



Pressure Ulcers to Zero Collaborative

Introduction

Learning Session Two

**Just in case you didn't see him
at LS one!!!!**



He's still talking about PUTZ!!!!

Overview

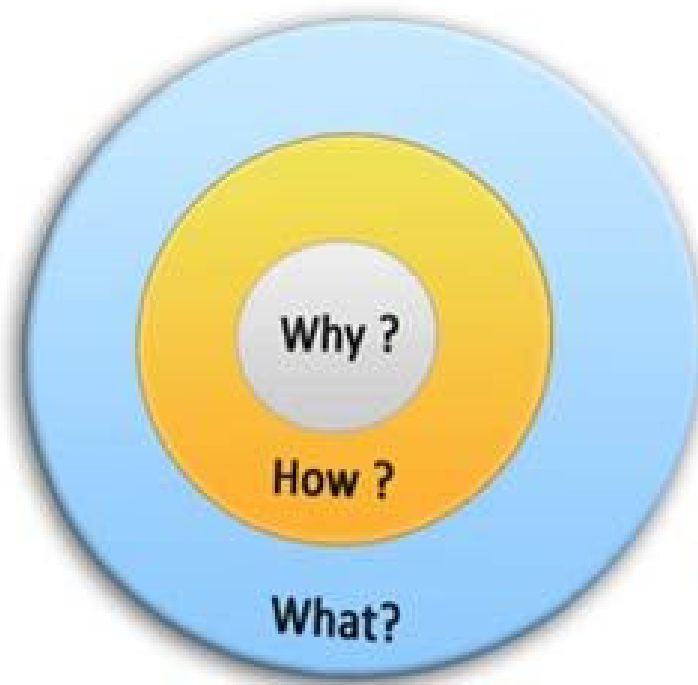


- Recap Learning session one
- Knowledge & Skills assessment

PUTZ Phase 3 Timelines



The Golden Circle



Why = The Purpose

What is your cause? What do you believe?

How = The Process

Specific actions taken to realize the Why.

What = The Result

What do you do? The result of Why. Proof.

Simon Sinek Available at :

https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action

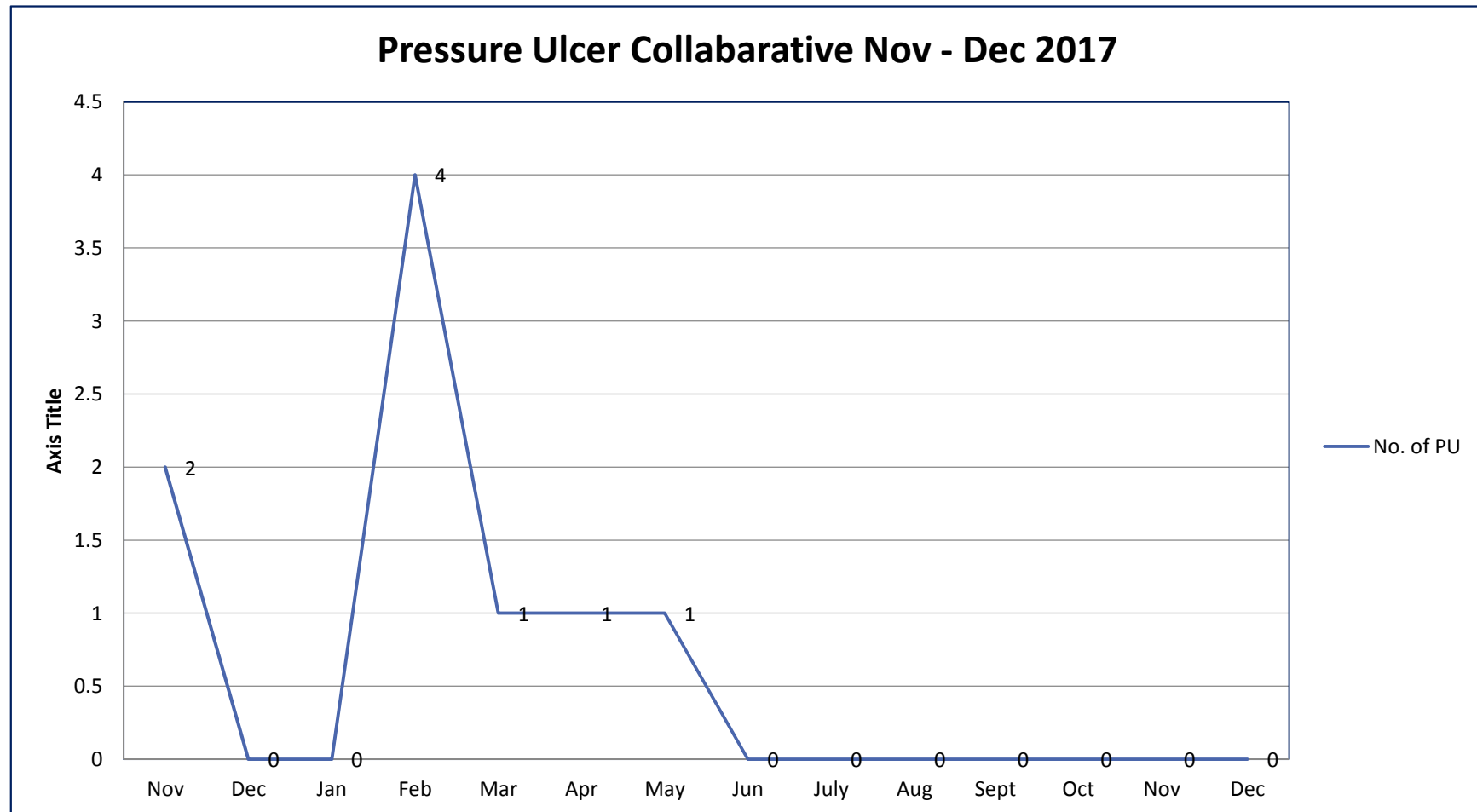
Phase Two: **What**



To reduce pressure ulcers by 50 % by June 2016 and 0% by December 2016 in St Columbas Ward, St Michaels hospital, Dun Laoghaire



St Michaels Hospital, Dun Laoghaire



St Michael's Hospital: HOW



St. Michael's Hospital

HCA Daily Skin Check

Name: _____

MRN: _____

DOB: _____

Address: _____

PATIENT LABEL

DAY SHIFT

HCA Daily Skin Check

Date: _____ Time: _____

Area	Intact	Red	Broken
Back			
RT Elbow			
LT Elbow			
Sacrum			
RT Buttock			
LT Buttock			
Perineal area			
RT Hip			
LT Hip			
Groin			
Inside of RT Knee			
Inside of LT Knee			
RT Heel			
LT Heel			

Interventions: Yes No

Clean Patient: Yes No

Cavilon Cream: Yes No

Cavilon Stick: Yes No

Dressing in place: Yes No

Nurse Informed: Yes No

Name of Nurse Informed: _____

Sign HCA: _____

LOCATION OF PRESSURE AREAS

NIGHT SHIFT

HCA Daily Skin Check

Date: _____ Time: _____

Area	Intact	Red	Broken
Back			
RT Elbow			
LT Elbow			
Sacrum			
RT Buttock			
LT Buttock			
Perineal area			
RT Hip			
LT Hip			
Groin			
Inside of RT Knee			
Inside of LT Knee			
RT Heel			
LT Heel			

Interventions: Yes No

Clean Patient: Yes No

Cavilon Cream: Yes No

Cavilon Stick: Yes No

Dressing in place: Yes No

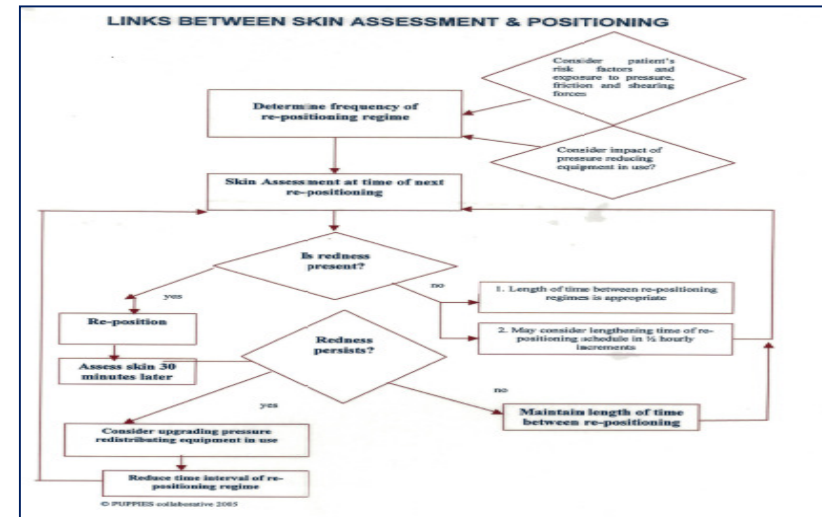
Nurse Informed: Yes No

Name of Nurse Informed: _____

Sign HCA: _____

LOCATION OF PRESSURE AREAS

March 2016 Form 100X



St. Michael's Hospital

PRESSURE AREA CARE PLAN

Name: _____

MRN: _____

DOB: _____

Address: _____

PATIENT LABEL

INDICATION FOR USE: All patients with a Waterlow Score greater than 10 or if clinically indicated less than 10

SKIN bundle:

- S:** SUPPORT SURFACE
- I:** SKIN INSPECTION
- M:** KEEP MOVING/ REPOSITION
- N:** NUTRITION- MONITOR DIETARY AND FLUID INTAKE

► COMPLETE ASSESSMENT ON THE FRONT PAGE OF THE CARE PLAN WEEKLY

► COMPLETE THE INTERVENTIONS YOU HAVE ACHIEVED AT END OF EVERY SHIFT OVERLAP

► DOCUMENT ALL SKIN INSPECTIONS IN THE SKIN ASSESSMENT CHART

LOCATION OF PRESSURE AREAS

ASSESS THE PATIENT BELOW WEEKLY AND THEN PROCEED TO THE INTERVENTIONS

		YES	NO
SUPPORT SURFACE	BED: (Please specify which mattress is in use at present)		
	AIR MATTRESS: (Type): _____		
SKIN	PRESSURE RELIEVING FOAM MATTRESS: (Type): _____		
	AIR CUSHION: (Type): _____		
	PRESSURE RELIEVING CUSHION: (Type): _____		
	HAS THE PATIENT GOT A PRESSURE ULCER:		
IDENTIFY STAGE:			
IS IT HOSPITAL ACQUIRED:			
TYPE NOTIFIED:			
LEVEL OF ASSISTANCE REQUIRED TO REPOSITION:			
FREQUENCY OF REPOSITIONING:			
IS THE PATIENT INCONTINENT:			
IS THE SKIN EXCORIATED:			
MUST SCORE COMPLETED:			
REFERRAL TO DIETITIAN:			
PATIENT AT RISK FOR ULCER/PATIENT HAS/DEVELOPS ULCER NOTIFIED AND EDUCATE			

ASSESSMENT COMPLETED BY: _____ DATE/TIME: _____

ZERO HERO

St Michael's Hospital: **WHY**



- To improve overall patient experience on St. Columba's ward including dignity and well being
- A want to learn and improve

OUR “WHAT”

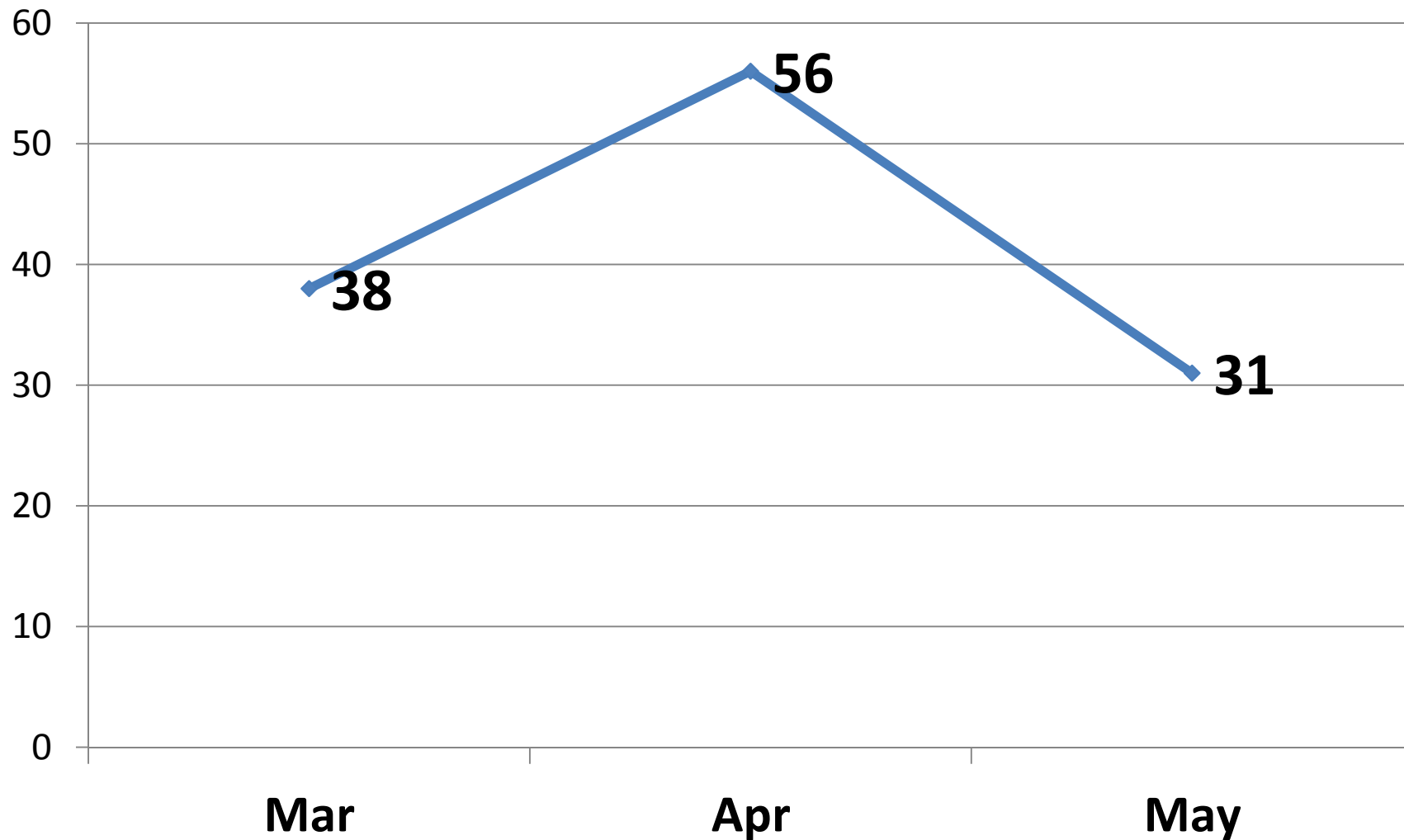


COLLABORATIVE AIM STATEMENT

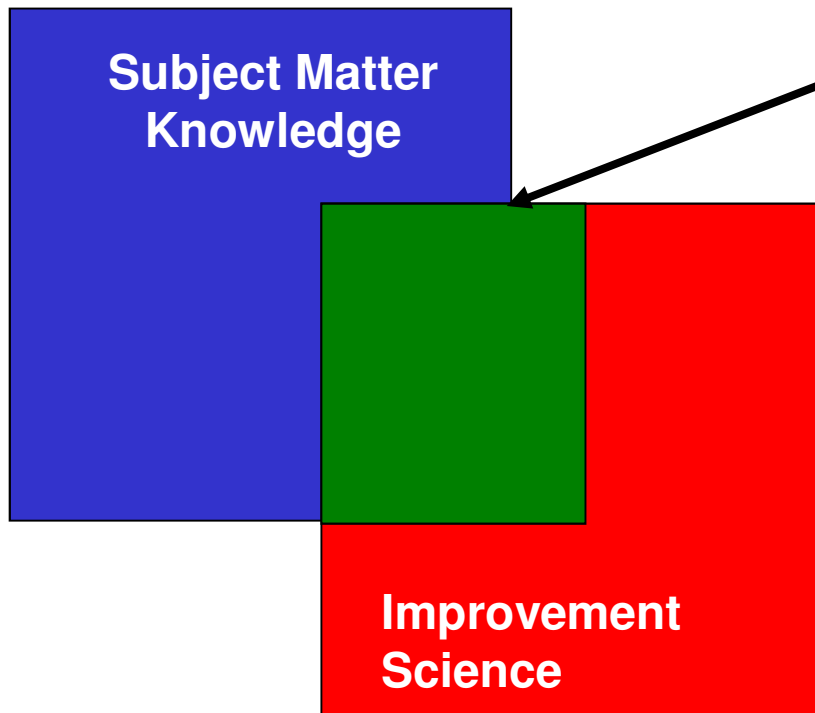
“Reduce the number of hospital (ward) acquired pressure ulcers by 50% across participating teams in SSWHG and DMLHG within a six month timeframe and to be sustained by 28th February 2018”



Newly Acquired Pressure Ulcers



OUR “How”



Improvement:

Learn to combine Subject Matter Knowledge and Improvement Science in creative ways to develop effective changes for improvement.



PUTZ Collaborative



SSKIN BUNDLE



- Learning session One- April 2017



- Learning session Two- June 2017

Time	Topic
08:45	REGISTRATION & team set up
09:30	Opening address
09:40	Introduction
10:30	Pressure Ulcers Part One
11:00	COFFEE
11:15	Pressure Ulcers Part Two
11:45	Hospital Experience
12:05	Quality Improvement
13:00	LUNCH
13.40	Staff experiences / stories
14:20	Engaging staff
15.20	COFFEE
15.30	Engaging staff - next steps
15:45	Teach back
16:00	Evaluation
16:15	Action period
16:30	CLOSE

Time	Topic
08:45	REGISTRATION & team set up
09:15	OPENING ADDRESS
09:30	Introduction & recap of day one
09:50	Pressure Ulcer Prevention (including Interactive Quiz)
11:15	COFFEE
11:30	Measuring for Improvement
12:00	Improvement methods
13:00	LUNCH
13:40	Team Storyboards
14:05	Action Period Two
14:25	Subject & Improvement Clinics
15:00	COFFEE
15:10	Staff Engagement
15:40	Patient Experience
16:10	Recap & Evaluation
16:20	Summary
16:30	Close

OUR “Why”



CALL TO ACTION

- We share the value that patients should not suffer pain
- We share the value that as a society and as healthcare providers we have a moral responsibility to prevent pressure ulcers
- We share the value that as healthcare workers we must **protect** each other through safe effective processes

Collaborative Rules



- Don't be too hard on yourself – you don't know what you don't know
- Keep an open mind
- Have fun
- “Everyone you will ever meet knows something that you don't”

Bill Nye

PAUSE

Budda Mudra are hand gestures to improve physical, spiritual and emotional well being.

Vitarka Mudra create a constant flow of energy and information to attain clarity of mind.



Image Available : <http://mesosyn.com/hb3-8b.jpg>



Knowledge and Skill development



Knowledge and Skill development



What

A self assessment of the level that the PUTZ (HOW) has improved participants' knowledge and understanding of pressure ulcer prevention and quality improvement

How

- Learning sessions
- PUTZ and QID Resources (Framework for Improving Quality)
- Team work
- Action periods
- Site visits
- Public awareness

Why

Build confidence & competence to support pressure ulcer prevention

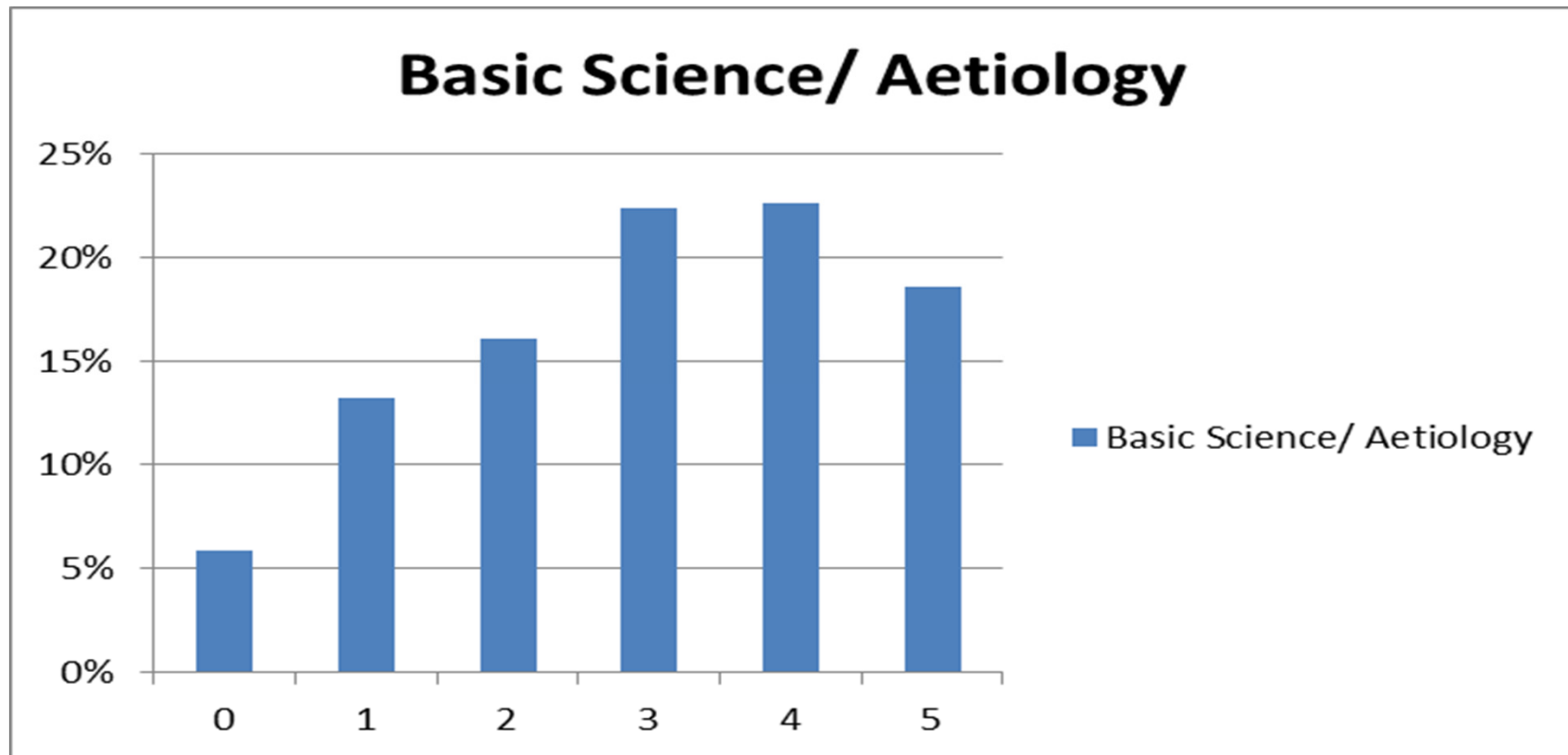
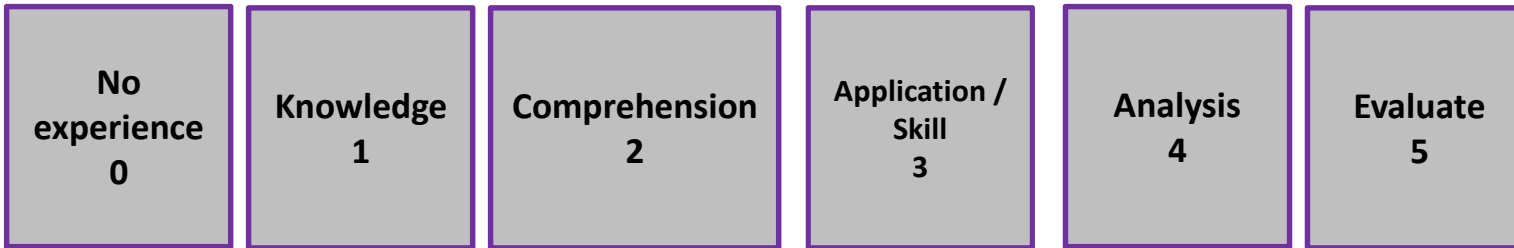
Evaluation: Kirkpatrick & Kirkpatrick

LEVEL	EVALUATION DESCRIPTION	TOOL/METHOD USED	LS & AP
LEVEL 1 REACTION	How delegates felt, Personal reactions to training or learning experience	Post session grading survey	Post Pre-work Post every LS
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 each LS
LEVEL 3 BEHAVIOR	Applied learning, changed behaviour	Story boards & presentation of Story boards	Every LS Site visit
LEVEL 4 RESULTS	Effect on environment (<i>patient outcomes</i>)	Monthly safety cross Implementation of SSKIN bundle	

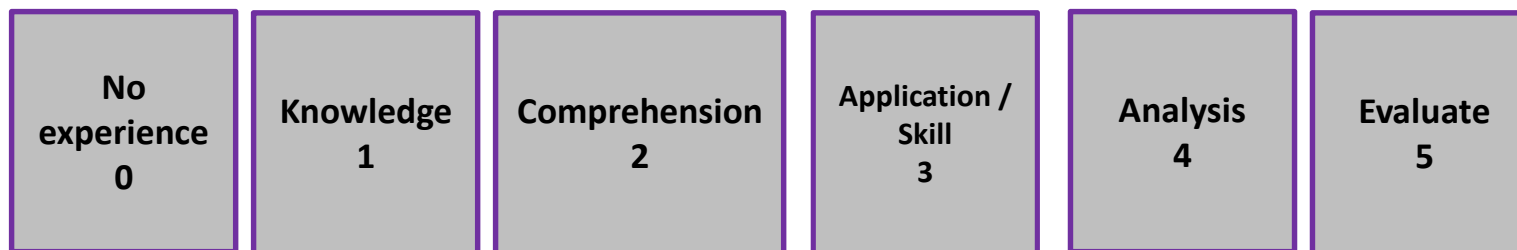
Donald Kirkpatrick's Learning Evaluation Model 1959; review and contextual material Alan Chapman 1995-2007

Assessment scales

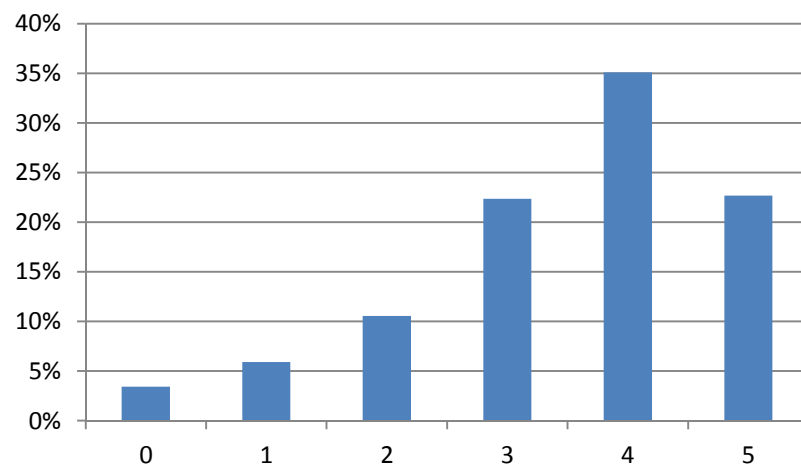
No experience 0	Knowledge 1	Comprehension 2	Application Skill 3	Analysis 4	Evaluate 5
You have no experience of/ or understanding of the concept, method or tool	You can identify/define what the concept, method or tool is	You can explain or illustrate the concept, method or tool	You can apply or consider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



9 x questions, Total responses n = 969

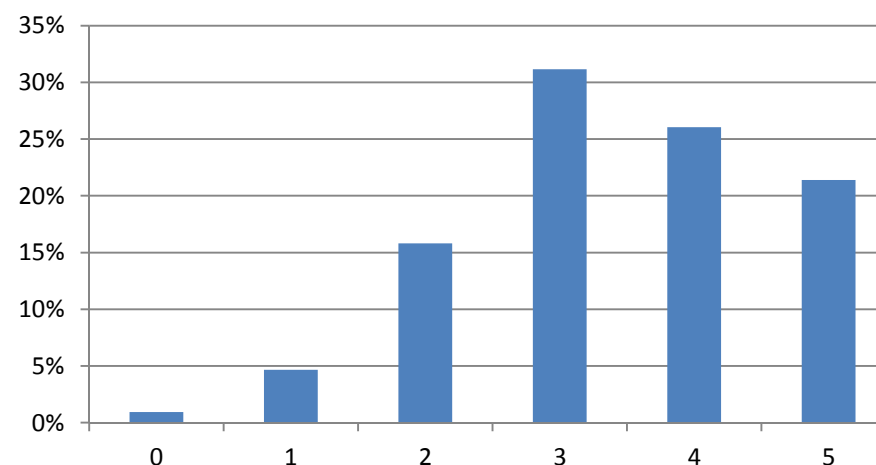


Leadership for Quality



3 x questions, total responses n = 322

Person and Family engagement

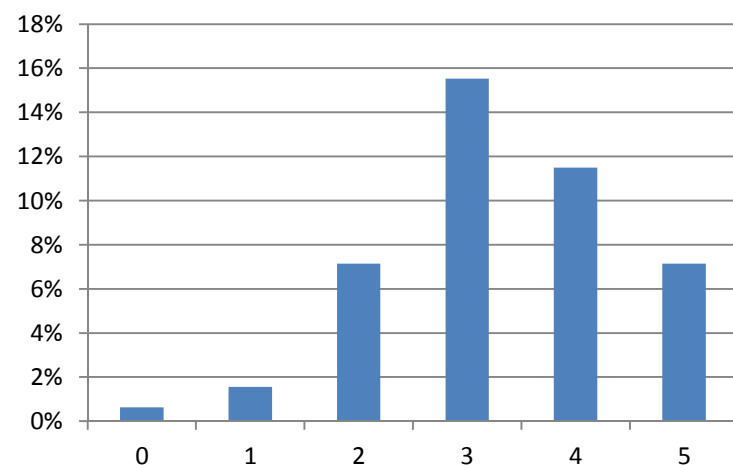


2 x questions, total responses n = 215



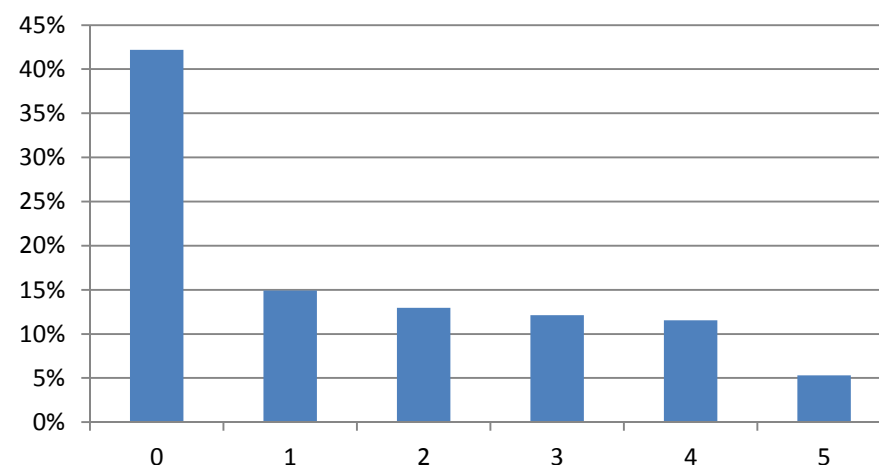


Staff engagement



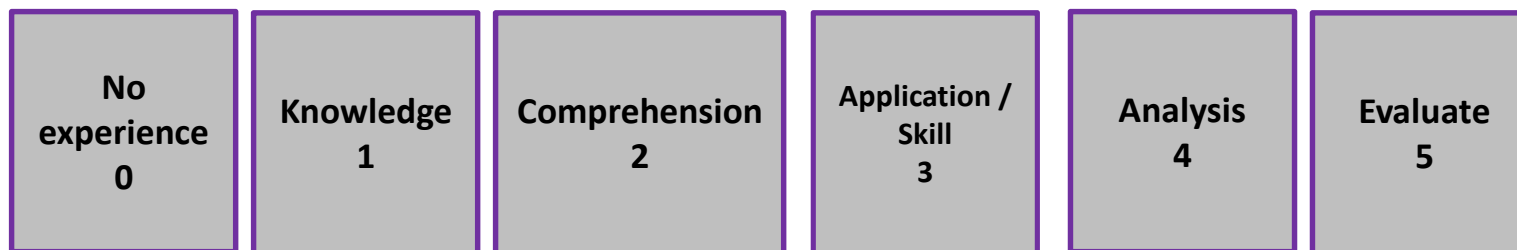
3 x questions, total responses n = 322

Improvement Methods

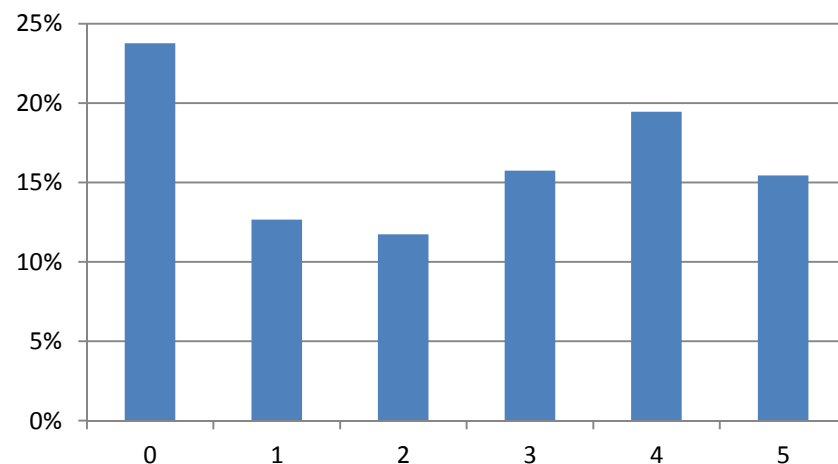


7 x questions, total responses n = 718



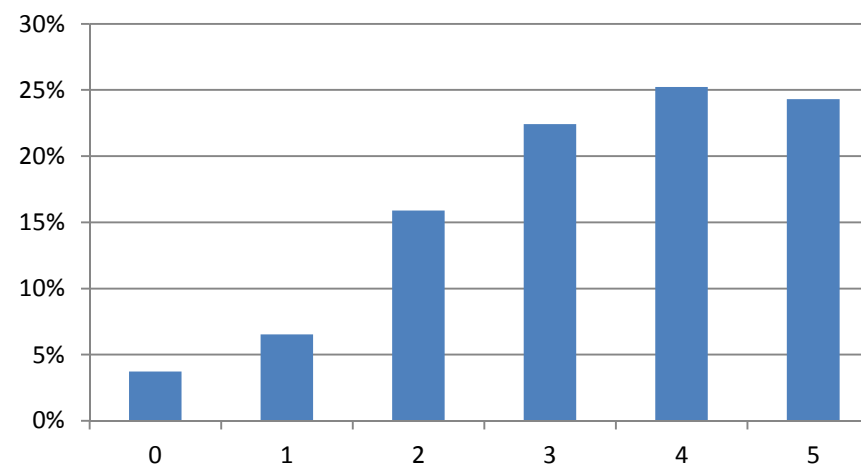


Measurement for Improvement



3 x questions, total responses n = 324

Governance for quality



1 x question, total responses n = 107



