



**FOCUS POINT NEWSLETTER -- September 28, 2021**

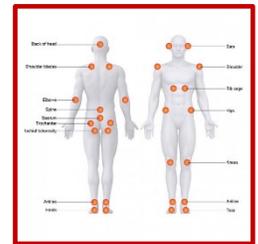


**VDH Supplemental Form for Reporting a COVID-19 Outbreak in a Long-Term Care Facility Post-Vaccination To Local Health Departments --**  
[COVID-19 OUTBREAK SUPPLEMENTAL FORM](#)

Residents and staff in Virginia long-term care facilities have been offered COVID-19 vaccines; the majority of residents and many staff have completed vaccination. If a COVID-19 outbreak is reported in a long-term care facility at this point in the pandemic response, information is needed on vaccine status of staff and residents. **Please utilize this form to collect and communicate important information to your local health department (LHD) when reporting a new outbreak.** Please do not delay reporting to the LHD if all information is not available at the time. The LHD will follow up on individual cases in fully vaccinated residents or staff.

**Survey Focus – Pressure Injuries [F686]**

Over the past few months with the increased number of standard surveys, we have noticed an increase in the number of citations regarding pressure injuries. The increase in probability of a resident developing a PI should not be a surprise – many of our residents have experienced decline over the recent months either from illness or the effects of isolation and staffing challenges continue across the board in all healthcare arenas. The question is what we can do that we are not already doing. CHC encourages you to focus on prevention and early identification. This is a good time to remind staff of the importance of daily inspection of resident skin while providing ADLs, to encourage them to report any new skin observations to a licensed nurse for further evaluation, and not to assume that someone else has already reported it.



If the resident develops a PI while in your facility, investigate the reason why the ulcer developed – don't get complacent with co-morbidity characteristics such as poor appetite, the resident refuses to turn, the resident is on comfort care, etc. Those characteristics indeed increase the probability of the resident developing the PI, but they are seldom the real reason that the ulcer developed at that time.

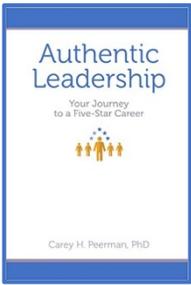
Think about what was different in the past several days in which the ulcer developed compared to the week prior when the resident did not have the ulcer. What was different about the resident [physically, cognitively, functionally, emotionally, socially, etc.]; what was different about the way that care was provided [different care givers, different schedules, different activities on the neighborhood, different resident population on the neighborhood, etc.]. If the root cause for development of ulcer is determined, the probability of rapid healing and/or prevention of another ulcer occurring is optimized; without the investigation the probably of non-healing is prolonged and the probability of developing additional ulcers is maximized.



The “key” to the investigation of “why” the ulcer developed in the first place is often found by including the resident and direct care team members [i.e., CNAs] in the discussion and being specific with your questions. For example:

- Ask the resident and/or their representative: “Why do you think you developed this area on your \_\_\_” over the last few days” “What has been different in the past couple of days for you:”
- Ask the care givers “Why do you think \_\_\_[resident] developed the ulcer on her \_\_\_[location]; what has been different in the past couple of days?” “Have you noticed any changes in \_\_\_[resident] such as staying in bed or isolating herself more, change in her interactions with others, change in her normal routine, mood, or behavior, etc.] while caring for her over the past couple days?”

The conclusion of your investigation should be reflected in determining care plan interventions to minimize recurrence of the PI. While it is important to treat the PI to promote healing, it is equally important to address and treat the underlying reason for development.



## **CONGRATULATIONS TO CAREY PEERMAN, a valued CHC team member**

### **Authentic Leadership: Your Journey to a Five-Star Career by Dr. Carey Peerman**

Leadership can make or break a career. The journey begins with you! This book is designed to guide your journey to authentic leadership, encourages self-reflection, acknowledges where you are in the present, and helps you create goals for your future development. This book helps you focus on what kind of leader you want to be, who you want to lead, and why it matters.

The book is available on Amazon, kindle, nook and should be available in bookstore soon!



### **Changing Perspectives**

Chronic complainers can have a damaging effect on those around them. If the person is truly a chronic complainer, offering sympathy or solutions is unlikely to change their behavior or mindset. Instead set clear boundaries to help manage the chronic complainer. Focusing on issues that can actually be resolved may help lessen the complaints and possibly help the individual develop a new mindset or perspective. Rehashing the same unsolvable problems over and over will only deep the negative mindset. Help the individual change their perspective and reframe their thinking around appreciation and gratitude for the thing that they value and any issues they have been able to resolve. Behavioral change takes time and support, and a therapist may be needed. Explain to the individual that while you as their manager care about their wellbeing and happiness, you may not be the best person to help them work through all their personal struggles.