



# IOWA FOUNDATION FOR MEDICAL CARE

## 10 Ways to Improve Your High-Risk Pressure Ulcer Quality Measure Score

1. **Understand the quality measure.** Long-term residents with pressure ulcers are divided into high risk and low risk. High-risk residents are those who have a diagnosis of malnutrition, are comatose, or have impaired bed or transfer mobility. Any pressure ulcer is counted in this calculation, even if it first developed while the resident was in the hospital.
2. **Take special care to assess all newly admitted residents for pressure ulcer risk.** Pressure ulcers tend to develop within the first couple weeks after admission, and assessing a resident's risk status will help guide the care plan development. Risk assessments should include the resident's nutrition, continence, mobility/activity, sensory perception and mental and physical functioning.
3. **Review the number of residents with pressure ulcers in your daily stand-up meetings.** Doing so reminds everyone that pressure ulcers are an important issue, and will help stimulate the staff to be more involved in preventing them.
4. **Pay special attention to stage one pressure ulcers.** Is the turning schedule being followed as care planned? If so, is that turning schedule sufficient to prevent breakdown? Perhaps a more frequent turn schedule is more appropriate for certain at-risk residents. Stage one pressure ulcers are a red flag that the preventative interventions need to be revised.
5. **Remember that residents who spend a lot of time in wheelchairs also require frequent position changes or reminders to shift their weight.** Sitting upright places a great deal of pressure on the lower half of the body, which requires pressure relief at least every hour – if not more frequently.
6. **Incorporate daily skin checks on your high-risk residents.** Since pressure ulcers can develop – and worsen – very quickly, it is important to examine the skin of all high-risk residents at least on a daily basis. If a stage one pressure ulcer does develop, it can be identified and treated before it worsens to a harder to treat stage.
7. **Be sure your nursing staff is using good skin care products, including peri-wash and barrier cream, on all incontinent residents.** Incontinence contributes to skin breakdown, as the pH of urine affects skin condition. Good peri-care includes the proper use of skin care products, which are designed to counter the damaging effects of urine against the skin.
8. **Don't forget nutrition.** Nutrition is critically important in undernourished residents and can greatly influence wound healing. Recommendations for proteins, vitamins and minerals vary and should be individualized to meet the specific needs of the resident. Be sure to involve your dietician in your wound care meetings.
9. **Use a consistent product line for wound care treatments.** Many product suppliers have a protocol for treating various types of wounds, so there is little guesswork in deciding how to treat as changes in condition occur. Also, many suppliers offer staff education in prevention and treatment of pressure ulcers.
10. **Develop a protocol for appropriate use of pressure-relieving devices for wheelchairs and beds.** Consider resident risk factors and any existing wounds when creating this process. The protocol should be implemented immediately upon admission and assessment.