Skin Injury Management Checklist

Skin Injury Management Program

- ☐ Does the Skin/Wound Care Policy Include:
  - ☐ Frequency of skin risk assessments (e.g., admission, readmission, change in condition, and quarterly)?
  - ☐ Measures to minimize/manage skin injuries (e.g., positioning, heel protectors, skin care)?
  - ☐ Skin injury/wound interventions (e.g., 72-hour monitoring post-skin injury/identification of a wound)?
  - ☐ Creation of an individualized, interdisciplinary care plan aimed at reducing/managing skin injury risk? [2]
  - ☐ Skin and wound care communication and documentation?
  - ☐ Interdisciplinary Care Team involvement including meeting schedule and oversight responsibilities?
  - ☐ Skin and wound care education for residents, families & staff?
  - ☐ Assessment, monitoring, and reporting responsibilities post-skin injury/pressure injury event?
  - ☐ Investigation and review of contributing skin injury/pressure injury risk factors post-skin injury event? [1]

- ☐ Is there a formal process to conduct a huddle with team members caring for the resident post-skin injury events?
- ☐ Are staff, managers, and leaders trained to use root-cause analysis tools including the Five-Why's in daily practice?
- ☐ Does Morning Meeting/Morning Clinical Meeting include a review of new admissions, residents with a change in condition, and residents that have had a skin injury/pressure injury in the past 24-hours?
- ☐ Does the wound physician or medical director review and approve wound care protocols?

Pre-Admission Skin Injury-Risk Identification and Expectation Management

- ☐ Is Expectation Management Language included in the Admission Agreement (e.g., Skin Tears, Bruising, and Skin Injury risk is often part of a normal aging process, we will work with you to manage your skin injury risk)?
- ☐ Is the resident's medical history reviewed for skin injury risk factors and history of skin injuries/pressure injuries prior to admission?
- ☐ Does transfer communication with the referral agency include a review of the resident's skin injury history?

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Admission Risk Assessment

- ☐ Is a standardized, evidence-based/professional guidelines-based skin risk assessment scoring tool used in assessing skin injury risk (e.g., Braden Scale)?
- ☐ Does the assessment tool include:
  - ☐ History of skin injuries, skin conditions, pressure injuries, skin cancers?
  - ☐ History of impaired mobility, incontinence, nutritional deficits, weight loss, diabetes, peripheral vascular disease?[2]
  - ☐ Skin care routine (e.g., soap, lotions)
- ☐ Is the skin risk assessment completed within eight hours of admission?
- ☐ Does a Registered Nurse complete the skin risk assessment?
- ☐ Does the admission process include resident and family orientation to the skin injury management program?
- ☐ Is the wound staged on admission by a Registered Nurse if the resident is admitted with a wound?

Interventions and Care Planning

- ☐ Are Primary Interventions used for residents who have not had significant skin injuries/pressure injuries but have risk factors (e.g., nutrition and hydration assessment, skin care routine, frequent assessment of pressure points – sacrum, Ischium, Trochanters, Heels, Elbows, Back of Head, Ears)? [2]
- ☐ Are Secondary Interventions used to address identified skin injury/pressure injury risk factors (e.g., managing medical device-related pressure, positioning, guidance for reducing friction and shear, pressure redistributing chair cushion)?[2]
- ☐ Are skin observations completed daily by care staff and during showers? Are changes in skin condition documented and reported?
- ☐ Does a registered nurse complete a weekly skin assessment/observation?
- ☐ Is a formal process for Purposeful Rounding in place?
  - ☐ Pain
  - ☐ Positioning
  - ☐ Personal Needs (bathroom room, hunger, thirst)
  - ☐ Periphery (Personal items in reach - call light, phone, glasses)
  - ☐ Prompts (Safety reminders, hydration)[3]
  - ☐ Pick-Up (spills, cords, address unsafe conditions)

Risk Management

- ☐ If wound photography is used, is there a written protocol on the equipment used for photographs, storage/security of images in the medical record, resident consent for photography, and security of electronic transmission?
- ☐ Are the nurses assigned the responsibility for wound care, wound certified?
- ☐ Is a weekly wound log maintained?

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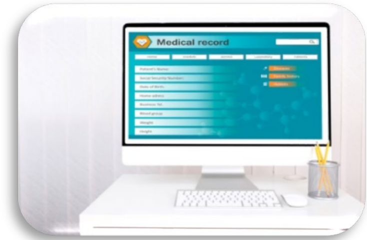
Communication and Care Coordination

- ☐ Is resident safety status communicated at shift change (e.g., skin injury risk)?
- ☐ Is resident safety status/skin injury risk discussed at Care Plan Meetings with the resident and family?
- ☐ Are skin/wound care needs actively communicated with care staff (e.g., care cards, electronic alerts)?

Post-Skin Injury Assessment and Response



- ☐ Are components of a clinically pertinent skin/wound risk assessment defined in the Skin Injury Management policy (e.g., skin color, turgor, temperature, edema, circulation, moisture, drainage)?
- ☐ Is a formal communication process in place and documented post-skin injury (e.g., supervisor, physician, family)?
- ☐ Are requirements for follow-up medical record documentation defined in policy (e.g., 72-hour post-skin injury documentation that includes resident condition/change in condition, response to interventions, pain management)?
- ☐ Is an incident report completed for all skin injury events?
- ☐ Do the DON and ADON have oversight responsibility for the completion of the skin injury investigation?
- ☐ Does the Interdisciplinary team review all skin injury events?

Staff Training

- ☐ Are all staff trained on the Skin Care Management Program during orientation?
- ☐ Are all staff trained on the Skin Care Management Program annually?
- ☐ Does training for licensed staff include:
    - ☐ Conducting an accurate skin risk assessment
    - ☐ Conducting a clinically pertinent skin injury and wound assessment
    - ☐ Interventions to manage skin injury risk
    - ☐ Care planning to manage skin injury risk
    - ☐ Wound staging and wound care
    - ☐ Resident and family education
    - ☐ Proactive skin injury risk communication (e.g., shift report)
    - ☐ Documentation
    - ☐ Review of the Skin Injury Management Program/Policy and Procedure

Sources:

1. Pendulum Risk Management Services. Wound Management Program. Vaaler Senior Resource Center.
2. Agency for Healthcare Research and Quality. AHRQ's Safety Program for Nursing Homes: On-Time Pressure Ulcer Prevention
3. Atlantic Quality Innovation Network. Rounding with the 4 P's Potty, Pain, Positioning, Personal Items. https://atlanticquality.org/download/clin_top_elim_phys_restrain_rounding_with_4Ps.pdf

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