



Center of Excellence Initiative: Continuing to Reduce Incidence of Pressure Injuries/Pressure Ulcers (PI/PU) and Managing the Treatment of PI/PU in High Risk Residents

Joint Conference Committee Meeting March 13, 2018

Presented by: Regina Gomez

Fatima Ascano-Martin

Edward Guina

Background

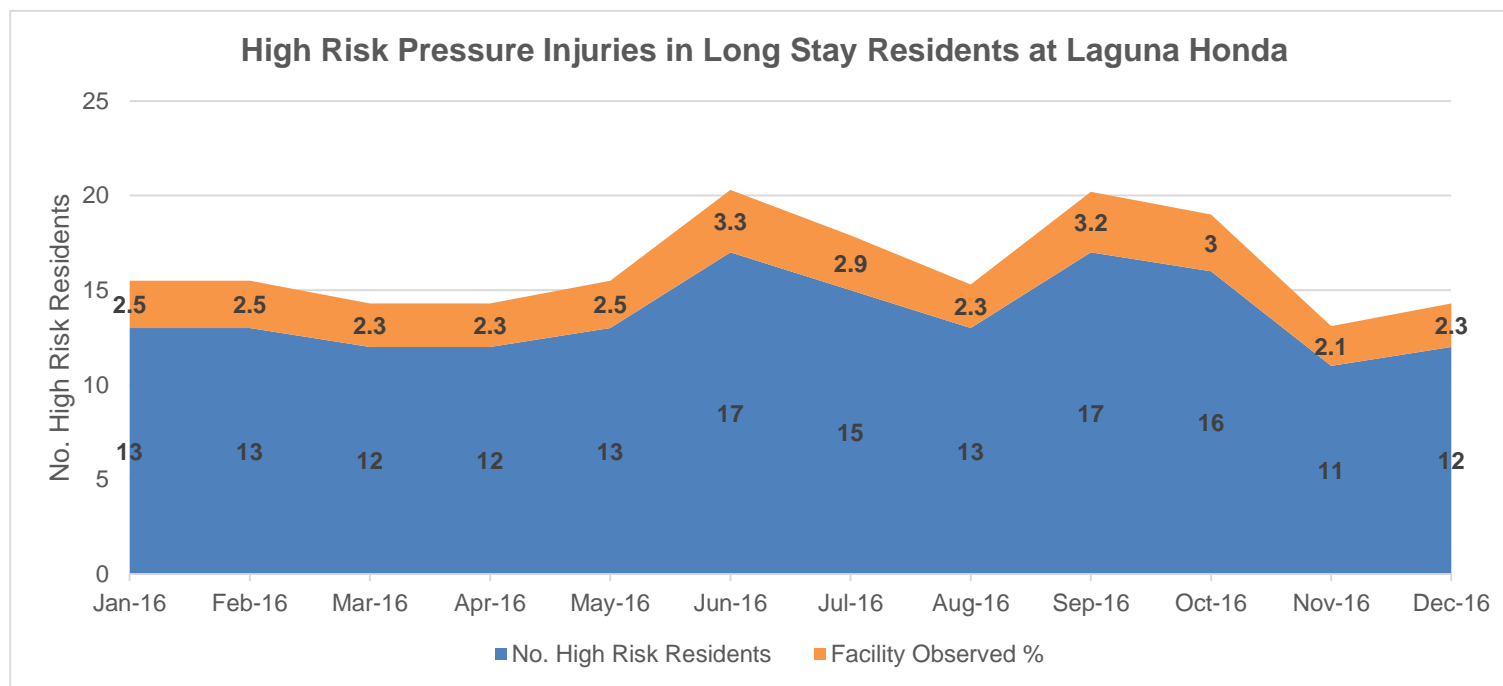
- **A3 started in February 2017**
- **Definition of Pressure Injury/Ulcer (PI/PU):**
Any wound caused by prolonged periods of unrelieved pressure on the skin, soft tissue, muscle, and bone
- **Percent of Long-stay High-risk Residents with PI/PU** – one of the CMS Quality Measures (QM)
 - A high risk resident is identified with 1 or more of the following criteria on the Minimum Data Set (MDS): impaired mobility, comatose, and malnutrition or at risk for malnutrition
- **Skilled Nursing Facility (SNF) PI/PU incidence rates**
Ranges between 2.2% to 23.9% (Source: IMPACT ACT of 2014)
- **Burden/Cost of PI/PU**
 - Associated with life-threatening infections, prolonged hospital stay, and high treatment costs
 - Average cost of hospital stay related to PI/PU: \$40,381 (Federal Register, 2006)

Current Conditions

Certification and Survey Provider Enhanced Reports (CASPER) Definition:

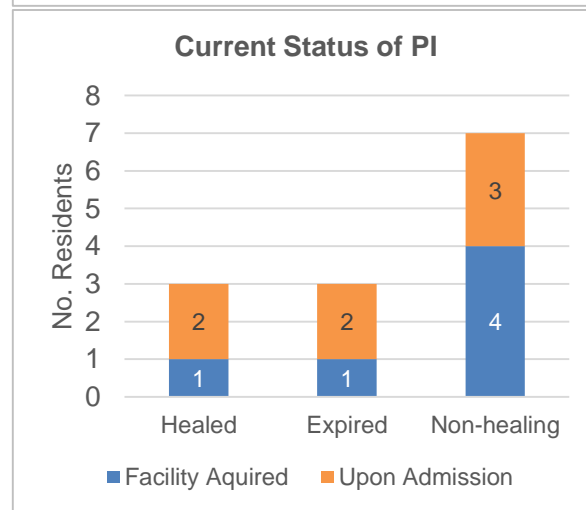
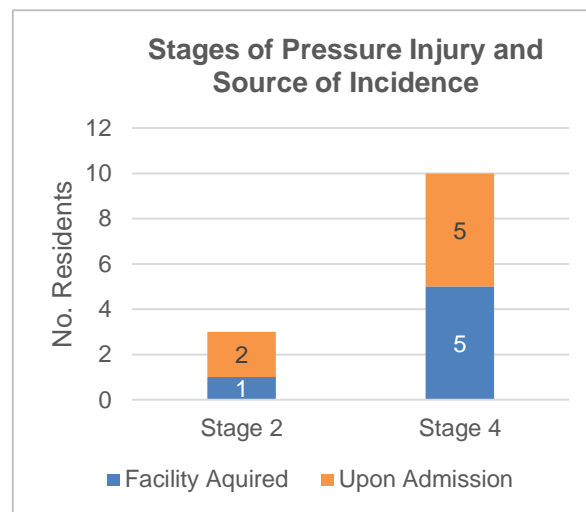
Pressure injury incidence is either facility-acquired (FA), or present on admission (POA) and has not healed within 100 days of stay.

Laguna Honda's publicly reported CMS QM for long-stay high-risk residents with PI/PU has consistently been below State (6.7%) and National averages (6.4%)



Current Conditions (continued)

13 residents triggered on the CASPER Report as of 2/14/17			
Stages	2	15%	Stage 2
	0	0%	Stage 3
	11	85%	Stage 4
Sites	2	15%	Hip
	7	54%	Sacrum
	4	31%	Ischium
Bowel Incontinence	13	100%	Managed with disposable briefs and incontinent care
Bladder Incontinence	3	23%	Managed with disposable briefs and incontinent care
	9	69%	With Indwelling Catheter
	1	8%	Intermittent Catheter
Albumin level	7	54%	>3.5 to 4
	3	23%	below 3.4
	2	15%	No albumin ordered
	1	8%	Refused labs
Support Surface	13	100%	Low air loss mattress
Co-morbidities			Dementia, Spinal Cord Injury, HIV, Malnutrition/weight loss



Problem Statement

- 1) 2 to 3% of high-risk long stay residents at LHH develop PI/PU.
- 2) The PI/PU of newly admitted residents are not healing within 100 days.

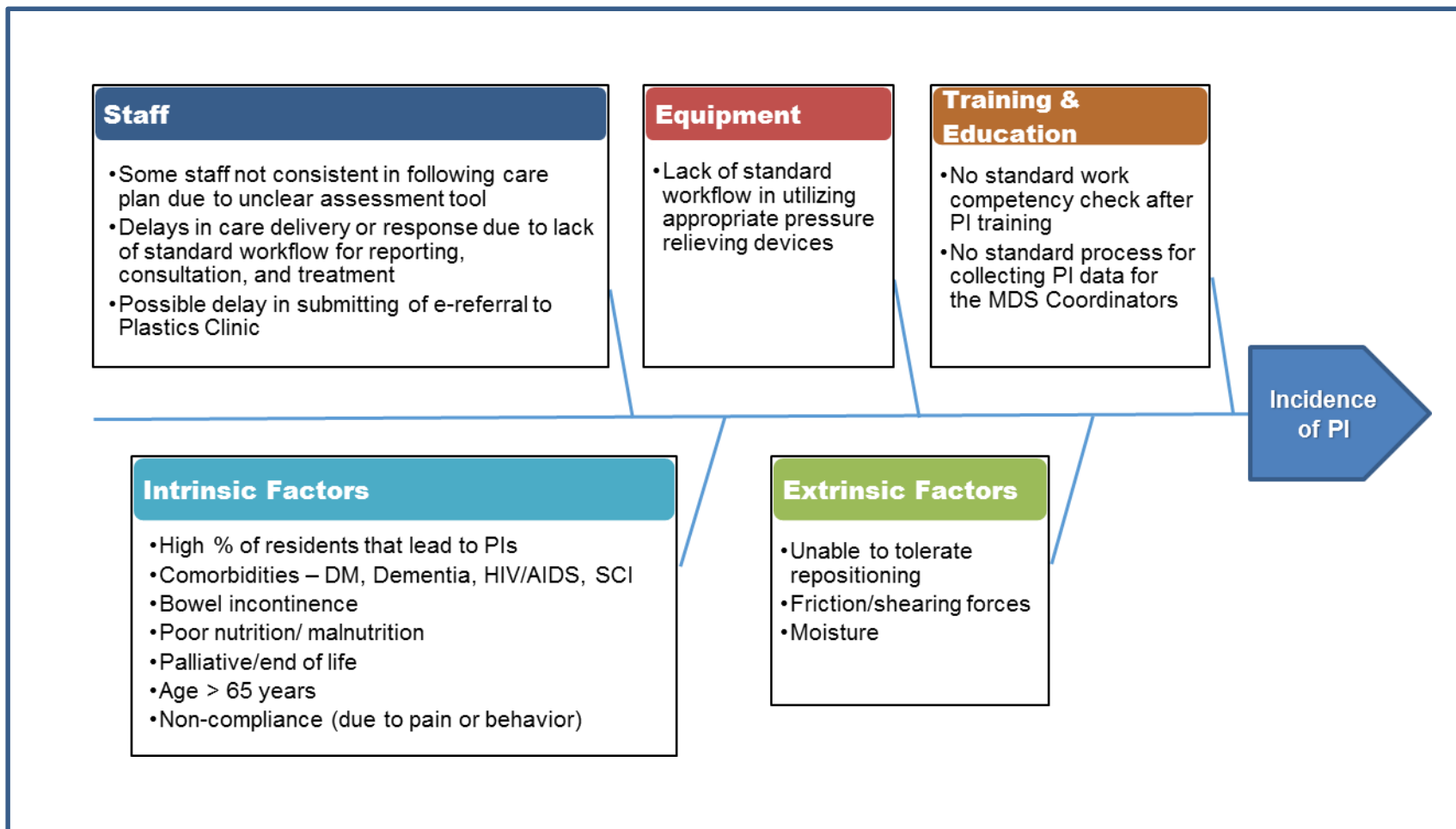
Goals and Targets

1) Improve healing by 50% for all current residents with PI/PU by the end of June 30, 2017.

2) Create and implement standardized workflows for PI/PU prevention by June 30, 2017.

3) Reduce high risk pressure ulcers in long stay residents based on the CASPER report by 1% from 2.5% to 1.5% by end of June 30, 2017.

Analysis



Countermeasures & Interventions – Completed in December 2017

Revise Protocols & Create Standard Workflow

- House-wide implementation of the Braden Scale (tool for predicting PI/PU risk)
- 3 standardized workflows were developed for comprehensive wound care assessment, MDS coding and implementation of the resident care plan
- Hospital-wide and Nursing policies and procedures were updated

SWAT Champions

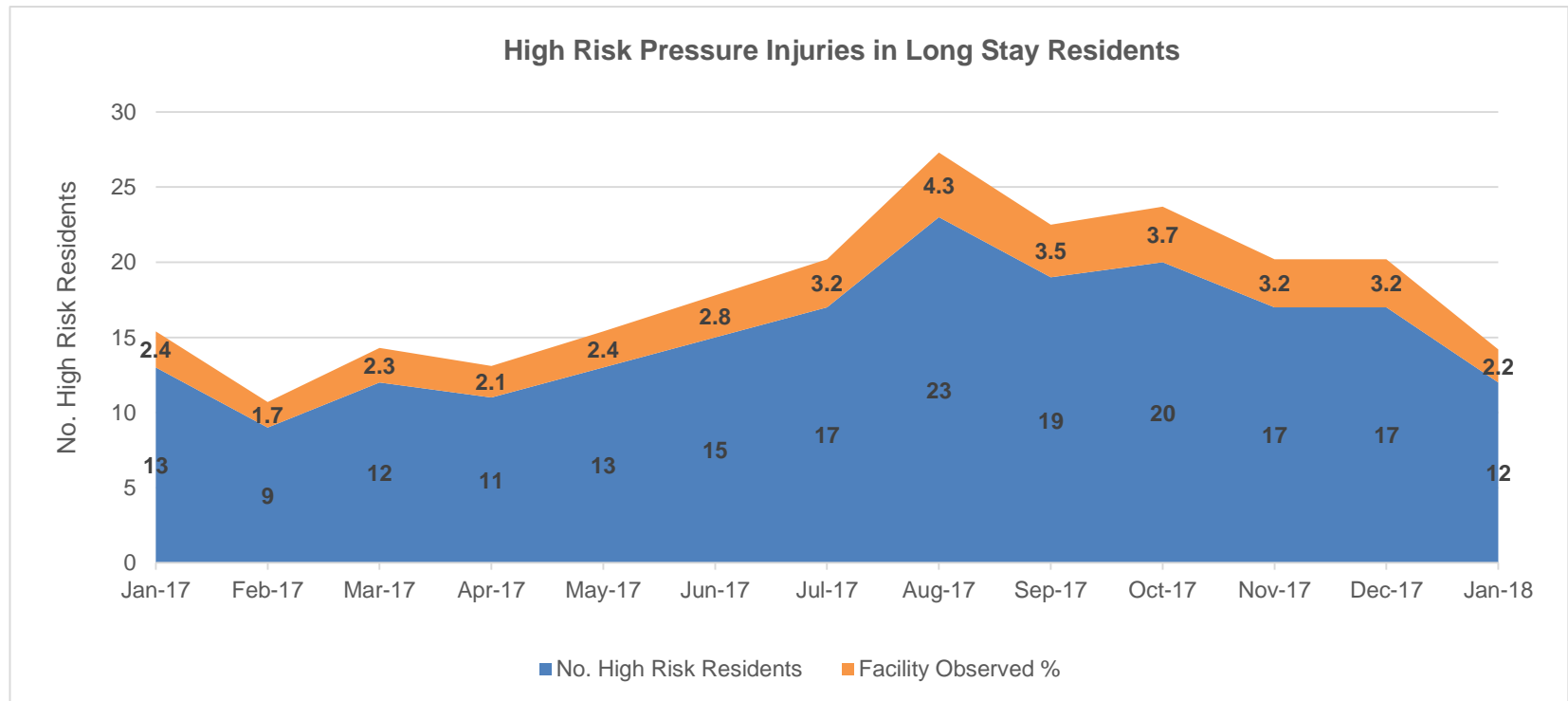
- 14 licensed nurses designated as Skin Wound Assessment Team (SWAT) champions on day shift as a wound resource for residents and staff on each unit
- Establish SWAT champion roles and responsibilities

Competency Assessment

- Skills check conducted for 14 SWAT champions, including real-time skills practice during Plastic Clinic sessions

Results

(Goals and Targets were not met by June 30, 2017)



Coaching Kata

- What is the challenge (the target condition)?
 - To further reduce the number of facility acquired PI/PU (especially on heels) and heal the wounds of residents admitted with PI/PU in less than 100 days
- What is the actual condition now?
 - As of the February 2018 report, there were 12 residents on the CASPER report (2.2%)
 - 9 residents remain in-house, 1 pressure ulcer healed and 2 residents were discharged
 - **The facility adjusted rate is 1.5% (or 9 out of 537 at risk residents)**
- What problems or obstacles are now preventing you from reaching the target condition?
 - Incidence of facility acquired PIs on resident heels
 - Residents who are not adhering to the treatment plan
 - The CASPER report itself (discharged residents remain on the list for 6 months, residents with healed pressure ulcer remain on the list until the next MDS)
- What is your next step?
 - Replace the heel pressure reducing device with a better product (Completed)
 - Adjust True North metrics to exclude residents who have been discharged
 - Create a new A3 and develop new countermeasures and interventions to reach the stated goals and target conditions

Next Steps/Ideas Brainstormed

- Identify SWAT champions for P.M. and A.M. shifts
- Strengthen roles of SWAT champions by allocating protected time for job related functions
- Stress earlier identification of facility acquired PI/PU to Nursing staff
- Reconcile & track PI/PU data weekly/monthly (Unusual Occurrence, CASPER, End of Month Reports)
- Conduct annual skills check for licensed nurses using simulation based learning via life-like mannequin and synthetic wound models and clinical scenarios

Questions/Comments



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