

Preventing Pressure Injuries in Home Healthcare

Nearly 2.5 million people develop a pressure injury every year, and 60,000 people die every year as a direct result of pressure injuries, according to the National Pressure Injury Advisory Panel (NPIAP).¹ Pressure injuries can be painful and expensive to treat; they also increase the risk of infection and hospitalization, and sometimes lead to death.² Elderly people and people who are immobile or have limited mobility are at increased risk for pressure injuries, which makes these wounds a top concern in various healthcare settings, including home healthcare.

Preventing pressure injuries requires an interdisciplinary approach to care and coordination among all home care providers who are involved in developing and implementing patients' care plans. Additionally, an agency/organizational culture and operational practices that promote teamwork and communication will facilitate an increased focus on pressure injury prevention and optimize patients' care and safety.

Home healthcare agencies (and other organizations that offer home care services) and home care providers can use this checklist to evaluate processes and pinpoint areas for improving pressure injury prevention and treatment strategies.³

	Yes	No
Risk Assessment/Skin Evaluation		
Does your agency have policies and procedures related to pressure injury prevention and treatment?		
Does agency policy require that each new patient receive a skin evaluation to assess for pressure injuries?		
Are home care providers required to use a structured pressure injury assessment tool to identify patients at risk for pressure injuries?		

	Yes	No
Risk Assessment/Skin Evaluation (continued)		
Does agency policy require further assessment of patients with existing pressure injuries, those with fragile skin, those with impairments in blood flow to the extremities, as well as those with pain in areas of the body exposed to pressure?		
Are patients routinely reevaluated for pressure injuries (e.g., minimally weekly or when a change occurs in a patient's condition)?		
Does your agency require that home care providers use a valid and reliable screening tool to determine which patients are at risk for undernutrition or malnutrition?		
Does your agency have protocols for protecting patients' tissue and minimizing friction, shear, and moisture from fixed medical devices?		
Do home care providers assess pressure points, such as the sacrum, coccyx, buttocks, heels, ischium, trochanters, and elbows?		
Do home care providers evaluate the skin underneath medical devices on patients each time care is provided?		
Do home care providers note and report any redness on a patient's skin when it does not disappear or when it's on a new open skin area, especially over a bony area or in relation to a medical device?		
Do home care providers inspect darkly pigmented skin by looking for changes in skin tone, skin temperature, and tissue consistency compared to adjacent skin?		
Does your agency have designated wound care nurses to evaluate reddened areas of concern along with current wounds?		
Has your agency considered having providers perform periodic physical, psychological, and psychosocial reassessments of patients with pressure injuries?		
Pressure Injury Prevention Strategies		
Does your agency provide a protocol for pressure injury prevention, such as the Standardized Pressure Injury Prevention Protocol (S-PIPP)?		

	Yes	No
Pressure Injury Prevention Strategies (continued)		
Do home care providers monitor the eating habits of patients with pressure injuries?		
Do home care providers assess patients' oral, enteral, and parenteral intake to ensure it is sufficient?		
Do undernourished or malnourished patients receive nutrition support?		
Do home care providers encourage patients to consume adequate fluids to stay hydrated and to eat a balanced diet?		
Are effective toileting schedules used since incontinence is a major contributing factor to skin breakdown?		
Do home care providers ensure that patients' skin is cleansed promptly after episodes of incontinence?		
Do home care providers use pH-balanced skin cleansers on patients and apply skin moisturizers on patients' dry skin daily?		
Are special care plans used for patients who develop pressure injuries as a result of immobility?		
Do home care providers avoid positioning patients on existing pressure injuries or reddened areas?		
Are at-risk patients turned or repositioned at appropriate intervals?		
Is a turn/reposition schedule in place that optimizes independent movement and reduces friction/shear?		
Do home care providers ensure that patients' heels are free from their beds?		
Are heel offloading techniques/devices used on patients at a high risk for heel ulcers?		
Are regular pressure reliefs (i.e., weight shifting, pressure redistribution, and pressure reduction) used as part of care plans?		

	Yes	No
Pressure Injury Prevention Strategies (continued)		
For patients who have medical devices, have home care providers determined that:		
 Each patient has the proper size and type of device? 		
 Devices are secure to decrease movement or slippage? 		
Skin is padded to reduce friction?		
• Manufacturers' recommendations for use and care of devices are followed?		
Do home care providers place thin foam or breathable dressings under medical devices that patients are wearing?		
Do home care providers look for signs of pain in noncommunicative patients as well as nonverbal cues of pain and discomfort?		
Awareness/Education		
Are home care providers knowledgeable about medical device-related pressure injuries as well as mucosal membrane pressure injuries?		
Are home care providers aware of the pressure injury staging system, including the staging illustrations from NPIAP?		
Can home care providers effectively identify the stages/categories of pressure injuries?		
Are home care providers familiar with unstageable pressure injuries and deep tissue pressure injuries?		
Are home care providers aware of the role that microclimate, pressure, and shear force play in pressure injuries?		
Does your agency have an educational plan to enhance home care providers' knowledge of pressure injury prevention and treatment?		
Are all members of the interdisciplinary team educated and trained on the agency's pressure injury plan of care?		

	Yes	No
Awareness/Education (continued)		
Does the agency provide routine evidence-based pressure injury prevention and treatment education?		
Are patients, families, and caregivers educated about:		
What pressure injuries are?		
What causes pressure injuries?		
Risk factors for pressure injuries?		
Signs of pressure injuries?		
 Strategies for preventing pressure injuries (e.g., proper nutrition, positioning, hygiene, etc.)? 		
Treatment for pressure injuries?		
Are home care providers trained to assess bariatric patients (and other at-risk patients) for pressure injuries?		
Are home care providers educated about the correct use of medical devices and prevention of skin breakdown?		
Are families/caregivers of patients who have medical devices educated about the device, what it is, where it is located, why it is there, how it functions, and how long it will stay in place?		
Does your agency monitor the incidence and prevalence of medical device-related pressure injuries?		
If yes:		
• Are the resulting data used to benchmark with other agencies?		
 Are the results shared with the agency's employees? 		
Does your agency provide training to improve communication among all members of the care team?		
Does your agency use reliable and valid assessment tools to routinely assess the knowledge and attitudes of its staff members?		

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Communication/Documentation		
Does your agency have communication and documentation policies (e.g., expectations for respectful and courteous communication between all members of the care team, standards for documenting care, and procedures for care handoffs)?		
Are different types of home care providers aware of their communication and documentation accountabilities (e.g., physicians, physician assistants, nurse practitioners, nurses, certified nursing assistants, etc.)?		
Are the patients' assessments, interventions, and continuing care needs communicated from one caregiver to another to ensure successful handoffs?		
Do home care providers promptly communicate and address changes identified during routine risk assessments?		
Do home care providers document all care for pressure injuries in patients' health records?		
Do home care providers document all education provided to patients, families, and caregivers about pressure injuries and prevention methods?		

Resources

For more information, see MedPro's Risk Resources: Pressure Injuries in Older Adults.

Endnotes

³ This checklist is based on information from the following sources: National Pressure Injury Advisory Panel. (2016 [Last Updated]). *Pressure injury prevention points*. Retrieved from https://npiap.com/page/PreventionPoints; Institute for Healthcare Improvement. (2011). *How-to guide: Prevent pressure ulcers*. Retrieved from https://sageproducts.com/wp-content/uploads/HowtoGuidePreventPressureUlcers.pdf

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¹ National Pressure Injury Advisory Panel. (n.d.). *NPIAP fact sheet*. Retrieved from https://cdn.ymaws.com/npiap.com/resource/resmgr/npiap_pru_awareness_fact_she.pdf

² Al Aboud, A. M., & Manna, B. (2023, April 19 [Last Updated]). Wound pressure injury management. *StatPearls*. Retrieved from www.ncbi.nlm.nih.gov/books/NBK532897/