PRESSURE ULCER IMPROVEMENT TOOLKIT

IMPLEMENTING A COMMUNICATION TOOL FOR PRESSURE ULCER IMPROVEMENT
These materials have been developed to provide information and resources that may assist your organization in enhancing communications when transferring patients/residents to improve pressure ulcer prevention and management. The materials should not substitute for clinical or medical judgment.

Copyright © 2011 by Greater New York Hospital Association and Continuing Care Leadership Coalition
# TABLE OF CONTENTS

I. OVERVIEW: WHY FOCUS ON PRESSURE ULCERS? ............................................................ 2

II. GNYHA-CCLC PRESSURE ULCER QUALITY IMPROVEMENT ACTIVITIES .............. 3
   A. Background
   B. Overview of the GNYHA-CCLC Collaborative

III. PRESSURE ULCER COMMUNICATION TOOL .............................................................. 4
    A. Purpose of the Tool
    B. How to Use the Tool
    C. When to Complete the Tool
    D. Who Should Complete the Tool

IV. SUGGESTIONS FOR IMPLEMENTING THE PRESSURE ULCER COMMUNICATION TOOL .............................................................. 5
    A. Engage Senior Administrative and Clinical Leadership
    B. Establish an Interdisciplinary Team
    C. Develop and Provide Education and Training
    D. Build Cross-setting Partnerships

V. ADDITIONAL PRESSURE ULCER IMPROVEMENT RESOURCES ................................ 8
    A. CCLC Pressure Ulcer Improvement Training Program
    B. Institute For Healthcare Improvement (IHI) National Initiative
    C. IPRO Care Transitions Initiative
    D. Minimum Data Set (MDS) 3.0 Resources
    E. National Database of Nursing Quality Indicators (NDNQI)
    F. National Pressure Ulcer Advisory Panel (NPUAP) Guidelines
    G. New York State Gold STAMP (Success Through Assessment, Management and Prevention) Program
    H. Transitional Care and Pressure Ulcers Project Toolkit

VI. APPENDICES .................................................................................................................. 9
    A. Pressure Ulcer Communication Tool
    B. NPUAP: Pressure Ulcer Staging Definitions
    C. Sample Cover Letter of the Pressure Ulcer Communication Tool
    D. Tips for Cross-setting Partnerships on Pressure Ulcer Improvement
Pressure ulcers can significantly reduce patients’ quality of life by hindering recovery and mobility, causing pain, and often leading to serious infections and mortality. They also add substantial costs to the health care system in the form of increased hospital lengths of stay, nursing home placements for extended care, and re-hospitalizations from the nursing home or community-based setting.

Consequently, preventing, assessing, and effectively treating pressure ulcers in their early stages is an increasingly important focus for policy makers and health care providers. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) has altered payment policy so hospitals no longer receive additional payment for cases when certain conditions—including stage III and stage IV pressure ulcers—are not documented as present on admission and are diagnosed during the hospitalization. In the nursing home setting, pressure ulcer rates have long been a part of the Medicare public reporting program and a target of quality improvement efforts. In New York State, the Nursing Care Quality Protection Act requires hospitals and nursing homes to track pressure ulcer rates and provide hospital-specific data related to pressure ulcers upon request.

While identifying patients at risk for or with early-stage pressure ulcers is critical to effective prevention and case management, managing patients across care settings poses a challenge. Therefore, a collaborative approach among hospitals and long term care organizations is critical to the success of any quality improvement activity focused on pressure ulcer improvement.
A. BACKGROUND

During 2008 and 2009 the Continuing Care Leadership Coalition (CCLC), the long term care affiliate of the Greater New York Hospital Association (GNYHA), with funding support from the New York State Departments of Health and Labor under the State’s Health Workforce Retraining Initiative (HWRI), held a series of cross-setting training programs on pressure ulcer improvement called *Caring Together: Pressure Sore Improvement Training*. Participating long term care organizations were strongly encouraged to invite the acute care providers they most frequently interacted with to attend the programs, thus creating a unique forum for long term care providers and hospitals to collaborate on pressure ulcer improvement.

As a result of member requests and Federal and State policy focusing on pressure ulcers, GNYHA and CCLC sought to build upon the CCLC training series by launching a structured collaborative focused on pressure ulcer improvement.

B. OVERVIEW OF THE GNYHA-CCLC COLLABORATIVE

GNYHA and CCLC members have long demonstrated a commitment to improving patient outcomes by standardizing evidence-based best practices using a collaborative methodology in which health care organizations come together, form interdisciplinary teams, test and measure evidence-based practice innovations, and share their experiences to accelerate learning and the widespread adoption of best practices. In this instance, GNYHA and CCLC developed and implemented the Pressure Ulcer Improvement Collaborative to facilitate the adoption of a more standardized approach to assessing, managing, documenting, and treating pressure ulcers.

During the course of the Collaborative, GNYHA and CCLC worked with 18 hospitals and 10 long term care organizations to develop and implement a standardized, cross-setting communication tool to track and monitor patients with pressure ulcers who are transferred between health care facilities. The tool requires communicating an essential set of clinical elements, which aimed for better management and prevention of pressure ulcers.
A. PURPOSE OF THE TOOL
GNYHA and CCLC developed a standardized communication tool that includes an essential set of clinical elements designed to facilitate more effective communication about patients who transfer between acute and long term care settings. With consistent, bilateral application of the tool, Collaborative participants reported overall improvement in communications with respect to patients and residents moving between care settings who have, or are at risk of developing, a pressure ulcer. The Pressure Ulcer Communication Tool is provided in Appendix A. Although it is important to maintain the tool’s integrity across health care settings by promoting the essential elements, facilities interested in adopting the tool may modify it to meet their organizational needs. A customizable version of the Pressure Ulcer Communication Tool can be found in GNYHA’s Resource Center at http://www.gnyha.org/resourcecenter.

TOOL: Pressure Ulcer Communication Tool (APPENDIX A)

B. HOW TO USE THE TOOL
Ideally, the Pressure Ulcer Communication Tool should be implemented as part of an existing or emerging partnership between a hospital and a long term care organization, although an established partnership is not essential for an organization to implement and use it successfully. A single hospital or long term care organization may implement the communication tool as part of its patient/resident transfer process, even if the partnering entity is not using the tool.

GNYHA and CCLC suggest that hospitals and long term care organizations pilot the tool on two units before considering broader implementation.

C. WHEN TO COMPLETE THE TOOL
The Pressure Ulcer Communication Tool should be completed for every patient/resident being transferred who currently has, or is at risk of developing, a pressure ulcer.

D. WHO SHOULD COMPLETE THE TOOL
The organization should determine who is authorized to complete the Pressure Ulcer Communication Tool. Appropriate staff may include wound care specialists, nurses, or other clinical staff directly involved in the patient’s care over the course of his or her stay.

GNYHA and CCLC have included the National Pressure Ulcer Advisory Panel (NPUAP) pressure ulcer staging definitions in Appendix B to assist appropriate staff completing the tool in documenting and describing the pressure ulcer(s) present at the time of transfer.

TOOL: NPUAP Pressure Ulcer Staging Definitions (APPENDIX B)
Implementing process changes in a complex organization can be challenging. Participants in the GNYHA-CCLC Pressure Ulcer Improvement Collaborative developed interdisciplinary teams to effectively support and guide the implementation of the Pressure Ulcer Communication Tool as part of the patient/resident transfer process. Their experiences and challenges, as well as GNYHA’s past experience from other quality improvement collaboratives, have informed the recommendations in this guide. Hospitals and nursing homes intending to enhance their communications with partnering facilities through the use of the tool should consider the suggestions below.

A. ENGAGE SENIOR ADMINISTRATIVE AND CLINICAL LEADERSHIP

Senior administrative and clinical leadership involvement and support is key to the success of any process change. Engaging and educating an organization’s senior leadership on using the Pressure Ulcer Communication Tool, and encouraging the organization to provide the necessary resources to implement the tool effectively, will help the organization achieve its goals of improving communication, enhancing the transfer process, and, ultimately, preventing pressure ulcers. Additionally, encouraging senior clinical leaders to complete the communication tool for a sample set of transfers will demonstrate the organization’s commitment to using the tool.

B. ESTABLISH AN INTERDISCIPLINARY TEAM

Establishing an interdisciplinary team is essential to effectively assess and treat a patient who has, or is at risk of developing, a pressure ulcer, and facilitate a safe transfer between facilities. Hospitals and nursing homes should identify team members and their respective roles in facilitating the transfer process. Specifically, teams should identify which team member will be responsible for completing the Pressure Ulcer Communication Tool and transferring it to the next provider. Consider the following staff for the team:

1. Clinical Champion, such as nurse leader or wound care specialist.
2. Wound Care Specialist or equivalent clinician.
3. Nurse Leader or other designee for pressure ulcer improvement.
4. Medical Director or other designee for pressure ulcer improvement.
5. Frontline Staff, such as a certified nursing assistant, who can assist in recognizing patients at risk for pressure ulcers early.
6. Case Managers who can assist in efficiently communicating transfers and collecting and communicating important clinical information related to pressure ulcer care.
C. DEVELOP AND PROVIDE EDUCATION AND TRAINING

Clinical staff should be educated about the purpose and use of the Pressure Ulcer Communication Tool prior to its implementation. Providers should educate frontline staff on all shifts. Ongoing training and re-education for staff is essential to improving patient care and outcomes.

1. Educate staff on all shifts on the Pressure Ulcer Communication Tool and cross-setting collaboration by conducting the following activities regularly:
   a. Team meetings;
   b. Educational sessions (e.g., scheduled in-services per unit, half- or full-day ongoing training per unit to train staff as available during certain points in the day);
   c. Rounds with clinical team, and possibly with one administrative leader; and
   d. Peer-to-peer assistance.

2. Incorporate patient and family education.


4. Consider incentives to recognize outstanding staff, unit-level performance, and improved communications across settings.
   a. Incentives could include awards and luncheons.

D. BUILD CROSS-SETTING PARTNERSHIPS

Identify long term care organization or hospital partners in the implementation of the Pressure Ulcer Communication Tool. This is not essential to initiate the use of the tool, but certainly recommended. Hospitals and long term care providers, through their partnerships, can share best practices and enhance their shared transfer process through a focused initiative and collective purpose.

Although hospitals and nursing homes transfer patients between settings each day, establishing partnerships to focus efforts on a quality improvement initiative may take time and require additional effort.

PROJECT CHAMPIONS MAY ENGAGE SENIOR LEADERSHIP THROUGH:

- Requesting to speak and contribute at related meetings.
- Sharing data and information on opportunities for quality improvement and cost savings.
- Extending invitations to educational sessions.
- Working with an inter-professional team to create or revise policies and procedures based on the current standard of care for preventing and treating pressure ulcers.
- Regularly communicating successes in reducing pressure ulcers or other program improvements.
- Participating in wound care rounds.
- Coordinating presentations by experts from outside the organization to provide information on financial impact, risks, and legal issues. GNYHA and CCLC are available to visit facilities and speak with senior leadership to assist in implementing the communication tool.
Participants in the GNYHA–CCLC Pressure Ulcer Improvement Collaborative have identified key components of a successful hospital-nursing home partnership, including:

1. Having strong leadership support.
2. Having dedicated and respected champions.
3. Involving an interdisciplinary core team to identify and implement opportunities for improvements across the continuum of care.
4. Having a commitment to staff education and training.
5. Having the ability to be flexible and understanding in working with partners across settings of care.
6. Starting small and agreeing on mutual goals.
7. Gaining trust among partner organizations.
8. Inviting partners to participate in clinical programs related to pressure ulcer improvement, further developing partnerships, and creating consistency in clinical care across settings.
9. Establishing clear project guidelines and realistic expectations consistent with each organization’s policies.
   a. Establishing a timeline for regular (e.g., monthly) meetings.
   b. Introducing key members of the interdisciplinary team to the partnership.
   c. Reporting on achievements and opportunities for improvement.

To initiate this partnership, GNYHA and CCLC have created a sample cover letter in Appendix C. The letter explains the Pressure Ulcer Communication Tool’s purpose and its intent to improve communication with other facilities about their shared patients’ health status. Providers are encouraged to designate a person to complete the Pressure Ulcer Communication Tool and act as the organization’s contact person.

For more information and tips for building cross-setting partnerships on pressure ulcer improvement, see Appendix D. These tips are based on best practices and cross-setting partnerships established in New York State.
CHAPTER V:
ADDITIONAL PRESSURE ULCER IMPROVEMENT RESOURCES

A. NEW YORK STATE GOLD STAMP (SUCCESS THROUGH ASSESSMENT, MANAGEMENT, AND PREVENTION) PROGRAM
Gold STAMP Resource Guide
http://www.albany.edu/sph/cphce/goldstamp.shtml

B. MINIMUM DATA SET (MDS) 3.0 RESOURCES
CMS Training Video—MDS 3.0 Section M: Skin Conditions
http://www.youtube.com/watch?v=7km6NHbVxHs

C. NATIONAL DATABASE OF NURSING QUALITY INDICATORS (NDNQI)
Pressure Ulcer Training
https://www.nursingquality.org/NDNQIPressureUlcerTraining/

D. NATIONAL PRESSURE ULCER ADVISORY PANEL (NPUAP) GUIDELINES
http://www.npuap.org
The Pressure Ulcer Prevention: Quick Reference Guide summarizes evidence-based guidelines on pressure ulcer prevention and treatment. It was developed as a four-year collaborative effort between the European Pressure Ulcer Advisory Panel (EPUAP) and American National Pressure Ulcer Advisory Panel (NPUAP).
PRESSURE ULCER COMMUNICATION TOOL

(Note: This form is intended to accompany the discharge summary.)

**PURPOSE:** To promote pressure ulcer prevention and improvement and enhance the transfer process between acute and long term care settings by utilizing a standardized communication tool.

**WHEN TO COMPLETE:** The tool should be completed for every patient/resident being transferred who currently has a pressure ulcer or is at risk for developing a pressure ulcer.

**DATE OF TRANSFER:** ........................................... **TIME OF TRANSFER:** ...........................................

Patient Name ......................................................................................................................... Date of Birth .................................................................

Name of Sending Organization

Contact Person at Sending Organization Tel/Fax/Email

Name of Receiving Organization

Contact Person at Receiving Organization Tel/Fax/Email

1. Provide the date for when the last pressure ulcer risk assessment was completed prior to transfer.
   - **DATE:** ................................................................. □ Information Not Available

2. Use the Braden Scale for Predicting Pressure Sore Risk to identify patients/residents at risk for developing a pressure ulcer. For permission to use the scale at no cost, visit [http://www.bradenscale.com/copyright.htm](http://www.bradenscale.com/copyright.htm).

   - Very High Risk (Braden 9 or below)
   - High Risk (Braden 10-12)
   - Moderate Risk (Braden 13-14)
   - Low Risk (Braden 15-18)
   - Not at Risk (Braden 19+)

3. Provide the date and time for when the last complete skin assessment was completed prior to transfer.
   - **DATE:** ................................................................. **TIME:** ................................................................. □ Information Not Available

4. Identify any other risk factors that your patient/resident has that are important to communicate at time of transfer.
   - □ COPD (Chronic Obstructive Pulmonary Disease)
   - □ Diabetes
   - □ Urinary/fecal incontinence
   - □ Immobility (e.g. paralysis, contractures)
   - □ Terminal cancer
   - □ Chronic or end stage renal, liver, heart disease
   - □ Poor nutritional status
   - □ Other skin related issues (not a pressure ulcer)
   - □ Other risk factors not on the list.

5. Identify whether or not the patient/resident had a pressure ulcer(s) at the time of transfer.
   - □ Yes □ No If yes, complete page 2 of the Communication Tool.

An electronic version of this document is available at: [http://www.gnyha.org/resourcecenter](http://www.gnyha.org/resourcecenter)
PRESSURE ULCER COMMUNICATION TOOL (continued)

(NOTE: This form is intended to accompany the discharge summary.)

Indicate the support surface used for the patient/resident at your facility prior to transfer.

Indicate the off-loading equipment used for the patient/resident at your facility prior to transfer.

Complete the chart to document and describe the pressure ulcer(s) present at the time of transfer. (See Appendix B for NPUAP pressure ulcer staging definitions)

<table>
<thead>
<tr>
<th></th>
<th>How Many?</th>
<th>Location</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 Pressure Ulcer</td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Stage 2 Pressure Ulcer</td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Stage 3 Pressure Ulcer</td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Stage 4 Pressure Ulcer</td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Unstageable</td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td>Pressure Ulcer</td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>Suspected Deep Tissue</td>
<td></td>
<td></td>
<td>Dressing Type:</td>
</tr>
<tr>
<td>Injury</td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 = Back of head
2 = Right ear
3 = Left ear
4 = Right scapula
5 = Left scapula
6 = Right elbow
7 = Left elbow
8 = Vertebrae (upper-mid)
9 = Sacrum
10 = Coccyx
11 = Right iliac crest
12 = Left iliac crest
13 = Right trochanter (hip)
14 = Left trochanter (hip)
15 = Right ischial tuberosity
16 = Left ischial tuberosity
17 = Right thigh
18 = Left thigh
19 = Right knee
20 = Left knee
21 = Right lower leg
22 = Left lower leg
23 = Right ankle (inner/outer)
24 = Left ankle (inner/outer)
25 = Right heel
26 = Left heel
27 = Right toe(s)
28 = Left toe(s)
29 = Other (specify)

Copyright © 1989 Prevention Plus, LLC. Note: Derived from The Skin Assessment Tool © by developers of the Braden Scale (See http://www.bradenscale.com/products.htm).
APPENDIX B:
NP appalling PRESSURE ULCER STAGING DEFINITIONS

To assist you in completing the Pressure Ulcer Communication Tool and specifically the chart on page 2 of Appendix A, the following definitions for pressure ulcer staging, derived from the National Pressure Ulcer Advisory Panel (NPUAP), are provided. For more details and other updates on staging and wound care, please visit the NPUAP Web site (http://npuap.org/).

NP appalling PRESSURE ULCER STAGING DEFINITIONS

Stage 1
Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from surrounding skin.

Stage 2
Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Stage 3
Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Stage 4
Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.

Unstageable Pressure Ulcer
Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown, or black) in the wound bed.

Suspected Deep Tissue Injury
Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler as compared to adjacent tissue.

An electronic version of this document is available at: http://www.gnyha.org/resourcecenter

SAMPLE COMMUNICATION TOOL COVER LETTER

<Organization> is working in collaboration with the Greater New York Hospital Association (GNYHA) and Continuing Care Leadership Coalition (CCLC) to improve the communication between long term care and acute care settings.

As part of this collaboration, we are using a standardized communication tool to improve communication with other facilities like yours regarding the health status of our shared patients. This tool includes an essential set of clinical elements to enhance the transfer process between acute and long term care settings aimed at pressure ulcer prevention and improvement.

Attached is the “Pressure Ulcer Communication Tool,” which is intended to accompany a patient on transfer who has a pressure ulcer and/or is at risk of developing a pressure ulcer.

Please let us know if this tool was helpful to you. We encourage you to also use the tool when you are transferring a patient to <Organization> or to other acute or long-term care facilities. Please contact the individual noted below if you have any questions or feedback.

Thank you.

Contact Information

Organization: ....................................................................................................................
Name: .............................................................................................................................
Title: ...............................................................................................................................  
Phone Number: ................................................................................................................
Fax Number: .....................................................................................................................
Email: ...............................................................................................................................  

An electronic version of this document is available at: http://www.gnyha.org/resourcecenter
APPENDIX D:
TIPS FOR CROSS-SETTING PARTNERSHIPS ON PRESSURE ULCER IMPROVEMENT

The following tips developed by the New York State (NYS) Gold STAMP (Success Through Assessment Management and Prevention) Program – Care Transitions Workgroup can be used to develop cross-setting partnerships focused on pressure ulcer improvement. These tips were based on best practices and cross-setting partnerships presented and discussed at regional Gold STAMP educational sessions.

The Gold STAMP Program was developed through the collaborative efforts of the NYS Department of Health, GNYHA, The Continuing Care Leadership Coalition (CCLC), The Healthcare Association of NYS (HANYS) and other health care associations and agencies across the state. Gold STAMP created an electronic resource guide of recommended practices and tools for the assessment, management, and prevention of pressure ulcers. The resource guide is available at http://www.gnyha.org/resourcecenter.

GOLD STAMP PROGRAM TIPS:

1. Engage senior administrative and clinical leaders (see A).
2. Foster a dedicated and respected champion who will engage an interdisciplinary team, facilitate staff education, and function as an excellent ambassador across settings (see B).
3. Perform a self-assessment within your organization and a joint assessment with partners (see C).
4. Develop clear guidelines with partners for cross-setting activity consistent among organizations’ policies (see D).
5. Assess your communication system across settings and standardize pressure ulcer communication to promote efficiency in the transfer process (see E).
6. Plan ongoing education to uphold program competency and sustainability and consider opportunities to invite partners across settings (see F).
7. Set measurable and realistic partnership goals (see G).
8. Award incentives to recognize outstanding staff, unit-level performance, and improved communications across settings (see H).

An electronic version of this document is available at: http://www.gnyha.org/resourcecenter

A. Engage senior administrative and clinical leaders.

Senior leadership may be needed in some parts of the continuum, but may be too high in others. Depending on care setting, experts (e.g., Directors) already working on pressure ulcer improvement may need to lead. Gaining leadership support can be the strongest foundation for a successful partnership.

1. Leaders can be instrumental in developing partnerships in the following ways:
   a. Setting the tone and level of priority for organizational buy-in.
   b. Assisting in the initial outreach to leaders from potential partners, as well as arranging a face-to-face meeting among key members between settings.
   c. Facilitating ongoing communication between settings.

2. Project champions should consider opportunities to engage the governing body and its key members
through a Quality Improvement Committee or other appropriate working group.

3. Project champion(s) may engage senior leadership through:
   a. Submitting requests to speak and contribute at related meetings.
   b. Sharing data and information on opportunities for quality improvement and cost savings.
   c. Extending invitations to educational sessions.
   d. Working with inter-professional team to create or revise policies and procedures based on the current standard of care for preventing and treating pressure ulcers.
   e. Providing regular communications on successes in reducing pressure ulcers or other program improvements.

f. Participating in wound care rounds.

   g. Coordinating presentations by clinical experts and consultants from outside the organization to provide information on financial impact, risks, and legal issues.

4. See the Leadership domain in the Gold STAMP Resource Guide.

   B. Foster a dedicated and respected champion who will engage an interdisciplinary team, facilitate staff education, and function as an ambassador across settings.
      1. Engage champions within organizations who are experienced and passionate on pressure ulcer improvement and respected by peers.
      2. Recommend co-champions or steering groups to share the responsibility and motivation.
      3. Volunteer champions and steering group members who understand the issue, organizational structure, and system to accomplish program goals.
      4. Form an inter-professional steering group with members that bring support from different perspectives.

   C. Perform a self-assessment within your organization and a joint cross-setting assessment with partners.
      Identify opportunities for improvement to your organization’s existing pressure ulcer program and understand the program in partner organizations across settings to standardize structure and processes.
      1. Involve an interdisciplinary core team to identify and implement opportunities for improvements across the continuum of care.
      2. Collaborate with your primary/transfer organizations to develop partnerships, and expand to additional organizations across settings. Review improvements in the following areas:
         a. Roles and responsibilities (e.g., dietician communication with RN/MD on need for supplements).
         b. Prevention and treatment options/protocols (e.g., skin protectant, air-fluido therapy,

---

**KEY PERSONNEL INCLUDE:**

- Administrator
- Nurse leader/wound care specialist
- Primary physician/physician assistant
- Other members may include:
  - Certified nurse assistant
  - Dietician
  - Performance/quality improvement leader
  - Nurse practitioner
  - Physical/occupational therapist
  - Pain management specialist
  - Recreational therapist
  - Pharmacist
  - Nurse educator
  - Infection preventionist
  - Case manager

A Gold STAMP partner may be available for ad hoc meetings.
Appendix D: Tips for Cross-setting Partnerships on Pressure Ulcer Improvement cont.

c. Use of tools and other resources (e.g., communication tool, Braden scale).
d. Individualized, evolving plan of care.
e. Continuing education.
f. Compliance monitoring.
g. Performance/quality improvement.
h. Data tracking, measurement, and analysis (e.g., root cause analysis for nosocomial pressure ulcers).
i. Reports (e.g., admission rate, incidence rate, prevalence rate) to leadership.
j. Standardized protocols and treatment used across settings.

3. Explore ways to share quality improvement processes and best practices.

D. Develop clear guidelines with partners for cross-setting activity consistent among organizations’ policies. Consult resource guide to determine protocols/standards that fit your organizations.

1. Include the following activities to achieve effective and efficient practices:
   a. Set expectations.
   b. Standardize communications.
   c. Schedule regular meetings to discuss achievements, opportunities for improvement, and next steps.
   d. Indicate key contacts at each setting.
   e. Set up an action plan with goals, actions, and timelines.
   f. Share information on evidence-based best practices (e.g., invite partners to cross-setting educational programs).

E. Assess your communication system across settings and standardize pressure ulcer communication to promote efficiency in transfer process.

1. Consider existing communication tools being used in NYS.
2. Increase awareness of communication tool and its benefits.
3. Educate staff on use of communication tool, including access to needed data.
4. Ensure consistency and compliance with use of communication tool.
5. Consider education and information sharing across settings.
6. Use completed tools to discuss cases and opportunities for quality improvement across settings.

F. Plan ongoing education to uphold program competency and sustainability and consider opportunities to invite partners across settings.

1. Educate staff, all shifts, on pressure ulcer improvement program and cross-setting collaboration using the following activities conducted regularly:
   a. Team meetings.
   b. In-services (e.g., scheduled in-services per unit, half- or full-day ongoing training per unit to train staff as available during certain points in the day).
   c. Rounds with clinical team, and possibly with one administrative leader.
   d. Peer-to-peer assistance.
2. Incorporate patient and family education.

G. Set measurable and realistic partnership goals.

1. Implement new steps facility-wide or pilot on one or more units before broader implementation.

H. Award incentives to recognize outstanding staff, unit-level performance, and improved communications across settings.

1. Examples of incentives may include awards and luncheons.
Pressure Ulcer Improvement Collaborative

In 2009, GNYHA and CCLC implemented a pilot pressure ulcer improvement collaborative to address challenges faced by providers in care transitions while developing a more standardized approach to assessment, management, and documentation of pressure ulcers. During the course of the pilot Collaborative, GNYHA and CCLC worked with 18 hospitals and 11 long term care organizations to develop and implement a standardized, cross-setting communication tool to track and monitor patients with pressure ulcers transferring between health care facilities. For more information, visit [www.gnyha.org/resourcecenter](http://www.gnyha.org/resourcecenter).

Gold STAMP Program to Reduce Pressure Ulcers in NYS

The Gold STAMP (Success Through Assessment, Management, and Prevention) Program was developed through the collaborative efforts of the New York State Department of Health, GNYHA, CCLC, HANYS, and other health care associations and agencies across the State. For more information visit [www.gnyha.org/resourcecenter](http://www.gnyha.org/resourcecenter).

Contact Information

**GNYHA**

Zeynep Sumer-King  
Vice President, Regulatory and Professional Affairs (zsumer@gnyha.org)

Kelly Donohue  
Project Manager (donohue@gnyha.org)

**CCLC**

Roxanne Tena-Nelson  
Executive Vice President (tena-nelson@cclcny.org)

Kathryn Santos  
Manager, Quality Improvement Initiatives (ksantos@cclcny.org)
GNYHA QUALITY INITIATIVES

- Infection Control & Prevention
- Workforce Development & Training
- Building Infrastructure for Clinical Advancement
- Transitions in Care