INCIDENCE OF PRESSURE ULCERS IN THE ELDERLY:
NURSING FOCUSED MANAGEMENT STRATEGY

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Introduction
1.4 million residents were living in US nursing homes on December 31, 2014
**U.S. Nursing Home Population**

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Age &lt; 65</td>
<td>15.5</td>
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<tr>
<td>Age &gt; 65</td>
<td>2.6</td>
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<tr>
<td>Age &gt; 85</td>
<td>9.5</td>
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<td>Age &gt; 95</td>
<td>7.8</td>
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Problem
Incidence of Pressure ulcers among the resident of the longterm care facilities

8% to 28%
Pressure Ulcers
Etiology
IMMOBILITY

BOWEL & BLADDER INCONTINENCE

CO-MORBID MEDICAL CONDITIONS

PAIN

MALNUTRITION

MEDICAL DEVICES

CONTRACTURES

AGING SKIN

ALTERED MENTAL STATUS
Identified Issues
Limited knowledge of providers about the management of wounds

Lack of policy & procedures addressing pressure ulcer prevention and management guidelines for the nursing staff

Wound care quality measure report; incomplete or lacking vital information

Lack of interdisciplinary team approach in the prevention & management of wounds

Lack of Nursing staff for wound care / skin treatments

Assigned Nursing staff not formally trained in the area wound care nursing specialty

Lack of standardized wound care dressing formulary

Limited or no educational opportunities for nursing staff about skin & wounds

Inadequate wound documentation and or progress notes
Excellence in Skin & Wound Care Program
PATIENT CENTERED SKIN & WOUND CARE MODEL

- WOUND CARE SPECIALIST
- WOUND CARE NURSE
- STAFF NURSE
- NURSING ASSISTANT
- OCCUPATIONAL THERAPIST
- PHYSICAL THERAPIST
- DIETITION
A medical provider who has completed formal education and training in the management of skin issues and wounds. Wound Care Specialist must possess prescriptive authority & more than (2) years of experience in managing wounds. Assess & treat wounds (PRN) and make rounds on a weekly basis. Conducts bedside excisional debridements PRN.

MD | DO | PA | APRN
A licensed nurse who has completed formal education and hands on skills training in the nursing management & treatment of skin issues and wounds. Wound Care Nurse must possess more than (1) year of experience in caring for wounds. Provides daily wound / skin care as ordered by the Wound Care Specialist and document wound progress notes.

RN | LVN / LPN
Registered Dietitian

Provides regular nutrition assessments and modifies nutritional therapy as needed for clients with poor nutritional status. Adapts recipes to increase client’s calorie and protein intake. Recommend supplements, nutrient modular, tube feedings and educates patient, family, and caregivers.

RD
Provides daily client’s assessment and response to ongoing treatments and therapies. Assess daily client’s skin and reports (PRN) directly to the Wound Care Specialist and the Wound Care Nurse.

RN | LVN/LPN
Certified Nursing Assistant provides clients with ADLs support and incontinence care. Utilize preventive topical skin treatments as ordered and report any new areas of skin redness, bruising and other changes to the primary staff nurse on a daily basis.

CNA
Provides rehabilitation related to the impairments of the upper extremities i.e., shoulder, elbow, forearm, wrist, and hand. Utilizes interventions that are designed to meet individual client needs and may include: Orthosis design, fabrication, fitting, joint protection, scar management, pain management, ADLs training with adaptive & assistive devices.
Physical Therapist

Provides healing strategies that impact offloading, positioning, range of motion, and maximizing overall function and quality of life. The PT can also be a resource for recommending therapies and assistive devices that improve strength, ambulation/mobility, and overall wound healing.

PT
Case Report
110 bed long-term & skilled nursing facility reported with the incidence of pressure ulcers at >20%. Initial review of the facility identified use of national wound care franchise program with a physician based model. Program involved weekly physician’s rounds with charge nurses. Wound care treatments were carried out by the staff nurses on a daily basis.
CASE REPORT | INCIDENCE OF PRESSURE ULCER
INITIAL REVIEW RESULTS

INCIDENCE RATE: >20%
PRESSURE ULCER REVIEW

DTI / Unstageable 2.2%
Stage 2 8.3%
Stage 3 2.3%
Stage 4 7.2%
CASE REPORT: WOUND CARE PROGRAM
INEFFECTIVE MODEL IN LTC

WOUND CARE SPECIALIST

CHARGE NURSE

DIRECTOR OF NURSING

ASSISTANT DIRECTOR OF NURSING

STAFF NURSE

PATIENT / CLIENT
Facility shall have an approved list of Basic Wound Care Product Formulary, so commonly used items are stocked appropriately. Formulary also assists with cost savings and nursing staff understanding of the wound care products utilized in the facility.
Patient Name:                Id. No.
Number of Wounds:           
Pressure Ulcer Stage:       
Location of Wound:          
Facility Acquired (FA)      
Community Acquired (CA)     
Dimensions (LxWxD) cm       
Current Treatment:          Other Info: 
Infection:                 

Mandatory education for all nursing staff shall be scheduled quarterly and as needed. Staff needs shall be evaluated and educational topics must be selected based upon the needs of the nursing staff since education & training supports the professional practice of nursing and promotes safe, effective and evidence-based, high-quality care for patients.
Preventive Therapies

- Low Air Loss Alternating Pressure Mattress
- Pressure Distribution Cushion
- Use of Antifungal Moisture Barrier cream
- Appropriate use of Diapers
- Use of heel, foot and elbow protectors
- Use of pillows & wedges for positioning of clients
- Frequent incontinence checks and turning and repositioning of clients
- Use of foam dressings
The wound management program standard protocols and policies incorporate currently established national standards of practice and guidelines. These protocols provide the framework and guiding principles for the pressure ulcer prevention and management to the nursing staff.
RESULTS
CASE REPORT | INCIDENCE OF PRESSURE ULCER
120 DAYS POST IMPLEMENTATION RESULTS

INCIDENCE RATE: 2.4%
PRESSURE ULCER REVIEW
Long term care facilities can minimize the incidence of pressure ulcers and manage pressure ulcers by incorporating these evidenced based best practice guidelines. Further, use of these guidelines can improve patient outcomes, nursing staff’s confidence and overall quality of care within the facility.
References

- www.cms.gov/Medicare/nursinghomedatacompendium
- www.aota.org
- www.npuap.org
- www.todayswoundclinic.com
- www.woundcarenurses.org