

BALLARAT HEALTH SERVICES

IMPROVES WOUNDCARE OUTCOMES

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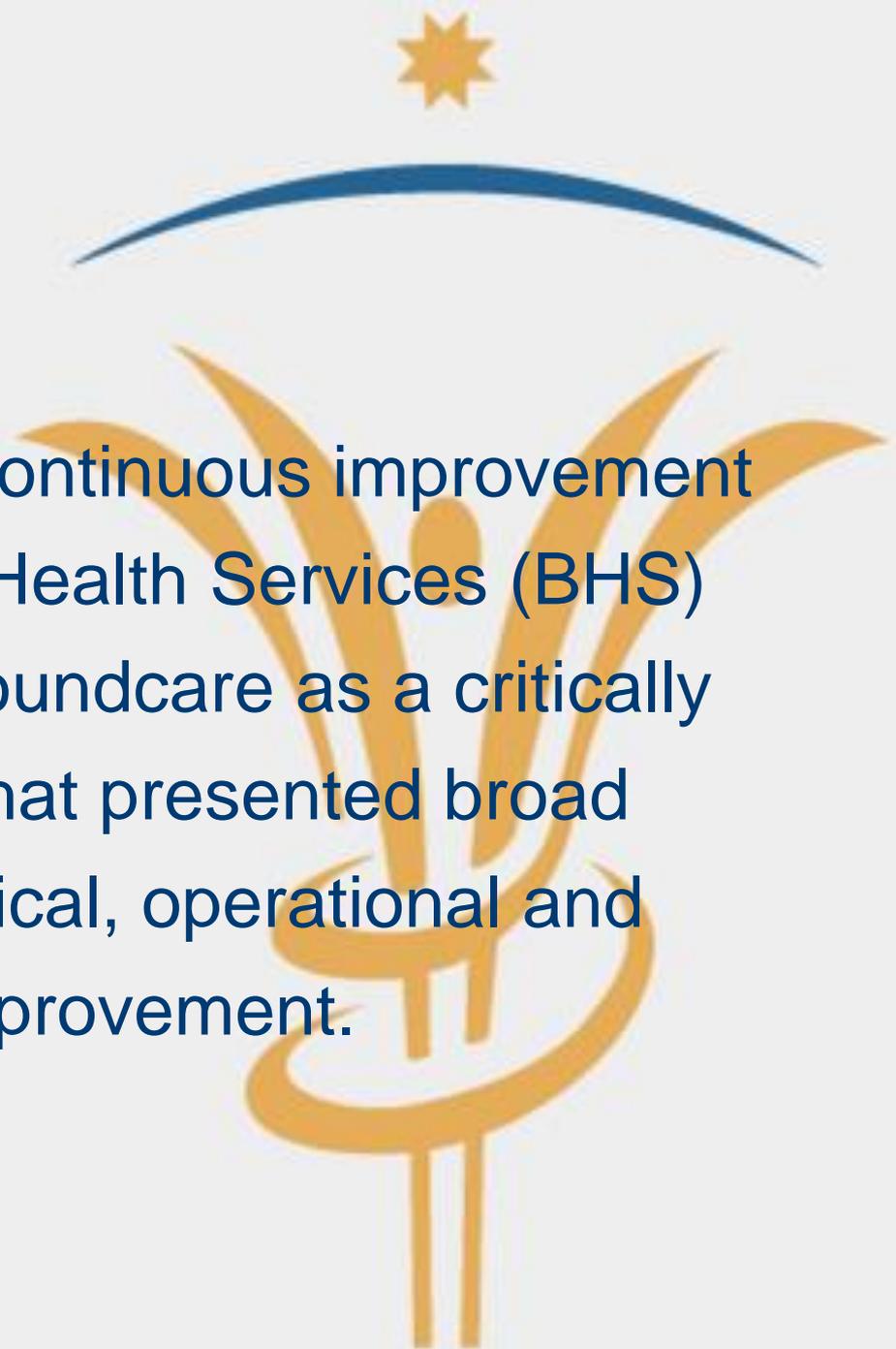
May 2012



Ballarat **Health** Services
Putting your health first

Background

In 2009, as part of the continuous improvement program, the Ballarat Health Services (BHS) Executive identified woundcare as a critically important concern that presented broad opportunities for clinical, operational and financial improvement.



Partnering for Better Outcomes

A decorative graphic on the right side of the slide. It features a yellow star at the top, a blue curved line below it, and a large, stylized orange human figure with arms raised, resembling a person in a celebratory or supportive pose.

The Woundcare Improvement Project was commissioned, 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 standardize 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.

Project Planning Disciplines

Investment in Project Administrator

- 1 EFT Project Manager

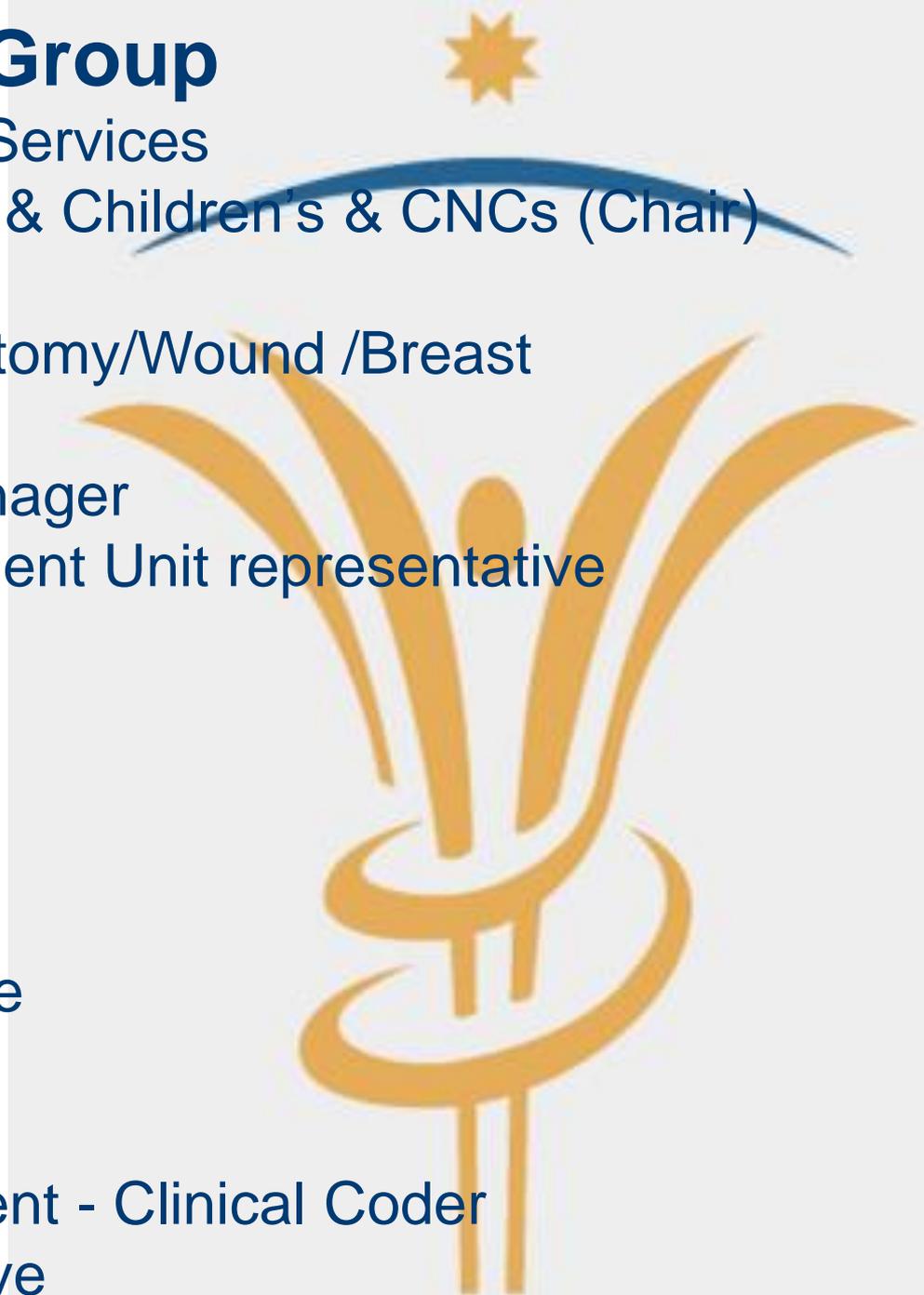
Critical Success Factors

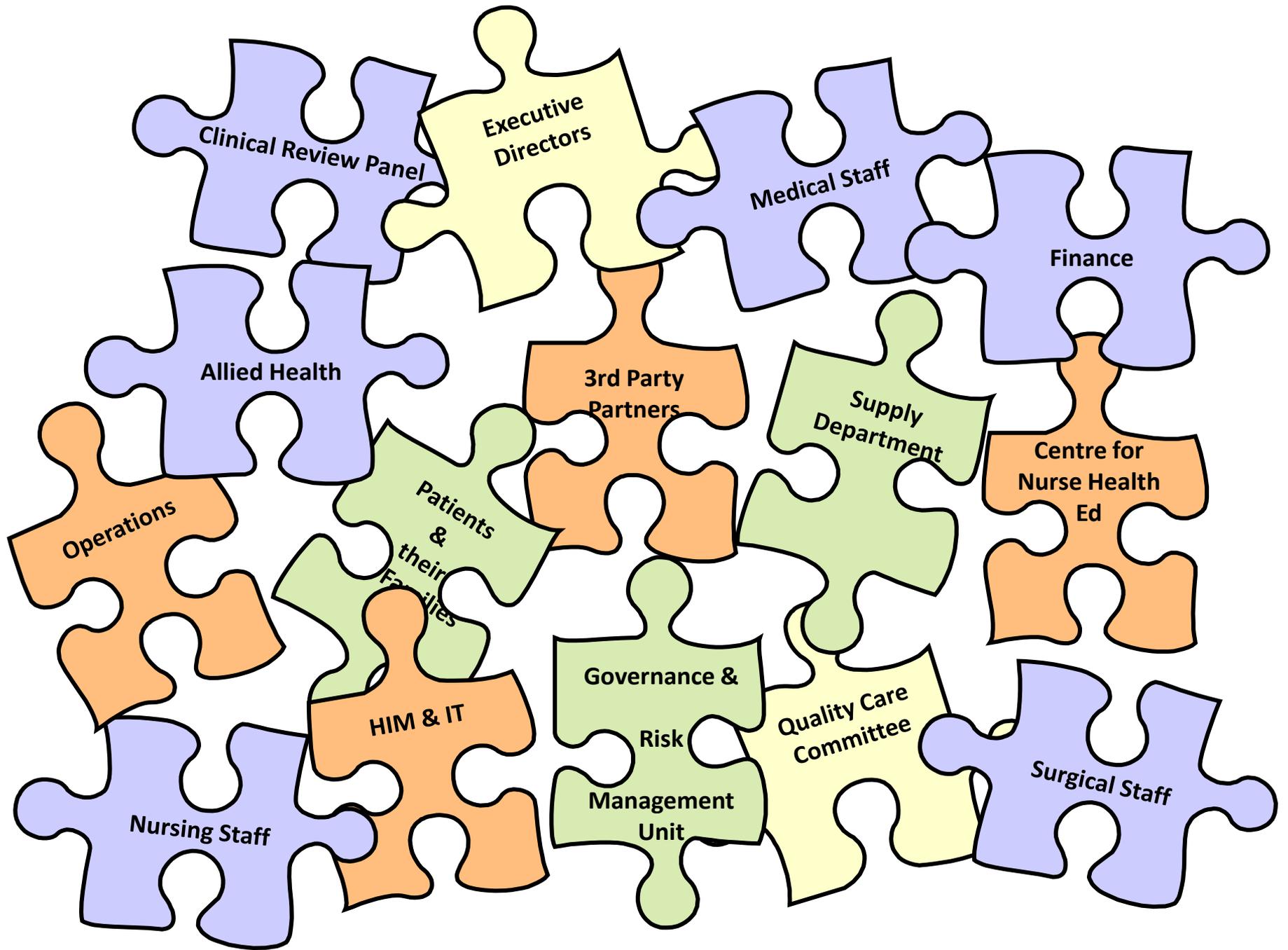
- Executive leadership
- Organisational commitment and involvement in decision making
- External support – program partners
- Good data management
- Willingness
- Dedicated staffing resources



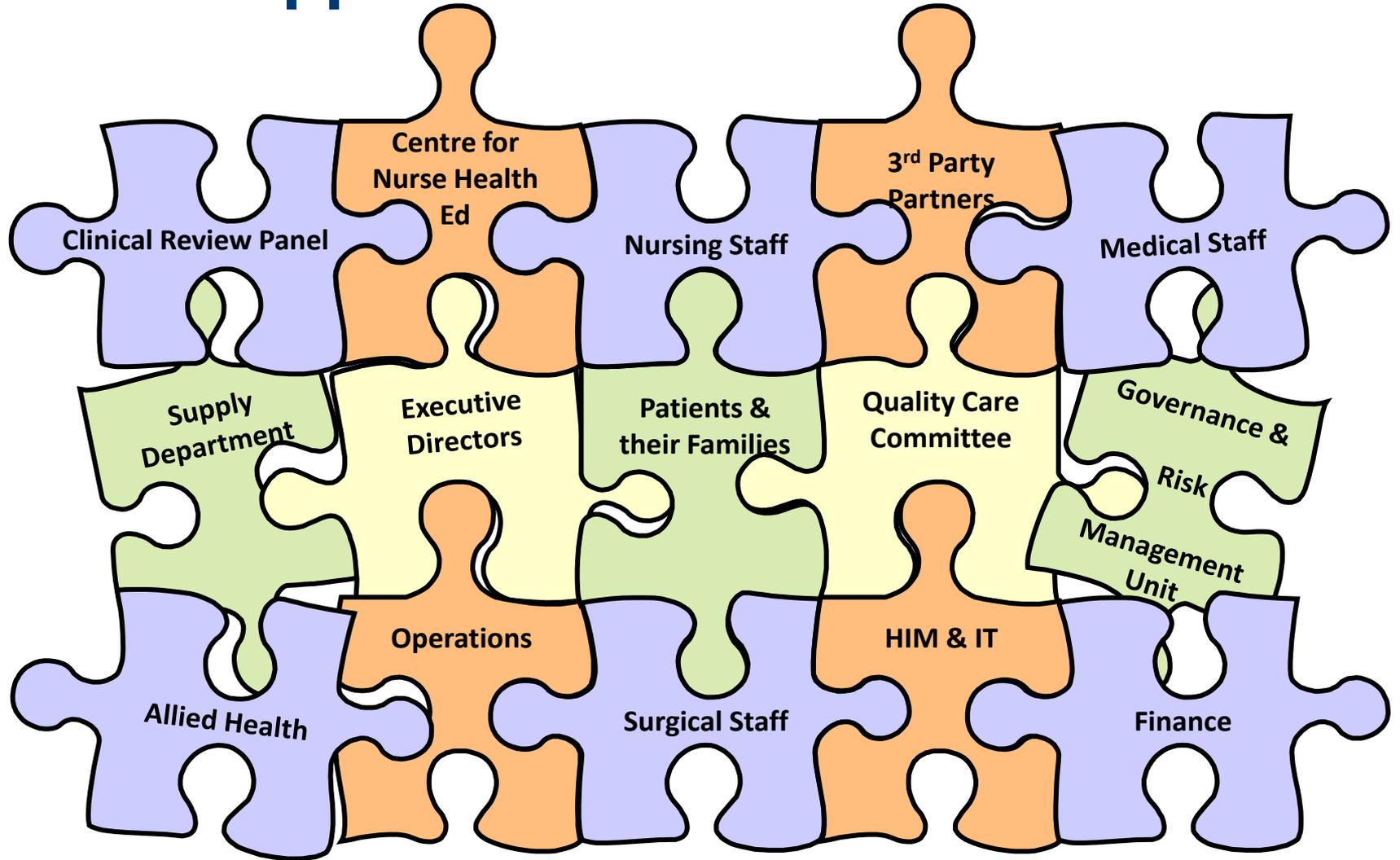
Woundcare Steering Group

- Executive Director – Nursing Services
- Director of Nursing- Women's & Children's & CNCs (Chair)
- Wound Care Project Manager
- Clinical Nurse Consultant- Ostomy/Wound /Breast
- Director of Education
- Procurement & Contracts Manager
- Governance & Risk Management Unit representative
- Supply Manager
- Infection Control Consultant
- Nursing Acute (surgical)
- Nursing Acute (medical)
- Nursing Sub-acute
- Nursing Residential Aged Care
- Medical
- Allied Health
- Health Information Management - Clinical Coder
- Smith & Nephew representative





The ICS approach



Baseline Data Collection

Metrics

- Point Prevalence Survey
 - Organisation wide
 - All patients & Residents
 - All wounds
- Staff Skills/Knowledge Assessment
- Health Informatics – Coding Data
- Purchasing



Ballarat Health Services – Wound Audit

Wound numbers and broad prevalence

- 695 inpatients
- 630 consented to participate
- **634 wounds identified in total**
(max 31 wounds on one patient)
- 284 patients with at least one wound
 - Crude prevalence of 45% for all BHS
 - Acute 58%
 - Sub-acute 49%
 - Residential 33%



Dressing changes

Of the 634 wounds:

- 352 (56%) wounds had wound dressing information
 - **Generating 1364 dressing changes per week**
 - Average of 10 mins per dressing = **227 hours/week** of staff time for dressing changes
- Dressing change frequency
 - 3/day (tds) to once weekly
 - 91 wounds dressed daily or more frequently

Total number of different dressing products in use = 110!



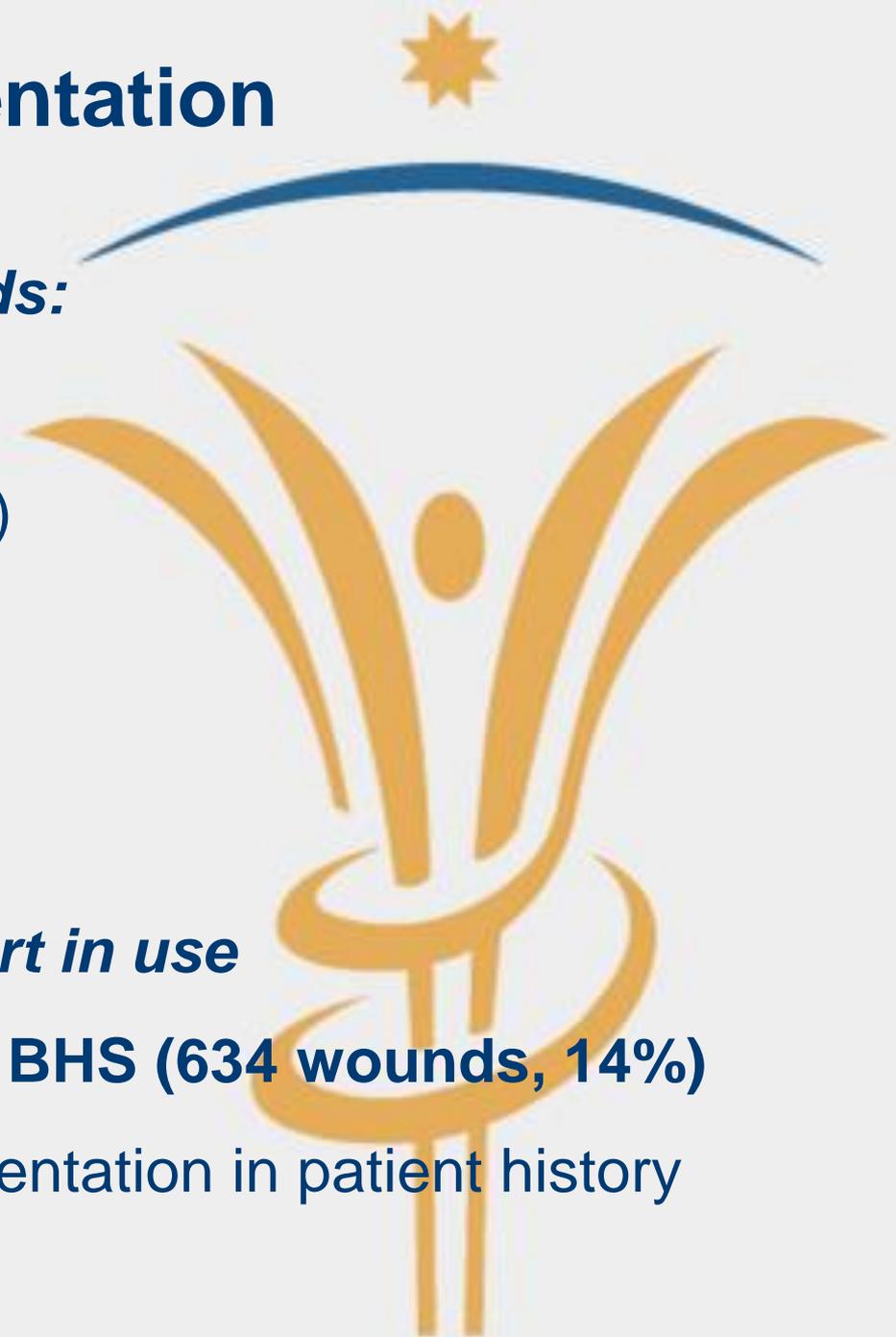
Wound origin/documentation

Origin of 122 Pressure wounds:

- **Hospital 38 (32%)**
- Residential Care 61 (50%)
- Home 16 (13%)
- Unknown 7 (5%)

Documentation – Wound Chart in use

- **90 wound charts across BHS (634 wounds, 14%)**
- Some inconsistent documentation in patient history



Key Findings –

Educational Needs Assessment

- **Over 60% reported ‘basic’ or ‘no’ wound care knowledge and experience**
- Topics to address in education – reflects practice
 - Basic wound care principles, wound assessment, wound care products
- Quotes from educational needs assessment:
 - *“Too many wound products available for use on ward at the moment”*
 - *“Need to know more about which wounds require what dressing types”*
 - *“Need resource material on ward for easy access”*
 - *“Set products for certain wounds and availability of same products on all wards”*

Learning and Development

Structured Education Plan – Train-the-Trainer

Modules 1 – 8

- Introduction
- TIME
- Pressure Ulcers
- Diabetic Foot Ulcer
- Leg Ulcer
- Surgical Wounds
- Palliative Wounds
- Burns



Barriers to Implementation

Many & Varied, including:

- Changes in personnel
- Reluctance to engage
- Brand loyalty
- Resistance to change
- Ownership
 - Education programs
 - Tools & processes



Improvement in Pressure Ulcer Point Prevalence

	August 2009	March 2011
Total PU Prevalence	11%	6%
Acute	11%	9%
Sub Acute	26%	11%
Residential	9%	5%



Nursing Efficiencies

Dressing change frequencies are reliant on the type of dressings used.

*Daily dressing changes decreased from **1364** per week to **77!***

*Nursing time decreased from **228hrs/week** to **12.8hrs***

Advanced dressings, based on moist wound healing principles require far less frequent changes.



Bed Days

Analysis of difference in bed days with/without PU

	Bed Day Ranges	Total Bed Days	Average Bed Days	Cost according to WEIS \$
DRGs with PU (n36)	1 - 89	532	532	584,565
DRGs without PU (n36)	1 - 60	401	401	490,626
Variance		<u>131</u>	<u>3.64</u>	<u>94,303</u>

Nationwide estimates indicate a hospital acquired pressure ulcer costs an average of \$15,958*

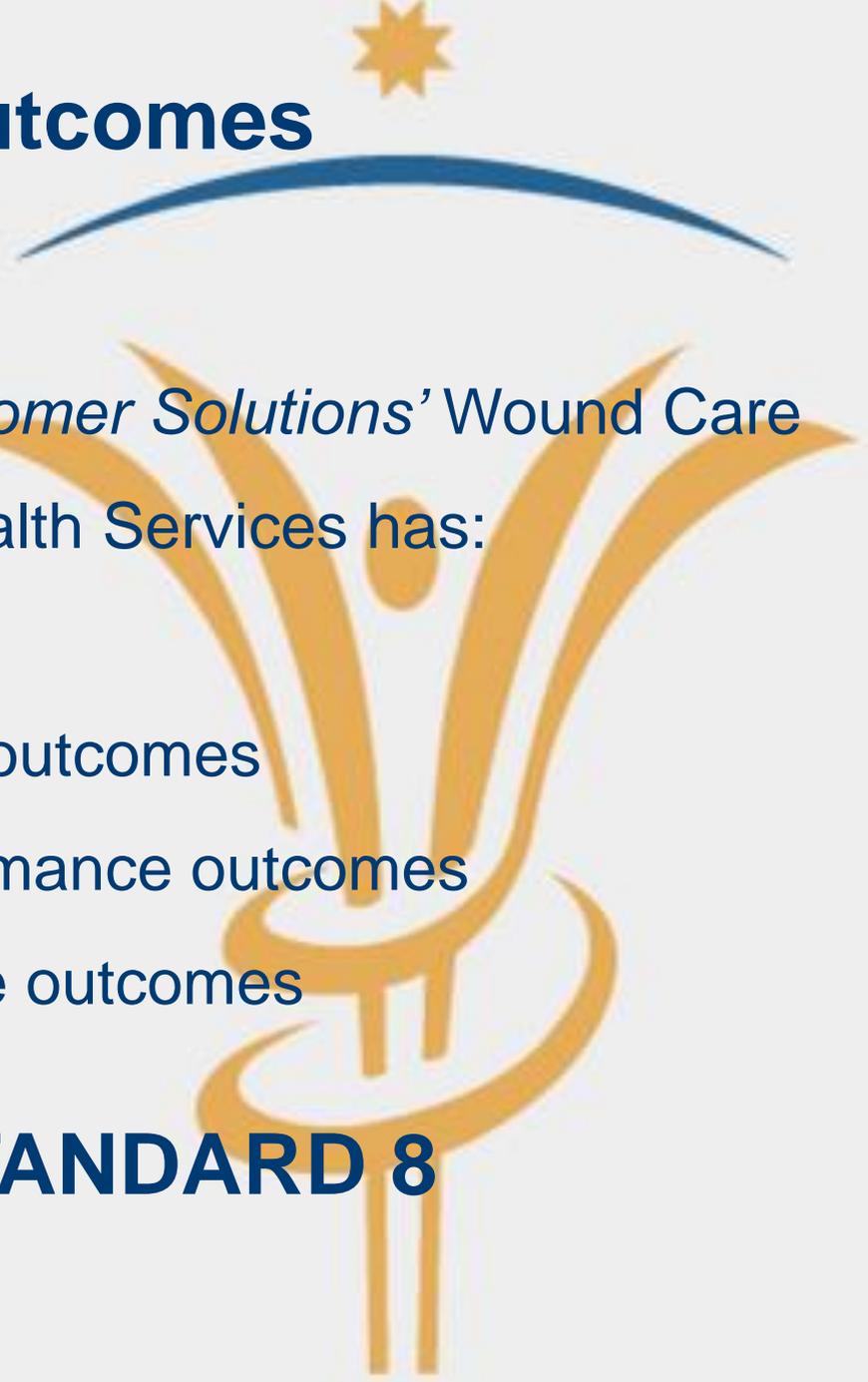
*AHRQ, 2005- 'Payments for Adverse Events'

Efficiencies

Analysis of wound care purchasing 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
			Variance	<u>66,803.47</u>

Partnering for Better 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

Standard 8

Preventing and Managing Pressure Injuries

- Australian Commission on Safety & Quality in Health Care
- 1 of 10 National Safety & Quality Health Service Standards
- Endorsed by Australian Health Ministers in November 2010
- Aim to protect the public from harm and improve the quality of service provision
- Nationally consistent uniform measure for accreditation





Preventing and Managing Pressure Injuries

Standard 8: Preventing and Managing Pressure Injuries

Clinical leaders and senior managers of the health service organisation implement evidence-based systems to prevent pressure injuries and manage them when they do occur. Clinicians and other members of the workforce use the pressure injury prevention and management systems.

The intention of this Standard is to:

Prevent patients from developing pressure injuries and effectively managing pressure injuries when they do occur.

Context

It is expected that this Standard will be applied in conjunction with Standard 1, 'Governance for Safety and Quality in Health Service Organisations' and Standard 2, 'Partnering with Consumers'.

Criteria to achieve the Preventing and Managing Pressure Injuries Standard:

Governance and systems for the prevention and management of pressure injuries

Preventing pressure injuries

Managing pressure injuries

Communicating with patients and carers

Criterion: Governance and systems for the prevention and management of pressure injuries

Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. This is not a checklist. Use only those examples that show that you have met the Standards	Self assessment
C	8.1 Developing and implementing policies, procedures and/or protocols that are based on current best practice guidelines	8.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools	<ul style="list-style-type: none"> • Policies, procedures and/or protocols that are evidence bases and consistent with best practice guidelines and incorporate screening and assessment tools • Descriptions of roles, responsibilities and accountabilities related to screening and assessment for pressure injuries that are included in position descriptions, staff duty statements and/or employment contracts • Audit of clinical practice and the tools and procedures employed to identify individuals at risk • Evaluation reports of the organisation's pressure injury prevention program that includes the use of policy, procedures and/or protocols and areas that require modification and education requirements • Reports tracking trends over time • Benchmarking against high performing agencies • Audit of compliance with policies, procedures and/or protocols for pressure injury prevention and management <p>(i) Australian Wound Management Association Clinical Practice Guidelines for Pressure Ulcer Prevention and Management are available at: www.awma.com.au</p>	<input checked="" type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C		8.1.2 The use of policies, procedures and/or protocols are regularly monitored	<ul style="list-style-type: none"> • Policies, procedures and/or protocols that are available to the workforce • Observation audit of the use of policies, procedures and/or protocols • Reviews of patient clinical records against policies, procedures and/or protocols • Audits, prevalence surveys and/or incident reporting are conducted and findings inform organisational prevention and management policies, protocols and procedures. • Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions 	<input checked="" type="checkbox"/> MM <input type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan
C	8.2 Using a risk assessment framework and reporting systems to identify, investigate and take action to reduce the frequency and severity of pressure injuries	8.2.1 An organisation-wide system for reporting pressure injuries is in use	<ul style="list-style-type: none"> • Incident reporting forms and processes included in policies, procedures and/or protocols • Reports on pressure injuries and interventions to manage pressure injuries • Education resources and records of attendance at training by the workforce on pressure injury reporting systems • Agenda papers, meeting minutes and/or reports of relevant committees that include pressure injury reports 	<input type="checkbox"/> MM <input checked="" type="checkbox"/> SM <input type="checkbox"/> NM → add to action plan

Thank You

Questions?



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