Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that organizations must have in place to enhance patient/client/resident safety and reduce risk.

**ROP Definition:**
*The team assesses each patient’s risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development.*

Tests for Compliance:
1. The team conducts an initial pressure ulcer risk assessment at admission, using a validated, standardized risk assessment tool.
2. The team reassesses each patient for risk of developing pressure ulcers at regular intervals, and with significant change in patient status.
3. The team implements documented protocols and procedures based on best practice guidelines to prevent the development of pressure ulcers, which may include interventions to: prevent skin breakdown; minimize pressure, shear, and friction; reposition; manage moisture; optimize nutrition and hydration; and enhance mobility and activity.
4. The team supports education for health care providers, patients, and families or caregivers on the risk factors and strategies for the prevention of pressure ulcers.
5. The team has a system in place to measure the effectiveness of pressure ulcer prevention strategies, and uses results to make improvements.

Studies have shown that individuals with SCI have a life-long risk of developing pressure ulcers, with 95% of them developing at least one sometime during their lifetime. Pressure ulcers have a significant negative impact on quality of life, are costly to the healthcare system, and are also a risk factor for other serious complications. The Rick Hansen Institute has developed a toolkit and a repository of resources for skin integrity, available at: [http://sci2.rickhanseninstitute.org/skin-integrity](http://sci2.rickhanseninstitute.org/skin-integrity).

**Meeting this ROP: what compliance looks like:**

1. **We do a comprehensive assessment with all our patients at admission using a validated tool.**
   - All patients are assessed for pressure ulcer risk as soon as possible after admission (i.e. within 24 hours ideally, and within seven days at most).
   - We use a validated pressure ulcer assessment tool, such as Braden/Braden Q, Norton, InterRAI, Waterlow, Gosnell, Knoll, or Spinal Cord Injury Pressure Ulcer Scale (SCIPUS)
   - We document the pressure ulcer assessment and all subsequent reassessments in the medical record

2. **We reassess our patients regularly and as their status changes.**
   - We follow evidence-based guidelines for reassessment frequency according to level of risk
   - We monitor skin integrity as an interdisciplinary team as part of daily care, and communicate early and often to catch warning signs before they develop into problems
We use a consistent way of staging and documenting the presence of pressure ulcers of any severity.

3. **We address skin integrity with evidence-based interventions and care plans.**
   - We have adopted evidence-based guidelines and interventions appropriate for our patients’ risks.
   - We develop individualized care plans in partnership with patients and families to prevent the development of pressure ulcers and promote healing of existing pressure ulcers.
   - The care plans are interdisciplinary and address all areas of risk holistically (i.e. nutrition/hydration, moisture, repositioning, friction/shear...).

4. **We partner with our patients and their caregivers to promote self-management.**
   - We educate patients and families about life-long risk as a secondary complication of SCI, and provide them with evidence-based information on their role in prevention, early detection and life-long self-management.

5. **We track and use pressure ulcer data to make continuous improvements.**
   - We have access to useful data about the occurrence of pressure ulcers on our unit that help us pinpoint trends, common causes, and severity.
   - We have access to process measures on consistency of practice, i.e. compliance with assessment, reassessment, and documented care plans.
   - We discuss our pressure ulcers data as a team to identify opportunities for improvement, and can provide specific examples of changes made on our unit as a result.

**What You May Be Working On:**
- **Improving consistency of practice** – adopting evidence-based tools to ensure consistent assessment, documentation and care planning.
- **Partnering with patients/families** on life-long self-management – developing easy to understand patient education materials, teaching of practical skills, supporting patients to direct their care.
- **Measuring for improvement** – tracking and discussing pressure ulcers data to improve care.

**Surveyors could ask:**
- Tell me about what you do in your role to prevent pressure ulcers in your patient population.
- What tools do you use to identify your patient’s specific risks around skin integrity?
- How do you work with the interdisciplinary care team, patient and family to develop a care plan that addresses all the risks identified?
- How do you engage patients and their caregivers to understand their life-long risk and develop self-management skills?
- How do you evaluate whether the interventions that you put in place are working?
- Do you talk as a team about pressure ulcers data for your area?
- Can you give examples of changes made as a result?

**We want to hear from you!**
Share your quality improvement gems with the SCI community at accreditation@rickhanseninstitute.org