

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 3 Activities

1. **Leadership**

Pressure Ulcer Prevention –webinars and YouTube videos to be accessed by all ward colleagues

1.1. You tube video: Introduction to the SSKIN care bundle

<https://www.youtube.com/watch?v=5OOgeqj1Hc8>

1.2. You tube 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 a 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 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:

PDSA Tool:

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

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.

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:

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

5. Patient Engagement

Continue to seek opportunities to engage patients and families in this initiative. This may be through training and education or to develop a process or resource or might simply be to aid understanding of living with a pressure ulcer through conversation.

5.1 Patient information, education, participation

- Leaflets, brochures, links to websites
- Conversations – Listening Sessions
- Promote enquiry and decision making – Patient/family involvement on safety/quality teams
- Think about including Pressure Ulcers updates and prevention information in discharge packs to home and community

6. 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 3. 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.

<https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/pressureulcerszero/story-board-day-2-19.pdf>

7. Celebration Event

25th March 2020 - Hotel Kilmore Cavan

1st April Clayton Silver Springs Hotel Cork

ACTION PERIOD THREE CHECKLIST

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

COMMENTS: