

Effective Meetings: Skin Care Teams

A skin care team consisting of professional and frontline staff that meets on a routine basis may be helpful in reducing or preventing pressure ulcers. This handout explains suggested activities for a skin care team.

Gather and provide information.

- Review federal and state regulations relating to skin care and pressure ulcers. Evaluate the facility's current policies and procedures to identify gaps in clinical practice. Brainstorm with team members to identify any barriers to pressure ulcer prevention or treatment.
- Discuss pressure ulcer prevention with the facility's medical director and other physicians.
- Review the facility's quality measures and obtain staff feedback relating to pressure ulcers in the facility.
- Educate the team on preventive strategies. Meet with all staff to announce the facility's commitment to preventing pressure ulcers and to provide information about effective treatment strategies.
- Disseminate clinical information to residents and families through meetings and printed materials.

Determine the goals.

- Identify each resident who has a pressure ulcer or who is at high risk for pressure ulcers. Review his/her risk factors, and determine if each risk factor is addressed, to the extent possible, on the resident's care plan.
- Maintain written logs for (1) each resident who develops a pressure ulcer in the facility, indicating the stage it was first identified; and (2) each resident who was admitted with a pressure ulcer, indicating stage at admission.
- Determine the proportion of residents with "in-house acquired" pressure ulcers vs. those that were present on admission; also determine the proportion of residents with various stages of pressure ulcers.

Use a standing agenda.

- Print and review your facility's current quality measure reports, including the last full month, the past calendar quarter, and year-to-date reports. Be sure this review includes facility-level and resident-level reports.
- Compare your internal logs with the quality measure reports on a routine basis. If discrepancies are noted, clarifications on Minimum Data Set (MDS) coding and documentation should be obtained.
- Discuss current issues (e.g., related state survey issues, family concerns related to skin care, etc.).

Analyze patterns related to pressure ulcers.

- At what stage are most (in-house) pressure ulcers usually identified? What are the common risk factors that residents with pressure ulcers have? Are there any other patterns noted (e.g., do residents live in the same unit or neighborhood, have common caregivers, common diagnoses, etc.)? Discuss any noted patterns with appropriate staff or departments.
- For all residents with pressure ulcers, what is the average number of days to healing, by stage?

Review the current information for each resident who has a pressure ulcer.

- Review resident assessments and confirm accurate MDS coding.
- Review care plans and treatment records to determine effectiveness of each intervention for each resident. If healing is not noted within two weeks, treatment orders may need to be revised.
- Review successful pressure ulcer prevention strategies, and share successes with all staff.

Celebrate with staff.

- Be sure to share and celebrate successes of the pressure ulcer project team.

¹ For more information http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads//som107ap_pp_guidelines_tcf.pdf