



health. care.

Pressure Ulcer Collaborative Overview

Beth Hercher, CPHQ
Learning Session 1



Pressure Ulcer Collaborative Overview

What is a Collaborative?

- ◆ Time-limited initiative
- ◆ Everyone learns and everyone teaches
- ◆ Share common goal
- ◆ Potential for spread

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Why a Collaborative?

- ◆ Rapid rate of improvement
- ◆ Teamwork
 - Within organizations
 - Among organizations
- ◆ Measurable results



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Ten Elements of a Collaborative

1. Established set of best practices
2. Identified gap between best and current practice
3. Examples of real success stories
4. Common aim for all teams
5. Set of key changes based on best practices



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Ten Elements of a Collaborative *continued...*

6. Method for quality improvement
7. Measurement strategy
8. System for tracking measurement
9. System for sharing among participant teams
10. Expectation of spread beyond participant teams



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A Collaborative is Not

- ◆ Research project
- ◆ Benchmarking project
- ◆ Consulting project
- ◆ Series of small refinements to existing systems



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What Makes a Collaborative Work?

- ◆ Good ideas
 - Change package
- ◆ Focus on results
 - Monthly reports
 - Real-time data
- ◆ Peer support
 - Everybody teaches
 - Everybody learns
- ◆ Brilliant successes
- ◆ Spectacular failures
- ◆ Action oriented



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Change Model

- ◆ Represents an ideal system
- ◆ Identifies elements to redesign the current system
- ◆ Mirrors the ideal




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Change Model

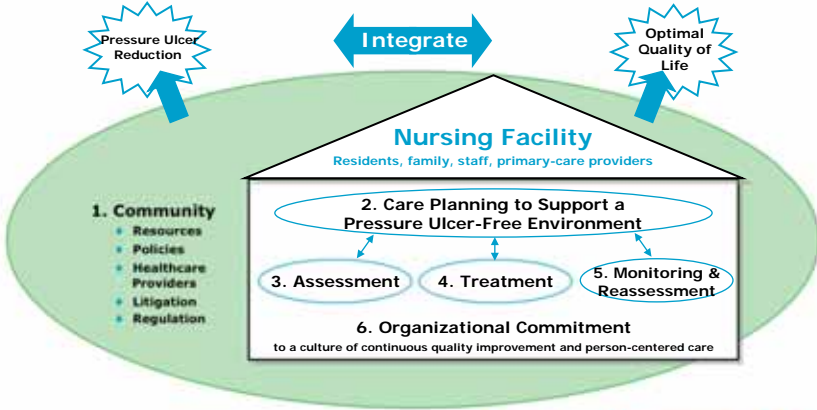
Six components that must be addressed to provide an ideal, pressure ulcer-free environment:

1. Community
2. Care Planning
3. Assessment
4. Treatment
5. Monitoring and Reassessment
6. Organizational Commitment




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Change Package for Supporting a Pressure Ulcer-Free Environment



The diagram illustrates a change package for supporting a pressure ulcer-free environment. It features a central 'Nursing Facility' box containing '2. Care Planning to Support a Pressure Ulcer-Free Environment', which is supported by '3. Assessment', '4. Treatment', and '5. Monitoring & Reassessment'. This is all underpinned by '6. Organizational Commitment to a culture of continuous quality improvement and person-centered care'. To the left, '1. Community' (Resources, Policies, Healthcare Providers, Litigation, Regulation) is shown. A double-headed arrow labeled 'Integrate' connects the community and the nursing facility. Two starburst shapes at the top indicate 'Pressure Ulcer Reduction' and 'Optimal Quality of Life' as outcomes.



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Table 1
Key Improvement Strategies and Changes

| Improvement Strategy | Key Changes Supporting a Pressure Ulcer-Free Environment in the Long-Term Care Setting |
|----------------------|--|
| 1. Community | <ul style="list-style-type: none"> Work actively with other healthcare organizations (e.g., with other nursing homes, hospitals, home health, medical transporters, adult day care, assisted living facilities, etc.) to optimize pressure ulcer prevention and treatment across clinical settings Use local and regional networks of healthcare organizations (e.g., Quality Improvement Organizations, Corporate resources, long-term care Ombudsman, State survey and certification agency, long-term care trade associations, long-term care advocacy groups, and professional healthcare associations) as resources for improving pressure ulcer prevention and treatment Use community-based wound care expertise (e.g., certified wound care nurses, clinical nurse specialists, advance registered nurse practitioners, dietitians, occupational and physical therapists, and physicians) to augment facility resources if needed |



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Small Tests of Change

PDSA Cycle

- Plan
- Do
- Study
- Act



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What makes a Collaborative team successful?

- ◆ Leadership
- ◆ Relationships
- ◆ Alignment with organizational mission
- ◆ Tests of change
- ◆ Measurement



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What to expect from learning sessions?

- ◆ Introduction to Collaborative elements and other teams
- ◆ Team sharing and interaction
- ◆ Teams are the experts for each other
- ◆ Outcomes Congress
 - Celebrate achievements



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Action Periods

- ◆ The time between Learning Sessions
 - Conduct tests of change
 - PDSAs
 - Implement and spread improvements
 - Inside and outside of facility
 - Measure and report results
 - Senior Leader Report (SLR)
 - Tracking Tool
 - Share with others
 - Conference Calls
 - Newsletter
 - Storyboard



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Confidentiality Issues

- ◆ Cannot share information about or from collaborative peers without their permission
- **NO EXCEPTIONS**
- ◆ Participants are expected to share and borrow from each other freely



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Spreading Ideas from a Collaborative

- ◆ Collaborative refines the change package
- ◆ Best ideas transferred to other units and/or organizations
- ◆ Methods for spread are not the same as for collaboration
- ◆ Senior executives plan and take responsibility for spread



Pressure Ulcer Collaborative Overview

Tennessee Nursing Home Improvement Collaborative

Learning Session 1: October 2011

Learning Session 2: March 2012

Learning Session 3: August 2012

Outcomes Congress: February 2013

Regional Meetings

Nashville, Knoxville, Memphis



thank. you.

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