

MDS Alert

Quality Improvement: Don't Undermine Wound Care Outcomes: Use These Topnotch Tracking Strategies

Find out how this nursing home organization keeps a careful watch on pressure ulcer progress.

A lackluster wound tracking effort can allow stalled or worsening wounds to fall through the cracks -- and put your survey record in a tailspin.

You not only have to do wound measurements but also evaluate the wound bed and document exudate and describe the surrounding tissue, says **Dorothy Doughty, MN, RN, CWOCA, FAAN**, director of the Emory University of WOC Nursing Education Center in Atlanta. Otherwise, you won't have a "good picture" of what's going on with the wound. "You need well-defined parameters and a form" that requires you to look at those parameters when you do the assessment, she adds.

Real-world practice: U.S. Healthcare Services' nursing facilities use the PUSH tool to track pressure ulcer healing, says **Wilma Bailey, BSN, RN, CWCN, ET, CWS**, a wound consultant employed by the company in Culman, Ala. "The tool helps detect wounds that aren't changing" or ones that are going downhill. "The treatment nurses do the measurements the same day every week."

The nurses also observe each resident's pressure ulcers and other wounds daily. "If [a resident] is on a Monday, Wednesday, Friday schedule for dressing changes, the nurse will observe the person's wound to make sure there is no redness or excessive drainage around the dressing," Bailey explains. "The most we go between wound dressing changes is a day," she adds. "There are dressings that can be left on a week, such as hydrocolloids, but I don't like to do that. A lot of things can happen within 48 hours."

The treatment nurses do a weekly wound assessment report, which goes to Bailey, the director of nursing, and the registered dietitian. "The corporate VP of QA also receives a copy from each facility to keep her updated," Bailey says.

Clinical tip: Of course, "the idea for obtaining wound characteristics on a weekly basis is to determine whether the wound is improving," says **Canzeri-Labish, RN, MS, CWOCA**, director of nursing at Wesley Health Care Center in Saratoga Spring, N.Y. And "most full thickness wounds will appear larger in size as debridement takes place," she cautions. "The wound will certainly have more depth as enzymatic debridement takes place." That's one reason MDS documentation is required to explain and back up what you code on the MDS, she says.

Editor's note: Should you include photodocumentation in your wound monitoring program? For details, see the article on page 55.