

SECTION 1 ORGANIZATIONAL COMMITMENT AND POLICIES FOR PRESSURE ULCER PREVENTION AND TREATMENT

To improve care outcomes, it is important to start by assessing and/or developing your organizational commitment to a pressure ulcer prevention and treatment program. This commitment must start at the leadership level and input from an interdisciplinary team is essential for success.

Organizational commitment to pressure ulcer prevention and treatment is the foundation on which you can develop policies and procedures that direct the course of action. Your course of action should be clearly defined, approved by the organization's leadership, and effectively communicated to staff.

TOOLS IN THIS SECTION:

Action Plan: Organizational Commitment

Use this form to assess and develop your organizational commitment.

Action Plan: Pressure Ulcer Policies

Use this form to guide your team in assessing, developing or refining a pressure ulcer policy.

GOALS FOR THIS SECTION:

- 1. Identify key staff to participate in an interdisciplinary workgroup.**
- 2. Designate responsibility for program oversight.**
- 3. Establish accountability for pressure ulcer prevention and treatment interventions.**
- 4. Analyze, develop or revise your organization's policies on pressure ulcer prevention and treatment.**
- 5. Assess current pressure ulcer prevention and treatment practices in your organization.**
- 6. Develop a system for evaluating the quality of the pressure ulcer prevention and treatment program.**
- 7. Develop a plan to communicate pressure ulcer prevention and treatment policies with staff.**

Action Plan: Organizational Commitment

Key Interventions/Tasks	Action Items	Who is responsible?	Target Date
<p>1. Identify key staff to form your pressure ulcer committee.</p> <p><i>*Team should consist of members from various educational backgrounds and experiences. (e.g. nursing, rehab, dietician, speech, wound care, direct care staff, education coordinator, physician, administration, etc).</i></p>			
<p>2. Assign responsibility for program oversight.</p>			
<p>3. Establish accountability for pressure ulcer prevention and treatment interventions.</p>			
<p>4. Develop/articulate the organization's commitment statement to preventing and treating pressure ulcers.</p> <p><i>(e.g. Our facility is committed to providing the resources, staff and education necessary to prevent and treat pressure ulcers.)</i></p>			
<p>5. Communicate commitment statement to all staff.</p>			



Action Plan: Pressure Ulcer Policies

Key Interventions/Tasks	Action Items	Who is responsible?	Target Date
<p>1. Include the organizational commitment statement in the pressure ulcer prevention and treatment policy.</p> <p>2. Ensure that policies require pressure ulcer risk assessment upon admission and at regular intervals. A policy that ensures regular re-assessment will help you effectively track changes in status.</p> <p><i>*The frequency for risk assessment varies depending on the setting. (e.g. In long-term care, the policy may require a risk assessment to be completed within the first 24 hours and repeated weekly times</i></p> <p><i>4. In acute care, the policy may be to assess all new admits within four hours then every shift until discharge.)</i></p>			
<p>3. Clearly state that head-to-toe skin inspections be completed upon admission and at regular intervals thereafter, (based upon risk assessment findings).</p> <p><i>*As with risk assessment, the frequency for skin inspections will vary. (e.g. Persons at high risk for pressure ulcer development require daily skin inspections, while those at a lower risk may be done less frequently.)</i></p>			
<p>4. Define responsibility for completion of the pressure ulcer risk assessment and the skin inspection.</p> <p><i>*While risk assessments must be completed by licensed staff, skin inspection (visual exam) may be done by other care staff whenever skin is exposed (bathing, toileting, clothing change)</i></p>			

Action Plan: Pressure Ulcer Policies

Key Interventions/Tasks	Action Items	Who is responsible?	Target Date
<p>5. Identify specific tools to be used for:</p> <ul style="list-style-type: none"> • Risk assessment • Skin inspection • Wound assessment • Monitoring treatment effectiveness 			
<p>6. Ensure the policy states:</p> <ul style="list-style-type: none"> • Steps will be taken when a pressure ulcer is not healing • Prevention interventions will be implemented for persons at risk • The procedure for reporting suspicious skin areas • The protocol for reporting pressure ulcer staging/healing to designated personnel to ensure correct coding 			
<p>7. Consider the following evaluation/monitoring components</p> <ul style="list-style-type: none"> • How will the program be evaluated for effectiveness • Who will monitor the program • How frequently will the program be monitored <p><i>*As medical knowledge is gained, and clinical guidelines are updated – it is imperative that programs be re-evaluated at regular intervals.</i></p>			
<p>8. Clearly define your organization's standard of practice for pressure ulcer prevention and treatment.</p>			
<p>9. Include goals for pressure ulcer education:</p> <ul style="list-style-type: none"> • Reduce the occurrence of pressure ulcers • Directed at all levels of health care providers, patients/resident, family • Educate on policies and procedures • Use principles of adult learning • Establish competency of staff 			

