

Pressure Injuries in Nursing Homes

Causes, Risk Factors, and Care Paths
(Part I)

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!

You told us you want to strengthen:

- recognition of early warning signs of pressure injury
- prevention practices
- communication across roles and shifts
- documentation
- knowledge of care paths



In the Q&A, please list your organization's city, town, county, or region.

Hosts and Instructors



Gigi Amateau, PhD



Annie Rhodes, PhD, CGCM



Laura Finch, MS, GNP, RN



Maureen Lillis, RN, MBA

Agenda

- welcome and session goals
- continuing education (CE) instructions
- setting up the stage
- case study: Mrs. Hill
- causes and risk factors
- QAPI and workflow tools
- communication and documentation
- practical resources and next steps




“Pressure Injury” or “Pressure Ulcer”?

“Pressure Injury” and “Pressure Ulcer” Mean the Same Thing

“Pressure injury” is the updated, preferred term. The **National Pressure Injury Advisory Panel (NPIAP)** changed the terminology in 2016 because

- not all pressure damage results in an open ulcer
- Stage 1 and Deep Tissue Injury involve intact skin
- “Injury” better captures the full range of tissue damage.

So today, in CMS guidance, clinical documentation, and training materials, “pressure injury” is the correct term, though many of us may still use “pressure ulcer”.



Session Objectives



Objective 1 – Understand the most common pressure ulcers— cause and risk factors in long term care facilities



Objective 2 – Understand the team roles in pressure ulcer care and practice open respectful communication to different groups



Objective 3 – Review models and tools for your pressure injury workflows and how they relate to Quality Assurance and Performance Improvement (QAPI)

<https://www.ahrq.gov/hai/tools/mrsa-prevention/mdro-ltc/index.html>



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

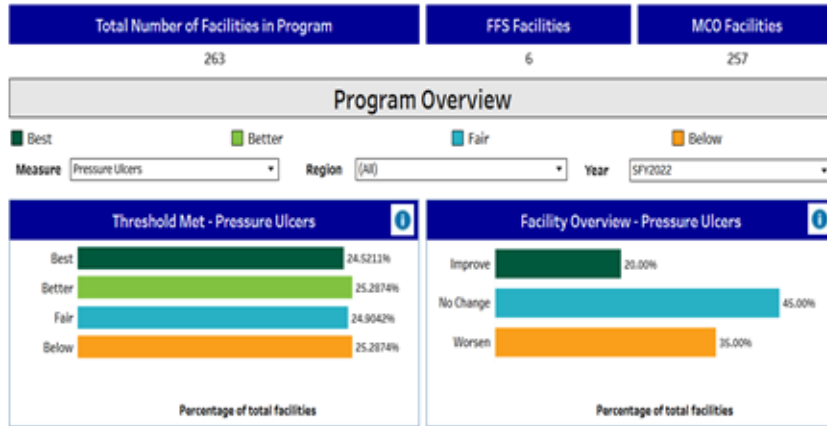


ECONOMIC IMPACT & RISK

LAWSUITS:
>17,000 annually

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

Facility Performance



Look up performance
for your facility:



[Nursing Facility Value-Based Purchasing Program
Item 313 \(DMAS\) Medicaid Program Services, HB30 - Chapter 1289](#)

The **Department of Medical Assistance Services Virginia** has programs to help support residents and staff of LTC facilities.

Value Based Purchasing (VBP) rewards good performance by withholding and redistributing payments based on quality scores.

How to Claim your Nursing Continuing Education Credits

CREATE ACCOUNT

Go to vcu.cloud-cme.com to create an account – make sure to add your cell phone number



EXISTING ACCOUNT MEMBERS

Text the 5-digit code to (804) 625-4041 within 5 days

If you are driving during the talk, email lfinch@vcu.edu after the meeting for the code.

Complete Evaluation & Claim Credit within 60 days of the event and download your certificate of completion

Need help? ceinfo@vcuhealth.org

**TEXT xxxx to
804-625-4041**

**You will receive a text
message and an email.**

Warm-up Poll

Please respond on the poll on the screen

What is your biggest current pressure injury challenge?

- A) early identification
- B) turning/positioning reliability
- C) moisture/incontinence management
- D) nutrition/hydration flags
- E) documentation + handoffs
- F) device-related injuries

Pressure Injury Prevention – From Antiquity to Today

A long history of understanding skin breakdown

ANCIENT CIVILIZATIONS (Egyptian, Greek, Roman)

- Pressure-related sores (*Lat.: Ulcus*) were recognized thousands of years ago
- Egyptians used vegetable fiber, animal grease and honey
- Greeks and Romans cleaned wounds with boiled water, vinegar and wine
- They understood the problem but effective prevention wouldn't emerge until mid1800s

FLORENCE NIGHTINGALE (1820-1910)

- Crimean War (1853-1856): A turning point for modern nursing
- Elevated the role of women in nursing
- 1859 **Notes on Nursing**: Promoted cleanliness, nourishment and patient-centered care
- Prevention as a core responsibility



WHAT MIGHT BE NEW TODAY?

- More diverse **staffing patterns** (new hires, agency staff, varied roles)
- Residents with higher acuity and **more complex medical needs**
- Rapidly expanding **clinical research and best-practice guidelines**
- Greater emphasis on structured **nursing staff training**
- Improved positioning and support-surface **equipment**
- Advanced skin-protection **products** (barrier creams, protective dressings)
- Modern clinical **tools** (electric beds, antibiotics, infection-prevention technologies)
- Significant financial and regulatory pressures



Waterfall Question

Are you:

a) allowed to take pictures of pressure injuries (Y/N) and

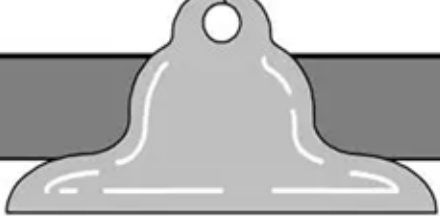
b) where do you document the picture?

- Wound notebook/binder
- Electronic health record
- Assessment tool
- Clinician Notification Book
- No idea!
- Other?



Instructions: type your answer in Q&A and we will do a countdown and then everyone push enter at the same time





Olivia Hill, 88, widowed, is a long-stay resident (2 years) at Bullington Health and Rehab in a mid size city in Virginia.

Mrs. Hill, formerly a math teacher at the local HS, was admitted to the facility two years ago when her daughter could no longer manage her increasing care at home.

During her bath, a Stage 1 pressure ulcer was discovered on her coccyx. The area measured 6 cm in diameter, is purple in color which does not fade or blanch with touch.

Medical History

Advanced Alzheimer's dementia, cerebrovascular accident (stroke) with residual right-sided weakness, peripheral vascular disease, and urinary incontinence.

Functional Status

Dependent on staff for activities of daily living (ADLs), including repositioning and transfers

Communication

Communicates needs through non-specific gestures, occasional noises, moaning, or changes in behavior.



Assessment also Included:

- Lying down: 113/72-79-20-97.3, Sitting on side of bed with assistance: 100/70-92, standing with assistance: 90/60, 110, **orthostatic**
- Height from 6 months ago: 65 inches, heel to crown, in bed (potentially inaccurate with kyphosis)
- Monthly Weights: Mar. 120#, Feb. 119#, Jan. 126#, Dec. 128#, Nov. 131#, Oct. 135# **weight loss 11%**
- Pain assessment with advanced dementia using [PAINAD](#) (or your facility tool) : 4 points **moderate pain**,
- Documentation on food and liquid intake: documentation from last week shows an average of 45% of meals **poor intake**
- Labs 7-6-25, no anemia, electrolytes normal, **albumin 3.0**, liver enzymes normal

[Risk factors associated with pressure injury development among adult nursing home residents: A scoping review - ScienceDirect](#)



Vital Signs are Vital

If staff proactively report a full set of VS including orthostatics*, it not only helps Mrs. Hill, it helps build trust with clinicians.

**Orthostatic vital signs are measurements taken to assess how blood pressure and heart rate change with position change.*

[How to take BPs](#)



RISK

What puts Mrs. Hill at risk for pressure injury?

PREVENTION

What action should happen next?

THIS SHIFT (NOW)

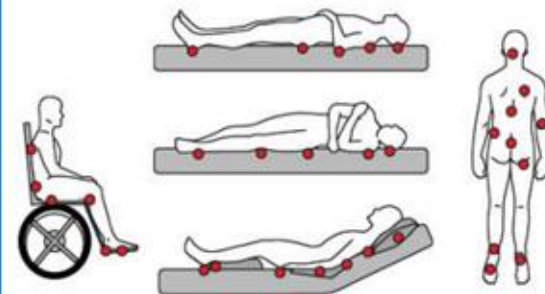
What is one thing staff can do today?



Free printouts and resources for staff:
[Guidelines - National Pressure Ulcer Advisory Panel](#)

Pressure Points

Red circles indicate pressure points



REMEMBER:

- Find out who's at risk
- Help individuals eat right and drink fluids
- Make sure pressure is off the heels
- Keep the skin clean and dry
- Use moisturizing lotion daily on dry/scaly skin
- Inspect the skin daily
- Report skin changes
- Ensure documentation is thorough

Staging Match Quiz

STAGE 1

Color changes to intact skin, red/blue/purple, skin may be warm swollen, firm/boggy, texture changes

STAGE 2

Open, pink or red, moist, may have an intact or ruptured blister

STAGE 3

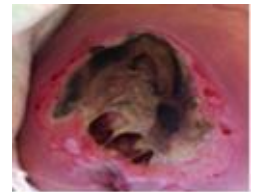
Full thickness skin loss, no muscle or bone involvement

STAGE 4

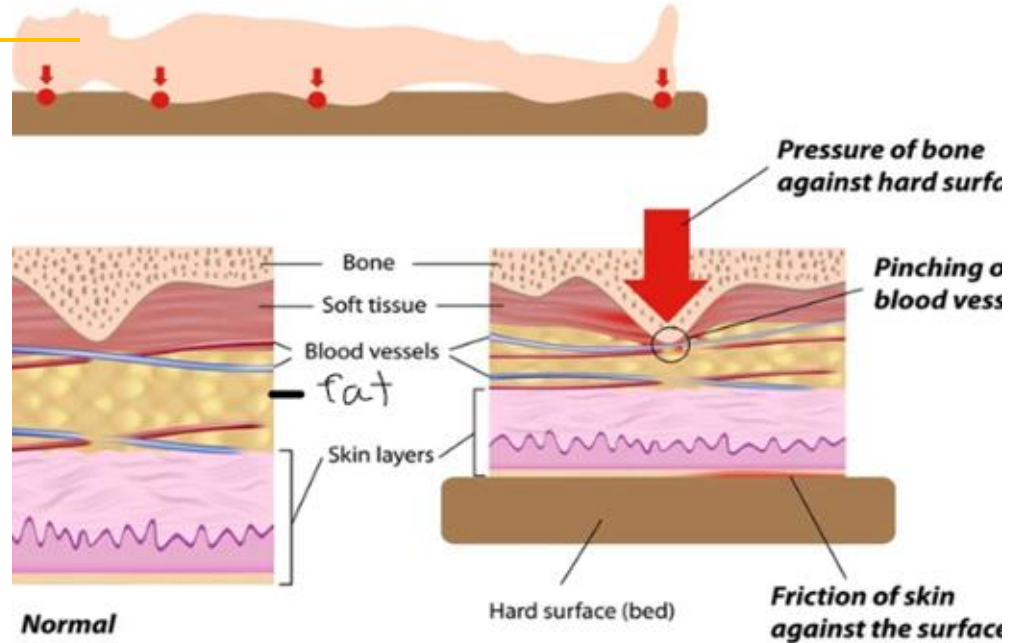
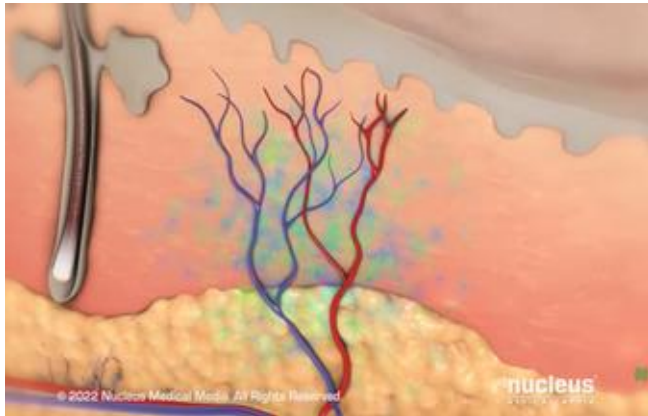
Exposed or palpable bone, tendon or muscle.

UNSTAGEABLE

Extensive tissue loss, eschar or slough covers base



How a Pressure Injury Forms



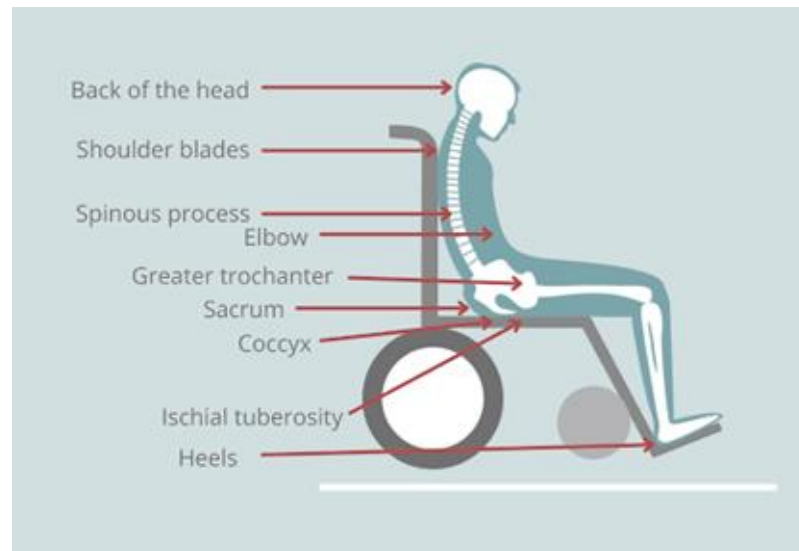
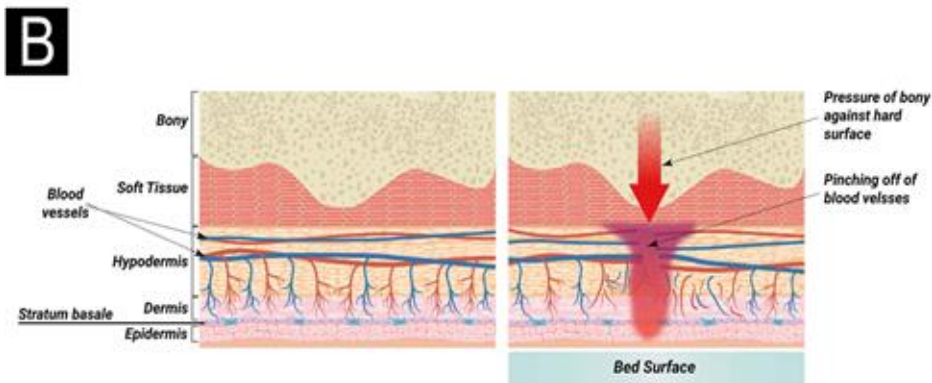
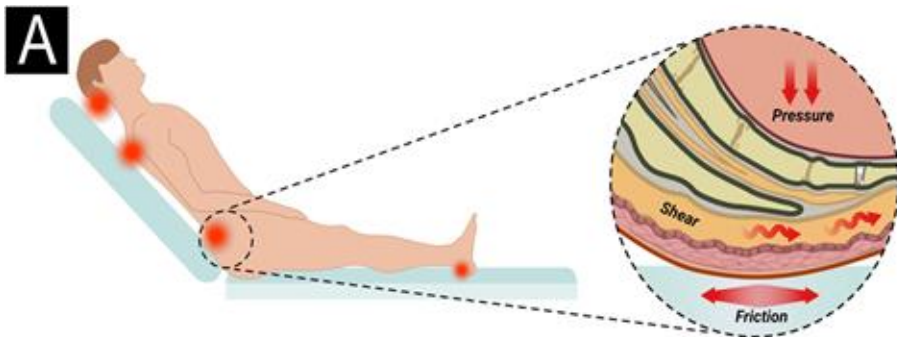


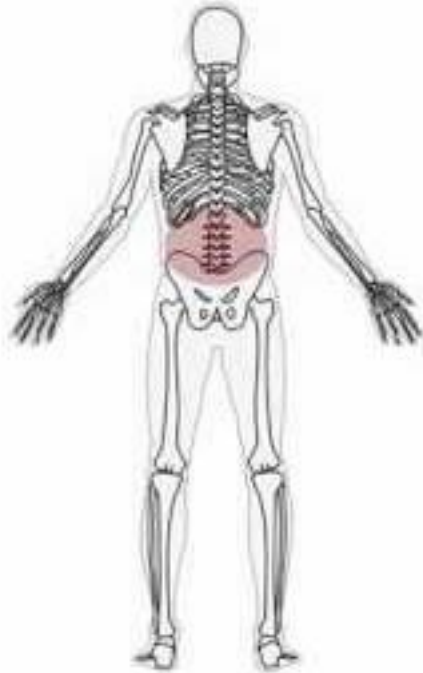
Wound Formation

[Video for Staff: Wound Formation](#)



Visualizing the Pressure on Mrs. Hill





Pressure Ulcer

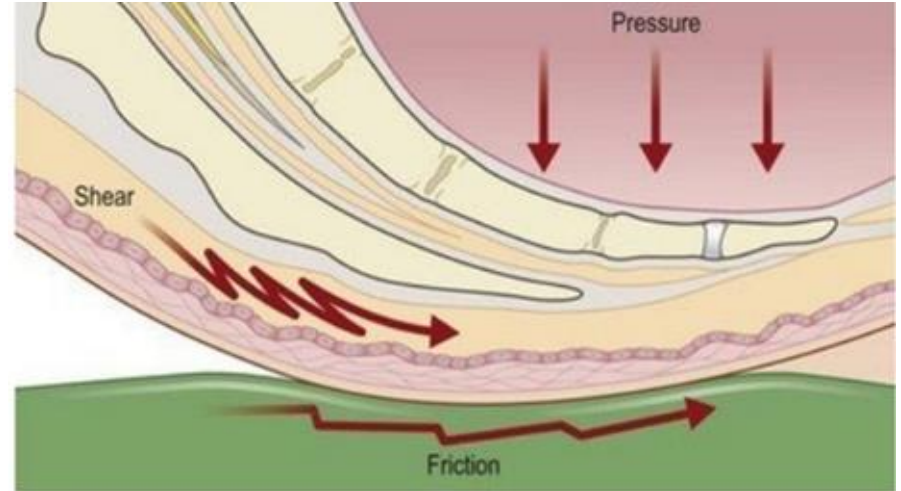
Pressure Ulcer Prevention Doodle
<https://www.youtube.com/watch?v=12wBhp1Akk0>



Wet Skin Can Contribute to Skin Damage

Friction two things rub together (ex. cloth and skin)

Shear tissues slide internally in opposite directions





Resources: Wet Skin Can Contribute to Skin Damage

https://qi.ipro.org/wp-content/uploads/9-F-tag-686-Treatment-and-Services-to-Prevent-and-Heal-Pressure-Ulcers-NO_508.pdf

Quality Assurance and Performance Improvement Tools: Why They Matter

- Estimates are that 95% of Pressure Injuries are avoidable. (Awoke et al, 2022)
- Quality Improvement tools can help us treat Pressure Injuries now, and prevent them in the future by identifying **Root Causes**
- **QAPI** isn't just a good idea, its required by national and state licensing



Throughout this workshop We will introduce these common tools and practice applying them to Mrs. Hill's pressure injury at Bullington Nursing Home.

[12VAC35-105-620. Monitoring and evaluating service quality.](#)

[Office of Licensing-Forming the QAPI Team](#)

[Guide for Developing a QAPI Plan | CMS](#)



Quality Improvement Tool: The Five Whys

Asking “Why?” Five Times:

- Every time a problem presents itself, we want to ask “why?”
- If we only ask one “why” we may solve the immediate problem, but we won’t resolve the underlying systems and contributors
- Asking “Why” five times lets us trace back to the Root Cause of the problem and prevent it from occurring again. This moves from immediate, individual action to systems level improvement

Five Whys Worksheet



Accurately state the problem.

PROBLEM:

Why is this happening? Enter all the reasons why. You may need more boxes. For each reason, begin asking **WHY**.

REASON #1	REASON #2	REASON #3
WHY?	WHY?	WHY?
WHY?	WHY?	WHY?
WHY?	WHY?	WHY?

Tip on Root Cause Analysis

When engaging in Root Cause Analysis, invite multiple people on the team, as they may identify reasons and “Whys” that you haven't considered



Tip on the Fishbone Diagram

Complete the Fishbone Diagram on a white board, or using sticky notes so you can easily update



Why Does Mrs. Hill Have a Pressure Injury?

Five Whys Worksheet



Accurately state the problem.

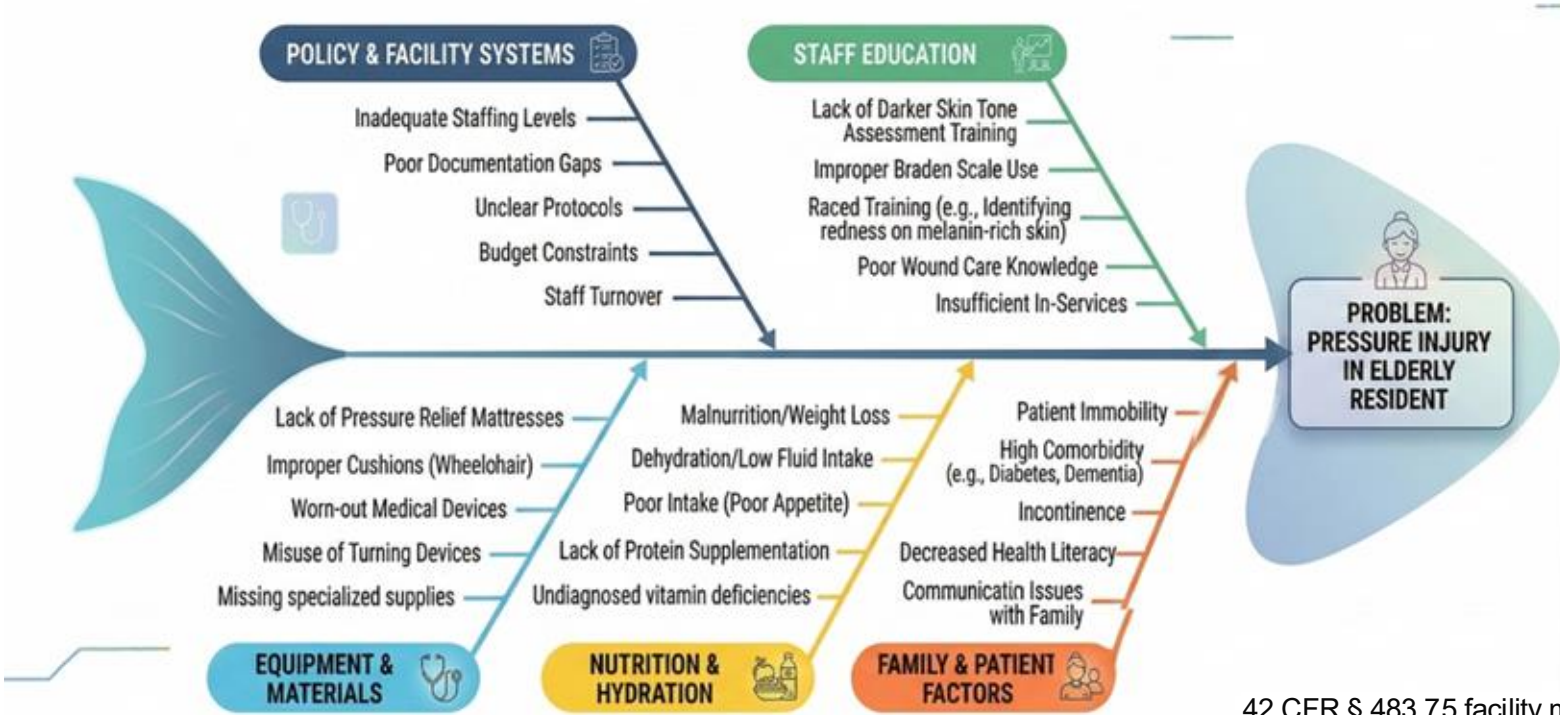
PROBLEM:

Why is this happening? Enter all the reasons why. You may need more boxes. For each reason, begin asking **WHY**.

REASON #1	REASON #2	REASON #3
WHY?	WHY?	WHY?
WHY?	WHY?	WHY?
WHY?	WHY?	WHY?

Why Does Mrs. Hill Have a Pressure Injury? Root Cause Analysis

ROOT CAUSE ANALYSIS: PRESSURE INJURY IN NURSNG HOME (ELDERLY RESIDENT)



42 CFR § 483.75 facility must maintain a quality assessment committee

Quality Improvement Tool: Attributes of Process

Transform abstract work to a workflow that is manageable, improvable, and predictable

Attributes of Process

1. Who does it?
 2. When should it be done?
 3. Where is it done?
 4. How is it done?
 5. What is needed to do it?
- Right team members
 - Right tools
 - Right processes



Attributes of Process: Assessment of Risk for a Pressure Injury

Thinking about Mrs. Hill, a resident of 2 years, consider these questions for staff.

1. **Who** assesses risk of pressure injuries?
 2. **When** is risk of pressure injuries assessed?
 3. **Where** is risk assessed?
 4. **How** is risk of pressure injuries assessed?
 5. **What** is needed to assess risk of a PI?
-



Attributes of Process:

Who Does It?

Staff Roles **when**, **where**, and **how** would these staff be involved?

What is needed?

Hands on Care

Clinician/Medical Director
DON
RN, LPN
CNA
Wound care nurse
Rehab staff
Pharmacist

**Chain of
Command**

**Policy &
Procedures**

Emergency Plans

Supplies

Noticers and Notifiers

Housekeeping
Buildings and Grounds Staff
Unit clerk
Front Desk staff
Central Supply
Visiting contractors



There are a lot of different
QAPI tools and templates,
but everything should be grounded in
the “3Cs” of Healthcare



The 3Cs of Healthcare

Connection

Communication

Collaboration

Technical Interventions

- Evidence-based recommendations
- Educational materials, teachable moments, supporting tools

Adaptive Interventions

- Improving teamwork and communication
- Empowering staff at all levels to speak up to prevent harm

These influence the interpersonal relationships of the healthcare team and the care provided to residents.





Ways Communication Supports Mrs. Hill's Care

After identifying a new resident problem or condition, a lot of communication needs to happen

- Between Staff
- To Residents and Family Members

As we move through examples, consider:

- **Who** communicates about pressure injury?
 - **When** is the communication done?
 - **Where** is the communication done?
 - **How** is the communication done?
 - **What** is needed to do the communication?
-



Tip on Communication

Considering these attributes of process can make it easier to create a workflow.



*SBAR

S — Situation

What is happening right now? A brief, immediate statement of the concern.

B — Background

What important information do they need to know?
Relevant history, context, or contributing factors.

A — Assessment

What do *you* think is going on? Your clinical impression, vital signs, findings, or changes.

R — Recommendation

What do you need? Orders, interventions, follow-up, or guidance.

Communication: Medical Director

Situation: Dr. Jamison, Hi, I'm Josephine, an LPN at Bullington and Mrs. Hill, DOB 1-22-38 in room 323 has a **new stage 1 pressure injury** we saw today on her coccyx. It is 6 cm in diameter, is purple in color which does not fade or blanch with touch

Background: She has a history of a stroke and dementia and can't move herself at all. She is also incontinent. But **in QAPI we realized she was up a prolonged time** yesterday when the floors were being stripped.

Assessment:

Mrs. Hill lost **11% of her body weight in 6 months**, her VS are 100/70-92-20-97.3 but **she is orthostatic**. She was more alert yesterday at the activities, She has moderate pain, and we did a full skin assessment and didn't see anything else. Her lungs are clear and her pulse is strong and regular, she has no edema. She has been having BMs and urinating in the adult brief. She has no new meds, her last labs were 6 months ago.

Recommendation:

We put transparent film to her coccyx. We want to increase her protein intake and asked for a consult from the dietitian. We added her to our wound care rounds. Do you think she needs PT, labs or a consultation with the visiting wound care team?

Communication: Medical Director

Situation

- Mrs. Hill (DOB 1/22/38), room 323
- New **Stage 1 pressure injury** on coccyx
- ~6 cm, purple, non-blanching

Background

- Hx: stroke, dementia, immobile, incontinent
- Prolonged time up yesterday during floor stripping

Assessment

11% weight loss in 6 months
VS: 100/70, HR 92, RR 20, Temp 97.3
Orthostatic, moderate pain
Lungs clear, strong pulse, no edema
Full skin check: no other injuries
No new meds; last labs 6 months ago

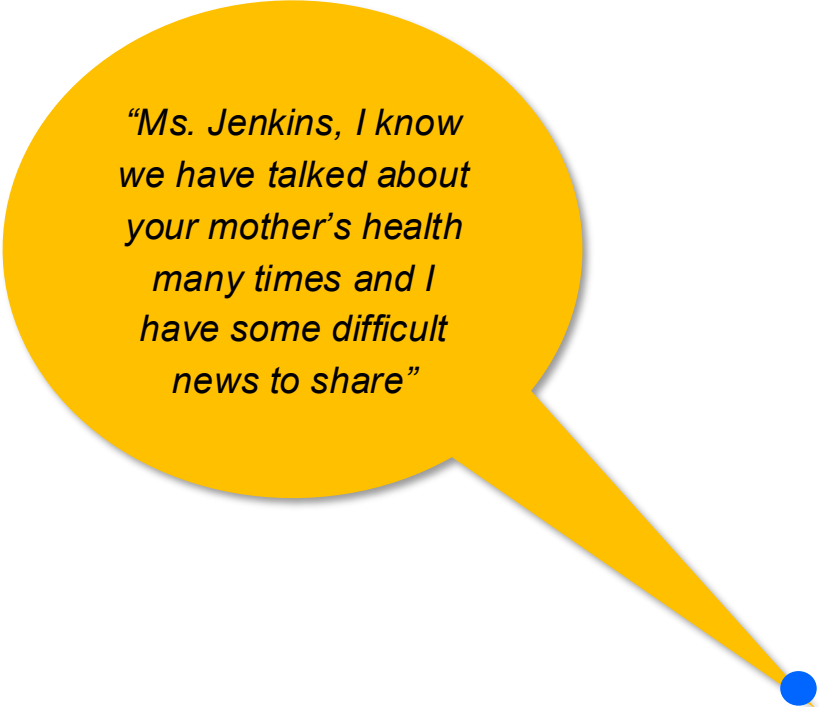
Recommendation

Transparent film applied
Increase protein intake
Dietitian consult requested
Added to wound care rounds
Need MD guidance: PT? Labs? Wound care team consult?

Communication: Informing Resident & Family

Warning-Pause Method

1. **Who** communicates about pressure injury?
2. **When** is the communication done?
3. **Where** is the communication done?
4. **How** is the communication done?
5. **What** is needed to do the communication?



“Ms. Jenkins, I know we have talked about your mother’s health many times and I have some difficult news to share”

Tip on Communication with Family

Over time, keep residents and family, like Mrs. Jenkins, educated about declining health and condition so they are better prepared for changes.




Communication about Pressure Injury (Verbal) Warning-Pause Method

The "Warning": Start with a simple heads-up: "I have some difficult news to share".

The Two-Second Pause: After the warning, wait 1–2 seconds. This allows the recipient's "analytical side" to catch up and reduces the chance of an emotional overreaction

Be Direct and Concise: Avoid "sugar-coating" or the "sandwich method" (hiding bad news between two pieces of good news), which can feel manipulative and confusing



"Mrs. Hill has a pressure area on her tailbone area."

Thinking about Your Role

Who would you notify first, second and third about Mrs. Hill's new pressure area?



Communication: Education Opportunities for Staff, Residents and Families

- Directly in person, SBAR* can be used with family and staff
- Telephone calls
- Staff/Resident/Family education, handouts, bulletin boards, newsletter
- Resident Family Council: offer speakers on pressure injury (F565)
- [Teach back](#) methods to reach understanding (staff, resident, family)



The 4Ms Framework for Age Friendly Health Systems

What Matters, Medication, Mentation, and Mobility

What Matters Most

Staff used Mrs. Hill's history and engaged family in proactive management of comfort, attention to dignity through compassionate treatment, in part increasing visitors from church.

Mobility

The physician ordered PT/OT evaluations, lying positions changes every 2 hours and limit to 30 min in chair;

Mentation

Assessed as poor, staff noted they could anticipate discomfort with care using the pain scale,

Medications

The clinician and pharmacist verified no chemical restraint was worsening mobility, no meds were worsening her risk of pressure injury and pain treatment was available and scheduled



Communication: The Documentation of Pressure Injury

Location:

Where on the body (e.g., left lower leg, etc.)

Contusion (bruise)

appears differently on different skin tones

Hematoma:

collection of blood under skin, may be after a procedure or injury, may feel hard or firm

Size:

depth use centimeter ruler and a cotton swab for depth

Photo

if allowed

Drainage

- Odor
- Visible tendons or bone
- Color
- Wound edges and bed:

Rolled

Slough

Granulation

Maceration

Tunneling

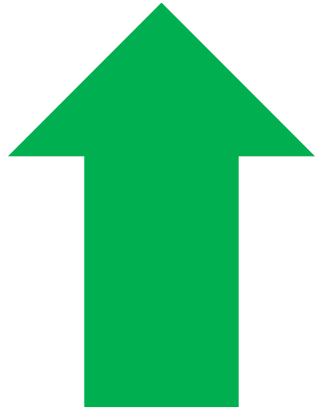
Undermining

Necrosis

*can document absence also

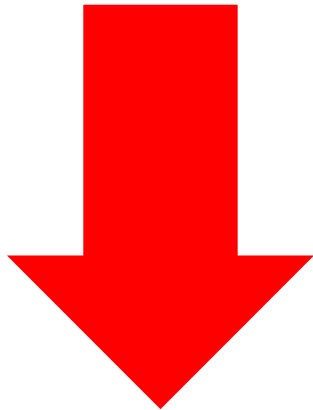


Communication: Documentation Do's and Don'ts



DO

- Document what you see
- Perform a new pressure injury risk scale
- Specifically document communication
- Follow facility guidelines on photography and documentation



DO NOT

- Guess at a Pressure Injury stage
- Put risk management notes in a clinical note

Example Documentation

- New today during bath- 6 cm, round, purple flat, area on dark skin, on coccyx, no opening, no warmth to touch, no verbal pain response with touching area but scored 4 moderate pain on PAINAD, Braden scale 11, whimpered with turning on side, comforted her and explained care; area was not present yesterday with turning, was in w/c 3 hours yesterday for activities
- Discussed with Dr. Jamison at 3 pm in nurses station who ordered Tegaderm which was applied at 3:20 pm and 1000 mg acetaminophen Q12H given at 4 pm



Communication: Team Roles in PI Risk Reduction

Who:

All staff can be made aware of pressure injury risk reduction. This is an all-team goal.

When:

Shift change, morning meeting, huddles, care plan meetings

Where:

Residents' rooms, **where do you do huddles?**

How:

Verbally, documentation in EHR, MDS,

What is needed:

Team, chart, resident, what else?



Bullington Bear Rounds

At Mrs. Hill's facility, each management member has a number of residents they check upon on a weekly basis and help address or channel concerns to the appropriate department for solutions.



Quality Improvement Tool: The Quintuple Aim

A nursing home is an interconnected system. Actions have ripple effects and quality improvement tools can be used to support more than one objective

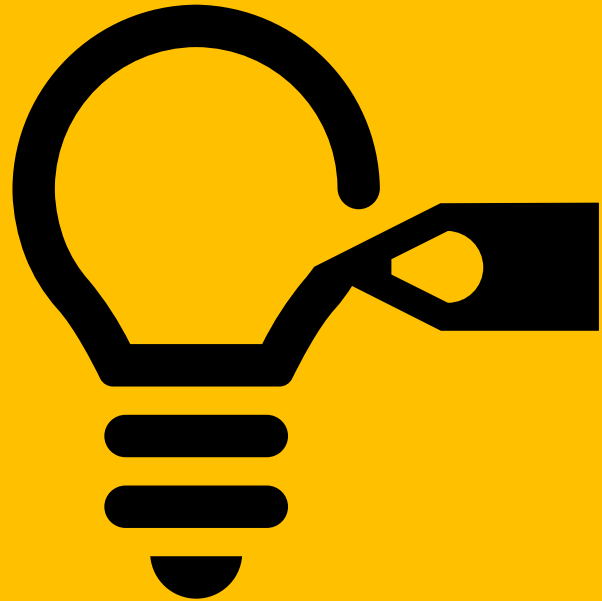
- When implementing a new process we try to achieve multiple aims
- If implementing a new process for improving patient care, consider the impacts on the workforce, cost, overall resident population, and the impact on historically and contemporarily marginalized residents

IHI Quintuple Aim



Tip 1

The Quintuple Aim can help maximize your effort and prevent work later.



Using the Quintuple Aim to Identify Goals of Care for Mrs. Hill

The "Surprise Question" Integration:

Training staff to ask, "*Would I be surprised if Mrs. Hill passed away in the next 12 months?*" If "not", it is time for an Advance Care Planning (ACP) reviews.

Weekly administrative rounds checklist includes safety, care, environment and quality of life.

Months ago, during weekly Bullington Bear Rounds (*weekly management rounds for assigned residents*) Sampson, the assistant administrator, asked himself if he would be surprised if Mrs. Hill passed away this year.

His immediate thought was 'no' so he followed up with the team.

The DON initiated their protocol for discussing ACP with the clinician, family and pharmacist.

The Quintuple Aim

Improving care: Shift from "more care" to "right care" to improve outcomes and preserves dignity

Population health goal: Ensure 100% of residents have a designated Health Care Proxy (HCP) and a documented "Statement of Preferences" within 72 hours (or policy)
People report higher satisfaction and lower [decision conflict](#) when they feel their "voice" is documented and respected before a crisis.

[AHRQ evidence-based Care Transformation Support \(ACTS\) | Digital Healthcare Research](#)
[The Evolution of the Quintuple Aim: Health Equity, Health Outcomes, and the Economy - PMC](#)

IHI Quintuple Aim



Tip 2

During the ACP talks, Mrs. Hill's daughter clarified that Mrs. Hill has not wanted to be in hospital "hooked up to machines" but wanted to stay home as long as possible.



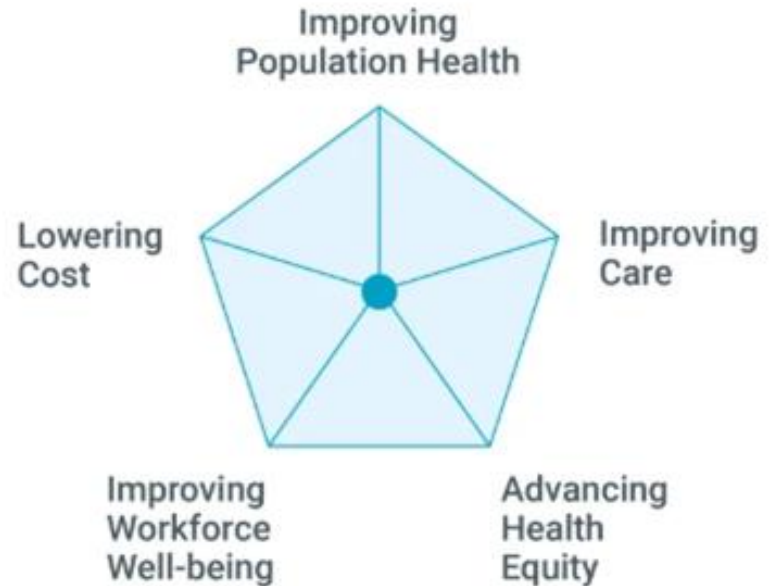
The Quintuple Aim

Lower Costs Establish clear DNR/DNH orders to decrease reactive "Transfer to Hospital"

Clinician Well-being Reduce [moral distress](#) for nursing staff by providing clear, accessible documentation of resident's wishes that prevent "crisis-mode" decision-making.

Health Equity Utilize professional translation ([F572](#)) and culturally specific decision-aids to ensure minority populations receive equal ACP engagement and determine what is most important.

IHI Quintuple Aim



Tip 3

The Hill family usually takes care of family at home. Her daughter was distressed she had been unable to keep her at home. Tied into this were Mrs. Hill's desires to not be a burden or cause expensive medical bills for her family.



Do You Use a Protocol, Toolkit, or Pathway, to Treat Pressure Ulcers?

- Do you have a clinical buildout in your EHR?
- What is the name of your pathway?
- Where did it come from?
- How do you evaluate if it is working ?



Models, Toolkits and Care Paths Provided Today

- Attributes of process
- Huddles
- Documentation
- SBAR
- 4 Ms
- Warning-Pause
- QAPI Tools
- Quintuple Aim
- Teach Back

Now that Mrs. Hill has a pressure injury what is one thing you can do today?

- Create a turn team
- Reposition after Dry
- Q2H position changes
- Ask the wound NP to do weekly skin rounds on all residents
- Q4H continence checks
- Text ed. video to team

[AHRQ Free Toolkit:](#)



Free Education videos and handouts in Slideset

HQIN Resources

(former Virginia QIO)

CMS LTC Pathways

safety will always be prioritized, regardless of the type of survey process. The RBS process would not apply to complaint surveys.

CMS is working with states to test this process over the next several months. We will provide updates as we progress, and any official memoranda will be posted to the CMS [website for Policy & Memos to States and CMS Locations](#).



Downloads

[Exhibit 358 - 11.10.2022 \(PDF\)](#)

[Exhibit 359 - 11.10.2022 \(PDF\)](#)

[CMS-802 \(PDF\)](#)

[LTCSP Initial Pool Care Areas \(ZIP\)](#)

[Initial Surveys \(ZIP\)](#)

[LTCSP Interim Revisit Instructions - Updated 07/11/2025 \(PDF\)](#)

[Revision History for LTC Survey Process Documents and Files 02/03/26 \(PDF\)](#)

[Survey Resources \(ZIP\)](#)

[Appendix PP State Operations Manual \(PDF\)](#)

Instructions: go to site, go to downloads, pick 'Survey Resources' and unzip file

[CMS LTC Pathways
Nursing Homes | CMS](#)



Ask the care expert about... Critical Element Pathways and surveys - McKnight's Long-Term Care News

Pathways and Tools Sharing for our April Huddle

Come prepared to discuss your pathway or toolkit for pressure ulcer prevention and treatment

Is your pathway driven by the EHR or corporate policy or other built-in process?


Ex PCC built in systems video 3:40 min:
https://www.youtube.com/watch?v=xGs_mb_RGw

Is Interact built into your system? <https://pathway-interact.com/> Stop and Watch Form

Use evidence-based tools like this quick reference guide: [The International Guideline](#)

Is [Up to Date](#) built in to EHR: https://www.uptodate.com/contents/prevention-of-pressure-induced-skin-and-soft-tissue-injury?search=pressure%20ulcer%20prevention&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Hospital or insurance-based bundles



Wound Care Infection Prevention



Engaging, funny videos:

Hand Hygiene 4 min video:

- [Hand Hygiene with Florence Nightingale - VCU Kaltura MediaSpace](#)

PPE:

- [Donning & Doffing - VCU Kaltura MediaSpace](#)

The Splash Zone:

- [Staying Safe in the Splash Zone - VCU Kaltura MediaSpace](#)



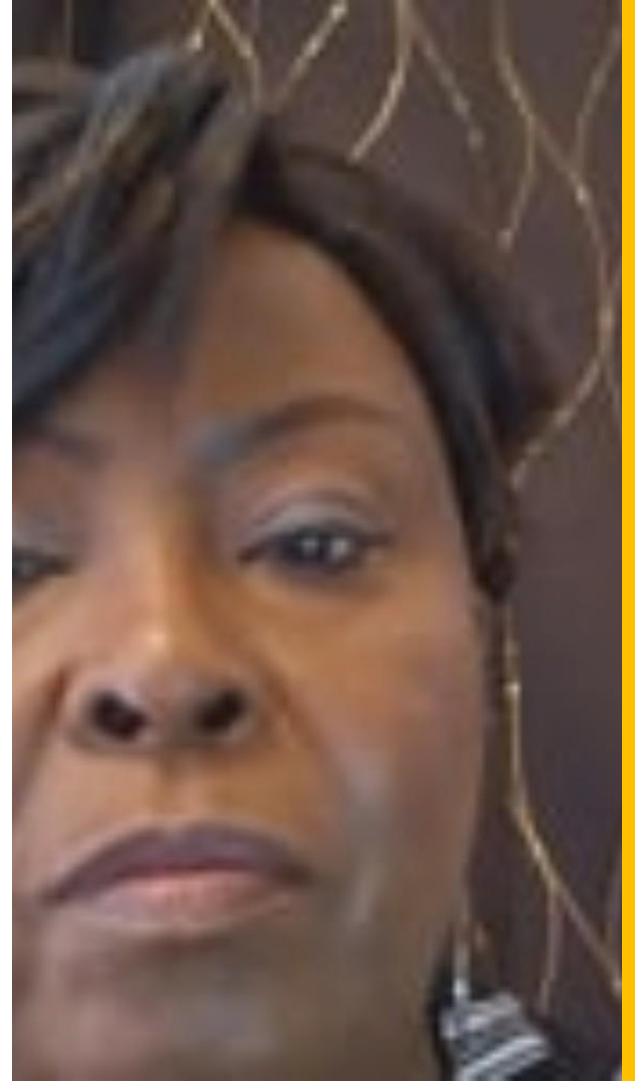
Resources

- https://hqin.org/wp-content/uploads/2020/05/HQIN_PressureInjuryPrevention-brochure-03042020_508.pdf
- [Pressure Free Zone | HQIN](#)
- <https://hqin.org/wp-content/uploads/2021/06/Pressure-Injury-PI-At-Risk-Assessment-Best-Practices.pdf>
- https://hqin.org/wp-content/uploads/2021/08/Pressure-Injury-Treatment-Best-Practices_06.17.25.pdf
- https://hqin.org/wp-content/uploads/2021/06/Pressure-Injury-Care-Plan-Best-Practice-Guide_06.17.25.pdf
- <https://hqin.org/wp-content/uploads/2020/09/Simple-Strategies-for-Preventing-Pressure-Injuries.pdf>
- <https://hqin.org/wp-content/uploads/2021/06/Simple-Strategies-for-PI-Care-Planning.pdf>
- https://hqin.org/wp-content/uploads/2020/05/Pressure_Points_Pocket_Card_HQIN_03032020_508.pdf - <https://podcasts.apple.com/us/podcast/geripal-a-geriatrics-and-palliative-medicine-podcast/id1164272877?i=1000740810115>
- 2025 International Guidelines for Pressure Injury Prevention (beta mode) <https://www.internationalguideline.com/the-international-guideline>
- https://www.uptodate.com/contents/prevention-of-pressure-induced-skin-and-soft-tissue-injury?search=pressure%20ulcer%20prevention&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1
- <https://www.ncbi.nlm.nih.gov/books/NBK2650/>
- <https://jmlevinemd.com/skin-failure-review-article/>
- https://www.sciencedirect.com/science/article/abs/pii/S0197457225004872#xd_co_f=OWRhN2U4ZDgtNjgwOC00TgzLWJkYTctMmE2OWMxMDC5NzU1~
- <https://geripal.org/pressure-ulcers-underappreciated-public/>
- <https://www.internationalguideline.com/the-international-guideline>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC12330434/>
- AHRQ PI prevention Webinars, 1 hour nutrition [video](#)
- <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/ontime/pruprev/index.html>



Tracey Pompey

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



CNAs-The Front Lines of Wound Care and Pressure Injury Prevention

We are going to do a deep dive on CNAs in our May session!

Values-driven reflection

Pressure injury prevention is not only a clinical practice.

It is also an **ethical practice**.

It asks what we notice, what we refuse to normalize, and how seriously we take another person's vulnerability.

Which of these feels most important in your work right now?

- what we notice
- what we refuse to normalize
- how seriously we take another person's vulnerability

In the Q&A, share one word or one short phrase.

How to Claim your Nursing Continuing Education Credits

CREATE ACCOUNT

Go to vcu.cloud-cme.com to create an account – make sure to add your cell phone number



EXISTING ACCOUNT MEMBERS

Text the 5-digit code to (804) 625-4041 within 5 days

If you are driving during the talk, email lfinch@vcu.edu after the meeting for the code.

Complete Evaluation & Claim Credit within 60 days of the event and download your certificate of completion

Need help? ceinfo@vcuhealth.org

**TEXT xxxx to
804-625-4041**

**You will receive a text
message and an email.**



Follow-up

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.

THANK YOU!

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



With your registration for this session, you are already registered for the Huddle-up 1

Huddle-Up 1

Tuesday, April 28, 2026 | 12:30 - 1:30 pm ET

Instructors: Laura Finch, MS, GNP, RN | Annie Rhodes, PhD, CGCM | Maureen Lillis, RN, MBA

Series Host: Gigi Amateau, PhD



VCU College of Health Professions

Gerontology



CardinalCare
Virginia's Medicaid Program

