



Collaborative Wound Care Program Evaluation

State Licensing Infection Control Section Team

Presented by:



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Nursing Home Panel

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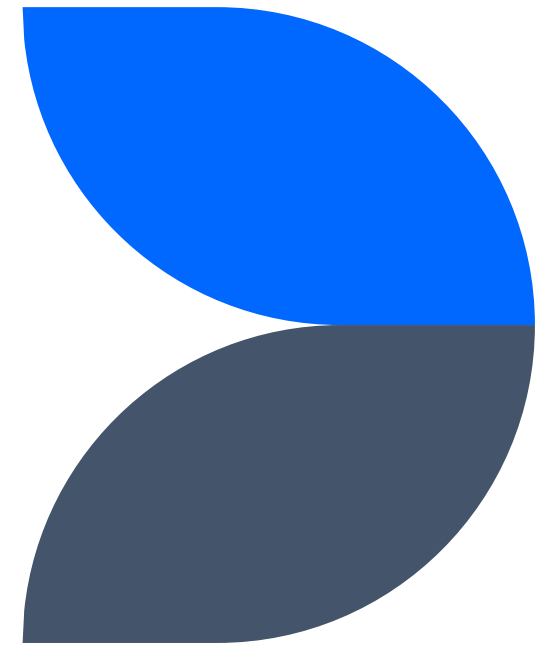


Our Goal

Members of the State Licensing Infection Control Section (SLICS) Team and nursing home staff who have experienced the collaborative wound care survey process will share insights and lessons learned. There will be an in-depth discussion of methods to evaluate wound care policies, procedures, and perform audits. The goal of the session is to educate and guide participants in developing their own process and program that is successful for their team and residents. This collaboration is aimed to reduce citable concerns for wound related policies and procedures. The steps for identifying, examining, verifying, planning, and reviewing findings will be discussed.

Learning Outcomes

- Participants will be able to identify the regulations related to wound care documentation.
- Participants will be able to adopt best practices and examples outlined in the session in the nursing facility to enhance the wound care program through policy development, implementation and review.
- Participants will be able to successfully audit care planned interventions for accuracy and effectiveness.

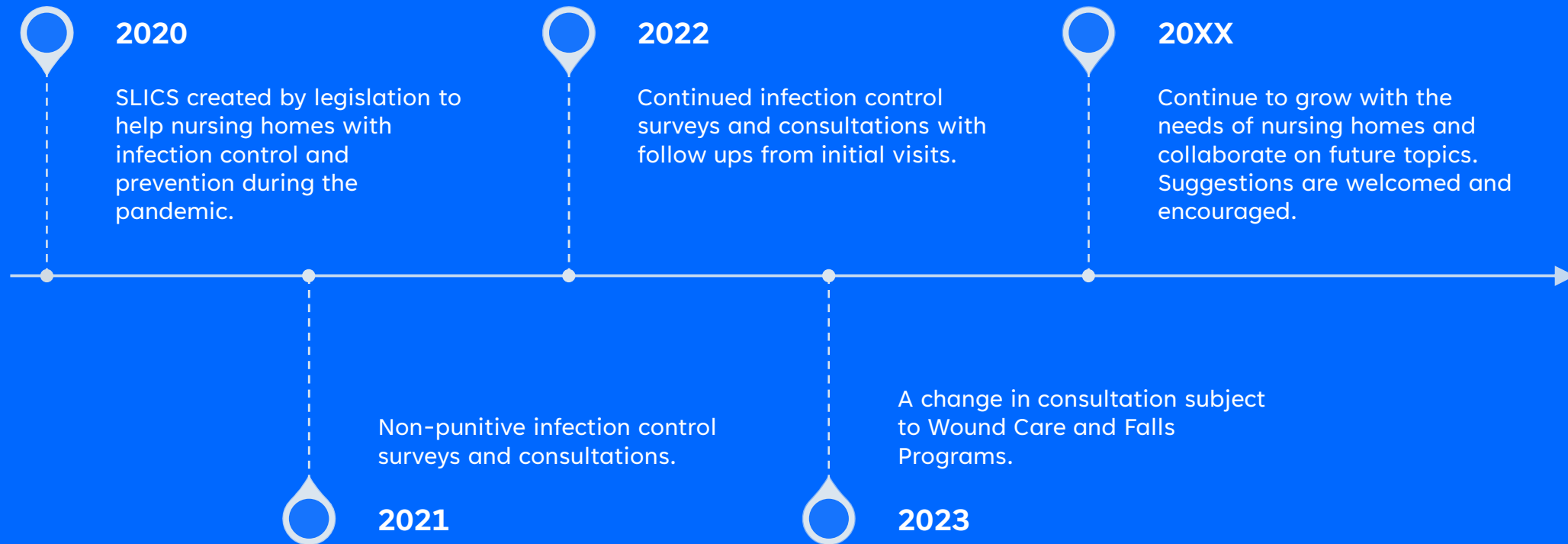


New Team Name

State Licensing Consultative Section

Formally known as State Licensing Infection Control Section (SLICS)

Timeline



Meet our team



Andrea Moore

Manager

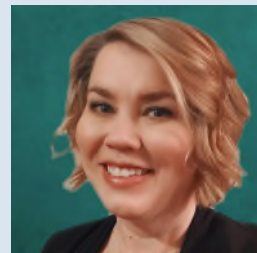
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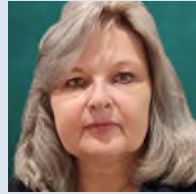
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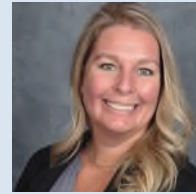
SLCS Team



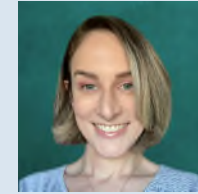
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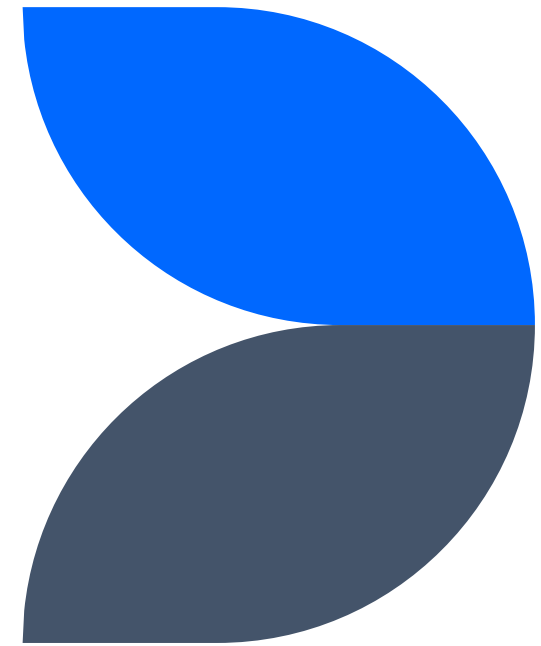
Regulatory Authority

Onsite visits are completed under the authority afforded by Parts 201 and 217 of the Public Health Code, Act 368 of 1978, and Licensing Health Facilities and Agencies Administrative Rules, R 325.45101 through 325.45385. Links to these documents are located at:

- Part 201
- Part 217
- Administrative Rules

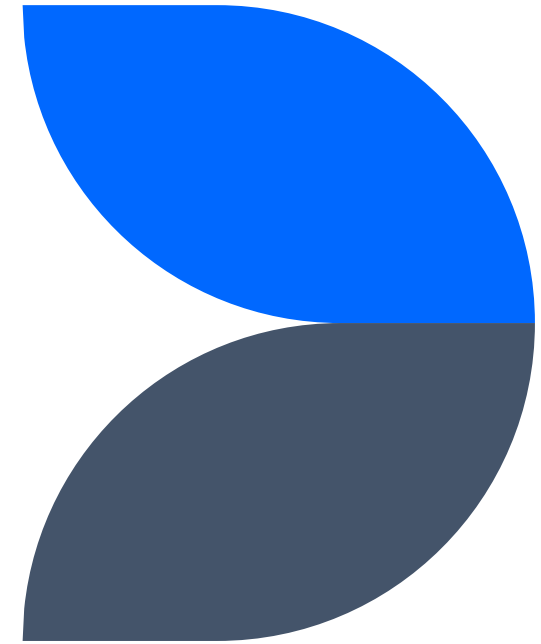
R 325.45163 Quality assessment and performance improvement program; monitor quality; ongoing program; measurable improvements.

(1) The quality assessment and performance improvement program must monitor quality in all areas of operations that may adversely affect patient care or core services, demonstrate measurable improvements in patient health or palliative outcomes, and improve patient safety.



(2) A quality assessment and performance improvement program must:

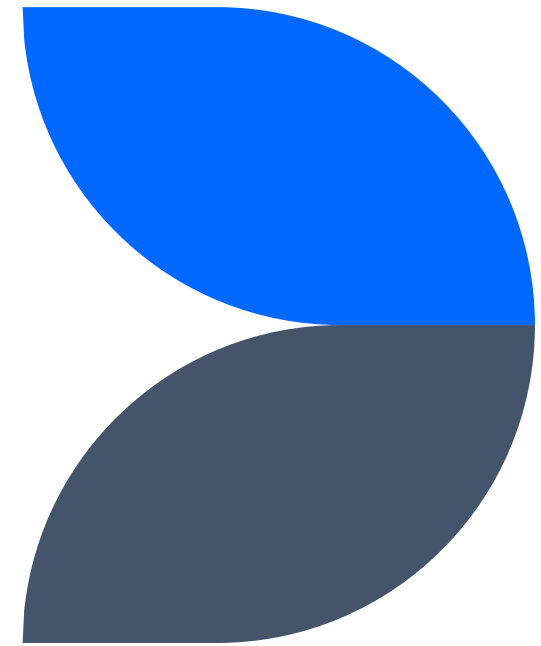
- Be data driven.
- Identify problems.
- Reduce medical errors.
- Improve patient safety.
- Evaluate systems and processes.
- Be ongoing.



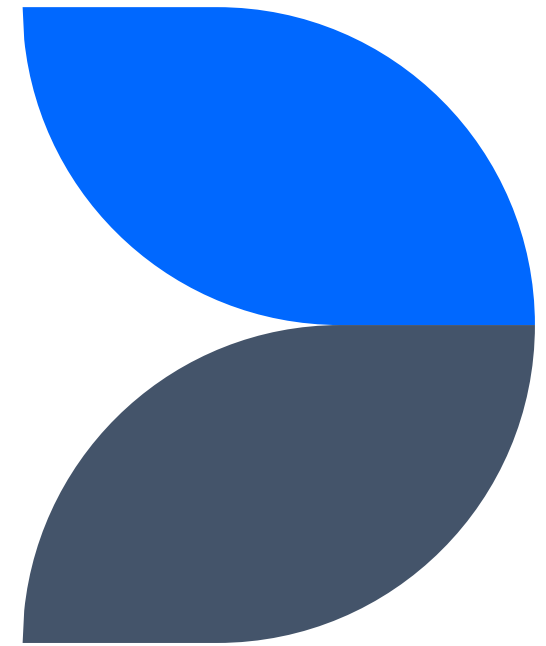
(3) The selection and prioritization of quality assessment and performance improvement program activities must be based on the complexity and scope of services provided and focus on high risk, high volume, problem-prone areas, and new services provided.

(4) Data collected must be used to:

- Monitor effectiveness and safety of services.
- Monitor quality of care.
- Act to make improvements.

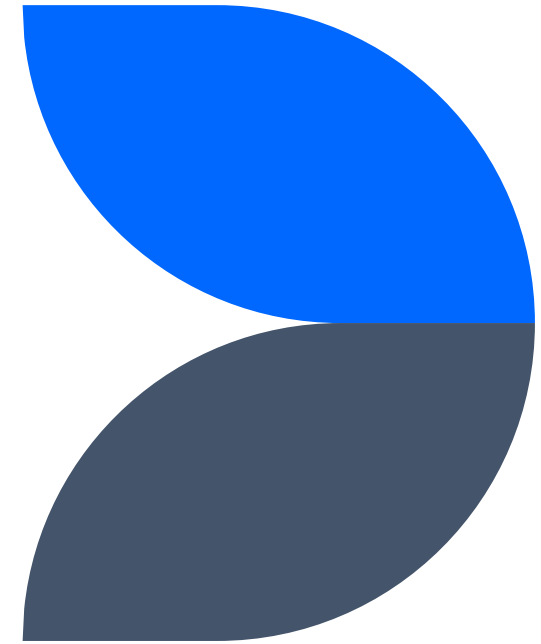


R 325.45167 Documentation; evidence; program activities; data usage. A health facility or agency shall maintain documentation and demonstrate evidence of an ongoing quality assessment and performance improvement program that includes both of the following:



(1) Methods and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events.

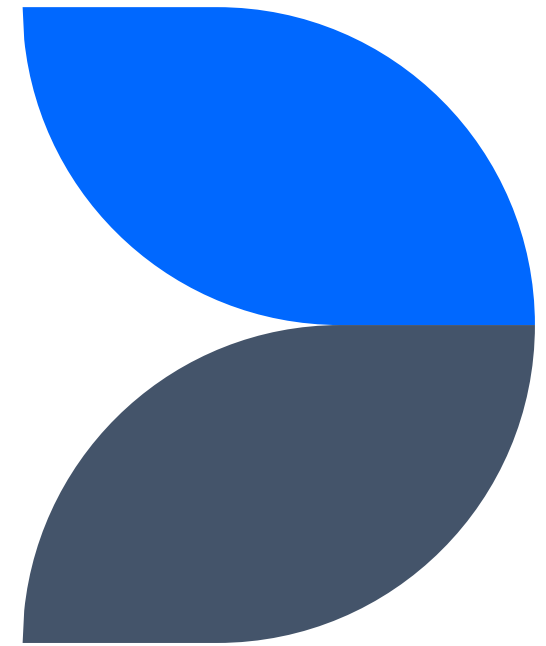
(2) Documentation demonstrating the development, implementation, and evaluation of corrective actions resulting from quality assessment and performance improvement activities.



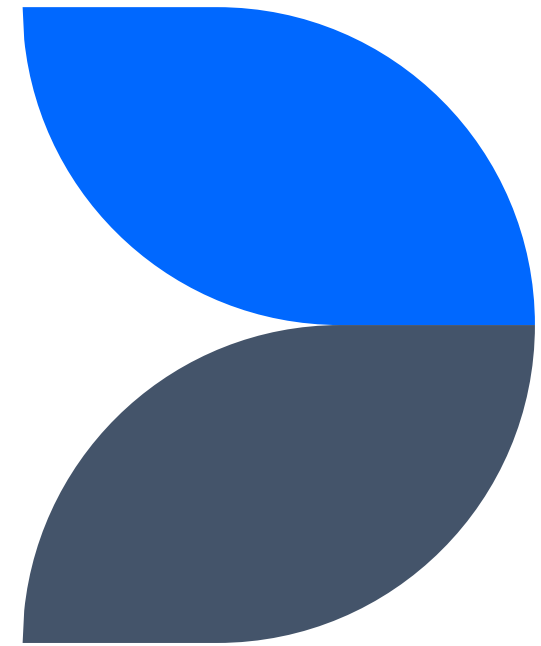
R 325.45199 Standing order; written order; verbal order; telephone order.

(1) Treatment rendered to a patient must be in accordance with the specific standing, written, verbal, or telephone order of a physician or other licensed health professional ordering within their scope of practice and clinical privileges.

(2) Standing and written orders must be recorded in the patient record and be signed by the licensed health professional who issued the order in accordance with the policy of the health facility or agency.

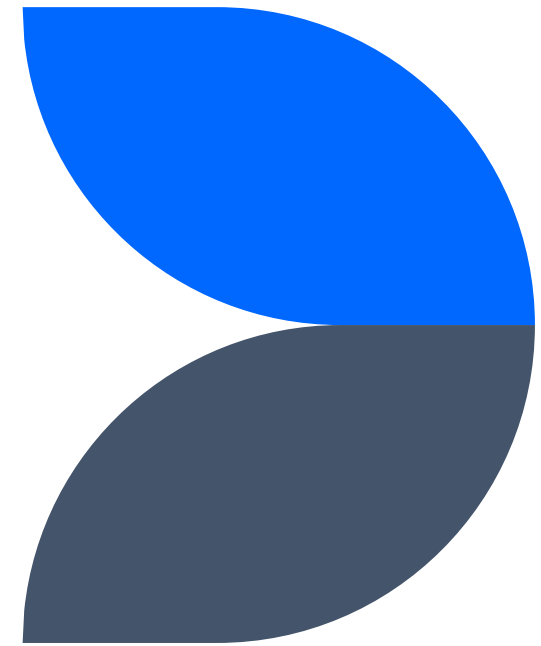


(3) When verbal or telephone orders are used, they must only be accepted by persons who are authorized to do so by the health facility or agency's policy and procedures consistent with federal and state law. Orders must be recorded in the patient record, restated back to the ordering licensed health professional, and then signed by the person who recorded the order. The licensed health professional who issued the order shall subsequently sign the order in accordance with the health facility or agency's policy and procedures.

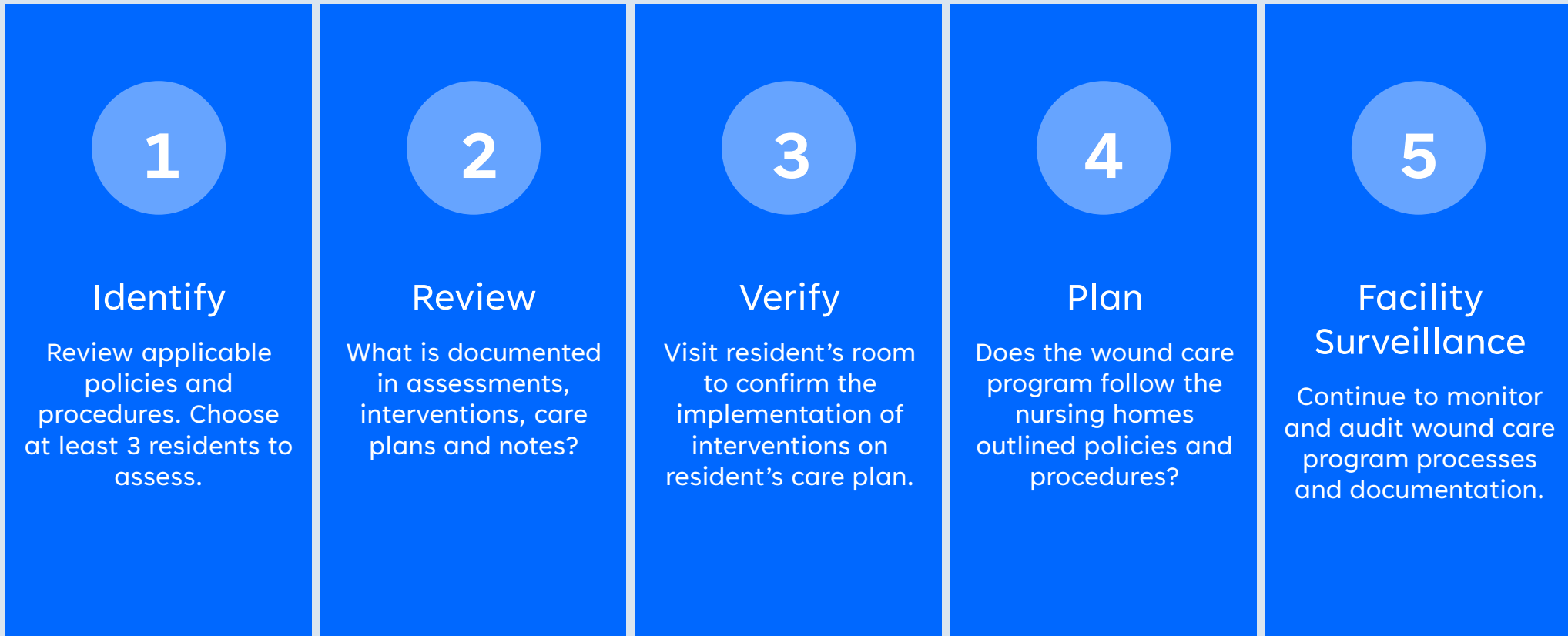
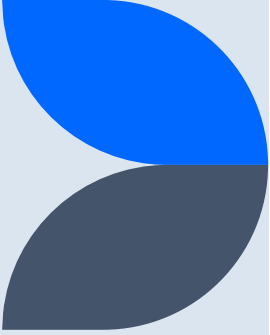


R 325.45217 Dietary services. A health facility or agency that offers dietary services shall do all of the following:

- (1) Meet all the dietary and nutritional needs of the patient in accordance with the patient assessment and treatment plan.



Wound Care Survey Collaboration

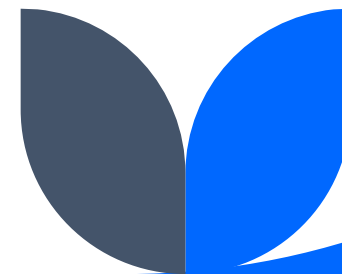


Identify

- Wound Care Program policies, procedures and protocols
- Team members involved in program
- Wound Care Program Summary
- Point Click Care, Matrix, EPIC, Vision, etc
- 3 residents receiving current care

Identify – Nursing Home Info

- # of licensed beds
- Average census
- Residents under care for wounds
- Community versus Facility acquired pressure ulcers



Identify – Nursing Home Info

- Wound infection rate
- Outside agency or wound clinic for wound care
- QAPI findings

Review

- Assessments, admission to current
 - Weekly or with change in status
- Notes
 - Physicians, Nursing, Social Work, Agency
- Braden scale, BIMS score

Review

- Care plans (nursing and CNA)
 - Interventions
- Treatments, medications and dietary orders

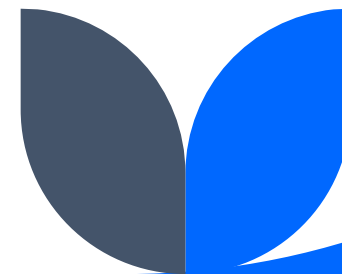
Verify

- Community Review
 - Comparing documentation to what is physically being carried out during care and in resident room
 - Ex. Wheelchair pressure relieving cushion, Air Pressure Mattress, Heels up, ROHO, Resident specific devices



Plan

- What corrections can the nursing home make to improve documentation and processes?
- How will devices be monitored for implementation and effectiveness?
- Does nursing home have NP/MD overseeing wounds, especially after outpatient appts?



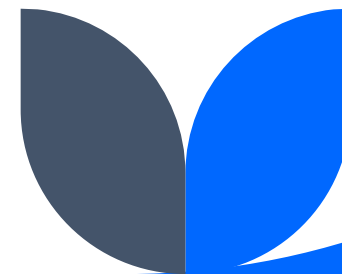
Nursing Home Surveillance

- Advocating for Process Improvement
- Audits
- Autonomy in ongoing evaluations
- Policy/procedure and protocol review

Nursing Home Surveillance – Critical Pathways

[Pressure Ulcer Critical Element Pathway \(cms.gov\)](https://www.cms.gov/medicare/quality/other-quality-programs/nursing-home-surveillance/critical-pathways/pressure-ulcer-critical-element-pathway)

[Positioning Critical Element Pathway \(cms.gov\)](https://www.cms.gov/medicare/quality/other-quality-programs/nursing-home-surveillance/critical-pathways/positioning-critical-element-pathway)



How we get there?

Best Practices

- Braden and skin at admission
- Patient-Centered documentation
- Review admissions to prepare for needs
- Standard of Care and IDT meetings weekly

Creative Practices

- NP rounding with wound care nurse weekly
- CNA rounding with wound care team
- Preventative measures especially dietary

Resources

- AMT once per month
- Wound Clinic – severity and co-morbidities, infection

“

Team. Coming together is a beginning. Keeping together is progress. Working together is success.

”

Henry Ford

QUESTIONS?

- Where did you find some of the best practices for your wound care program?
- Was there an area identified during the process that you were able to enhance after the SLICS collaboration?
- Did SLICS Team initial questionnaire prompt a facility review of current wound care program practices?

What topics would your team find helpful?

Our SLCS Team is continuously noting topics that may help nursing homes with planning, operating, and monitoring important programs.

We would love for you to email our team with suggestions!



Thank you

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References

Parts 201 and 217 of the Public Health Code, Act 368 of 1978

Licensing Health Facilities and Agencies Administrative Rules, R 325.45101 through 325.45385, with focus on Part 3, Subpart C – Infection Prevention and Control

Michigan State Operations Manual for Nursing Homes

CMS Critical Element Survey Pathways