PI Project Storyboard: Pressure Injuries/Ulcers (PI/PU)

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Laguna Honda Hospital and Rehabilitation Center
JCC - March 12, 2019

- **Problem:** A number of high risk long stay residents at Laguna Honda Hospital develop facility acquired PUs, and a number of residents who are admitted with PUs have PUs that do not heal within 100 days of stay.

  Note: Laguna Honda's publicly reported CMS QM report for high-risk long stay residents with PUs ending 12/31/17 (3.2%) remain below the State (6.3%) and National average (6.1%). The QM is triggered when a resident has deep tissue injury (DTI) or Stage 2-4 PU with high-risk (resident is defined as high-risk if they meet 1 or more of the following criteria on the Minimum Data Set: impaired mobility, comatose, and malnutrition or at risk for malnutrition).

- **Aim:**
  1) Reduce the CASPER adjusted facility observed percent of high-risk residents with pressure ulcers to 1.5% by June 30, 2018.
  2) Reduce the number of residents with newly acquired PUs by 50%, compared to the calendar year 2017 incidence rate (n=74), by December 31, 2018.

- **Intervention(s):**

Root Cause	Countermeasure	Description
Standard work	Protocols and 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
Staff competency	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 day shift SWAT champions, including real-time skills practice during Plastic Clinic sessions

- **Measures/Indicators:** Number of UO reported fiscal year 2017-2018 & CASPER data**.**

- **Results:** continued on next page.

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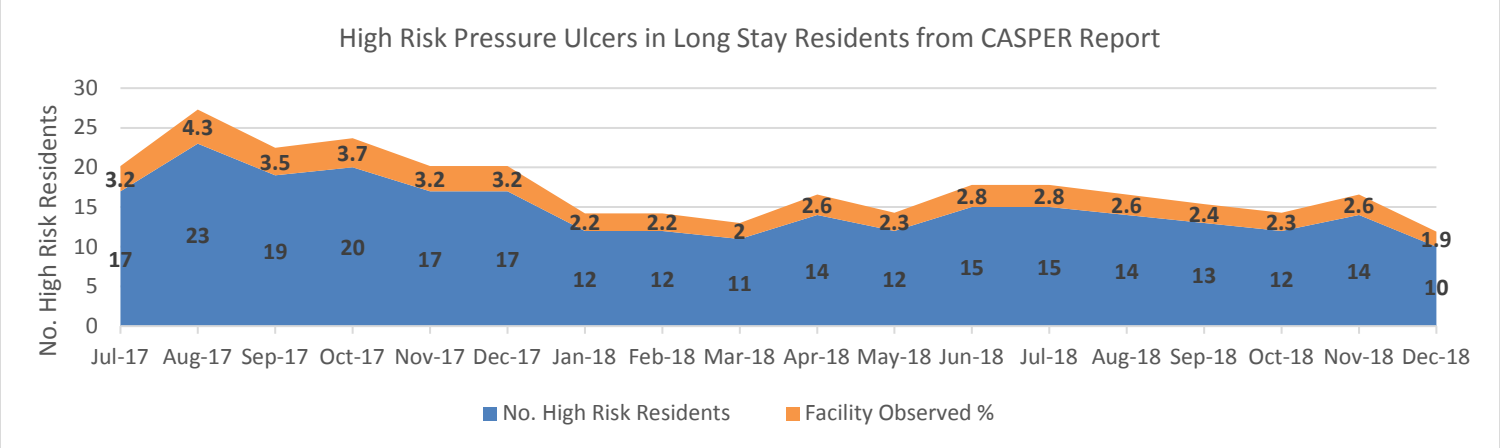

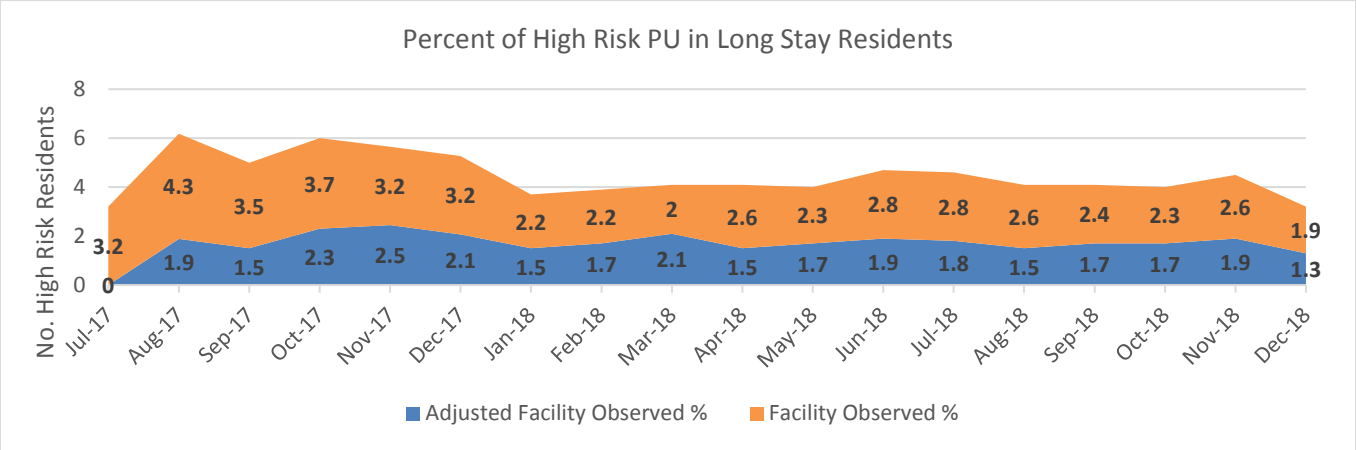

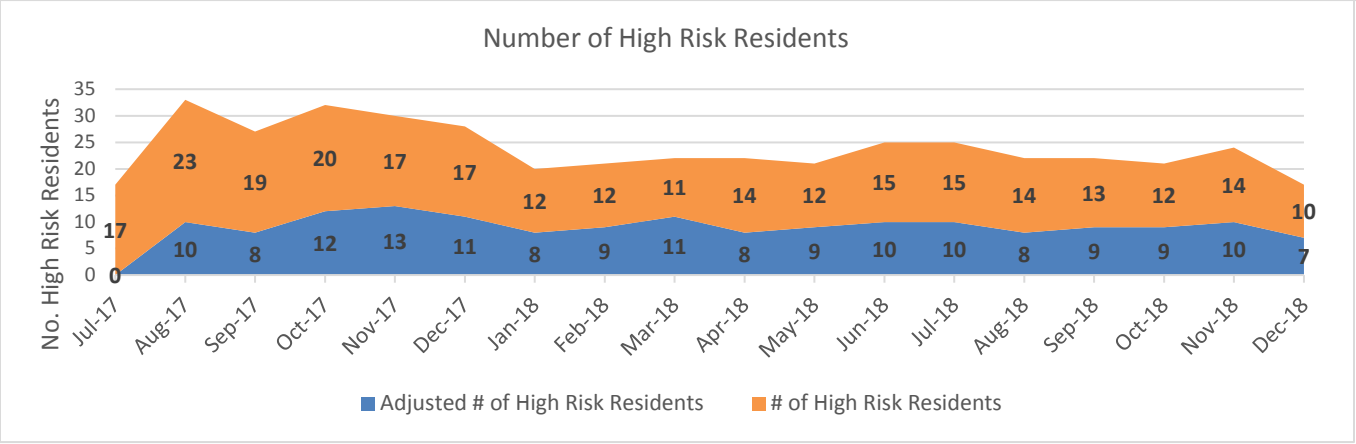

- Facility-adjusted rate was lowest at 1.3% in Dec. ’18, and 1.5% during the months of Sept. ’17, Jan. ’18, Apr. ’18, and Aug. ’18.
- Adjusted Facility Observed Percent: **1.3%** (7/528) data through 12/31/18
  - Numerator excludes: residents that have expired, discharged to the community, and/or healed PUs
  - Denominator excludes: residents that have expired and/or discharged to the community

- **Lessons Learned:**
  A. Former method of assessing of risk factors is not evidence based
  B. New method of assessing risk factors (Braden Scale) improved the early identification of high-risk residents
  C. Heel MEDIX device was not effective in heel pressure management

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D. Lack of communication/standard work in proper placement of splints/orthotics devices
E. No standard workflow for nutrition documentation for stage 3 and 4 PUs
F. Goals and targets set were not realistic

- **Completed Interventions:**
  - Replaced the heel pressure reducing device with a better product (January 2018)
  - Implemented Job Related Business (JRB) on all neighborhoods (May 2018)
  - Day shift SWAT Champions to provide unit based education and serve as a resource (May 2018)
  - Provided education to Nursing staff for earlier identification of facility acquired PU (June 2018)
  - Implemented facility-wide PU Tracker to reconcile and track PI/PU data bi-monthly (Unusual Occurrence, CASPER) (June 2018)
  - Nutrition Services created standard workflow for nutrition documentation for stage 3 and 4 PUs (March 2018)

- **Next Steps:**
  - Strengthen roles of SWAT champions by allocating protected time for job related functions
  - Conduct annual skills check for licensed nurses using simulation based learning via life-like mannequin and synthetic wound models and clinical scenarios
  - Designate SWAT Champions for PM and AM shifts
  - PM and AM shift SWAT Champions to provide unit based education and serve as a resource
  - Nurse Managers/Charge Nurses, and SWAT Champions to utilize Critical Element Pathway for facility-acquired pressure ulcers
  - Set new goal to reduce the number of new facility-acquired pressure ulcers by 10% (aligned with goals from SFHN True North Metrics)
  - All nursing staff will be trained on wound documentation flowcharts prior to the launch of Epic electronic health record system on August 3, 2019

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