Objectives

- After participating in this program, the participant should be better able to:
  - Identify specific factors contributing to the potential development of heel pressure ulcers
  - Apply knowledge acquired to more successfully prevent heel pressure ulcers
  - Explain importance of proper and consistent documentation
  - Implement appropriate evidence based interventions to reduce occurrence, improve patient outcomes, and decrease risks of institutional liability with regard to heel pressure ulcers

How big is the problem?

- Heels are second most common location overall for pressure ulcers
- Peri-operative pressure ulcers incidence equals 27.3% of those 50% are heel ulcers
- Approximately one quarter of all pressure ulcers across the continuum are heel ulcers
- Heel PrU are now the most common location for sDTI
What contributes to the problem?

- Heels are more likely to be kept undercover
- Heel PrU risks not addressed by most common risk assessment tools
- Longevity and the ability to live with more chronic health issues
- Heels are particularly difficult to assess
- Misdiagnosis can and does result in:
  - inappropriate or delayed management
  - misappropriation of healthcare costs
  - potential for regulatory and litigation penalties

Causative Factors

Pressure, friction, and shear forces greatly impact heel ulcer development

- The higher the pressure, the less time it takes for tissue ischemia and damage to occur
- Prolonged compression of muscle over bony prominences renders it more prone to ischemia and infarction

What makes heels vulnerable?

- Skeletal anatomy
- Anatomy
- Vasculature
What makes heels vulnerable?

**Skeletal Anatomy:**
- Calcaneus largest bone of foot
- Is wedged with pointed shape

• Achilles Tendon connects the calf muscles to the heel bone

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What makes heels vulnerable?

**Anatomy:**
- Little subcutaneous tissue surrounds bone
- Shock absorptive capacity of the heel decreases with age
- Sole of the foot has no sebaceous glands

---

What makes heels vulnerable?

**Vasculature:**
- Circulatory impairment negatively impacts heel health
- Blood flows primarily from posterior tibial and peroneal arteries
- Mechanical forces can compromise circulation

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Who is at risk?

- Age
- General medical condition
- Multiple comorbid conditions
- Mobility/sensory limitations
- History of previous heel ulcer
- Compromised nutrition/hydration
- End of life
Personal Costs

- Pain
- Depression
- Family impact
- Increased risk for complications
- Risk for extended hospitalization
- Potential need for additional services

Financial Impact

- Increased out of pocket costs
- Increased care costs
- Legal fees
- Regulatory citations
- Facility hidden costs

New Focus Under Health Care Reform

Prevention

- Focus redirected to pay for performance
- Evidence based patient care
- Consistency across the continuum
- Patient and provider accountability
- Program development
Prevention

- Assessment
- Nursing diagnosis
- Planning
- Implementation
- Evaluation

Assessment

What does patient report?
What do you see?

Nursing Diagnosis

- Patient is at risk for heel pressure ulcer
- What next?
Plan and Implement

FOCUS: PREVENTION

Studies have shown the following help reduce heel pressure ulcers:

- Raise patient, family and caregiver awareness
- Improved staff education
- Regular assessments
- Instituting early, appropriate preventative measures

Plan and Implement

IMPLEMENT APPROPRIATE PREVENTION MEASURES

- In bed
- In chair
- With footwear
- With medical devices

Individualize to patient needs

Appropriate Prevention Measures?

What is the goal?
What are your options?
Is it evidenced-based?
Plan and Implement
IN BED:

- Complete & frequent assessment/reassessment
- Reposition every 2 hours and check heels
- When moving patient up in bed, take care not to drag heels
- Wash & lotion legs & feet daily

Plan and Implement
IN BED:

Suspending heels on pillows

CT Imaging shows vessel contouring with and without static air

Plan and Implement
IN CHAIR:

- Proper positioning/repositioning
- Correct chair
- Edema control
- Footwear or preventive device
Plan and Implement
WITH FOOTWEAR:

Do shoes fit properly?
Are there special needs?

Plan and Implement
WITH MEDICAL DEVICE

- Anti emboli stockings
- SCD sleeves
- CPM Units
- Casts, splints
- PrAFO’s

Plan and Implement
PREVENTION DEVICE SELECTION

- Elevate heel
- Protect sides of foot and ankle
- Neutralize weight of lower extremity
- Maintain & promote circulation
- Address foot drop and lateral rotation of ankle
- Allow access to the foot for inspection & treatment
- Facilitate the musculoskeletal pump
- Fulfill regulatory requirements
Plan and Implement

Choose and use products as per manufacturer’s recommendations:

Correct size
Correct fit & application

Correct use

Plan and Implement

EDUCATION:

• Raise patient, family and caregiver awareness

Documentation

• Who is responsible
• Why is it important
• What to document
• When to document
• Where to document
• Documentation across the continuum
Evaluate

Have you met your goals?

Have you decreased heel pressure ulcers?

Give credit where credit is due:

- Nursing assistants are worth their weight in gold when it comes to heel pressure ulcer prevention
- Nutritionists for dietary management
- PCP assist with keeping patient medically stable

Create a culture of teamwork with patient as primary member of the team

Winning the Battle...

PROGRAM DEVELOPMENT FOR SUCCESS!

- Assess - What do you hope to accomplish
- Diagnosis - Create needs assessment from current practices
- Plan - Create your team and protocols
- Implement - Now and ongoing
- Educate
- Evaluate
Winning the Battle...

Legal Considerations:

- If a facility/hospital accepts a patient they must be able to provide evidence based care that meets national guidelines
- Is your facility meeting standard of care?

PROGRAM DEVELOPMENT IMPROVES PATIENT CARE, PATIENT SATISFACTION AND DECREASES RISKS OF LITIGATION AND FINES...

Winning the Battle...

ASSESSMENT:

- What do you plan to accomplish?
- Who will be part of the team?
- How do you plan to accomplish it?

Winning the Battle...

Creating the Team

- WOCN - Champion
- Wound physician
- Patient and/or their representative
- Wound care providers
- PT/OT
- Nursing liaison
- Primary Care Provider (PCP)

Supporting Members
- Administration
- Nursing leaders
- QI/Safety/Risk Manager
- Staff nurse
- Nursing assistants
- Education
- Registered nutritionist
- Chaplain/Social Services
- Materials manager
- Information systems
- Clerical staff
Winning the Battle...

DIAGNOSIS:

• Literature Review
• Determine Heel PrU risks in your facility
• Are you meeting standard of care?
  • Pressure Ulcer Policies & Protocols (Nursing)
  • Prevalence & Incidence study results (Quality)
  • Withheld reimbursement for HAPUs (Coding)
  • Patient satisfaction (HCAHPS Hospital Survey)
  • Litigation expenses (Risk Management)
  • Equipment & Supply Costs (Materials Management/Finance)

Winning the Battle...

PLAN and IMPLEMENT:

• Policy & Guidelines/Protocol Changes
  • Implement quarterly P&I Studies
• Education
• Documentation standards
• Cost improvement strategies

Winning the Battle...

EDUCATION:

• Educational Materials
• Clinical Staff
• Medical Staff
• Administration
Winning the Battle...

Statewide Programs:

Focus on Prevention
Minnesota - MHA Safe Skin 2.0

New Jersey - No Ulcers Bundle

Wisconsin - Pressure Ulcer Coalition

Winning the Battle....

NO ULCERS bundle (New Jersey Hospital Association)

- Nutrition and fluid status
- Observation of skin
- Up and walking or turn and position
- Lift, don’t drag skin
- Clean skin and continence care
- Elevate heels
- Risk assessment
- Support surfaces for pressure redistribution

Winning the Battle...

Evaluate

- Re-evaluate regularly
- Are you meeting Standard of Care
  - No withheld reimbursement for HAPUs
  - Improved prevalence & incidence study results
  - Improved patient satisfaction (HCAHPS Hospital Survey) data
  - Decreased litigation expenses
  - Controlled cost of heel off-loading devices
Winning the Battle...

Prevention across the Continuum

- Community (EMS)
- Acute Care
  - Emergency Department
  - Perioperative
  - Post Anesthesia Care
  - Critical Care/Trauma
  - Nursing Units
  - Ancillary Departments
- Skilled Nursing/Rehab
- Assisted Living
- Home Health Care
- Palliative/Hospice
- Home (Self Care)

Thank You

Questions

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