HEN 2.0 Pressure Ulcer Webinar

November 24, 2015

11:00 AM- 12:30 PM CT

Natalie Erb, MPH

Program Manager, HRET

11:00-11:05 AM

WELCOME AND INTRODUCTIONS

Agenda

11:00-11:05 AM	**Welcome and Introductions**	
	Review of platform and agenda.	Natalie Erb, MPH Program Manager, HRET
11:05-11:10 AM	HEN Data Update	
	Discuss the progress hospitals in the HRET HEN made in HAPU prevention during HEN 1.0. Review required outcome measures and “days since” for HAPU in HEN 2.0.	Candice Scott, MPA Data Analyst, HRET
11:10-11:30 AM	Getting in the Weeds to Understand Your Data	
	Learn how to drill down into HAPU data to find actionable opportunities for improvement. Participants will discuss challenges and examine strategies in preventing HAPU. Online tools and resources will be shared.	Jackie Conrad, RN, MBA Cynosure Improvement Advisor
11:30-11:45 AM	Hospital Story – Baptist Medical Center - Attala	
	Discuss an example of HAPU harm reduction in action by an HRET HEN hospital.	Alison Schuler, RN, MSN, Director of Nursing Lisa Jones, RN, BSN, Clinical Nurse Manager Chris Threadgill, MS, RT, Quality Management Coordinator Baptist Medical Center – Attala Kosciusko, MS
11:45 AM-12:00 PM	Success is in the Approach, Not the Intervention	
	Apply change management theory and the science of improvement to HAPU-reduction efforts.	Jackie Conrad RN, MBA Kim Werkmeister RN, BA,CPHQ Cynosure Improvement Advisor
12:00-12:15 PM	Bring It Home	
	Discuss action steps for implementing change ideas to prevent HAPU.	Natalie Erb, MPH Program Manager, HRET
12:15-12:30 PM	Q&A	All

Objectives for Today

- Propose strategies to drill down into HAPU data to find actionable information.
- Discuss challenges and examine strategies in preventing HAPU.
- Summarize tools available to support the identification of new change ideas for implementation in HEN 2.0.

Who is in the Room?

Polling question

What is your role in your organization?

1. HEN Lead
2. Hospital Executive
3. Nurse Manager, Director
4. Skin Care Champion, WOCN, Clin Spec
5. Rehabilitation Staff
6. Front Line Nurse
7. Physician

Who is in the Room?

Polling question

What type of hospital are you representing?

1. Acute Care Hospital
2. Critical Access Hospital
3. Rural Hospital
4. Other

Candice Scott

Data Analyst, HRET

11:05-11:10 PM

HEN DATA UPDATE

HEN 1.0 HAPU Progress

- 92% of eligible Acute/CAH/Children's Hospitals reported Pressure Ulcer data
- 50% reduction in patients with at least one stage II+ nosocomial pressure ulcer
- 4,655 Pressure Ulcers prevented and $188,528,000 in cost savings

ILPEx Illinois Performance Excellence
2014 Silver Award Recipient

HRET HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

HEN 2.0 HAPU Required Measures

Topic	Data Elements	HEN 2 Measure(s) supported
PrU: Pressure Ulcer Rate (AHRQ PSI-03)	• Stage III or IV (or unstageable) pressure ulcer • Surgical or medical discharges	• Stages 3 and above

HEN 2.0 HAPU Required Measures, cont'd

Topic	Data Elements	HEN 2 Measure(s) supported
PrU: Pressure Ulcer Prevalence	• Stage II or greater hospital-acquired pressure ulcer • Pressure ulcer present on day of prevalence measurement episode	• Hospital-Acquired-Stage 2+

Jackie Conrad RN, MBA
Improvement Advisor, Cynosure Health
11:10-11:25 PM

Getting in the weeds to understand your HAPU data

How to get the most from the next 80 minutes

- Be engaged in a give-and-take learning environment.
- Be curious enough to ask questions.
- Be proud of your learnings gained through experience.
- Be willing to share.

Getting in the Weeds

Seek first to understand before you plan

- Know your goal
- What problem are you trying to solve?

What data will uncover the information?

Patient-level data + Care process data = Actionable information

Data Sources for Drill Down

- Adverse event report trending
- NDNQI reports
- Chart audits
- Observations
- Feedback from staff
- Bedside huddles
- Root cause analysis - Grade III, IV and suspected deep tissue injury

Data Sources for Drill Down

Polling Question

What sources of data do you use for HAPU data collection and analysis?

1. Adverse event reports
2. NDNQI reports
3. Chart audits
4. Observations
5. Feedback from staff
6. Post HAPU bedside huddles
7. Root cause analysis

What is your favorite way to solicit feedback from staff?

Looking for Clues

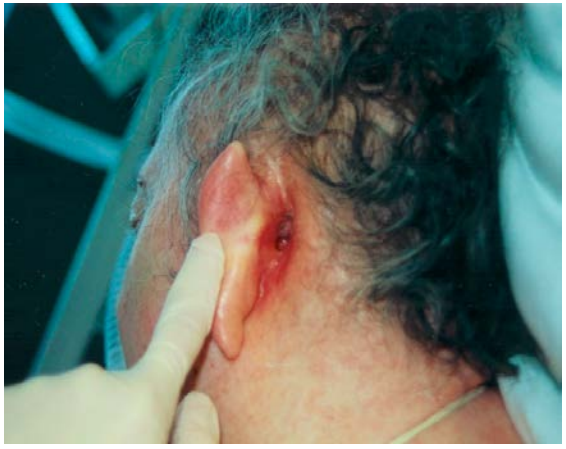
Actionable information

- What types of patients are developing HAPU?
  - Age, diagnosis, clinical condition, transition to palliative care, medical device-related.
- What treatments / organizational factors contributed?
  - Time in ED, time in OR, radiology time
  - Adequacy of support surfaces, linen layers and underpad utilization and product selection
- What care processes are not aligned?
  - Thorough assessment on admission
  - Timely activation of interventions
  - Response to change in condition

Clues may lead you to….

Medical Device Related PU (MDRPU)

As traditional pressure ulcer rates have gone down, MDRPUs are becoming more prevalent.

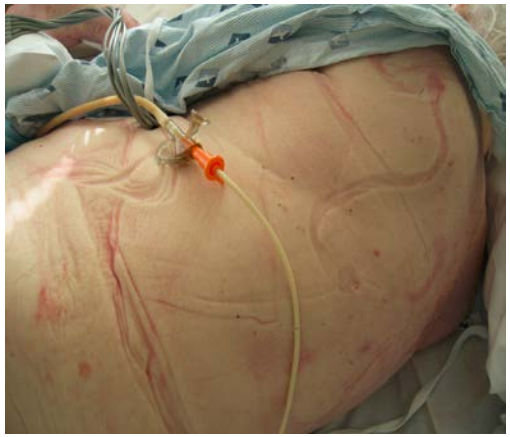


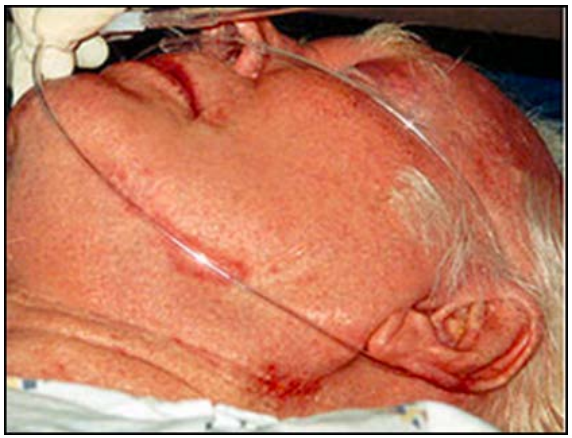
Present on Admission (POA) or < 24H

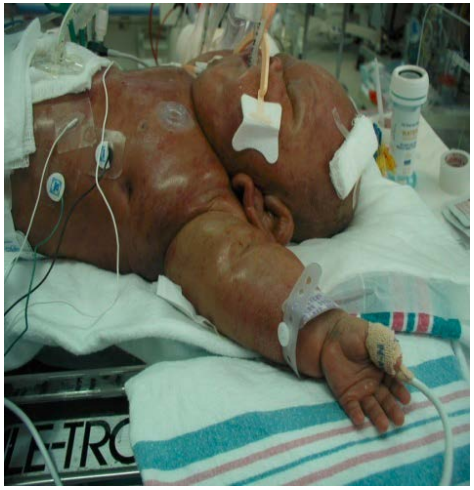
With increased reporting and awareness of HAPU, pressure ulcers reported < 24 hours of admission is increasing.

MDRPU

- Nearly 30% of serious HAPU are device related
- Patients with a medical device are 2.4 times more likely to develop a HAPU. Black et al (2010, IJWC)







MDRPU

- Often more complicated to prevent because the device may be an essential diagnostic / therapeutic component of treatment. Most are avoidable, not all are. (Fletcher 2012 Wounds UK)

- Why to MDRPUs occur?
  - Pressure from the device
  - Humidity and heat develop between device and skin
  - Tight securement
  - Edematous skin

MDRPU Anatomical Location

Location	Device	Non-Device
Head/face/neck	70.3%	7.8%
Other/multiple	21.9%	5.8%
Heel/ankle/foot	20.3%	16.9%
Coccyx/buttocks	7.8%	67.5%
Sacrum	1.6%	16.9%

- 74% were not identified until they were III,IV or unstageable
- 63% had no documentation of device removal, pressure relief or skin inspections

Apold & Rydrych (2012 J Nurs Care Qual)

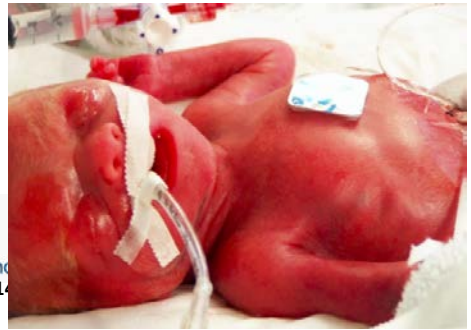
MDRPU Culprit Devices

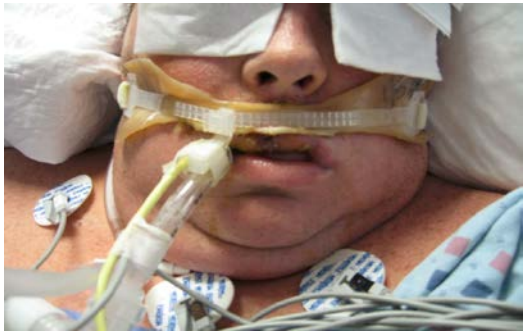
- Most common causes:
  - Cervical collar - 22%
  - Other immobilizer - 17%
  - Oxygen tubing - 3%
  - Stockings or boots - 12%
  - Nasogastric tube - 8%

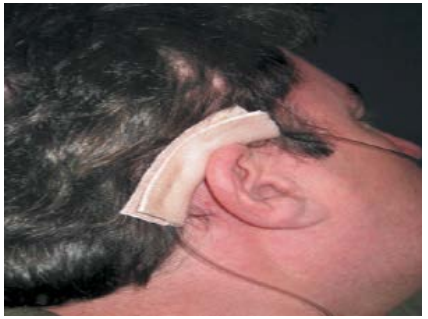
Apold & Rydrych (2012 J Nurs Care Qual)

MDRPU Prevention

Device	Prevention Strategies
Oxygen tubing and masks	Inspect skin under tubing at least Q 8-12 hours. Educate patient and family to report discomfort. Use ear protectors on tubing, stock close to nasal cannula. Check tension on straps.
Tracheostomies	Assess skin and strap tension at least Q 8-12 H. Use thicker non-adherent foam collar straps. Pad under plate, around stoma.
Endotracheal tubes	Assess skin and mucosa (neck, lips, oral mucosa, tongue and mouth). Rotate position of endotracheal tube (right, middle, left). Interprofessional collaboration and education.



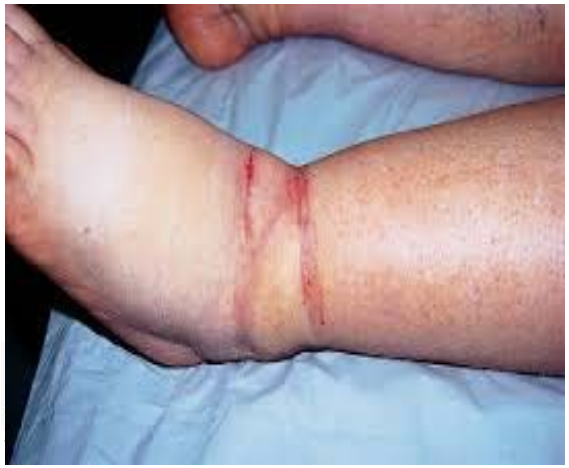


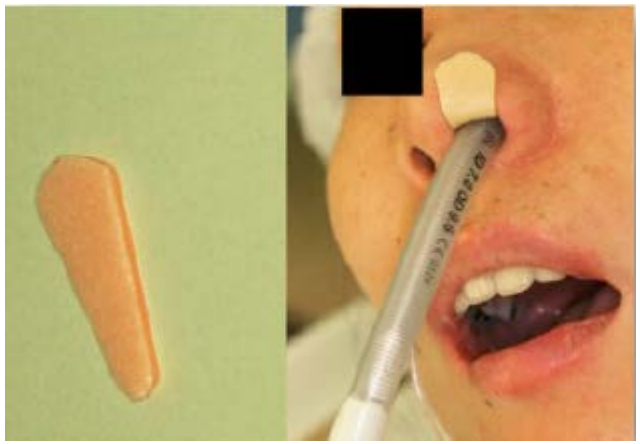


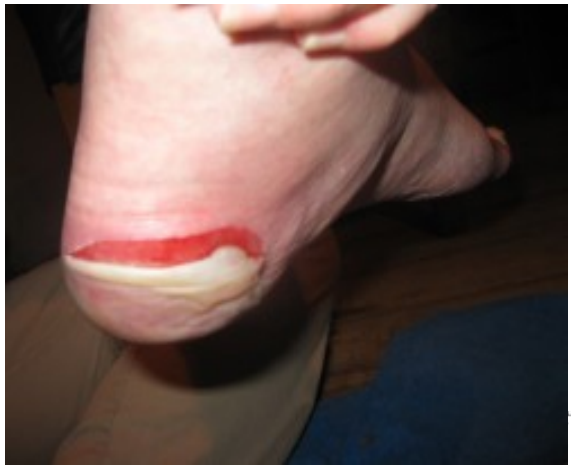
HRET
HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

MDRPU Prevention

Device	Prevention Strategies
Cervical collars	Obtain order to remove extrication collar and replace with acute care rigid collar. Ensure proper fit. Assess skin Q 12 H, Change pads in collar Q 24 H. Consistent unit based guidelines.
Nasogastric tubes	Secure so free floating in nares. Cushioning with soft foam dressing.
Stockings / Boots	Be aware of edema. Assure proper fit and foot placement. Inspect skin at least Q 8-12 H.







Clues might take you in another direction

POA or < 24H?

POA or < 24H?

- Emergency Room (ER) Facts
  - The ER is the single greatest point of entry into the hospital (Denby & Rowlands, 2010).
  - Wait times in ERs are increasing as patient demographics increasingly shift from life-threatening conditions to acute and critical illnesses.
    - Pressure ulcers can develop in only a few hours.
    - The equipment and supplies used in the ER are often not designed with reduction of HAPUs in mind (Naccarato & Kelechi, 2011).
- Other ER risk factors for HAPU (Tschannen, etal., 2012)
  - Recent cardiac arrest
  - Shock/Sepsis
  - Going to the OR

POA or < 24H?

Initial assessment of skin condition upon entry

- Document high risk patients skin condition prior to admission (ER).
- Conduct head to toe skin assessment ASAP, no greater than within 8 hours of admission.
  - Use “four eyes”, 2 staff to support comprehensive assessment

Activate early interventions in the Emergency Room

- Institute protective measures on high risk patients
  - Protective foam dressing on sacrum or other bony prominences
  - HOB < 30 degrees as medically appropriate
  - Hospital bed with support mattress

Walsh, N., Blanck, A., Smith, L., Cross, M., Andersson, L., & Polito, C. (2012). Use of a sacral silicone border foam dressing as one component of a pressure ulcer prevention program in an intensive care unit setting. *Journal Of Wound, Ostomy & Continence Nursing*, *39*(2), 146-149.

Have you gone down this path?

What did you learn?

Resources:

Denby, A., & Rowlands, A. (2010). Stop them at the door: should a pressure ulcer prevention protocol be implemented in the emergency department?. *Journal of Wound, Ostomy & Continence Nursing*, *37*(1), 35-38.

Naccarato, M., & Kelechi, T. (2011). Pressure ulcer prevention in the Emergency Department. *Advanced Emergency Nursing Journal*, *33*(2), 155-162.

Walsh, N., Blanck, A., Smith, L., Cross, M., Andersson, L., & Polito, C. (2012). Use of a sacral silicone border foam dressing as one component of a pressure ulcer prevention program in an intensive care unit setting. Journal of Wound, Ostomy & Continence Nursing, 39(2), 146-149

Baptist Medical Center Attala

Reducing the Prevalence of Pressure Ulcers

Allison Schuler, RN, MSN, Director of Nursing
Lisa Jones, RN, BSN, Clinical Nurse Manager
Chris Threadgill M.S.,RT, Quality Management Coordinator
Baptist Medical Center Attala
Kosciusko, Mississippi

ILPEx Illinois Performance Excellence
2014 Silver Award Recipient

HRET HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

About Us

Team Members

Baptist Medical Center Attala

ILPEx Illinois Performance Excellence
2014 Silver Award Recipient

HRET HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

What we Learned

Buy-in Matters, from CEO to CNA

Team Formed

- Charge Nurse
- CNA
- Physician Champion

C-suite buy-in

CEO and CFO

Martha Dees, CNA

Listen to the staff to understand barriers

How we Resolved the Barriers

- Education of Staff
  - Staging of wounds twice a year and in orientation
  - Phone and in-person consultations with wound care nurse practitioner to build confidence
- Documentation
  - Use of photos
  - Hard-stop in EMR on skin assessment
- Accountability
  - Close monitoring of documentation once reported
  - Electronic trigger to leadership of event
  - Weekly review of photos for improvement
  - Staff competitive

Measures – What & How

- Outcome and process measures tracked
  - Process: Skin assessment on admission
  - Outcome measures:
    - Pressure ulcer prevalence rate – monthly
    - Patients discharged with a Stage III or IV
- Finding the data
  - EMR and QCC database
- Sharing the data
  - Nursing staff, PI committee, bulletin boards

Wrap Up & Next Steps

- Summary
- Questions?
- Contact information:
  - Allison Schuler aschuler@mjmh.com
  - Lisa Jones ljones@mjmh.com
  - Chris Threadgill cthreadgill@mjmh.com

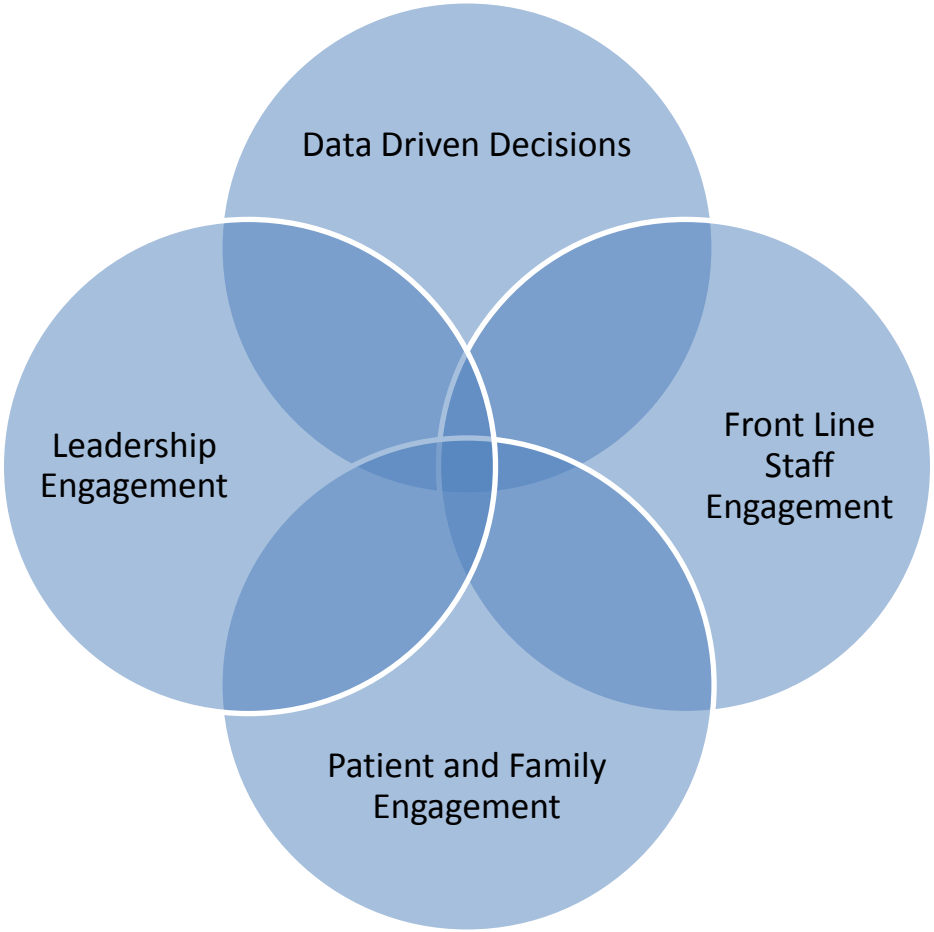
Jackie Conrad RN, MBA
Improvement Advisor, Cynosure Health

Kim Werkmeister, RN, BA, CPHQ
Improvement Advisor, Cynosure Health

SUCCESS IS IN THE APPROACH NOT IN THE INTERVENTION

How to go from here to there

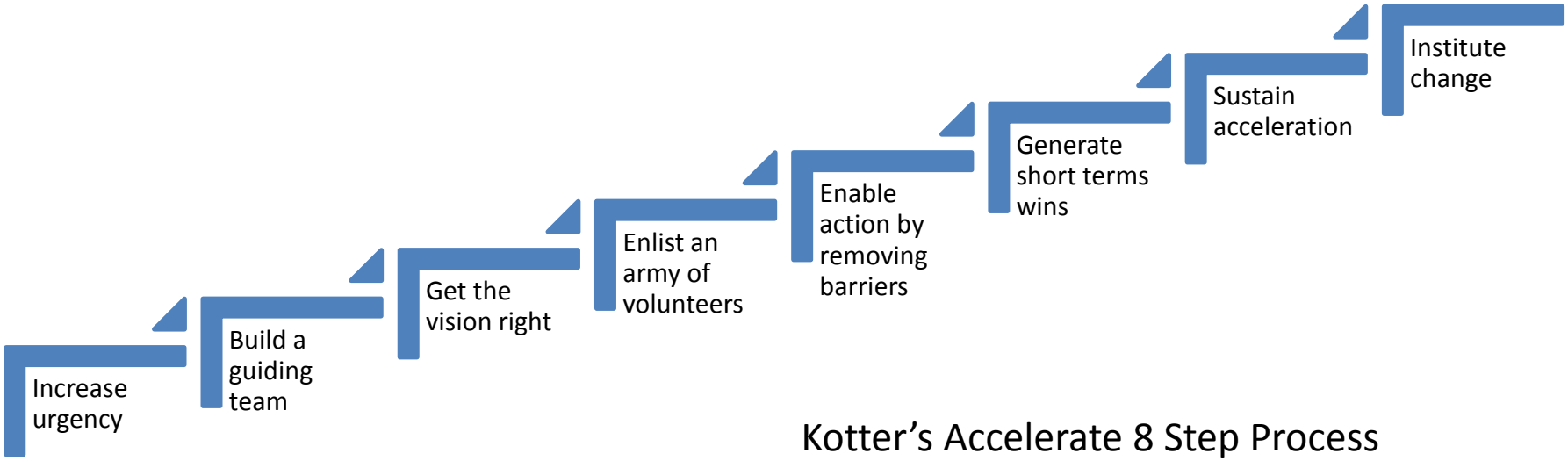
Success is in the Approach not the Interventions



ILPEx Illinois Performance Excellence
2014 Silver Award Recipient

HRET HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

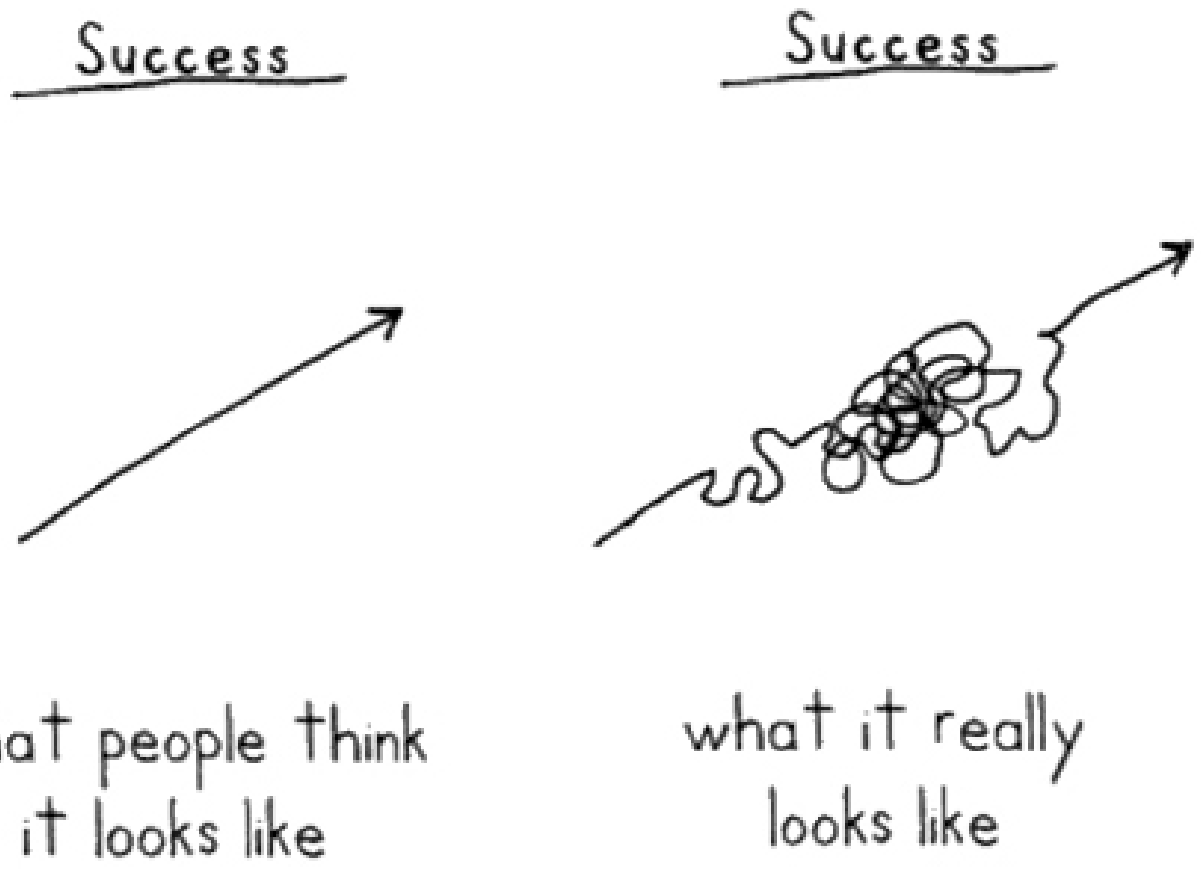
Change Management



Kotter's Accelerate 8 Step Process for Leading Change

Where to start?

Learn from Failure



Huddle for HAPU

- Try bedside huddles with all staff who touched the patient when a pressure ulcer develops.
  - Trace the patient's path from the ER, radiology, procedures and all transitions and handoffs.
  - Include all departments that touched the patient.
  - Focus on uncovering learnings and opportunities.

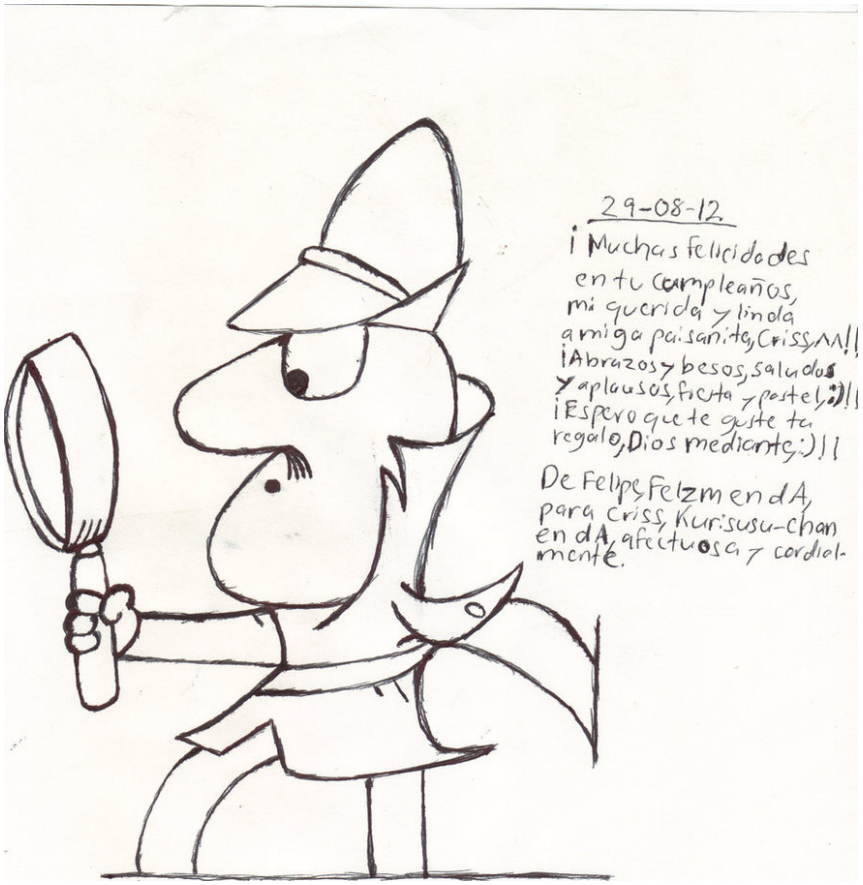
NPUAP Pressure Ulcer RCA Template

Guides team to an 11 step review process:

1. Departments connected to the event
2. Pre-admission condition documented
3. Skin assessed on admission
4. Protocols implemented upon admission
5. Skin reassessed every 24 H
6. Change in the patient condition
7. Referral to trained skin specialist
8. Support surface
9. Nutritional assessment
10. Mobility assessment
11. Wound documentation

http://www.npuap.org/resources/educational-and-clinical-resources/pressure-ulcer-root-cause-analysis-rca-template/

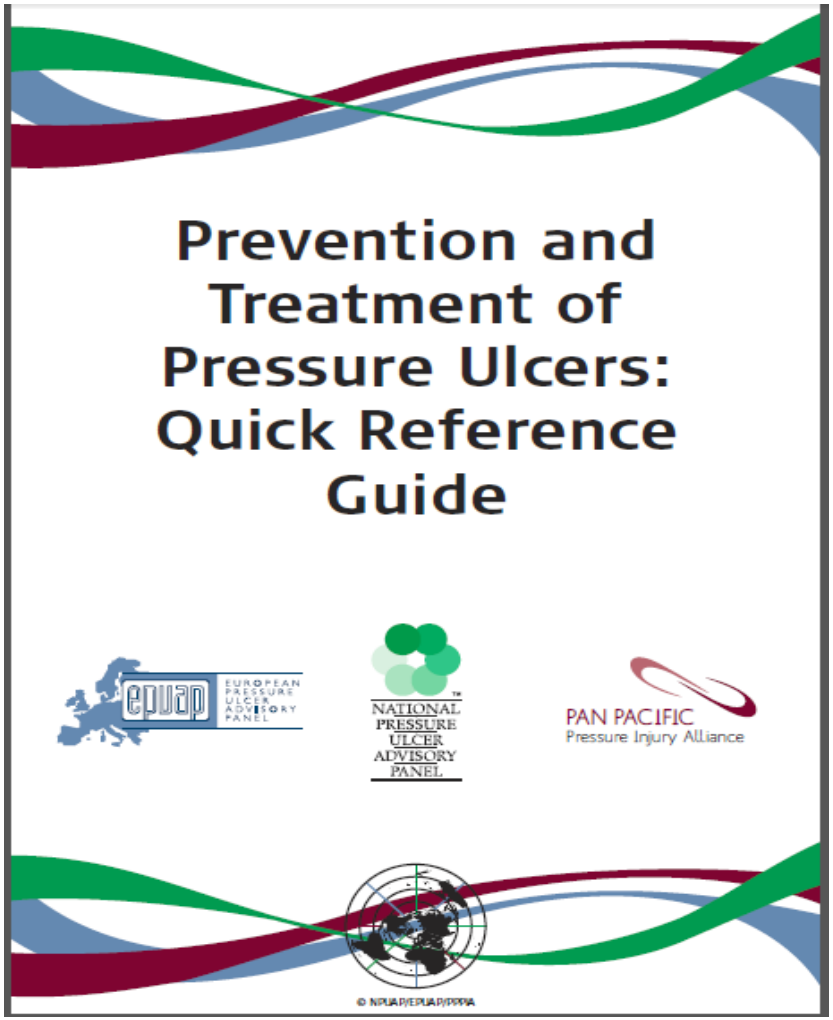
New HAPU, now what?



ILPEx Illinois Performance Excellence
2014 Silver Award Recipient

HRET HEALTH RESEARCH & EDUCATIONAL TRUST
In Partnership with AHA

Don’t Reinvent the Wheel

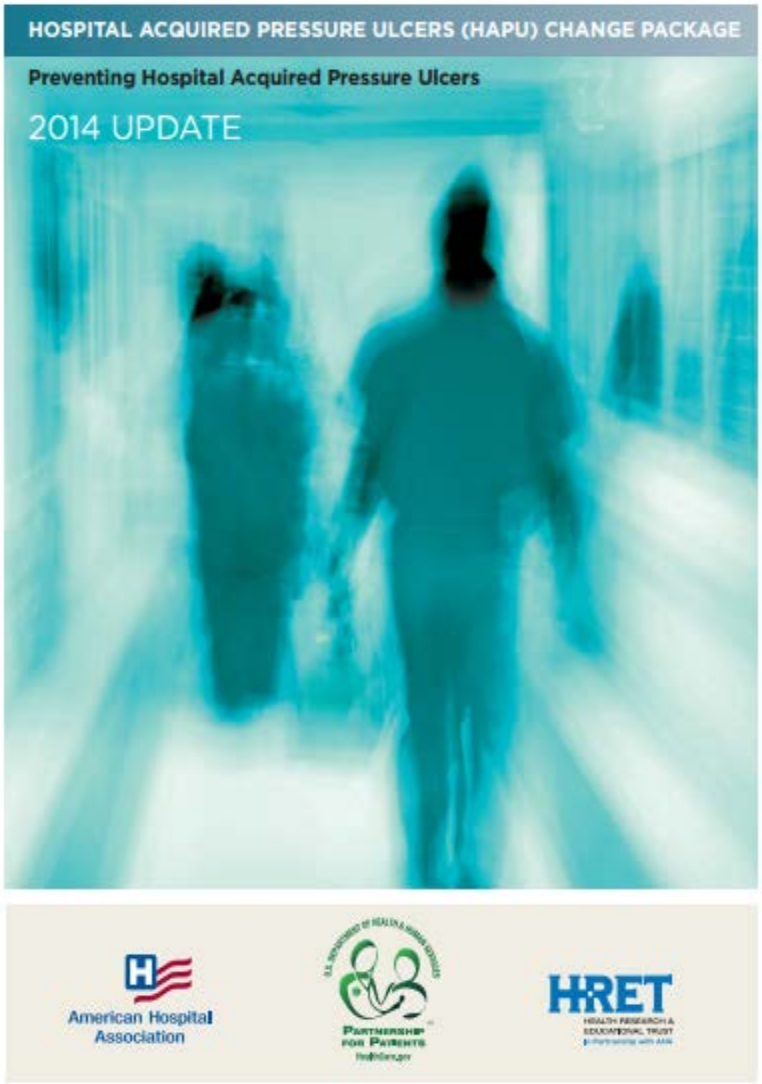


National Pressure Ulcer Advisory Panel Quick Reference Guide (2014 update)

- Levels of Evidence
- Strength of Evidence
- Strength of Recommendations

http://www.npuap.org/wp-content/uploads/2014/08/Updated-10-16-14-Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-16Oct2014.pdf

HRET Change Package and Top 10 Checklist



TOP TEN EVIDENCE BASED INTERVENTIONS

PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT
Implement head-to-toe skin evaluation and risk assessment tool - assess the skin and risks within 4 hour of admission, risk and skin assessment should be age appropriate.	☐	☐	☐
Based on skin and risk assessment develop and implement an individualized plan of care.	☐	☐	☐
Assess skin and risk at least daily and incorporated into other routine assessment.	☐	☐	☐
Involve licensed and unlicensed staff such as nurse aides in HAPU reduction efforts - such has rounding with a purpose. The nurse aids can assist in skin inspection, checking to ensure prevention strategies are in place, and check medical devices are not causing skin harm.	☐	☐	☐
Set specific timeframes or create reminder systems to reposition - such as hourly or every two hour rounding with a purpose (the 3 P's - pain, potty, position-pressure). This aligns nicely with Fall prevention.	☐	☐	☐
Avoid skin wetness by protecting and moisturized as needed - use of under-pads that provide a quick-drying surface and wick moisture away, use topical agents that hydrate the skin and form a moisture barrier to reduce skin damage.	☐	☐	☐
Use special beds, mattresses, and foam wedges to redistribute pressure (pillows should only be used for limbs).	☐	☐	☐
Monitor weight, nutrition, and hydration status - for high risk patients generate an automatic Registered Dietician consult.	☐	☐	☐
Operating room tables should be covered by special overlay mattresses for long cases (greater than 4 hours - some hospitals choose cases greater than 2 hours) and high risk patients.	☐	☐	☐
Use breathable glide sheets and or lifting devices to prevent shear and friction.	☐	☐	☐

ILPEx Illinois Performance Excellence
2014 Silver Award Recipient

HRET HEALTH RESEARCH & EDUCATIONAL TRUST In Partnership with AHA

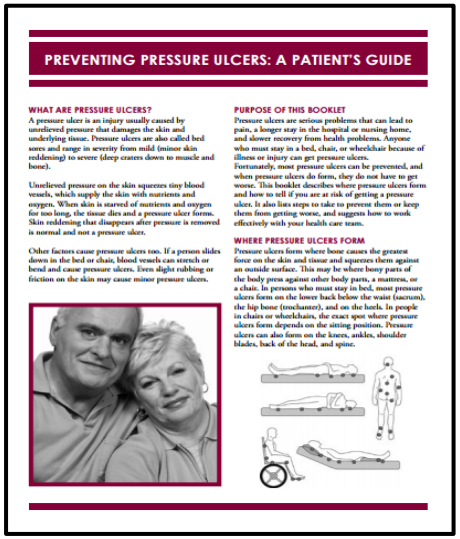
More Resources

IHI How to Guide: Preventing Pressure ulcers

http://www.ihi.org/resources/pages/tools/howtoguidepreventpressureulcers.aspx

AHRQ Toolkit- Preventing Pressure Ulcers in Hospitals

http://www.ahrq.gov/research/ltc/pressureulcertoolkit/



PREVENTING PRESSURE ULCERS: A PATIENT'S GUIDE

WHAT ARE PRESSURE ULCERS?

A pressure ulcer is an injury usually caused by unrelieved pressure that damages the skin and underlying tissue. Pressure ulcers are also called bed sores and range in severity from mild (minor skin reddening) to severe (deep craters down to muscle and bone).

Unrelieved pressure on the skin squeezes tiny blood vessels, which supply the skin with nutrients and oxygen. When skin is starved of nutrients and oxygen for too long, the tissue dies and a pressure ulcer forms. Skin reddening that disappears after pressure is removed is normal and not a pressure ulcer.

Other factors cause pressure ulcers too. If a person slides down in the bed or chair, blood vessels can stretch or bend and cause pressure ulcers. Even slight rubbing or friction on the skin may cause minor pressure ulcers.

PURPOSE OF THIS BOOKLET

Pressure ulcers are serious problems that can lead to pain, a longer stay in the hospital or nursing home, and slower recovery from health problems. Anyone who must stay in a bed, chair, or wheelchair because of illness or injury can get pressure ulcers. Fortunately, most pressure ulcers can be prevented, and when pressure ulcers do form, they do not have to get worse. This booklet describes where pressure ulcers form and how to tell if you are at risk of getting a pressure ulcer. It also lists steps to take to prevent them or keep them from getting worse, and suggests how to work effectively with your health care team.

WHERE PRESSURE ULCERS FORM

Pressure ulcers form where bone causes the greatest force on the skin and tissue and squeezes them against an outside surface. This may be where bony parts of the body press against other body parts, a mattress, or a chair. In persons who must stay in bed, most pressure ulcers form on the lower back below the waist (sacrum), the hip bone (trochanter), and on the heels. In people in chairs or wheelchairs, the exact spot where pressure ulcers form depends on the sitting position. Pressure ulcers can also form on the knees, ankles, shoulder blades, back of the head, and spine.

http://www.cdss.ca.gov/agedblinddisabled/res/VPTC2/8%20Paramedical%20Services/Preventing_Pressure_Ulcers_Patient_Guide.pdf

Natalie Erb, MPH

Program Manager, HRET

12:00-12:15 PM

BRING IT HOME

Physician Leader Action Items

What are you going to do by next Tuesday?

- ❑ Support efforts to establish an interdisciplinary MDRPU standard of practice.
- ❑ Work with a unit-based team to examine the current state of HAPU prevention efforts.

What are you going to do in the next month?

- ❑ Share HAPU data (outcome and process measures) with the providers and the leadership.
- ❑ Work with a unit-based team to hardwire processes.

Unit-Based Team Action Items

What are you going to do by next Tuesday?

- ❑ Choose a process to audit, i.e., use of two person lift or glide sheet, heels floated, HOB < 30 degrees.
- ❑ Enlist frontline nursing assistant to help audit.

What are you going to do in the next month?

- ❑ Use audit data to guide PDSA efforts.
- ❑ Engage a physician leader and executive sponsor.

Hospital Leaders Action Items

What are you going to do by next Tuesday?

- ❑ Round on front line staff to engage in a conversation about HAPU prevention successes and challenges.

What are you going to do in the next month?

- ❑ Ensure HAPU data is regularly reported to providers and the leadership.
- ❑ Support unit based teams in removing barriers to HAPU prevention.

PFE Leads Action Items

What are you going to do by next Tuesday?

- ❑ Develop a plan to involve patients and families in HAPU prevention efforts.

What are you going to do in the next month?

- ❑ Recruit a patient family advisor who has experienced HAPU to join the skin team or act as an advisor in HAPU prevention programming.

Thank you!

More info on our website: www.hret-hen.org

Questions/Comments:

hen@aha.org