



**PATHWAY  
HEALTH**  
Insight | Expertise | Knowledge

# QAPI and Wounds



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- **QAPI**
  - Quality Assurance
  - Performance Improvement



- **Quality Assurance** (F520 QA&A, Quality assessment & assurance)
  - Identifies and corrects quality issues
  - Retrospective
  - Focus on outliers or individuals
  - Efforts end once achieved
  - DON, Physician and 3 staff members
  - Meet quarterly

- **Performance Improvement**
  - Proactive approach
  - Efforts are on-going
  - Focus on system changes
  - Plan involves input from staff representing all roles and disciplines within the organization
  - Meet at more frequent intervals

- **QAPI (Quality Assurance & Performance Improvement)**
  - Systematic,
  - Comprehensive,
  - Data-driven,
  - Proactive approach

**QAPI**



**System Changes**

# 5 Elements for QAPI

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## **Element 1:**

Design and Scope

## **Element 2:**

Governance and  
Leadership

## **Element: 3**

Feedback, Data Systems  
and Monitoring

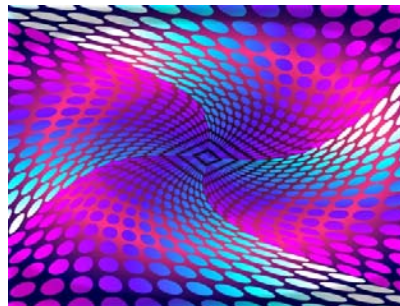
## **Element 4:**

Performance  
Improvement Projects  
(PIPs)

## **Element 5:**

Systemic Analysis and  
Systemic Action

- Ongoing & Comprehensive
- Full range of services & departments
- Addresses clinical care, quality of life, resident choice, and care transitions
- Aims for safety while promoting autonomy
- Goals & measures are based on best available evidence
- Will have written QAPI plans with all five elements



- The governing body & leadership, working with input from staff, residents and representatives, develop and lead the program to assure:
  - Program has sufficient resources
  - Training occurs
  - Policies are in place to sustain program if turnover
  - Priorities set & expectations established
  - Staff are accountable





- Install systems to monitor care and services
- Get feedback from residents & family
- Install performance indicators
- Establish targets for performance
- Review against benchmarks and targets
- Track and investigate adverse events



- Conduct PIPs in areas that need attention
- Identify priority areas (high risk, high volume, problem prone areas)
- Establish teams for concentrated efforts
- Gather data, study a problem, act on improvement ideas, re-study the problem
- Report findings to leadership



- Use systemic approach to determine if root cause analysis is needed
- Determine if the problem may be caused by the way the care and services are organized
- Perform in depth analysis of systems
- Look comprehensively across systems to ensure sustained improvement and prevent future adverse events



# Performance Improvement Program

## PIP Focus today

Skin Integrity  
Program

Include all  
components in PIP

- Management team and front line caregiver's must support the program and be actively involved
- Success does not come from development; but implementation

Break down your existing systems and identify needed additions:

- Sufficient supplies
- Wound Care Team and effective communication and agenda in meetings
- Pre-Admission Process
- Admission Process
- Preventative Program
- Treatment Program

## PDSA Cycle for PIP Implementation





- **Correct Team Members**
- **Start small**
- **Root Cause Analysis:**
  - **Review what ACTUALLY happens verses what NEEDS to happen**
  - **Identify Performance Gaps**
- **Identify the data to be used and set a goal**
- **Develop an action plan**





- **Correct Team Members**





- **Start small**



## PLAN



- Root Cause Analysis Goal
- Determine what happened
- Determine why it happened
- Figure out what to do to reduce the likelihood that it will happen again

**PLAN**

## Root Cause Analysis

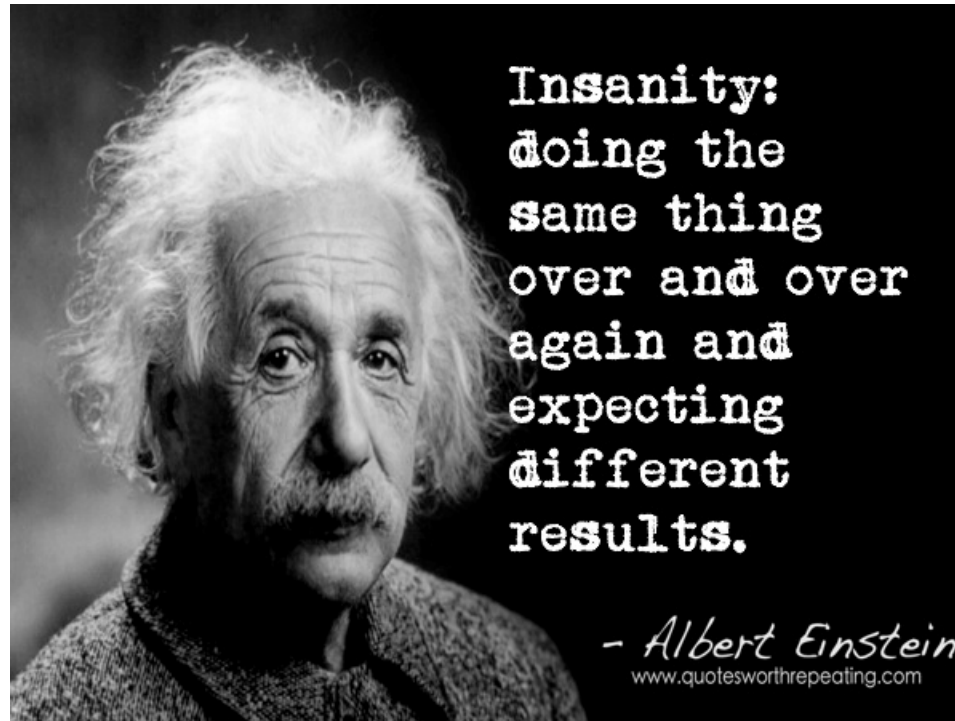
- Seeks to identify the origin of a problem
  - Physical Causes
  - Human Causes
  - Organizational Causes





- **Root Cause Analysis:**
  - Review what **ACTUALLY** happens verses what **NEEDS** to happen
  - Identify Performance Gaps





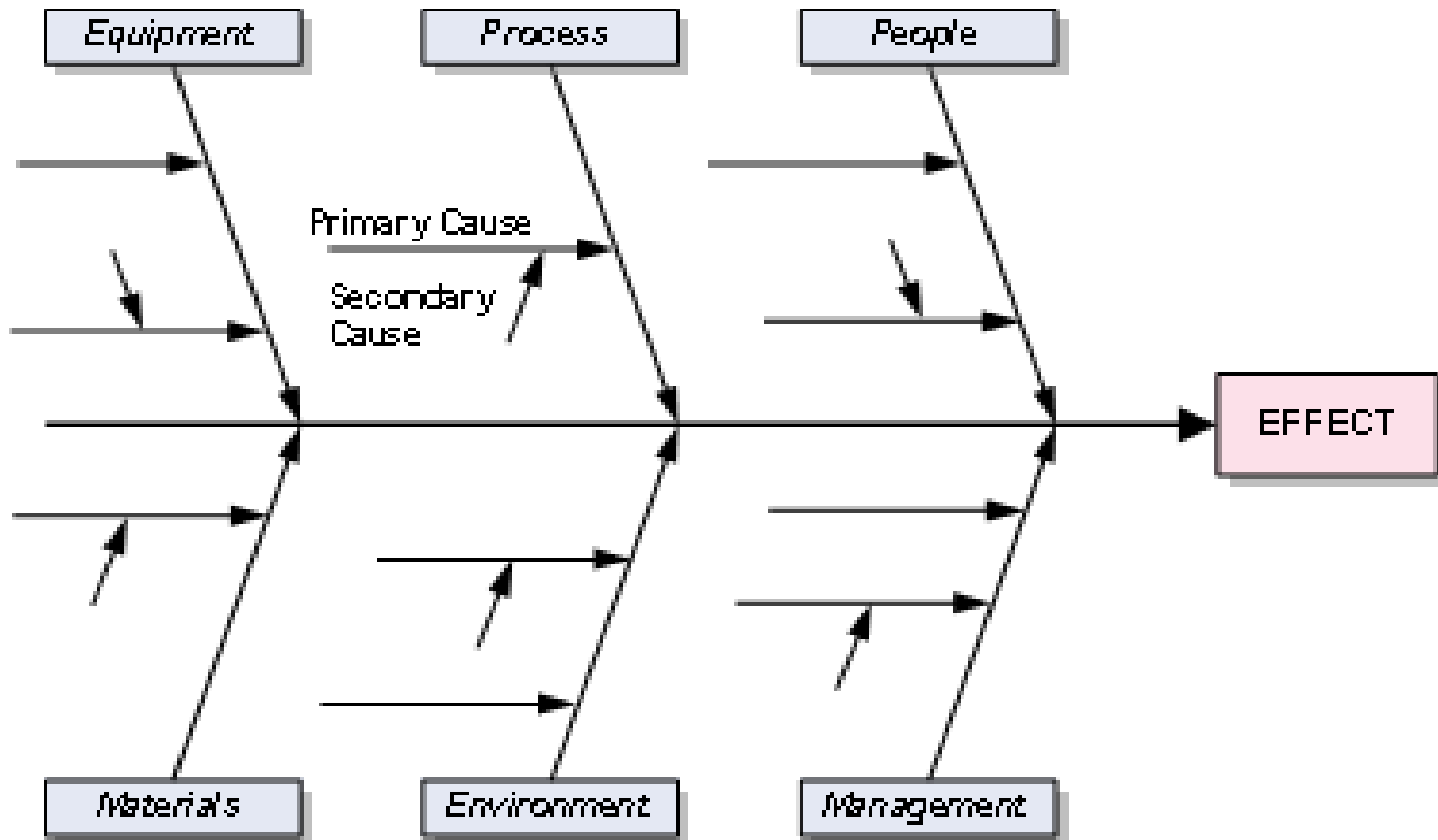


Map out what **actually** happens verses  
what **should** happen



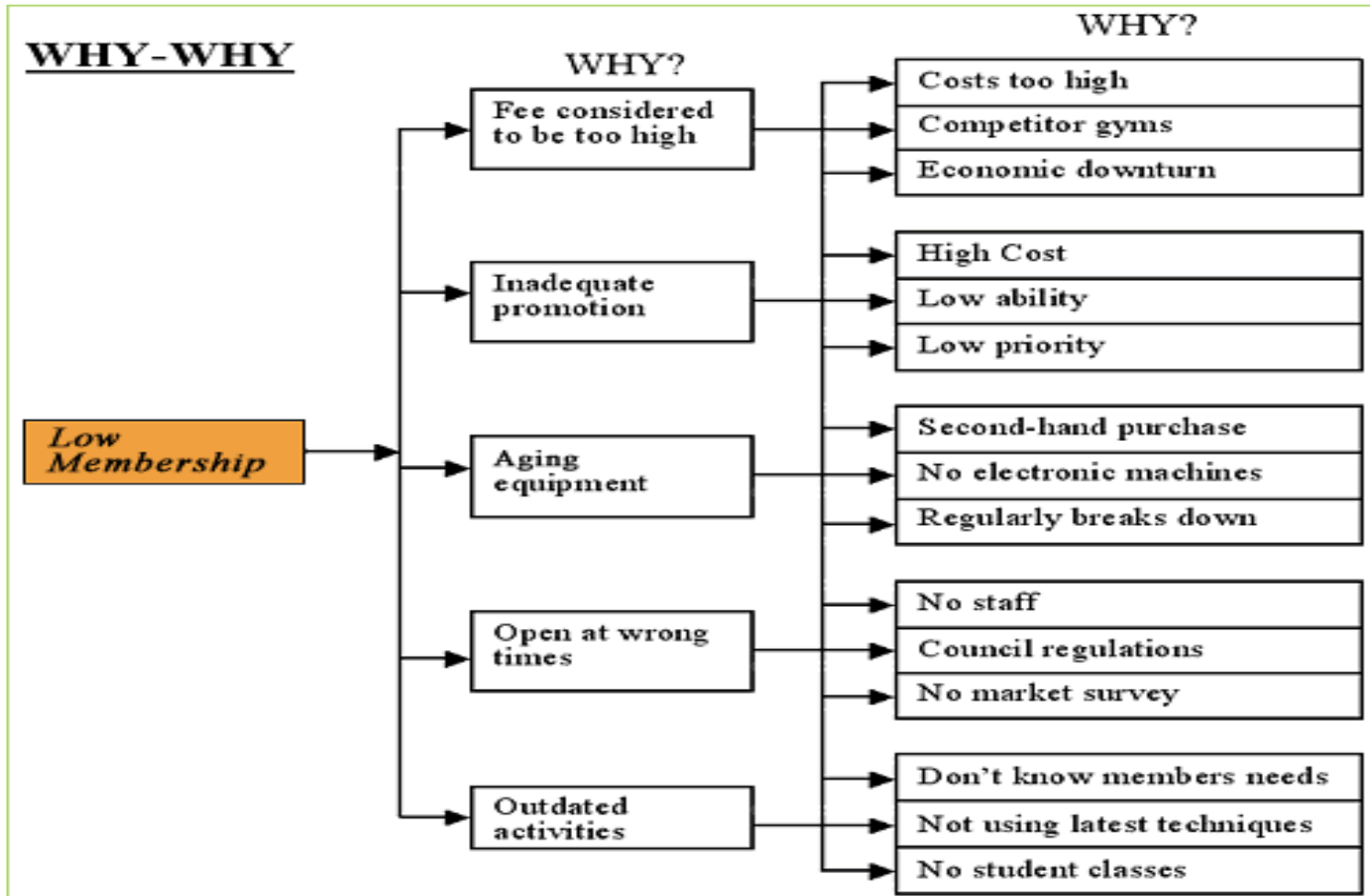
**Identify Performance Gaps**

- **Root Cause Analysis: Fishbone Diagram**





# • Root Cause Analysis: Why Diagram





**Once the performance Gaps are identified:**

- **Identify the data to be used and set a goal**
- **Develop an action plan**





- **Identify the area within the facility to test**
- **Implement the program**





## Review the progress of the program



- **Where are you compared to the goal**
- **What is working**
- **What is not working**



- **Make adjustments to the program based on the analysis**
  - **Start a new PDSA cycle**
- OR**
- **If successful, roll out to the entire facility and start a PDSA cycle for the facility**

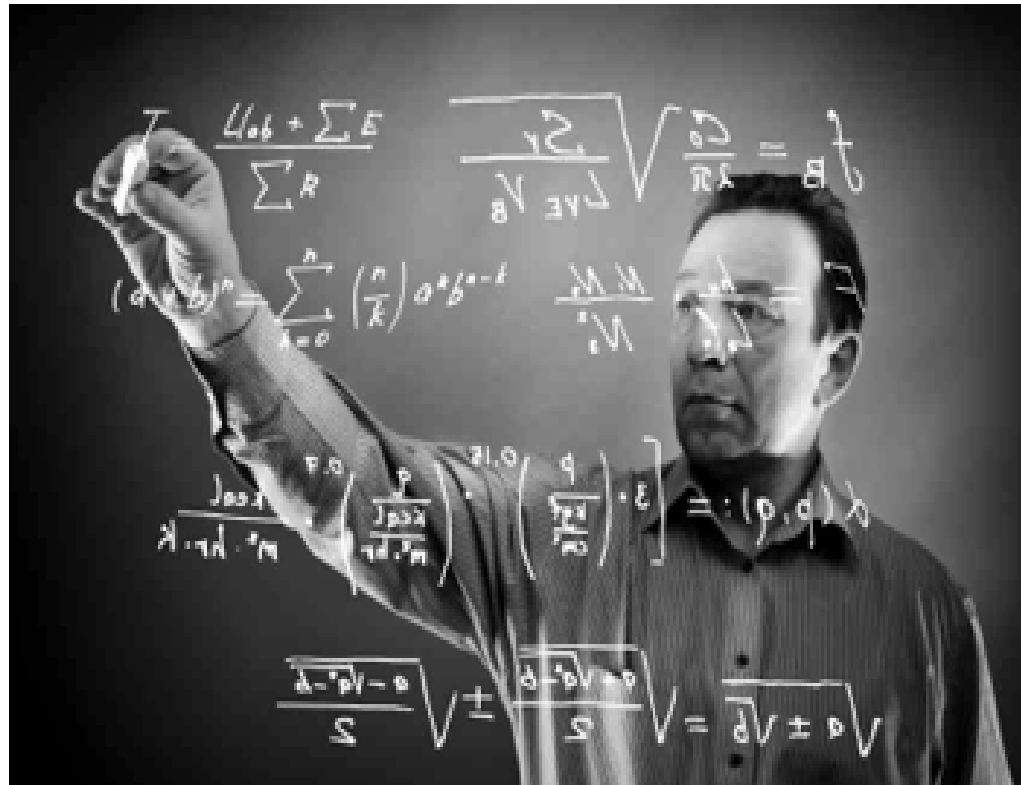
## Sufficient Resources

- Go look into supply rooms, treatment carts, etc. for topical dressings in the facility

Do an overview of equipment:

- Bed surfaces
- Wheelchair cushions
- Heel lift
- Positioning devices
- Incontinence products
- Nutritional supplements
- Lifting and repositioning devices

- Set up a wound care formulary of products



- If possible have an approval system for anything ordered off of your product formulary
- Educate your Physicians, NP's, Wound Clinics, etc. on your product formulary





## Topical Supplies Categories:

- Moisture dressings (i.e., hydrogels, hydrocolloids and transparent films)
- Absorptive dressings (i.e., foams and calcium alginates)
- Debriding Agents (Santyl, Medical grade honey)
- Antimicrobials (silver, cadexomer Iodine, medical grade honey, etc.)
- Collagen Dressings

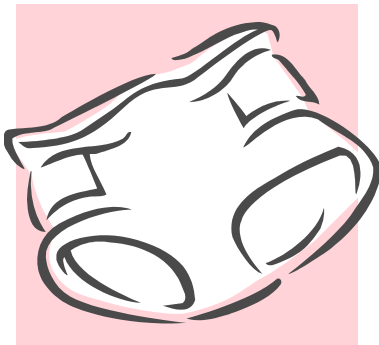
Make a streamlined topical management guideline with limited products in each major category:

- Guideline should guide the nurse by characteristics of the wound (i.e., superficial dry wound)
- Recommend product category for ordering (i.e., Hydrogel sheets versus hydrogel gel)

## Access to adjunctive therapies:

- E-Stim
- NPWT (Negative Pressure Wound Therapy)
- Celleration MIST
- Hyperbaric Chambers

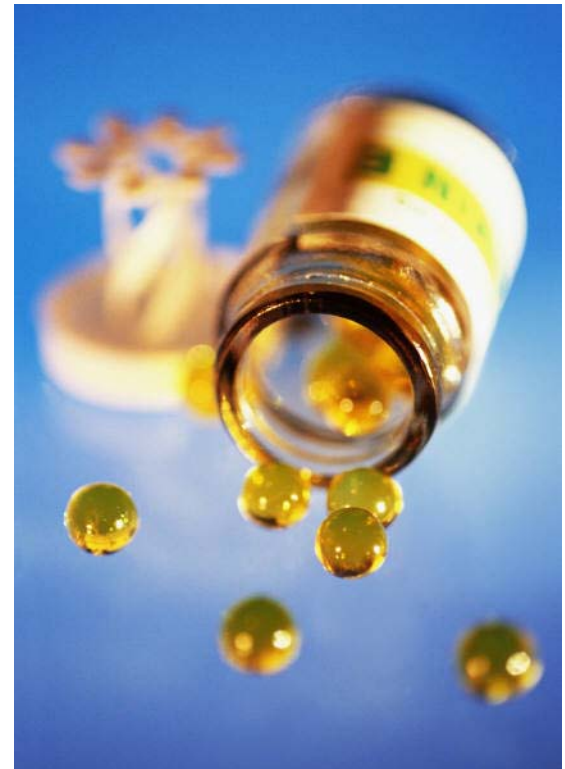
- Barrier ointments/creams to protect from incontinence (are they accessible to the caregivers)
- Absorptive products for incontinence



- Lifting and positioning devices
- Heel Lift Devices



- Dietary supplements as appropriate
- Protein & Calories
- Multivitamins



- Lotions
- Protective garments



- Compression Therapy for Venous Insufficiency
- Compression wraps
- Compression stockings
- Compression pumps
- Protective/appropriate footwear





- Pressure redistribution bed surfaces
- Preventative Mattresses
- Advanced Therapy (i.e., low-air-loss, alternating air, etc.)
- Wheelchair cushions



Remember the most  
expensive product is the one  
that doesn't work!!!!



Access to:

- Podiatrists
- Wound Clinics/Physicians
- Certified Wound Care Nurses
- Vascular Surgeons/Physicians



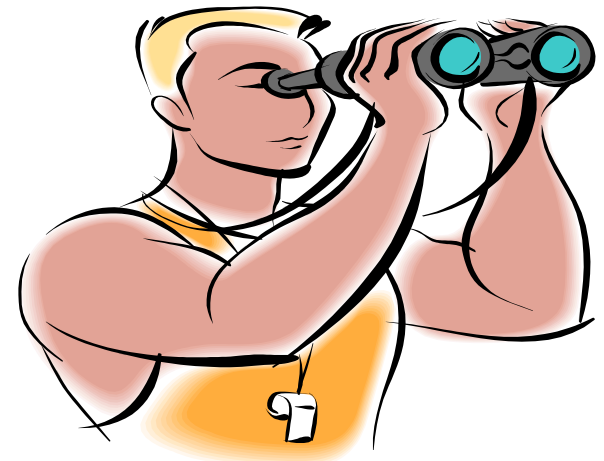
## Wound Care Nurse

- Utilized when a wound happens
- Typically is responsible for the weekly documentation of a wound
- Ensures appropriate treatment strategies



## Oversight of the program

- Prevention
- Education
- Compliance
- Accuracy of documentation
- Monitoring



## Investment in Knowledge

- Consider WOCN ([www.wocn.org](http://www.wocn.org)) or WCC ([www.wcei.net](http://www.wcei.net)) certification
- Prevention
- Etiology of wounds
- Assessment & Documentation
- Treatment modalities
- Training
- Documentation Training
- Compliance Items

- Wound Care Expertise takes education AND experience
- No one wound nurse can manage a prevention and treatment program alone



## Development of a Skin Care Team

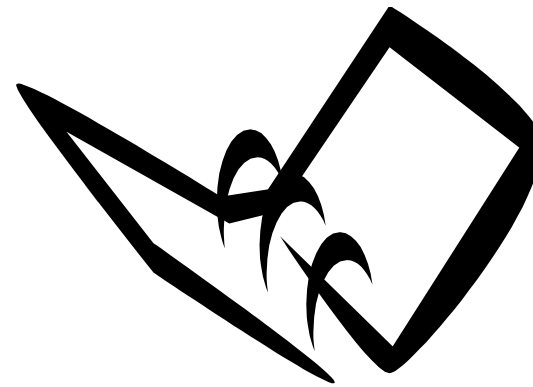
- Key Nursing Assistants from ALL shifts
- Key Floor Nurses from ALL shifts
- Nurse Managers or Case Managers
- Therapy Consultation
- Dietary Consultation
- Physician/NP/Medical Director
- Housekeeping/Maintenance





## Skin Team Meetings

- Develop a SET schedule for the Skin Care Team meetings – Management **MUST** support
- Initially may need to be weekly to bi-weekly
- Monthly



## Skin Team Meeting Agenda

- Review current residents with wounds
- Progress
- Topical Treatment
- Support surfaces/equipment
- Heel lift
- Turning Schedule
- Incontinence management
- Nutritional Support
- Therapy Involvement
- Compliance/Barriers to plan of care

## Skin Team Meeting Agenda

- Review ALL Residents significant change in condition-does this affect **mobility**
- Review Treatment sheets
- Decrease/change in **mobility**
- Change in appetite, eating habits or weight loss
- Change in continence
- Change in cognition
- Overall changes/decline



## Skin Team Meeting Agenda

- Review Supplies/Equipment
- Support Surfaces (bed & wheelchair)
- Heel lift devices
- Positioning devices
- Perineal cleansers and barrier ointments/creams
- Lifting devices
- Topical dressings



- All staff should be involved
- Continuous



## Wound Nurse to Monitor on a Monthly Basis:

- Treatment record
- Charts of high risk AND wound care residents
- Weekly skin checks
- Supplies
- Dressing Change technique
- Have nurses involved with oversight for monitoring ability to turn, toileting abilities and equipment

## **PLAN-DO-STUDY-ACT (PDSA)**

Sufficient Supplies

Wound Care Team and Effective Meetings

Effective Communication between team members

Pre-Admission, admission, post-admission

Preventative and treatment programs

- **Example: Skin Assessment on Admission**
  - **What:** Admission Skin Assessment
  - **Why:** To get a baseline of their skin on admission/identify issues
  - **Who:** Licensed Nurse should do the assessment
  - **When:** Within 24 hours of admission







**PLAN**

## Example: Skin Assessment on Admission

- **Developing a team to evaluate the Admission Process:**
  - Assess when and where your admissions are happening
  - Who is Doing the Admission Assessments





## Example: Skin Assessment on Admission

- **Start Small**
  - Which Community are most of your admissions admitted to?





**PLAN**

## Example: Skin Assessment on Admission

- **Root Cause Analysis: Map out what actually Happens**
  - Who does the skin assessment and when?
  - Is it completed accurately?
  - Is the skin assessment part of the admission packet/checklist?
  - How are the results communicated
  - What is done if a skin concern is found?





## Example: Skin Assessment on Admission

- **Identify Performance Gaps:**

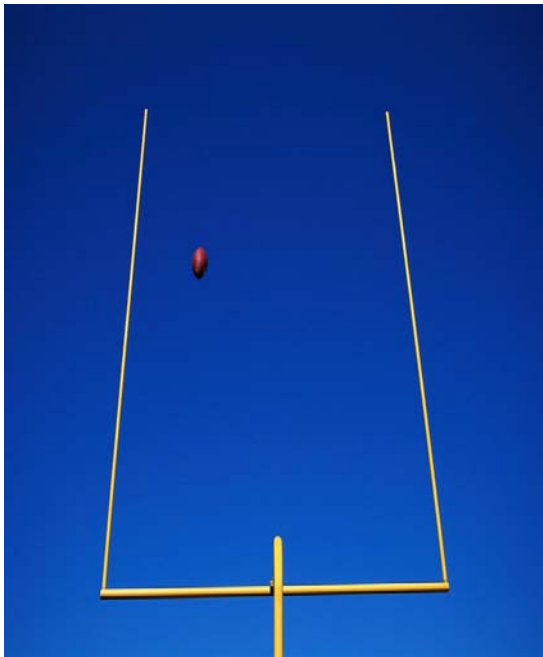
- The nurses who admit most residents are not comfortable with assessing skin concerns





## Example: Skin Assessment on Admission

- **Set Goal**
  - 100% of all admissions will have an accurate skin assessment within 24 hours by the end of the next month





## Example: Skin Assessment on Admission

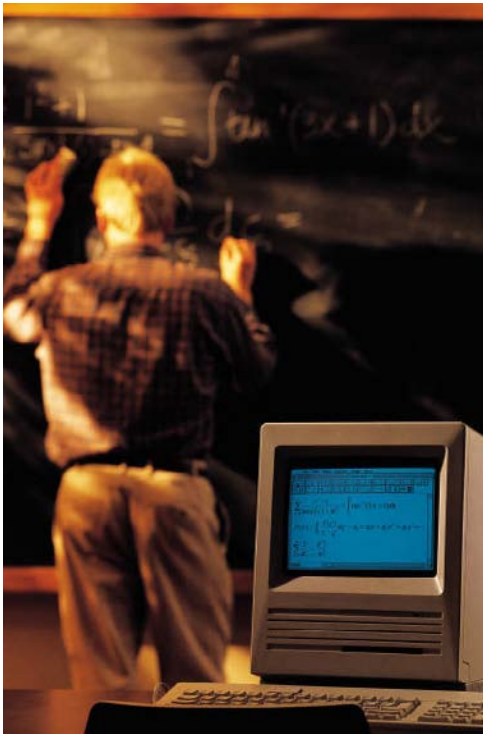
- **Develop the Action Plan**
  - All admission nurses will be trained on skin assessment
  - The nurses will be competency tested at the bedside





## Example: Skin Assessment on Admission

- Provide the training and competency testing over a set time period







## Example: Skin Assessment on Admission

- Review the progress of the program
  - 90% where completed within 24 hours
  - The 10% that were not completed were weekend admissions







## **Example: Skin Assessment on Admission**

- **Modify the Action Plan**
  - All weekend nurses will be trained on skin assessment
- **Start a new PDSA cycle**

**Taking the Time to Utilize a Quality Improvement Process Can Improve Resident Outcomes and Workflow**



**Happy Residents and Staff**



Thank you!!

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**Questions????**

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- [www.wcei.net](http://www.wcei.net) (Certifies in wound care)
- [www.npuap.org](http://www.npuap.org) (National Pressure Ulcer Advisory Panel)
- [www.woundsource.com](http://www.woundsource.com) Great source to find wound care products and companies/vendors

- [www.wocn.org](http://www.wocn.org) (Wound, Ostomy & Continence Nurse Society)
- Provide Certification for 4 year RNs
- Available Guidelines:
- Prevention and Management of Pressure Ulcers
- Management of Wounds in Patients with Lower-Extremity Arterial Disease
- Management of Wounds in Patients with Lower-Extremity Neuropathic Disease
- Management of Wounds in Patients with Lower-Extremity Venous Disease