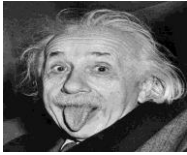


QAPI Assessing Systems

• Sign of Insanity:

- Doing the same thing over and over again and expecting different results
- Albert Einstein



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QAPI Assessing Systems

• QAPI Tools and Resources:

- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/nhqapi.html>



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Governance & Leadership

- Administrator, DON and Management must fully support the program and be actively involved



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QAPI – 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



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QAPI – 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



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Performance Improvement Program (PIP)

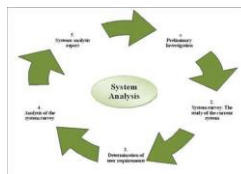
• PIP Focus Today



Targeting Your Skin Integrity PIP

• Break your Skin Integrity Systems Down:

- Wound Care Team and Effective Meetings
- Communication Systems
- Sufficient Resources
- Pre-Admission Process
- Admission Process
- Prevention Program
- Treatment Program
- Monitoring Programs
- Education



PIP Project

Skin Integrity Team



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



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Skin Integrity Team PIP



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Skin Integrity Team PIP

Oversight of the program

- Prevention
- Education
- F686 Compliance
- MDS Accuracy
- OASIS-C Accuracy
- Monitoring



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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
- F686 Training
- MDS 3.0 Section M Training
- OASIS-C Integumentary Items



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Skin Integrity Team PIP

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



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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
- Restorative Nursing
- Dietary
- Physician/NP/Medical Director
- Housekeeping/Maintenance
- MDS Coordinator



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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



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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 & Restorative Involvement
 - Compliance/Barriers to plan of care



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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
 - Restorative progress



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Communication PIP

• Communication Systems

- Between shifts and between caregivers (last time turned & toiled at a minimum)?
- Between Units?
- Between health care settings?



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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



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PIP Project

Pre-Admission Process



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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 then 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?





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





PIP Project

Admission Process



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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



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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



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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?
 - Who does your restorative/mobility program?



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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



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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



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Prevention Program PIP

• A COMPREHENSIVE RISK assessment in Long Term Care should be completed:

- Upon admission
- Weekly for the first four weeks after admission*
- Monthly
- With a change of condition (including pressure ulcer formation, change in mobility and/or continence status, decrease in weight, etc.)



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Prevention Program PIP

• A COMPREHENSIVE RISK assessment in Acute Care should be completed:

- Upon Admission
- Daily



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Prevention Program PIP

• A COMPREHENSIVE RISK assessment in Home Care:

- Upon admission
- With every Nurse visit



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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



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Prevention Program PIP

• **Preventative interventions based on the risk assessment should address at a minimum:**

- Turning and repositioning
- Bed surface
- Wheelchair surface
- Heel lift
- Incontinence care
- Nutritional needs
- Mobility



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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



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Treatment Program PIP

Treatment Program



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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



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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
- Notify Dietary, Therapy and Restorative Nursing
- Start weekly documentation form for the wound(s)
- New risk assessment
- Evaluate Support Surfaces (bed & W/C)
- Evaluate turning and repositioning
- Evaluate Heel lift
- Evaluate all current 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



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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 re-admission and with change of condition



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PIP Project

Monitoring Programs



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Monitoring Your PIP Programs

- All staff should be involved
- Continuous



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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**



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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?



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Monitoring Your PIP Programs

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



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Monitoring Your PIP Programs

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



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Monitoring Your PIP Programs

• **Monitor the Physician and NP Documentation of:**

- Orders
- Diagnosis
- Progress notes



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Monitoring Your PIP Programs

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



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Monitoring Your PIP Programs

- **Input on the program from residents and family members**



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PIP Project

Education



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On-Going Education PIP

- **Recommend doing educational programs in this order**
 - Prevention – ALL staff
 - Prevention & Risk Assessment
 - Assessment and Documentation
 - Treatment Modalities
 - Lower Extremity Ulcers
- **Do bedside follow up after educational programs**
- **Do education on orientation and periodically throughout the year**



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PIP Project



Sufficient Resources



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Sufficient Resources PIP

• Involve the staff the utilize the supplies and equipment

- Floor nurses who are doing dressing changes
- Nursing Assistants
- Restorative Nursing
- Housekeeping
- Maintenance
- Therapy



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 Footer info here

Sufficient Resources PIP

• Sufficient Resources

- Go look into supply rooms, treatment carts, etc. for topical dressings in the facility



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Sufficient Resources PIP

• Sufficient Resources

- Set up a wound care formulary of products



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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

• Topical Supplies

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

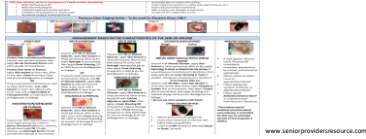


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Sufficient Resources PIP

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 verses Allevyn adhesive)



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Sufficient Resources PIP

Sufficient Resources

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



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Sufficient Resources PIP

Sufficient Resources

- Do an overview of equipment:
 - Bed surfaces
 - Wheelchair cushions
 - Heel lift devices
 - Lifting and repositioning devices
 - Positioning devices
 - Incontinence products
 - Restorative equipment
 - Nutritional supplements
 - Bariatric equipment



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Sufficient Resources PIP

Sufficient Resources

- Lifting and positioning devices
 - Repositioning slings
 - Limb lifter slings



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Sufficient Resources PIP

Sufficient Resources

- Positioning devices
- Restorative equipment
- Heel Lift Devices



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Sufficient Resources PIP

Sufficient Resources

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



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Sufficient Resources PIP

Sufficient Resources

- Dietary supplements as appropriate
 - Protein & Calories
 - Multivitamins



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Sufficient Resources PIP

Sufficient Resources

- Lotions
- Protective garments





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Sufficient Resources PIP

Sufficient Resources

- Compression Therapy for Venous Insufficiency
 - Compression wraps
 - Compression stockings
 - Compression pumps
- Protective/appropriate footwear





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Sufficient Resources PIP

Sufficient Resources

- Bariatric Equipment
 - Lifting & repositioning equipment and slings
 - Bed frame
 - Specialty mattress
 - Wheelchair and cushion
 - Toileting equipment, etc.



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Sufficient Resources PIP

Sufficient Resources

- Access to:
 - Podiatrists
 - Wound Clinics/Physicians
 - Certified Wound Care Nurses
 - Vascular Surgeons/Physicians



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Sufficient Resources PIP

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



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



Happy Residents and Staff



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Resources

- 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



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Resources

- www.wcei.net (Certifies LPN, 2-4 year RN, Therapists, etc in wound management)
- www.npuap.org (National Pressure Ulcer Advisory Panel)
- www.woundsource.com Great source to find wound care products and companies/vendors



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Thanks for your participation!!!

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