Pressure Ulcers to Zero Collaborative

Introduction to Phase 3

Learning Session One

Agenda

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

Overview

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

Meet the National PUTZ Team

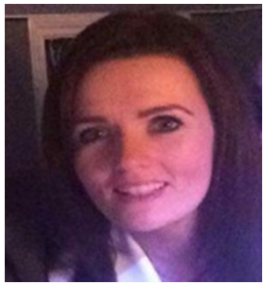
Pressure Ulcers to Zero

#hello my name is...

Lorraine Murphy
National lead

#hello my name is...

Orlaith Branagan
PUTZ Coordinator



#hello my name is...

Catherine Hogan
PUTZ Facilitator

Meet DMLHG participating sites

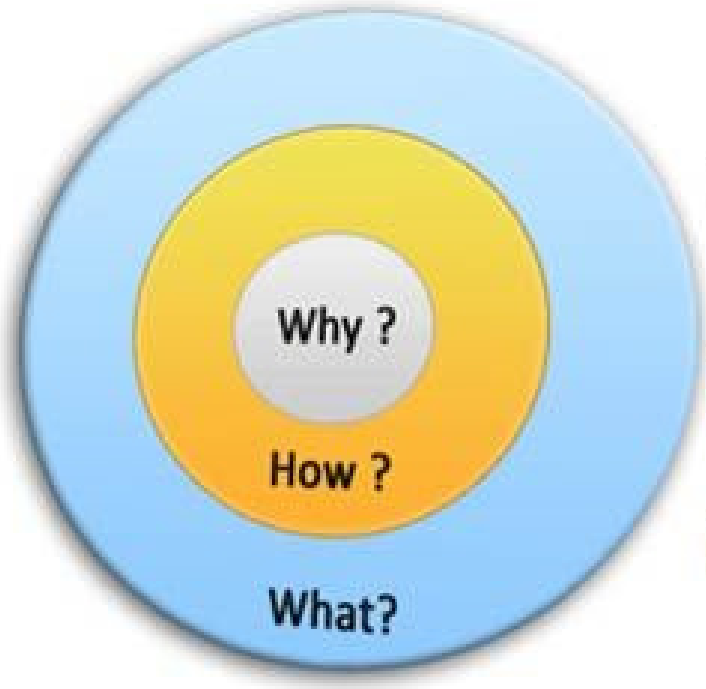
ANMCH
St James Hospital
Naas General Hospital
Midlands Regional Hospital Portlaoise
Midlands Regional Hospital Tullamore

Everyone is talking about PUTZ

Pressure Ulcers to Zero

Starting with the 'Why'

Pressure Ulcers to Zero



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

One Story

'My husband was admitted to Hospital in January with a suspected stroke. A few days later he had a bypass, during this he developed a clot which blocked the blood flow to his left leg, this resulted in an amputation'.

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

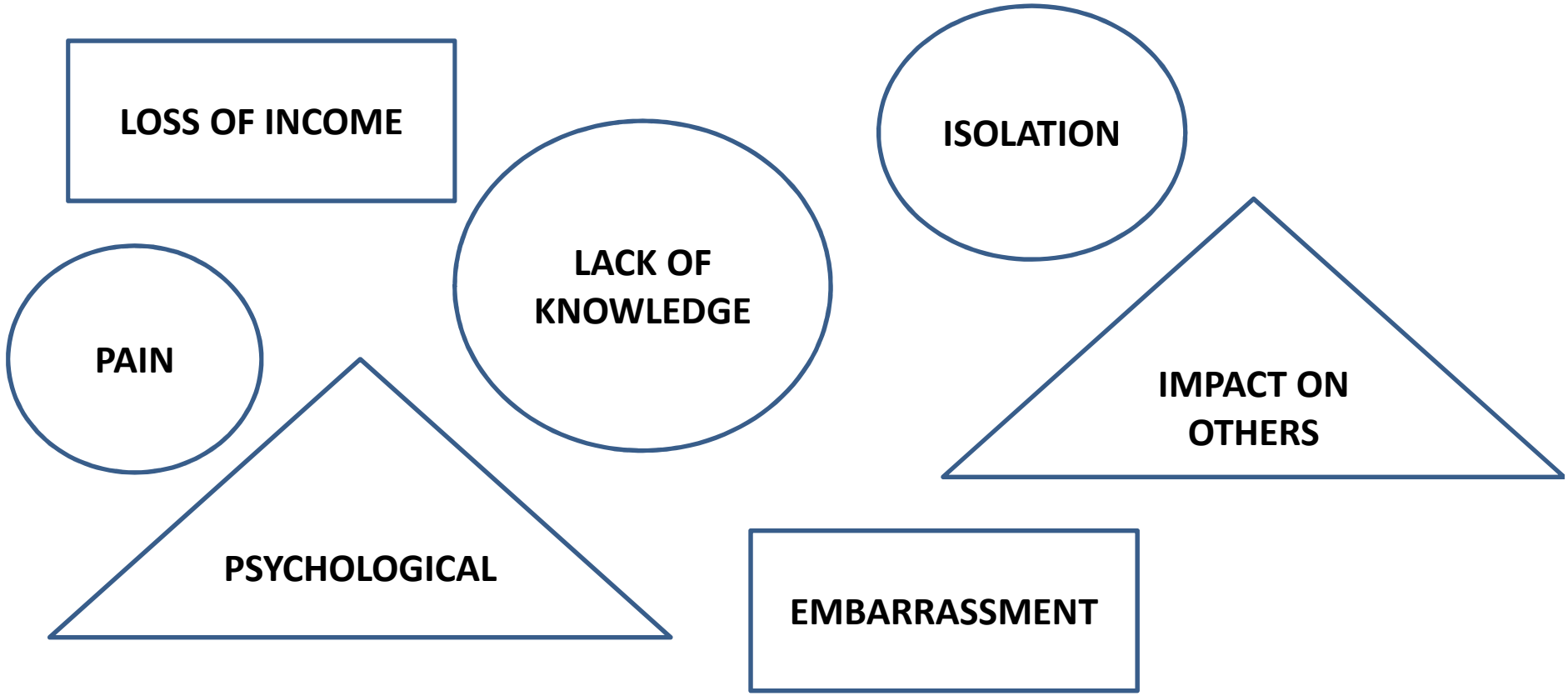
'Now I think only a miracle can save my husband'.

(A Family members story, 2016)

The Why? The purpose, the cause

- Key marker of quality care
- Key safety priority – high incidence and prevalence within our healthcare system
- High impact on
  - Patients
  - Families
  - Team caring for the patient

Why ? – the Human cost

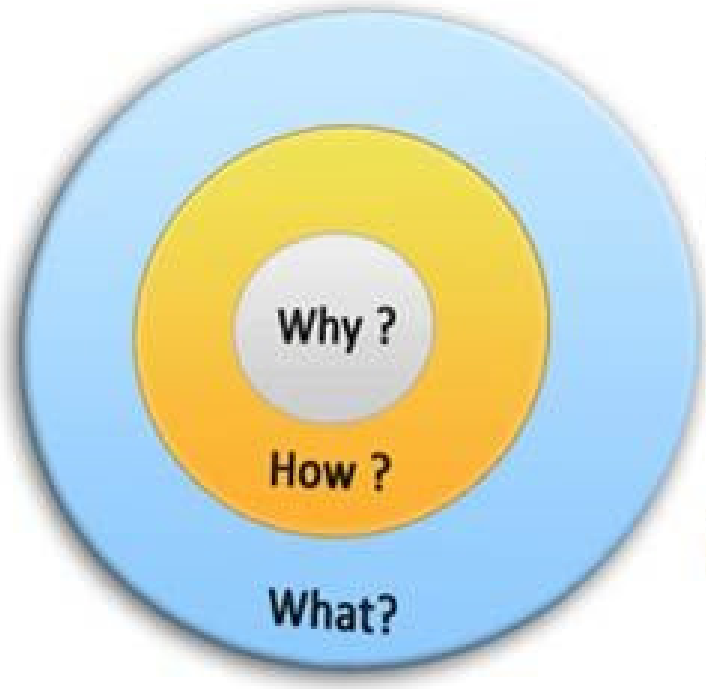


(Langemo 2000; Fox 2002;Franks et al 2002; Hopkins et al 2006; Gorecki et al 2009)

The ‘How’

Pressure Ulcers to Zero

Specific actions



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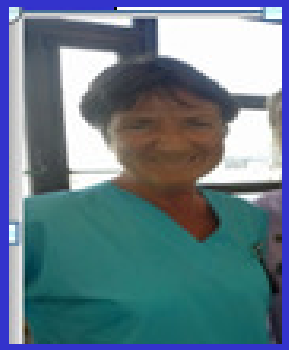
The How….

Pressure Ulcers to Zero

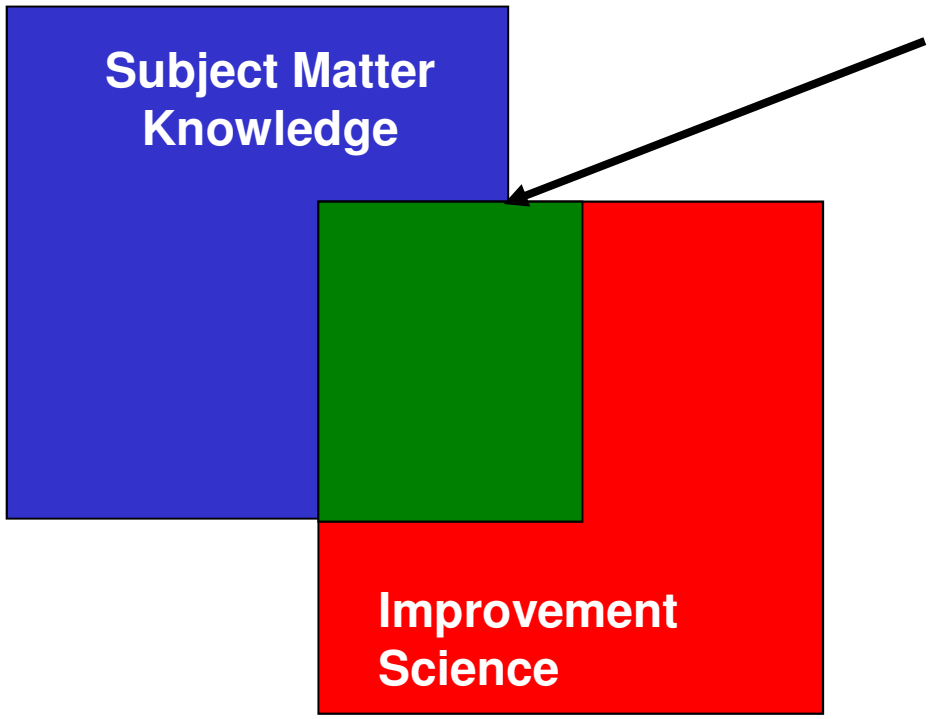
Subject Matter Knowledge



Improvement Science

PUTZ QID Team

Combine for Improvement



***Improvement*:**

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

OUR LADYS HOSPITAL, NAVAN
Our Lady's Hospital, Navan
SSKIN CARE BUNDLE COMMUNICATION CHART
Addressograph
Risk Assessed using Waterlow and clinical judgement
Waterlow Score_____
SSKIN 2hourly ☐ SSKIN 4 hourly ☐
RGN Signature: _____
Date & Time (24hr clock)
01/01
06.00
Skin Inspection
Skin Intact
✓
Pressure Ulcer Present (Record on Wound Assessment Chart)
X
Surface
Mattress:
Mattress changed to:
Time:
Cushion:
Cushion Changed to:
Time:
Equipment checked
✓
Keep Moving
B Left Side
E Right Side
D Back
✓
Chair
Mobilising/ Standing
Incontinence
Clean and Dry
✓
Barrier Product Applied
✓
Nutrition
MUST recorded weekly
MUST screening next due:
Hydration offered
✓
Assisted with meals
X
Initials
JB
Discipline (RGN/HCA/OT/PT)
RGN
DRAFT
RED SKIN - RELIEVE PRESSURE - REVERSE DAMAGE
Pressure Ulcers to Zero

SSKIN Bundle

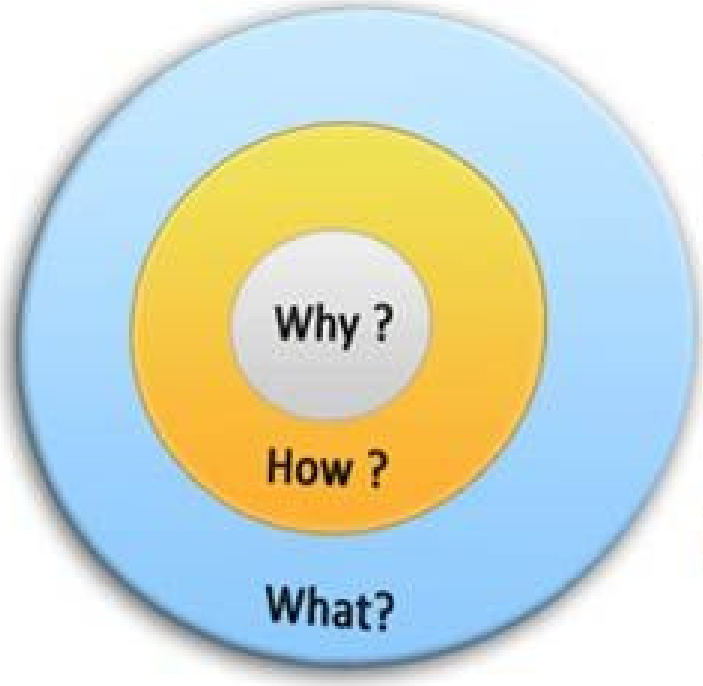
SSKIN Bundle	
SURFACE	Has the person got the correct surface and surface supports?
SKIN INSPECTION	What is the integrity status? Have high risk areas been checked?
KEEP PATIENTS MOVING	Has the person been encouraged to move independently or with assistance?
INCONTINENCE / MOISTURE	Does the person require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

Defines and ties together best practices in pressure ulcer prevention

The ‘What’

Pressure Ulcers to Zero

The result of why, the proof the outcome



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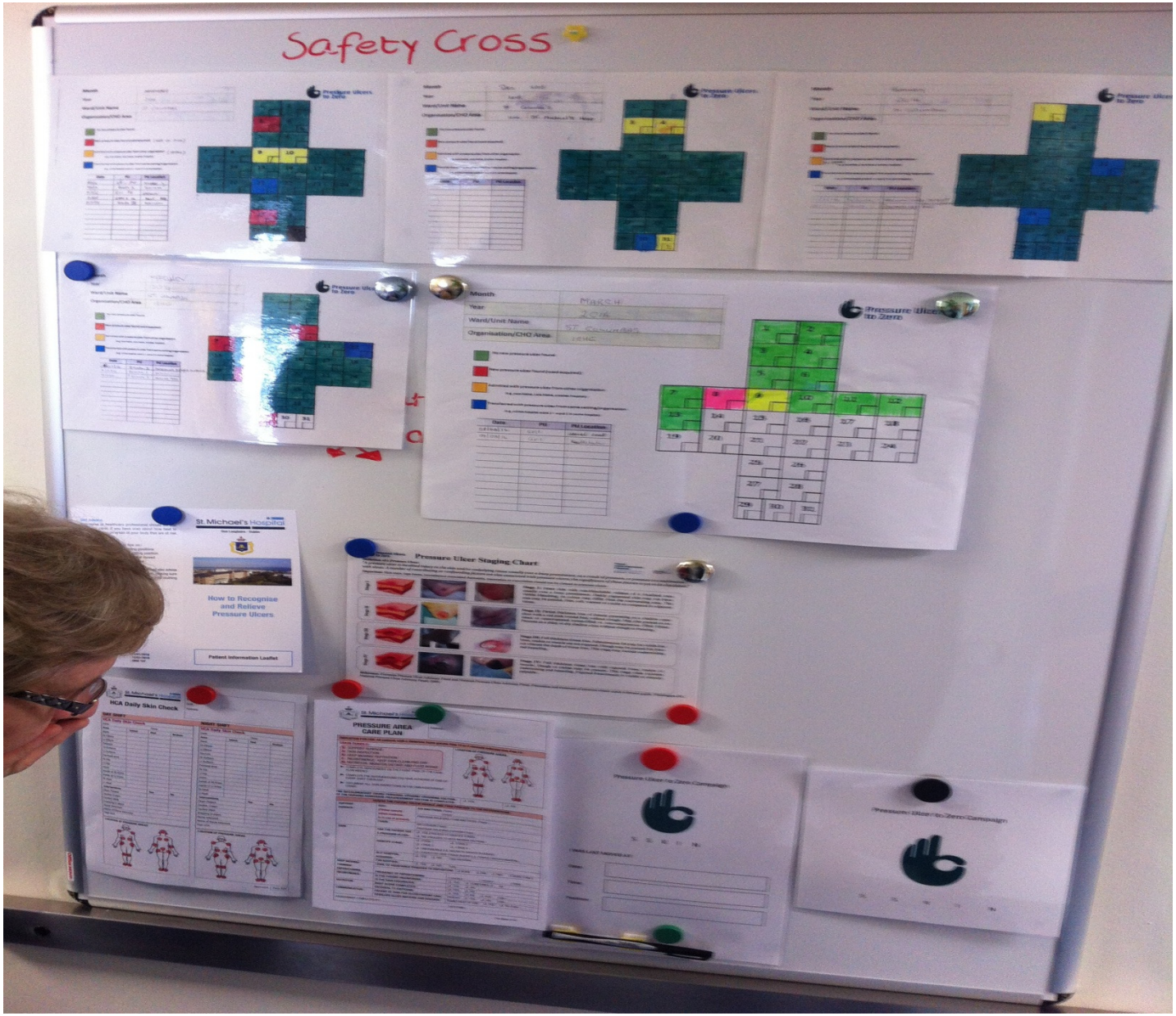
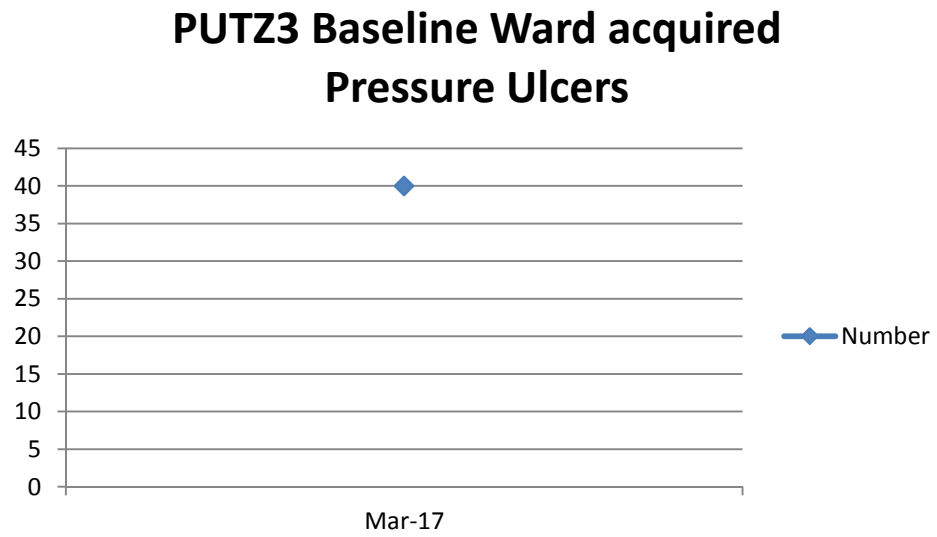

Safety Cross
Pressure Ulcers to Zero
Month
Year
Ward/Unit Name
Organisation/CHO Area
MARCH
St Michael's Hospital
How to Recognise and Relieve Pressure Ulcers
Patient Information Leaflet
Pressure Ulcer Staging Chart
HCA Daily Skin Check
PRESSURE AREA CARE PLAN
Pressure Ulcer-to-Zero Campaign

Collaborative Aim Statement

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



What PUTZ 3 team will try to do?

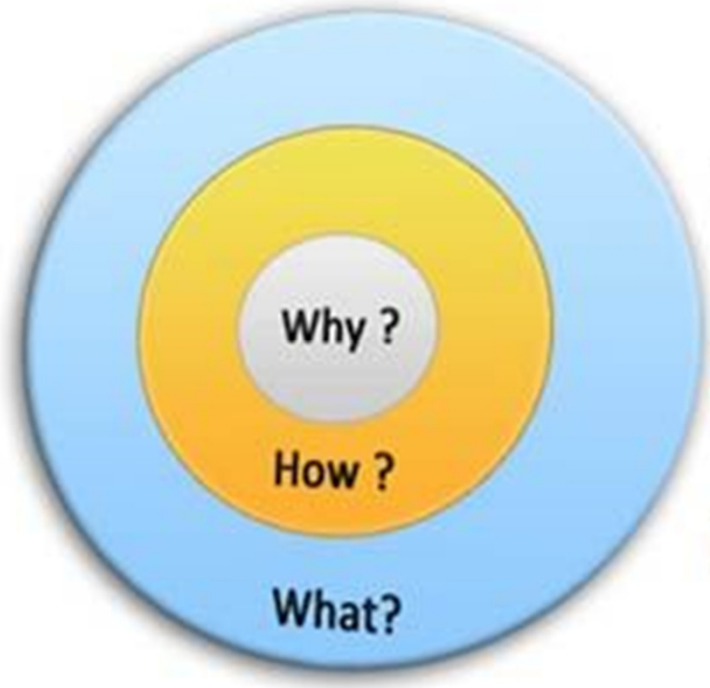
- Influence mind-sets – pressure ulcer prevention is everyone's business
- Share tools and techniques
- Build confidence
- Build better working environments
- Improve patient outcomes

Pressure Ulcers to Zero

It matters:

Pressure Ulcers to Zero

https://www.youtube.com/watch?v=cDDWvj_q-o8



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Meet someone new - form a trio!!! speed networking!

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

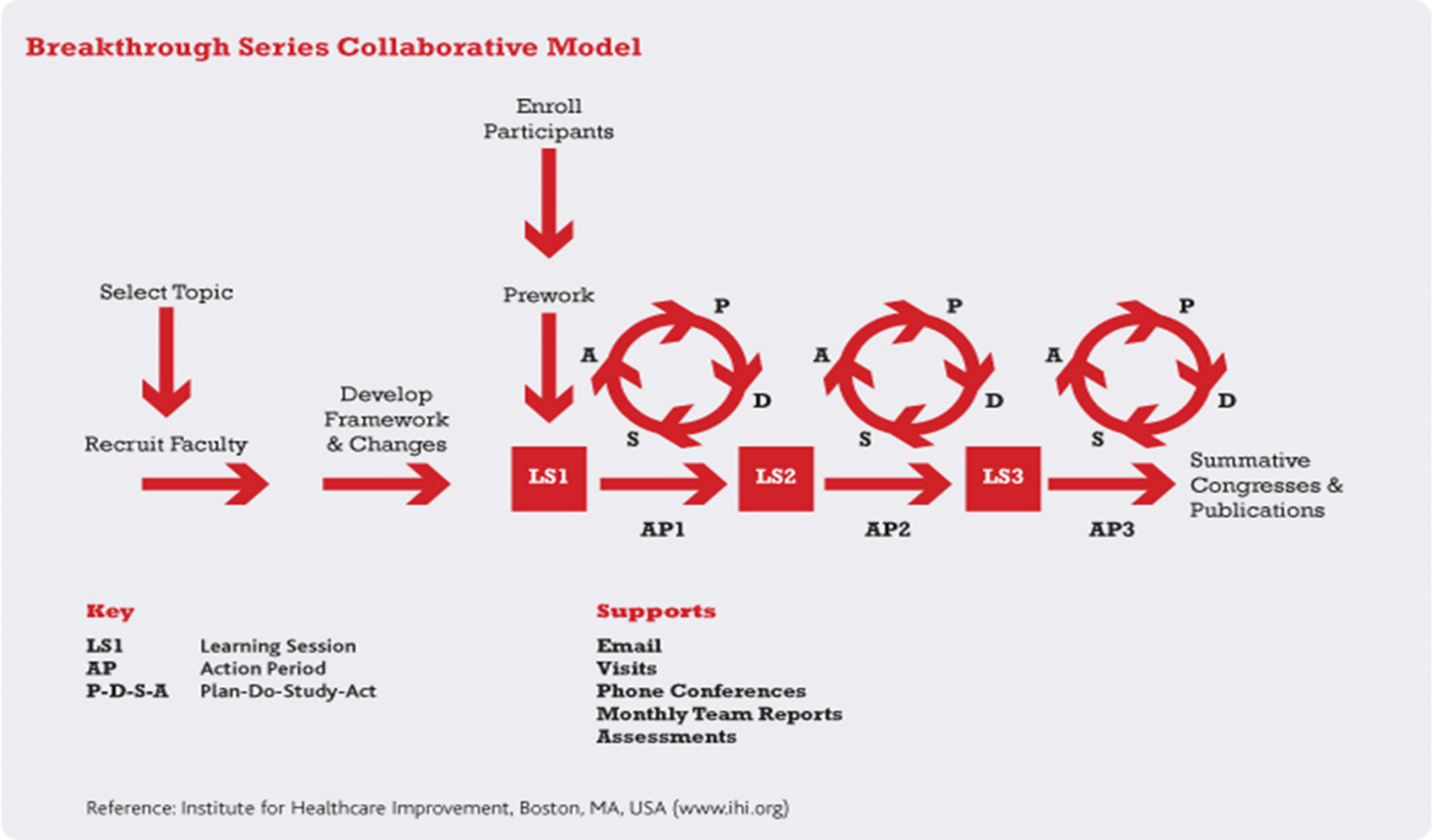
Collaborative Rules

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

Bill Nye

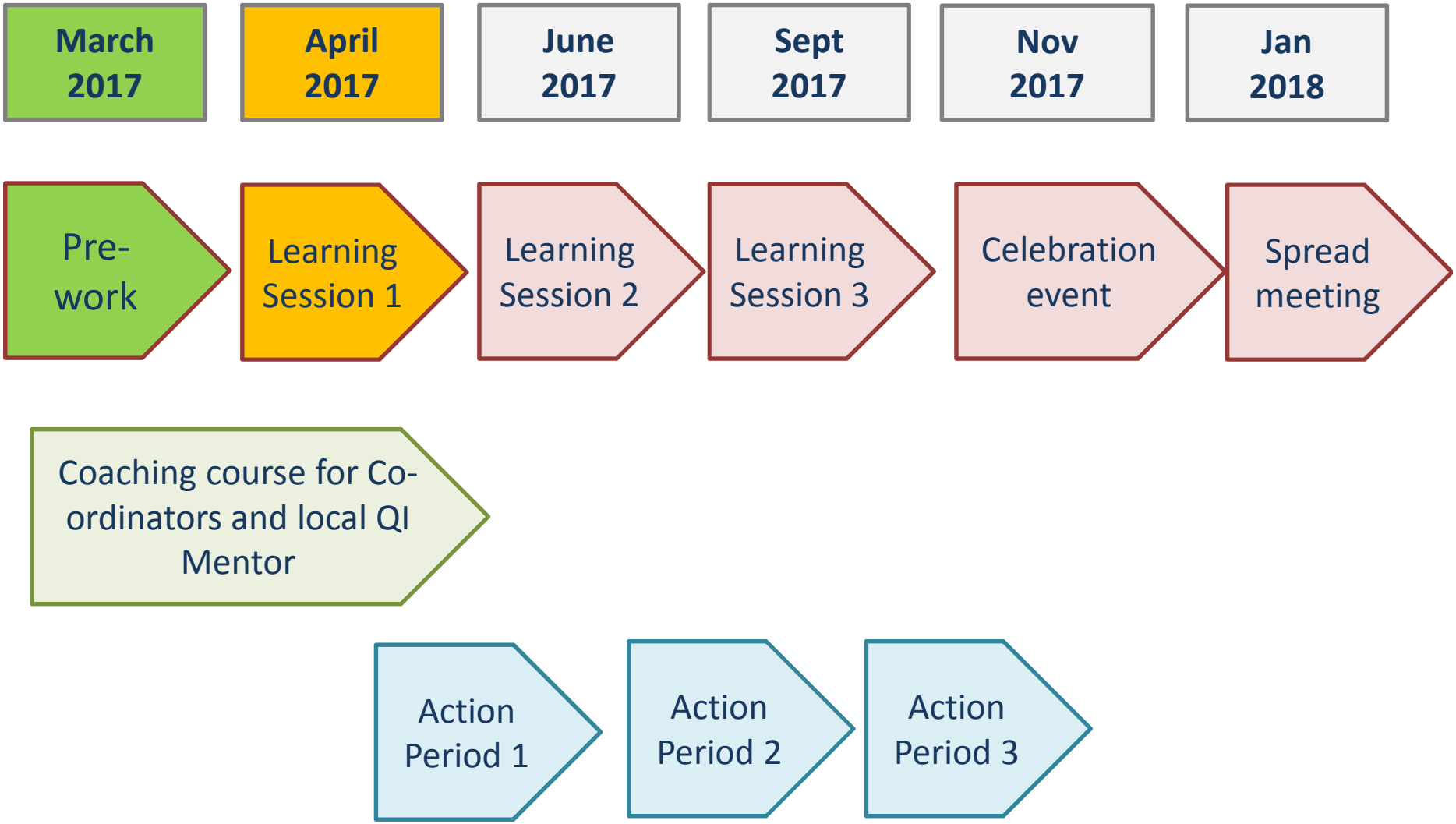
What is a collaborative?

Pressure Ulcers to Zero



PUTZ Phase 3 Timelines

Pressure Ulcers to Zero



Benefits of Collaboratives

Pressure Ulcers to Zero

Patients:

Improve experiences and outcomes

Staff:

Increase job satisfaction

Develop competence and confidence

Organisation:

Increase multidisciplinary/multisite relationships and Influence culture

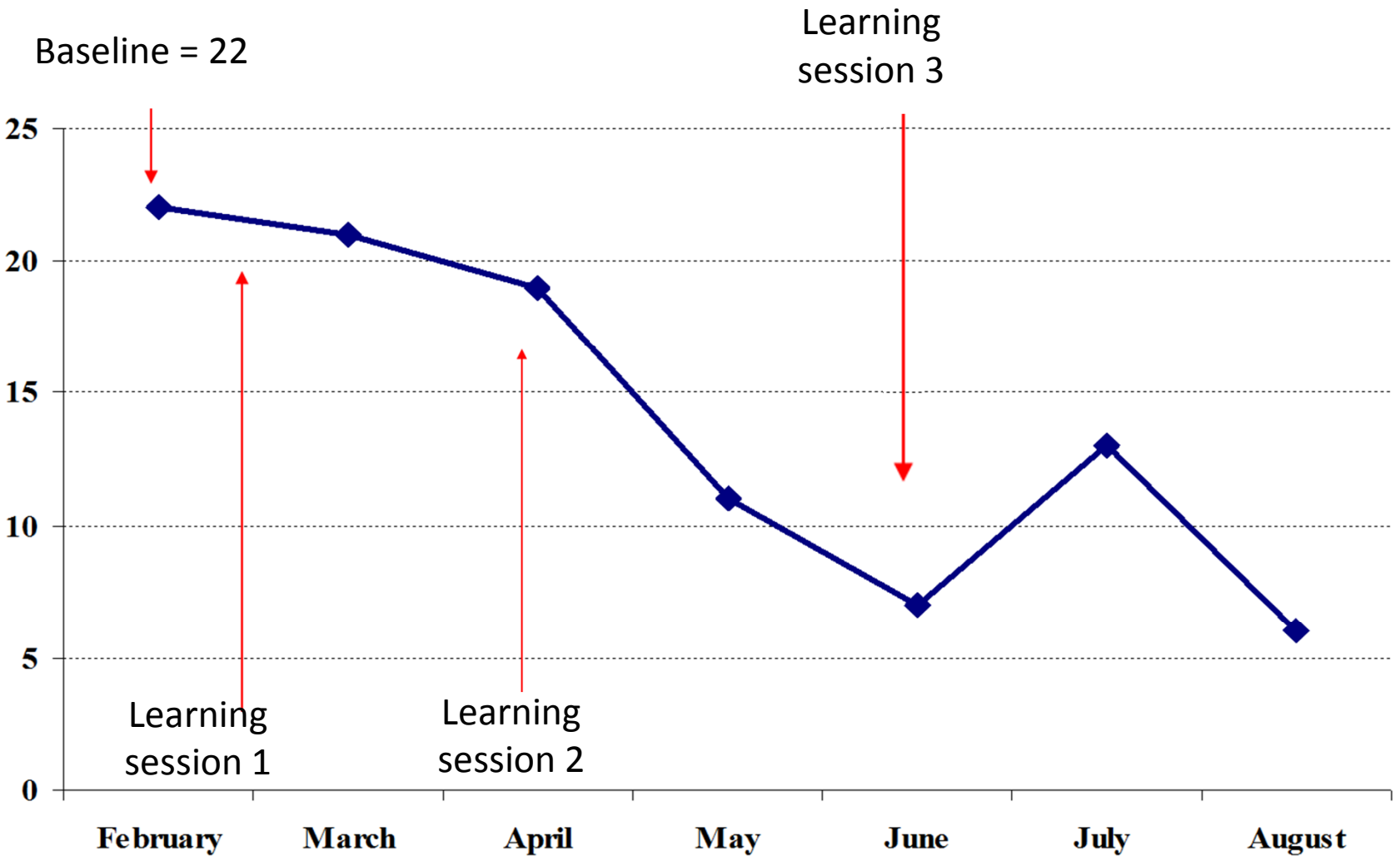
What is the PUTZ collaborative?

Pressure Ulcers to Zero

- National safety programme
- Commenced in 2014 (former DNE region)
- Quality improvement methodology
- Phase 3 focus on acute services

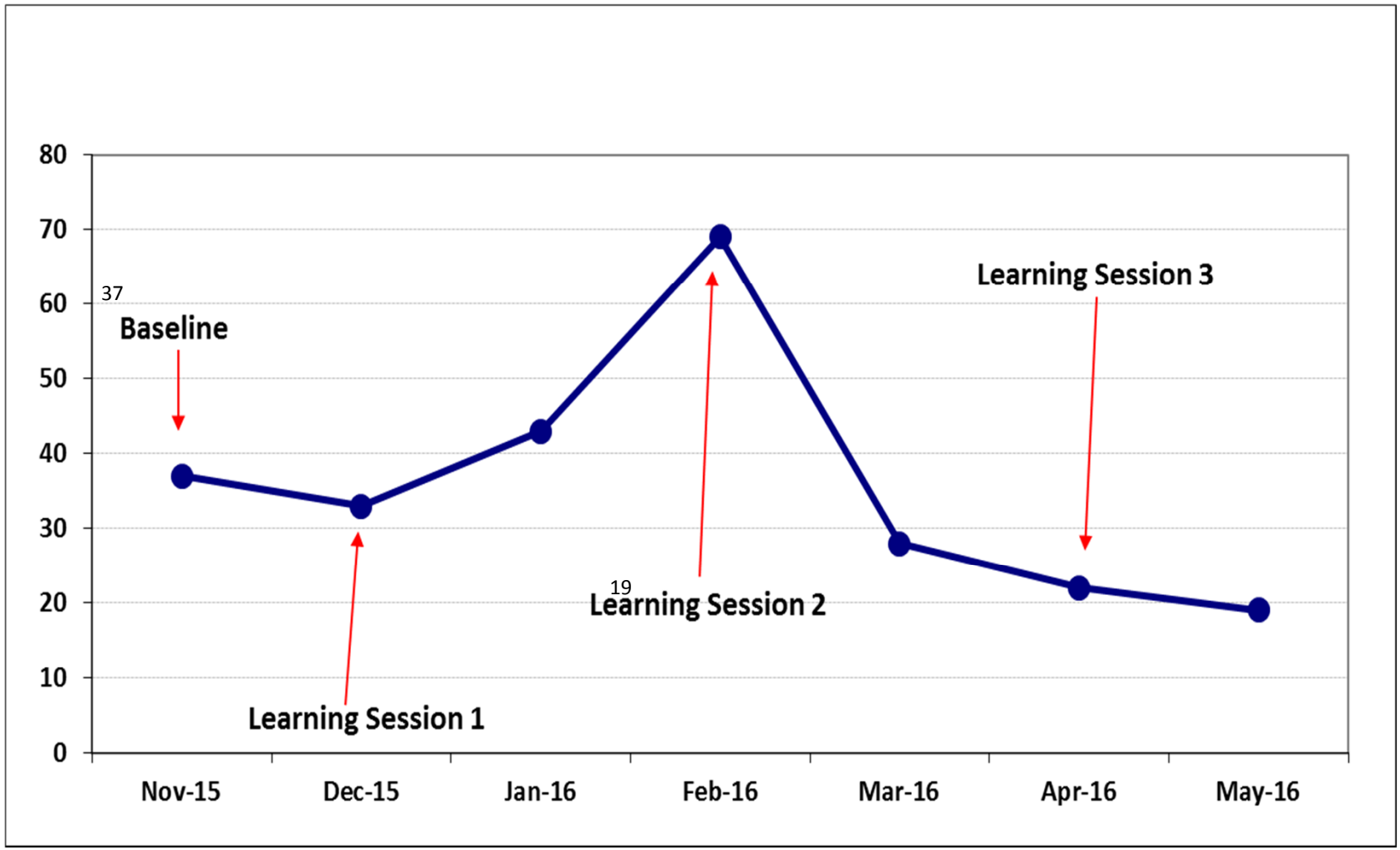
Phase 1 (2015): 73 % Reduction in avoidable Pressure Ulcers

Pressure Ulcers to Zero



Phase 2 (2016): 49 % Reduction in avoidable Pressure Ulcers

Pressure Ulcers to Zero



Participant Evaluation Phase 2 (Preliminary findings)

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

Pressure Ulcers to Zero

PUTZ3 Objectives

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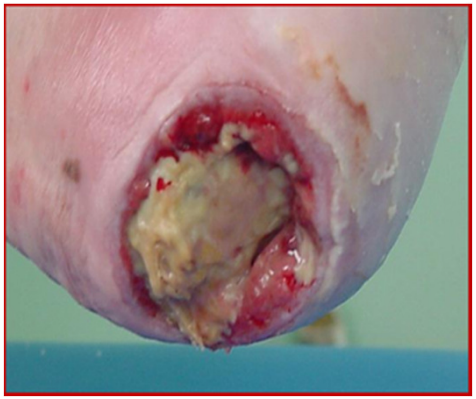
Pathophysiology/Aetiology
Pressure Ulcer Prevention



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

Quality Improvement …

what we do every day

Pressure Ulcers to Zero

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

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

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

Swensen, S., Pugh, M., McMullan, C., & Kabcenell, A. (2013). High-impact leadership: improve care, improve the health of populations, and reduce costs. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement

Framework for Improving quality

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

Pressure Ulcers to Zero

Leadership for quality

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

Person & Family Engagement

Pressure Ulcers to Zero

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

Staff engagement

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

Use of Improvement Methods

Pressure Ulcers to Zero

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

Measurement for Quality

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

Governance for Quality

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- Knowledge and skills to drive quality care
- Accountability for quality & safety
- Use of information to monitor and oversee quality
- Promote a culture of learning
- Strong board relationships that partner with patients & staff around the quality of care
- Quality improvement plan

Knowledge and Skill development

Pressure Ulcers to Zero

Why

Build confidence & competence to support pressure ulcer prevention

How

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

What

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

Assessment scales

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

Self –assessment

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

Care to be considered for each component of SSKIN bundle”	
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 bundle	**2**
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**