

Evidence-Informed Practice, CMS HAC/POA Ruling & New Clinical Practice Guidelines



*The Pennsylvania Pressure Ulcer Partnership
Pittsburgh, Philadelphia, Harrisburg - October 2008*

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**Pressure Ulcers as a
reflection of**

SAFETY
&
QUALITY

To Err is Human:
Building a Safer Health System

Institute of Medicine

2000

Crossing the Quality Chasm:

A New Health System
for the 21st Century

Institute of Medicine

2000

Question:

The evidence for pressure ulcer care is sufficient to support evidence-based practice.

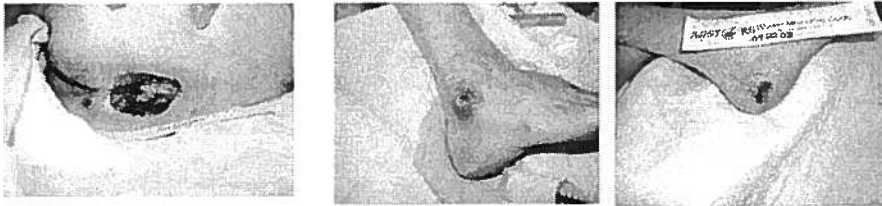
Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

**Evidenced-Based
vs.
Evidence- Informed Practice**



**CMS
Hospital-Acquired Conditions/
Present on Admission Indicator
Ruling**



11 HAC / POA Indicators

Deficit Reduction Act 200
Final Rule August 2008

New Opportunities to Improve Pressure Ulcer Prevention and Treatment:

*Implications of the CMS Inpatient Hospital Care
Present on Admission (POA) Indicators/
Hospital-Acquired Conditions (HAC) Policy*

A consensus paper from the International Expert Wound Care Advisory Panel

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**This is a
Paradigm Shift
for most acute care
facilities!**

**Without this documentation,
patients with a pressure ulcer will
not be assigned a higher paying
DRG.**



**Are your physicians/ providers
prepared to:**

**Assess & stage pressure ulcers
accurately using the new NPUAP
2007 definitions?**

- Unstageable
- DTI = Unstageable

**Correctly identify lesions that are
not pressure ulcers?**

**Correctly document
the findings?**

**Implement
prevention &
treatment protocols
that meet national
standards of care?**



**Do your staff at all critical points of
admission know how to do a head to toe
skin assessment?**



Nurses need more education on staging

70% considered their basic wound education to be insufficient.

Only 62% of hospital nurses expressed confidence in pressure ulcer staging.

A Survey of Nurses Wound Care Knowledge, Ayello, Baranoski, Salati, 2005 ASWC

Nurses need more education on:

Risk assessment (interpretation of Braden scale)

Pressure ulcer staging

Proper positioning (including bed and chair)

Effects of moisture on the skin (including incontinence, humidity and maceration)

Pressure relieving products

Proper application and usage of prevention products

MDs Need More Education

42 Geriatric Fellows NYU

Self assess as “adequately” prepared to lead a team and teach about pressure ulcers

48% identified Braden Scale

77% identified Stage 1

52% identified Stage 4

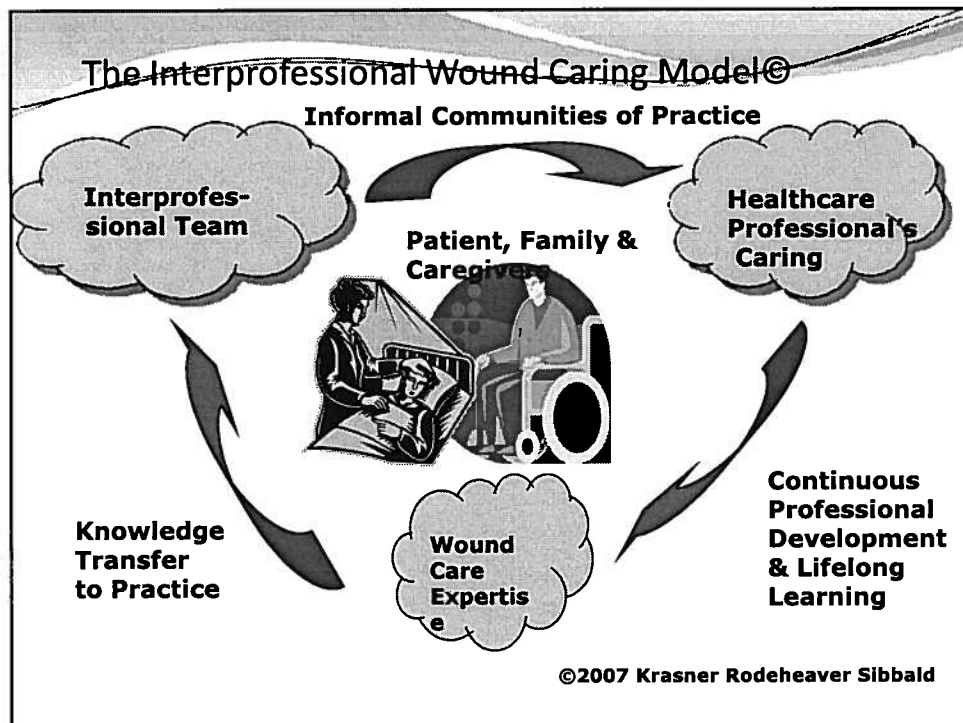
Odierna and Zeleznik, 2003



**Competencies
must be demonstrated
and documented!**

Do you have an interprofessional team that can implement prevention and treatment protocols?

- Updated protocols
- Knowledgeable staff at the bedside
- WOCNs / CWSs / Knowledgeable and accessible expertise



Question

All of the following organizations have pressure ulcer clinical practice guidelines EXCEPT:

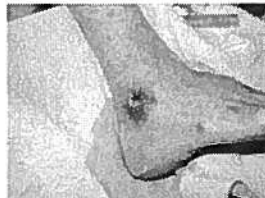
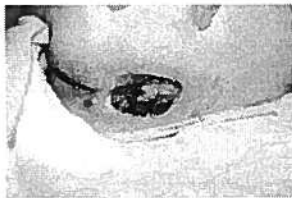
1. AAWM

2. AMDA

3. WOCN

4. WUWHS

**New Clinical
Practice Guidelines (CPGs)**



NPUAP 2007 Updated Pressure Ulcer Definitions

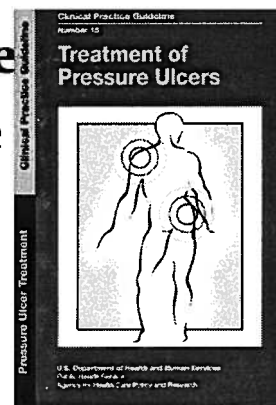
**DTI – Deep Tissue Injury
Unstageable**

www.npuap.org



EPUAP & NPUAP 2009

**International Pressure
Ulcer Clinical Practice
Guidelines
+ Updates on Staging**



**American Medical Directors
Association**

**Pressure Ulcer Clinical
Practice Guideline 2008**

www.amda.com



**World Union of Wound Healing
Societies – Best Practices
Documents & Woundpedia**

**Wound Pain
Non-healing Wounds
www.wuwhs.org**



Zero Tolerance



Journey to
Zero*

* Cardinal

**The real voyage of discovery
consists not in seeking
new landscapes
but in having New Eyes.**

- Marcel Proust