Reducing Pressure Ulcers – Elliott Community

“I think to expect nurses to just deal with [implementing a wound care program] within their day-to-day will not result in success because they just have far too much to do on a daily basis. […] Senior leadership from the CEO or Director of Care, giving somebody dedicated time, and having dedicated tools are all very important.”
– Sherri Enns, Director of Care, Elliott Community

Elliott Community Long-Term Care Home shares how they initiated home-wide interventions to reduce and prevent pressure ulcers among their residents.

In Interview with Elliott Community:
• Sherri Enns, Director of Care
• Jennifer Naylor, Wound Care Coordinator
• Janis LaPierre, Associate Director of Care
Background

<table>
<thead>
<tr>
<th>Home Name:</th>
<th>Elliott Community</th>
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<tbody>
<tr>
<td>Home Type:</td>
<td>Not-for-profit long-term care home</td>
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<tr>
<td>Home Size:</td>
<td>85 beds, approximately 78 staff</td>
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<tr>
<td>Location:</td>
<td>Guelph, ON</td>
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<td>First participated in Residents First:</td>
<td>July 2010</td>
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<tr>
<td>Time Period for QI Aim:</td>
<td>May 2011 to December 2011</td>
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| QI Team:            | • 4 PSWs  
|                     | • 2 Registered staff  
|                     | • External enterostomal therapy (ET) nurse (wound care specialist)  
|                     | • Director of Care  
|                     | • Associate Director of Care  
|                     | • Dietary staff  
|                     | • Restorative staff  
|                     | • Continuous QI Coordinator |

Challenge

The 2012 Quality Monitor reported 2.6% of long-term care residents experienced a new pressure ulcer (Stage 2 or higher) and 2.8% or about one in 35 residents had a pressure ulcer that recently got worse. In 2010, 21.18% of residents had a wound or pressure ulcer in this home. Pressure ulcers range in severity and may lead to pain, worsening infection, risk of amputation, or possibly death.

While the causes and severity of pressure ulcers can vary, the good news is wounds and pressure ulcers can be prevented. The Long-Term Care Homes Act, 2007, requires all homes in Ontario to have a wound program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. In 2010, Elliott Community took several major steps to effectively implement both their wound and pressure ulcers program and quality improvement projects to reduce their pressure ulcer rate.

Project Aims

This is a multi-year initiative with the following aims:

• To reduce by 50% the number of residents who have a wound or pressure ulcer from 21.18% in January 2010 to 10.59% of residents by December 30, 2010.
• To reduce by 50% the number of residents who have a wound or pressure ulcer from 4.71% of residents in May 2011 to 2.71% of residents by December 20, 2011.
  o Aim was not achieved by the end of December 2011 and the subsequent aim was adjusted accordingly
• To reduce by 50% the number of residents who have a pressure ulcer from 5.88% of residents in December 2011 to 2.98% by December 2012.

“We created an algorithm for registered staff to use, so when there’s a new wound, they follow the algorithm and finish it accordingly to ensure that all treatment is completed.” – Jennifer Naylor, Wound Care Coordinator

### Measures

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>1 Outcome Measure</td>
<td>Percentage of residents with Stage 1 to 4 pressure ulcers in the previous month</td>
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<tr>
<td>2 Outcome Measure</td>
<td>Percentage of residents with a new ulcer in the current month of reporting compared to the previous month of reporting (RAI-MDS Stages 2-4)</td>
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<tr>
<td>3 Outcome Measure</td>
<td>Percentage of residents who had Stage 1, 2 or 3 pressure ulcer in the previous month of reporting that got worse in the current month of reporting</td>
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<tr>
<td>4 Process Measure</td>
<td>Percentage of residents admitted in the previous month for whom a pressure ulcer risk assessment was completed on admission</td>
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<tr>
<td>5 Process Measure</td>
<td>Percentage of high-risk* residents who have risk level and interventions documented in their plan of care in the previous month</td>
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<tr>
<td>6 Process Measure</td>
<td>Percentage of high-risk* residents who receive weekly high-risk rounds by a multidisciplinary team in the previous month</td>
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<tr>
<td>7 Balancing Measure</td>
<td>Percentage of residents who are frequently** incontinent of urine</td>
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*High risk, as defined by Braden or PURS scale

**RAI-MDS Definition: frequently incontinent episodes occur daily, but some control is present (e.g., on day shift). Exclude residents who are comatose or have an indwelling catheter.

The operational definitions for these measures can be found in the Quality Compass Pressure Ulcers Measurement section.

### Quality Improvement Program

#### Change Ideas

**Created a role for a dedicated wound care specialist**
- The home hired a nurse with extensive wound care expertise and dedicated one day (7.5 hours) per week in her role to implement changes to help prevent wounds (including pressure ulcers), and improve their treatment. Since she was also a nurse at the home during the other days of the week, it allowed her to follow residents and be available to other staff for wound care advice throughout the week.

**Created a Wound Assessment Record**
- Created an assessment through PointClickCare to chart the treatment and progress of every resident’s new and/or existing wound.
- During the wound care coordinator’s one dedicated day per week, all wound records were reviewed and resident care plans were revised, as necessary.

**Established standardized wound care treatment**
- Established standardized treatment for wounds throughout the home based on wound care best practices (e.g., Wound Care Best Practices and Outcomes: A Review of the Literature, Integrated Client Care Project, 2009).

**Create a decision-making tool: skin integrity algorithm**
- Along with the standardized wound treatment and wound assessment record, a skin integrity algorithm was created as a decision-making tree to help standardize the decision-making process around wound care, and to ensure that all key staff (e.g., dietary) were involved at the right time.

**Established wound care referral process**
- Created a referral process for all new wounds or existing wounds that required particular attention. Referrals were directed to the wound care coordinator, who would assess the resident’s needs and revise their wound care plan, as necessary.
Weekly huddles
• Once weekly, the wound care coordinator would have huddles on each floor with Personal Support Workers (PSWs) and Registered Nurses, dietary staff, and housekeeping staff to discuss any new wound issues, or reddened areas that may develop into wounds. Early detection of potential wounds by PSWs can help prevent wounds or pressure ulcers before they develop.

“Those huddles have been great for prevention. It’s not just to address residents who have skin breakdowns, this preventive opportunity, and an opportunity for [the wound care coordinator] to give mini-education sessions around wounds as well.”
– Sherri Enns, Director of Care

Staff Education
• External speakers are brought in quarterly for voluntary education sessions for staff about wounds and wound care. Sessions are held at different times so that all staff had the opportunity to attend.
• The wound care coordinator held informal education sessions at point-of-care, as needed.

“Personal Support Workers are the ones who see the residents the most. They’re the ones who see [residents’] skin every time they are providing care. […] If they come to me early, we can prevent the pressure ulcer from forming.”
– Jennifer Naylor, Wound Care Coordinator

Results
• The home saw vast improvements in pressure ulcers within several months, and exceeded their original aim by July 2010, with less than 10% of residents in the home presenting with pressure ulcers.
• In November 2010, the home decided to create a new aim of reducing pressure ulcers by a further 50% between December 2010 and December 2011.
• The initial successes for Elliott Community were quite drastic, though there were some increases in pressure ulcers starting in January 2011 as a result of accepting 11 extra residents to ease the Alternative Level of Care population awaiting placement in hospitals.

Impact

Resident and Family Satisfaction
• The home conducts reviews with families to gather feedback about the family’s satisfaction with the home six weeks after a resident is admitted, and annually thereafter.

“There have been a couple of incidents where we’ve had acquired residents with wounds from other facilities and families were amazed that we were able to heal such significant wounds.” – Sherri Enns, Director of Care

Staff Satisfaction
• The home has noticed that all staff are taking on more responsibility for the residents’ wounds now that they have been given the right tools and education around wound care and prevention. This has created a more collaborative environment for all staff to work together on this and other quality improvement projects.

“It really is proof of collaboration throughout the multidisciplinary team and all of the resources we had to access to make that wound healing successful.”
– Janis LaPierre, Associate Director of Care, Elliot Community

Lessons Learned

Major contributors to Elliott Community's success:
• Establishing a wound care coordinator position with protected time to work on wound care and prevention was essential.
• Involving the entire team in the process was critical to ensuring that interventions were implemented successfully and consistently throughout the entire home.
• Support from the administrators of the home were essential to carrying out the change ideas; simply expecting the nurses to implement all of the changes themselves would not have worked because their days are already too busy with the everyday care of residents.

Next Steps
• Create and rollout a staff satisfaction survey specific to wound care in the fall of 2012.

About HQO

On April 11, 2011 the Ontario government announced the formation of Health Quality Ontario (HQO). HQO is a government agency that combines the expertise of the Ontario Health Quality Council, the Medical Advisory Secretariat, the Ontario Health Technology Advisory Committee, the Ontario Health Technology Evaluation Fund, the Centre for Healthcare Quality Improvement and the Quality Improvement and Innovation Partnership.