

Pressure Ulcer prevention is everybody's business. Therefore the opportunity to develop knowledge and skills extends to all staff and is not limited to PUTZ team members and those participating on the collaborative. It is expected that on return to the ward, each team member will link with a **ward buddy** to share learning and actions.

Also, team members participating are expected to share the discussion and learning from their sessions with team members and work colleagues following the learning session.

### **Action Period Activities**

#### **1. Pressure Ulcer Prevention –webinars and YouTube videos to be accessed by all ward colleagues**

##### **1.1. Youtube video: Introduction to the SSKIN care bundle**

<https://www.youtube.com/watch?v=5OOqegj1Hc8>

##### **1.2. Youtube video: The five key messages to prevent pressure ulcers**

<https://www.youtube.com/watch?v=Syc-hByVGF0>

#### **2. Measuring for improvement**

##### **2.1. Safety Cross**

Continue recording the number of pressure ulcers on the ward safety cross. Record the date and grade of ward acquired pressure ulcers on the table. Observe colour codes:

**Red:** Newly acquired

**Yellow:** External transfer to ward

**Blue:** Internal transfer to ward

**Green:** No pressure ulcer

Guidance and answers to frequently asked safety cross questions can be accessed on the PUTZ Webinar Safety Cross available at:

<https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/pressureulcerszero/resources-putz.html>

##### **2.2. Visible Safety Cross**

Display the safety cross in a general public area on the ward so that it is visible to staff, patients and members of the general public.

- A visible safety cross will encourage conversations about pressure ulcer prevention
- Perhaps test having your PUTZ team meetings standing around the safety cross

##### **2.3. Measuring for Improvement: Creating and interpreting run charts**

- Create a monthly run chart to display the number of ward acquired pressure ulcers per month for your ward.
- Log onto link below where you will find information here to guide you on measuring your improvement

<https://www.hse.ie/eng/about/who/qid/measurementquality/measurementimprovement/mit-resources.html>

### 3. Use of Improvement Methods

#### 3.1. Project Planning

Effective project planning supports the workflow of tasks, activities (to include PDSAs) and expectations necessary to achieve an agreed goal. Each team leader supported by the site coordinator is encouraged to meet with the local PUTZ team to agree the series of steps, responsibility charting and timelines to guide the team and ward colleagues in this initiative. A Project plan for each team can be returned by the site coordinator to for feedback.

**Please use the National QI team Toolkit Project charter (tool 4)**

<https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/nat-qi-tool-4-project-charter.pdf>

**and communications plan (tool 5) to help you with this:**

<https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/nat-qi-tool-5-communications-plan-and-actions.pdf>

#### 3.2. PDSA testing

- Plan a small scale PDSA test (e.g. start testing with one patient only)
- Undertake a PDSA test
- Record PDSA planning, doing, analysis and action using PDSA template tool 13 as part of toolkit which is adapted from the IHI (2017) available at:

What is important about this exercise is to understand how to use PDSA testing in a clinical environment to test a change idea on a small scale to determine if further testing is required and what modifications or adaptations may be required. It is not unusual to have several iterations of testing for one small change. Ideas for testing might include: an idea to improve the reliability of the risk assessment tool, or an adaptation of the SSKIN bundle or facilitating an effective meeting.

**PDSA Tool:**

<https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/nat-qi-tool-12-plan-do-study-act-pdsa-cycle-template.pdf>

### 4. Staff Engagement

**4.1** Keep a log of the successes and challenges in engaging colleague's interest and participation in this initiative. A staff engagement webex session is planned between day 2 and day 3 will be hosted by Ms Juanita Guidera. The purpose of the Webex is to:

- To respond to emergent needs
- Answer questions and queries
- Work through/advise on challenges

## 5. Patient Engagement

- 5.1 On return to the ward, identify a patient with a pressure ulcer (previous Pressure Ulcer) to conduct a one to one '*Listening Session*' with at the bedside. On completion of the conversation please feedback to your team.

### Some tips for conducting the session

- To create an unrushed atmosphere, choose a quiet time
- Ask colleagues where possible not to interrupt the conversation
- *Sit* by the patient.
- Keep language simple – avoid medical jargon
- Share the listening experience and key learning points with the ward team

### Suggestions for conversation;

- Invite the patient to share his/her story of living with a pressure ulcer  
Prompt points:
- How did the pressure ulcer impact on his/her life (e.g. time, quality of life, restrictions, managing drains/dressings, ? odour, time of work....., risk of infection)
- Has the patient any suggestions regarding their own Pressure Ulcer prevention?
- Are resources that the patient may require available – e.g. Patient Information Leaflets / On-line resources
- Invite suggestions as to how he/she think patients could become involved in an improvement initiatives while in hospital

### See Capturing Patient and Staff Perspectives tool:

<https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/national-qi-tool-0-capturing-the-patient-and-staff-voice.pdf>

## 6 Webinars

These will build on the 3 webinars we have had between day 1 and day 2. 3 webinars will be scheduled between day 2 and day 3. You will receive email notification and more information on how to join shortly after day 2.

## 7. Story board

Using the current story board template continue your team's PUTZ story.  
Print your team's story and display on a poster board at Learning Session three. Teams are invited to bring examples and/or resources that showcase the good practices that have been developed locally to support their work in preventing pressure ulcers e.g. patient leaflets, logos, signs, photographs.

### ACTION PERIOD TWO CHECKLIST

	<b>ACTION/ACTIVITY</b>	<b>DATE OF COMPLETION</b>	<b>COMPLETED BY</b>
<b>1</b>	<b>Pressure Ulcer Prevention</b>		
	Youtube video: Introduction to the SSKIN care bundle		
	Youtube video: The five key messages to prevent pressure ulcers		
<b>2</b>	<b>Measuring for improvement</b>		
	Daily safety cross		
	Monthly Run chart		
	How to create and interpret run charts webinar"		
<b>3</b>	<b>Use of Improvement Methods</b>		
	Model for Improvement & PDSA Webinar		
	PDSA Testing		
<b>4</b>	<b>Staff Engagement</b>		
	Staff engagement teleconference clinic		
<b>5</b>	<b>Patient Engagement</b>		
	Listening session		
<b>6</b>	<b>Webinars</b>		
	Join x3 webinars		
<b>7</b>	<b>Story Board</b>		
	Maintain story board		

**COMMENTS:**