

Blueprint for Action: Pressure Ulcers

System Being Addressed:
Organizational Commitment to Pressure Ulcer Prevention and Treatment

Tewksbury Hospital
Tewksbury, MA

Blueprint for Action: Pressure Ulcers – Tewksbury Hospital

System Being Addressed: Organizational Commitment to Pressure Ulcer Prevention and Treatment

Goal: Reduction of Hospital Acquired Pressure Ulcer Rate from 17.3% on 6/2009 to 3.5% (or less) by 3/2010

PHASE I – September 2009

Key Interventions / Tasks	Action Items	Who is Responsible?	Target Date
Key staff identified to join established interdisciplinary Wound Team.	<p><input type="checkbox"/> "Skin Champion" from every medical nursing unit solicited for participation on Wound Team: must commit to participation in team meeting and pressure ulcer prevalence study on 3rd Tuesday of each month from 1:00 pm to 9:30 pm.</p> <p><input type="checkbox"/> Management support / commitment to plan evidenced by allotting 8 hour shift for each Wound Team member on 3rd Tuesday of each month from 1:00 – 9:30 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 accommodate plan and will not have any additional assignment during that time.</p>	<p><input type="checkbox"/> Nsg PI Coordinator / CWOCN</p> <p><input type="checkbox"/> CNO</p>	9/29/09

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Evaluate pressure ulcer prevention and management practices, procedures, and protocols. For example: identify strengths and weaknesses using checklists, analyze current assessment tools, make changes to protocol to meet established, evidenced-based guidelines.	<input type="checkbox"/> Distribute copies of current skin policies and assessment forms to Wound Team members. <input type="checkbox"/> Analyze / Evaluate current assessment tools and policies. <input type="checkbox"/> Review current practice / policies, align to meet current guidelines. <input type="checkbox"/> Audit medical record for documentation.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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. <input type="checkbox"/> Form PIT/workgroup to facilitate ongoing nutritional evaluations based on Braden Skin Risk Assessment Tool and wound healing. <input type="checkbox"/> 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. <input type="checkbox"/> Pressure Relief Devices Workgroup (Fishbone)	<input type="checkbox"/> Nsg PI Coordinator / CWOON; Informatics RN; staff RN; Staff Development <input type="checkbox"/> Nsg PI Coordinator / CWOON; Clinical Nutrition; EMR specialist <input type="checkbox"/> Nsg PI Coordinator/CWOON; Rehab Manager; PT; staff RN	10/5/09 12/31/09 4/1/10

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Revise current skin care practices to promote pressure ulcer prevention.	<input type="checkbox"/> 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. <input type="checkbox"/> Educate staff on appropriate skin care practice and guidelines; including perineal cleanser and soap use. <input type="checkbox"/> Open forums on all shifts, separate for licensed and unlicensed staff, to solicit ideas to improve skin care / prevent pressure ulcers. <input type="checkbox"/> Form Skin Product Workgroup to evaluate skin care products in use, including soap.	<input type="checkbox"/> Supply Manager; Nsg PI Coordinator/ CWOON <input type="checkbox"/> Staff Development <input type="checkbox"/> Nsg PI Coordinator/CWOON <input type="checkbox"/> Nsg PI Coordinator/CWOON; Wound Team	10/30/09 11/09 10/09 11/20/09
Accountability for pressure ulcer prevention and management per guidelines / protocols is established.	<input type="checkbox"/> Daily skin assessment. <input type="checkbox"/> Weekly wound assessment. <input type="checkbox"/> Braden Skin Risk Assessment; including PRN reassessment with change in condition and appropriate prevention interventions based on subscales. <input type="checkbox"/> Evaluation and revision of plan of care per guidelines for all pressure ulcers. <input type="checkbox"/> Forum with DON, ADON's, nurse managers to solicit ideas to increase compliance with items listed above	<input type="checkbox"/> Nurse Managers <input type="checkbox"/> CNO	10/30/09 10/5/10

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Provide appropriate pressure ulcer prevention and management education for staff.	<input type="checkbox"/> Develop reference area for materials. <input type="checkbox"/> Establish competency of staff r/t pressure ulcer assessment and management. <input type="checkbox"/> Establish annual competency r/t wound care. <input type="checkbox"/> Provide on-going wound care education. <input type="checkbox"/> Braden Skin Risk Scale education. <input type="checkbox"/> Provide education to all staff on daily skin checks, i.e. how to perform. <input type="checkbox"/> Focused training for C.N.A. staff in skin care practices established through literature review and product selection.	<input type="checkbox"/> Wound Team / SD Coordinator <input type="checkbox"/> CWOCN	06/01/10
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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.	<input type="checkbox"/> Participates in quality improvement activities utilizing NDNQI tools for data collection by continued membership in the NDNQI database, including quarterly pressure ulcer point prevalence studies for benchmarking purposes. <input type="checkbox"/> Monitor pressure ulcer prevalence rates by conducting monthly pressure ulcer surveys on all medical units for accurate data collection. <input type="checkbox"/> Utilize enhanced NDNQI data collection tool (include compliance with monitoring of daily skin assessment, weekly wound assessment, Braden Skin Risk Assessment, and care plan evaluation / modification) during the monthly pressure ulcer surveys. <input type="checkbox"/> Utilize enhanced NDNQI data collection tool (include compliance with monitoring of daily skin assessment, weekly wound assessment, Braden Skin Risk Assessment, and care plan evaluation / modification) during unscheduled / unannounced spot checks. <input type="checkbox"/> RCA for all Stage III, IV, DTI, and Unstageable pressure ulcers.	<input type="checkbox"/> NSG PI Coordinator / CWOCN <input type="checkbox"/> Wound Care Team / CWOCN <input type="checkbox"/> QM department	9/29/09
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Designate responsibility and accountability for pressure ulcer prevention program oversight.	<input type="checkbox"/> Participates in quality improvement activities by providing monthly reports to CNO. <input type="checkbox"/> Participates in quality improvement activities by providing monthly reports to CQI Committee.	<input type="checkbox"/> Nsg PI Coordinator / CWOON <input type="checkbox"/> CNO	10/30/09