory Panel)
- [www.woundsource.com](http://www.woundsource.com) Great source to find wound care products and companies/vendors

QUESTIONS????

Thanks for your participation!!!

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