

Because lawsuits are expensive,

# Documentation is paramount

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lawsuits are related to pressure ulcers annually<sup>1</sup>

## Punitive damages often exceed tens of millions of dollars, but there are other costs:

- Damage to reputation
- Time invested in preparations, depositions, defense
- Legal fees
- Organizational distraction, demoralization
- Damage to community

## Prevention, surveillance, and documentation are the best defense

Facilities can improve care and protect themselves from litigation with a comprehensive program of pressure ulcer surveillance and documentation.<sup>2</sup>

## Good charting can demonstrate



*Continuity of care*



*Quality of care*



*Timely revisions of care plans*



  
**Mölnlycke®**  
Post-acute care

To strengthen your facility's defense against lawsuits,  
**Remember A, B, C, D, E**



### **ASSESS for risk**

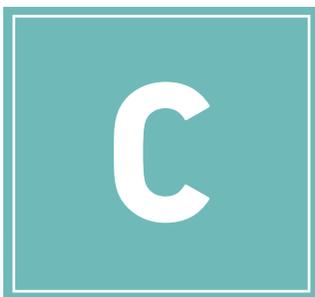
- Conduct a prompt and thorough assessment upon admission
- Perform routine risk assessments and implement/adjust care plans accordingly
- Match interventions to specific indicators on the Braden subscale (managing moisture, maximizing nutritional status, etc)
- Escalate interventions when appropriate



### **BEST PRACTICES can improve care and protect from litigation**

#### **Consult these organizations for tools and resources:**

- The National Pressure Ulcer Advisory Panel ([npuap.org](http://npuap.org))
- The Agency for Healthcare Research and Quality ([ahrq.gov](http://ahrq.gov))
- The Minnesota Hospital Association ([mnhospitals.org](http://mnhospitals.org))
- The Institute for Healthcare Improvement ([ihi.org](http://ihi.org))



### **COMMUNICATE with patients and family**

- Educate patients and family members about pressure ulcers, and encourage them to take an active role in prevention
- Regularly demonstrate prevention measures currently in place, including an in-depth overview upon admission
- Communicate adjustments to care plans, and stress the importance of elements such as turn schedules and nutrition
- Communicate the goals of the care plan with patients and family members



## DOCUMENT, DOCUMENT, DOCUMENT

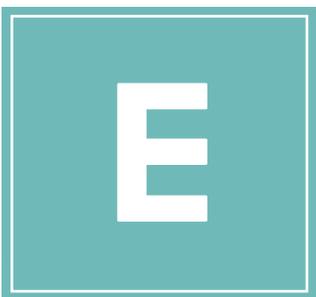
**Consistent, thorough documentation can substantiate critical elements of a pressure ulcer prevention and management program, including:**

- Presence of a wound at admission or at any time while under care
- Nutrition and hydration
- Pressure off-loading (eg, support surfaces, turning and repositioning)
- Prophylaxis or management with dressings
- Communication with attending physician on record

**Key elements of documentation include<sup>3</sup>:**

- Date observed
- Location
- Staging
- Size
- Odor
- Pain
- Intervention(s)
- Progress

Language within charting documents should be professional and clear. Consider documenting and tracking pressure ulcers with photography.



## EVERYONE should be involved

- Stress the legal and financial significance of pressure ulcers facility-wide
- Foster an environment of pressure ulcer prevention
- Regularly educate staff on the importance of pressure ulcer prevention, as well as accurate and thorough documentation
- Seek guidance from outside experts regarding pressure ulcer prevention program development, performance measurement, and needs assessments

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*Post-acute care*

# Work with the team at Mölnlycke to design a pressure ulcer prevention program that works for you

We approach pressure ulcer prevention from all angles, with a focus on better outcomes in post-acute care. After performing a needs assessment, we'll build a comprehensive plan to help meet your facility's pressure ulcer prevention goals.

## We also offer

-  Training and support by wound care certified specialists
-  Educational presentations and webinars on the latest evolutions in management

**REFERENCES:** **1.** AHRQ, Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care; Available: <https://www.ahrq.gov/sites/default/files/publications/files/putoolkit.pdf> **2.** Levine, Jeffrey M. [2000] The Pressure Sore Case: A Medical Perspective, Marquette Elder's Advisor: Vol. 2: Iss. 2, Article 7. Available: <http://scholarship.law.marquette.edu/elders/vol2/iss2/7> **3.** Indiana Department of Health, Pathway Health Services Wound Documentation Guidelines[2007]; Available: [https://www.in.gov/isdh/files/Wound\\_Documentation\\_Guidelines.pdf](https://www.in.gov/isdh/files/Wound_Documentation_Guidelines.pdf)

**To take the next step, contact your Mölnlycke post-acute Sales Representative or Clinical Director.**

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