

## **On-Time Pressure Ulcer Prevention**

### ***Menu of Implementation Strategies***

The On-Time Menu of Process Improvement Strategies for using reports is a list of potential ways facility teams may choose to integrate the pressure ulcer prevention reports into clinical practice. A menu of potential implementation strategies is a component of each On-Time module. Each module focuses on the possible uses of the reports with, in this case, initial focus on pressure ulcer prevention. In addition, the menu considers other possible uses of the reports. The menu allows the facility team to consider which implementation strategies best fit within their workflow and meet the unique needs of their facility, avoiding the “one size fits all” approach to using the module.

Implementation strategies are developed to include multiple disciplines, not only nursing, to promote the most effective use of reports among disciplines and improve communication across disciplines. Teams are encouraged to identify implementation strategies that may not be included on the list but are suited to integrate seamlessly into workflow at their facility.

Once particular meetings/huddles are identified, the expectation is that the change team and the facilitator will continue to work together to reengineer existing meetings or structure new meetings to incorporate the reports. Then they will pilot the use of the reports in these meetings, identifying staff responsibilities and roles during the meetings, designing ways to keep the discussion of the reports focused and efficient, and encouraging appropriate input to determine changes in care plans when needed. The team may pilot report use in one unit initially and then implement in all units or implement more broadly right away.

The Pressure Ulcer Prevention Menu of Implementation Strategies table below summarizes potential uses for each report, as described in each report section. See Tables 4, 6, 8, 10, 12, 14, and 16 in [Electronic Reports](#).

<b>Pressure Ulcer Prevention Menu of Implementation Strategies</b>		
	<b>Existing</b>	<b>New</b>
<b>Nutrition Risk Reports</b>		
1. Weekly huddle to review residents at risk with CNA staff		
2. Weekly nutrition-at-risk meetings		
3. Wound rounds		
4. Weekly wound review meetings		
5. Skin rounds		
6. Internal nutritional review; MDS assessment documentation		
7. MDS assessment documentation		
8. Root cause analysis for new pressure ulcer development		
9. Other		
<b>Weight Summary Report</b>		
1. Weekly huddle to review residents at risk with CNA staff		
2. 2.Weekly nutrition-at-risk meetings		
3. Weekly wound review meetings		
4. Internal nutritional review		
5. MDS assessment documentation		
6. Root cause analysis for new pressure ulcer development		
7. Other		
<b>Pressure Ulcer Trigger Summary Report: Resident Level</b>		
1. Wound rounds		
2. Weekly nutrition-at-risk meetings		
3. Weekly wound review meetings		
4. MDS assessment documentation		
5. Nurse/rehab weekly huddle		
6. Internal departmental review – review report for potential candidates for PT caseload; assess list to identify residents recently discharged from PT caseload		
7. Weekly meeting to review restorative caseload		
8. Bowel and bladder incontinence review meetings; toileting program review		
9. Other		
<b>Pressure Ulcer Trigger Summary Report: Unit Level</b>		
1. DON quality reporting review		
2. Internal quality review at nursing unit level		
3. Department review, program review		
4. Quality improvement reviews		
5. Risk management meetings; use as complementary tool during risk review at the nursing-unit level.		
6. Other		

<b>Pressure Ulcer Prevention Menu of Implementation Strategies</b>		
	<b>Existing</b>	<b>New</b>
<b>Risk Change Report: Resident Changes and Declines From Prior Week</b>		
1. Nurse shift change report		
2. CNA shift change report		
3. CNA worksheet		
4. Bowel and bladder incontinence review meetings; toileting program review		
5. Internal review to monitor residents with pressure ulcers, confirm awareness of nutritional status of priority residents		
6. Internal review to monitor residents with new ADL decline or worsening ulcers, confirm therapies		
7. Internal review to confirm awareness of resident behavior changes		
8. Other		
<b>Intervention History for Nutrition Risk Report</b>		
1. Weekly huddle to review residents at risk with CNA staff		
2. Weekly nutrition-at-risk meetings		
3. Internal nutritional review		
4. MDS assessment documentation		
5. Root cause analysis for new pressure ulcer development		
6. Other		
<b>Resident Clinical, Functional, and Intervention Profile Report – 4-Week View</b>		
1. Resident change in condition reviews		
2. Weekly nutrition-at-risk meetings		
3. Care plan meetings		
4. Weekly wound review meetings		
5. Restorative care review		
6. Nutrition review		
7. MDS assessment support		
8. Root cause analysis for new pressure ulcer development		
9. Other		