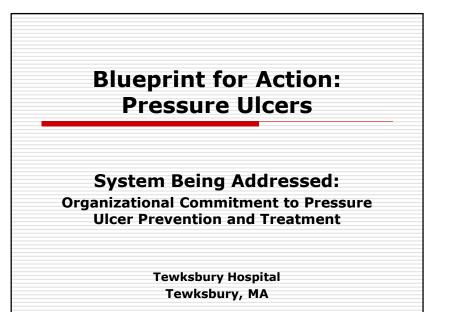
1/27/2011



17	7.3% on 6/2009 to 3.5% (or l PHASE I – September		
Key Interventions / Tasks	Action Items	Who is Responsible?	Target Date
Key staff identified to join established nterdisciplinary Wound Team.	"Skin Champion" from every medical nursing unit solicited for participation on Wound Team, must commit to participation in team meeting and pressure uleer prevalence study on 3 <sup>ve</sup> Tuesday of each month from 1:00 pm to 9:30 pm.	Nsg PI Coordinator / CWOCN	9/29/09
	Management support / commitment to plan evidenced by allotting 8 hour shift for each Wound Team member on 3° Tuesday of each month from 1:00 – 3:0 pm for the purpose of Wound Team meeting (including education), and the pressure ulcer prevalence study, members on all shifts will be allowed to flex their time to alcommodate plan and will not have any additional assignment during that time.		

PHASE I – September 2009			
	D Distribute section of second ship	Wound Team members Skin	1
Evaluate pressure uicer prevention and management practices, procedures, and prolocols. For example: identify strengths and weaknesses using checklists, analyze current assessment look, make changes to protocol to meet established, evidenced-based guidelines.	<ul> <li>Distribute copies of current skin policies and assessment froms to Wound Team members.</li> <li>☐ Anatyzer / Evaluate current assessment tools and policies.</li> <li>☐ Review current practice / policies, align to meet current guidelines.</li> <li>☐ Audit medical record for documentation.</li> </ul>	a wound team members, skin Resource Nurses	
Make changes to current pressure ulcer prevention and management practices to facilitate adherence to current standards of practice and established protocols / guidelines.	Form workgroup to facilitate order entry and associated documentation in EMR; include protocol orders, wound assessment, care plan interventions based on Braden Skin Risk Assessment Tool subscales.	<ul> <li>Nsg PI Coordinator / CWOCN; Informatics RN; staff RN; Staff Development</li> </ul>	10/5/09
	D Form PIT/workgroup to facilitate ongoing nutrinoal evaluations based on Braden Skin Risk Assessment Tool and wound healing. D Create flag to nutrition services in EMR for all patients who score at risk on Braden Skin Risk Assessment Tool for evaluation and/or interventions	Disg Pl Coordinator / CWOCN; Clinical Nutrition; EMR specialist	12/31/09
	Pressure Relief Devices Workgroup (Fishbone)	Sentence of the sentence of th	4/1/10

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	PHASE I – September 2009		
Revise current skin care practices to promote pressure ulcer prevention.	Revise skin care formulary to include incontinence wipe that cleanses, moisturizes and protects (by applying a 2% or higher concentration of dimethicone) in one step.	Supply Manager; Nsg Pl Coordinator/ CWOCN	10/30/09
	Educate staff on appropriate skin care practice and guidelines; including perineal cleanser and soap use.	Staff Development	11/09
	Open forums on all shifts, separate for licensed and unlicensed staff, to solicit ideas to improve skin care / prevent pressure ulcers.	Nsg PI Coordinator/CWOCN	10/09
	Form Skin Product Workgroup to evaluate skin care products in use, including soap.	Nsg PI Coordinator/CWOCN; Wound Team	11/20/09
Accountability for pressure ulcer prevention and management per guidelines / protocols is established.	Daily skin assessment.     Weeky wound assessment.     Rraden Skin Risk Assessment.     Including PRN reassessment with change in condition and appropriate prevention interventions based on subscales.     Evaluation and revision of plan of care per guidelines for all pressure ulcers.	CNurse Managers	10/30/09
	Forum with DON, ADON's, nurse managers to solicit ideas to increase compliance with items listed above	CNO	10/5/10

## Blueprint for Action: Pressure Ulcers – Tewksbury Hospital

System Being Addressed: Organ Goal: Reductio	Action: Pressure Ulcers – izational Commitment to I on of Hospital Acquired Pr on 6/2009 to 3.5% (or le PHASE I – September 2	Pressure Ulcer Preventior essure Ulcer Rate from ss) by 3/2010	n and Treatment
Provide appropriate pressure ulcer prevention and management education for staff.	Develop reference area for materials.     Establish competency of staff r/t pressure ulcer assessment and management.     Establish annual competency r/t wound care.     Provide on-going wound care education.     Braden Skin Risk Scale education.     Provide education to all staff on daily skin checks, i.e. how to perform.     Focused training for C.N.A. staff in skin care practices established through iterature review and product selection.	Wound Team / SD Coordinator CWOCN	06/01/10

PHASE I – September 2009			
Continually evaluate the quality of pressure ulcer assessment and management including: assessment/reassessment of risk factors, measured outcomes of care (presence of pressure ulcers), care planning, and healing.	<ul> <li>Participates in quality improvement activities utilizing NDNO1 tools for data collection by continued membership in the NDNQ1 database, including quarterly pressure ucer point prevalence studies for benchmarking purposes.</li> <li>Monitor pressure ucer prevalence rates by conducting monthy pressure ucer surveys on all medical units for accurate data collection.</li> <li>Utilize enhanced NDNQ1 data collection tool (include compliance with monitoring of daily skin assessment, weekly wound assessment, and care plan evaluation / modification) during the monitoring of daily skin assessment, weekly wound assessment, and care plan evaluation / modification) during the monitoring of daily skin assessment, weekly wound assessment, Rraden Skin Risk Assessment, and care plan evaluation / modification) during unscheduled / unamounced spot checks.</li> <li>RCA for al Stage III, IV, DTI, and Unstageable pressure ucers.</li> </ul>	Nsg PI Coordinator / CWOCN     Wound Care Team / CWOCN     ON	9/29/09

Blueprint for Action: Pressure Ulcers – Tewksbury Hospital

y Interventions / Tasks Action Items Who is Responsible? Target Date
ponsibility and accountability for prevention program oversight. <ul> <li>Participates in quality improvement activities by providing monthly reports to COI</li> <li>Participates in quality improvement activities by providing monthly reports to COI Committee.</li> </ul> <ul> <li>Nsg PI Coordinator / CWOCN</li> <li>10/30/09</li> </ul> <ul> <li>Nsg PI Coordinator / CWOCN</li> <li>10/30/09</li> <li>CNO</li> </ul> <ul> <li>Participates in quality improvement activities by providing monthly reports to CQI Committee.</li> </ul>