LIGHTEN THE LOAD

Making Wound Care Everyone's Priority

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Background

Ballarat Health Services recognises

Pressure Injury Prevention

as a critically important concern that presents broad opportunities for **clinical**, **operational** and **financial** improvement.

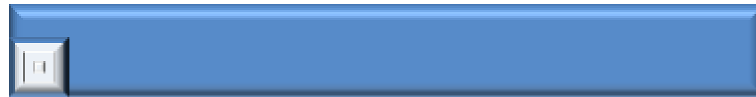
Partnering for Better Outcomes

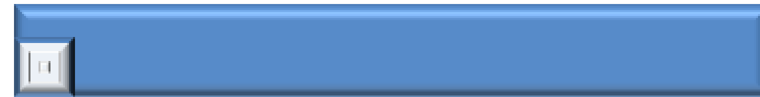
In 2009 BHS commissioned the Wound Care Improvement Project, working with third party partners Smith & Nephew and Nursing Practice Solutions Inc.

Objectives

- To improve patient outcomes by implementing best practices in wound care.
- To standardise wound care practices among health care providers across BHS.
- To reduce the cost of wound care services throughout the BHS community, including reductions in cost of supplies and nursing time dedicated to wound care.
- To improve patient quality of life by reducing the number of wounds and increasing evidence based wound care across BHS.
- To improve internal business processes related to wound care.

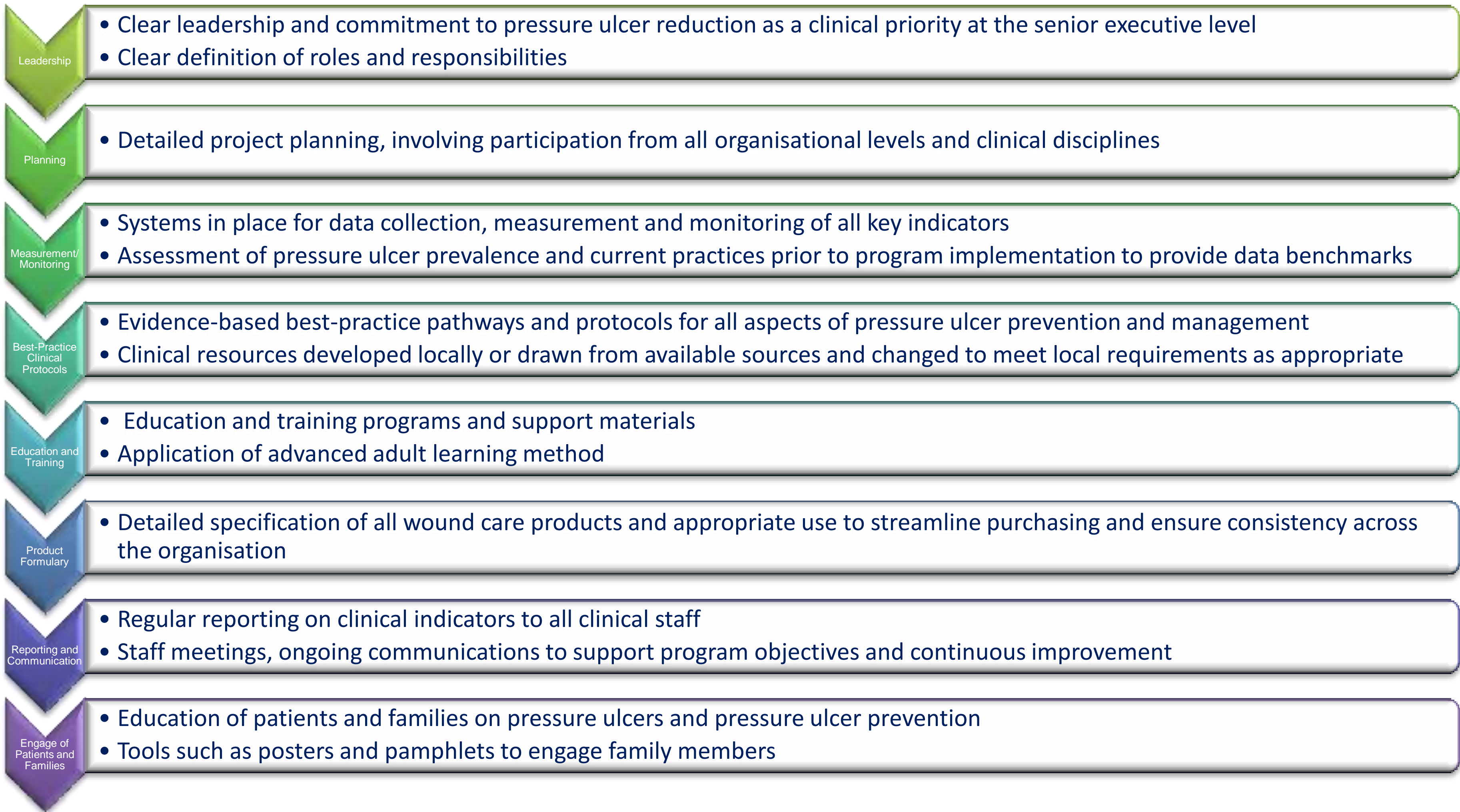
Wound Care Steering Group





KEY CHANGES IMPLEMENTED

A partnership was developed involving BHS and third party partners Smith & Nephew and Nursing Practice Solutions Inc. enabling the on-going implementation of a comprehensive Wound Prevention and Healing System, incorporating all of the essential components of best-practice, evidence-based wound management. Including:



- Clear leadership and commitment to pressure ulcer reduction as a clinical priority at the senior executive level
- Clear definition of roles and responsibilities

Actions:

- Priority item at Executive Staff Council
- Reporting to Board of Management
- Included in Clinical Audit Program
- Budget allocation for Project Officer
- Funding for Clinical Nurse Consultant EFT
- Funding for Nurse Educator EFT
- Clinical Governance Structure
- Attendance at Industry Events
- Position Descriptions
- Promotional Material

➢ Detailed project planning, involving participation from all organisational levels and clinical disciplines

Actions:

- Outcome metrics identified
- Performance benchmarks determined
  - Organisation-wide Clinical audit
  - Staff skills surveys
- Objectives agreed
- Project Plan developed
- Learning and Development Plan developed
- Roles and responsibilities allocated
- Steering Group established

- Systems in place for data collection, measurement & monitoring of key indicators
- Assessment of pressure ulcer prevalence and current practices prior to program implementation to provide data benchmarks

Actions:

- Adoption of NPS Audit Tools
- Benchmark performance established
- Organisation wide clinical audit including:
  - Skin integrity check
  - Pressure Injury Risk Screening
  - Pressure Injury prevention interventions
  - Pressure Injury Staging
  - Pressure Injury Management
- Clinical Skills survey
- Data collection and reporting software adopted

- Evidence-based best-practice pathways and protocols for all aspects of pressure ulcer prevention and management
- Clinical resources developed locally or drawn from available sources and changed to meet local requirements as appropriate

Actions:

- Collection of all existing tools
- Nursing Practice Solutions tools adopted
- Clinical coding requirements included
- Clinical staff engagement in piloting tools
- TIME Wound Assessment & Management
- Product formulary included in Wound Chart
- Braden Risk Assessment for all patients
- Linking of all documents organisation-wide

- Education and training programs and support materials
- Application of advanced adult learning method

Actions:

- Benchmark clinical skill levels & confidence
- Adopt Nursing Practice Solutions Programs
- Implement Train-the-Trainer Program
- Calendar regular class education sessions
- Maximise bed-side education opportunities
- Implement Training Modules including:

- Intro to Chronic Wounds
- TIME Assessment & Management Principles
- Pressure Injury
- Diabetic Foot Ulcer
- Leg Ulcers
- Surgical Wounds
- Palliative Wounds
- Burns
- Topical Negative Pressure

➢ Detailed specification of all wound care products and appropriate use to streamline purchasing and ensure consistency across the organisation

Actions:

- Stocktake – 130+ different products in wards
- Remove out-of-date stock ($30,000+)
- Develop simplified Product Formulary
- Implement Impress System
- Centralise ordering and supply
- Develop clinical resources – posters, manuals
- Redraft clinical governance documents
- Include in education sessions
- Include in Wound Care Chart
- Track spending

- Regular reporting on clinical indicators to all clinical staff
- Staff meetings, ongoing communications to support program objectives and continuous improvement

Actions:

- Benchmark data collected for each clinical unit
- Regular ward based clinical audits & reports
- Formal organisation-wide repeat audits
- Media Liaison interventions
- Formalised Clinical Governance arrangements:

- Education of patients and families on pressure ulcers and pressure ulcer prevention
- Tools such as posters and pamphlets to engage family members

Actions:

- Uniformity of updated information materials
- Redrafting of Patient Information Handbook
- Attention to consent processes
- Patient/resident questionnaires
- Patient engagement with case study presentations
- Patient Care Plan inclusive of Pressure Injury Prevention and Management strategies

BASELINE DATA

In order to collect baseline data a data collection form was developed. Independent Consultants together with BHS staff performed a head to toe assessment on each inpatient, reviewed documentation (including patient wound charts) and assessed nurses on knowledge.

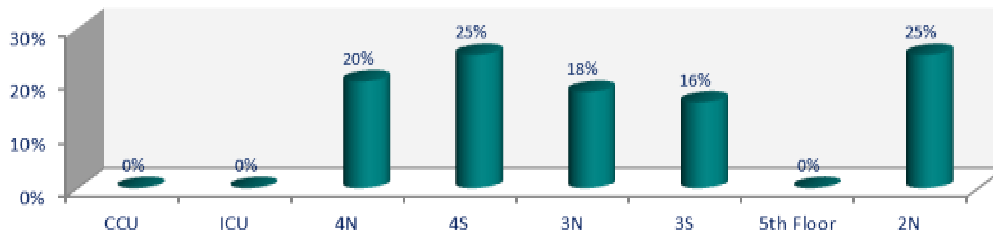
The data collection form captures data on specific clinical indicators, for example:

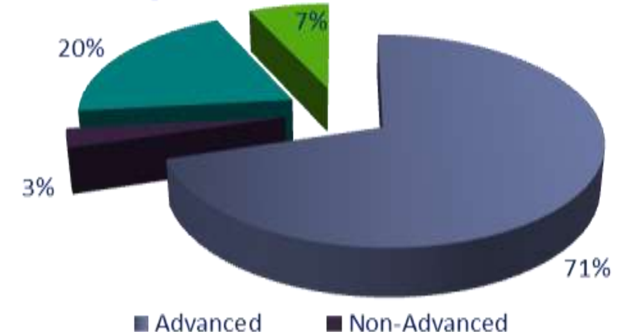
- Different types of wounds and distribution across BHS
- Prevalence of pressure ulcers
- Other patient safety initiatives
- Frequency of dressings changes
- Type of dressings used
- Prevalence of wound infections
- Documentation

Pressure Injury:	#	%
Stage 1	16	47%
Stage 2	12	35%
Stage 3	3	9%
Stage 4	1	3%
Unstageable	2	6%
TOTAL	34	100%

Demographics -2009	Acute n=186
Age (mean years)	50
Gender % female	55%
Diabetic	16%
Pressure risk assessment done	61%
Prevention care for high pressure risk	15%
Incontinent (any)	5%
Falls risk	42%

Prevalence of Pressure Injury by location: Acute Care





OUTCOMES

Implementation of the pressure ulcer reduction program has proved to be highly effective, showing measurable results. Table 1 provides a comparative summary of key indicators before and after program implementation. The results are highlighted by significant reductions in overall pressure ulcer prevalence rates, reflecting both faster healing rates and improved pressure ulcer prevention.

Table 1.

	August 2009	March 2011	June 2012
Total PU Prevalence	**11%**	**6%**	**3.7%**
Acute	**11%**	**9%**	**2.5%**
Sub Acute	**26%**	**11%**	**8%**
Residential	**9%**	**5%**	**3%**

OUTCOMES

The data also confirm major changes in wound management practices. One of the most important changes was the shift away from dry gauze dressings, which are typically changed at least once daily, to advanced wound dressings, which are based on moist wound healing principles and require far less frequent changes. Significant reductions in daily dressing changes and corresponding increases in advanced dressing utilisation were achieved.

OUTCOMES

Wound Product Costs	Beginning Dates	End Dates	Months	$
Pre Program	1/12/2008	31/07/2010	19	399,999.54
Post Program	1/08/2010	31/03/2012	19	333,196.07
			Saving	**66,803.47**

OUTCOMES

Bed Day Impact	Acute Separations	Pressure Ulcer Point Prevalence	Estimated Additional Bed Days	Estimated Bed Day Savings (cumulative)
2009 Benchmark	33,607	11%	13,456	Nil
2011	34,909	9%	11,436	2,020
2012	**36,531**	**2.5%**	**3,324**	**10,132**

OUTCOMES

By adopting the '*Integrated Customer Solutions*' Wound Care Program, Ballarat Health Services has:

- ✓ Improved clinical performance outcomes
- ✓ Improved organisational performance outcomes
- ✓ Improved financial performance outcomes

And meets STANDARD 8!

LESSONS LEARNT

A number of practical recommendations for health care organisations evaluating pressure ulcer reduction options can be drawn from this program. These include:

- Understand the scope and nature of the pressure injury problem. Implement data collection and measurement systems. Conduct a prevalence survey and an assessment of clinical practices to benchmark key indicators prior to program launch.
- Identify clear leadership at the executive level. Pressure injury prevalence reduction must be established and maintained as an organisational priority.
- Select clinical and administrative leaders with experience in program implementation and organisational change. These leaders will be required to identify and navigate barriers to change.
- Build a multi-disciplinary team that includes specialists such as physiotherapists, nutritionists, podiatrists, etc. Involve these disciplines in all stages of planning and implementation .
- Promote the central role of nurses in pressure injury prevention and management. Appeal to the fundamental desire of nurses to provide for the health, comfort and well-being of patients.
- Help build broad organisational support by linking pressure injury prevalence to resource management issues such as length-of-stay in acute care and SubAcute care beds. Pressure injuries are an important cause of preventable acute care stays.
- Recognise and build upon the role of pressure injury reduction as an important part of the organisation's overall patient safety agenda. The program can serve to reduce pressure injuries, which are a major patient safety risk, while also establishing basic clinical and organisational practices that contribute to a patient safety culture.
- Report regularly on clinical and practice indicators such as pressure injury prevalence, infection rates, healing times and use of best-practices. Evaluate progress. Identify gaps and opportunities for continuous improvement.

Ballarat Health Services
Putting your health first

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