



The Pressure's On!

Pressure Ulcers, Skin Issues, Skin Integrity, Bed Sores, whatever you want to call it, the bottom line is, everyone has their eyes on Pressure Ulcers. The advent of the new acute care quality and pay for performance measures set to begin in October 2008 will highlight this issue significantly. For years, nursing facilities have been scrutinized regarding effective skin management programs. And now, both acute and post acute care will have similar quality measures to help prevent this avoidable epidemic.

It is clear that pressure management has become an issue because of the enormous cost both financially and physically that skin breakdown presents for a patient and the healthcare system. The good news is that for the most part, skin breakdown can be prevented; the even better news is that healthcare as a "system" can now wrap its arms around this issue as something every healthcare provider is going to work toward improving.

For skilled nursing facilities, pressure management has always been a priority and taboo. It is the "horrific" story from a neighbor or acquaintance about the "bed sores" that a family member sustained while at the nursing home that has given this issue so much attention. From a litigation perspective, trying to prove to a jury that a pressure ulcer was not a facility's fault is a difficult task. The language in the Minimum Data Set helps facilities identify residents in two different categories: High Risk Pressure Ulcers and Low Risk Pressure Ulcers. Proper MDS coding for this issue is critically important as the coding determines what care plans should be used to effectively prevent the potential of a problem.

High Risk Pressure Sore Residents are defined as:

- Residents with impaired transfer or bed mobility
- Comatose residents
- Residents with malnutrition

Low Risk Pressure Sore Residents are defined as:

- Residents who are NOT High Risk

What is important to remember is that a pressure issue begins with a Stage 1, a general reddened area, usually over a bony prominence. Identification is very important upon the admission MDS and any future assessments. For years, skilled nursing facilities have admitted patients from acute care with pressure areas, and have healed them quickly. A skilled nursing facility's risk is when a pressure area is acquired after the resident has been admitted. Identification of the risk, Evaluation of potential treatment, Implementation of that treatment and Modification of that treatment as necessary is critical to a successful pressure prevention program. Products that help to map or identify where a person is at risk to increase the likelihood of a pressure ulcer be extremely effective in solving this issue.