

Shine during survey

Mary Dalton and Karen Taylor

Objectives

Define a pre-survey list that can be applied to your current Infection Control and Wound/ Skin Program.

Look at things through the eyes of a surveyor



- Read your previous survey and plan of correction
- Focus on the important stuff
- Determine weak areas

What to have Ready

- ✓ Immunization log
- ✓ Influenza and pneumococcal policy
- ✓ MDRO log
- ✓ Environmental Rounds
- ✓ IV log (include education)
- ✓ Weekly wound documentation
- ✓ Surveillance Records
- ✓ Policy Book

Infection Prevention

- ~ Immunization
- ~ Antibiotic stewardship
- ~ Ivs
- ~ Glucometer cleaning
- ~ O2
- ~ Laundry

Isolation/ Precautions

- Everything should be perfect
- Isolation cart
- Signage
- Education
- Room cleaning
- Observation of staff

Environment

- ~ Environmental rounds
- ~ Med Room
- ~ Resident rooms/ bathrooms/ privacy curtains
- ~ Recreation: pet immunizations
- ~ Continuous Quality Improvement

WOUND CARE

Mary Dalton RN
April 2016

Objectives

- Discuss admission skin assessment
- Discuss treatment/ risk assessment
- Discuss pain management
- Discuss weekly monitoring/ Wound Rounds

On Admission

- Complete a body assessment. Document all breaks in skin integrity
- Notify the physician and initiate appropriate treatment(s)
- Initiate care plan. Document all interventions and include on CNA care card
- Complete Pressure Ulcer Risk assessment & initiate prevention protocols

Pressure ulcer/ ulcer (wound) documentation

- Location on the body
- Staging of the pressure ulcer
- Size of the ulcer, including depth, width, and length in centimeters
- Presence of undermining, tunneling, sinus tracts
- Exudate – if present, the color and amount
- Wound bed – appearance of the wound bed & type of tissue visible
- Presence of necrotic tissue
- Wound edges – look carefully at the edge of the ulcer for evidence of induration, maceration, rolling edges, redness
- Peri-wound
- Presence or absence of pain
- Odor –present or absent

- ***Assess for pain prior to each dressing change/every shift***

Observation

- Are support surfaces/ pressure ulcer relief devices in place? Are specialty mattress settings accurate?

- Is the treatment of non-healing wounds re-assessed, the physician, family, dietician, rehab notified? Is Rehab able to offer adjunct treatment modalities?

- Is pressure ulcer assessed and weekly documentation complete (initialed/ signed)? Is a treatment change documented and initiated as ordered?

- Is appropriate treatment in place? If site has not progressed, has the physician been notified and the treatment reassessed?
- Has PT/OT, Dietitian, family been involved as part of the interdisciplinary team?
- Are Standard Precautions (unless more restrictive precautions indicated) adhered to during each dressing change?
- Are positioning protocols adhered to as indicated?
(Pressure ulcers will not heal until 'pressure to the site' is relieved)

- Has blood work (minimally Hgb, Hct, pre-albumin, BUN, HA1C if diabetic) been assessed with a physician's order?
- Has the Care Plan been completed and updated as needed? Are all interventions included on the CNA Care Cards/ assignments?
- Is an Investigation completed on all In-House Acquired Pressure Ulcers/ bruises/ skin tears, etc. with a plan to prevent recurrence?
- Dressings are maintained intact. Sites are checked every shift

Points of Concern

- Wound vacs are ordered consistent with criteria for use and changed per physician's order
- Treatments ordered by physicians are consistent with evidence-based practice. The written order is to include:
 - 1) site, 2) cleansing agent 3) wound care product ordered 4) how often/ when the dressing is to be changed. (Use a standardized format for writing orders)
- A weekly skin audit is documented (as per policy) to assess for any new breaks in skin integrity
- Debridement (necrotic tissue to be removed when healing is the goal)

- Education: Pressure Ulcer Prevention, Staging & Prevention; Nutrition & Wound Healing, Types of Wounds/ Skin Issues, Incontinent Care & Positioning, Negative Pressure Wound Therapy, etc. for Licensed Nurses and CNAs.**
- Palliative vs. Hospice Care**
- Pain assessment/ pain management plan**
- Maintain Updated Weekly Tracking Forms for pressure ulcers, skin tears, rashes, etc. as per policy**
- Quality Improvement**