

Components of a Sustainable Pressure Injury Program

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Value of Pressure Injury Prevention

- Epidemiology
 - 2.5 million patients develop PI's every year
 - National incidence rate of PI's in hospitals is approx 2.5%
 - 60,000 deaths each year
 - PI's interfere with patients functional recovery, complicated by pain and infection and contribute to longer LOS
 - The presence of PI's is a marker of poor overall prognosis and can contribute to premature mortality in some patents
- Economics
 - Cost US Health System, 9-11 Billion \$ / year
 - \$70-150 the per patient for stage III/IV PI
 - \$250,000+ per settlement
 - Second most common hospital billing claim

Pressure Injury

JCAHO Safety Actions to Consider 2016

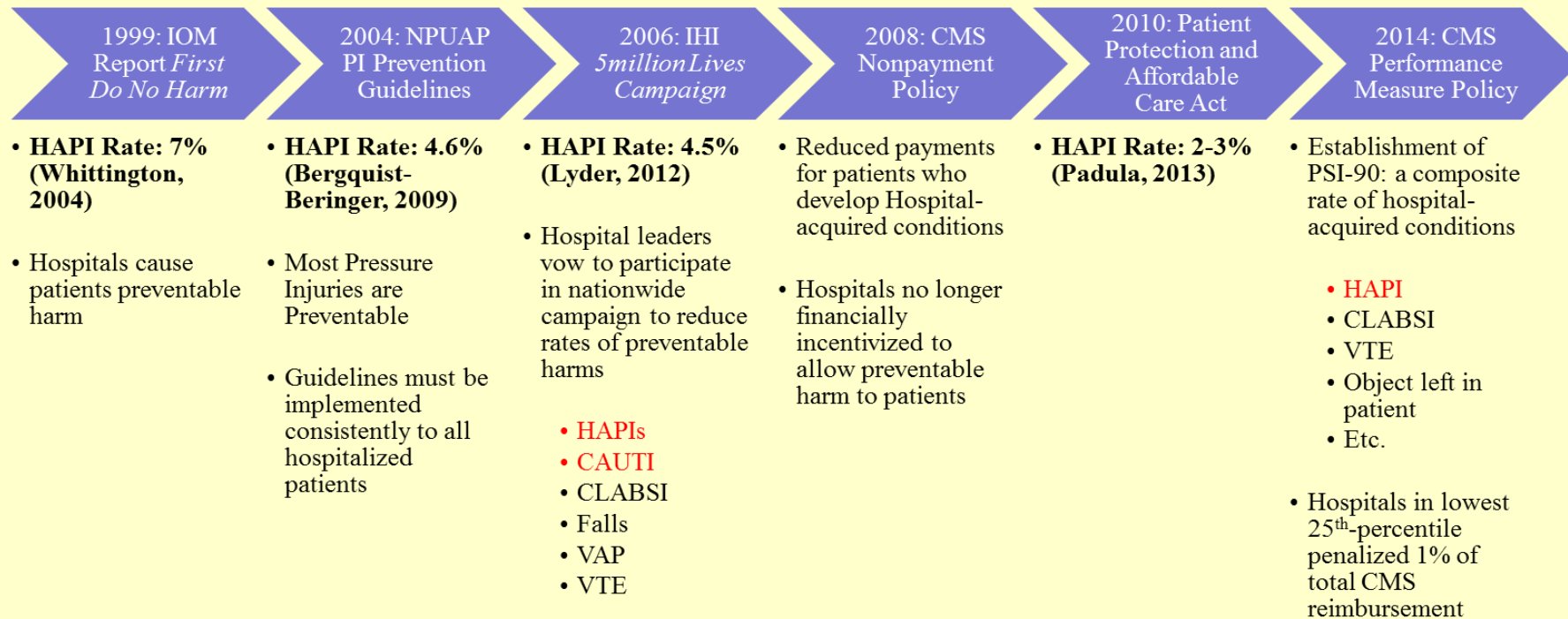
- Many clinicians believe PI are not the sole responsibility of nursing, but the entire healthcare team
- Optimizing overall care and increasing attention to prevention can save patient from unnecessary harm and requires a team approach
- No individual alone can, regardless of level of expertise, can prevent all PI from occurring.
- To accomplish the coordination, high quality prevention required an organizational culture and prevention practices that promote teamwork and communication System focus to make change
- Stage 3 and 4 PI is considered by the JCAHO as a patient safety event that could be a sentinel event

PUPP: Review of Literature

- Beinlich, Meehan (2014) developed a multidisciplinary program to address barriers in preventing hospital-acquired PrI's, including incomplete knowledge of causative factors, confusion in determining wound etiology, incorrect staging, inaccurate Braden Scale scoring, and inconsistent application of evidence-supported prevention interventions.
- The Resource Nurse program encourages staff nurses to explore causative factors related to PU's, peer-to-peer learning/teaching to bedside nurses, resource nurses are empowered to change practice.
- Resource Nurse program fostered teamwork and encouraged collaboration and critical inquiry, resulting in sustainable changes in clinical practice, as evidenced by the continued decrease in HAPU prevalence through the first 2 quarters of 2013.

PIPP: Review of Literature

- Stewart, Chapman, Russo (2009 abstract) decreased rate of hospital-acquired PrI's through education on risk assessment prevention protocols, and collaboration of skin team members, WOCN and nursing staff.
- Incidence of hospital-acquired PrI's decreased yearly over the 4 years with an overall decrease of 46% from 2004–2008.
- Study showed a reduction in incidence of hospital-acquired PrI's was achieved through PUPP measures, education and the collaborative approach of skin team members, WOCN, nurses, care partners, management and administration



These CMS payment policies created financial incentives which drew C-suite attention to Pressure Injury Prevention

Patient Safety and Quality Measures

- Hospital Acquired Conditions
- Why is the HAC program important?
 - encourages hospitals to make patient safety better and reduce the number of hospital-acquired conditions
 - HAC Reduction Program saves Medicare approximately \$350 million every year. These savings come from reducing what CMS pays to hospitals that rank worst among other hospitals for how often their patients get hospital-acquired conditions.
- How are hospital measured in the HAC Program?
 - determine if a hospital should be paid less based on how well it performs across 6 measures within 2 domains that measure:
 - Domain 1 (AHRQ PSI 90 composite) – (e.g. hospital acquired condition; PSI-3 Pressure ulcer)
 - Domain 2 (CDC NHSN Measures) – (e.g. hospital acquired infections; CAUTI / SSI, C-diff)
- All the measures are used to determine a hospital's total HAC score and ranking among other hospitals and posted on Hospital Compare

Value Based Purchasing

- Hospital Value-Based Purchasing (HVBP) is part of our ongoing work to structure Medicare's payment system to reward providers for the quality of care they provide. This program adjusts payments to hospitals under the Inpatient Prospective Payment System (IPPS), based on the quality of care they deliver.
- CMS rewards hospitals based on the quality of care provided to Medicare patients, how closely best clinical practices are followed, and how well hospitals enhance patients' experience of care during hospital stays. Hospital are no longer paid solely on the quantity of services they provide
- Participating hospital begin receiving incentive payments for providing high quality care
- The Hospital VBP Program is funded by reducing participating hospitals' base FY 2017 operating Medicare severity diagnosis-related group (MS-DRG) payments by 2%

Patient Safety and Quality Measure

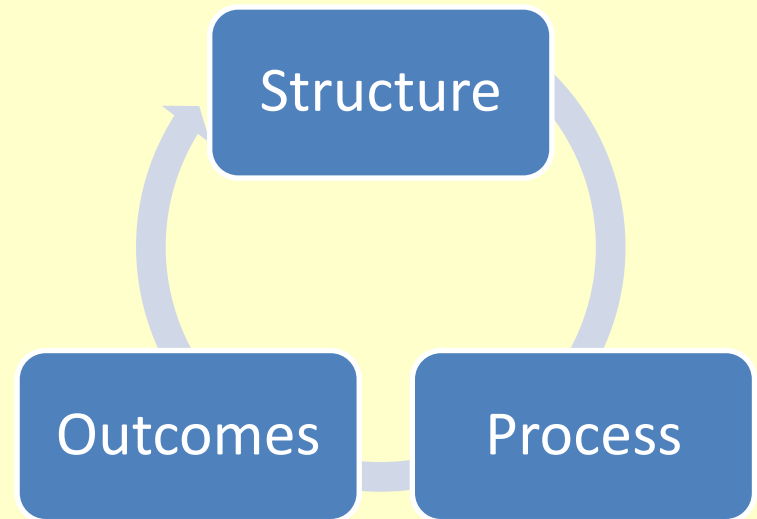
- National Database Nursing Quality Indicators
 - Pressure Injury Prevalence Survey
 - How is the NDNQI data disseminated to staff and frontline staff
 - Benchmarking within NDNQI
- Incidence Pressure Injury Data Collection

The Donabedian Model

A conceptual model that provides a framework for examining health services and evaluating quality of health care. Information about quality of care can be drawn from three categories:

“structure,” “process,” and “outcomes.

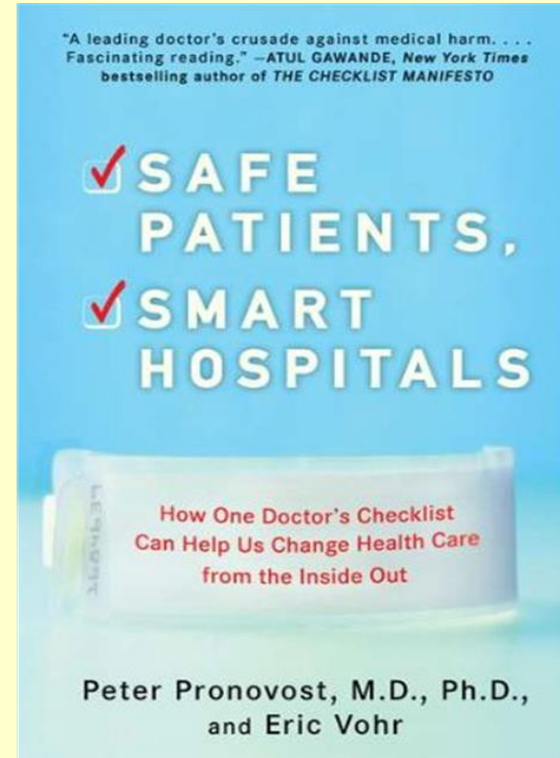
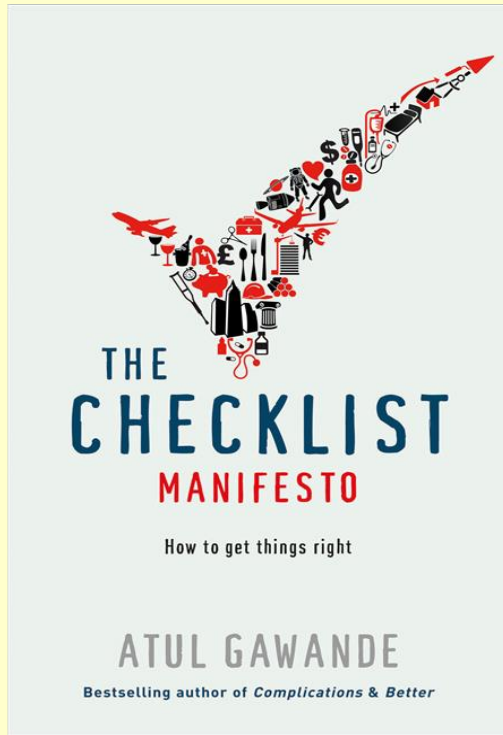
- **Structure** is the context in which care is delivered, including hospital buildings, staff, financing, and equipment.
- **Process** are transactions between patients and providers throughout the delivery of healthcare.
- **Outcomes** the effects of healthcare on the health status of patients and populations.



The secret of quality is love.

-Avedis Donabedian

Structure



Structure – Pressure Injury Prevention

- NPUAP/EPUAP International Guidelines for PI Prevention

- Braden Scale**
- Repositioning**
- Nutrition**
- Support Surfaces**
- Moisture & Incontinence**

- What we know about this checklist:
 - It holds good value
 - It's effective at reducing pressure injury rates

Current Issues Requiring Further Attention

- We know what effective tactics in pressure injury prevention are...
- We know that pressure injuries are costly...
- And, we know that if rates are rising, a lack of action will lead to higher hospital costs

Need To Transform Leadership

- Hospital Leadership (i.e. C-suites Executives) control finances that can be used to engage staff in prevention
 - Hire additional WOCNs to train nursing staff ???
 - Nursing Education
 - Purchase Equipment (support surfaces, incontinence products, creams, dressings, etc.)
- Can link Skin/Wound Teams to Support Structure for further action
 - Hospital Information Technology (e.g. EHRs)
 - Researchers (e.g. Biostatistics, Epidemiology)

Connecting Leadership to the Bedside

– a complex task

	Formal and Informal Leaders	Team members
Hospital-level	Formal: Hospital Administration (e.g. CNO, CQO, CEO)	Skin/Wound Team/CAUTI/SSI members (e.g. CWOCN, CWCN)
Division-Level	Formal: Skin Team Lead (e.g. CWOCN in Surgery, Gen Med, etc.)	Skin Team Champion CAUTI Champions SSI committee (e.g. RN Manager)
Unit-Level	Skin/CAUTI/SSI Team Champion	Bedside RNs and other providers



The VCU Pressure Ulcer Summit— Developing Centers of Pressure Ulcer Prevention Excellence

A Framework for Sustainability

Sue Creehan ■ Janet Cuddigan ■ Dana Gonzales ■ Denise Nix ■ William Padula ■ Joyce Pittman
■ Vicky Pontieri-Lewis ■ Christine Walden ■ Belinda Wells ■ Robinetta Wheeler

Transformational leaders develop and support organizational values, beliefs, and behaviors to achieve optimal success. They are able to envision and successfully advance an organization toward a desired future state. Transformational leaders function as change agents and actualize organizational goals. They positively influence cultural change and empower staff to engage in evidence-based professional practice at the bedside.²⁶

WHO ARE THESE LEADERES?

Many organizations have developed successful PUP programs for a period of time; however, transformational leaders create environments with well-grounded processes and structures that support sustainability. Appointing an executive-level liaison, outlining clear reporting structures, supporting the interdisciplinary team, and removing barriers are key characteristics needed on a senior leadership level. Transformational leadership skills are necessary at the unit and divisional levels. Some duties mid-level leaders are responsible for include supporting unit-based skin champions, rounding to influence, performing investigational analyses on HAPUs, and holding clinicians accountable. Additionally, the organization's identified pressure ulcer coordinator should demonstrate leadership characteristics, shouldering the coordination of educational events, chairing interdisciplinary team meetings and unit-based skin champion meetings, facilitating outcomes studies, analyzing and reporting data transparently, and ensuring maintenance of an up-to-date knowledge of the ever-changing evolution of the science of pressure ulcers.

How To Engage Leadership in 3 Steps?

- Develop Tools to Engage Leadership
- Illustrate Value
- Show Progress

How The Evidence Ensures Quality Outcomes

- Peter Pronovost and colleagues conceptual model demonstrates how to translate evidence into practice
- The 4 E's of translating evidence into practice
- Engage, Educate, Execute, Evaluate
- The model depicts steps that summarizes the evidence, barriers to implementation, monitoring metrics and all patients get the same interventions in the process

ENGAGE

- Explain why the interventions are important
- Engagement of leadership
- Determine who needs to be engaged in process
- frontline staff
- Leadership
- Quality program
- Organizations patient safety program



EDUCATE

- Share evidenced base practices that support the goal to prevent:
- Pressure injury
- Share current quality metrics
- Provide education
- Nurse driven protocols



EXECUTE

- Design an intervention toolkit
- Nurse Driven Protocols
- Staff, physician, family education
- Develop checklist, bundles, alerts for healthcare team
- Daily huddles



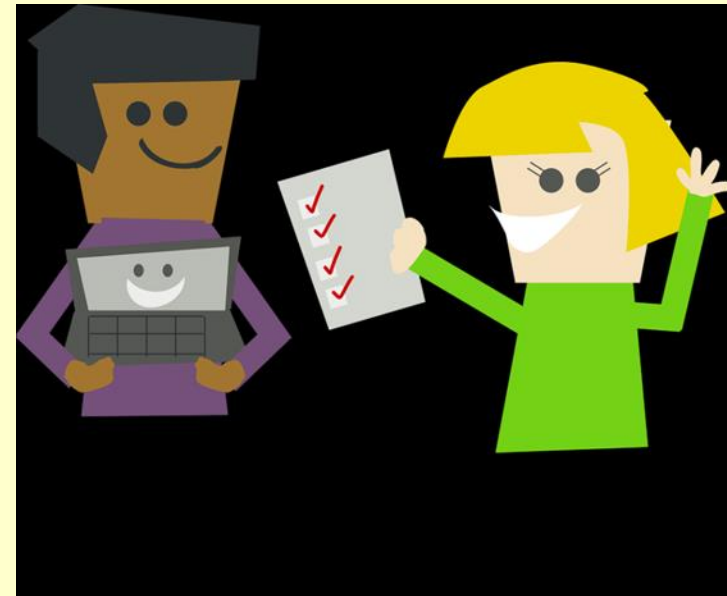
What Is In Your Toolbox ?

- WOC nurses can provide a course to educate bedside care providers (RNs, LPNs, PTs, MDs, NPs, PA, etc.) in wound care the program offers:
- 12-week self-directed, computer based course with embedded competency/skills check off yields 24 contact hours (ANCC accredited)
- Option for successful participants earn a credential and are eligible to sit for a national certification exam
- Reduced delay of care and implementation of both preventive and treatment interventions if WOC nurse is not available (weekends, nights)

THIS IS QUITE THE TOOLBOX

EVALUATE

- Regularly assess performance measures and unintended consequences
- Review all metrics/outcomes with frontline staff
- Recognize successes
- Continuous monitoring and reviewing of protocols
- Measure use of protocols
- Continuous monitoring of quality improvement
- Benchmarking



How To Develop/Sustain a PIPP

- Accountability - the quality or state of being accountable; especially: an obligation or willingness to accept responsibility or to account for one's actions
- Collaboration - to work jointly with others or together especially in an intellectual endeavor .
to work with another person or group in order to achieve or do something
- Standardize - to change (things) so that they are similar and consistent and agree with rules about what is proper and acceptable

How To Develop/Sustain a PUPP: Creating An Action Plan

- Validate Goal – What is it that you are trying to accomplish. Reduce hospital acquired pressure ulcer rates and sustain those rates
- Determine the action steps/task necessary to accomplish the goal?
What do you need
- Analyze each step. Eliminate unnecessary steps, only spend time on what will help you achieve the goal
- Prioritize action steps – Which steps are most important? In what order do you need to accomplish each task
- Identify the owner – Who is accountable for each task
- Quantify the financial resources required to accomplish each task
- Create the timeline
- Monitor the execution of the plan

How To Develop/Sustain a PIPP

- Communicate a clean vision of what the program is about, what it will produce and what each person role will be in the process
 - What is our project about?
 - Why is it important?
 - What success will look like?
 - What do we need from you?
- 6 P's – Proper, prior, planning, prevents, poor performance
- WWW
 - What - What is the topic or action that is needed
 - Who – Who will take the lead to ensure task will be achieved\
 - When – When is the result anticipated to be done

How To Develop/Sustain a PIPP: Sustain Checklist

- To What extent:
 - Have we clearly stated our objectives in measurable terms?
 - Have we translated objectives into observable behaviors?
 - Are we expected results tied to external and internal goals?
 - Have we ensured that outcomes will be evident to stakeholders?
 - Are individual and teams accountable for results?
 - Do we know which measures will show progress toward the goal?
 - Do we have accurate and timely data to work with?

Laying the foundation for Monitoring Progress must begin early and continue throughout the project

How to Develop/Sustain a PIPP: Defining The Metrics

- Determine the metrics to be monitored – pressure ulcers
- Determine methodology for capturing the metrics (prevalence vs. incidence)
- Determine how often pressure ulcer metrics will be collected/monitored
- Determine how the front line staff will receive information on unit based pressure ulcer rates

QI Best-practice Framework

- Leading Organization
- Staff
- Information and Information Technology
- Performance Improvement

In Summary: How To Develop/Sustain a PIPP

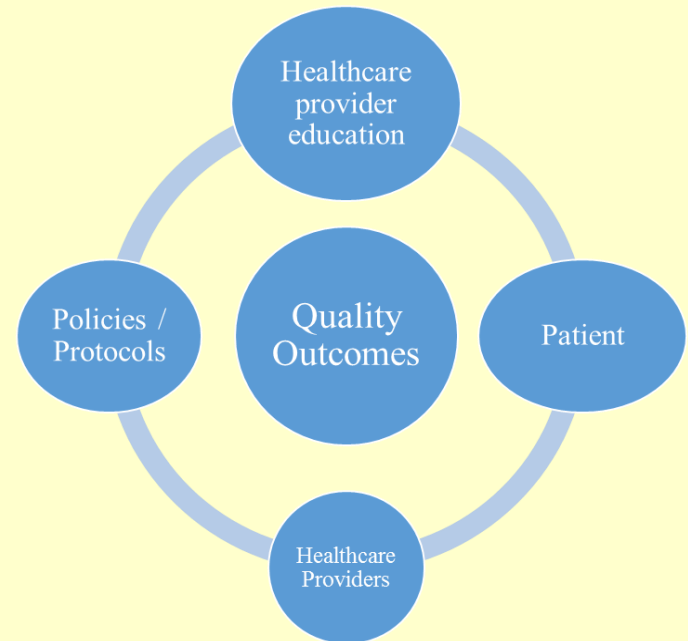
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Leadership Strategies to Sustain Positive Outcomes

- Clear vision
- Connect board room to bedside
- Support Evidence based practices
- Require data
- Encourage staff participation
- Review progress toward goals
- Inter-professional teamwork and collaboration
- C-Suite Champion

Value of Quality

- Assist all healthcare providers to understand the financial and clinical impact all quality indicators
- Ensure data is collected and analyzed using the same methodology
- Ensure that all quality metrics (e.g. PI, CAUTI, SSI rates) are shared with healthcare providers, and what the metrics mean
- Display metrics on all nursing units



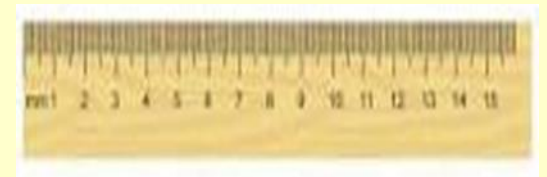
Monitoring Quality Outcomes

- Statistical process control (SPC) charts offer helpful insight to strengths and weaknesses of a complex clinical process (e.g. HAPI prevention)
- Utilize SPC charts to identify points for quality improvement (QI) intervention
- These Measurements can Inform Leadership that their Investments are leading to effective prevention
- Assist all healthcare providers to understand the financial and clinical impact all quality indicators
- Ensure data is collected and analyzed using the same methodology



Monitoring Quality Outcomes

- Provides a framework for hospitals to measure what they value most.
- Quality indicators important to the business of healthcare (e.g. patient satisfaction, hospital acquired infections, nurse sensitive indicators.)
- Provide a comprehensive set of principles and techniques allowing healthcare organizations to produce improvements in both the efficiency and effectiveness in the delivery of care



“If you cant measure it, you cant improve it.”

WOC Nurses Can Improve Quality

- Maximum utilization of your WOC nurse clinicians
- WOC nurses can develop action plans that will provide better patient care and decreased costs

QUALITY IMPROVEMENT DEFINITION

- The combined and unceasing efforts of everyone-health care professionals, patients, and their families, planner, administrators, educators-to make changes that lead to better patient outcomes, better systematic performance, and better professional services

Quality by Design

Teamwork occurs when diverse abilities and insights join together to work toward a common goal.



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Questions?????