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Recommendations

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In the VQC State-wide PUPPS 1 Report – 2003, VQC developed eight recommendations aimed at improving the prevention and management of pressure ulcers. These recommendations remain relevant and useful for pressure ulcer prevention and management in light of the findings of PUPPS 2¹³.

VQC recommend an additional three initiatives, summarised in Table 18, which are based on the PUPPS 2 results, current best practice and available literature on successful quality improvement strategies in this area.

Table 18. Summary of key recommendations PUPPS 2

Summary of key recommendations for health services:

Implement a comprehensive pressure ulcer management program with risk assessment, individual prevention plans, patient, carer and staff education, supported by organisational policies based on best practice clinical guidelines.

Focus improvement strategies and resources on the 2 areas of greatest need as indicated in individual organisational PUPPS 2 reports and the State-wide PUPPS 2 Report-2004.

Sustain improvement in pressure ulcer prevention and management through clinical risk reporting, regular review of data and outcomes, evaluation of the program and feedback to all stakeholders.

IMPLEMENT

Health service organisational elements

Health services should have a comprehensive and multifaceted program of pressure ulcer prevention and management. Zero tolerance for pressure ulcer development is recommended as an organisational aim.

Organisation-wide policies founded on best practice clinical guidelines such as the AWMA guidelines² should be the starting point for the program. Policies should be developed or reviewed with input from all disciplines involved in pressure ulcer prevention and management and incorporate consumer collaboration⁸⁷ and associated reporting. To encourage staff to embrace these policies in practice, the policies need to articulate the program aims, encompassing the planned change or improvement in patient outcome aligned to the values of the staff undertaking them. The program should aspire to pro-actively implement prevention strategies rather than to reactively manage pressure ulcers that develop. Care should be taken to ensure the program is not initiated in isolation but incorporated into other clinical improvement programs to ensure sustainability.

Leadership for the pressure ulcer prevention program is required, including executive support and a specific role in the form of a staff member qualified in wound management with knowledge and skills in pressure ulcer prevention and management. This role should incorporate strategic planning for the program, education, management of existing pressure ulcers and reporting of pressure ulcer data. The position could be filled from a number of health disciplines (allied health and nursing) and in the case of rural facilities, potentially shared over a number of sites or geographical areas to assist with recruitment.

Health services should have in place an ongoing commitment to a mattress replacement program. The DHS Mattress Replacement Program has given health services considerable assistance in this area with the recent funding of static pressure reduction foam mattresses. Health services should upgrade the remaining standard beds and trolleys with static pressure reduction foam mattresses and make arrangements for access to more specialised equipment such as alternating mattresses for high risk patients to be available when required.

Working with patients

The patient oriented component of the program should contain a risk assessment element to identify patients at risk of developing a pressure ulcer^{37,71}. This risk assessment should form the basis for an individual patient prevention plan. Health services need to ensure each individual risk assessment outcome and intervention plan correlates to the implementation of evidence based recommendations for preventative measures³⁷.

Consumer-focused information on pressure ulcer prevention and management should be available for all patients and carers prior to, on or during their admission. This information should form part of patient and carer education which allows them to participate in planning their own care. VQC has developed two pressure ulcer prevention patient information publications for organisations to integrate into their patients information. These are available in 11 languages and can be downloaded at www.health.vic.gov.au/qualitycouncil.

Staff responsibilities

All direct care and clinical staff (allied health, medical and nursing) should have access to a basic pressure ulcer education program. Education on the organisation's pressure ulcer prevention, management and reporting should be incorporated into staff orientation programs and be part of an annual competency program for clinical staff. All clinical staff should take responsibility for the prevention and detection of pressure ulcers.

FOCUS

Health services should identify their two areas of greatest need using the VQC State-wide PUPPS 2 Report – 2004, their individual health service reports and internally reported incidence data. The areas could be a particular unit, a medical specialty, patients with a particular condition or of a certain age group. Within these groups specific anatomical areas of risk should be targeted, such as the sacrum and/or heels. Strategic planning should then be undertaken for these priority areas to resource implementation of recommendations and achieve specific improvement targets. The experience and lessons learned from these pilot areas can then be used to plan organisation-wide rollout of prevention and management strategies.

Focused action towards improving pressure ulcer prevention and management is expected in all health services. The expectation is that within 12 months each health service should be able to demonstrate a 50% reduction in prevalence in their two areas of highest need. This should then be reflected in a similar state-wide reduction.

Change and implementation, particularly in healthcare, requires a step-wise approach which incorporates both people and business dimensions. Carefully phased planning towards a well-defined and agreed goal, with input from all stakeholders is essential to achieve sustainability. 'Quality programs are iterative and require constant development by the organisation to meet changing internal and external contexts, expectations and stakeholder needs'⁸⁸.

Health services may find it useful to use the sample action plans at the end of this section to assist in the formulation of their own strategies. VQC have included sample action plans for both organisation-wide and local unit level. Smaller facilities may find a combination of these strategies suitable.

SUSTAIN

Health services should have a program of active pressure ulcer surveillance. This should be achieved through regular clinical risk reporting of a minimum data set and involve prevalence, incidence and documentation audit as well as clinical coding. A multidisciplinary committee responsible for clinical risk management should support and drive the activities. Organisation-wide data on pressure ulcers should be a component of an organisation's quality minimum data set.

Regular written and verbal feedback of activities, results and improvements should be communicated to staff at all levels of the organisation, patients and other stakeholders. Feedback should incorporate combinations of process and outcome data such as compliance with use of a risk assessment linked to a reduction in pressure ulcer incidence.

Annual state-wide prevalence surveys, utilising the PUPPS methodology, should be mainstreamed to track the progress of implementation and the influence of these initiatives on reducing pressure ulcer prevalence.

Pressure ulcer prevalence should be identified at a state-wide level in aged care, residential and community facilities.

Sample action plan

Sample action plan to implement PUPPS 2 recommendations

The sample action plan can be used as a checklist to plan the implementation or review of the PUPPS 2 recommendations in your organisation. Quality improvement strategies should be planned with a targeted aim and a timely and agreed outcome. Implementation progress should be tracked through regular review of project Key Performance Indicators. Consultation and regular communication with all stakeholders prior to, during and after the implementation is critical to achieving improvement. Communication should include information sharing on plans, activities, lessons learned and successes.

Recommendation	Organisation level	Ward/Unit level
IMPLEMENT		
A. Health service elements		
Leadership	<ul style="list-style-type: none"> Allocate executive sponsor to pressure ulcer program Recruit wound management staff or provide additional training for existing staff in wound management 	<ul style="list-style-type: none"> Allocate ward/unit pressure ulcer portfolio or project leader
Clinical guidelines	<ul style="list-style-type: none"> Identify appropriate clinical guidelines (e.g. AWMA www.awma.com.au) endorse and distribute 	<ul style="list-style-type: none"> Provide copy of 'pocket guide' AWMA guidelines to all direct care staff Discuss guidelines with all staff Integrate guidelines into pathways and protocols
Policy	<ul style="list-style-type: none"> Develop or review existing pressure ulcer policy with multidisciplinary input with the aim of improving patient outcomes by reducing pressure ulcers Support the policy implementation via the appropriate committee 	<ul style="list-style-type: none"> Review pressure ulcer policy and discuss local application with staff
Mattress replacement program	<ul style="list-style-type: none"> Develop or review mattress replacement program ensuring timely auditing and replacement 	<ul style="list-style-type: none"> Monitor mattress replacement program locally with annual audit (download sample audit tool from www.hpv.org.au) Discuss with all staff the signs of mattress wear or damage
Reporting	<ul style="list-style-type: none"> Set up regular incidence and incident monitoring and reporting to quality committee and Board as part of a minimum dataset 	<ul style="list-style-type: none"> Educate, train and encourage staff on identification and reporting
B. Working with patients		
Risk assessment tool	<ul style="list-style-type: none"> Via the committee identify relevant risk assessment tool, develop patient pressure ulcer prevention plan and adapt patient education to include pressure ulcer information 	<ul style="list-style-type: none"> Pilot risk assessment tool, prevention plan and patient information (download patient information from www.health.vic.gov.au/qualitycouncil) Review use of tool, plan and information, change as required and put into general practice
Prevention plans		
Patient information		
C. Staff responsibilities		
Pressure ulcer education	<ul style="list-style-type: none"> Include education on pressure ulcers and clinical risk reporting as part of new staff orientation program and annual competency for all clinical staff 	<ul style="list-style-type: none"> Ensure all staff attend pressure ulcer education annually Provide updates on current practice at ward/unit meetings and articles of interest for all staff to read

Recommendation	Organisation level	Ward/Unit level
FOCUS		
Identify target areas	<ul style="list-style-type: none"> Identify 2 target areas from PUPPS Reports (State-wide and Individual) and define goal and timeframe (e.g. reduce prevalence by 50% in medical and orthopaedic wards within 3 months) 	<ul style="list-style-type: none"> Create a sense of the 'need to change' by sharing information from PUPPS Reports and local pressure ulcer data
Baseline information	<ul style="list-style-type: none"> Set Key Performance Indicators (KPI) for program and obtain baseline information on these (e.g. pressure ulcer incidence, coding, length of stay and wound dressing costs) 	<ul style="list-style-type: none"> Collect and discuss local baseline data with staff
Consult widely	<ul style="list-style-type: none"> Plan pilot program with input from all staff disciplines and incorporate consumer perspective 	<ul style="list-style-type: none"> Plan pilot program with input from all staff disciplines and a consumer representative
Implement program pilot/s	<ul style="list-style-type: none"> Support pilot program with launch by executive sponsor at organisation wide forum/meeting to explain aim, activities and anticipated outcomes 	<ul style="list-style-type: none"> Communicate aims, activities and anticipated outcomes to all staff via verbal and written information
Review program pilot/s	<ul style="list-style-type: none"> Review pilot, incorporate lessons learned, alter plan and rollout organisation-wide Share activities, successes and lessons learned with staff at all levels, patients and carers 	<ul style="list-style-type: none"> Encourage staff feedback and incorporate suggestions following review Share activities, successes and lessons learned with staff, patients and carers
Roll out across organisation	<ul style="list-style-type: none"> Support organisation-wide rollout with launch and regular updates on activities and outcomes 	<ul style="list-style-type: none"> Support other wards/units with information and resource sharing
SUSTAIN		
Multidisciplinary committee	<ul style="list-style-type: none"> Develop or review existing multidisciplinary committee responsible for clinical risk to include pressure ulcer program planning and outcome review 	<ul style="list-style-type: none"> Have a representative on the multidisciplinary committee
Pressure ulcer reporting	<ul style="list-style-type: none"> Continue a range of pressure ulcer data as part of a minimum dataset which is reported regularly 	<ul style="list-style-type: none"> Collect and discuss pressure ulcer data as part of regular clinical risk reporting
Regular feedback	<ul style="list-style-type: none"> Share information at meetings, through reports, newsletter and intranet updates up and down the organisation Contribute articles to professional journals on project activities, outcomes and lessons learned 	<ul style="list-style-type: none"> Share local and organisational data at ward/unit meetings and newsletters