

Communication Across The Continuum of Care: 4 Pressure Ulcer Challenges



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Question:

A resident from a long term care facility is admitted to the hospital with a granulating full thickness sacral ulcer (previously to bone) that the facility labels a Stage 2 pressure ulcer. The acute care POA stage should be:

Stage 2

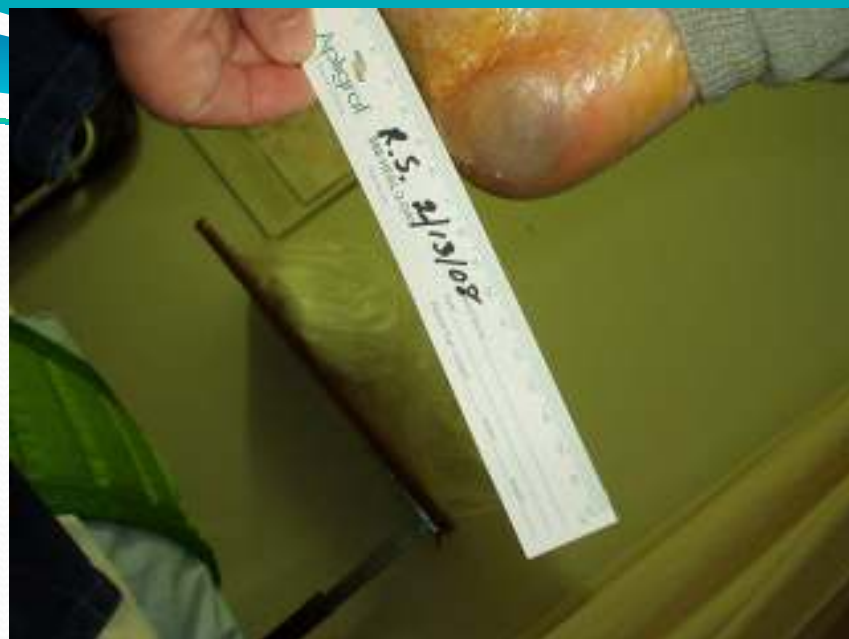
Stage 3

Stage 4

Unstageable

Question:

Which of the following is the BEST description of the wound pictured here?



Blister

Stage 2 Pressure Ulcer

Unstageable Pressure Ulcer

Deep Tissue Injury



Pressure Ulcer Communication Challenges

- **Different staging conventions and requirements**
- **Different assessment approaches & etiologies**
- **Different treatment goals & objectives**
- **Different product formularies & reimbursement rules**

4 Questions

(Krasner, Sibbald 2000,2007)

- **What kind of wound is it? (etiology)**
- **Is it healable or nonhealable?**
- **Is it infected or not?**
- **Is the plan of care aggressive, maintenance or palliative?**

P.U. CHALLENGE #1: STAGING ACROSS SETTINGS

NPUAP 2007 Staging System

- **Unstageable**
- **Deep Tissue Injury**



How would you stage this ulcer?

- **Acute Care:**
Probable Stage 3 or 4
Stage 4
- **Long Term Care/**
Home Care:
Unstagnable



How would you stage this ulcer?

- **Acute Care:**
FTW
Do not stage
- **Long Term Care**
MDS 3.0:
Stage 3




Remember:

Downstaging / Reverse Staging is required by CMS in long term care on the MDS 3.0

Upstaging may be reasonable prudent in acute care under the new HAC POA Ruling
(e.g. the stage 2-3 becomes a stage 3)

These are survival tactics



**Be tolerant
of each other's
mandates**

P.U. CHALLENGE #2: UNDERLYING ETIOLOGIES

- Arterial ulcers
 - Diabetic foot ulcers
 - Incontinence-related skin breakdown
 - Pressure Ulcers
 - Rashes
 - Venous Ulcers
- ETC. ETC. ETC.**



Beware of etiologies that change across the continuum of care:

Long Term Care Facility #1

**Incontinence-related skin
breakdown**



Hospital

Stage 2 Pressure Ulcer



Long Term Care Facility #2

Rash

Beware of incorrect etiologies:

**Incontinence-related
Skin Breakdown**



**Stage 2
Pressure Ulcer**

**Diabetic Foot
Ulcer**



**Stage 3
Heel Ulcer**





P.U. CHALLENGE #3: Products & Topical Treatments Across Settings

- **Dressings**
- **Support Surfaces**
- **Devices**
- **Prescriptives**

ETC. ETC. ETC



Orders should be written generically to minimize confusion.

- **“Hydrocolloid” not “DuoDerm”**
- **“Low air loss bed” not “Flexicair”**
- **“NWPT” not “VAC”**
- **“Antifungal powder” not “Ny-stop”**



Treatments should reflect the national standard of care for pressure ulcers.

e.g.

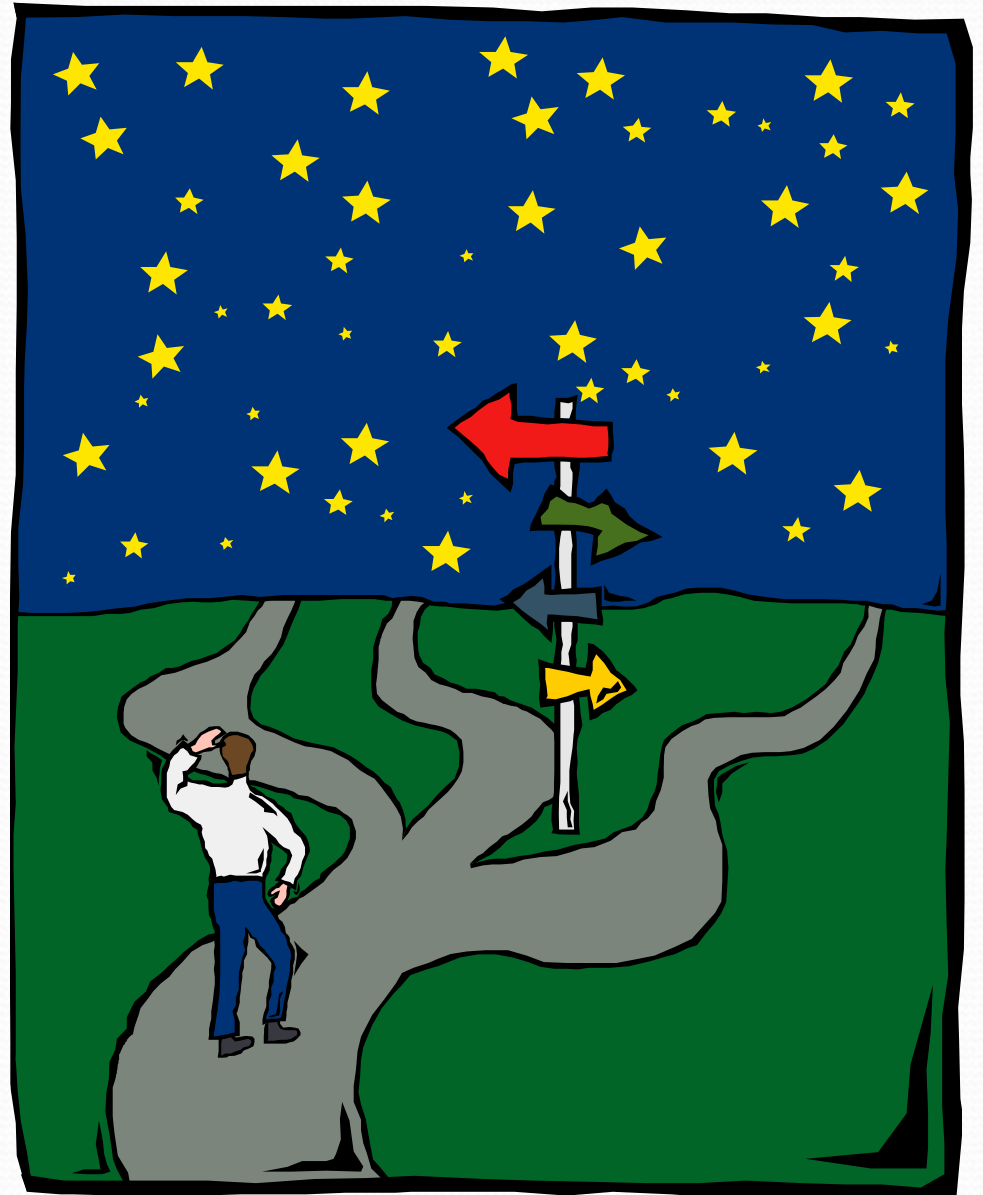
- **Avoid wet-to-dry dressings**
- **B.I.D. & T.I.D. dressings are problematic, especially in home care and longterm care**

P.U. CHALLENGE #4:

Consistency in Palliative Pressure Ulcer Care Across Settings



**Healable
vs.
Non-healable
Pressure
Ulcers**





Palliative Wound Care

Palliative Wound Care: Managing Chronic Wounds Across Life's Continuum

**A Consensus Statement from the
International Palliative Wound Care
Initiative, 2004**

**Journal of Palliative Medicine
February 2007**



**Skin Changes
at Life's End:
An Opportunity
for Consensus Building**

*Funded by an educational grant from
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SKIN CHANGES AT LIFE'S END

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18 Panel Members:
Interprofessional
International



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SCALE



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- **Ten Consensus Statements**
- **Preliminary Consensus Statement**
- **Annotated Bibliography**

Palliative Pathway

Symptom Management: Pain Control



TRANSITIONS & HANDOFFS: BEST PRACTICES FOR PRESSURE ULCERS



Excellent Documentation & Communication

- **Location & Stage of each ulcer**
- **Recent measurements**
[Ideal: measurements on transfer]
- **Verbal description of ulcers**



Photography

**Be sure to follow your
facility policy & procedure**

HIPAA Compliance



Contact Person for Questions

- **Name**
- **Title**
- **Phone Number**
- **E-mail Address**





**For every complex problem
there is a simple solution . . .
and it is wrong.**

- H. L. Menken