


**THE QUEEN'S
MEDICAL CENTER**
Honolulu, Hawaii

FOUNDED IN 1859 BY QUEEN EMMA AND KING KAMEHAMEHA IV

Ownership and Accountability- The Key to Pressure Ulcer Reduction


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The Queen's Medical Center

- **Founded in 1859 by Queen Emma and King Kamehameha IV**
- **Largest private hospital in Hawaii**
- **506 licensed beds**
- **Leading referral center in the Pacific**
- **Over 1100 Nurses on staff**
- **Hawaii's first and only Magnet Hospital**


2



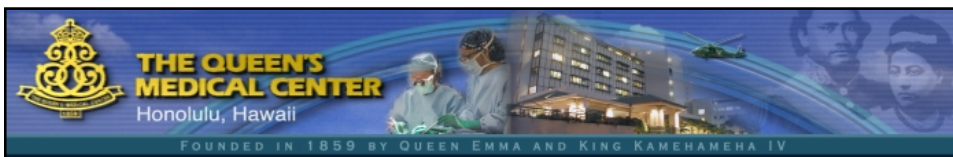
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Acknowledgments

- The Queen's Pressure Ulcer Team
- Our Wound/Ostomy Nurses
- Cindy Kamikawa, VP Pt Care and CNO
- HRSA for indirectly funding portions of this effort at the unit level by supporting "Magnet pilot units" (D11HP07332).




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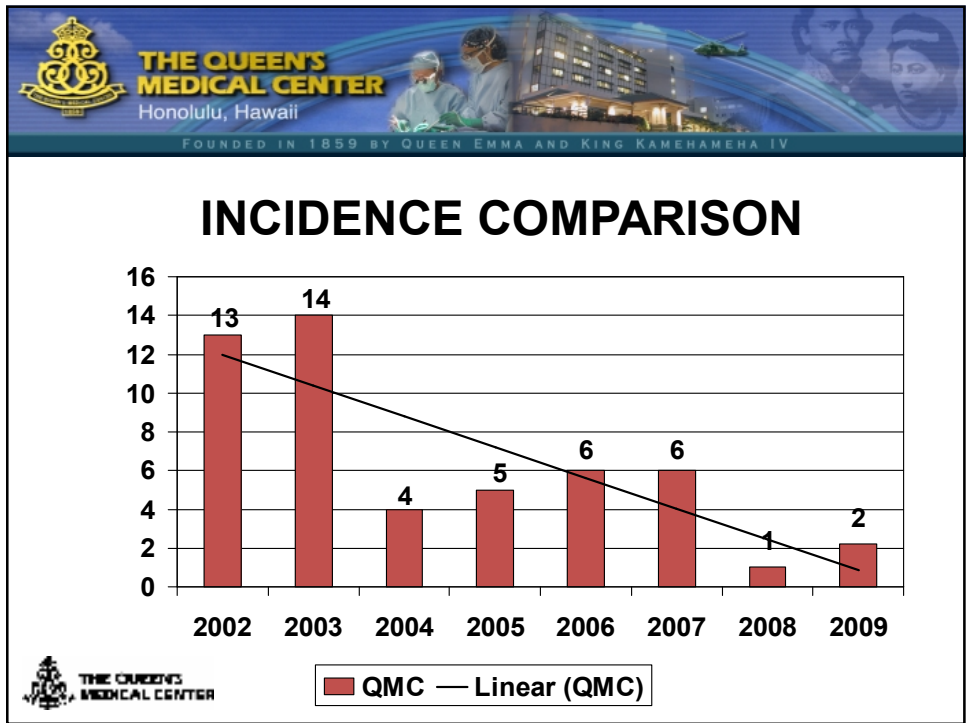
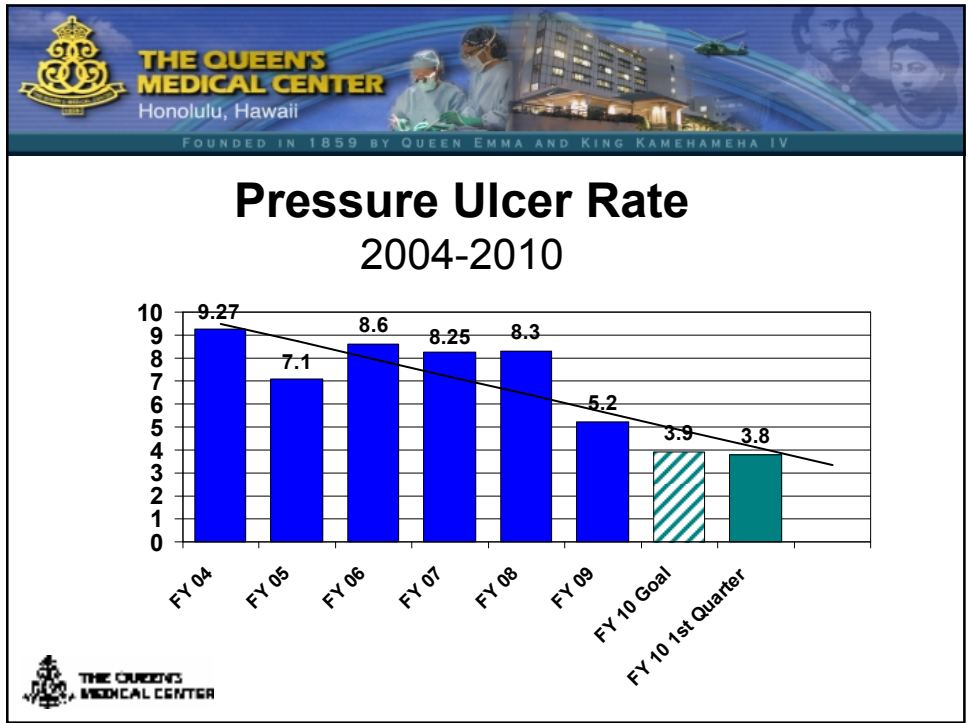
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OBJECTIVES

1. Identify two strategies for increasing ownership and accountability at the unit level
2. Describe a formula for establishing aggressive unit based pressure ulcer reduction goals






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What did we do differently to impact outcomes?





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Key Strategies



- ✓ Create a team
- ✓ Address the “Usual Suspects”
- ✓ Individual Unit goals: set the bar high
- ✓ Keep it alive: Drive data to the unit level
- ✓ Celebrate, Celebrate, Celebrate








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Created A Team in 2006

- Initially-reps from units with ↑ Prevalence rates
- Over time others joined the team out of interest
- Included: QI staff, RN's, LPN's, Managers
- Ad Hoc Members: Central Processing, NA's, Respiratory, Electronic Medical Record Staff
- Defined Roles

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CLARIFY ROLES

Nurse Manager

- Make Pressure Ulcer a clinical priority/clinical indicator on every unit
- Assure admission & ongoing assessment/documentation is occurring.
Support staff participation on the PU Committee

Staff Nurse

- Assess and document risk and skin status
- Implement prevention measures for pts at risk. BE PROACTIVE

Nurse's Aide



- Prevent: turn, prevent moisture, mobility, communicate


Wound/Ostomy Nurse Clinician

- Trouble shoot, consult, educate, bring best practices

Pressure Ulcer Committee

- Simplify processes
- Champion Best Practice
- Monitor trends and celebrate!
- Keep it alive








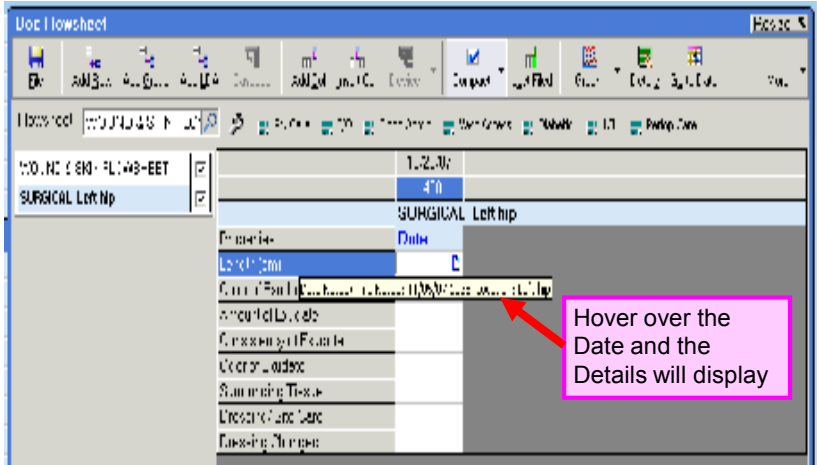
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Address the “Usual Suspects”

- Identify best practice: NPUAP, WOCN, IHI
- Assess whether staff have the tools
 - Education
 - Documentation systems
 - Products
 - Data
 - Establish “data credibility”


Properties group data



The screenshot shows a software window titled "Doc FlowSheet". It contains a table with the following data:

NO.	IC	680	FL	48	EET	1.2.01
						470
SURGICAL Left Hip						
Properties-						Date
Level: 0m						
Current Position: View Print Refresh Delete Add Edit Copy Paste						
Amount of Labels						
Crossing of Fields						
User or Author						
Summing Text						
Description and Date						
Changing Changes						

A red arrow points to the "Date" column header, and a pink callout box contains the text: "Hover over the Date and the Details will display".



Braden Scale changes:

1. NEW: High Risk Banner
2. Assessment: "Daily" header
3. NEW: Braden Scale Risk Rating flowsheet row

PATIENT CARE SUMMARY

Att. Provider: [REDACTED]			
Allergies:	Isolation: (none)	HT: 100 cm (3' 3.37")	BSA: 1.29 m ²
Codecon-c	Code Status: (none)	Current Wt: 60 kg (132 lb 4.4 oz)	EM: 60.00 kg/m ²
		Admission Wt: 72.6 kg (160 lb 0.9 oz)	

High Risk for Skin Breakdown

Code Status Orders


Banner displays if Braden Scale less than or equal to 17



KEYS TO GOAL SETTING

- Annually develop individual unit based goals
- Keep raising the Bar!
- Transparency
- Visibility/Accessibility








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Keep Raising the Bar


- Superior = Achieve a prevalence rate of **0%** for hospital acquired ulcers.
- Target = 25% reduction overall = **3.9%**.
Unit goals depend on last year performance.
- Minimum = All Units will meet or exceed NDNQI Pressure Ulcer averages for their specialty area.
 - ICU
 - Medical
 - Surgical
 - Telemetry
 - Med/Surg

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- FY 05 – F07 Goal
 - Meet or exceed NDNQI averages
- FY 08 Goal
 - Meet or exceed NDNQI specialty averages
 - For units with no specialty comparison group ↓ by 10% from FY 07
- FY 09 & FY 10 Goal
 - **Minimum** = Meet NDNQI specialty averages
 - **Target** = Exceed NDNQI averages OR improve upon FY 08 /09 by 25%, whichever is greater.
 - **Superior** = 0%







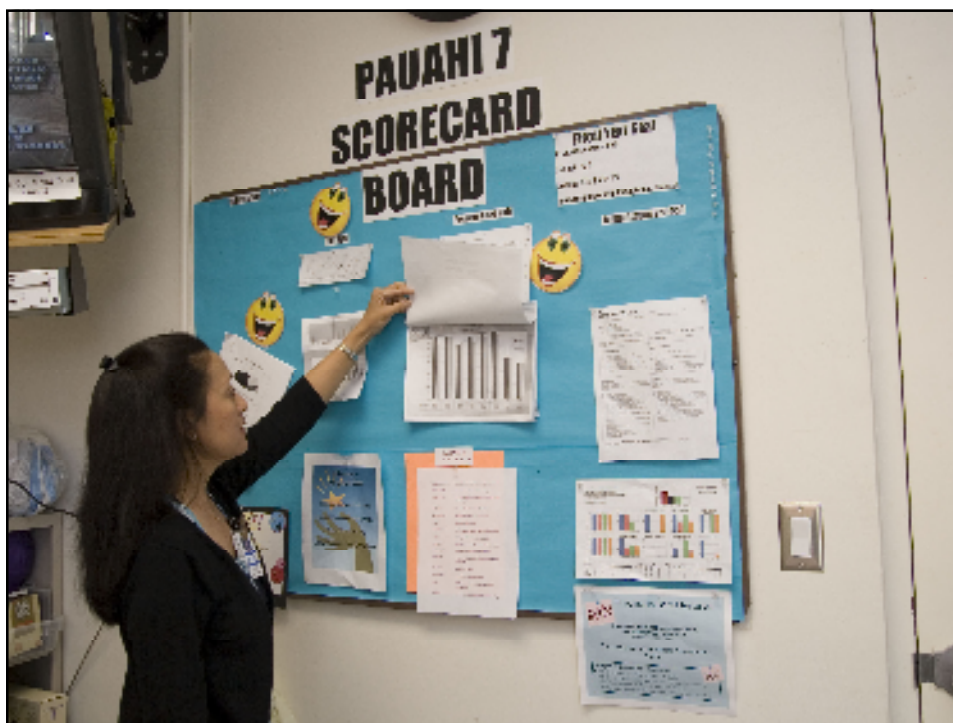
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KEEP IT ALIVE


- ✓ Support for Unit Champions
- ✓ CNO Meeting, Nursing Grand Rounds
- ✓ Huddle Communications
- ✓ Unit Report Cards
- ✓ Hospital and Nursing Newsletter Articles
- ✓ Celebrating Success



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Celebrate , Celebrate, Celebrate
CONGRATULATIONS !!
- The following units Exceeded NDNQI

- QET 4D = 3.1% Neuro ICU
- Pauahi 4 = 5% Medical Unit
- QET 7Ewa = 5.9% Oncology Unit
- I2/QET9Ewa = 4.3% Med Surg
- Pauahi 7 = 1.3% Surgical
- Pauahi 5 = 1% SNF






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CONGRATULATIONS !!

The following units had 0% Prevalence

- Iolani 2 – Medical Unit
- Pauahi 5 – SNF Unit
- Pauahi 6 – Telemetry Unit
- Pauahi 7 – Surgical Unit
- Queen Emma T3 – Cardiac ICU
- Queen Emma T4C – Surgical ICU
- Queen Emma T4D – Neuro ICU
- Queen Emma T7D – Oncology Unit
- Queen Emma T8D – Orthopedic Unit
- Queen Emma T9E - Surgical Unit



NOTE ALSO
T4M = 12.5% (1st time below NDNQI comparison!!)




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The Following Units are on their way to Meeting "SUPERIOR" (0%)

- Tower 4D (5/6 Quarters @ 0%)
- Pauahi 7 (6/7 Quarters @ 0%)
- Pauahi 5 (3/4 Quarters @ 0%)


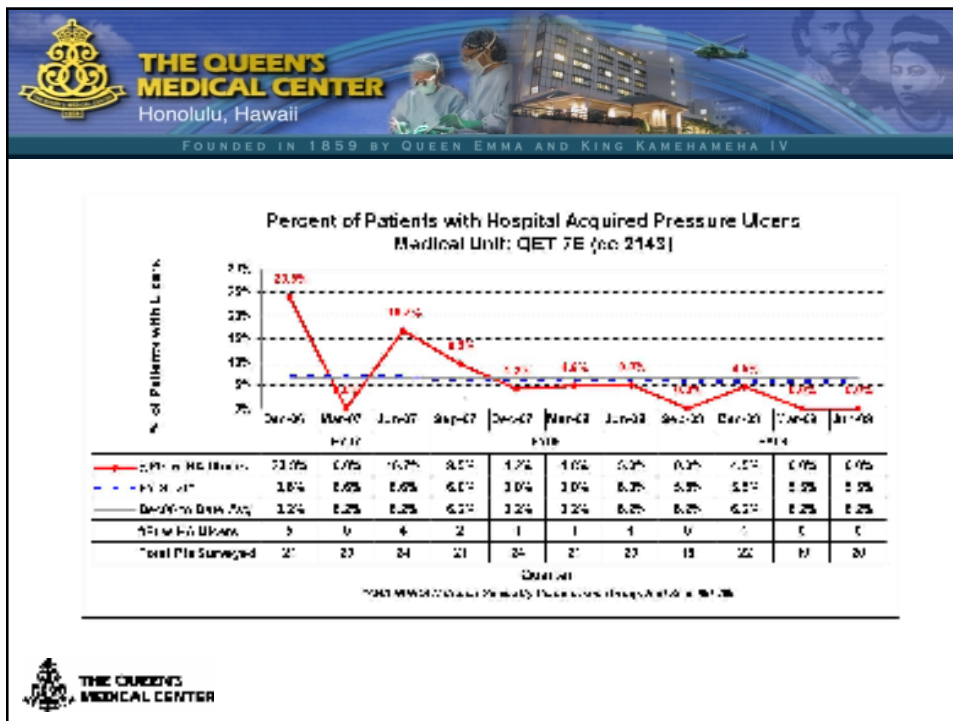


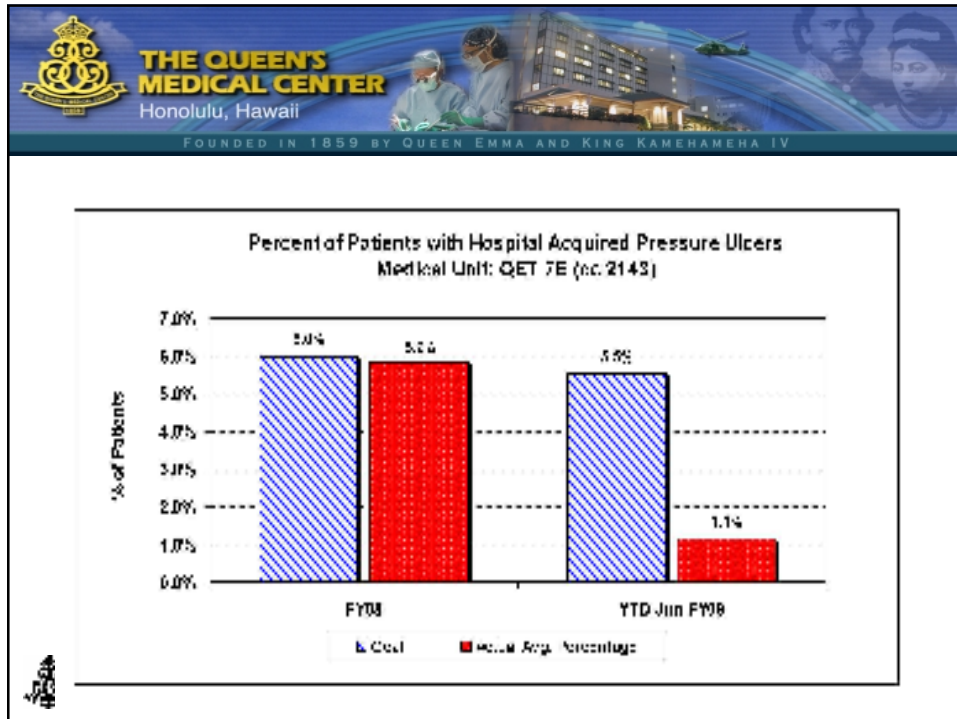




Establish Aggressive Unit Based Goals

- Each unit has an individual goal
- The bar keeps getting set higher
- Make it easy to read & communicate unit data




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Increasing Ownership and Accountability


- Define expectations
- Include those struggling
- Address the basics first
- Develop data credibility
- Establish fair, but aggressive goals
- Be relentless

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MAHALO!


QUESTIONS?

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