

Pressure Injuries in Nursing Homes

(Part 2)

Host/Moderator:

Gigi Amateau, PhD

Presenters:

Laura Finch, MS, GNP, RN

Maureen Lillis, RN, MBA

Annie Rhodes, PhD, CGCM

Support

This series was created by the Virginia Commonwealth University's Department of Gerontology for the **Virginia Department of Medical Assistance Services (DMAS) Nursing Facility Quality Improvement Program (NFQIP)** using **Civil Money Penalty (CMP) Reinvestment Funds**.

Housekeeping

Questions During the Lecture

Use the **Q&A tab anytime**; use the “**raise hand**” feature to have your microphone unmuted during the Q&A segments

End-of-Session Survey

Complete and request your certificate

Certificates of Attendance

Only if attending at least 75% of the session and participating in at least 75% polls/questions

Group Attendance

The **registered attendee** should complete the exit survey and list all group participants

CE credits

Will be addressed separately

Materials

Follow-up email will post link to recording, deck, additional materials.

Welcome to All - and a Warm Welcome to Our Virginia Nursing Home Staff!

In the Q&A, please introduce yourself and your organization and/or town

Hosts and Instructors



Gigi Amateau, PhD



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Maureen Lillis, RN, MBA

Last Session Review

We reviewed:

Staging & Causes

Common Causes of Pressure
Injuries

Skin Integrity

Maintaining optimal skin health and
protection

QAPI & Comm Tools

SBAR, Fishbone, 3Cs, and Pause
Method

Session objectives:

Review evidenced-based pressure ulcer prevention strategies using the AHRQ Safety Program “On Time” Pressure Ulcer Intervention Implementation including repositioning protocols, moisture management, nutritional support, and support surface selection.

Explain early signs of pressure injury, pressure injury documentation, and the importance of timely interdisciplinary interventions to prevent progression.

Discuss how effective interdisciplinary communication and care planning ensure consistent application of prevention measures across the healthcare team

Agenda

- Welcome and session goals
- Continuing education (CE) instructions
- Case study review
- Role of the CNA in care of residents with PI
- QAPI and workflow tools
- Practical resources and next steps

REDUCING THE PREVENTABLE BURDEN OF PRESSURE ULCERS

PREVENTABLE GOAL



95% of Pressure Injuries are **avoidable**.

(Awoke et al. 2022)

PREVALENCE

2.5 MILLION

patients per year now have pressure ulcers

HUMAN TOLL & COMPLICATIONS

MORBIDITY:

Complications include pain, scarring, infection, prolonged rehab, and permanent disability.

MORTALITY:

60,000

patients die annually as a direct result

INCIDENCE BY CARE SETTING



ECONOMIC IMPACT & RISK

LAWSUITS:
>17,000
annually

COSTS:
Range from **\$9.1 to \$11.6 Billion**
per year in the US.

Case Study Review: Mrs. Hill

Olivia Hill, 88, African American long-stay resident at Bullington Health and Rehab
Discovery: Stage 1 pressure ulcer on coccyx found by CNA during bath. (March session)

SH: Widowed, former HS math teacher, 2 adult children

PMH: Alzheimer's dementia-advanced, CVA, PVD, UI

Nutrition: Poor intake despite supplements and RD interventions; decreased swallow (SLP)

Labs: Albumin 2.6 • HGB 9.5

AMD & Status: Full Code; identified as increasingly frail. Discussion ongoing with local daughter (Mrs. Jenkins) and out-of-town son.

Daughter is involved and ensuring all family is updated.

Case Study Review: Mrs. Hill

Clinical Status & Concerns

Mrs. Hill has been identified for months as declining physically.

Staff are concerned her full code status does not match her current condition or Mrs. Hill's wishes.

"She did not want to be 'hooked up to machines.'"

Family Perspective

Mrs. Hill's daughter struggles with guilty feelings about placing her mother in a facility.

Trusted Relationships

Mrs. Hill's daughter trusts TJ (a CNA and church friend) the most at Bullington Health and Rehab.



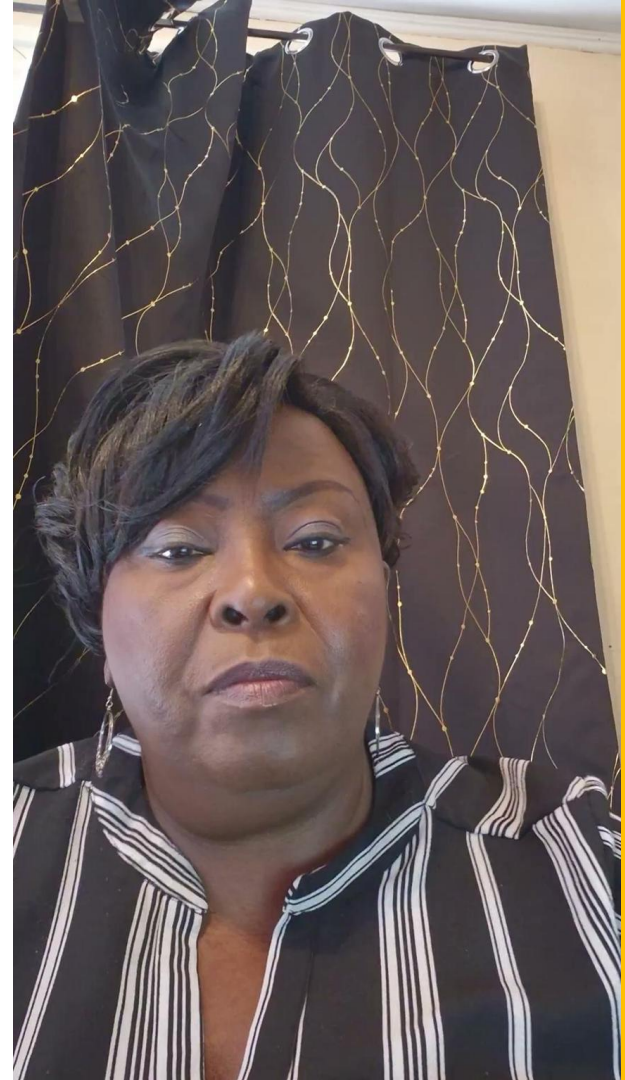
Reality of **CNA Care** in Virginia Nursing Homes

Role of the CNA



Tracey Pompey

Co-founder of Justice
and Change for
Victims of Nursing
Facilities



VIRGINIA'S VITAL DIRECT CARE WORKFORCE

The Crucial Role of Certified Nursing Assistants (CNAs)

CNAs are Vital in
ALL ASPECTS OF CARE



VIRGINIA'S DIRECT CARE WORKFORCE



89% WOMEN



63% PEOPLE OF COLOR



19% IMMIGRANTS

Source: PHI, 2025

VIRGINIA RANKING & STANDARDS

VIRGINIA RANKS

35/51



in **Policies** to support
the CNA workforce

35

Tier 3

LOW PROTECTIONS FOR WORKFORCE



**DESPITE LOW RANKING,
VIRGINIA CNA WORKFORCE
HAS MORE PREPARATION
THAN FEDERAL REQ**



**120
HOURS**

Virginia Requirement
(Higher than 75 Federal hours)

CNA PAY RANGE AND LIVING WAGE IN VIRGINIA



CNA PAY RANGE IN VIRGINIA



LIVING WAGE IN VIRGINIA

Higher or Lower
depending on the area

\$40,830
Annually



**AVERAGE
CNA PAY**
(Indeed 2026)



\$19.63
per Hour

\$25.72
per Hour



LIVING WAGE
(Single Adult)

WORKPLACE SAFETY COMPARISON (PHI Data)

AVERAGE
U.S. WORKER



1x

Job-Related
Injury Rate

NURSING
ASSISTANTS

NEARLY
5x
MORE
LIKELY



4.8x

Job-Related
Injury Rate

Source:
PHI data
analysis

Source: MIT Living Wage Calculator





CNAs Are the Front Lines of Treatment and Prevention

Role of the CNA



What is **ONE** thing you would change about how CNAs report skin issues in your building?

Instructions

1. Type your answer in the **Q&A box**.
2. Wait for the countdown.
3. Press **Enter** all at once!



Think back to our last webinar:

THE CORE CONCEPT

We talked about the distinct roles of **Noticers and Notifiers** and **Hands-on Care** in our building.

THE KEY TAKEAWAY

While everyone is on the prevention team, some team members have a multiple **roles**.

PREVENTION TEAM



CNAs are Noticers AND Notifiers

CNA

Hands-on Care

- Clinician / Medical Director
- DON (Director of Nursing)
- RN, LPN
- **CNA**
- Wound Care Nurse
- Rehabilitation Staff
- Pharmacist

Noticers and Notifiers

- Housekeeping
- Buildings and Grounds Staff
- Unit Clerk
- Front Desk Staff
- Central Supply
- Visiting Contractors
- **CNA**



Put on your “Noticing” hat



What are the Pressure Injury Risks you **NOTICE** in the image to the left?

Type your answers in the Q&A and await the presenter's sign to click "Enter" for an effective "Chat Waterfall"



Imagine this happened at your facility: Ask Yourself



Do you have a process in place to ensure that all CNAs are trained to **NOTICE** all of the risk factors?

Do CNAs know how to **MITIGATE** these risk factors?

What processes do you have in place to **identify gaps** in understanding?



Imagine this happened at your facility: Ask Yourself



Who and What

Would a CNA need to notify about what they saw?

How

Would they notify? (EHR, Report, etc.)

Type your answers in the Q&A



CNAs need to be considered in Attributes of Process

Attributes of Process

Who Does It?

Staff Roles: **when, where, and how** are they involved?

What is needed?

Prevention & Treatment

Do the CNAs in your facility know their responsibilities in the **Who, Where, How and What?**



A CNA was the first to notice Mrs. Hill's Pressure Injury

*When bathing Mrs. Hill. The CNA **noticed** a Pressure Injury during hands-on care.*

*The CNA knew what to look for and how to **notify***

Think about your workflow having explicit instructions for notification



THE NOTIFICATION PIPELINE



Clear communication channels ensure resident safety and timely clinical intervention.

CNAs Need to Know:

- How to **notice risk**
- How to **mitigate risk**
- How to **notice** when something is “wrong”
- How (and who) to **notify** when something is “wrong”



Standardizing CNA Reporting

33% Reduction in Pressure Injuries

Associated with the addition of standardized CNA documentation

Review Frequency

How often does CNA documentation get reviewed in your facility?

- Daily
- Weekly
- Quarterly

Standardization

Is there a standardized set of questions about skin and Pressure Ulcers for CNAs?

OR

Do CNAs have their own processes reporting a change?



Group Discussion

CNA Onboarding

How do you teach new CNAs about using the EHR? Do you have a standardized process?

Ongoing Quality

How do you support ongoing quality in documentation?

Any successes to share?



EHR Support for Process Effort and Pressure Injury Prevention

Benefits of EHR Integration

The Electronic Health Record (EHR) plays a critical role in clinical workflows:

- Supports overall attributes of process effort work
- Enhances pressure injury prevention strategies
- Facilitates standardized documentation and feedback



CNA EHR Use

Most CNA notification efforts fall into 3 key categories:

campaign

Passing on Information

assignment

Keeping Track of Needs

analytics

Information Access



Passing on Information

Key Notification Categories

- Continuity of care
- New risk factors
- New treatments/new orders



Keeping Track of Needs

Schedules & Coordination

- Turning schedules for pressure relief
- Coordinating wound care visits
- Shower and hygiene scheduling



Obtaining Information for Bedside Care

- •Signs on the door or in room
- •Resident preferences
- •Interdisciplinary notes




Creating a Workflow: Questions to learn about your facility

For Staff

1. How do you organize/communicate Pressure Injury preventative practices for high-risk residents?
2. Do you use the EHR to communicate? How so?
3. Do you use any paper based tools (Such as wound care book/Alert book) to document
4. What do you wish we had to make notification easier?

For Quality Improvement

1. Describe current communication infrastructure to facilitate Pressure Injury prevention.
 2. What paper-based systems are currently used for Pressure Injury prevention?
 3. How could current communication systems better prioritize Pressure Injury prevention?
- 

Suggested Workflow: AHRQ

+ CNA Wound Care Workflow



warning Work Under RN or Licensed Nurse Supervision

Personal Care Resource Pocket Card

PERSONAL CARE CAN SAVE SOMEONE'S LIFE AND KEEP THEM COMFORTABLE.

It may or may not be serious, but it's best to check.

SIGN	COULD MEAN:
Bruising	vitamin deficiency, cancer, injury, pressure
Skin tears	risk of infection, injury
Dryness	dehydration, need for moisture, thyroid issue
Swelling	injury, heart failure
Soft heels	risk of skin breakdown
Open areas	illness, pressure, cuts
Blisters	shingles, illness, skin pressure
Lumps/bumps	infection, allergic reactions, cancer
Scratches	itchiness, long nails, irritation, scabies, insects
Skin color difference	lack of oxygen, infection
Hot or cold skin	fever, chills, thyroid problems
Hemorrhoids	risk of discomfort
Thick or long nails	fungus or cutting needed
Mouth sores	ulcers, illness, cancers
Teeth with tartar buildup	sore or broken teeth
Changed moles	cancer or normal changes
Red or sore tongue	illness, virus, vitamin deficiency
Dry mouth, cracked lips	dehydration

OR, THEY JUST DON'T LOOK RIGHT. LET SOMEONE KNOW!

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 1530VHQI/QIN-QIO-0374-12/13/22

Full Resource PDF: [Personal-Care-CNA-Three-Card.pdf](#)

REPORT THESE RISKS FOR UNPLANNED WEIGHTLOSS:

- Teeth hurt
- Dentures don't fit
- Coughing, choking while eating
- Needs help to eat and drink
- Eats less than half of offered food
- Doesn't like their food
- Trouble with utensils
- Complaints about appetite
- Sad or withdrawn, confused

WHAT SHOULD BE DONE?

- Ask the resident what is wrong or what they need
- Report information to nurse and dietitian
- Offer different foods and drinks
- Take time
- Help residents having trouble self-feeding
- Record intake
- Give oral care before and after meals
- Position well for feeding
- Weigh patients carefully, same time, same scales

REPORTING VITAL SIGNS

- Temperature 100 or more
- Heart Rate 100 or more
- Blood Pressure Under 100

IF VITAL SIGNS ARE ABNORMAL OR THE RESIDENT DOESN'T SEEM THE SAME AS USUAL: **REPORT**





Pressure Injury in Long Term Care

Standardized Documentation

Regulations: PI and QAPI Synergy

F686: Pressure Ulcers

Federal mandate (42 CFR 483.25(b)) for nursing homes to promote healing and prevent new or worsening ulcers.

Prepare for Survey:
[Pressure Ulcer Critical Element Pathway](#)

42 CFR § 483.75: QAPI

Requirement for facilities to maintain a quality assessment and improvement program. Has a PIP been completed for a systemic approach?

Prepare for Survey:
[AHRQ QAPI Tool](#)

CMS utilizes NPIAP terms and definitions within the Minimum Data Set (MDS).

Pressure Injury (PI) Care Plan Best Practice Guide



Complete Documentation

WHO

Staff Documenting:

NP/MD, CNA, Nurse,
Therapist, Dietitian

Interventions:

- Sitting Schedule & HOB 30°
- Floating heels & Resident Preference
- Turn Q2H / Move when dry
- Q4H dry check

WOUND

- Wound progress
- Resident prognosis
- Wound stage
- Barrier cream
- Enzymatic debridement
- Silver-impregnated dressing
- Sharp debridement

RISK FACTORS IMPACT

- ESRD & Diabetes
- Arterial Disease
- Advanced Heart failure
- Goals of care document
- Advanced Dementia
- Advanced age
- Immobility
- Smoking

Take your time to avoid problems with litigation and F686 (483.25(b)(1))

Document Risk Factors for Mrs. Hill

NON-MODIFIABLE

history **Advanced age**

accessible **Immobility due to stroke**

psychology **Advanced dementia**

UNSURE / MONITOR

- **Nutrition**
- **Hydration**
- **Anemia**
- **Albumin levels**

MODIFIABLE

opacity **Dryness management**

event_seat **Positioning schedule**

healing **Wound treatment plan**

Delayed Wound Healing is Expected due to advanced age, advance dementia and immobility due to stroke.
Prioritize modifiable factors to improve resident outcomes and documentation compliance.

What needs to be care-planned for Mrs Hill?

Priority Care Areas

- **PAIN:** Regular assessment and management plans
- **PRESSURE INJURY**
- **NUTRITION HYDRATION:** with advanced and progressive illness
- **INCONTINENCE:** Management to improve skin integrity
- **MOBILITY**
- **COGNITIVE & BEHAVIORAL CARE** with dementia

Comprehensive care planning and timely updating is essential

Wound Infection: AHRQ Teaching Tools

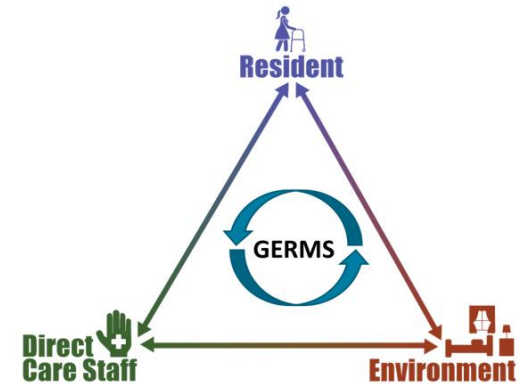
Resource Links

Clinical Toolkits & Prevention Guides

[link Antibiotic Stewardship Toolkit](#)

[link MDRO Long-Term Care Guide](#)

Care Transmission Cycle



Access full AHRQ teaching tools for wound infection prevention and stewardship protocols.

Infection Prevention Best Practices

Personnel & Collaboration

- Involve your infection preventionist
- Partner with Environmental Services for cleaning

Hygiene & Supplies

- Handwashing education for visitors
- Handwashing supplies available
- Sink available
- Have the right cleaning solutions available

Infection Control

- Workflow: Bring in all the wound supplies on the first trip to minimize movement.
- Contamination Control: Move sheets and trash without touching your uniform or body.
- Enhanced Barrier Precautions: per policy and regulation

Lessons learned from observations across various clinical facilities.

Clinical Decision Making: Wound Care Scenarios

1. Culture every wound not healed in 2 weeks?

YES: Treatable infection may be present.

NO: Often results in a contaminated specimen.

MAYBE: Suggest for non-healing, but consider scope of practice.

2. Use antibiotics topically or orally for slow healing?

YES: Broad spectrum may improve healing.

NO: Avoid MDR issues, drug reaction, or diarrhea.

MAYBE: discussion with MD/Wound Team if a good culture, consider wound biopsy

3. A visiting nurse told family to use olive oil on shearing and family insists on outside olive oil

YES: Permitted with clear documentation of preference/risks.

NO: Policy does not permit outside treatments.

MAYBE: Pull in clinical experts to advise the family.

Assess each clinical scenario against facility policy and scope of practice for optimal wound care outcomes.

Skin Failure

Core Concepts

- Skin is an organ
- May fail like other organs despite proactive management

Risk Factors (Short List)

- Diabetes
- Hypoxia
- Anemia
- Hypoalbuminemia
- Dying process

Case Study: Mrs. Hill

Stage 1 Root Cause Analysis showed pressure from being up longer than normal , decreased nutrition, general decline, anemia, and worsening hypoalbuminemia.

Contributing Negatives:

- Hypoxia
- Diabetes
- Actively dying

Is Mrs. Hill's PI a Kennedy Terminal Ulcer?

Diagnostic Checklist

- Did it appear on the sacrum?
- Was it a sudden onset?
- Did it show up as red, yellow, black or purple?
- Are the borders irregular?
- Did it have sudden onset?

Case Study: Mrs. Hill's Advance Care Planning

Clinical Status & Regulatory Requirements

Advance Care Planning (ACP)

Status: Declining

Mrs. Hill's overall health has worsened despite interventions. The team has assessed a continued decline.

Required Actions:

- Review ACP with daughter
- Discuss & document medical directives
- Align care with resident values
- Implement **MOLST** (Medical Orders for Life-Sustaining Treatment)

CMS Regulatory Compliance

F686: Pressure Injury Management

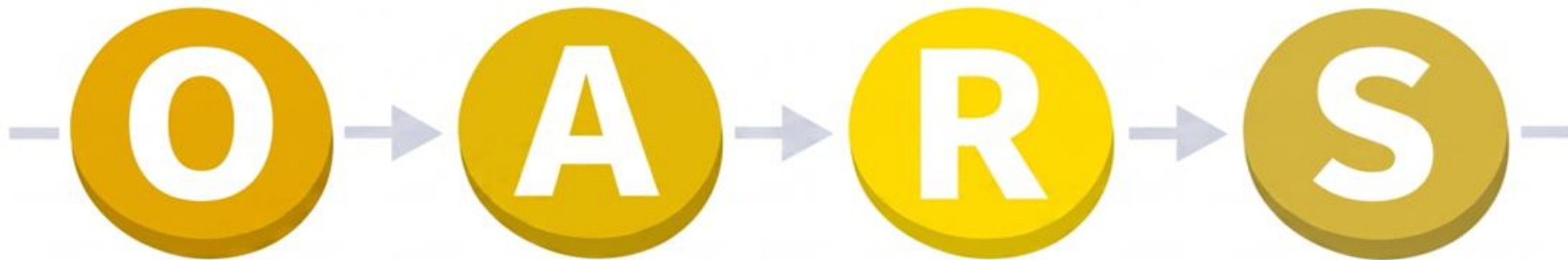
Governs treatment/services to prevent or heal pressure injuries and ulcers under CMS guidelines.

2-4 Week Healing Rule:

If no signs of healing within 2-4 weeks, the facility

MUST:

- Reassess the patient
- Modify treatment regimen or document care rationale



Open-Ended Questions

Invite exploration and discussion

Affirmations


Recognize strengths and efforts

Reflective Listening

Demonstrate empathy and understanding

Summaries

Reinforce key points and themes



Case Study: Mrs. Hill

Motivational Interviewing & OARS Model

Patient Status Update: Mrs. Hill has not gotten better, her overall health has gotten worse.

OARS Model of Person Centered Communication

Open Questions: "What would your mother say is most important to her if she thought she was very ill?"

Affirmations: "You are acting as a devoted daughter by even thinking about what your mother would want."

Reflections: "It sounds like you are worried that your mother might be hungry."

Summarize: "So, if I am understanding right, you, and we, want to make sure Mrs. Hill is comfortable, and she's with family. Is that a fair summary of what we've talked about?"

Case Study: Mrs. Hill

Motivational Interviewing & OARS Model

Which staff at your facility are good at motivational interviewing and or the ACP talk?

- Staff who do vaccine education, esp. during COVID
- Medical director, staff who have worked in hospital, DON
- Staff trained in MI during webinars or orientation
- Staff who have worked in hospice
- Social workers
- Staff with previous careers in counseling, coaching, pharmacy, HR, sales, etc.



Staff Education Game

Game Resources

Play Online:

<https://bingobaker.com/view/8979242>

Bingo Baker Platform

Preview

	B	I	N	G	O
Dietitian documents	Barrier cream	Sitting Schedule	Immobility rf	Arterial Disease rf	
Advanced age rf	HOB 30 degrees	Silver-impregnated dressing	483.25(b)(1)	Staging documented	
Advanced Heart failure rf	Nurse documents	Free!	Resident Preference	Move when dry	
Diabetes rf	Floating heels	ESRD rf	Goals of care document	Enzymatic debridement	

Hurricane Season Starts June 1

POLL: Have you participated in a table top exercise for emergency preparedness?

Preparedness Plan F838

Requires nursing facilities to have a comprehensive plan.

Hurricane OTW? Prioritize Supplies:

- 3-7 day supply of sterile dressings
- Antiseptic wipes & antibiotic ointments
- Specialized dressings (pressure injuries)
- Secure, portable medical records
- Hygiene & barrier precautions
- Tools (scissors, resident identification)

Resources for Preparedness

[Forum January 2025 PDF](#)

[EPP Article - Rossheim](#)

[Video: Emergency Preparedness](#)

[ASPR: Health Care Readiness Near You](#)

[VDH Long Term Care Mutual Aid Project](#)

Tools Provided Since March

Tools

- Attributes of Process
- Huddles
- Documentation
- SBAR
- 4 Ms
- Warning-Pause
- QAPI Tools
- Surprise Question
- Quintuple Aim
- Teach Back
- OARS Model

Tips

- Create a turn team
- BP measurement
- Reposition after Dry
- Q2H position changes
- Weekly skin rounds by wound NP
- Q4H continence checks
- Safe phone for pictures
- Mock survey
- Develop CNA EHR expertise

Education & Resources

- Videos & Games
- Bulletin board materials
- Recorded Slide Sets
- Linked resources
- Education Week

[AHRQ Free Toolkit](#)



Mock Survey Resources

Checklist for Staff AHRQ

Use the following worksheet to prepare for your mock survey and ensure staff readiness:

[Access AHRQ Worksheet](#)

Closing Reflection

What from today's content you may implement at your workplace ?



Thank You!

Let's continue this conversation.

Laura Finch, MS, GNP, RN | lfinch@vcu.edu

Maureen Lillis, RN, MBA | lillism@vcu.edu

Annie Rhodes, PhD, CGCM | rhodesas2@vcu.edu

Email to share a tool, idea or just to say “hi”



Resources

Improving Skin in Long Term Care. AHRQ has many great resources such as:

[What to bring into Bed Bath](#)

[CNA Pocket Card](#) from HQI

Information [for Skin and Soft Tissue Infections](#)


[Pressure Free Zone Guide](#)

[AHRQ "On Time" Toolkit](#)

Includes Slide decks, Handouts, and Workflows to support implementation.



THANK YOU!



**Virginia Department of Medical Assistance Services (DMAS)
Nursing Facility Quality Improvement Program (NFQIP) using
Civil Money Penalty (CMP) Reinvestment Funds.**



REMINDERS

We will post a survey link in the Chat tab and will resend it with our follow-up message.

This helps us improve and most importantly, **lets you request your certificate of attendance.**

Certificates will be emailed about a week after the event to those who:

- ✓ Attend at least 75% of the session
- ✓ Participate in at least 75% of polls, questions, or breakout activities

Attending as a group?

Please have the registered attendee complete the exit survey and list the names of all group participants.

This session was recorded.

You'll receive a link to the recording a few days after the webinar; feel free to review or share with colleagues.

HUDDLE UP

Pressure Injuries - Part II

Tuesday, June 23, 2026 | 12:30 - 1:30 pm ET

Laura Finch, Annie Rhodes, & Maureen Lillis
Series Host and Moderator: Gigi Amateau

