

## Community Collaboration to Improve Patient Care for Pressure Ulcers:

### The Story of the Providers' Coordination Of Care (PCOC)



## Presentation Objectives

- Fly PCOC Fly! Learn ways to start a cross-setting pressure ulcer workgroup.
- Identify common communication barriers to the prevention and treatment of pressure ulcers.
- Distinguish obstacles and benefits to a cross-setting workgroup for the management of pressure ulcers.

## PCOC Origins

- Inspired by the National Nursing Home Improvement Collaborative – Pressure Ulcers (NNHIC).
- Hatched at HSAG in October 2004.
- Coming together on common ground: Involve key leadership from each care setting!

## PCOC Framework – Laying the Foundation



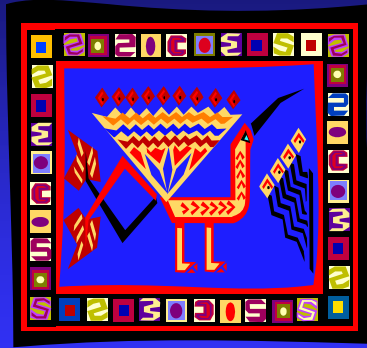
## PCOC Mission

- To improve the health outcomes of Arizona's Medicare Beneficiaries in nursing homes, hospitals and home health programs through effective cross-setting coordination of care.

## PCOC Objectives

- Develop a uniform and effective strategy to streamline coordination of care between acute and sub-acute care settings, e.g.; for Pressure Ulcers.
- Foster effective system changes in the nursing home, hospital and home health settings, to achieve significant improvement in care, e.g.; pressure ulcers rates, through focused goals, consistent measures, efficient utilization of resources, and reduction of duplicative efforts.

## Providers' Coordination of Care (PCOC)



- Nursing Home
- Hospital
- (2) Home Health Agencies
  
- Prescott, Arizona

## Members

- Health Services Advisory Group (HSAG) - Arizona Quality Improvement Organization (QIO)
- Yavapai Regional Medical Center - Acute Care Hospital
- Prescott Samaritan Village - Nursing Home
- Granite Mountain Home Care
- Yavapai Regional Medical Center Home Care Services

## Problem Statement

- We do not have a consistent way to receive or send information regarding pressure ulcers for patients who come to the acute care hospital from nursing homes and /or home health, or indeed for those who go to the nursing homes or home health from the hospital.

## Secondary Problems

- We don't all speak the same "wound" language.
- Regulatory requirements and forms used are all different and don't include the same information.
- How can we improve communication without creating more paperwork and stress for the clinician at the bedside?
- What is essential information to send?

## The Collaboration Process

- Identify the issues regarding pressure ulcers.
- Discuss and establish common components of essential wound prevention, assessment, treatment, and education for staff and patient/families.
- Educate the staff.
- Trial the process (PDSA).
- Spread the word about what works.

## We Are All Learning!



- Standard wound staging
- Product identification based on type, rather than product name
- Differences in regulatory requirements- MDS, OASIS

## Prevention

- Pressure Ulcer Risk Assessment- Braden, Norton, or other standardized scale.
- Identify Risk Factors- at least the following:  
Impaired/decreased mobility.
- Refusal of some aspects of care.
- Cognitive impairment.
- Exposure to fluids of fecal or urinary incontinence.
- Nutritional concerns- undernourished, malnourished, hydration issues.

## Recommendations For How Often To Assess/Re-Assess For Risk

- **For Acute Care**- on admission and with change of unit or condition. Re-assess daily.
- **For Home Care**- on admission and with re-cert and significant change in condition, and prn.
- **For Long Term Care**- on admission, then weekly for the first 4 weeks, then quarterly and when there is a change in cognition or functional ability, or with an acute illness.

## Interventions to Prevent Breakdown

- Reposition, increase mobility, manage moisture, nutrition, pressure reduction/relief devices.
- Low air-loss or other mattresses do not substitute for turning schedules!

## Assessment Of Wounds



- Perhaps the most surprising area we encountered is in the measurement of wounds- Which way is length ? Which way is width- are all your nurses doing this the same way?

## Definitions

- Whose terms do you use?
- WOCN vs. OASIS vs. MDS?
- Reverse staging of wounds- yes or no?
- If your wound has eschar- is it automatically a stage IV or is it non-stageable?

## Treatments

- We compared each of our facility's current practices and referenced Convatec, Hollister and Wound Care Books to look for best practices.
- Almost all of our different facilities had a similar treatment plan according to their type of wound formulary and type of wound.
- We developed a grid to visually use as reference and guide for clinicians.

## Finding a Common Ground

- We compiled a glossary- based primarily on CMS document for surveyors of long term care, and WOCN.
- CMS Manual System Pub.100-07 State Operations Provider Certification subject: Guidance to Surveyors for Long Term Care Facilities (F-314).
- Developed Recommendations Document.

## Education Matters!

- Since we all had different opinions on how to measure- we soon realized that our clinical staff was probably just as unsure....So education is one area we agreed would help us all.
- Curriculum will be based on our recommendations for prevention, assessment and treatment of wounds.
- Educational module developed and taught to area hospital as well as nursing homes.

## Education Matters! (Continued)

- We agreed that not only RNs, but all other levels of clinical staff should be educated so the same message is given to all who see the patient, regardless of job description.
- Translate “wound” talk into a common language, start at the lowest level and you will be able to educate all levels- in other words- Big words confuse more people than they teach!

## Education Matters! (Continued)

- Educational Module address:

<http://www.yrmc.org/education/pressureulcer/pulcer.aspx>

## Other Recommendations Include:

- Conducting P&I studies.
- Audits to look at current wound practices- do we do what we say?
- Standardized protocols/procedures for product, type of wound and prevention activities.
- Standardized transfer forms or checklists for consistency of transfer information.

## Suggested Action Plan

1. Select a committee
2. Establish goals
3. Standardize elements of wound assessment
4. Identify risk assessment tools
5. Develop prevention guidelines

## Suggested Action Plan (Continued)

6. Standardize treatment protocols
7. Establish a consistent method of communicating between facilities
8. Educate staff
9. Monitor outcomes /CQI
10. Identify obstacles/benefits and address as a group

## Project Obstacles

- Commitment to the problem/project
- Lack of time
- Getting forms from other facilities
- Competition between agencies
- Corporate mandated practices/protocols/policies
- Fear of copyright infringement
- Differences in regulations across settings
- Physician buy-in / education and practice patterns

## Project Benefits

- Sharing of information
- Breaking down of barriers
- Learn appreciation of what other settings do
- Recognizing our strengths and opportunities for growth
- Greater appreciation for the importance of coordination and consistency of care

## Project Benefits (Continued)

- Importance of continuity of care regarding patient satisfaction, appropriate use of resources and cost effective care
- Potential cost-savings
- Improved compliance with regulatory requirements
- Developing a sense of community

## Resources

- <http://hollister.com/us/wound/resource/pressure/stage1.html>
- <http://www.medqic.org>
- [Clinical Practice Guide- Routine Skin Care/Pressure Ulcer Prevention- Skin and Body Alert Convatec Complete- A System For Enhancing Skin Integrity Outcomes](#)
- [CMS Manual System Pub.100-07 Provider Certification Date: November 12, 2004. Subject: Guidance to Surveyors for Long Term Care Facilities \(F314\).](#)

## Resources (Continued)

- [WOCN Guidance On OASIS And Wound Status Mo Items Attachment A, and B, Question and Answers](#) <http://wocn.org/>
- Ovington, Liza G. [Hanging Wet to Dry Dressings Out To Dry](#) <http://www.findarticles.com>
- [WOCN Society Response to NPUAP White Papers: Deep Tissue Injury, Stage I Pressure Ulcers, and Stage II Pressure Ulcers. 9<sup>th</sup> National NPUAP Conference, February 25-26, 2005](#)
- Baranowski, S., Ayello, E.A. (Eds) (2004). [Wound Care Essentials: Practice Principles.](#) Springhouse: PA: Lippincott, Williams, & Wilkins.

## PCOC YRMC Web site

<http://www.yrmc.org/education/pressureulcer/pulcer.aspx>

## Contact Information

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