Pressure Ulcers to Zero Collaborative

Introduction to Phase 3

Learning Session One
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:45</td>
<td>REGISTRATION &amp; team set up</td>
</tr>
<tr>
<td>09:30</td>
<td>Opening address</td>
</tr>
<tr>
<td>09:40</td>
<td>Introduction</td>
</tr>
<tr>
<td>10:30</td>
<td>Pressure Ulcers Part One</td>
</tr>
<tr>
<td>11:00</td>
<td>COFFEE</td>
</tr>
<tr>
<td>11:15</td>
<td>Pressure Ulcers Part Two</td>
</tr>
<tr>
<td>11:45</td>
<td>Hospital Experience</td>
</tr>
<tr>
<td>12:05</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>13:00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>13:40</td>
<td>Staff experiences / stories</td>
</tr>
<tr>
<td>14:20</td>
<td>Engaging staff</td>
</tr>
<tr>
<td>15:20</td>
<td>COFFEE</td>
</tr>
<tr>
<td>15:30</td>
<td>Engaging staff - next steps</td>
</tr>
<tr>
<td>15:45</td>
<td>Teach back</td>
</tr>
<tr>
<td>16:00</td>
<td>Evaluation</td>
</tr>
<tr>
<td>16:15</td>
<td>Action period</td>
</tr>
<tr>
<td>16:30</td>
<td>CLOSE</td>
</tr>
</tbody>
</table>
Overview

- Why are we here
- Say hello to each other!
- Introduction to the PUTZ 3 collaborative
- Framework for Improving Quality
- Knowledge & Skills assessment
Meet the National PUTZ Team

# hello my name is... Lorraine Murphy
National lead

# hello my name is... Orlaith Branagan
PUTZ Coordinator

# hello my name is... Catherine Hogan
PUTZ Facilitator
Meet SSWHG participating sites

<table>
<thead>
<tr>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bantry General Hospital</td>
</tr>
<tr>
<td>Mallow General hospital</td>
</tr>
<tr>
<td>Cork University Hospital</td>
</tr>
<tr>
<td>Mercy University Hospital</td>
</tr>
<tr>
<td>South Infirmary Victoria University Hospital</td>
</tr>
<tr>
<td>University Hospital Waterford</td>
</tr>
<tr>
<td>Kilcreene Orthopaedic Hospital</td>
</tr>
<tr>
<td>South Tipperary General Hospital</td>
</tr>
<tr>
<td>Kerry University Hospital</td>
</tr>
</tbody>
</table>
Everyone is talking about PUTZ
Starting with the ‘Why’

Simon Sinek  Available at :
https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action
‘My husband was admitted to Hospital in January with a suspected stroke. A few days later he had a bypass, during this he developed a clot which blocked the blood flow to his left leg, this resulted in an amputation.’

‘While being removed from the theatre bed he developed a small sore on his buttock, this developed into a pressure sore and now three months later he has no skin on either buttock’.

‘Now I think only a miracle can save my husband’.

(A Family members story, 2016)
The Why? The purpose, the cause

- Key marker of quality care

- Key safety priority – high incidence and prevalence within our healthcare system

- High impact on
  - Patients
  - Families
  - Team caring for the patient
Why? – the Human cost

- Loss of income
- Isolation
- Lack of knowledge
- Impact on others
- Embarrassment
- Psychological
- Pain

(Langemo 2000; Fox 2002; Franks et al 2002; Hopkins et al 2006; Gorecki et al 2009)
The ‘How’

Specific actions

**Why** = The Purpose
What is your cause? What do you believe?

**How** = The Process
Specific actions taken to realize the Why.

**What** = The Result
The How....

Subject Matter Knowledge

Improvement Science

PUTZ QID Team
Combine for Improvement

**Improvement:**
Learn to combine Subject Matter Knowledge and Improvement Science in creative ways to develop effective changes for improvement.
<table>
<thead>
<tr>
<th>Date &amp; Time (24hr clock)</th>
<th>02/01 08:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Intact</td>
<td>✓</td>
</tr>
<tr>
<td>Pressure Ulcer Present</td>
<td>⨂</td>
</tr>
<tr>
<td>Mattress: Mattress changed to: Time:</td>
<td></td>
</tr>
<tr>
<td>Cushion: Cushion Changed to: Time:</td>
<td></td>
</tr>
<tr>
<td>Equipment checked</td>
<td>✓</td>
</tr>
<tr>
<td>B Left Side</td>
<td>✓</td>
</tr>
<tr>
<td>E Right Side</td>
<td></td>
</tr>
<tr>
<td>D Back</td>
<td></td>
</tr>
<tr>
<td>Chair</td>
<td></td>
</tr>
<tr>
<td>Mobility/ Standing</td>
<td></td>
</tr>
<tr>
<td>Clean and Dry</td>
<td></td>
</tr>
<tr>
<td>Barrier Product Applied</td>
<td>✓</td>
</tr>
<tr>
<td>MUST recorded weekly</td>
<td></td>
</tr>
<tr>
<td>MUST screening next due:</td>
<td></td>
</tr>
<tr>
<td>Hydration offered</td>
<td>✓</td>
</tr>
<tr>
<td>Assisted with meals</td>
<td>⨂</td>
</tr>
<tr>
<td>Initials</td>
<td></td>
</tr>
<tr>
<td>Discipline (RGN/HCA/OT/PT)</td>
<td></td>
</tr>
</tbody>
</table>

**Risk Assessed using Waterlow and clinical judgement**

**SSKIN CARE BUNDLE COMMUNICATION CHART**

**Addressograph**

*Red Skin - Relieve Pressure - Reverse Damage*
### SSKIN Bundle

<table>
<thead>
<tr>
<th><strong>SSKIN Bundle</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURFACE</strong></td>
</tr>
<tr>
<td><strong>SKIN INSPECTION</strong></td>
</tr>
<tr>
<td><strong>KEEP PATIENTS MOVING</strong></td>
</tr>
<tr>
<td><strong>INCONTINENCE / MOISTURE</strong></td>
</tr>
<tr>
<td><strong>NUTRITION / HYDRATION</strong></td>
</tr>
</tbody>
</table>

**Defines and ties together best practices in pressure ulcer prevention**
The ‘What’

*The result of why, the proof the outcome*

**Why** = The Purpose
What is your cause? What do you believe?

**How** = The Process
Specific actions taken to realize the Why.

**What** = The Result
Collaborative Aim Statement

“Reduce the number of hospital (ward) acquired pressure ulcers by 50% across participating teams in SSWHG and DMLHG within a six month timeframe and sustained by 28th February 2018”
What PUTZ 3 team will try to do?

- Influence mind-sets – pressure ulcer prevention is everyone’s business

- Share tools and techniques

- Build confidence

- Build better working environments

- Improve patient outcomes
It matters:

https://www.youtube.com/watch?v=cDDWvj_q-o8
Meet someone new - form a trio!!!
speed networking!

- Name
- Where you are from
- What you enjoy most about your role
- In two sentences max: WHY you are here
Collaborative Rules

- Don’t be too hard on yourself – you don’t know what you don’t know

- Keep an open mind

- “Everyone you will ever meet knows something that you don’t”

Bill Nye
What is a collaborative?

Breakthrough Series Collaborative Model

Key
LS1 Learning Session
AP Action Period
P-D-S-A Plan-Do-Study-Act

Supports
Email
Visits
Phone Conferences
Monthly Team Reports
Assessments

Reference: Institute for Healthcare Improvement, Boston, MA, USA (www.ihi.org)
PUTZ Phase 3 Timelines

- March 2017: Pre-work
- April 2017: Learning Session 1
- June 2017: Learning Session 2
- Sept 2017: Learning Session 3
- Nov 2017: Celebration event
- Jan 2018: Spread meeting

Coaching course for Coordinators and local QI Mentor

- Action Period 1
- Action Period 2
- Action Period 3
**Benefits of Collaboratives**

**Patients:**
- Improve experiences and outcomes

**Staff:**
- Increase job satisfaction
- Develop competence and confidence

**Organisation:**
- Increase multidisciplinary/multisite relationships and
- Influence culture
What is the PUTZ collaborative?

- National safety programme

- Commenced in 2014 (former DNE region)

- Quality improvement methodology

- Phase 3 focus on acute services
Phase 1 (2015): 73% Reduction in avoidable Pressure Ulcers

Baseline = 22

Learning session 1
Learning session 2
Learning session 3
Phase 2 (2016): 49% Reduction in avoidable Pressure Ulcers
## Participant Evaluation Phase 2

(Preliminary findings)

<table>
<thead>
<tr>
<th>What worked well</th>
<th>Challenges</th>
<th>Mixed opinions</th>
<th>Ideas to improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing the learning</td>
<td>Implementation of SSKIN bundle in clinical areas</td>
<td>QI methodology</td>
<td>Increase support with Pre-work</td>
</tr>
<tr>
<td>MDT (&amp; HCA) participation</td>
<td>Gaining support for change</td>
<td>CHO &amp; Acute sector mix</td>
<td>More physiology sessions</td>
</tr>
<tr>
<td>SSKIN bundle (fit for purpose)</td>
<td>Maintaining momentum</td>
<td></td>
<td>Increase Pre-session communication</td>
</tr>
<tr>
<td>Measurement</td>
<td>Sustainability &amp; Spread</td>
<td></td>
<td>More HCAs on MDTs</td>
</tr>
<tr>
<td>Site visits</td>
<td></td>
<td></td>
<td>Sustainability &amp; Spread Access to local QI mentors</td>
</tr>
</tbody>
</table>
PUTZ3 Objectives

Pathophysiology/Aetiology
Pressure Ulcer Prevention

Framework for Improving Quality to build a culture of continuous improvement of quality of care

A culture of person-centred quality care that continuously improves

Leadership for Quality
Person and Family Engagement
Staff Engagement
Use of Improvement Methods
Governance for Quality
Measurement for Quality
Quality Improvement …

*what we do every day*

Quality improvement (QI) is the combined and unceasing efforts of everyone - healthcare professionals, patients and their families, researchers, commissioners, providers and educators - to make the changes that will lead to:

- better patient outcomes
- better experience of care
- continued development and supporting of staff in delivering quality care

HSE. (2016). Framework for Improving Quality in our Health Service
Framework for Improving quality

Six critical success factors that work together to support the creation of a culture of quality care that continuously seeks to improve
Leadership for quality

- Shared vision
- Building values, beliefs and norms
- Setting clear prioritised aims, objectives and expected outcomes
- Building and supporting clinical leadership
- Engaging with patients
- Committing resources
Person & Family Engagement

- Patients as partners
- Caring with dignity, respect and kindness
- Co-ordinated care
- Knowledge, skills & confidence to make informed decisions
- Participate in service design and delivery of care
- Creating environments that engage with patients
Staff engagement

- Listening, valuing and acknowledging staffs’ unique contributions
- Involved in decision making and creative problem solving
- Supporting teamwork
- Health and wellbeing of staff
- Continuous learning and development
- Providing coaching and mentoring
Use of Improvement Methods

- Use of an agreed set of improvement methodologies
- Building improvement knowledge & skills
- Small scale tests of change
- Prioritising implementation of proven solutions
- Reducing variation
- Understanding context when testing, scaling and spreading improvements
Measurement for Quality

- Measure patient experience and outcomes
- Measure only what matters
- Being smart in how we measure
- Seek transparency
- Building capability
- Building data collection into routine work
Governance for Quality

➢ Knowledge and skills to drive quality care

➢ Accountability for quality & safety

➢ Use of information to monitor and oversee quality

➢ Promote a culture of learning

➢ Strong board relationships that partner with patients & staff around the quality of care

➢ Quality improvement plan
Knowledge and Skill development

Why
Build confidence & competence to support pressure ulcer prevention

How
- Learning sessions
- Resources
- Action periods
- Site visits
- Public awareness

What
Self assessment of the level that the PUTZ (HOW) has improved participants’ knowledge and understanding of pressure ulcer prevention and quality improvement
## Assessment scales

<table>
<thead>
<tr>
<th>No experience</th>
<th>Knowledge 1</th>
<th>Comprehension 2</th>
<th>Application Skill 3</th>
<th>Analysis 4</th>
<th>Evaluate 5</th>
</tr>
</thead>
</table>

- **No experience**: You have **no experience** of/ or **understanding** of the concept, method or tool.
- **Knowledge 1**: You can **identify/define** what the concept, method or tool is.
- **Comprehension 2**: You can **explain or illustrate** the concept, method or tool.
- **Application Skill 3**: You can **apply or consider** the concept, method or tool in identified situations.
- **Analysis 4**: You can **analyse and / or interpret** the concept, method or tool.
- **Evaluate 5**: You can **evaluate or appraise** the outcome after using the concept, method or tool.
## Self-assessment

At each statement enter the score that best reflects the stage you are at:

<table>
<thead>
<tr>
<th>Care to be considered for each component of SSKIN bundle”</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have <em>no experience of/ or understanding</em> of the care to be considered for each component of SSKIN bundle</td>
<td>0</td>
</tr>
<tr>
<td>I can <em>identify/define</em> the care to be considered for each component of SSKIN bundle</td>
<td>1</td>
</tr>
<tr>
<td>I can <em>explain or illustrate</em> the care to be considered for each component of SSKIN bundle</td>
<td>2</td>
</tr>
<tr>
<td>I can <em>apply or consider</em> the care to be considered for each component of SSKIN bundle</td>
<td>3</td>
</tr>
<tr>
<td>I can <em>analyse and interpret</em> the care to be considered for each component of SSKIN bundle</td>
<td>4</td>
</tr>
<tr>
<td>I can <em>evaluate or appraise</em> the care to be considered for each component of SSKIN bundle</td>
<td>5</td>
</tr>
</tbody>
</table>