

ACCREDITATION

Required Organizational Practice (ROP) of the Month

OPTIMIZING SKIN INTEGRITY

- The **Required Organizational Practice (ROP)** for **Optimizing Skin Integrity** states that teams participate in the organization's evidence-informed program to maintain or enhance **skin integrity**.
- **Skin integrity** refers to the overall health of one's skin and its ability to function properly.
- Impaired **skin integrity** occurs when there is a skin tear, infection, pressure ulcer or other skin injury.
- Teams must conduct evidence informed screening, complete assessments, and implement individualized care plans for those at risk of impaired **skin integrity**.
- **Optimizing Skin Integrity** is included in **all** Accreditation Canada Standard Sets except for: Ambulatory Care, Diagnostic Imaging and Mental Health and Addictions.

AT HEALTH PEI:

- There is an Acute Care **Pressure Ulcer Prevention Policy** and a Long Term Care (LTC) **Pressure Injury Risk Assessment and Prevention Policy** available on PDMS/Medworxx.
- The **Braden Assessment Scale** is used to provide early identification of individuals at risk of developing a pressure injury. A risk score is assigned based on the assessment.
- In acute care, a **Braden PowerPlan** is ordered based on the patient's risk score. The PowerPlan identifies which pressure injury prevention interventions to initiate for the patient's care.
- In LTC, an individualized care plan is developed for each resident based on their risk assessment.
- There are **Nurses Specialized in Wound Care (NSWOC)** who can be consulted for input into managing complex pressure injuries.
- Incident reports are completed on the "Skin/Tissue" form in the **Provincial Safety Management System (PSMS)** whenever **new** skin breakdown/damage is noted.
- For more education information visit: [Wound Care Modules | Health PEI | Staff Resource Centre](#)

Each policy stipulates when and how often to complete a Braden Assessment

Questions Surveyors May Ask Staff:

How do you determine if your patient is at risk for developing a pressure injury?

How do you ensure that all team members are aware of a patient's risk for pressure ulcers and their individual care plan?

What education is provided to patients, families or caregivers regarding pressure ulcer prevention?

What are some initiatives that address pressure ulcer prevention on your unit?