Pressure Ulcer Awareness & Prevention Collaborative

Change Package
October 17, 2008

Did you turn me today?

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Acknowledgement

Building on the strength of the Pressure Ulcer Awareness and Prevention (PUAP) Program sponsored by the Canadian Association of Wound Care (CAWC), the PUAP Collaborative has the added performance improvement knowledge of the Ontario Health Quality Council. The collaborative also incorporates the expertise of the Best Practice Coordinators from the Registered Nurses’ Association of Ontario, and the Ministry of Health’s Performance Improvement and Compliance Branch. The Ontario Long-Term Care Association as well as the Ontario Association of Not-for-Profit Homes and Services for Seniors have also added their support and advice to the development of this Collaborative.

Planning Committee

Canadian Association of Wound Care
www.cawc.net

Registered Nurses’ Association of Ontario
www.rnao.org

MOHLTC Performance Improvement and Compliance Branch

Ontario Health Quality Council
www.ohqc.ca
As a health-care professional, you are no doubt aware of the scope of the problem of pressure ulcers. The 2004 CAWC-sponsored study indicated that the prevalence of pressure ulcers in Canadian health-care settings was 25% in acute care, 30% in non-acute care, 22% in mixed health-care settings, and 15% in community care. This translates into untold patient suffering, caregiver anguish, extra work for health-care providers, and millions spent in health-care dollars on a mostly preventable condition.¹

The Good News. Pressure ulcers can be prevented!

Welcome to the Pressure Ulcer Awareness & Prevention Collaborative

Welcome and congratulations on taking this first step towards improving resident outcomes by participating in the provincial Pressure Ulcer Awareness and Prevention (PUAP) Collaborative for Long-Term Care homes in Ontario.

In this package you will find an outline of the framework on which to build your PUAP Collaborative. We will be walking you through a method to build your team, establish your aims, and measure your progress based on best practice standards. We have incorporated the Model for Improvement into the PUAP model so that you can start creating a roadmap for your LTC home.

What is the Model for Improvement?

The Model for Improvement is a simple but powerful framework for structuring any quality improvement project. First, every project should be able to answer three fundamental questions:

1. What are we trying to accomplish?
2. How will we know a change is an improvement?
3. What changes can we make that could lead to an improvement?

Second, quality improvement teams should test their ideas for improvement in small but frequent tests of change, using Plan-Do-Study-Act (PDSA) cycles.

How are we going to partner with you to establish the PUAP Collaborative in your LTC Home?

The PUAP Collaborative will follow the “Breakthrough Series Collaborative” process developed by the Institute for Healthcare Improvement, which includes Learning Sessions and Action Periods. A “Learning Session” is where all participants come together to learn from facilitators and from each other. An “Action Period” is when you have the opportunity to take what you’ve learned from the Learning Session and work on changes within your LTC home utilizing the PDSA methodology.

There are many activities within this collaborative. To start this initiative you will attend a Participant Orientation and Prework conference call. The homes that have been active with the PUAP for the past year will join the new teams on this conference call. After this session you will do some planning for the collaborative in your LTC Home. Then you will need to attend a series of learning sessions throughout the course of your initiative.

- **Learning Session 1** (LS1) will include training on the PUAP Collaborative and on quality improvement methodology. Following LS1 is an Action Period.
- **Learning Session 2** (LS2) will include lessons learned from the tests of change and training on making your initiative sustainable at your site. Following LS2 is an Action Period.
- **Learning Session 3** (LS3) will include sharing success stories and discussing how to leverage the success for continuous quality improvement in your organization. This is followed by the last Action Period before the Closing Congress.
The collaborative process is depicted in Figure 2 below:

Before you start your PUAP initiative, your team (members from your LTC home) will need to determine what your aims are and how you are going to measure and track your changes. Tracking your improvement will give the information you need to know throughout the course of the initiative on how well you are improving and impacting changes as you move through the PDSA cycles during the action periods.

In your LTC Home, an Improvement Facilitator and designated manager will be working to establish a multidisciplinary pressure ulcer team, creating an aim for the initiative, establishing measures to track the changes, and designing the practice changes that will drive the improvement in care and reduction in pressure ulcers that are directly preventable in your LTC Home. The rest of this document outlines this framework.

What resources will be available?

The CAWC has created a Champion Handbook and Resource Binder which will be made available to all Collaborative teams. The Champion Handbook Resource Binder provides a framework with tools and ideas to begin your tests of change. You will also have support from Collaborative facilitators, from your peers within the Collaborative, and face-to-face interactions with Collaborative members during the Learning Sessions.
Model for the PUAP Collaborative Initiative

Create.

Each LTC site is responsible for establishing a Champion team. This team should include a representative from nursing, PSW, manager, and if possible a resident or family member.

The team:
- Gather baseline measures prior to Learning Session 1
- Attend all three Learning Sessions
- Plan and implement the initiative to fit the context of their site
- Conduct small-scale tests of change
- Help successful changes become standard practices

Executive leaders:
- guide, support, and encourage the improvement teams
- ensure the sustainability of the teams’ effective changes


The aim of the ______________ [your LTC Home] LTC Pressure Ulcer Champion team is to:

(1) reduce the # of Stage I Pressure Ulcers,
(2) prevent the worsening of existing pressure ulcers, and
(3) eliminate completely all Stage III, IV, DTI and unstageable Pressure Ulcers*

by June 30, 2009, as measured by # days between onset of Stage II, III, IV, DTI and unstageable by addressing modifiable risk factors and interventions.

Outcome Measures.

Overall Incidence Rate
- Target 0
- Drop by 50% by June 1st, 2009, gathered monthly via PUAP report
- Incidences of Stage I, II, III, IV, DTI, unstageable, as measured monthly

Overall Prevalence Rate
- Target 0
- Drop by 50% by June 1st, 2009, as gathered monthly via PUAP report
- Prevalence of Stage I, II, III, IV, DTI, unstageable, as measured monthly

Number of days to any new incident of Stage II, III, IV, DTI and unstageable pressure ulcer measures
(Not acquired)
- Team target to improve by 50%

Process Measures.

- % residents with documented risk assessment with site communication of resident’s risk
  (using PUAP stickers/cards) (monthly review-10% sample) using the tool
- % of residents with a documented, customized, and fully implemented Pressure Ulcer Care
  Plan (monthly review - 10% sample)
- % of high risk residents with documented daily skin assessments done daily, reported weekly
- % of Inter-professional High-risk Resident Rounds done weekly, reported weekly

Balancing Measures.

- Staff Satisfaction and Resident Satisfaction

* "All" refers to all preventable pressure ulcers in which the factors and co-factors that interfere with healing can be removed.
Model for the PUAP Collaborative Initiative (continued)

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<tr>
<th>Change Concept</th>
<th>Activities</th>
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| Identify and Treat the Cause | • Document risk and the plan of care using the Risk → Action stickers or cards as visual reminder.  
• Assess/modify situations where pressure ulcer may be increased  
• Maximize nutritional status  
• Manage moisture and incontinence  
• Maximize activity and mobility, eliminating friction and shear  
• Share the information with the resident/family and provide specific information on the resident’s risk.  
• Give the resident the Resident Brochure and discuss it.  
• Team identifies and removes care-related barriers to pressure ulcer prevention whenever they are encountered. |
| • Complete resident assessment to determine pressure ulcer risk upon admission, and quarterly or upon change in resident health status.  
• Develop a plan of care with resident/family based on risk.  
• Complete high-risk rounds weekly. | |
| Address Resident Concerns | • Assess and control pain.  
• Assess and assist with psychosocial needs. |
| • Dialogue with resident and family. | |
| Provide Organizational Support | • Work to create new policy mandating prevention strategies for residents.  
• Ensure weekly schedule of skin-care rounds.  
• Identify and remove organizational barriers to pressure ulcer prevention whenever they are encountered.  
• Support staff education program re: (1) pressure ulcers in your LTC Home, (2) identifying residents at risk, (3) preventing pressure ulcers based on risk assessment.  
• Support resident / family education program re: prevention of pressure ulcers.  
• Review current LTC Home procedures against current best practice standards. |
| • Support the function of inter-professional team.  
• Facilitate educational opportunities for residents, families, providers on pressure ulcer prevention.  
• Plan for sustainability of improvements. | |
References


Pressure Ulcer Awareness Champion Binder. 2007. Canadian Association of Wound Care.


Sustainability Model and Guide. 2007. Institute for Innovation and Improvement.