

Resident-related – Triggered

Home Name: _____ Inspection Number: _____ (*hard copy use only*)
 Date: _____
 Inspector ID: _____

Definition / Description

- Altered skin integrity:** The potential or actual disruption of epidermal or dermal tissue
(Nursing Best Practice Guideline – Risk Assessment & Prevention of Pressure Ulcers, RNAO, 2005)
- Pressure ulcer:** A lesion caused by unrelieved pressure that results in damage to underlying tissue. Pressure ulcers usually occur over a bony prominence and are staged to classify the degree of tissue damage observed.
(Nursing Best Practice Guideline – Risk Assessment & Prevention of Pressure Ulcers, RNAO, 2005)
- RAI-MDS 2.0 – Definitions:**
- Stage 1: A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.
- Stage 2: A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.
- Stage 3: A full thickness of skin is lost, exposing the subcutaneous tissues – presents as a deep crater with or without undermining adjacent tissue.
- Stage 4: A full thickness of skin and subcutaneous tissues is lost, exposing muscle or bone.
- Stage X: A unstageable pressure ulcer

Use

This is a resident-related triggered IP, used to review skin and wound care management during the annual inspection of the LTC home for a sampled resident who has issues related to skin and wound care.

The inspector may also select and complete this IP when a concern(s) related to skin and wound care is raised while conducting any type of inspection.

The inspection focuses on the licensee’s obligations to provide a skin and wound care management program that must, at a minimum, provide for the following:

- Provision of routine skin care to maintain skin integrity and prevent wounds
- Assessment strategies to promote resident comfort, mobility and prevention of infection
- Strategies to transfer and position residents to reduce and prevent skin breakdown

- Treatments and interventions, including physiotherapy and nutrition care
- Monitoring of residents' responses to and the effectiveness of skin and wound care management strategies.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains two (2) parts:

- Part A: Resident Risk and Care Outcomes
- Part B: Contributing Factors

During the Annual Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. All applicable questions in Part A must be completed unless not applicable to the specific resident's condition.
3. If non-compliance is identified in Part A, the inspector(s) will proceed to Part B and complete the applicable questions.
4. If there is no non-compliance identified in Part A, Part B is not required to be completed unless other concerns related to skin and wound care management have been identified.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

PART A: Resident Risk and Care Outcomes

Initial Record Review

Relevant documents for review include:

MDS assessment:

- Section M (skin condition) M1-M6
- Section J2 (pain symptoms) and J3 (pain site)
- I2m (wound infection)
- P9 (abnormal lab values)
- O4f (analgesic)

The history, physical assessment, physician orders, plan of care, progress notes, pharmacist reports, lab reports and any flow sheets, intake and output records, MAR and TAR.

			Information Gathering	
			Initial Record Review	
Notes				

Resident/Substitute Decision-Maker Interview			
Interview the resident, family or responsible party to determine: <ul style="list-style-type: none"> • Involvement in the development and awareness of the plan of care approaches related to skin/wound, goals and if interventions reflect choices and preferences • How long and how often has the resident experienced skin/ wound breakdown • How the skin/wound has been treated in the past and preventative interventions attempted • If treatment was refused, whether counselling on alternatives, consequences, and/or other interventions were offered. 			
			Information Gathering
			Resident / SDM Interview
Notes			

Staff Interviews			
Interview staff on various shifts when concerns about skin and wound care have been identified to determine: <ul style="list-style-type: none"> • Whether staff identified the resident at risk for actual or potential skin/ wound breakdown • If the resident has been assessed for skin/ wound breakdown and the results • How and when skin/ wound assessments are completed • Types of skin/wound care interventions developed • If the resident receives routine skin/ wound treatments. 			
			Information Gathering
			Staff Interviews
Notes			

Assessment			
Determine whether the skin and wound assessment included, as appropriate: <ul style="list-style-type: none"> • Type, location, and contributing factors that may cause skin/wound breakdown including special conditions, causes and/ or problems, needs and behaviours • Specific factors that might increase the risk of skin/wound breakdown or affect healing • The appropriateness of the current skin/wound care interventions (for example – repositioning, pain and nutrition management). 			
			Information Gathering
			Assessment
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that the resident received a skin assessment by a member of the registered nursing staff within 24 hours of admission?	r. 50(2)(a)(i)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff upon any return from hospital?	r. 50(2)(a)(ii)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff upon any return from an absence of greater than 24 hours?	r. 50(2)(a)(iii)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment?	r. 50(2)(b)(i)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other?	s. 6 (4) (a)
Notes					

Plan of Care

Review the plan of care to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan of care addresses:

- Quantifiable, measurable objectives/goals with reassessment timeframes
- Comprehensive interventions with sufficient specificity to guide the provision of care, services and treatment which include but are not limited to, the following:
 - Based upon resident choices and preferences and interdisciplinary expertise
 - Promotion of dignity and respect
 - Prevention, treatment/ interventions
 - Approaches to minimize risk of skin/ wound and infection(s)
 - Monitoring for pain and its symptoms related to skin/wound treatments.

			Information Gathering	
			Plan of Care	
Notes				

No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds: <ul style="list-style-type: none"> • been assessed by a registered dietitian who is a member of the staff of the home, and have any changes made to the plan of care related to nutrition and hydration been implemented?	r. 50 (2) (b) (iii)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment with respect to the resident's skin condition, altered skin integrity and foot conditions?	r. 26 (3) 15
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment with respect to the resident's special treatments and interventions?	r. 26 (3) 18
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care set out clear directions to staff and others who provide direct care to the resident?	s. 6 (1) (c)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident, the SDM, if any, and the designate of the resident/SDM been given an opportunity to participate fully in the development and implementation of the plan of care?	s. 6 (5)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff and others who provide direct care to a resident, kept aware of the contents of the plan of care and have convenient and immediate access to it?	s. 6 (8)

Notes	
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Observations / Provision of Care

Observe the resident, to determine whether staff:

- Address risks and or contributing factors to minimize complications
- Address resident's level of comfort during skin / wound care treatment(s) and interventions
- Provide assistance with mobility/transfer/repositioning
- Implement appropriate infection control practices and skin/ wound care interventions
- Have access to supplies and equipment
- Recognize and assess potential signs and contributing factors relating to skin/wound break down.

				Information Gathering	
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				Observations / Provision of Care	
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Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required?	r. 50 (2) (b) (ii)

Notes	
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No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are equipment, supplies, devices and positioning aids readily available as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing?	r. 50 (2) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident who is dependent on staff for repositioning been repositioned: <ul style="list-style-type: none"> • every two hours or more frequently as required depending on the resident's condition and tolerance of tissue load, and • while asleep if clinically indicated? 	r. 50 (2) (d)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the care set out in the plan of care provided to the resident as specified in the plan?	s. 6 (7)
Notes					

Monitoring/ Evaluation/ Revision

Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the plan of care based on the resident's response, outcomes, and needs.

Both the RAI outcome scale and the quality indicators are evidence of the care intervention effectiveness.

Information Gathering					
				Monitoring / Evaluation/ Revision	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, been reassessed at least <u>weekly</u> by a member of the registered nursing staff, if clinically indicated?	r. 50 (2) (b) (iv)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident reassessed and the plan of care reviewed and revised at least <u>every six months</u> and at any other time when the resident's care needs change or care set out in the plan is no longer necessary?	s. 6 (10) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the resident is being reassessed and the plan of care is being revised because care set out in the plan has not been effective, have different approaches been considered in the revision of the plan of care?	s. 6 (11) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented?	r. 30 (2)
Notes					

PART B: Contributing Factors

(Complete applicable questions if non-compliance is identified in Part A.)

Skin and Wound Care Program

No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for the provision of routine skin care to maintain skin integrity and prevent wounds?	r. 50 (1) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents?	r. 50 (1) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
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22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide strategies for transferring and positioning residents to reduce pressure and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids?	r. 50 (1) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for treatments and interventions, including physiotherapy and nutritional care?	r. 50 (1) 4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that the skin and wound care program is developed and implemented in the home that: <ul style="list-style-type: none"> • promotes skin integrity • prevents the development of wounds and pressure ulcers, and • provides effective skin and wound care interventions? 	r. 48 (1) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for assessment and reassessment instruments?	r. 48 (2) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are direct care staff provided training in skin and wound care?	r. 221 (1) 2
Notes					

Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is: <ul style="list-style-type: none"> a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) (b) complied with? 	r. 8 (1) (a) (b)

Notes	
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General Requirements for Programs

No.	Yes	No	N/A	Question	Act/Reg.
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its: <ul style="list-style-type: none"> goals and objectives relevant policies, procedures, protocols methods to reduce risk methods to monitor outcomes, and protocols for referral of resident to specialized resources where required? 	r. 30 (1) 1
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Skin and Wound Care, for example:

- Admission Process
- Continence Care and Bowel Management
- Dignity, Choice and Privacy
- Falls Prevention
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement
- Reporting and Complaints
- Responsive Behaviours
- Training and Orientation