

Pressure Ulcer Tracking Tool v4.0

Special Instructions/Q&A for Residents Receiving End of Life Care

November 28, 2016



What our Pilot Testers Said

- "It's nice to have the general calculations exclude end of life skin failure."
- "What's helpful is the pain management."
- "It looks great."
- "We need to educate staff about pre-medication. It's going to take a little bit of education."
- "The biggest thing is the pain – we need to work on pre-medicating. Even the workbook shows us. Also need to be addressing that in the initial consults."
- "We like how it flows and seeing the info. Even though we only had one resident on palliative care, we like seeing the info easily for that one resident. We used the workbook to record results from huddle. We also like being able to have results broken down by unit."
- "What's different is the pain management section for wound pain."

Overview

Tracking for residents receiving end of life (palliative, comfort-focused) care has been integrated into the Pressure Ulcer Tracking tool to provide a single system for monitoring and improving care for each resident, incorporating appropriately different care goals.

- New: The DataForWebsiteEntry, Prevention&Healing, and PressureUlcersBySource do not include any data for residents receiving end of life care.
- New: A second set of outcomes has been created for residents at the end of life. The EOL_DataForWebsiteEntry has monthly outcome calculations specific for residents receiving end of life care.

How to Use

For Post-Acute and Long Stay: Use version 4.0 of the Pressure Ulcer Tracking Tool just as you always have to track risk and skin assessment, skin checks and wound healing in your residents.

NOW you may also track pain management for residents with pressure injuries. Importantly, if a resident does not have a pressure injury or skin failure, you must indicate "no" on the PreventionLog (do not leave this field blank).

For Residents receiving palliative/comfort care only:

1. On the PreventionLog, in the Purpose of Stay column, indicate "End of Life."
2. On the PreventionLog, indicate if the resident has end of life skin failure (TSF) and/or pressure ulcers/injuries that predate skin failure.
3. WeeklyLogs: If the resident has skin failure and/or pressure ulcers, track these on the weekly logs. As always, use one row for each pressure ulcer that existed before skin failure, and one row for skin failure (this includes pressure injuries that occur secondary to skin failure). If the resident has skin failure but no pre-existing pressure injuries, use one line to track skin failure care.

4. WeeklyLogs: REMEMBER: first 3 columns for each pressure ulcer/skin failure entry create a unique ID for the entry and must be completed for each row. If the row is for skin failure, you may indicate this in the 'pressure ulcer id' column (that column needs some kind of entry for the calculations to work and it must not change from week to week).
5. WeeklyLogs: A field to document pain management has been added to the weekly logs. It is recommended that you use this field for all residents/wounds. It is **required** for residents receiving end of life care (for calculations).

Calculations

When you indicate a resident is receiving Post Acute or Long Term type care, you will track them as before, and **ONLY** information related to these residents will appear on your Prevention&Healing, PressureUlcersBySource and DataForWebsiteEntry tabs.

When you indicate a resident is receiving End of Life care, separate outcomes will be calculated for them, and these will appear on the EOL_DataForWebsiteEntry tab.

Qs & As

When should we select **End of Life** as the purpose of stay?

Choose End of Life for the purpose of stay when the resident's care goals are only palliative/comfort care. If a resident changes to palliative care at any time in the month, you may change their stay type on the PreventionLog to indicate this.

Why is there a choice of EOL Skin Failure and EOL Skin Failure + PrU (in the "Does this resident currently have a Pressure Ulcer/Injury or Skin Failure" column)?

End of life skin failure is often followed (sometimes nearly simultaneously) with pressure injuries that are secondary to the multi-system organ dysfunction or failure with which the skin failure is associated. These are captured **WITHIN** the "EOL Skin Failure" category and **do not need to be recorded separately**.

When a resident with skin failure **ALSO** has pressure injuries that existed prior to the skin failure, this should be indicated by choosing "EOL Skin Failure + PrU."

These fields will be used to calculate the percent of EOL residents with PrU, skin failure, or both.

Should I track residents with skin failure on the weekly logs?

Yes. If a resident has end of life skin failure, use one line to track care for this resident. If a resident has skin failure and pressure ulcer(s) that predate the skin failure, please use one line for each pressure ulcer **AND** one line for the EOL skin failure.

If a resident is on scheduled pain medication for another reason but it covers the wound pain, do we count this as scheduled medication for wound pain?

Remember that there are different kinds of pain and some medications address wound pain better than others. If and only if the medication is prescribed with the wound pain **ALSO** in mind, and if you have monitored its efficacy in addressing **THIS RESIDENT's** wound pain, should you indicate "scheduled medication for wound pain."

When should I indicate "PRN, addresses wound care pain/discomfort"?

Indicate that the PRN addresses wound care pain/discomfort when you have timed wound care so the medication is used as a pre-treatment to **AVOID** pain. It is not sufficient to time the medication correctly. Watch the resident for verbal and non-verbal signs of pain/discomfort during care. Ensure that the medication is effective in keeping the resident comfortable.

Wound and skin care occurs multiple times in a week, but the workbook only has us record pre-treatment one time. What if pre-treatment is provided selectively during the week?

Only select 'pre-treatment' when you have documented that it happened consistently throughout the week.