



Final Report

Pressure Ulcers to Zero Collaborative

Phase 3

November 2016 – February 2018

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“Involvement in the PUTZ 3 collaborative has afforded me the opportunity to develop my knowledge and skills of quality improvement methods. Through the collaborative I have learned a lot about myself, about the way that I work and how that influences the people around me. It has taught me a lot about the team that I work with, the support we can offer each other to improve patient outcomes. I found the networking aspect of the PUTZ Collaborative essential in providing support and assistance with developing ideas to bring about change. Most importantly the power of networking and the people aspect of this collaborative cannot be underestimated. I thoroughly enjoyed the experience”

Michelle Howard, CPC & Site Coordinator, Mallow General Hospital, 16th November 2017

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EXECUTIVE SUMMARY

Background

The Pressure Ulcers to Zero (PUTZ) collaborative was established and is sponsored by the Health Service Executive (HSE) Quality Improvement Division (QID). The first joint HSE/Royal College of Physicians in Ireland (RCPI) PUTZ Collaborative (Phase 1) began in February 2014 in the Dublin North East region of Ireland. The primary aim was to reduce the number of avoidable pressure ulcers (PUs) across participating teams by 50% within the timeframe of the collaborative and to increase the capacity and capability of frontline clinical teams to improve the care they deliver. Collaborative participants extended to multidisciplinary healthcare workers from counties Louth, Meath, Cavan, Monaghan and North Dublin across a range of settings including hospitals, primary care centres, nursing homes and other community and private residential centres. The HSE/RCPI PUTZ Collaborative concluded a second collaborative (Phase 2) in June 2016 with participation from multidisciplinary teams across the Ireland East hospital group, Community Healthcare Organisations 5, 6, 8, & 9 and private residential nursing homes. Phase 1 of the collaborative realised a 73% reduction in avoidable pressure ulcers. Phase 2 teams achieved a 49% reduction in pressure ulcers.

Phase 3 of the PUTZ collaborative (PUTZ 3) commenced in March 2017 with pre-work in progress from November 2016. Phase 3 focuses on the acute sector with an initial 23 multidisciplinary teams participating from all acute hospitals in the South South-West Hospital Group (SSWHG) and Dublin Midlands Hospital Group (DMLHG). Phase 3 is based on the Institute for Healthcare Improvement (IHI) (2003) Breakthrough Series Collaborative Model and the Framework for Improving Quality (HSE, 2016). In Phase 3 a 67.5% reduction in newly acquired pressure ulcers was achieved at 12 months to February 2018.

Prevalence and Incidence Measurement of Pressure Ulcers in Irish Healthcare

There is no system to accurately measure the *prevalence* and *incidence* of pressure ulcers in Ireland at this point in time. The National Incident Management System (NIMS) which is an incident management reporting system can report on the number of pressure ulcers reported through the system. This functionality also applies to data returned to the Hospital In-Patient Enquiry Scheme (HIPE) that collects information on hospital day cases and in-patients in Ireland or through Datex and other such systems. However due to the inaccuracies reported through the current information

systems, these systems should be considered as pressure ulcer reporting mechanisms only and not a true reflection of pressure ulcer incident data.

In November 2016 a QID PUTZ team comparative review of data for the year 2015-2016 returned through HIPE, NIMS and the PUTZ collaborative evidenced considerable variance. The greatest number of newly acquired pressure ulcers was recorded through data returned via safety crosses (See Section 9.2) by participating PUTZ teams. This may be attributable to the challenges in reporting data through information management systems that include underreporting, inadequacies of reporting systems, and/or incorrect data entry. Furthermore only mandatory reporting is required through NIMS for Grade 3 and Grade 4 PUs as Serious Reportable Events (SREs).

Collaborative Aim

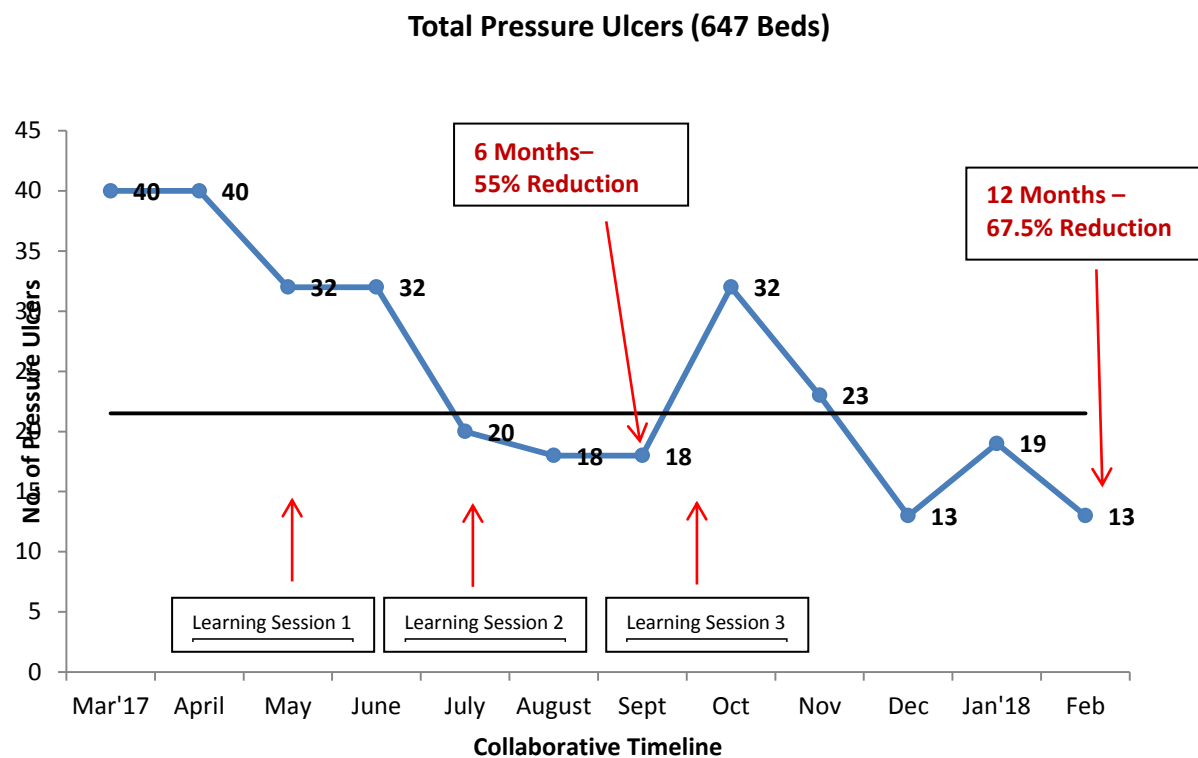
- The primary aim of PUTZ 3 is to reduce ward acquired pressure ulcers by 50% across participating teams within a six month timeframe, and to be sustained in twelve months (28th February 2018).
- A secondary aim is to increase sustainability and spread of initiative across participating sites.

Outcome

The outcome data represents the number of newly acquired pressure ulcers for 22 wards only (n = 22). One unit, unique from multiple standpoints, was the first of its speciality to participate on a PUTZ collaborative (See Section 9.3.1). This necessitated that the unit be treated differently as patients in this type of clinical setting are almost four times (3.8) more at risk of pressure ulcer development (Coyer, 2017). Furthermore the team are progressing at a different pace and require a different level of support to reflect the context of their patient status, risks & culture.

In keeping with the primary aim of the collaborative PUTZ 3 achieved a **55%** reduction in newly acquired pressure ulcers across the 22 participating teams in the two hospital groups within the six month timeframe to September 2017. A **67.5%** reduction in newly acquired pressure ulcers was achieved at 12 months to February 2018, see Figure A.

Figure A: Number of newly acquired pressure ulcers in 22 wards across SSWHG and DMLHG



Where numbers of PU incidents are low, it may be difficult to visualise improvements on a Run Chart at a local level. However many sites had several consecutive months PU free – e.g. the two wards in South Tipperary General Hospital in SSWHG reported no newly acquired PUs for the final eight and nine months of PUTZ 3.

Sustainability Outcome

Progress with regard to sustainability and spread planning was shared in an action period support call by site coordinators with a QID PUTZ3 facilitator in December 2017. Some sites reported considered and measured planning, other less so. There is great variability in the preparedness, rate and pace of sustainability planning across wards (See Section. 10.1).

Impact of Pressure Ulcers – Cost

Pressure Ulcers are debilitating, life threatening and painful with a significant human cost. The most recent up to date costing for PU management in Ireland, is the Gethin et al (2005) study, where treatment of one Grade IV PU was projected as costing the Irish health service €119,000. QID used a Department of Health & Social Care, UK (2010) Pressure Ulcers Productivity Calculator to estimate

the cost of treating newly acquired pressure ulcers based on data returned by participating teams via monthly safety crosses (Figure B). It is estimated that the cost to the HSE to treat the newly acquired pressure ulcers diagnosed on participating wards during Phase 3 was €1,760,000. The calculations are based on February 2018 GBP/Euro currency rates. Figure C outlines the cost per grade returned using the same mechanism to calculate. Please note slight variance in totals when calculating per grade.

Figure B: Estimated cost per month to treat newly acquired PUs diagnosed during PUTZ 3

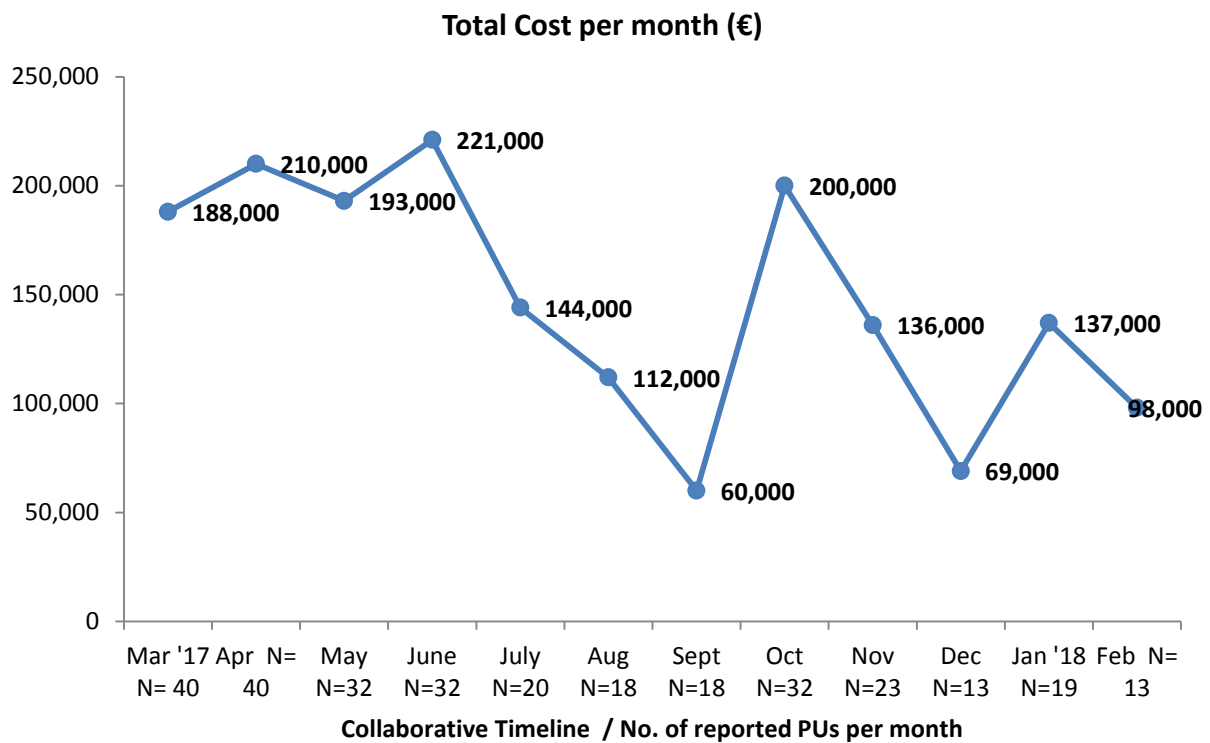
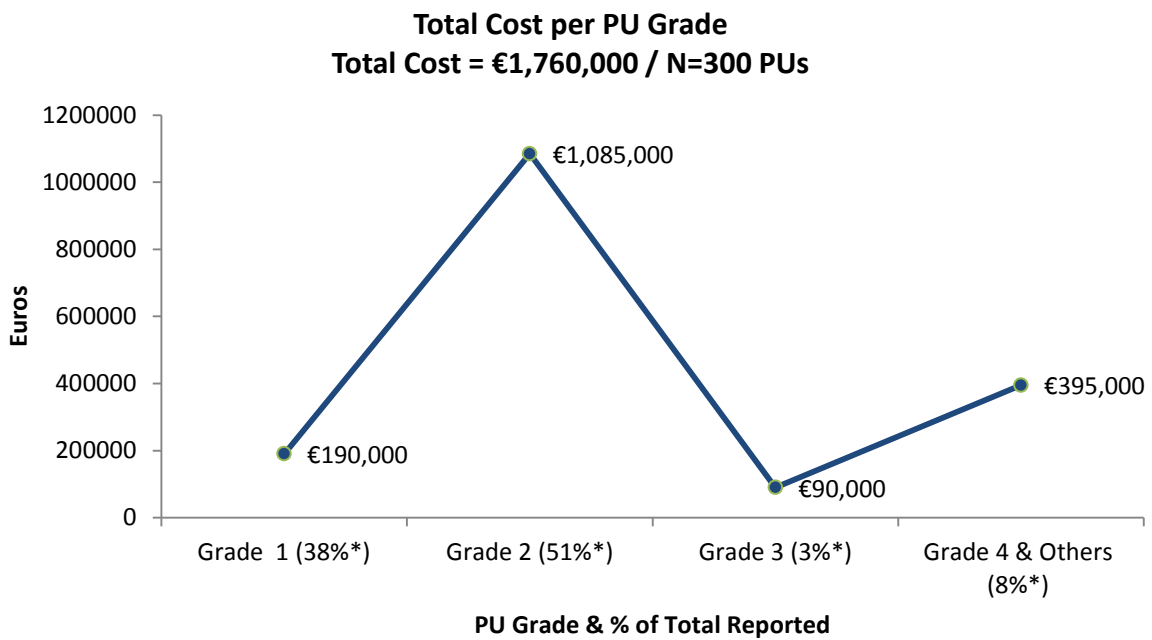


Figure C: Estimated cost of treating newly acquired pressure ulcers diagnosed (per grade)



Key Strengths

The key strengths of PUTZ 3 are considered as follows:

- Growing enthusiasm from multidisciplinary teams measured through local initiatives, participation at learning sessions, and through sharing learning and experiences at story board sessions
- Support and endorsement from Directors of Nursing (DONs) and Group DONs
- Expertise, time, energy and support from QID colleagues, QID National Director, quality improvement experts and stakeholders
- Subject matter expertise, advice and support from Advanced Nurse Practitioners
- Advice and guidance from PUTZ3 advisory group
- Implementation of the Framework for Improving Quality (HSE, 2016) as a model and focus for all aspects of the collaborative
- PUTZ 3 was responsive to the geographic location of participants running two collaboratives in parallel in Cork (SSWHG) and Dublin (DMLHG).

Key Challenges

PUTZ 3 key challenges were experienced as follows:

- Despite purposefully developed resources and pre-work activity a low level entry level knowledge in pressure ulcer prevention impacted upon Knowledge & Skill (K&S) development in other drivers
- Frontline Staff Engagement –maintaining momentum typical to Quality improvement initiatives. Teams identified that lack of protected time to meet as team influenced this and at times also isolated work
- Firewalls were not removed to enable participants to access online resources in some sites
- Local Ownership and Governance –governance structures in some sites did not include this initiative as a safety priority or include progress updates to Executive Management Board/Team (EMB/T).

Key Learning

The key learning and considerations to take forward to other quality improvement (QI) initiatives are:

- Impact of focal leadership on outcomes – sites with executive leaders that were engaged with the initiative from the outset achieved more positive outcomes
- Despite openness and willingness to engage patients and families in QI initiatives, there is dearth of examples of meaningful considered involvement in most sites
- Strong evidence in support of cross organisational networking.

Current Risks

- Sustainability and spread challenges in some sites – protracted planning
- Teams maintaining collaborative networks.

Challenges to Collaborative

- Protracted implementation with small reach
- No feedback mechanism to monitor progress over time once the collaborative has finished
- No robust evaluation to date to evidence usefulness of collaborative approach in Irish context
- Planning model as yet to be developed to consider integrated approach to promote large scale change.

Key Considerations for Running and Participating in a Collaborative

- Strengthen governing for quality such as identifying pressure ulcer prevention as a principal organisational safety priority and to include progress reporting to Executive management Board/team (EMB)
- Agree criteria for engagement between partners - QID and service areas. This may extend to the development and agreement of compacts or contracts
- Agree governance pathways to manage outliers or safety concerns detailed in Advisory group Terms of Reference
- Strengthen more active involvement of patients and families at local level
- Strengthen frontline ownership
- Support sites to strengthen opportunities for earlier engagement with initiative at outset to include preparatory activities
- Modify the delivery mechanism to develop a training collaborative model to enable services to develop improvement capacity and capability to lead, govern and deliver their own collaboratives.

Key Recommendation

The collaborative approach is an excellent platform to introduce a manageable QI methodology that can be applied to other clinical initiatives by multidisciplinary clinical teams. However there are as yet no structures or offerings to build on this capacity within the system or within QID.

A revised QID approach whereby services are trained in the “How to” of running collaboratives (Collaborative Development Programme) could address some of the aforementioned challenges as Self-sustaining collaborative models that are owned, led and governed by the services and enabled by QID could potentially:

- Provide opportunities and supports for services to lead and govern a QI collaborative
- Provide structures and forums for incremental QI capacity building for participants and teams
- Foster more systematic and considered integration of QI champions and advisors into planning and implementation of collaboratives
- Allow power of networks and impact of participation on individuals to flourish

- Provide opportunity for large scale approach to building incremental QI capacity, connectivity and networks within organisations and across macro health system
- Structured local/service opportunities for QI champions (e.g. NQIP graduates) to exercise knowledge and skill set and further develop QI expertise.

Purpose of Report

The purpose of this report is to share processes, outcomes and learning following a large scale collaborative. This in turn may inform planning, delivery and expectations of future collaborative approaches. The executive summary provides a general outline and synopsis of PUTZ 3 with the main body offering greater detail.

1. INTRODUCTION

Pressure ulcers are an avoidable common occurrence within acute and long stay settings in Ireland. Painful, debilitating, with the potential to be life threatening, Moore et al. (2013) and NPUAP/EPUAP (2014) assert that they are an increasing problem in healthcare affecting thousands of health service users unnecessarily. In 2013 the mean prevalence of Pressure ulcers in Ireland was estimated at 16%, whereas the mean incidence estimated at 11% (Moore et al., 2013). Posnett et al. (2009) highlighted that the management of pressure ulcers absorbed almost 4% of European healthcare budgets. Gillespie et al. (2016) estimated the financial burden of wounds in general at 6% of total public health expenditure in 2013 in Ireland. The human and financial cost coupled with incidence and prevalence were the genesis on which Phase one, the first of three Phases of the PUTZ collaborative was launched in 2014.

The primary aim of PUTZ 3 is to reduce ward acquired pressure ulcers by 50% across participating teams within a six month timeframe, and to be sustained in 12 months (28th February 2018). PUTZ 3 achieved a 55% reduction in ward acquired pressure ulcers across the 22 participating teams in the two groups within the six month timeframe to September 2017 and sustained to a **67.5%** reduction in twelve months. A secondary aim is to increase sustainability and spread of initiative across participating sites.

The purpose of this report is to share processes, outcomes and learning following a large scale collaborative. This in turn may inform planning, delivery and expectations of future collaborative approaches.

2. BACKGROUND

Phase one of PUTZ began in February 2014 and was the first large scale improvement collaborative to take place in Ireland. It was supported by National QID, HSE, and the Royal College of Physicians Ireland (RCPI), through the National Quality Improvement Programme (NQIP). NQIP concluded Phase 2 of the PUTZ collaborative in June 2016. The learning experiences and successes of both PUTZ Phase 1 and Phase 2 were instrumental in the redesign and delivery of Phase 3 (PUTZ3).

In October 2016 QID began the strategic planning/oversight and operational re-design for the delivery of the third collaborative, PUTZ3 which commenced in March 2017. PUTZ3 focuses on the acute sector with an initial 23 teams from all acute hospitals in the South South-West Hospital Group (SSWHG) and Dublin Midlands Hospital Group (DMLHG). PUTZ 3 collaborative is based on the Institute for Healthcare Improvement Breakthrough Series Collaborative Model (IHI, 2013) (see section 7.1) and the Framework for Improving Quality (HSE, 2016) (see Section 7.2).

3. OBJECTIVES OF THE PUTZ COLLABORATIVE

The key objectives of the PUTZ Collaborative are to:

- Reduce newly acquired pressure ulcers across participating sites within determined timeframes
- Support participating teams in developing and improving knowledge, skills and expertise in pressure ulcer prevention and in using quality improvement approaches
- Develop a learning community nationally which will accelerate learning and share good practice
- Promote a culture of learning and continuous improvement.

4. AIMS OF THE PUTZ 3 COLLABORATIVE

The primary aim of the PUTZ 3 collaborative is to reduce ward acquired pressure ulcers by 50% across participating teams in SSWHG and DMLHG within a six month timeframe and to be sustained in twelve months (by 28th February 2018). A secondary aim is to increase sustainability and spread of initiative across participating sites.

5. DEFINITIONS OF PRESSURE ULCERS

5.1 Pressure Ulcer

“A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear.”

(National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance [NPUAP/EPUAP/PPPIA] 2014 - Sourced from The HSE National Wound Management Guidelines 2018 – Pg. 123)

5.2 Avoidable Pressure Ulcer

Most pressure ulcers are avoidable: *“Avoidable means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person’s clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons’ needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.”* (The HSE National Wound Management Guidelines 2018 – Pg. 123)

5.3 Unavoidable Pressure Ulcer

However there are instances when pressure ulcer development is classified as unavoidable. *“Unavoidable means that the person receiving care developed a pressure ulcer even though the provider of the care had evaluated the person’s clinical condition and pressure ulcer risk factors; planned and implemented interventions that are consistent with the person’s needs and goals; and recognised standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate; or the individual person refused to adhere to prevention strategies in spite of education of the consequences of non-adherence”*

- *critical illness with haemodynamic or spinal instability may preclude turning or repositioning and lead to unavoidable pressure ulcers*
- *patients who refuse to be repositioned or to maintain a position change may also develop unavoidable pressure ulcers*
- *patients following an end of life care pathways (e.g. the Liverpool Care Pathway) or who meet the criteria, are deemed to be terminally ill and may not be able to tolerate repositioning at the optimum frequency for pressure ulcer prevention In these cases, pressure damage may be an unavoidable consequence of their terminal status as the condition of skin failure does exist”*

Unavoidable damage is also possible where the patient;

- *has not previously been seen by a clinician*
- *has mental capacity and has refused assessment and / or has not complied with the agreed plan of care*
- *is known to a clinician but an acute / critical event occurs affecting mobility or the ability to reposition. This may include the patient being undiscovered following: A fall or loss of consciousness due to, for example unexpected collapse; drug misuse; alcohol misuse (NPUAP/EPUAP/PPPIA, 2014).*

In determining whether the pressure ulcer is avoidable, leaders, commissioners, regulators or others could request to see documented evidence in order to ensure that requisite actions outlined in the avoidable definition have been demonstrated. (The HSE National Wound Management Guidelines 2018 - Pg. 123)

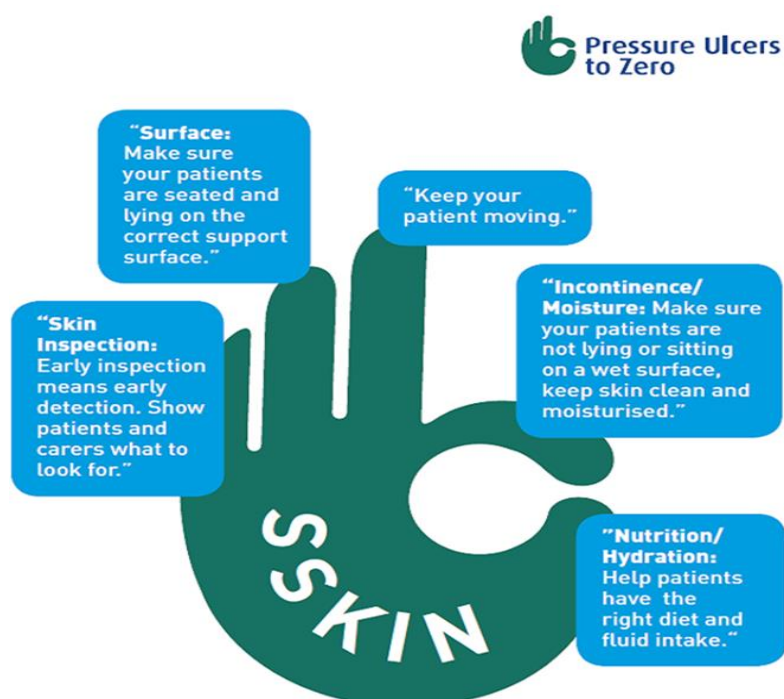
6. INTERVENTION

6.1 SSKIN Bundle / Role of Participating Teams

A bundle is a structured way of improving the processes of care and patient outcomes. It is a small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes (IHI, 2017). A care bundle is therefore a valuable tool when used in practice.

As part of an American healthcare initiative, representatives from the Ascension Health systems' in the USA developed a blueprint for improvement in pressure ulcer prevention (Gibbons et al. 2006). Part of this blueprint involved defining and prioritising best known evidence and practices for the improvement of pressure ulcer prevention. This evidence and these practices were structured into a bundle of care now known as the SSKIN bundle (Figure 1).

Figure 1: The SSKIN Bundle



The SSKIN bundle provides a specific process for safely preventing pressure ulcer development and is used in this collaborative. Key to the success of implementing the SSKIN bundle is to ensure that each element (Table 1) is applied to each patient, the same way by every person, every time. This will help to build reliability into the process. The role of participating teams in every phase is to implement the SSKIN bundle. The HSE SSKIN bundle is depicted in Appendix 1.

Table 1: The SSKIN bundle five step process for pressure ulcer

SSKIN Bundle	
SURFACE	Has the person got the correct surface and surface supports?
SKIN INSPECTION	What is the integrity status? Have high risk areas been checked?
KEEP PATIENTS MOVING	Has the person been encouraged to move independently or with assistance?
INCONTINENCE / MOISTURE	Does the person require assistance with toileting or require incontinent barriers?
NUTRITION / HYDRATION	Is the person's diet/fluid intake adequate to prevent skin breakdown? Are oral supplements required? If yes, are and they being used?

Implementation of the SSKIN bundle was guided and supported by:

- The Framework for Improving Quality in our Health Service (HSE, 2016) and the Model for Improvement (Institute For Healthcare Improvement (IHI), www.lhi.org) to structure improvement efforts and to guide implementation of the SSKIN bundle
- Participating at collaborative learning sessions and engaging in action period activities and site visits
- Working with the wider multidisciplinary team to test changes for improvement
- Raising awareness of pressure ulcer prevention across the ward/unit/team
- Providing updates on progress and improvements through relevant governance pathways
- Sharing the learning and experience with other parts of the organisation.

7. COLLABORATIVE APPROACH

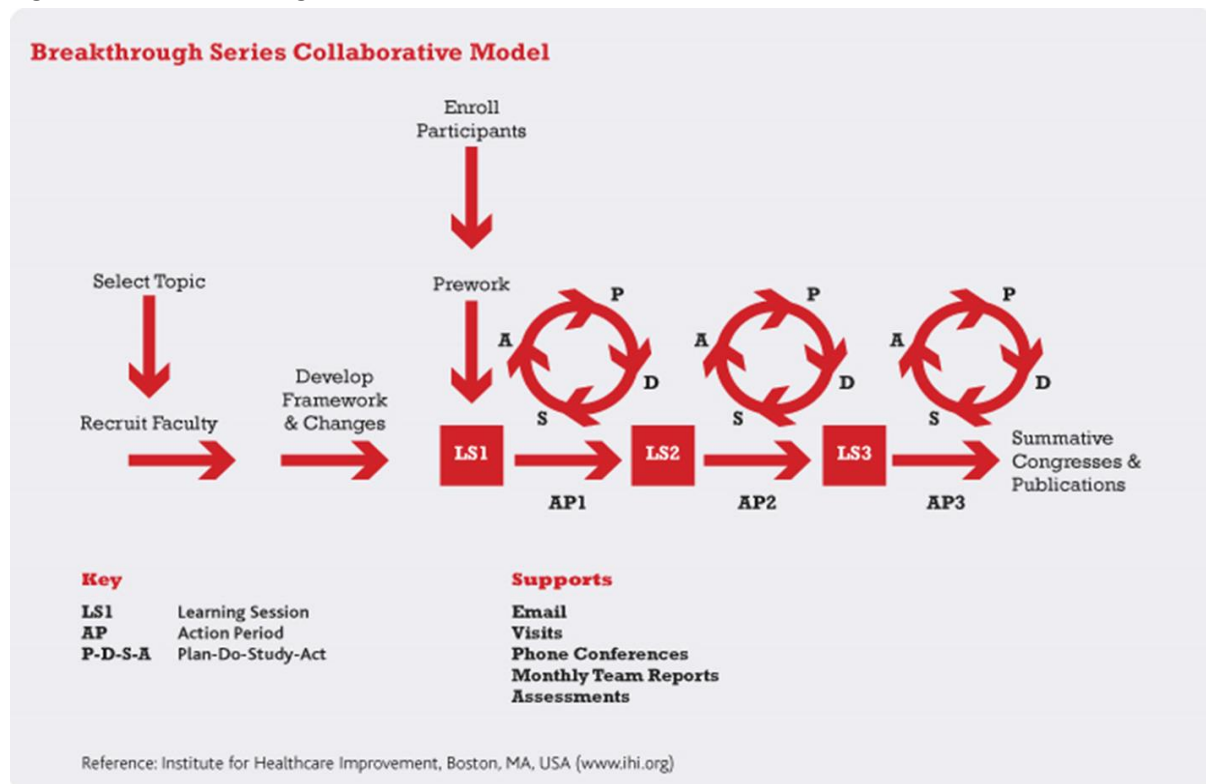
7.1 Institute for Healthcare Breakthrough Series

The Institute for Healthcare Improvement (IHI) developed the Breakthrough Series to support health care organisations make "breakthrough" improvements in quality while reducing costs. The driving vision behind the Breakthrough Series is that sound science exists on the basis of which the costs and outcomes of current health care practices can be greatly improved.

The Breakthrough Series is designed to help organisations create a structure in which interested organizations can easily learn from each other and from recognised experts in topic areas where they want to make improvements. A Breakthrough Series Collaborative is a short-term (6- to 15-month) learning system that brings together a large number of teams from hospitals or clinics to seek improvement in a focused topic area. Each team typically sends three of its members to attend Learning Sessions (three face-to-face meetings over the course of the Collaborative), with additional members working on improvements in the local organization.

(<http://www.ihl.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHISCollaborativeModelforAchievingBreakthroughImprovement.aspx>)

Figure 2: IHI Breakthrough Series Collaborative Model



7.2 Framework for Improving Quality in our Health Service

The HSE Framework for Improving Quality (HSE, 2016) (available at <https://www.hse.ie/eng/about/who/qid/framework-for-quality-improvement/>) (Figure 3) was developed to influence and guide thinking planning and delivery of care in our health services. It is firmly orientated towards quality, safety and to improve patient experiences and outcomes. It provides a strategic approach to improving quality whether at the frontline, management, board or national level. The Framework has a clear aim to foster a culture of quality that continuously seeks to provide safe, effective, person centred care across all services. Table 2 explains the key components of each driver of the Framework for Improving Quality (HSE, 2016)

Figure 3: Framework for Improving Quality (HSE, 2016)



Table 2: Key components of each driver of the Framework for Improving Quality

(HSE, 2016; pp9-19)

Framework Drivers	Key Components
Leadership for Quality	<ol style="list-style-type: none"> 1. Prioritising a shared vision focused on quality and constantly communicated to everyone 2. Committing to building values, beliefs and norms that support quality care 3. Setting clear prioritised aims, objectives and expected outcomes for

	<p>quality</p> <ol style="list-style-type: none"> 4. Building and supporting clinical leadership across the system 5. Effectively engaging with staff to enable them to improve their care and work environment 6. Engaging with patients to ensure the service is built around their ideas and priorities. 7. Committing resources to fund leadership positions for quality improvement and supporting sustainable improvements in quality
Person and Family Engagement	<ol style="list-style-type: none"> 1. Acknowledging patients as partners in their own care 2. Caring for people with dignity, respect and kindness 3. Providing care that is coordinated 4. Supporting patients and families to develop the knowledge, skills and confidence to make informed decisions 5. Supporting patients, families and communities to participate in service design and delivery of care 6. Creating environments where managers and clinicians can engage with patients and deliver care that is focused on their individual needs and goals
Staff Engagement	<ol style="list-style-type: none"> 1. Listening, hearing and valuing staff feedback and acknowledging their unique contribution to fulfilling the vision of the organisation 2. Encouraging staff to be involved in decision making and creative problem solving in delivering quality improvements, respecting their unique knowledge of their work environment 3. Supporting teamwork and promoting a culture of respect, integrity, trust and open communication 4. Promoting the health and wellbeing of staff and creating a healthy workplace environment 5. Supporting continuous learning and development through building quality improvement skills and knowledge 6. Providing coaching and mentoring to staff who undertake new roles and responsibilities
Use of Improvement Methods	<ol style="list-style-type: none"> 1. Promoting and supporting the use of an agreed set of improvement methodologies. 2. Building improvement knowledge and skills that transforms culture of care 3. Securing incremental improvement through iterative small scale tests of change that convinces staff of the importance of the change 4. Prioritising the implementation of proven solutions to prevent harm and improve care 5. Focusing on standardisation and reducing variation across care processes 6. Understanding the context when testing, scaling and spreading

	improvements
Measurement for Quality	<ol style="list-style-type: none"> 1. Measuring patient experience and outcomes 2. Measuring only what matters: defining and developing a limited number of qualitative and quantitative measures that are robust and useful in demonstrating and driving improvement 3. Being smart in how we measure: use available data; measure once use often; look at families of measures (e.g. infection rates, hand hygiene and hospital length of stay); measure variability; trends over time; and benchmark with peers 4. Seeking transparency in the measuring, sharing and reporting of information 5. Building capability for extraction and sharing of information from data to provide assurance and support improvement 6. Building data collection into routine work and record keeping
Governance for Quality	<ol style="list-style-type: none"> 1. Board members and executive management teams have the knowledge and skills to achieve their role in driving quality care 2. Clear board and executive leadership and accountability for quality and safety 3. Intelligent use of information to measure, monitor and oversee quality and safety of care 4. Promoting a board and organisational culture of learning focused on quality of care 5. Strong board relationships that partner with patients and staff to facilitate the alignment of the entire organisation around the quality of care 6. Seek a quality improvement plan informed by the Framework for Improving Quality and aligned with national and organisational priorities

Throughout the PUTZ collaborative the Framework for Improving Quality (HSE, 2016) was used to:

1. Plan the collaborative approach at macro level
2. Inform planning and delivery of learning sessions and to guide action period activities
3. Measure participant knowledge and skill development
4. Strengthen and guide sustainability and spread planning

Learning outcomes were developed under the broad categories of each driver and also the subject content, Pressure Ulcer Prevention. These learning outcomes depicted in Section 13 (Learning Outcomes; Knowledge and Skills Section 13 – pg. 37) were in turn approved by subject and improvement experts.

8.2 Governance

8.2.1 Governance and Set-Up of Phase 3

The National QID oversees the governance of the PUTZ Collaborative. A Pressure Ulcer Advisory Group was established to advise and assist the collaborative working group (see below) in all aspects of PUTZ 3 planning and development. Appendix 2 details the Terms of Reference for the Advisory Group who met on six occasions during PUTZ 3 for two hour meetings.

A working group was established to support members individually and collectively plan, develop, deliver and evaluate PUTZ 3. The Working Group Terms of Reference are included as Appendix 3. However as some members frequently had conflicting appointments and couldn't attend/participate at meetings, on the advice on the advisory group, the working group was disbanded in February 2017. The QID PUTZ3 team subsequently linked frequently with all members of the group on an individual basis which proved more effective.

8.2.2 Governance at Group and Local Level

The importance of effective governance at group and local level for the success of the initiative was outlined and agreed with the Group DONs and individual hospital DONs during the pre-work phase. The role of local governance was a key discussion point throughout pre-work visits, subsequent site visits, and at meetings with DONs and group DONs. Within PUTZ3 each hospital nominated an executive lead, a site coordinator and a team lead from each participating ward. Key functions are outlined in Table 3

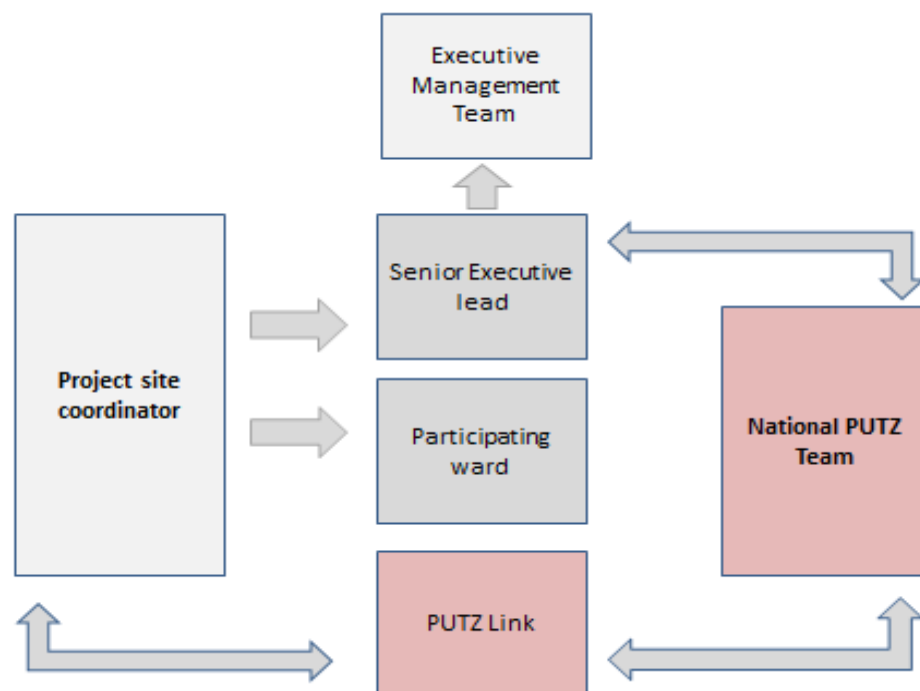
Table 3: Key functions of Executive Lead, Project Site Coordinator and Participating Teams

Role	Key Functions
Executive Lead	<ul style="list-style-type: none">• Governance of initiative• Resource teams<ul style="list-style-type: none">○ Attend Learning Sessions○ Access to Online material and photocopying• Sustainability and spread• Report to EMB
Project Site Coordinator	<ul style="list-style-type: none">• Support participating teams:<ul style="list-style-type: none">○ Apply learning, collect data & communicate

	<ul style="list-style-type: none"> ○ Identify opportunities for patient & family/carer participation ○ Help to identify and test small changes ● Communication <ul style="list-style-type: none"> ○ Link person between teams & senior executive lead ○ Link person between teams & QID PUTZ3 team
Participating Teams	<ul style="list-style-type: none"> ● Attend learning sessions ● Apply learning, undertake tests of changes <ul style="list-style-type: none"> ○ (SSKIN bundle) ● Collect data ● Work with project site coordinator & TVN

At the outset hospitals were encouraged to nominate up to two teams from two wards to participate in the collaborative. A designated PUTZ facilitator from the QID PUTZ3 team linked with the executive lead and site co-ordinator in each hospital throughout the collaborative. Figure 5 outlines the local governance structure agreed by Group DONs during the pre-work stage. DONs were not asked to sign a compact or contract which could have been useful in agreeing criteria for engagement between partners - QID and service areas.

Figure 5: Local Governance Structure



8.3 Coaching Conversations Course

To meet immediate and emergent needs all stakeholders throughout the collaborative, site coordinators were offered an opportunity to participate on a two day coaching conversation course before Learning session one. The objectives of the course were to support coordinators to:

- Have an understanding of the principles of coaching
- Have further developed an awareness of their current preferences and how this may impact on team members
- Developed skills in asking rather than telling to support quality improvement.

In response to requests from Tissue Viability Nurses (TVNs) who were supporting site coordinators and teams, a second coaching conversation course was offered in October 2017.

All course participants were offered 1:1 coaching.

8.3.1 Participation

- **Course 1** - March / April 2017: 13 out of 15 sites were represented at the initial two day Coaching Conversations Course, with some sites sending two participants. Of the two sites that did not avail of the course, one site coordinator had previously undertaken a coaching skills course.
- **Course 2** - October /November 2017: Five participants attended the second two day course offered to all TVNs supporting PUTZ3 teams in the SSWHG and DMLHG.

8.4 Learning Sessions, Action Periods, Sustainability & Spread Masterclass

PUTZ 3 concluded its twelve month cycle in February 2018 having completed three learning sessions in April, June and September 2017 across two parallel collaboratives (n =6), three correlating action periods (Figure 4) and a national celebration event in Nov 2017 (see Section 18). DONs agreed to release all participating team members and site coordinators to attend all learning sessions to build capacity and to effect meaningful change in respective wards. It was expected that all teams would operate a buddy system to share learning on return to wards. A blended learning approach using a plethora of digital mediums was utilised to compliment the learning sessions and support action periods. All intellectual property and learning resources were made available through the PUTZ webpage.

<http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/Pressure-Ulcers-to-Zero.html>)

Appendix 4 details the dates of the PUTZ 3 hospital groups learning sessions. Appendix 5 outlines the agendas for the learning sessions and lists QID colleagues and external subject and improvement experts who supported presentations and clinics at each learning session.

The period between each learning session, called an action period (Appendix 6), enabled teams to apply learning in context, and to share learning with respective ward colleagues to further promote frontline ownership. Teams and colleagues worked together undertaking small tests of change to implement the SSKIN bundle using the Model for Improvement (Appendix 7).

Learning session and action period content were informed by learning objectives developed from the six drivers of the Framework for Improving Quality (HSE, 2016). Learning sessions were organic in so far as they were responsive to participants' needs, experiences and feedback. As participants' preferences were considered this sometimes transferred to changes in timetabling and direct time allocated to learning session presentations. Activities for Action Periods were aligned to Learning Session content and were supported by an online platform accessible through the PUTZ webpage <http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/Pressure-Ulcers-to-Zero.html>

The first Sustainability and Spread Masterclass was facilitated in January 2018. The target participants were site coordinators and team leads. The Masterclass offered participants an opportunity to come together for a final time during Phase 3 to network, further refine sustainability and spread plans, advance measurement capability and to share experiences. The agenda for the Masterclass is detailed in Appendix 8.

The objectives of this Masterclass included;

- Review progress of PUTZ3 through sharing of information, data and experiences
- Nurture networking
- Advance measurement capability to next level
- Re-explore the definition, spectrum, levels and various methods of patient and family engagement
- Re-emphasise the importance of patient and family engagement and measurement in quality improvement work for sustainability and spread.

- Identify key enablers as well as common challenges and barriers to meaningful sustainability and spread.

A final PUTZ3 Sustainability and Spread Masterclass will be facilitated in September 2018 to offer PUTZ 3 site coordinators and team leads an opportunity to:

- Review progress of PUTZ and share sustainability experiences, data and learning
- Nurture networking
- Advance measurement capability to next level
- Problem solve challenges through specialist clinics
- Give QID a sense of how the initiative is being sustained and spread.

8.5 Site Visits

Unlimited access to the QID PUTZ3 team was offered to site coordinators via email and telephone. In addition, a QID PUTZ3 facilitator visited each hospital at least twice throughout the course of the collaborative to provide on-site support to the coordinator and participating team. See Table 4 for details of site visits.

Table 4: Site visits per Hospital

Hospital = 15	No. of Visits = 41
SSWHG	
Bantry General Hospital	3
Cork University Hospital	5
Kilcreene Orthopaedic Hospital	2
Mallow General Hospital	2
Mercy University Hospital	3
South Infirmity Victoria University Hospital	2
South Tipperary General Hospital	4
University Hospital Kerry	3
University Hospital Waterford	3
DMLHG	
Midlands Regional Hospital Portlaoise	2
Midlands Regional Hospital Tullamore	2
Naas General Hospital	3
St. James's Hospital, Dublin	3

St. Luke's Hospital, Dublin	2
Tallaght Hospital	2

9 MEASUREMENT AND OUTCOMES

9.1 Measurement Strategy

The QID Measurement for Improvement (MIT) team supported the development of a Phase 3 measurement strategy. The strategy considered measurement from a Macro (National), Meso (Hospital Group & Hospital) and Micro (Participating Wards) level. An abbreviated strategy is presented in Appendix 9.

Data was analysed monthly through run charts (HEALTHCARE DATA GUIDE REFERENCE).

9.2 PUTZ Safety Cross

The outcome measure recording the number and grade of newly acquired pressure ulcers per month was returned by participating teams via a safety cross. The safety cross is a tool used to collect data for improvement (Appendix 10). It enables staff to record pressure ulcers in a very simple and practical way which is easily visible and accessible to all staff, thus promoting local ownership of the data. Teams were advised to record the pressure ulcer incidence at the same time daily (e.g. at the end of a shift or at midnight) to ensure that the data recorded was captured within each 24-hour timeframe. The safety cross could be filled in by any member of the team. Teams were advised to display the safety cross in a prominent position on the ward to generate discussion amongst staff and amongst staff and patients/family members. Prior to attending the first learning session participating teams recorded the incidence of pressure ulcers every day for one month as baseline data.

A fifteen minute webinar on the use of the safety cross was developed by the QID Measurement Improvement Team (MIT) and is available at:

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/safepatientcare/Pressure_Ulcers/Pressure_Ulcer_Information/

On receipt of the safety crosses every month the QID PUTZ3 team recorded the incidence and grades of all newly acquired pressure ulcers to monitor progress. Data were analysed and graphed monthly. Teams were advised to graph data on Run Charts. Without some objective and simple measure of change and improvement we are left with speculation, intuition, subjective assessments or the application of inappropriate statistical approaches (Perla et al, 2011). As subject matter

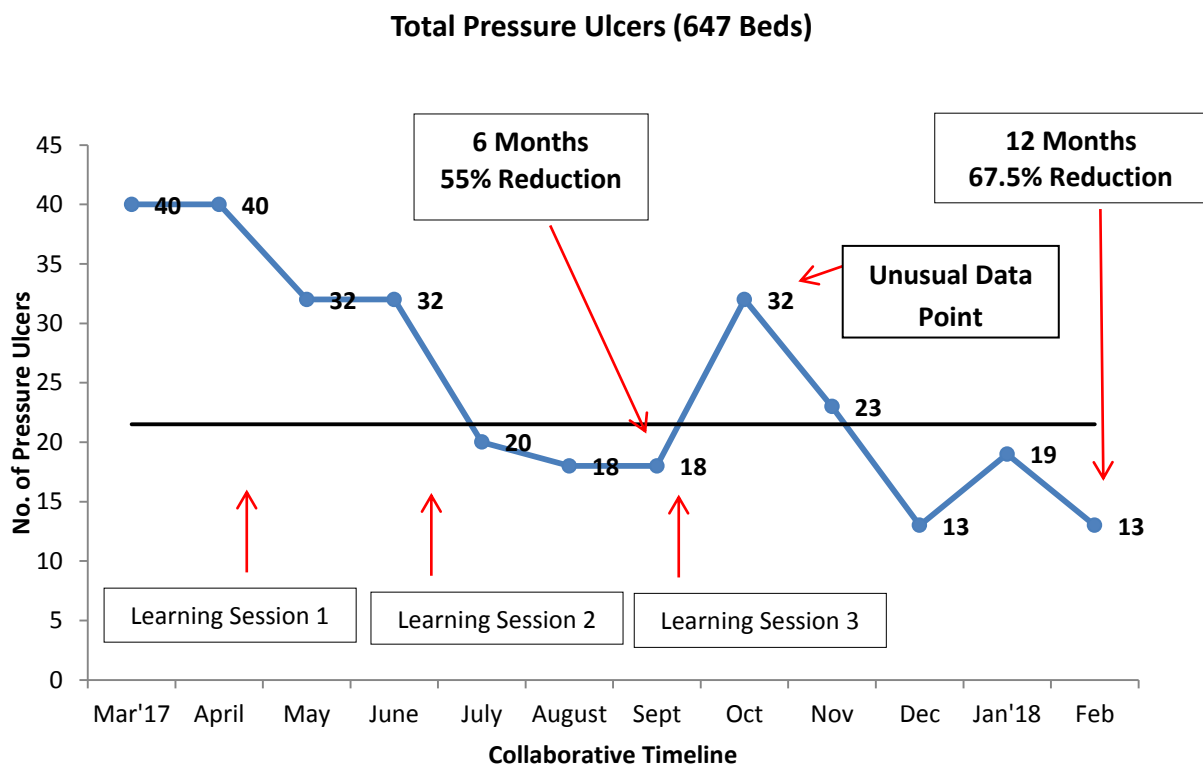
experts need to be employed in the interpretation of data any concerning data returned was followed up by a telephone call to the site coordinator. On two occasion's site visits to support sites in their root cause analyses were undertaken. Anonymised data was presented at each learning session to share progress and to illustrate the impact of the initiative. Data was also returned to the Group DONs at regular intervals.

Sessions and specialist clinics on Measurement for Improvement were provided throughout the three learning sessions by the QID MIT. MIT also facilitated a Masterclass for Phase 1 and Phase 2 participants in September 2017 which was very positively received and evaluated. .

9.3 Outcomes

PUTZ 3 achieved a **55%** reduction in ward acquired pressure ulcers across the 22 participating teams in the two groups within the six month timeframe and sustained this improvemtn to achieve a **67.5%** reduction in twelve months to February 2018 (Figure 6)

Figure 6: Newly Acquired Pressure Ulcers – PUTZ 3

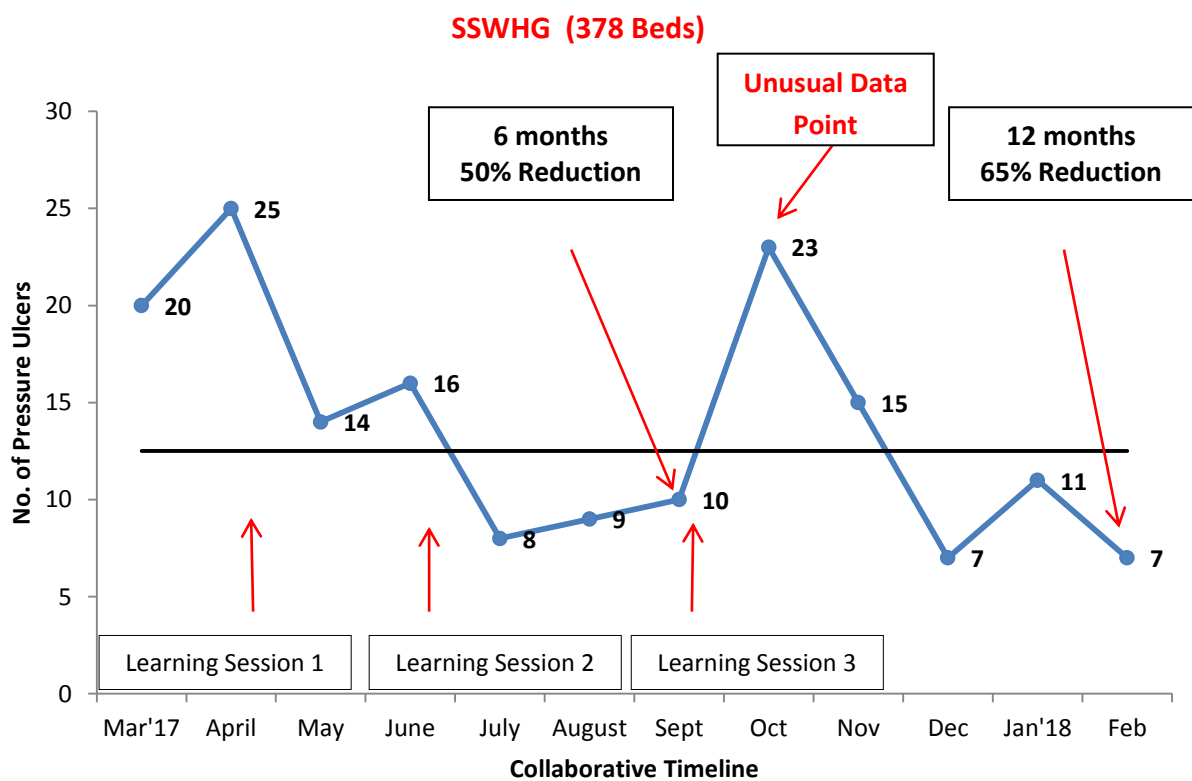


In October 2017 a 77% increase in newly acquired pressure ulcers on the previous month (increase from 18 to 32) was reported (Figure 6). Consultation with the site coordinators indicated a number of contributing factors:

- An atypical report of 10 pressure ulcers where one patient with complex needs acquired six new pressure ulcers in one ward was identified as an usual data point. A systems analysis investigation is underway.
- Improved diagnosis and reporting of medical device related pressure ulcers.
- Seasonal variation (As per feedback from site coordinators).

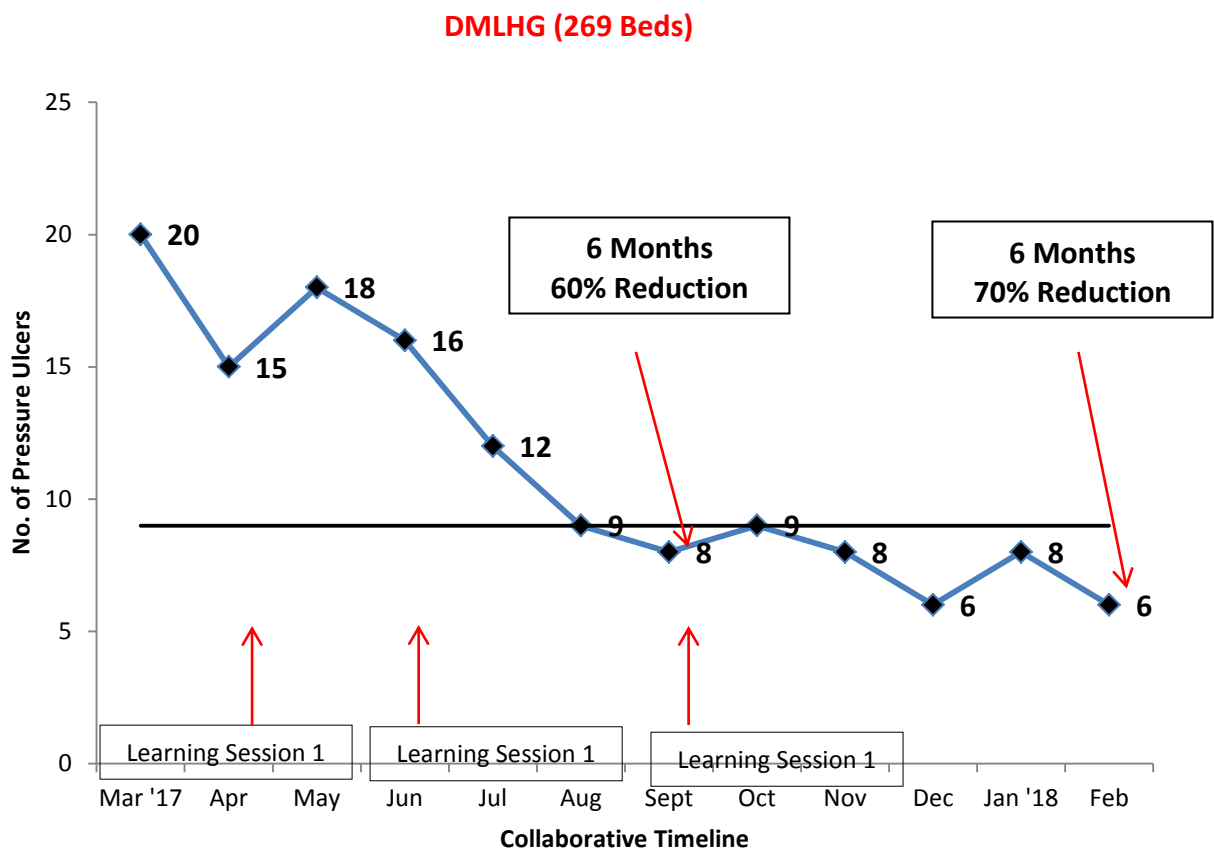
Figures 7 & 8 depict the number of newly acquired pressure ulcers reported in both the SSW and DML Hospital Groups

Figure 7: Newly Acquired Pressure Ulcers – SSWHG (65% reduction)



Where numbers of PU incidents are low, it may be difficult to visualise improvements on a Run Chart at a local level. However many sites had several consecutive months PU free – e.g. the two wards in South Tipperary General Hospital in SSWHG reported no newly acquired PUs for the final eight and nine months of PUTZ 3.

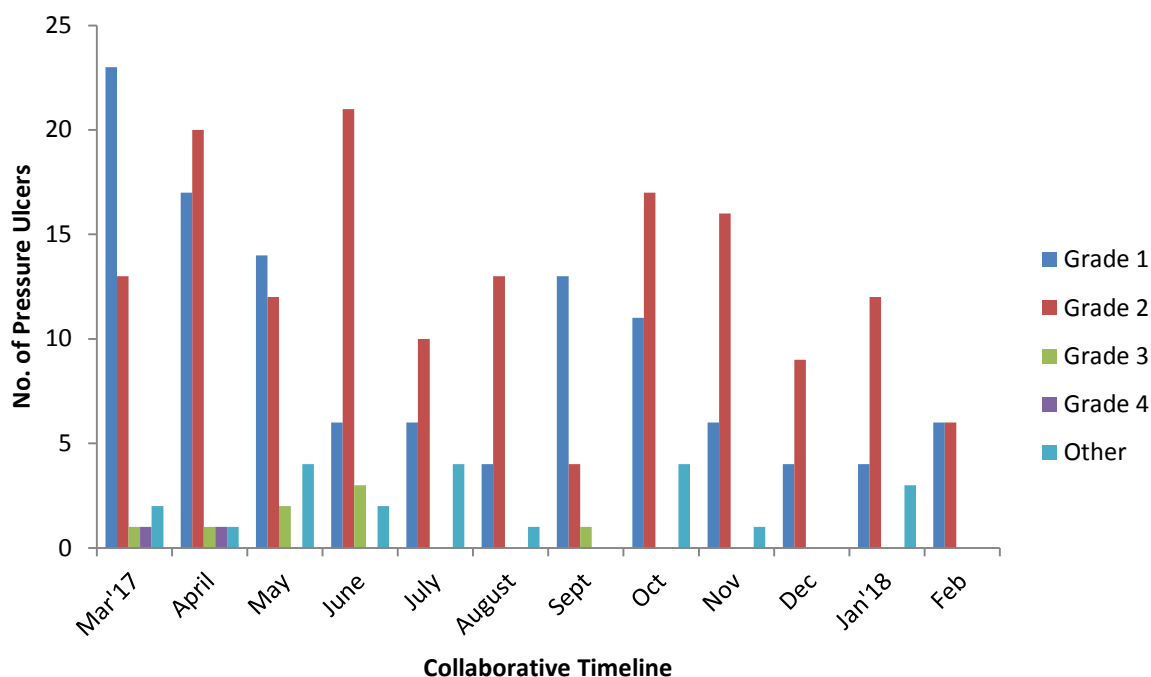
Figure 8: Newly Acquired Pressure Ulcers – DMLHG (70% reduction)



Applying Run Chart rules (Perla et al, 2011) there is clear evidence of improvement in Figure 8, evidenced by the trend of five consecutive data points reducing between May and September inclusive. Continued measurement may yield more non-random signal in the run chart.

Another indicator of improved patient outcomes was evident by the six month point (September 2017) when 94% of the newly acquired pressure ulcers reported by the 22 participating teams were Grade 1 & Grade 2 (Figure 9).

Figure 9: Pressure Ulcer Grades Reported – PUTZ 3

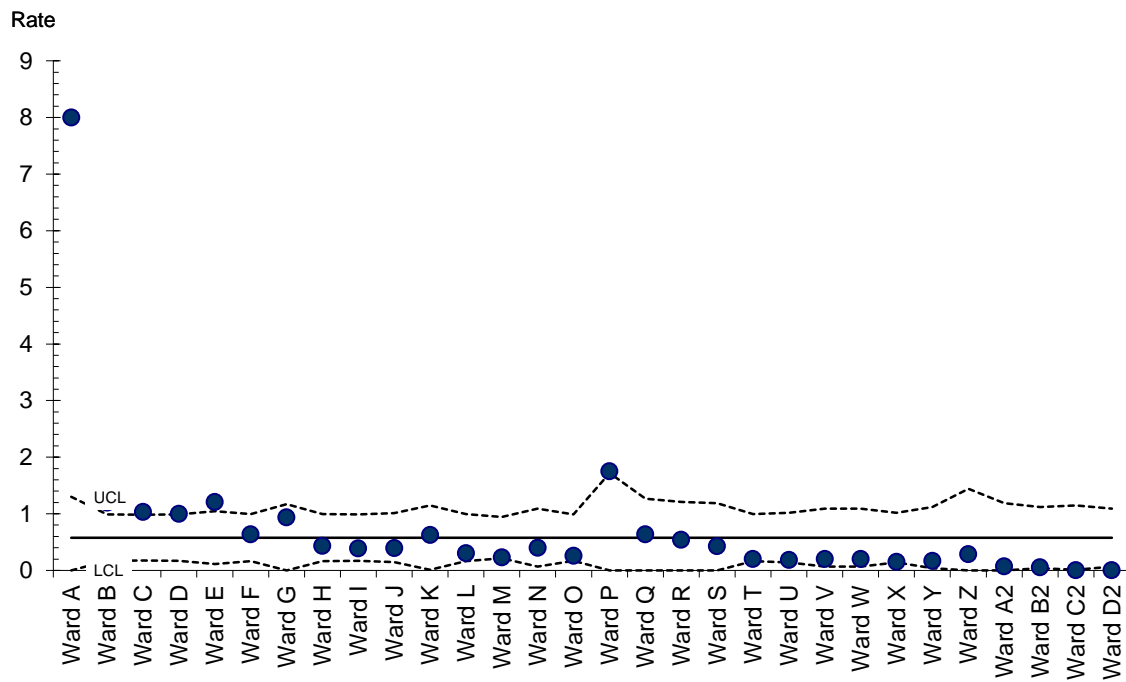


9.3.1 Specialist Unit

One of the clinical sites (Team 23) that commenced the PUTZ 3 collaborative was unique in so far as their area of speciality had not to date participated in a previous PUTZ collaborative. Patients in this type of clinical setting are almost four times (3.8) more at risk of pressure ulcer development (Coyer, 2017). Furthermore this specialist team and clinical setting are progressing at a different pace to the other teams and require a different level of support. To reflect the context of their patient status, risks and culture, this clinical area is treated differently and their data is not included in PUTZ3 collaborative measures, as the number of pressure ulcers from this unit illustrates as an outlier (Ward A in Figure 10) and context must be considered fairly in data interruption.

There is an opportunity for this clinical area to emerge as a leader with regard to pressure ulcer prevention in this specialist setting in Ireland and to share valuable learning experiences with specialist colleagues.

Figure 10: Rate of pressure ulcers per bed for 23 wards (Mar 2017- Feb 2018)



10 SECONDARY AIM - OUTCOME

A secondary aim is to increase sustainability and spread of PUTZ initiative across participating sites.

While the measures may provide reason for optimism that gains may be sustained into the future, a measurement mechanism to monitor for sustainability and spread has not been developed. This is purposeful to militate against a perception of performance measurement. Furthermore it is considered important that sites assume ownership for data and develop mechanisms for measuring sustainability.

10.1 Sustainability and Spread

Constant attention was apportioned to sustaining improvements and preparing for spread from the outset of the collaborative.

10.2 Governance

Governance for quality involves having the necessary structures, processes, standards and oversight in place to ensure that safe, person centred and effective services are delivered (HSE, 2016). The importance of local governance for sustainability and spread throughout the collaborative was emphasised through:

- **Engagement with Executive Leads**
 - Meeting with Group DONs prior to and during the collaborative to review progress, to forward plan and to discuss how to best support sites
 - Linking and meeting with individual hospital DONs to review and discuss progress and to explore how teams could be supported to sustain and spread initiative.
- **Local Pressure Ulcer Reporting recommendation**
 - Recommendations with regard to establishing a Pressure Ulcer reporting system that considered feedback loops to Executive Management Boards.
- **Site Visits**
 - QID PUTZ team conducted a total of (n=41) site visits (Table 4) throughout the course of Phase 3 to:
 - offer individualised support to participating teams
 - offer support to wider hospital community

- to celebrate successes
 - to meet with senior leaders and to support them in leading this QI initiative
 - to advise on sustainability and spread planning.
- **Regular Communication**
 - Despite unlimited access to the QID PUTZ team via telephone and email, a QID PUTZ facilitator contacted the site coordinators at least once during each action period to offer support.
 - **Learning Session / Action Period activities**
 - Sustainability and spread was incorporated into all quality improvement presentations throughout the learning sessions, with an increased focus on sustainability in the final learning session.
 - **Resources**
 - Resources to support sustainability and spread planning are available on PUTZ webpage
<http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/Pressure-Ulcers-to-Zero.html>.
 - **Masterclass**
 - A Masterclass on Sustainability & Spread for PUTZ 3 participants was facilitated for site coordinators and team leads in January 2018 (Section 8.4).
 - **National Event to Celebrate and Network and to mark World Pressure Ulcer Day**
 - QID hosted a Pressure Ulcers to Zero: A Celebration and Network Event on 16th November 2017. Invitations were extended to all participants from the three phases of the PUTZ collaboratives and over 200 delegates attended (See Section 18).

11 PROCESS MEASURES

Each team was encouraged to develop their own process measures around the SSKIN Bundle and to share these in their story board presentations. By learning session two, some teams had started to build process measures into their SSKIN bundle implementation plans (e.g. - weekly measurement of the number of patients being cared for on the correct mattress type for pressure ulcer prevention).

The QID PUTZ Collaborative process measures were:

- Direct contact time spent on subject matter content and drivers of the Framework for Improving Quality (HSE, 2016),
- Participant Knowledge and skill
- Self-assessment in learning outcomes
- Team attendance at learning sessions
- Site coordinators attendance at coaching conversations courses.

Measuring Direct contact time:

- Measurement for Improvement was used and time divided into minutes was distributed across three knowledge areas (Figure 12)
 1. Basic Science /Aetiology of pressure ulcers
 2. Topics linking Basic science and Drivers for Improving Quality
 3. Drivers for Improving Quality (Framework for Improving Quality, HSE, 2016).

Figure 11: Learning Sessions -Direct contact time for Basic Science & Framework Drivers

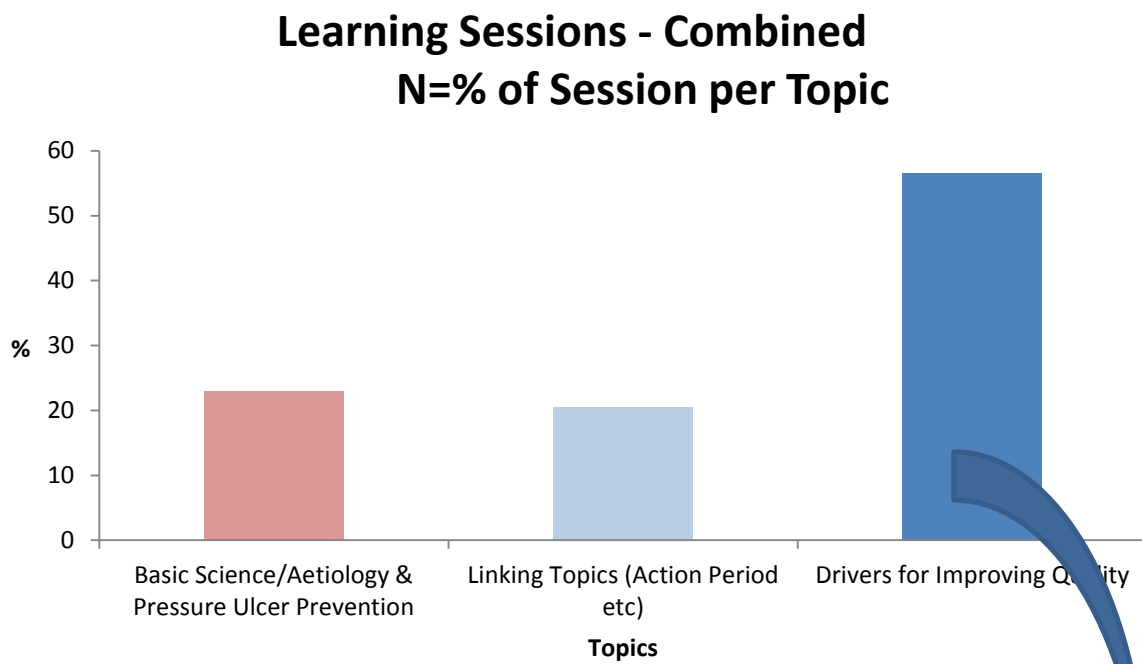
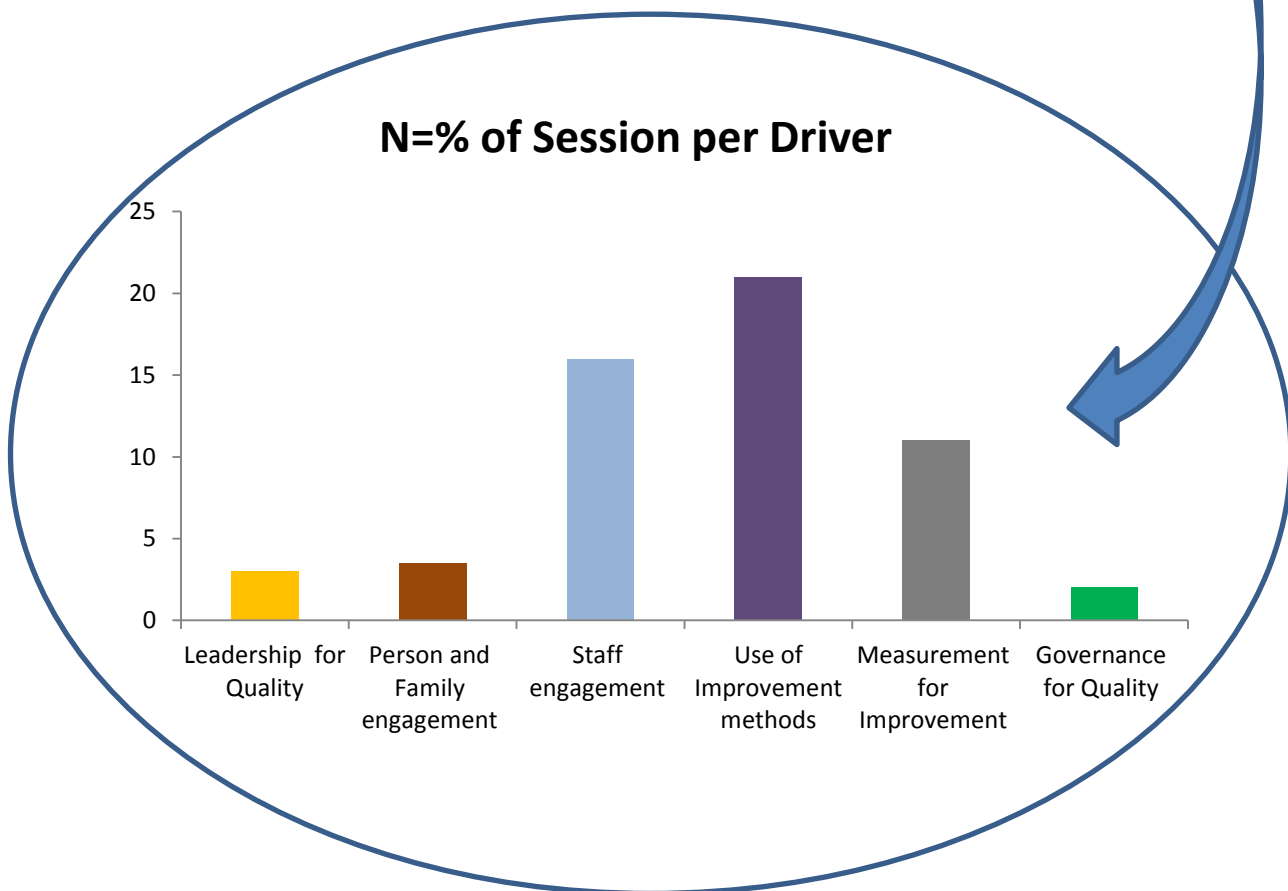


Figure 12: Learning Sessions -Direct contact time for individual six Framework Drivers



11.1 KNOWLEDGE & SKILL SELF-ASSESSMENT

11.1.2 Learning Outcomes/ Knowledge & Skill

Learning outcomes were framed under subject content and each driver of the Framework for Improving Quality in our Health Service (HSE, 2016). These outcomes were then presented as statements in the Knowledge and Skills (K&S) Self-Assessment (Appendix 11) which was designed to measure how and to what level the PUTZ Collaborative improved participants' knowledge and understanding of pressure ulcer prevention and quality improvement. Participants were invited to complete this assessment at each learning session by entering the score that corresponded with a Likert scale to best reflect their level of knowledge and skill at that point in time (Table 5).

Table 5: Likert Scale

No experience 0	Knowledge 1	Comprehension 2	Application/Skill 3	Analysis 4	Evaluate 5
You have no experience of or understanding of the concept, method or tool	You can identify/define what the concept, method or tool is	You can explain or illustrate the concept, method or tool	You can apply or consider the concept, method or tool in identified situations	You can analyse and interpret the concept, method or tool	You can evaluate or appraise the outcome after using the concept, method or tool

K&S Assessments were collated and evaluated following each learning session and shared with the PUTZ advisory group, QID leadership team and SSWHG/DMLHG Director of Nursing's office. The results enabled the QID PUTZ team to tailor sessions to meet participants' level that included facilitation of specialist clinics (Table 6) in learning sessions two and three. The clinics were facilitated by subject and technical experts, and QID Driver teams (Appendix 5). The clinics supported individual team members to develop as champions with more concentrated focus on different drivers and subject content.

Table 6: Specialist Clinics

1	Pressure Ulcer prevention
2	Staff engagement
3	Measurement for Improvement
4	Improvement Methods

The Knowledge and Skill development of participants for each broad category are considered independently.

11.2 BASIC SCIENCE / AETIOLOGY

11.2.1 Aim:

To increase the knowledge and skills of participants in pressure ulcer prevention

Key Learning Objectives are listed in Table 7. The Learning Outcomes are illustrated in Figure 13

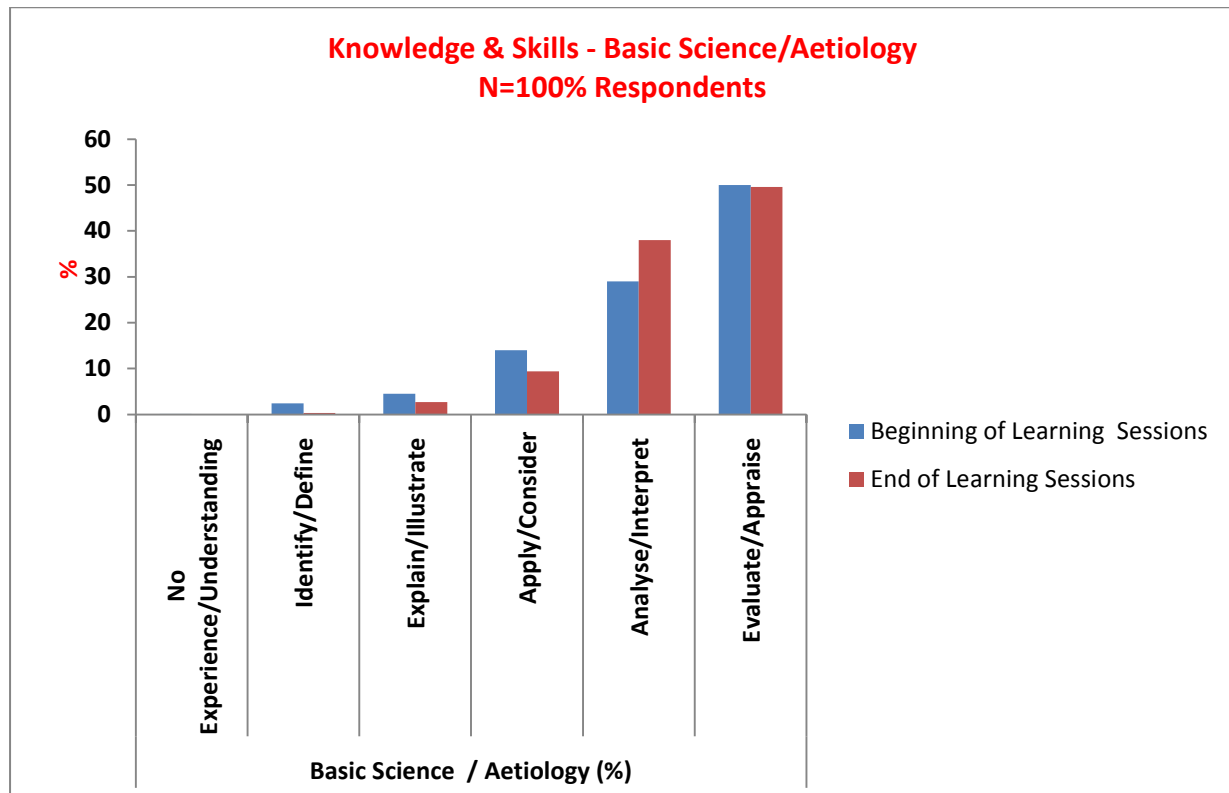
Table 7: Basic Science/Aetiology – Key Learning Objectives

1	Define a pressure ulcer from other wound lesions
2	Distinguish a pressure ulcer from other wound lesions
3	Know the causative factors of pressure ulcers
4	Understand how a pressure ulcer progresses
5	Diagnose, assess & record skin damage using a pressure ulcer classification system
6	Undertake a comprehensive risk assessment of at risk patients using evidence based tools
7	Understand the SSKIN bundle and each the five SSKIN bundle components
8	Know the care to be considered for each component of SSKIN bundle
9	Understand the equipment and techniques essential to preventing and managing pressure ulcers

11.2.2 Outcome:

Figure 13 compares participant's knowledge and skills self-assessments from the beginning to the end of the collaborative learning sessions in basic science/aetiology

Figure 13: Basic Science/Aetiology – Learning Outcomes



The low entry level of participant knowledge and skill in pressure ulcer prevention impacted upon time required to support level of knowledge and skill transfer to the other drivers. Online programmes were tested by registered nurses and healthcare assistants during the pre-planning phase to determine the most useful, which was subsequently recommended as a pre-work activity. By learning session two all participants indicated that they had undertaken the E-integrity on line course. A recommendation will be carried to future collaboratives that subject matter access to education and immersion is a pre-requisite to participating on a collaborative.

The QID PUTZ team were in receipt of repeated requests for certification of completion of the E-integrity course, a facility quoted at approximately €5000 per 200 participants. The number of PUTZ3 participants and ward colleagues exceeds this number, and coupled with projections of numbers to undertake this course with spread to all wards in each of the 22 hospitals would be at a significant cost.

11.2.3 Resources Made Available:

The impact of the resources made available for participants is evidenced in a 8.6% increase to 87.6% in participants who self-assessed themselves as having top level Knowledge and skills at either Level 4 (Analyse/Interpret) or Level 5 (Evaluate /Appraise) and a 2.2% reduction to 0.3% in participants

who self-assessed themselves as having either Level 0 (No experience or understanding) or Level 1 (Identify /Define) knowledge and skills in Basic Science/Aetiology of Pressure Ulcers

- Basic Science/Aetiology was allocated a total of **23%** direct contact time over the three learning sessions including breakaway specialist clinics. E-presentations, PUTZ Guidance documents, information leaflets and links to useful relevant resources accessible via PUTZ webpage
- Purposefully developed webinars to support K&S development accessible via webpage <http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/Pressure-Ulcers-to-Zero.html> :
 - 'Placing the problem of Pressure Ulcers in Ireland into context' by Prof Zena Moore
 - Five Key Messages to prevent pressure ulcers
 - Introduction to the SSKIN care bundle.

11.3 LEADERSHIP FOR QUALITY

11.3.1 Aim:

To increase understanding of leading for improvement

Key Learning Objectives are listed in Table 8. The Learning Outcomes are illustrated in Figure 14

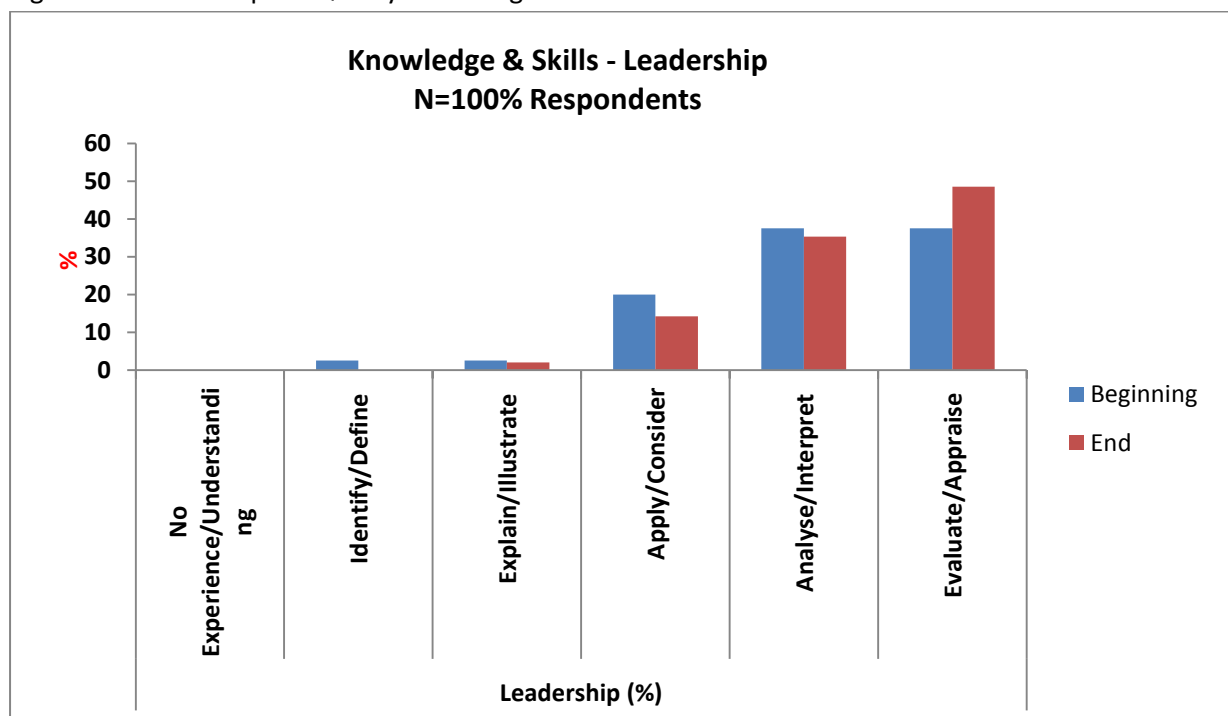
Table 8: Leadership – Key Learning Objectives

1	Understanding of Importance of leadership in any improvement project
2	Importance of influencing colleagues
3	What is required for sustainability and spread of improvements in healthcare

11.3.2 Outcome:

Figure 14 below compares participant’s knowledge and skills self-assessments from the beginning to the end of the collaborative learning sessions in Leadership for Quality.

Figure 14: Leadership for Quality– Learning Outcomes



11.3.3 Resources Made Available:

The impact of this resource for participants is evidenced in a 8.8% increase to 83.8% in participants who self-assessed themselves as having top level Knowledge and skills at either Level 4 (Analyse/Interpret) or Level 5 (Evaluate /Appraise) and a 2.5% reduction to 0% in participants who self-assessed themselves as having either Level 0 (No experience or understanding) or Level 1 (Identify /Define) knowledge and skills in Leadership.

- Leadership for Quality was allocated **3%** of contact time during the three learning sessions; however leadership was themed through all quality improvement sessions
- Learning Session / National Event Presentations available on PUTZ Website.

11.4 PERSON AND FAMILY ENGAGEMENT

11.4.1 Aim:

To increase the knowledge and skills of participants in person and family engagement

To increase patient and family engagement at micro and macro system level so that:

- At least one participating team includes a patient/family representative as an active team member
- Patient membership of the advisory group
- Patient/family representative to share the emic perspective and experiences of pressure ulcers with participants at learning sessions
- Meaningful involvement of patient representative in national celebration event.

Key learning Objectives are listed in Table 9

Table 9: Patient and Family Engagement – Key Learning Objectives

1	Why engage patients in improvement
2	How to engage patients in improvement

11.4.2 Outcome:

MACRO LEVEL:

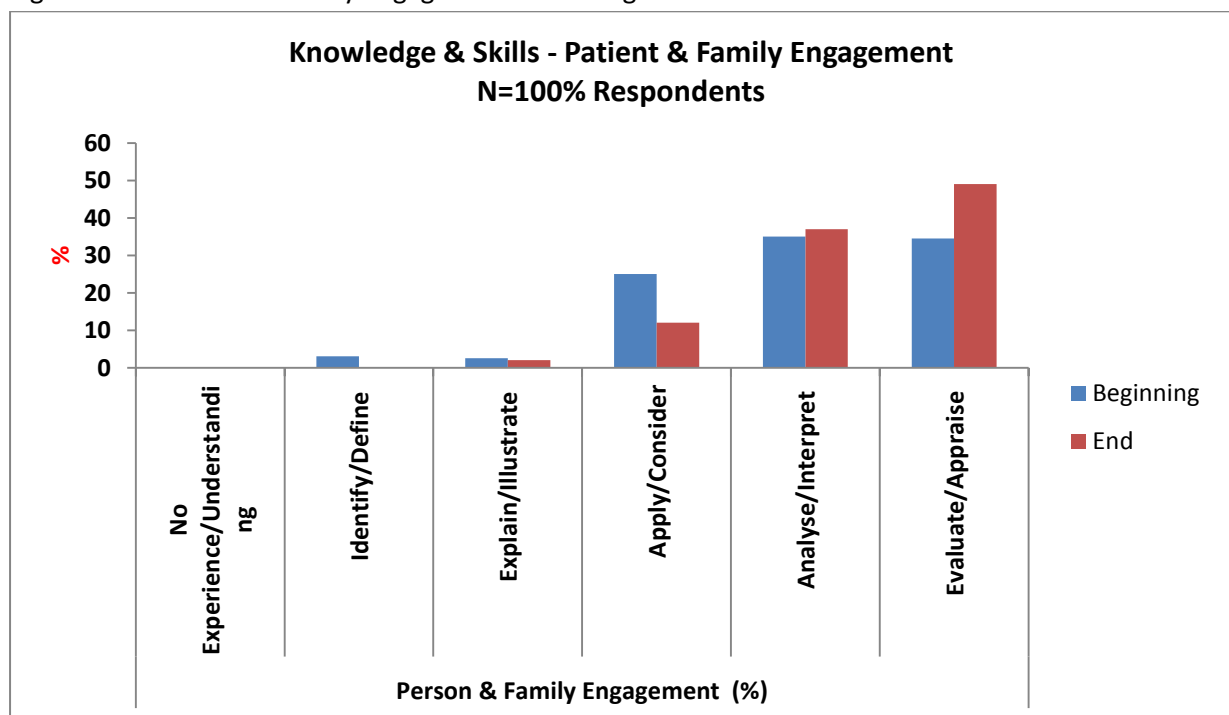
- Engagement with representatives from 'Patients for Patient Safety Ireland ' who are also members of the QID leadership from design stage particularly as reviewers of patient and family documentation and as advisors to the collaborative.
- Patients shared personal experiences of living with pressure ulcers at Learning Session 2.
 - Pressure Ulcers to Zero: A Celebration and Network event (Section 21). A conversation style interview with a patient representative was received very positively by participants. An innovative and exciting 'Patient Questions to Leadership Panel' involving the National Director of QID and the Chief Director of Nursing & Midwifery, DMLHG also facilitated a symbolic transfer of power through the patient interviewer.

MICRO LEVEL:

- In one site in DMLHG –a patient representative was an active member of the PUTZ team. The patient representative also participated and engaged at the learning sessions and attended the National Event.

Figure 15 below compares participant’s knowledge and skills self-assessments in patient and family engagement objectives (Table 9) from the beginning to the end of the collaborative learning sessions.

Figure 15: Patient and Family Engagement– Learning Outcomes



11.4.3 Resources Made Available:

Person & Family Engagement was allocated **3.5%** of direct contact time during the three learning sessions. The impact of this resource for participants is evidenced in a 16.5% increase to 86% in participants who self-assessed themselves as having top level Knowledge and skills at either Level 4 (Analyse/Interpret) or Level 5 (Evaluate /Appraise) and a 3% reduction to 0% in participants who self-assessed themselves as having either Level 0 (No experience or understanding) or Level 1 (Identify /Define) knowledge and skills in Person and Family Engagement.

- Learning Session / National Event Presentations made available on PUTZ Website

- Invitation to National Event extended to patient groups and to the Irish Wheelchair Association
- Patient representative sharing their story as an editorial in Health Matters (HSE, 2017)
- Patient and Family Engagement session facilitated at the Sustainability and Spread Masterclass in January 2018.

11.5 STAFF ENGAGEMENT

11.5.1 Aim:

To improve experience of team members in engaging colleagues and sustaining momentum in quality improvement initiatives

To increase active involvement by participating teams in PUTZ3 collaborative so that:

(n = 22 teams representing all acute services in SSW and DMLHG)

- 100% participation of all teams at each learning session
- Each team present story board at each learning session
- Each team to submit a PUTZ poster at the group learning sessions
- Each team to submit present a poster sharing their story for at the National Event (n = 22 teams from all acute services in SSWHG and DMLHG).

Key Learning Objectives are listed in Table 10. The Learning Outcomes are illustrated in Figure 16

Table 10: Staff Engagement – Key Learning Objectives

1	Learn from colleagues through the use of story boards and sharing of experiences
2	Power of frontline ownership in quality improvement
3	Knowledge and techniques to engage colleagues in improvement initiatives

11.5.2 Outcome:

100% participation of all teams at each learning session

- 97% participation across the 22 teams. One team did not attend one session - DMLHG x 1 team (LS1).

Each team to submit a poster for the group learning sessions

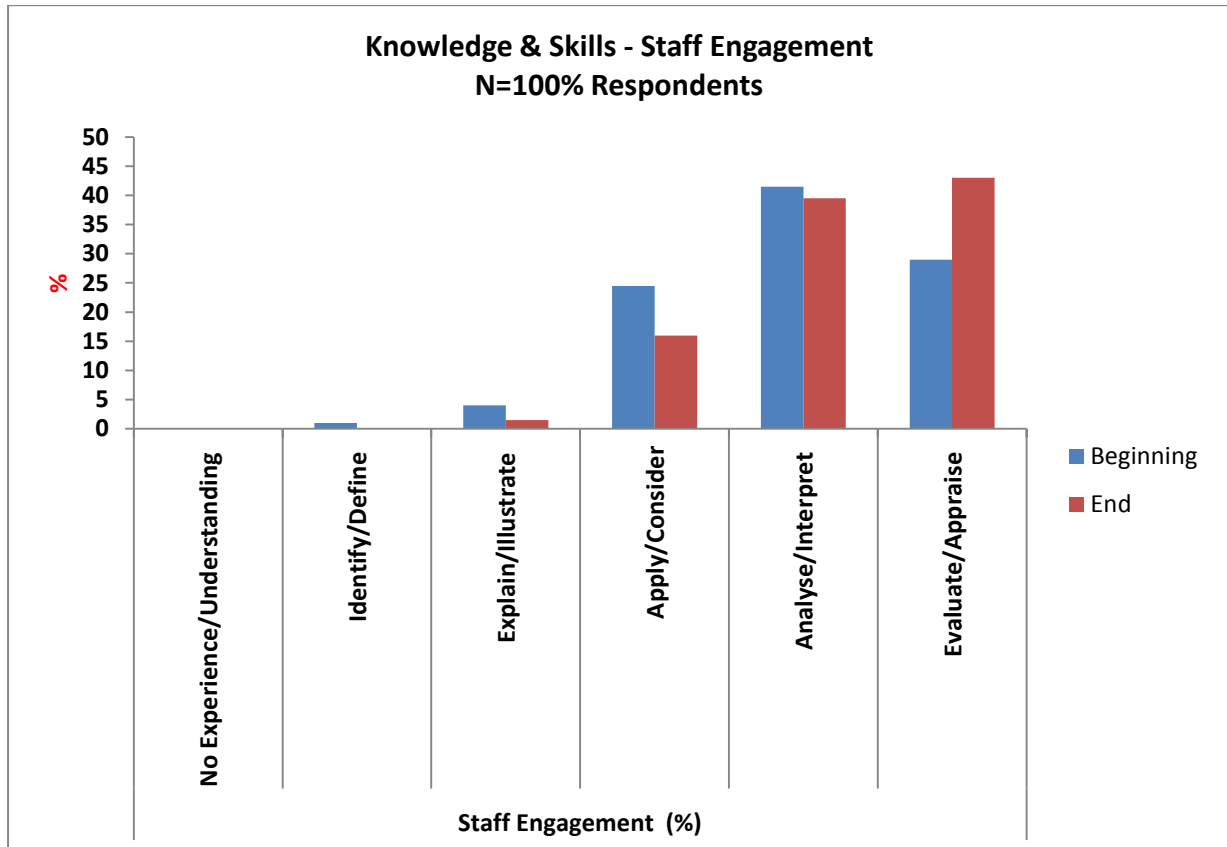
- Achieved 15% participation. A total of 18 posters were submitted by 8 teams with some teams submitting more than one. Please note n = 23 as the specialist unit were represented also.

Each team to submit a poster for the National Event

- 95% participation.

Figure 16 below compares participant’s knowledge and skills self-assessments in staff engagement objectives (Table 10) from the beginning to the end of the collaborative learning sessions in staff engagement

Figure 16: Staff Engagement – Learning Outcomes



11.5.3 Resources Made Available:

Staff Engagement was allocated **16%** of direct contact time during the three learning. The impact of this resource for participants is evidenced in a 12% increase to 82.5% in participants who self-assessed themselves as having top level Knowledge and skills at either Level 4 (Analyse/Interpret) or Level 5 (Evaluate /Appraise) and a 1% reduction to 0% in participants who self-assessed themselves as having either Level 0 (No experience or understanding) or Level 1 (Identify /Define) knowledge and skills in Staff Engagement.

- Two specialist clinics in staff engagement were facilitated at learning sessions and a further Staff Engagement clinic via teleconference facilitated for both SSWHG and DMLHG in August 2017
- Learning Session Presentations made available on PUTZ Website.

11.6 USE OF IMPROVEMENT METHODS

11.6.1 Aim:

To increase the knowledge and skills of participants in use of improvement methods so that every team demonstrated application of improvement tools during collaborative.

Key Learning Objectives are listed in Table 11. The Learning Outcomes are illustrated in Figure 17

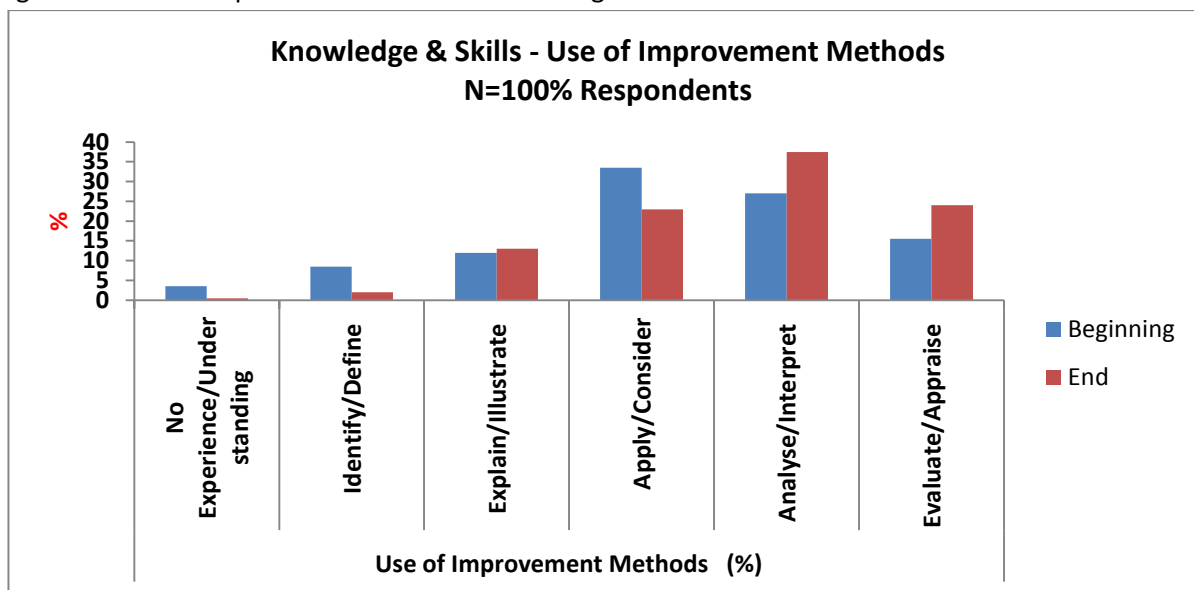
Table 11: use of improvement methods – Key Learning Objectives

1	Model for Improvement
2	A SMART aim statement
3	What a microsystem is
4	The 5 P's
5	Basic concepts of reliability
6	Small tests of change in improvement initiatives (PDSAs)
7	Stakeholder analysis

11.6.2 Outcomes

The development of knowledge and skills in the use of improvement methods was evidenced primarily through storyboard presentations and experiences shared at site visits Figure 16 compares participant's knowledge and skills self-assessments in use of improvement methods objectives (Table 11) from the beginning to the end of the collaborative learning sessions.

Figure 17: Use of Improvement Methods– Learning Outcomes



11.6.3 Resources Made Available:

Use of Improvement Methods was allocated **21%** of contact time during the three learning sessions. The impact of this resource for participants is evidenced in a 19% increase to 61.5% in participants who self-assessed themselves as having top level Knowledge and skills at either Level 4 (Analyse/Interpret) or Level 5 (Evaluate /Appraise) and a 9.5% reduction to 2.5% in participants who self-assessed themselves as having either Level 0 (No experience or understanding) or Level 1 (Identify /Define) knowledge and skills in Use of Improvement Methods.

- Purposefully developed Webinars:
- Model for Improvement – PDSA
- Theory of Improvement
- Learning Session Presentations available on PUTZ Webpage and QID website; <http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/Pressure-Ulcers-to-Zero.html>

11.7 MEASUREMENT FOR QUALITY

11.7.1 Aim:

To increase capacity in measuring for improvement so that 100% teams submit a completed safety cross every month for 12 consecutive months.

Key Learning Objectives are listed in Table 12. The Learning Outcomes are illustrated in Figure 18

Table 12: Measurement for Improvement – Key Learning Objectives

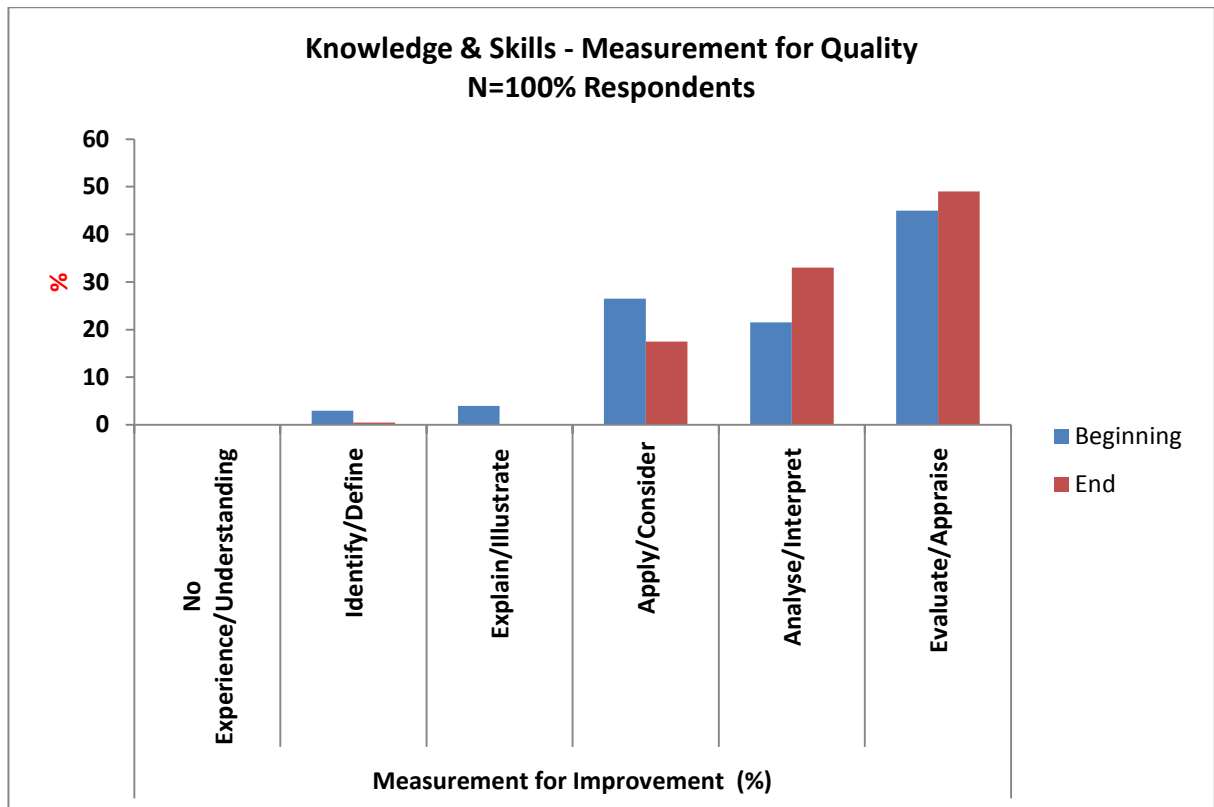
1	Using a safety cross
2	Developing a run chart
3	Basic principles of good data collection

11.7.2 Outcomes

- Monthly return of safety crosses from all teams throughout collaborative.

Figure 18 compares participant's knowledge and skills self-assessments in measurement for quality objectives (Table 12) from the beginning to the end of the collaborative learning sessions.

Figure 18: Measurement for Quality – Learning Outcomes



11.7.3 Resources Made Available:

Measurement for Quality was allocated **11%** of contact time during the three learning sessions. The impact of this resource for participants is evidenced in a 15.5% increase to 82% in participants who self-assessed themselves as having top level Knowledge and skills at either Level 4 (Analyse/Interpret) or Level 5 (Evaluate /Appraise) and a 2.5% reduction to 0.5% in participants who self-assessed themselves as having either Level 0 (No experience or understanding) or Level 1 (Identify /Define) knowledge and skills in Measurement for Quality.

- Purposefully developed Webinars entitled:
- PUTZ Webinar on the Safety Cross
- Building run charts to understand improvement
- Learning Session Presentations available on PUTZ Webpage <http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/Pressure-Ulcers-to-Zero.html>.

11.8 GOVERNANCE FOR QUALITY:

11.8.1 Aim:

To increase participants understanding of governing for improvement for the PUTZ initiative.

The Key Learning Objectives is listed in Table 13. The Learning Outcomes are illustrated in Figure 19.

Table 13: Governance – Key Learning Objective

1.	Pressure Ulcer Prevention is a safety priority within my organisation
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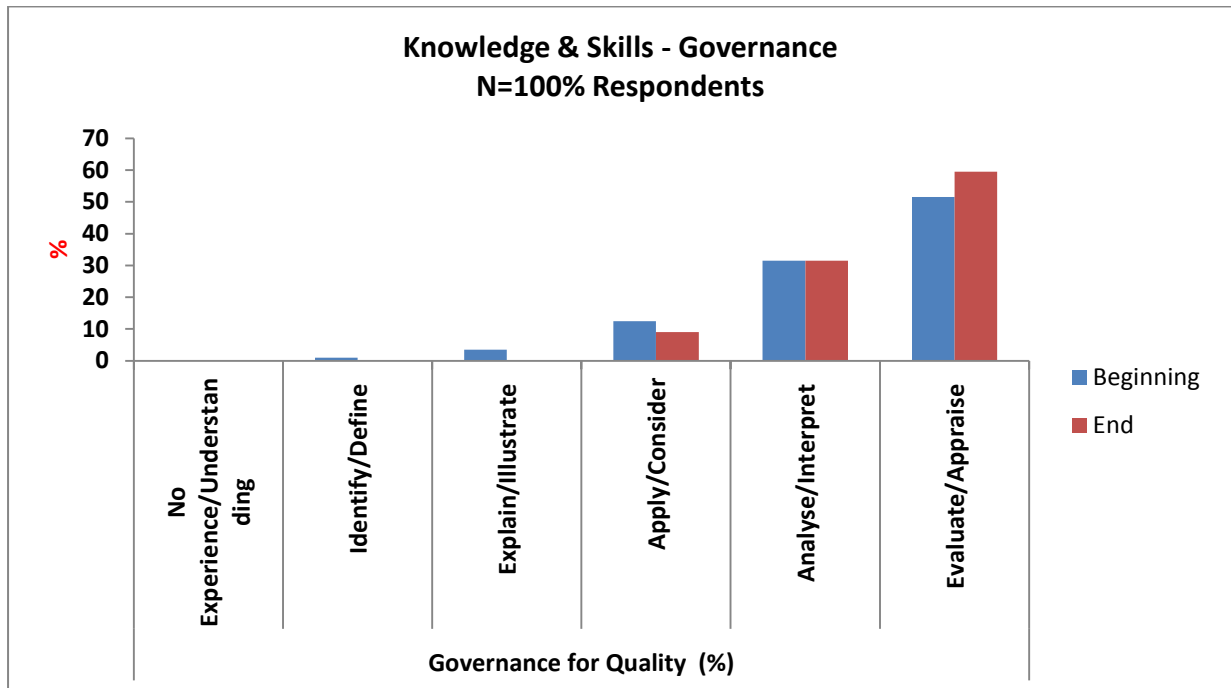
A sub aim was that the PUTZ Team would meet all Directors of Nursing / Assistant Director of Nursing from each hospital on at least one site visit during the collaborative.

11.8.2 Outcomes

- SSWHG – the QID PUTZ team met with all nine Directors of Nursing on site during the collaborative.
- DMLHG the QID PUTZ team met with five out six DONs on site during the collaborative. The QID team did not meet with one Director of Nursing during the site visit due to extenuating circumstances but met subsequently at the Group DON meeting (2nd October 2017).
- It should be note that the QID PUTZ team met the Directors of Nursing in some sites on more than one visit.

Figure 19 below compares participant’s knowledge and skills self-assessments in governance outcomes (Table 13) from the beginning to the end of the collaborative learning sessions.

Figure 19: Governance – Learning Outcomes



11.8.3 Resources Made Available:

The impact of these resources for participants are evidenced in a 8% increase to 91% in participants who self-assessed themselves as having top level Knowledge and skills at either Level 4 (Analyse/Interpret) or Level 5 (Evaluate /Appraise) and a 1% reduction to 0% in participants who self-assessed themselves as having either Level 0 (No experience or understanding) or Level 1 (Identify /Define) knowledge and skills in Governance for Quality.

- Governance for Quality was allocated **2%** of teaching contact time during the three learning sessions.
- Whilst teams were encouraged to review site governance structures for this initiative particularly with regard to reporting outcome mechanisms, the National team’s attention to this driver primarily manifested in concerted efforts to meet and discuss governance approaches with Directors of Nursing on site and at Group Director of Nursing meetings. Feedback loops were also established between the national QID PUTZ Collaborative lead and the SSW and DML Directors of Nursing.
- Learning Session / National Event Presentations made available on PUTZ Website.

12 PREVALENCE, INCIDENCE & COSTING OF PRESSURE ULCERS

The cost analysis of benefits of PUTZ 3 is somewhat notional as there are no economic models in use in Ireland to accurately cost the treatment or prevention of pressure ulcers.

12.1 Prevalence, Incidence and Cost

12.1.1 Prevalence and Incidence measurement in Irish Healthcare

There is no system to accurately measure the *prevalence* and *incidence* of pressure ulcers in Ireland at this point in time. The National Incident Management System (NIMS) which is an incident management reporting system can report on the number of pressure ulcers reported through the system. This functionality also applies to data returned to the Hospital In-Patient Enquiry Scheme (HIPE) that collects information on hospital day cases and in-patients in Ireland or through Datex and other such processes. However due to the inaccuracies reported through the current information systems, these systems should be considered as pressure ulcer reporting mechanisms only and not a true reflection of pressure ulcer incident data..

In November 2016 a QID PUTZ team comparative review of data returned through HIPE, NIMS and the PUTZ collaborative evidenced considerable variance with the greatest incidence of newly acquired pressure ulcers recorded through data returned by participating PUTZ teams. This may be attributable to the challenges in reporting data through information management systems that include underreporting as only 8-10% of incidents are only ever reported, inadequacies of reporting systems, and/or incorrect data entry. Furthermore only mandatory reporting is required through NIMS for Grade 3 and Grade 4 pressure ulcers as Serious Reportable Events (SREs). PUTZ teams return monthly safety crosses. The safety cross is a simple measurement tool that facilitates easy recording of the daily incidence of every grade of pressure ulcer using a pen/marker.

12.1.2 Pressure Ulcer Review Group

Whilst services are encouraged to report all incidents where a pressure ulcer is identified there is an obligation to report Grade 3 and Grade 4 pressure ulcers as these have been designated as Serious Reportable Events (SREs). The National Incident Reporting Form (NRIF1) and NIMS are currently configured to capture a limited range of data in relation to pressure ulcers—incidents i.e. whether the patient was admitted with the pressure ulcer or whether it was ward/facility acquired, the grade of the pressure ulcer and whether it is an SRE.

To ensure the adoption of a standardised approach to the review of pressure ulcer incidents, the QID PUTZ team are working with a group convened by the Office of Quality Risk and Safety, Quality Assurance & Verification Division (QAVD) to design a *Practical Guide to Reviewing Pressure Ulcers*. This guide contains a standardised concise pressure ulcer review tool which will provide a greater level of data in relation to Grade 3 and 4 pressure ulcers and allow for aggregate review to identify themes relating to the underlying causes of pressure ulcer occurrence. The analysis of data from concise review reports will depend on the level of engagement of services with tool and the quality of data provided in the review reports.

12.2 Costing in Ireland

In 2005, Gethin et al. advised that the projected cost to treat one Grade IV PU in Ireland was €119,000 and the total cost of treating pressure ulcers per annum was €250, 000,000.

In February 2017 the QID PUTZ team had commenced a work stream to cost treatment of pressure ulcers in an acute care setting. However this work did not proceed as the RCSI signalled their intention to undertake a retrospective costing analysis to test the feasibility of an economic model during the summer of 2017 which was welcomed by the PUTZ advisory group (See Section 8.2.1). The study findings reported in November 2017, outlined that the retrospective survey design was unfeasible for accurate economic analysis of this kind and therefore a prospective study is recommended to obtain full costing (Reilly et al., 2017). A real time cost analysis of repositioning is also to be conducted.

12.3 Costing analysis for PUTZ 3 Collaborative

PUTZ 3 are utilising an NHS Pressure Ulcers Productivity Calculator (<https://www.gov.uk/government/publications/pressure-ulcers-productivity-calculator>) to estimate the cost of treating newly acquired pressure ulcers recorded on safety crosses returned by participating teams. Figure 20 illustrates the estimated cost to the HSE of treating the newly acquired pressure ulcers diagnosed in 22 wards only (n= €1,760,000).

Figure 20: Approx Cost to the HSE of treating newly acquired pressure ulcers in 22 wards

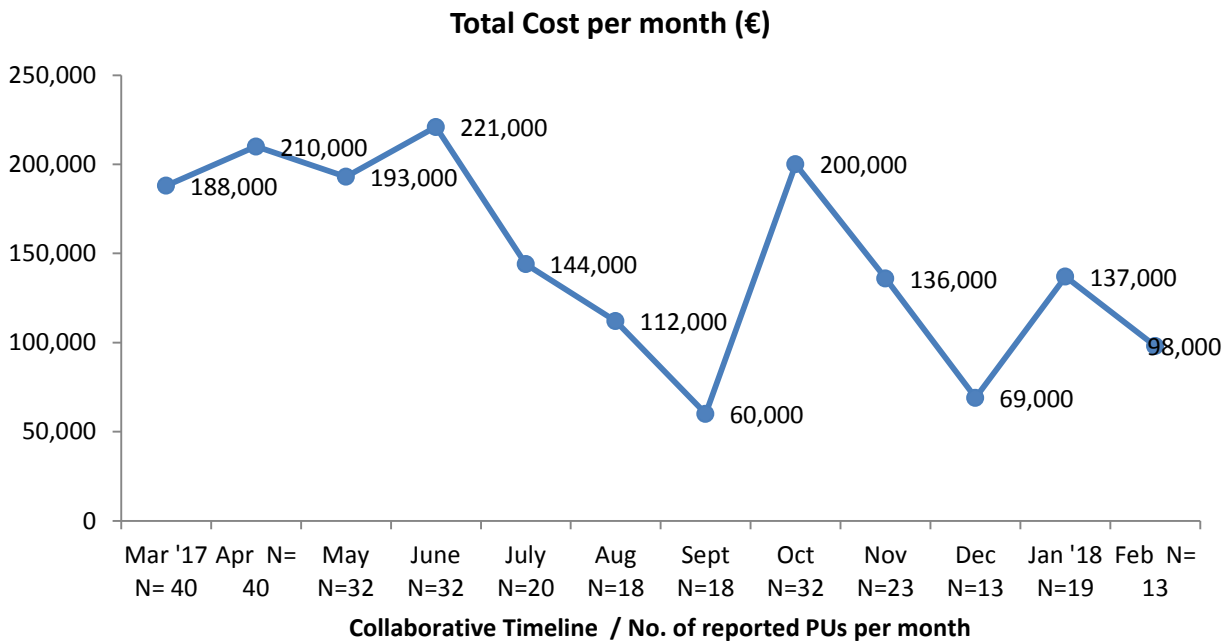
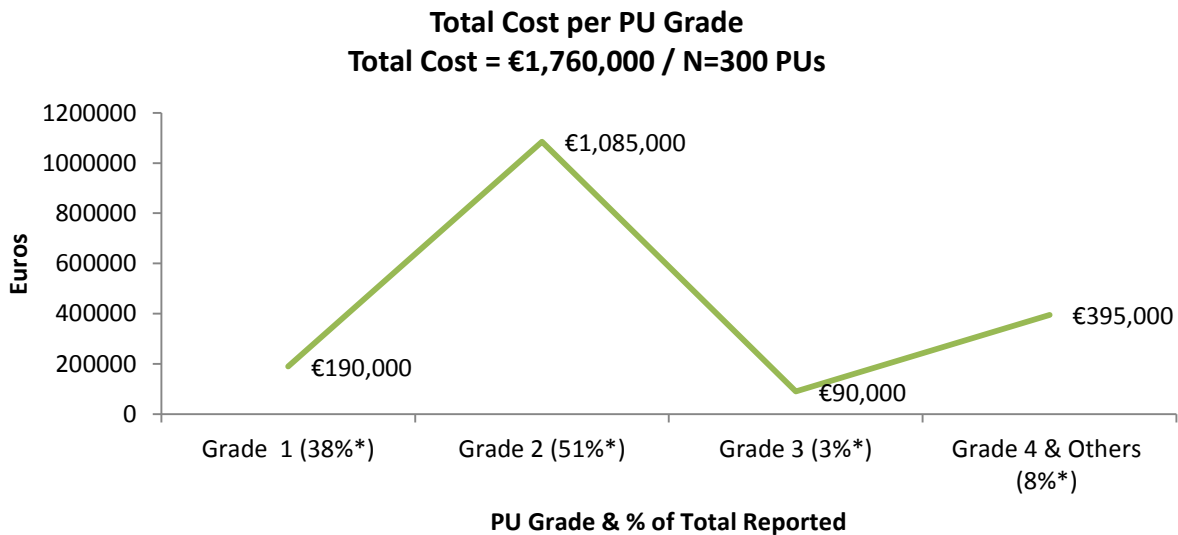


Figure 21 depicts the approximate cost per grade. This is notable considering 89% of the total pressure ulcers are Grade 1 and 2.

Figure 21: Estimated cost of treating newly acquired pressure ulcers diagnosed (per grade)



When looking at the cost, key considerations include both the number and the grade of newly acquired pressure ulcers. Figure 20 illustrates this through data from March and April 2017, although both months recorded the same amount of pressure ulcers, the cost was higher in April as there were higher grades of PUs reported.

Table 14 provides an overview of the direct expenditure by QID in sponsoring the SSW and DML PUTZ collaboratives that were run in parallel as Phase 3. Direct pay costs nor travel and subsistence are included for the QID PUTZ 3 team QID PUTZ 3 team. Accommodation costs are inclusive of several QID colleagues and external content and improvement experts who facilitated presentations at learning sessions.

Table 14: Overview of the cost to QID in running two parallel collaboratives in Phase 3

	Session I SSW	Session II SSW	Session III SSW	Session I DML	Session II DML	Session III DML
Hotel cost Room Hire, Catering &ICT	€2,630.75	€2,342.4 0	€2,203.75	€2,336.60	€2,492.55	€2,348.75
Accommodation	€396.00	€654.00	€654.00	€322.00	€378.00	€507.00
Additional room Hire			€140.00			€195.00
Posterboards	€221.40	€332.10	€332.10	€147.60	€295.20	€258.30
Printing A3		€36.00				
Printing A1			€172.20			€114.80
Coaching Conversations Catering	€286.98			€303.16		
PUTZ Banner	€209.10					
Totals	€3,744.23	€3,364.5	€3,502.05	€3,109.36	€3,165.75	€3,423.85
TOTAL Expenditure = €20,309.74						

It should also be noted that individual sites incurred back fill and travel expenses for participants.

12.4 Limitations

While it is not possible to accurately measure the cost of pressure ulcer prevention and or treatment, this report highlights potential notional savings as a consequence of this type of improvement enablement with teams. This cost benefit analysis does not measure the human cost to patients that acquire pressure ulcers under our care.

13 PARTICIPANT EVALUATIONS

The Kirkpatrick and Kirkpatrick Model (Appendix 12) were used to formatively evaluate the collaborative from the outset. The Kirkpatrick and Kirkpatrick Model consider the value of any type of training, formal or informal, across four levels. Table 15 outlines the four levels in detail.

Table 15: Kirkpatrick and Kirkpatrick – Levels of evaluation

Level	Description
Level 1	Reaction - evaluates response to the training
Level 2	Learning - measures actual learning of material
Level 3	Behaviour - considers practical application of learning
Level 4	Results - evaluates impact on the organisation.

Participants were invited to evaluate every action period and learning session at the end of learning sessions. Samples of participant evaluations are shared in Appendix 13. At the conclusion of learning session three participants were also asked to evaluate the collaborative in its entirety.

Table 16: Evaluation Response Rate

Learning Session 1	92% Response Rate
Learning Session 2	91% Response Rate
Learning Session 2	79% Response Rate

While participants identified that the greatest challenges were experienced in basic science/aetiology, staff engagement, improvement methods and measurement, these were also recognised as their greatest successes and achievements. Table 17 below highlights some of the feedback returned from across the two hospital groups following completion of all three learning sessions.

Table 17: Participant Challenges / Successes Feedback

	Basic Science / Aetiology	Staff Engagement	Improvement Methods	Measurement of Quality
Challenges	<i>“Initial difficulties in identifying and classifying pressure</i>	<i>“Getting all staff to participate was difficult at times” –</i>	<i>“Acquiring knowledge to be comfortable</i>	<i>“Ensuring safety cross was completed” –</i>

	<p><i>ulcer grades” – SSWHG</i></p> <p><i>“Increasing knowledge regarding pressure ulcers and the difference with other wounds/lesions” - DMLHG</i></p>	<p>SSWHG</p> <p><i>“Lack of buy-in from stakeholders within the hospital” - DMLHG</i></p>	<p><i>discussing PDSA” – SSWHG</i></p> <p><i>“Understanding PDSAs and Improvement Strategies” - SSWHG</i></p>	<p>SSWHG</p> <p><i>“Measuring – we were not doing the right thing” - DMLHG</i></p>
Successes	<p><i>“Great feeling seeing the number of new pressure ulcers drop on our ward” – SSWHG</i></p> <p><i>“Increased confidence in grading or pressure ulcers” - DMLHG</i></p>	<p><i>“Increased unity on ward now between MDT” – SSWHG</i></p> <p><i>“Staff wanting to be part of the storyboard sessions” - DMLHG</i></p>	<p><i>“SSKIN bundle successfully embedded and actively used” – SSWHG</i></p> <p><i>“Developing a greater understanding and skills in models for improvement” - DMLHG</i></p>	<p><i>“Safety Cross now embedded” – SSWHG</i></p> <p><i>“Safety cross now adapted to use for falls”- DMLHG</i></p>

A summary of key challenges, achievements and successes that participants reported are included in Appendix 14.

13.1 Quantitative Evaluations

The quantitative data from the evaluations was collated and reviewed after each learning session and reported to the PUTZ advisory group and SSWHG and DMLHG Group Directors of Nursing. Results were graphed and compared over the three learning sessions. Results are shown in Figure 22 and Figure 23.

Figure 22 below illustrates the responses received when all participants were asked if the learning sessions met their expectations. In all three sessions greater than 85% of all participants expectations were met while only 3% of participants felt their needs were not met for learning session 2.

Figure 22: Did Learning Sessions meet Participants Expectations

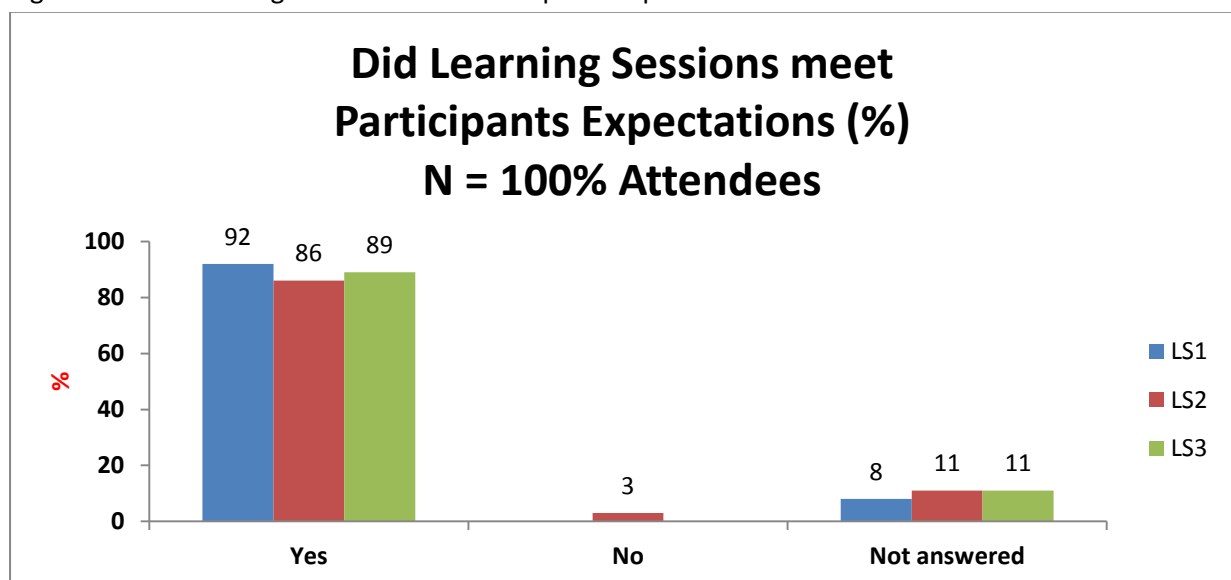
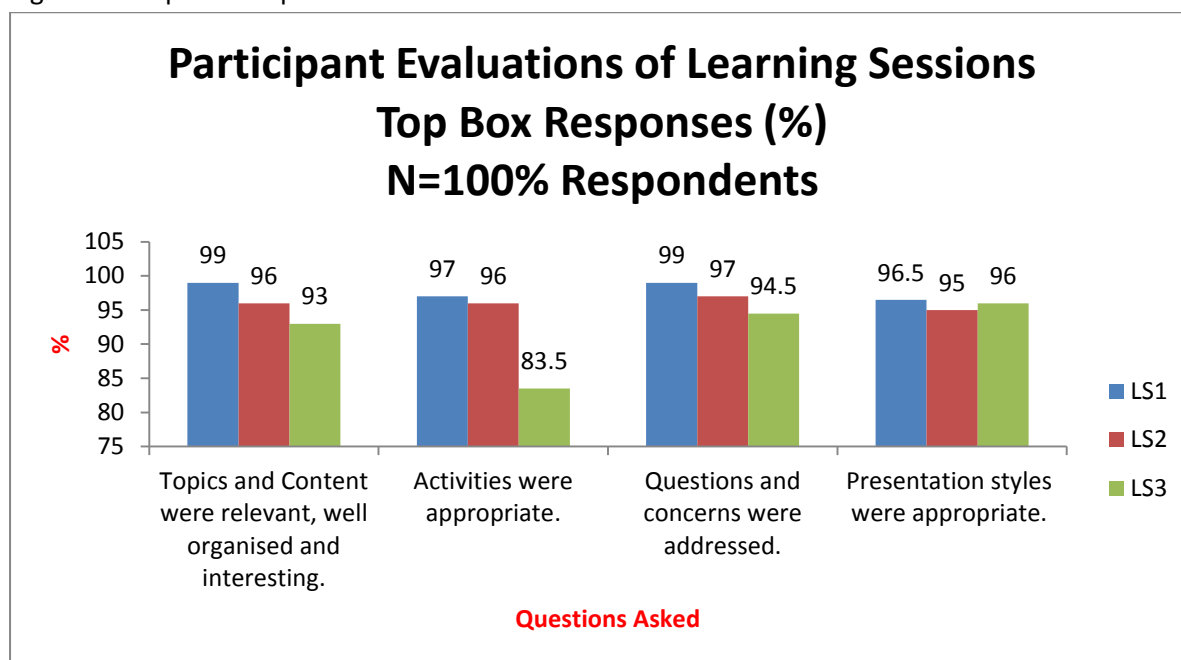


Figure 23 illustrates that greater than 83% of participants from both hospital groups across the three learning sessions returned top box responses (Agree and Strongly Agree) for the following questions;

- Topics and content were relevant, well organised and interesting
- Activities were appropriate
- Questions and concerns were addressed
- Presentation styles were addressed.

Figure 23: Top Box Responses



13.2 Qualitative Evaluations

As part of the evaluation process, participants were invited to provide qualitative feedback on their experiences of the learning sessions, action periods and collaborative. A sample of some of the feedback collated during the learning sessions is included below

“I found the morning session very inspiring. The way the talks were delivered gave new energy to my view on PUTZ “– DML

“Really enjoyed the storyboard presentations sharing ideas from other sites was really useful to progress our own PUTZ initiative” – DML

“Great to hear from other hospitals, staff and their experiences. Exchanging ideas etc.” – SSW

“Hearing other hospitals experiences was very inspiring” – SSW

Further examples of qualitative feedback from participants are included in Appendix 15.

Participant evaluations from Phase 3 will inform design of future collaboratives, for example the specialist clinics tested in PUTZ3 were very positively evaluated and will therefore be recommended as a consideration for future collaborative programmes.

14 PARTICIPANTS' CHALLENGES

The key challenges experienced by participants and sites were principally captured qualitatively through conversations during site visits and through discussion forums and evaluations at learning sessions (See Appendix 14). What is of note is that the challenges are typical of quality improvement initiatives and are key influencers on sustainability:

- Many sites do not have access to on-site subject matter experts (e.g. Tissue Viability Nurses) and in-house expert training
- Staff engagement – maintaining momentum and managing colleagues' lethargy towards *"another QI initiative...another piece of paper to fill out"*
- Access to online resources particularly in sites where YouTube was firewalled and restrictions were not lifted
- Protected time to meet as team
- Measurement: participating teams returned the outcome measure of the number of newly acquired pressure ulcers per month monthly to the QID PUTZ team via a safety cross. As the collaborative progresses some also returned the number of days since last pressure ulcer. This data is considered a true reflection of the incidence on participating wards.

15 UNEXPECTED OUTCOMES

There were no particular unexpected or unanticipated outcomes. The National PUTZ 3 team were new to the programme of work. Expectations were that the Framework for Improving Quality (HSE, 2016) would enable a structure for planning and implementation that married with the national QID agenda. It was also expected that the Framework for Improving Quality (HSE, 2016) would assist with the purposeful consideration and attention to the six drivers. These expectations were realised.

The support from the QID driver teams worked particularly well as this offered diversity in session delivery, balance of attentions and consideration and inclusion of key elements, particularly expertise in each driver.

Please refer to Section 8.2.2

16 STRENGTHS

16.1 Staff Engagement

- PUTZ 3 was responsive to the geographic location of participants. Being mindful of travel requirements that ranged from West Cork and Kerry to Dublin, two collaboratives (SSWHG & DMLHG) were run in parallel in Phase 3. This approach was very positively received and appreciated by both the two hospital groups and the individual teams.
- Enthusiasm from the majority of teams engaging with the expectations of the collaborative were tangible through local initiatives, participation at learning sessions, and the sharing of story boards.
- Support and endorsement from the Acute Hospital Division (AHD), DONs and group DONs, QID Division, National Clinical Advisor and Group Leads (NCAGL), Tissue Viability Nurses Association of Ireland (TVNAI), Technical and subject matter experts.

The QID PUTZ team availed of opportunities to debrief following each learning session, site visits and external meetings. Plans to meet with presenters/facilitators prior and post learning sessions were not possible due to diary conflicts. Therefore communication and feedback mechanisms were used with good effect through telephone and email. This responsive methodology allowed learning from one experience to inform further activities and approaches (e.g. increasing time allocated to staff engagement).

16.2 Measurement

- All teams return monthly safety cross. As the collaborative progresses more teams are returning the number of days since last pressure ulcer and there is also increased use of run charts.
- The Sustainability and Spread Masterclass held in January 2018 (See Section 9.1) offered site coordinators and team leads the opportunity to access the MIT team and further their measurement skills. The Masterclass was evaluated positively; feedback can be seen in Appendix 8.

16.3 Improvement Methods

- All teams developed SMART aim statements and used PDSAs to test and implement small quality improvement changes.

16.4 Leadership

- All 22 teams developed a vision which was displayed on information boards at ward level, with team leaders presenting the team story at learning sessions.
- Some site coordinators demonstrated strong leadership to include sustainability and spread thinking with steps to considered planning.
- QID support
 - Incredible hands on support and lending of expertise, time and energy from QID colleagues and National Director.

17 KEY LEARNING

Further consideration is needed in how to best to strengthen local management teams to govern for QI and promote local ownership, increase accountability, improve measurement reporting structures. As previously recommended (See Section 8.2.2) this could be considered in a pre-work compact/ contract with specific criteria for engagement. To enhance learning different materials, mediums, and approaches were tested throughout this collaborative with positive outcomes and experiences for participants to include:

- Blended learning approach, multiple medium to include digital, learning sessions, online platforms, quizzes.
- Breakaway clinics in pressure ulcer prevention, staff engagement, improvement methods and measurement for improvement were facilitated at PUTZ 3 learning sessions.
- Networking and sharing of information forums.

17.1 Potential Risks PUTZ 3

- **Sustainability and spread challenges in some sites.** - (previously outlined in Section 8.2.2)

Following Action Period 3 and the conclusion of the National Event Pressure Ulcers to Zero: A Celebration and Network Event the PUTZ team contacted all site coordinators and discussed their sustainability and spread plans for PUTZ within their hospitals. Sites were at varying stages of PUTZ and QI sustainability and spread planning, but all site coordinators expressed their commitment and intention to sustain and spread the gains in PUTZ within their own hospitals. Appendix 16 details some of the individual PUTZ 3 sustainability plans communicated to QID PUTZ team in December 2017 through 1:1 telephone conversations or site visits.

- **Collapse of Teams / Maintaining of Collaborative Networks.**

Competing priorities, movement of staff and poor staff engagement may contribute to collapse of existing PUTZ teams on completion of PUTZ 3.

There are no further opportunities for the two hospital groups teams formally network at structured PUTZ 3 forums. Attempts to set-up a common social media forum e.g. Yammer at the beginning of the learning sessions proved difficult due to an inefficient number of participants availing of the various social media apps.

17.2 Challenges to Pressure Ulcers to Zero Collaborative

- **Protracted implementation with small reach.** QID PUTZ team capacity could only extend to supporting 22 teams and the specialist unit during the twelve month period.
- **Dearth of structured pathways for frontline participants to further develop QI capacity –**
The collaborative approach is an excellent platform to introduce a manageable QI methodology that can be applied to other clinical initiatives by multidisciplinary clinical teams. However there are as yet no structures or offerings to build on this capacity within the system or within QID.

A revised QID approach whereby services are trained in the “How to” of running collaboratives (Collaborative Development programme) could address some of the aforementioned challenges as Self-sustaining collaborative models that are owned, led and governed by the services and enabled by QID could potentially:

- Provide opportunity and supports for services to lead and groveler a QI collaborative
- Provide structures and forums for incremental QI capacity building for participants and teams
- Foster more systematic and considered integration of QI champions and advisors into planning and implementation of collaboratives
- Allow power of networks and impact of participation on individuals to flourish
- Provide opportunity for large scale approach to building incremental QI capacity, connectivity and networks within organisations and across macro health system
- Structured local/service opportunities for QI champions (e.g. NQIP graduates) to exercise knowledge and skill set and further develop QI expertise.

18 PRESSURE ULCERS TO ZERO: A CELEBRATION AND NETWORK EVENT

A national celebration and networking event was hosted by the QID on 16th November 2017 to mark World Pressure Ulcer Day. The purpose of the event, held in the Pillar room, Rotunda Hospital, Dublin, was to further drive the momentum and to build on the PUTZ pressure ulcer prevention campaign.

The objectives of the event were to:

1. Heighten public and healthcare workers awareness that pressure ulcers are a problem
2. Promote Pressure Ulcers as a national and international safety priority
3. Acknowledge that Pressure Ulcers are preventable
4. Promote pressure ulcer prevention as everyone's business and everyone's responsibility
5. Sustain the traction and momentum around pressure ulcer prevention and in doing so to also celebrate and showcase PUTZ collaborative healthcare team's stories and successes.

There were three underlying themes threaded throughout the event that are aligned to continuously improving and sustaining pressure ulcer prevention in Ireland.

PERSON CENTEREDNESS – While Person Centeredness is a multidimensional concept it places the patient/client at the core of care delivery and espouses the development of therapeutic relationships between healthcare professionals, patients and their significant others. These relationships are built on mutual trust, understanding and sharing collective knowledge. Person Centeredness is key in pressure ulcer prevention as it is everyone's business, everyone's responsibility and everyone's concern.

HOLDING THE GAINS – The complexities of sustaining Quality Improvement initiatives is a constant challenge and a source of tremendous frustration and disappointment. Nonetheless there are critical sustainability factors to consider to hold the gains and to plan spread that are common to every quality improvement initiative.

PRESSURE ULCER PREVENTION – Common to all Phases of the collaborative is the will to improve and to reduce pressure ulcers. The energy, commitment and teamwork to reach milestones, manage challenges and ultimately improve pressure ulcer prevention were captured in participating team posters.

The day consisted of presentations from Irish and international speakers (See Appendix 17) and panel discussions. A live interactive 'QI Talktime' webinar on "Pressure Ulcer Terminology & Classification" was also facilitated, to enable healthcare workers from across Ireland to dial in and ask questions of the clinical expert on pressure ulcer prevention and care. PUTZ 3 teams showcased their collective power in changing practice through individual poster presentations.

The event was very positively evaluated by delegates. This could be measured by one delegate's address to the room and National Director QID which was received with rapturous applause.

"Involvement in the PUTZ 3 collaborative has afforded me the opportunity to develop my knowledge and skills of quality improvement methods. Through the collaborative I have learned a lot about myself, about the way that I work and how that influences the people around me. It has taught me a lot about the team that I work with, the support we can offer each other to improve patient outcomes. I found the networking aspect of the PUTZ Collaborative essential in providing support and assistance with developing ideas to bring about change. Most importantly the power of networking and the people aspect of this collaborative cannot be underestimated. I thoroughly enjoyed the experience"

Michelle Howard, CPC & site Coordinator, Mallow General Hospital, 16th November 2017

19 CONSIDERATIONS FOR FUTURE COLLABORATIVES

19.1 Challenges to Existing Model

- **Feedback mechanisms** - There are no feedback mechanisms currently in place to monitor progress over time or application of QI learning to other contexts.
- **Robust evaluation** - there is no robust evaluation to date to evidence usefulness of collaborative approach in Irish context.
- **Planning model** - A planning model as yet to be developed to consider an integrated approach to promote large scale change for patient safety initiatives through the collaborative programme.
- **Implementation with large reach** - Design a collaborative model to enable services to lead govern and facilitate collaboratives that are enabled and supported by QID.

QID plan to modify the current delivery mechanism to design a training collaborative model to enable services develop their own capacity and capability to lead, govern and deliver their own collaboratives. The Collaborative Development programme lends more to a partnering model between QID and services and will provide organisations with a guided infrastructure to engage and sustain improvement initiatives. The anticipated benefits of this approach include:

- Increase accountability in a partnering approach between QID and services.
- Provide organisations with a guided infrastructure to engage and sustain quality improvement initiative.
- Economies of scale with national QID Knowledge & Skills programme approach to building frontline QI capacity in addressing key safety priorities.
- Strengthen governing for quality such as identifying pressure ulcer prevention as a principal organisational safety priority and to include progress reporting to Executive management Board/team (EMB).
- Strengthen more active involvement of patients and families at local level.
- Promote more frontline ownership.

20 CONCLUSION

This report details the journey of PUTZ 3 from design to completion. It shares aims, outcomes, learning and observations that could influence and shape future QI programmes. Through review and evaluation of outcome measures and feedback from participants and peers the PUTZ 3 collaborative is a successful patient safety initiative. This can be measured through participant feedback, knowledge and skill development and through realising the primary aim to reduce newly acquired pressure ulcers across participating team's sites by 55% in six months and for this to be sustained to 67.5% in twelve months to the end of February 2018.

The QID PUTZ team extend a warm and sincere thank you to all who have contributed through participation, through support, facilitation, expertise sharing and advice to this programme. We are very grateful. Thank you.

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APPENDIX 1- SSKIN Bundle

Frequency of care delivery (circle as appropriate)	1hrly	2hrly	3hrly	4hrly										
Date														
Time (24 Hour Clock)														
SURFACE	Indicate each day if Foam Mattress or Pressure Relieving Mattress													
Mattress appropriate & functioning correctly														
Appropriate seating														
Heel protectors														
SKIN INSPECTION	Inspect skin at bony prominence every 2-4 hours. Existing Pressure Ulceration Y/N Stage* & site of existing ulceration recorded in wound assessment chart Y/N													
Pressure areas checked														
New Redness State Site:														
KEEP MOVING	Frequency of repositioning is determined by skin inspection - if red at least 2 hourly													
B E D	L side													
	R side													
	Back													
CHAIR														
Standing/Mobilising														
INCONTINENCE	Incontinence Related Skin Care regime Implemented Y/N													
Dry and Clean														
Peri-anal skin healthy														
NUTRITION	Fluid Balance Chart/Food Chart in progress Y/N (Circle and continue) Otherwise record below.													
Meal/Snack taken														
Drink taken														
Supplements taken														
Signature														
Grade: SN = Staff Nurse														
HCA= Health care Attendant														
OT= Occupational Therapist														
D= Dietician														
P= Physiotherapist														
S= Student														
SALT														
KEY: Care Delivered: √ = YES X = NO (if NO Document & Explain in Nursing notes)														

RED SKIN - RELIEVE PRESSURE - REVERSE DAMAGE

Patient Pressure Ulcer Prevention Information booklet given

Stage: Please refer to the HSE National Wound Management Guidelines 2018 for the Pressure Ulcer Classification System

APPENDIX 2 – PUTZ Advisory Group – Terms of Reference

Phase three: Pressure Ulcer To Zero (PUTZ) Collaborative Advisory Group Terms of Reference

1. BACKGROUND

The issue of the prevalence of pressure ulcers (PU) in Ireland is well researched and there is substantial international evidence that using a collaborative quality improvement approach can positively impact on reducing the rate of pressure ulcers. The HSE Quality Improvement Division, in partnership with the Royal College of Physicians Ireland, undertook the first Pressure Ulcer to Zero (PUTZ) Collaborative in 2014 in the former Dublin North East Region. Through a phased approach the collaborative is offering different sectors of Irish healthcare an opportunity to participate. Planning for Phase 3 commenced in October 2016. Phase 3 relates to the acute sector: SSWHG and DMLHG.

2. ROLE OF THE PRESSURE ULCER ADVISORY GROUP

The role of the Pressure Ulcer Advisory Group is to advise and assist the Collaborative Lead and Working Group in developing and delivering Phase three of the PUTZ Collaborative.

3. COMMUNICATION & TIMETABLING

Frequency of meetings: Every 8 weeks throughout Phase 3 PUTZ collaborative
January – December 2017

Mode: face to face with teleconference facilities

Duration: 1.5hrs

Agenda/Record of meetings: the Pressure Ulcer safety PUTZ Coordinator will provide for the group

Communication strategy: E mail

4. RESPONSIBILITIES OF THE PUTZ ADVISORY GROUP

Chair:

- Review the agenda for the meeting with the collaborative lead
- Encourage broad participation from members in discussion
- End each meeting on time with a summary of decisions and actions
- Liaise with collaborative lead between meetings if necessary.

Advisory Group Members:

The advisory group members are asked to:

- Attend and actively participate in meetings
- Advise and guide the working group and the collaborative lead in the design and planning of the different work streams within the Collaborative
- Review plans, supporting documentation and educational resources
- Act as a point of reference for all representative groups and champion work amongst those groups
- Link with local, national and international networks and initiatives as appropriate to enable access to support structures, expertise and to create further opportunities for PUTZ development.

- Advise on emerging challenges and contribute to possible solutions
- Support and advise the future development of the collaborative

5. MEMBERSHIP

The list of members is set out in the below table. This group may expand to include other representatives as required. The chair may invite additional subject matter experts to attend the meeting to assist with particular areas of work.

Name	Professional role	Organisation
Dr Mary Browne	QI Knowledge and skills lead (Chair Nov'16 – March '17)	Quality Improvement Division, HSE
Dr John Fitzsimons	Clinical Advisor QID (Chair March '17 – March '18)	Quality Improvement Division, HSE
Lorraine Murphy	National Lead QID PUTZ Collaborative	Quality Improvement Division, HSE
Orlaith Branagan	PUTZ Coordinator	Quality Improvement Division, HSE
Zena Moore	Academic expert	Royal College of Surgeons Ireland
Margaret Brennan	Quality and Safety Lead, AHD	HSE Acute hospital division
Patrick Murphy	Patient representative	Independent
Judy McEntee	Director of Nursing IADNAM Executive Council Member	Connolly Hospital, Blanchardstown, Participated in Phase 2 Irish Association of Directors of Nursing and Midwifery
Cornelia Stuart	Assistant National Director	Quality Assurance and Verification Division, HSE
Louise Skerritt	Tissue Viability Clinical Nurse Specialist	Tissue Viability Nursing Association Ireland
David Vaughan	Director of Quality and Safety, QI expert	Children's Hospital Group
Maureen Nolan	Director of Nursing	ONMSD, HSE
Philip McGloughlin	Procurement	Health Service Executive

APPENDIX 3 – PUTZ Working Group - Terms of Reference

1. BACKGROUND

The issue of the prevalence of pressure ulcers (PU) in Ireland is well researched and there is substantial International evidence that using a collaborative quality improvement approach can positively impact on reducing the rate of pressure ulcers. The HSE QID commenced the National pressure ulcer safety programme in 2014 and through a phased approach is offering sectors of Irish healthcare an opportunity to participate in Pressure ulcer to zero collaboratives. Planning for Phase 3 commenced in October 2016. Phase 3 relates to the acute sector: SSWHG and DMLHG.

2. PURPOSE OF THE PRESSURE ULCER WORKING GROUP

The purpose of the Pressure Ulcer working Group is that members will individually and collectively plan, develop and deliver Phase three of the Pressure Ulcer Collaborative and support the evaluation of this phase. The key work streams within the collaborative include:

- I. Identifying, engaging and regular updating of Hospital Groups and individual sites
- II. Development of Pre-work and participating team preparedness
- III. Development and delivery of Learning session material
- IV. Coaching support for participating teams
- V. Facilitating the development of education & skill development resources
- VI. Measuring for Improvement
- VII. Planning for sustainability and spread
- VIII. Regular communications to system and participating site
- IX. Evaluation of Phase 3.

The Working Group will work with a blend of professionals with particular knowledge and skill sets to support the above work streams.

The Chair of the Working Group will be the QID Pressure Ulcer Collaborative Lead. Vice chair will be the QID Pressure Ulcer Prevention Project Manager.

3. COMMUNICATION & TIMETABLING

Frequency and mode of meetings:

Members will be invited to teleconference every second Tuesday, with face to face meetings every 4 weeks from January 2017 to the celebration and spread/sustainability event in September 2017.

In the event that members cannot participate it is expected that the member will report progress updates to the chair/vice-chair in advance of the meeting. More face to face meetings may be required.

Duration: Teleconference 1.5 hours (10:30 – 12:00hrs). Face to face 2 (10:30 – 12:30hrs)

Agenda/Record of meetings: the PU programme administrator will provide secretariat for the group. The agenda for meetings will be circulated to members at least one day before each meeting. Members will be encouraged to contribute items to the agenda in advance of meetings through the programme administrator or to raise at meetings under Any Other Business (AOB). Formal minutes will not be recorded however action points, actions owners and key decisions will be recorded by the PU programme administrator and circulated to the group.

4. QUORUM

Five members: Quorum will only be required for key decision making, not for work stream activities unless requested through the chair.

5. RESPONSIBILITIES AND WORKING ARRANGEMENTS

- I. The WG will work together with the QID Pressure Ulcer Collaborative Lead and QID Pressure Ulcer Prevention Project Manager and other members of the Working Group within and across the different work streams.
- II. The Chair/Vice Chair of the Working Group will update and report progress of Phase 3 of the Collaborative to the Steering Group bi-monthly.
- III. One member of the working group will be identified as a lead for each work stream and will be responsible for:
 - i. Defining and agreeing activities
 - ii. Reporting on deliverables within timescales at WG meetings
 - iii. Identifying appropriate resources to support progress and delivery of activities.
- IV. With discussion and agreement the QID Pressure Ulcer Collaborative Lead will allocate tasks when required to individuals within the Working Group.
- V. Any issue that may challenge the timely completion of work stream activities is to be brought to the attention of the QID Pressure Ulcer Collaborative Lead at the earliest opportunity.
- VI. On occasion work stream members may be invited to present briefings to the advisory group.
 - a. Working group members to act as a conduit through which information about the collaborative is shared with colleagues.
 - b. Liaise with other HSE groups and activities that relate to pressure ulcer prevention to inform and guide functions and work streams.

11. MEMBERSHIP

The Pressure Ulcer working group will ensure, as far as possible, that its membership will have the appropriate expertise, skills, knowledge and perspectives to ensure its objectives are met. Please see the membership group below. This group may also expand to include other representatives as required.

QID QIKS Lead	Dr Mary Browne (Advisor to WG)
National Lead PUTZ Collaborative	Lorraine Murphy (Chair)
QID Pressure Ulcer Prevention Project Manager	Paul Marley
Programme administrator / Secretary to group	Imelda Doyle
QID MIT	Deirdre Carey/Dr Michael Carton
Clinical Expert SSWHG	Pat McCluskey
Clinical Expert DML	Nomination awaited
HSE Acute Hospital Division	Ms Deirdre Carey (AHD)
COPD Collaborative lead and Executive Coach	Ms Patricia McQuillan
HSE Communications	Mr Maurice Kelly
PUTZ 3 Coordinator	Ms. Orlaith Branagan

APPENDIX 4 – PUTZ 3 Collaborative Event Dates

South, South West Hospital Group (SSWHG)



Learning Session 1	Tuesday 25 th April 2017
Learning Session 2	Tuesday 20 th June 2017
Learning Session 3	Tuesday 19 th September 2017
Celebration Event	Thursday 16 th November 2017 Pillar Room, Rotunda Hospital, Dublin 1
Masterclass on Sustainability & Spread	Thursday 18 th January 2017 Boardroom, Dr. Steven's Hospital, Dublin
Masterclass on Sustainability	September 2018 Boardroom, Dr. Steeven's Hospital, Dublin
Venue for learning sessions: Clayton Hotel Silver Springs, Tivoli, Cork Registration (Story board set up): 08:45 / Start time: 09:30 / Close: 16:30	



Dublin Mid-Leinster Hospital Group (DMLHG):

Learning Session 1	Thursday 27 th April 2017
Learning Session 2	Thursday 22 nd June 2017
Learning Session 3	Tuesday 26 th September 2017
Celebration Event	Thursday 16 th November 2017 Pillar Room, Rotunda Hospital, Dublin 1
Masterclass on Sustainability & Spread	Thursday 18 th January 2017 Boardroom, Dr. Steven's Hospital, Dublin
Masterclass on Sustainability	September 2018 Boardroom, Dr. Steeven's Hospital, Dublin
Venue for each day: Ashling Hotel, Parkgate Street, Dublin 8 Registration (Story board set up): 08:45 / Start Time: 09:30 / Close: 16:30	

APPENDIX 5 – Learning Sessions Agendas

LEARNING SESSION One: Pressure Ulcers to Zero Phase 3

Agenda

April 2017

Time	Topic	Presenter
08:45	REGISTRATION & team set up	
09:30	Opening Address	SSWHG – Ms. Bridie O’Sullivan DMLHG – Dr. Philip Crowley
09:40	Introduction	Ms. Lorraine Murphy
10:30	Pressure Ulcers Part One	SSWHG - Ms. Pat McCluskey DMLHG - Prof Zena Moore
11:00	COFFEE	
11:15	Pressure Ulcers Part Two	SSWHG - Ms. Pat McCluskey DMLHG - Prof Zena Moore
11:45	Hospital Experience	SSWHG - Ms. Breeda Kelly, SIVUH DMLHG - Ms. Debbie Deegan, James Connolly Hospital.
12:05	Quality Improvement	SSWHG - Ms. Ciara Kirke DMLHG - Dr. Rob Cunney
13:00	LUNCH	
13.40	Staff experiences / stories	SSWHG: All Teams / Ms Ciara Kirke / Ms. Lorraine Murphy / Ms. Catherine Hogan DMLHG: All Teams / Dr. Rob Cunney / Ms. Lorraine Murphy / Ms. Catherine Hogan
14:20	Engaging staff	Ms. Lorraine Murphy
15.20	COFFEE	
15.30	Engaging staff - next steps	Ms. Lorraine Murphy
15:45	Teach back	Ms. Lorraine Murphy
16:00	Evaluation	Ms. Catherine Hogan
16:15	Action Period One	Ms. Lorraine Murphy
16:30	CLOSE	

LEARNING SESSION Two: Pressure Ulcers to Zero Phase 3

Agenda

June 2017

Time	Topic	Presenter
08:45	REGISTRATION & team set up	
09:15	Opening Address	SSWHG – Ms. Lorraine Murphy DMLHG – Mr. Liam Woods
09:30	Introduction & recap of day one	Ms. Lorraine Murphy
09:50	Pressure Ulcer Prevention (including Interactive Quiz)	SSWHG - Ms. Pat McCluskey / Ms. Catherine Hogan DMLHG –Ms. Gillian O’Brien / Ms. Catherine Hogan
11:15	COFFEE	
11:30	Measuring for Improvement	Dr. Michael Carton
12:00	Improvement methods	Dr. David Vaughan
13:00	LUNCH	
13:40	Team Storyboards	All Teams & Dr. Michael Carton, Ms. Lorraine Murphy, Ms. Catherine Hogan
14:05	Action Period Two	Ms. Lorraine Murphy
14:25	Subject & Improvement Clinics	Dr. David Vaughan, Ms Lorraine Murphy, Dr. Michael Carton, Ms Catherine Hogan, Ms. Juanita Guidera, Ms. Lisa Toland, Ms. Pat McCluskey, Ms. Gillian O’Brien
15:00	COFFEE	
15:10	Staff Engagement	Ms. Juanita Guidera, Ms. Lisa Toland
15:40	Patient Experience	SSWHG – Mr. Patrick Murphy DMLHG – Ms. Caroline Costello
16:10	Recap & Evaluation	Ms. Lorraine Murphy
16:20	Summary	Ms. Lorraine Murphy
16:30	Close	

LEARNING SESSION Three: Pressure Ulcers to Zero Phase 3

Agenda

September 2017

Time	Topic	Presenter
08:45	REGISTRATION & team set up	
09:15	Opening Address	SSWHG – Dr. Colm Henry DMLHG – Ms. Eileen Whelan
09:30	Introduction	Ms. Lorraine Murphy
09:45	PDSA/Reliability	Dr. David Vaughan
11:00	COFFEE	
11:15	Measurement for Improvement	Dr. Michael Carton
11:35	Sustainability planning	Dr. David Vaughan
12:00	Pressure Ulcer Prevention	SSWHG – Ms. Pat McCluskey DMLHG – Ms. Gillian O'Brien
13:00	LUNCH	
13:40	Patient Engagement	Ms. Catherine Hogan
14:00	Story Boards and Market Place	All Teams & Dr. John Fitzsimons, Dr. Michael Carton, Ms. Lorraine Murphy, Ms. Catherine Hogan
14:45	COFFEE	
15:00	Action Plan & Evaluations	Ms. Lorraine Murphy
15:15	Specialist Clinics <ul style="list-style-type: none"> ➤ Staff engagement ➤ Measurement for improvement ➤ Improvement methods ➤ Pressure ulcer prevention in clinical practice 	Dr. Philip Crowley, Dr. Michael Carton, Ms. Juanita Guidera, Ms. Lisa Toland, Ms. Pat McCluskey, Ms. Gillian O'Brien, Ms. Lorraine Murphy, Ms. Catherine Hogan
16:00	Recap/Summary	Ms. Lorraine Murphy
16:30	Close	

ACTION PERIOD One: April - June 2017

1. Staff engagement

1.1. Buddy

On return to the ward, each team member is to buddy with a ward colleague who is not attending the learning sessions. Agree the buddy system between the team members and then share your learning with your PUTZ buddy.

1.2. Communicate SMART aim to ward colleagues

Make the PUTZ 3 goal everybody's business and think of creative ways to share it with ward colleagues so that it becomes everybody's business and everybody's interest.

"Reduce the number of hospital acquired pressure ulcers by 50% across participating teams in SSWHG and DMLHG within a six month timeframe and sustained by 28th February 2018"

1.3. Encourage colleagues to come up with change ideas and record them

Try some of the techniques used in the collaborative to encourage colleagues to generate some ideas that might improve pressure ulcer prevention. These ideas might be around risk assessment, the SSKIN bundle, communication, and/or documentation. Think of how these ideas can be captured, perhaps through a notice board or a suggestion box.

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 newly 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.youtube.com/watch?v=KTI5a5Dr1M8>

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/safepatientcare/Pressure_Ulcers/Pressure_Ulcer_Information/

2.2. Visible Safety Cross

Ensure that all ward colleagues understand the safety cross and that it is visible to staff, patients and the general public

3. Use of Improvement Methods

3.1. Testing the SSKIN bundle

Try testing the SSKIN bundle on one patient and then answer the following questions for your Learning Session 2 story board

- Did you think about the test or plan it before starting?
- What did you do?

- What happened?
- Is this what you expected to happen?
- What would you change if you were to test again?
- Did you learn from this experience?

3.2. Model for Improvement & PDSA Webinar

The National PUTZ team will develop a Webinar introducing the Model for Improvement and & PDSA testing. The National PUTZ team will link with site coordinators and advise when the link to the webinar is available.

4. Knowledge and Skill Development

4.1. Placing the Problem of Pressure Ulcers in Ireland into Context – Focusing on Risk Assessment

This webinar is hosted by Professor Zena Moore. PhD, MSc (Leadership in Health Professionals Education), MSc (Wound Healing & Tissue Repair), FFNMRCI, PG Dip, Dip First Line Management, RGN, Professor and Head of the School of Nursing and Midwifery, RCSI School of Nursing, Royal College of Surgeons in Ireland.

Professor Moore is the Academic Lead for the Collaborative.

<https://www.youtube.com/watch?v=c9XmgJLzhII&feature=youtu.be>

4.2. E-Integrity: Preventing Pressure Ulcers

E integrity offers a free Pressure Ulcers prevention online course on the e-LfH website. It takes 15-20 minutes to complete and covers the key steps in pressure ulcer prevention. No login is required to access the 28 slide programme. Some self-assessment multiple choice questions are threaded throughout the session. The open access (please click this programme) session can be accessed at:

<http://www.e-lfh.org.uk/programmes/preventing-pressure-ulcers/>

5. Person & Family engagement - OPTIONAL POSTER COMPETITION

5.1. All participating sites are offered an opportunity to design a PUTZ poster for public areas in participating PUTZ3 sites. All that is required is a power point template of a poster that considers the following criteria:

- Target audience - general public
- SSKIN bundle
- Pressure Ulcers to Zero logo

There is no limit to the number of site/team/individual submissions. The poster template will be judged by a panel of service users and the winning poster template will be printed as a poster for all interested participating sites.

Please submit templates to: pressureulcerstozero@hse.ie before **5 pm on Friday 26th May 2017**

6. Story board

6.1. 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 two. 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.

Slide 1 Your team

Slide 2 A Safety Cross for every month since learning session one

Slide 3 Experience of testing the SSKIN bundle on one patient

Slide 4 An overview of the team's' successes and challenges since learning session one.

ACTION PERIOD TWO: June – September 2017

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 in specialist clinics 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

6.2. E-integrity: Preventing Pressure Ulcers

E integrity offers a free Pressure Ulcers prevention online course on the e-LfH website. It takes 15-20 minutes to complete and covers the key steps in pressure ulcer prevention. No login is required to access the 28 slide programme. Some self-assessment multiple choice questions are threaded throughout the session. The open access (please click this programme) session can be accessed at:

<http://www.e-lfh.org.uk/programmes/preventing-pressure-ulcers/>

6.3. YouTube video: Introduction to the SSKIN care bundle

<https://www.youtube.com/watch?v=5OQgeqj1Hc8>

6.4. 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.youtube.com/watch?v=KTi5a5Dr1M8>

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/safepatientcare/Pressure_Ulcers/Pressure_Ulcer_Information/

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.
- Access the “*how to create and interpret run charts webinar*” hosted by Dr Michael Carton, Measurement for Improvement Team, Quality Improvement Division. Access link will be circulated to site coordinators in early August 2017

3. Use of Improvement Methods

3.1. Model for Improvement & PDSA Webinar

Dr John Fitzsimons, Clinical Advisor to the Quality Improvement Division, hosts a Webinar introducing the Model for Improvement and & PDSA testing available at:

Shortened version:

<http://bit.ly/2sxaQUj>

or at:

<https://hse-ie.webex.com/ec3000/eventcenter/recording/recordAction.do?theAction=poprecord&siteurl=hse-ie&entappname=url3000&internalRecordTicket=4832534b00000004514b12d76f99b1abf9c3714ecec0c19e54ecbdd192274c4779ab2b16f5fe1bce2&renewticket=0&isurlact=true&format=short&rnd=0864156885&RCID=30b058c5fd844c2d6b103285282e86ce&rID=58650792&needFilter=false&recordID=58650792&apiname=lsr.php&AT=pb&actappname=ec3000&&SP=EC&entactname=%2FnbrRecordingURL.do&actname=%2Feventcenter%2Fframe%2Fg.do>

3.2. 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 pressureulcerstozero@hse.ie for feedback.

A project plan template is available at:

<http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/Project-Charter-Template.pdf>

3.3. 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 adapted from the IHI (2017) available at:
<http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/PDSA-PUTZ.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 teleconference clinic will be hosted by Ms Juanita Guidera and Ms Lisa Toland on 16th & 17th August 2017. The purpose of the teleconference is to:
- To respond to emergent needs
 - Answer questions and queries
 - Work through/advise on challenges
 - Promote connectivity and networking across group

For SSW all participants are invited to join: The teleconference will take place on the 16th August 2017 at 14:30.

To join the call, dial **0761-000-925** (+353-761-000-925 from outside Ireland). When you are prompted for your conference number, enter **289886#**

For DML participants are invited to join: The teleconference will take place on the 17th August 2017 at 14:30.

To join the call, dial **0761-000-925** (+353-761-000-925 from outside Ireland). When you are prompted for your conference number, enter **762910#**

If you have a specific query, we like to invite you to complete a confidential query/question submission form in advance of the teleconference available at: <http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/Staff-Engagement-Teleconference-Query-Submission.pdf>

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

6. Story board

- 6.1. 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.

Slide 1 Your team

Slide 2 A Safety Cross for every month since learning session one

Slide 3 A run chart with 7 data points (one for each month of the collaborative)

Slide 4 Completed PDSA record form for a test of change

Slide 5 An overview of the team's' successes and challenges since learning session one

ACTION PERIOD TWO CHECKLIST

	ACTION/ACTIVITY	DATE OF COMPLETION	COMPLETED BY
1	Pressure Ulcer Prevention		
	E-integrity: Online Course		
	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 clinic		
5	Patient Engagement		
	Listening session		
6	Story Board		
	Maintain story board		

COMMENTS:

ACTION PERIOD THREE: September 2017 – February 2018

Pressure Ulcer prevention is everybody's business and the opportunity to develop knowledge and skills extends to all staff and is not limited to staff participating on the collaborative. It is expected that following each learning session, *each* team member will continue to link with a **ward buddy** to share learning and actions. This is particularly important as teams prepare to spread the initiative to other wards. Team members participating in specialist clinics at the learning sessions are expected to share the discussion and learning from their sessions with team members and work colleagues also.

Action period 3 Activities

6.5. Pressure Ulcer Prevention –webinars and YouTube videos

1.1. E-integrity: Preventing Pressure Ulcers

E integrity online course takes 15-20 minutes to complete and covers the key steps in pressure ulcer prevention. No login is required to access the 28 slide programme. Some self-assessment multiple choice questions are threaded throughout the session. The open access (please click this programme) session can be accessed at:

<http://www.e-lfh.org.uk/programmes/preventing-pressure-ulcers/>

1.2. YouTube video: Introduction to the SSKIN care bundle

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

1.3. YouTube video: The five key messages to prevent pressure ulcers

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

7. Measuring for improvement

7.1. Safety Cross - Continue to record the number of pressure ulcers on the safety cross and the date and grade of ward acquired pressure ulcers on the table. Red: Newly acquired

Yellow: External transfer to ward

Blue: Internal transfer to ward

Green: No pressure ulcer

Return the completed cross monthly (before 10th of following month please) to pressureulcerstozero@hse.ie up to and including February 2018.

SPREAD: Support other units to start and maintain safety crosses. Guidance and answers to frequently asked safety cross questions can be accessed on the PUTZ Webinar Safety Cross available at:

<https://www.youtube.com/watch?v=KT15a5Dr1M8>

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/safepatientcare/Pressure_Ulcers/Pressure_Ulcer_Information/

7.2. Visible Safety Cross

Continue to 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 or safety pauses standing around the safety cross

7.3. Measuring for Improvement: Creating and interpreting Run Charts

Continue to develop run charts for the family of measures (days since last pressure ulcer / number of ward acquired pressure ulcers / process measures)

- Access the “*Building run charts to understand improvement*” hosted by Dr Michael Carton, Measurement for Improvement Team, Quality Improvement Division.
<http://www.hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/PUTZ.html>

7.4. Process measure:

7.4.1.1. Measure the reliability of SSKIN bundle processes e.g. Increase allocation of mattresses so that 100% patients on St Mary’s ward will be allocated the correct by 31st January 2018.

8. Use of Improvement Methods

8.1. Model for Improvement & PDSA Webinar

Dr John Fitzsimons, Clinical Advisor to the Quality Improvement Division, hosts a Webinar introducing the Model for Improvement and & PDSA testing available at:

Shortened version: <http://bit.ly/2sxaQUj>

or at:

<https://hse-ie.webex.com/ec3000/eventcenter/recording/recordAction.do?theAction=poprecord&siteurl=hse-ie&entapname=url3000&internalRecordTicket=4832534b00000004514b12d76f99b1abf9c3714ece0c19e54ecbdd192274c4779ab2b16f5fe1bce2&renewticket=0&isurlact=true&format=short&rnd=0864156885&RCID=30b058c5fd844c2d6b103285282e86ce&rID=58650792&needFilter=false&recordID=58650792&apiname=lsr.php&AT=pb&actapname=ec3000&&SP=EC&entactname=%2FnbrRecordingURL.do&actname=%2Feventcenter%2Fframe%2Fg.do>

8.2. 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 template is available at:

<http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/Project-Charter-Template.pdf>

8.3. PDSA testing

Continue to use PDSA to test changes to build reliability into the SSKIN bundle processes

- Use PDSA template to record the PDSA process
- Annotate run charts to display PDSA tests to help interpret what changes have had an impact

PDSA Template is available at:

<http://hse.ie/eng/about/Who/QID/nationalsafetyprogrammes/pressureulcerszero/PDSA-PUTZ.pdf>

9. Staff Engagement

9.1. Continue the buddy system to promote and sustain staff engagement.

9.1.1. Buddy with a colleague on the ‘spread’ ward.

9.2. Continue to log the successes and challenges surrounding the engagement of colleague's in this initiative. This detail will inform future initiatives and help to guide staff engagement throughout the spread of the collaborative to other wards and units.

9.3. **Sustain and continue to build momentum**

- Include Pressure Ulcer status update into daily routine (e.g. today we are testing Use SBAR)
- Celebrate, recognise, reward champions
- Continue to invite questions

9.4. A PUTZ Information Leaflet for staff is currently under development and will be available at the *PUTZ Collaborative: A Celebration* Event.

10. **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

11. **Poster for Celebration Event**

Develop and present a poster to share your team's story of PUTZ. (See hand-out on Poster/Abstract Preparation for specifications etc.)

11.1. **Submit Poster with a 300-500 word abstract**

Please submit an abstract and a copy of your poster with a 300-500 word abstract to pressureulcerstozero@hse.ie before Wednesday **Oct 25th 2017**

11.2. **Display Poster**

Nominate a team member to collect and hang the poster on morning of National Event **Nov 16th 2017** and to collect at the close of the event

6.3. **Present Poster**

Nominate a team member to present the poster on the day (3 minutes)

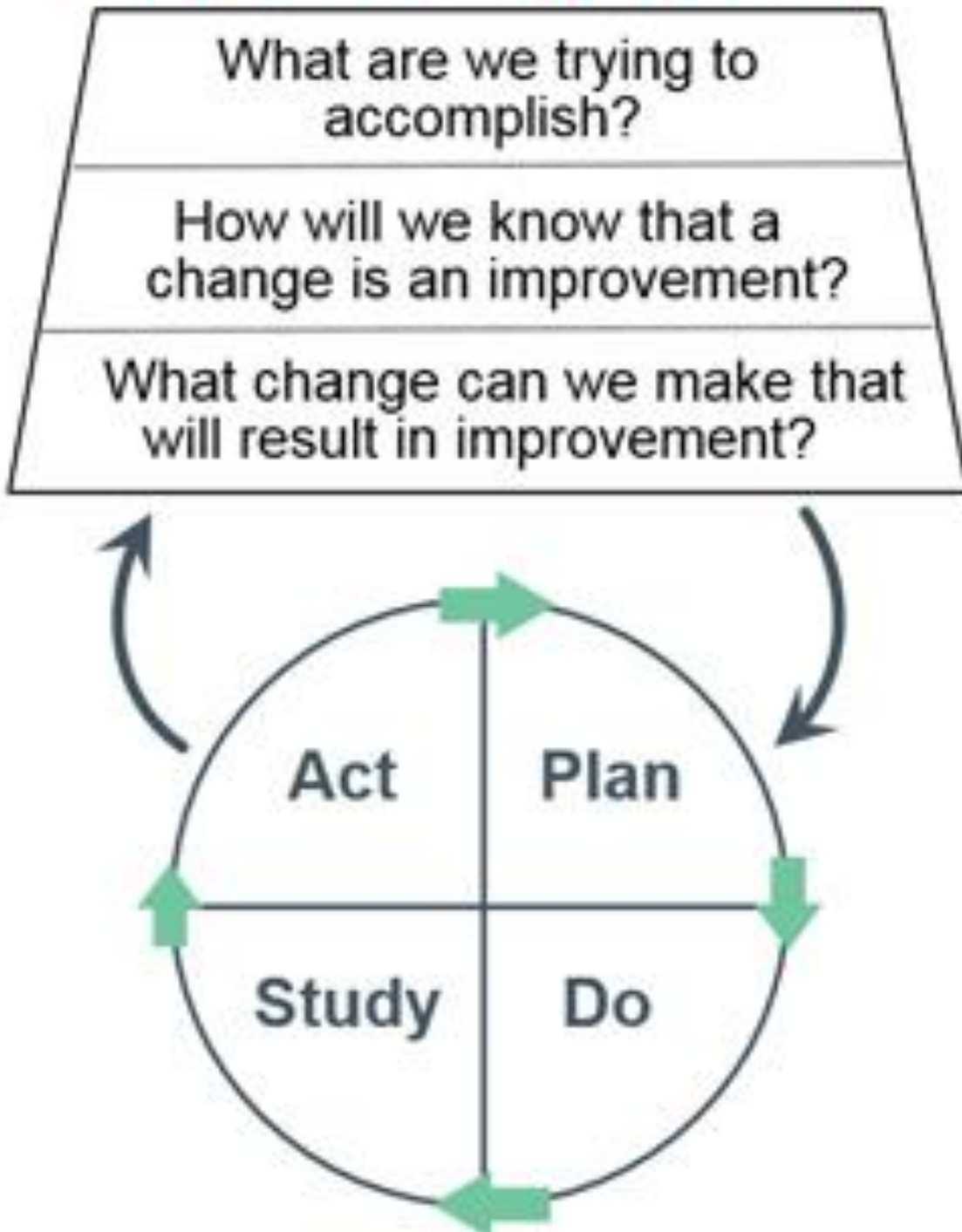
ACTION PERIOD THREE CHECKLIST

	TION/ACTIVITY	DATE OF COMPLETION	MPLETED BY
1	Pressure Ulcer Prevention		
	E-integrity: Online Course		
	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		
	Run Charts Webinar		
	Process Measure		
3	Use of Improvement Methods		
	Model for Improvement & PDSA Webinar		
	Project Planning		
	PDSA Testing		
4	Staff Engagement		
	Continue Buddy System		
	Introduce Buddy System to Spread Wards		
5	Patient Engagement		
	Patient Information Leaflet / Listening sessions / Patient participation on groups, committees etc.		
6	Poster for National Event		
	Develop and Submit Poster		

COMMENTS:

Model for Improvement



MODEL FOR IMPROVEMENT

SOURCE: INSTITUTE FOR HEALTHCARE IMPROVEMENT WWW.IHI.ORG

APPENDIX 8– Agenda and Evaluations - Sustainability & Spread Masterclass

Agenda: Sustainability & Spread Masterclass

Date: 18th January 2018

Venue: Board Room, Dr. Steevens Hospital, Dublin 8

Time: 10:15 – 15:30

Time	Items	
09:45-10:15	Tea & Scones	
10:15-10:20	Welcome	Lorraine Murphy
10:20-11:30	PUTZ Sustainability & Spread Workshop	Dr. John Fitzsimons
11:30-12:15	Storyboards & Marketplace	All Site Coordinator/Team Leads
12:15-12:45	Patient and Family Engagement	Mila Whelan
12:45-13:30	Lunch – Tea/Coffee Sandwiches provided	
13:30-15:15	Measurement for Quality	Dr. Michael Carton/Grainne Cosgrove/Emma Hogan
15:15-15:30	Evaluation & Close	Lorraine Murphy
15:30	Finish	

Participant Evaluations

Key message from Masterclass	Key suggestion to improve planning of Masterclasses	Additional comments or feedback
<i>Get a champion and share the responsibility to sustainability and spread.</i>	<i>More time to talk with other sites about their experiences.</i>	<i>Good to get original hospitals to show how they keep motivating teams.</i>
<i>Keep staff motivated.</i>	<i>All good.</i>	<i>Thank you for your patience the year has flown. Really good session in Measurement.</i>
<i>Continue to motivate/roll out PUTZ, work on buy in, continue stories to get involvement. Focus group -help solve problems.</i>	<i>Have the Measurement session in the morning.</i>	<i>Great data measurement session.</i>
<i>Baby steps, start slow.</i>	<i>More time to discuss how others are implementing PUTZ. Sharing</i>	<i>Small group - allowed discussion of issues/ideas.</i>

	<i>ideas problems, solutions.</i>	
<i>Information from other hospitals who are further ahead in PUTZ.</i>	<i>More time for discussion-fantastic information from other areas.</i>	<i>SPC valid / good to be able to interpret. In practice, hard to find time to enter data.</i>
<i>Networking with individuals from other areas hearing how they are overcoming challenges/obstacles.</i>	<i>Location was super - easily accessed from train station.</i>	<i>Pt Engagement good, but when will we do this? Will take a lot of time.</i>
<i>Sustainability is a challenge.</i>	<i>Masterclasses planned well and team listen to feedback and suggestions.</i>	<i>Story boards, very useful way of networking and sharing feedback.</i>
<i>Measurement for improvement and it's benefits with the data.</i>	<i>Hospital from Phase 1 present what they did, implemented PUTZ sustainability & spread. We know what textbook says, want it practical. How to overcome buy – in barriers.</i>	<i>SPC charts are all very well but when are you supposed to set them up working in a busy clinical ward, which is short staffed. Nursing care is a priority not Excel Charts.</i>
<i>Challenges are the same. Reassurance - doing the right thing / support is out there.</i>		
<i>Continue good work & involve family and patient in decision making.</i>		
<i>Keep data collection small, doesn't need to be a 6/12 month big audit.</i>		

APPENDIX 9 – Abbreviated PUTZ 3 Measurement Strategy

OUTCOME MEASURE							
Name	Calculation	Data collection			Goal		
Number of newly acquired pressure ulcers	Aggregate number of newly acquired pressure ulcer returned monthly by participating wards n = 22. Present as a run chart.	Daily recording of newly acquired pressure ulcers on a safety cross for one month. Site coordinators submit a scanned, photographed or copy of monthly safety to QID PUTZ team every month for 12 months to QID PUTZ team.			Reduce ward acquired pressure ulcers by 50% across participating teams within a six month timeframe, and to be sustained in twelve months (28th February 2018).		
Grade of newly acquired pressure ulcers	Aggregate the number of newly acquired pressure ulcers per grade using the EPUAP Grading system I-IV as per ONMSD Wound care guidelines (2014). Present as a percentage and number in a bar chart.	Grade of newly acquired pressure ulcers recorded on the safety cross. Site coordinators submit a scanned, photographed or copy of monthly safety to QID PUTZ team.			Improve early diagnosis of grade one pressure ulcers so that there could be a reduction in the number of Grade 2,3,4, and other pressure ulcers.		
PROCESS MEASURES							
Development of Knowledge and Skills in QI methodology and pressure Ulcer prevention	Participants invited to complete K & S assessment at each learning session over a six month period by entering a score that corresponds with a Likert scale and descriptor to best reflect their level of knowledge and skill at that point in time. Progress tracked and presented as percentage from start to end point in a bar chart.	Self- Assessment 0-5 Likert Scale				To Improve participant’s development of Knowledge and Skills in QI methodology and pressure Ulcer prevention over six months.	
		No experience 0	Knowledge 1	Comprehension 2	Application/Skill 3		Analysis 4
		You have no experience	You can identify /define	You can explain or	You can apply or consider		You can analyse and

		nce of or underst anding of the concept , method or tool	what the concept , method or tool is	illustrat e the concept , method or tool	r the concept , method or tool in identifi ed situatio ns	interpre t the concept , method or tool	apprais e the outcom e after using the concept , method or tool				
Direct contact time spent on subject and Quality Improvement content (per driver)	A measure in minutes of Direct contact time at 3 x learning sessions spent on - - Drivers of the Framework for Improving Quality - Subject matter content - Other Present as a percentage in a bar chart.	Recorded in minutes, aggregated and calculated over direct content time in minutes over three learning sessions.					Subject matter: Framework for Improving quality 1:6.				
Team attendance at learning sessions	Number of participating teams (n = 22) in attendance at learning sessions (n = 3) Report as percentage.						100% participating team to attend every learning session.				
Site- Coordinator attend coaching sessions	Number of site coordinators that attend a pre-work coaching conversation course. Report as a percentage.	Number of site coordinators attend coaching conversations course.					100% site-coordinators attend both days of the course.				
BALANCING MEASURE											
Reduce cost treating pressure ulcers	NHS Pressure Ulcers Productivity Calculator (https://www.gov.uk/government/publications/pressure-ulcers-productivity-calculator) used to estimate the cost of treating newly acquired pressure ulcers recorded on safety crosses returned by participating teams. Present as a run chart.	Grade of newly acquired pressure ulcers recorded on the safety cross. Site coordinators submit a scanned, photographed or copy of monthly safety to QID PUTZ team every month.					Reduce cost in treating newly diagnosed pressure ulcers per month by 50 % in twelve months.				

APPENDIX 10 – Safety Cross

Month	
Year	
Ward Name	
Hospital Name	



- No new pressure ulcer found
- Admitted with pressure ulcer from outside the hospital (e.g. own home, care home, other hospital)
- Transferred with pressure ulcer within the same hospital (e.g. transfer from one ward to another)
- New pressure ulcer found (ward-acquired), details as follows:

		1		2		3	
		4		5		6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
			28		29		
			30		31		

Identification of New Pressure Ulcers (Ward-Acquired)		
Date	PU Grade	PU Site
TOTAL NUMBER		

APPENDIX 11 – Knowledge & Skills Assessment

PLEASE NOTE: PUTZ 3 learning outcomes are detailed in this assessment

PRESSURE ULCERS TO ZERO COLLABORATIVE: KNOWLEDGE AND SKILLS SELF-ASSESSMENT

LEARNING SESSION ONE

This self-assessment is designed to help us and to help you to measure how and to what level the Pressure Ulcer to Zero Collaborative has improved participants' knowledge and understanding of pressure ulcer prevention and quality improvement. We will ask you to complete this assessment at each learning session. To match your survey from the first learning session to the final learning session and to maintain your anonymity, please complete the details below. These questions will be repeated on each survey:

- What is the second letter of your mother's maiden name? _____
- What is the fifth digit of your primary mobile phone number? _____
- What is the last letter of the name of the town in which you were born? _____
- What is the number of your siblings? _____
- What is the second letter of the month in which you were born? _____

What is your current position? _____

Instructions:

Please complete a self-assessment of your knowledge and skills relative to each concept/method/tool listed in the tool **at this point in time**. Please enter the score that best reflects the stage you are at. Place only one number in each cell from the 0-5 scale provided below.

No experience 0	Knowledge 1	Comprehension 2	Application/Skill 3	Analysis 4	Evaluate 5
You have no experience of or understanding of the concept, method or tool	You can identify/define what the concept, method or tool is	You can explain or illustrate the concept, method or tool	You can apply or consider the concept, method or tool in identified situations	You can analyse and interpret the concept, method or tool	You can evaluate or appraise the outcome after using the concept, method or tool

Each concept/method/tool is written as a standalone statement. To score yourself put the highlighted verb from each assessment scale before the statement until the statements reads where you feel you are at this point in time. There are no right or wrong answers.

Example:

STATEMENT: Care to be considered for each component of SSKIN bundle	Assessment score
I have no experience of/ or understanding of the care to be considered for each component of SSKIN bundle	0
I can identify/define the care to be considered for each component of SSKIN bundle	1
I can explain or illustrate the care to be considered for each component of SSKIN	2

bundle	
I can apply or consider the care to be considered for each component of SSKIN bundle	3
I can analyse and interpret the care to be considered for each component of SSKIN bundle	4
I can evaluate or appraise the care to be considered for each component of SSKIN bundle	5

KNOWLEDGE AND SKILLS SELF-ASSESSMENT TOOL

	Concept/ Method/Tool	Assessment score
Pathophysiology/Aetiology		
1	Define a pressure ulcer from other wound lesions	
2	Distinguish a pressure ulcer from other wound lesions	
3	The causative factors of pressure ulcers	
4	How a pressure ulcer progresses	
5	Diagnose, assess and record skin damage using a pressure ulcer classification system	
6	Comprehensive risk assessment of at risk patients using evidence based tools	
7	SSKIN bundle and each of 5 x SSKIN bundle components	
8	Care to be considered for each component of SSKIN bundle	
9	Equipment and techniques essential to preventing and managing pressure ulcers	
<p>The HSE Framework for Improving Quality identifies six drivers, each of which requires consideration to ensure the successful completion of quality improvement projects.</p> <p>Each of the six drivers will be addressed within the PUTZ collaborative and teams will be supported in understanding how the drivers can together support improvement.</p> <p>Leadership for Quality (leaders create and enable the conditions for change)</p>		
10	Importance of leadership in any improvement project	
11	Importance of influencing colleagues	
12	What is required for sustainability and spread of improvements in healthcare	
<p>Person and Family engagement (to ensure appropriate considered change that will positively impact on care received)</p>		
13	Why engage patients in improvement	

14	How to engage patients in improvement	
Staff engagement (to ensure a staff value base that encourages participation and ownership of change)		
15	Learn from colleagues through use of story boards and sharing of experiences	
16	Power of frontline ownership in quality improvement	
17	Knowledge and techniques to engage colleagues in improvement initiatives	
Use of Improvement methods (proven methods and tools to guide approaches to quality improvement)		
18	Model for Improvement	
19	A SMART aim statement	
20	What a microsystem is	
21	The 5 P's	
22	Basic concepts of reliability	
23	Small tests of change in improvement initiatives (PDSAs)	
24	Stakeholder analysis	
Measurement for Improvement (drives improvement and evidences impact of changes)		
25	Using a safety cross	
26	Developing a run chart	
27	Basic principles of good data collection	
Governance for quality		
28	Pressure Ulcer Prevention as a safety priority within my organisation	

APPENDIX 12 – Kirkpatrick & Kirkpatrick Model

Evaluation: Kirkpatrick & Kirkpatrick

LEVEL	EVALUATION DESCRIPTION	TOOL/METHOD USED	LEARNING SESSION & ACTION PERIOD
LEVEL 1: REACTION	How delegates felt. Personal reactions to training or learning experience	Post session grading survey	Post Pre-work. Post every Learning Session
LEVEL 2: LEARNING	Measurement of increase in knowledge or intellectual capability from before to after the learning experience	Self-assessment. Knowledge and Skills grading assessment	(Post Pre-Work). Beginning of each Learning Session
LEVEL 3: BEHAVIOUR	Applied learning, changed behaviour	Story boards & presentation of Story boards	Every Learning Session. Site Visit
LEVEL 4: RESULTS	Effect on environment (patient outcomes)	Monthly safety cross. Implementation of SSKIN bundle	

Donald Kirkpatrick's Learning Evaluation Model 1959; review and contextual material Alan Chapman 1995-2007

APPENDIX 13– Participant Evaluation Form

Evaluation Learning Session One PUTZ Phase 3- April 2017

1. What is your professional role in your hospital

2. What is your role on the collaborative team

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
3. Topics and content were relevant, well organised and interesting						
4. Activities were appropriate to the needs of the team						
5. Participant questions and concerns were addressed						
6. Presentation style was appropriate to the needs of the group						
7. I understand my role in the collaborative						
8. The presentation on the acute hospital experience of the collaborative was valuable						
9. The sharing of staff stories increased my understanding of how important pressure ulcer prevention is for healthcare staff						
10. The facilitators contributed to my learning						
11. I understand what is expected of me during the action period						

12. Learning Session One met my expectations

YES	NO
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13. Please list the key learning points/highlights from today's morning and afternoon sessions

<u>Morning session</u>	<u>Afternoon Session</u>

Evaluation of PUTZ3 Pre-work preparation

1. Did you access the following resources? If so, please share your viewpoints on their effectiveness in supporting your preparation for today.

	YES	NO	Comment please
Safety cross webinar			
E integrity online class			
Placing the Problem of Pressure Ulcers in Ireland into Context – Focusing on Risk Assessment webinar			
Meet/talk with PUTZ link person before collaborative			
Meet as a team before the collaborative			
Pressureulcerstozero@hse.ie e mail			

2. Please offer suggestions to improve the pre-work phase

--

3. Site preparations: Did you access the following resources?

	YES	NO	Comment please
Meet/talk with PUTZ link person before collaborative			
Meet as a team before the collaborative			

4. Do you use any of the following social media platforms?

PLATFORM	YES	NO
Facebook		
Twitter		
LinkedIn		
Yammer		
Other: please list		

5. Please recommend any online services (i.e. social media) that you think might benefit the collaborative:

--

APPENDIX 14– Summary of Participant Key Challenges, Key Achievements & Key Successes

Participant Evaluation – Phase 3 PUTZ Collaborative		
Key Challenges	Key Achievements	Key successes
Time - to roll out collaborative in busy clinical areas with staff shortages and resource constraints.	Reduction in the amount of newly acquired pressure ulcers.	Growing as a team and improving multidisciplinary working relationships.
Staff engagement – Initial & Sustained.	Increased knowledge of pressure ulcer prevention and appropriate grading of pressure ulcers.	Applying knowledge practically /Developing creative solutions.
Implementation of the SSKIN Bundle.	Improved MDT teamwork / Increased morale on teams.	Publically displayed PUTZ Information boards with safety crosses.
Understanding of Measurement and Quality Improvement Tools – Run Charts / PDSAs.	Successful implementation of the SSKIN Bundle and appropriate data measurement.	Staff engagement.

APPENDIX 15 – Samples of Qualitative Feedback relating to Learning Outcomes

General Comments

“I found the day very interactive and interesting. There is a lot of information given on the day but keeping it active really maintains interest” – TVN, SSWHG

“The day was great and meeting the man with a pressure ulcer was excellent. Thank You” – RGN, SSWHG

“Excellent Day, patient experience very sobering. We need to get back to basic nursing care” – CNM, DMLHG

Basic Science / Aetiology

“Pat McCluskey was excellent as always – very realistic and aware of the issues around staffing, resources etc.” - Practice development Co-ordinator, SSWHG

Interactive quiz was excellent and competitive” – RGN, SSWHG

“Presentation by Tissue Viability Specialist was extremely informative” – Physiotherapist, DMLHG

“Great focus on special groups at risk” – Occupational Therapist, DMLHG

“TVN (Gillian) very good and energising – great talk” - CNM, DMLHG

Leadership for Quality

“Importance of ‘spreading the word’ to educate patients/ family/ staff” – Occupational Therapist, SSWHG

“Listening to other area storyboards and experience- it’s always good to network and share ideas” - Clinical placement Co-ordinator, SSWHG

Person & Family Engagement

“Patient experience outstanding” – CNM, SSWHG

“Patient experience was very interesting and really highlighted the human cost of Pressure Ulcers” – Clinical Placement Co-ordinator, SSWHG

“Patient experience very helpful” – RGN, DMLHG

“Patient experience really made me think about how it must feel for the patient” – HCA, DMLHG

Staff Engagement

“Listening to different team storyboards – invaluable” – CNM, SSWHG

“The focus on staff engagement was very relevant” – TVN, SSWHG

“How to hold effective meetings was very practical” – Physiotherapist, DMLHG

“Storyboards good for sharing experience” – Occupational Therapist, DMLHG

“Clinics very useful to see that other areas are having similar problems” – CNM, DMLHG

Use of Improvement methods

“PDSA talk was very good and informative” – CNM, SSWHG

“Improvement Method session was very useful” - Occupational Therapist, SSWHG

“Gave more ideas for improvements” – HCA, SSWHG

“PDSA session was very useful” – Occupational Therapist, DMLHG

“How to apply PDSA” key learning point/highlight – Staff nurse, DMLHG

Measurement for Improvement

“Enjoyed the practical session on run charts and how to use Excel”– Clinical Placement Co-ordinator, SSWHG

The Measurement workshop was very informative” – RGN, SSWHG

“Measurement clinic” key learning point/highlight - CNM, DMLHG

““Measuring for improvement/ Run charts” key learning point/highlight – Practice Development Facilitator, DMLHG

“Measuring techniques” key learning point/highlight - Dietician, DMLHG

APPENDIX 16– Local Sustainability Plans

This table was developed following 1:1 teleconferences between the QID PUTZ team and site coordinators in Dec 2017

DMLHG		SSWHG	
Tallaght	Hospital PUTZ Staff Engagement Team linking with all spread wards	Cork University Hosp	CUH shared it's PUTZ spread Plan that mentioned all drivers of Framework
MRH Portlaoise	Commence spread Jan'18. Developed a new SSKIN bundle booklet incorporating risk assessment & grading information.	South Tipperary General Hosp	A ward requested the Hospital PUTZ to commence due to long stay high-risk patient with complex needs. Buddy with other PUTZ ward.
MRH Tullamore	Commenced spread to 3 wards (who requested PUTZ to start) – Nov'17: Safety crosses commenced / Jan'18: SSKIN bundle commenced on three spread wards	SIVUH	Link Staff identified on Day/Night Duty to maintain sustainability - spread to all areas
Naas General Hospital	Naas PUTZ team are refocusing on staff engagement on original ward (PUTZ Champions) prior to commencing spread.	Kilcreene	Use of SSKIN bundle & new Patient Information Leaflet being spread to theatre recovery and Day of Surgery Assessment Unit

APPENDIX 17 – Pressure Ulcers to Zero: A Celebration and Network Event –Agenda

Venue: Pillar Room, Rotunda Hospital, Dublin 1

Date: 16th November 2017

* Correct at time of printing

Time	Topic	Speaker
09:30-09:40	Welcome	Dr Philip Crowley National Director, Quality Improvement Division (QID), HSE
09:40-10:00	Patient Experience	Mr Olan McGowan , RTE Radio Producer (<i>Arena</i>) in conversation with Ms. Lorraine Murphy National Lead, PUTZ, QID, HSE
10:00-10:20	Minister for Health Address	Minister for Health, Mr Simon Harris. (Did not attend - Apologies sent Nov 13 th)
Theme: Person Centeredness		
10:20–10:25 Chair: Ms Mary Wynne , Interim Nursing and Midwifery Services Director, ONMSD.		
10:25-11:05	Person Centeredness in Quality Improvement	Professor Jan Dewing Chair in Nursing & Director for The Centre for Person-Centered Practice Research, Queen Margaret University, Edinburgh.
11:05-11:20	The St. Columba's Story	Ms Aoife McDonnell , Pressure Ulcer Lead, St. Michaels Hospital, Dun Laoghaire.
11:20-11:35 COFFEE		
Theme: Holding the Gains		
11:35-11:40 Chair: Dr Colm Henry , National Clinical Advisor & Group Lead Acute Hospitals, HSE.		
11:40-11:55	The PUTZ Story	Ms Lorraine Murphy National Lead, PUTZ, QID, HSE
11:55-12:35	Pressure Ulcer Reduction: The Scottish experience	Ms Alison Hunter Improvement Advisor, Acute Adult Safety Programme, Healthcare Improvement Scotland.
12:35-13:00	"On the Couch" *Q & A	Prof J Dewing / Mr O McGowan Ms A. McDonnell / Ms. L Murphy / Ms A Hunter / Ms Louise Skerritt (Chair, Tissue Viability Nurses Assoc. of Ireland)
13:00-13:45 LUNCH		
QI Talktime with Ms Pat McCluskey & Ms Gillian O'Brien		
"Pressure Ulcer Terminology & Classification"		
Theme: Pressure Ulcer Prevention		
13:45- 13:50 Chair: Dr Peter Lachman , CEO, International Society for Quality in Healthcare (ISQua)		
13:50–14:20	Sustainability & Spread	Dr John Fitzsimons Clinical Director for Quality Improvement, QID, HSE.
Concurrent Sessions		
14:20-14:35	Poster Presentations (Annex & Board Room)	Cost Analysis of pressure ulcers in the acute setting Ms Aoife Reilly Summer Student, RCSI
14:35–15:00		Pressure Ulcer Terminology & Classification Ms Pat McCluskey Advanced Nurse Practitioner, Wound Care, CUH Ms Gillian O'Brien Advanced Nurse Practitioner, Tissue Viability, NaasGH
15:05–15:30	Patient questions to Leadership Panel	Interviewer: Mr Olan McGowan Panel*: Dr Philip Crowley , National Director, QID, HSE Ms Eileen Whelan , Chief Director of Nursing & Midwifery, DMLHG Dr Susan Kent , Deputy Chief Nursing Officer, DOH
15:30-15:45	Roundup and close	Dr Philip Crowley

