

Nursing Home Quality Improvement Collaborative (NH-QIC) Learning Session 3

FAST FACTS

THE FOLLOWING ARE HIGHLIGHTS FROM THE EVENT:

A Model for Collaboration Across the Continuum of Care

- Today's health system deals with acute, episodic care, with little focus on transitions of care.
- Barriers in collaboration are at the practitioner level, patient level, system level, and with reimbursement.
- When pressure ulcers are the primary diagnosis of hospital admissions, 1 out of 25 results in death.
- On hospital admission, more than 50 percent of patients have at least one medication discrepancy.
- In transfers from hospitals to nursing homes, 32 percent of nursing homes reported that they received inadequate information for resident care. Fourteen percent reported that inadequate information led to patient harm.
- The average pressure-ulcer-related hospital stay is 13–14 days and costs between \$16,755–\$20,430.
- Elements of a successful collaboration model include finding common ground, standardizing processes, transferring information in a timely manner, and educating patients and practitioners.
- Visit <http://www.yrmc.org/education/pressureulcer/pulcer.aspx> to view Yavapai Regional Medical Center's pressure ulcer prevention education module.

Common Barriers to Accurate Scoring of the Braden Scale for Predicting Pressure Sore Risk

- The goal of the Braden Scale is to accurately predict who will develop pressure ulcers for the purpose of planning effective prevention strategies.
- Braden subscales include sensory perception, activity, mobility, moisture, nutrition, friction, and shear.
- Sensory perception looks at two things: (1) level of consciousness and (2) pain sensation.
- The majority of Braden Scale users are not formally trained on how to score each subscale.
- An accurate risk assessment is crucial to pressure ulcer prevention.
- A goal for collaboration is to include an accurate risk score on every transfer form.

Are We Speaking the Same Wound Language?

- Consistent and accurate staging of wounds is a challenge between settings.
- Wound-measuring protocols need to be in place so that every wound is measured the same way.
- Taking pictures of wounds ensures that nursing homes and hospitals are on the same page.

“It's Not Us, It's Them:” Barriers and Solutions to Cross-Setting Collaboration

- Stop the blame game. Identify root causes and come up with a joint solution for pressure ulcer prevention.
- To avoid communication failures, the receiver must verify to the sender that information was received.
- SBAR (Situation, Background, Assessment, Recommendation) formalizes communication.
- Use standardized risk-assessment tools, transfer/discharge forms, and staff training modules.

Next Steps

- Review current practices related to transferring/receiving patients to/from another facility.
- Develop a cross-setting pressure ulcer prevention workgroup with the facilities you work with.