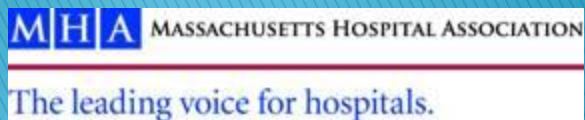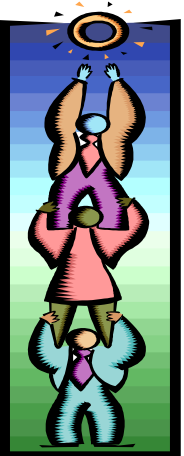# How to Run a Successful Collaborative

Lisa Khanna RN, BS

May 20th, 2010
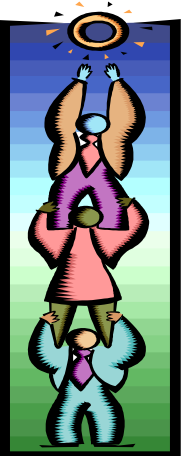
11am-12pm
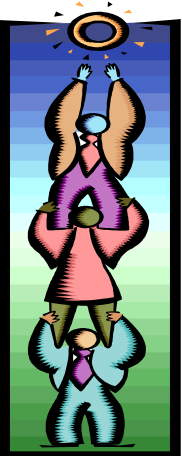
Objectives

▸ Create an interdisciplinary skin care team in your own facility

▸ Develop a facility wide skin care campaign

▸ How to work cooperatively with partner facilities
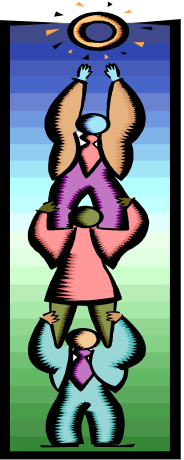
Our Statewide Collaborative Goal

▸ Prevent healthcare acquired pressure ulcers across care setting through standardized care and improved communication.

▸ Focus on "getting to zero."

Six Essential Elements of Pressure Ulcer Prevention in All Settings

1. Conduct a Pressure Ulcer Admission Assessment for All Patients
2. Reassess Risk for All Patients Regularly
3. Inspect Skin Regularly
4. Manage Moisture: Keep the Patient Dry and Moisturize Skin
5. Optimize Nutrition and Hydration
6. Minimize Pressure

Pressure Ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline Number 3. AHCPR Publication No. 92-0047. Rockville, MD: Agency for Health Care Policy and Research; May 1992.

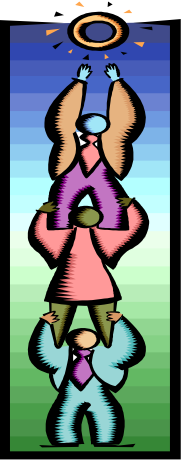# Collaborative Interdisciplinary Team
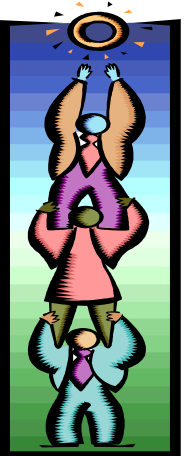
Interdisciplinary Team Hospital

- Team Leader/Champion
- WOCN
- Nursing (for example, RN, LPN, Assistants, Technicians, CNS, etc)
- Hospitalists
- Education
- Performance Improvement
- Dietary/Dietician
- Materials Management/Facilities
- Radiology/Imaging
- Peri-OP/Cath Lab/Interventional radiology
- ED
- Rehab
- Transport
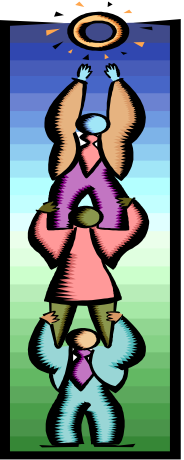- Case Management
- Patient/Family
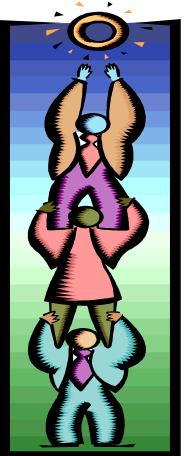
Interdisciplinary Team Long Term Care

- Team Leader/Champion
- Nursing (for example, RN, LPN, Assistants, etc.)
- Staff development
- Quality Improvement
- Dietary/Dietician
- Wound care nurse
- Environmental services/materials management
- Rehab
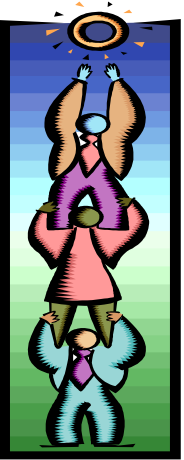- MDS coordinator
- Resident/Family

Interdisciplinary Team Homecare/Hospice

- Team Leader/Champion
- Nursing (for example, RN, LPN, Home Health Aides, etc.)
- Education
- Performance Improvement
- Rehab
- Wound care nurse
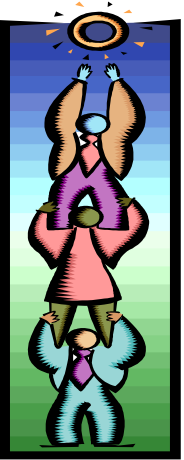- Nutrition
- Patient/Resident/Family

Establish Ground Rules

- Be on time
- No interrupting
- All electronics on vibrate
- No other work
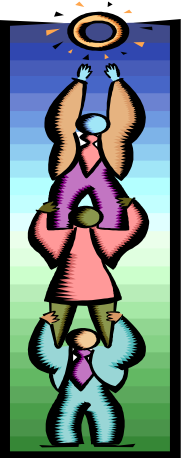- Constructive feed back
- If you oppose, you must propose

Team Meeting Tools

- Timed agenda
- Roles: Leader, time keeper
- Parking lot for ideas
- Small tests of change/PDSA
- Review data
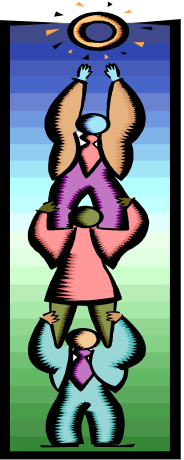 - Process measure
  - Outcome measure
- Clear assignment/timelines

Maintain "All teach/All learn" Environment

- Mutual respect
- Don't dismiss any ideas
- Listen and learn from each other
- Decide by consensus
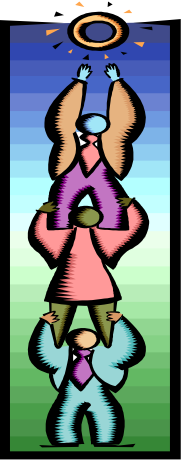- Start discussion by least seniority
- Use the parking lot

Assess Current Practice

- Flow chart or map the current care practice
- Identify gaps/ delays/ workarounds
- Ask "why" questions
- Compare current practice to evidence based practice and best practice per literature search and identify and focus on any gaps
- Use pressure ulcer review tool to identify whether all key steps are being followed

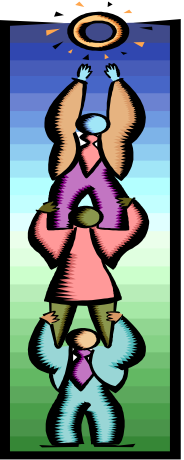# Three fundamental elements that guide improvement teams to:

- 1) Set clear aims

- 2) Establish measures that will tell if changes are leading to improvement

- 3) Identify changes that are likely to lead to improvement.
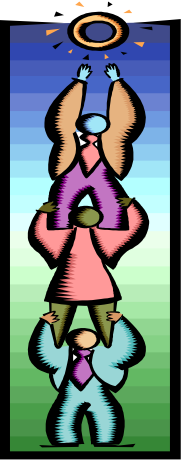
The Plan-Do-Study-Act (PDSA) Cycle

Conduct small-scale tests of change in real work settings:

- planning a test
- trying it
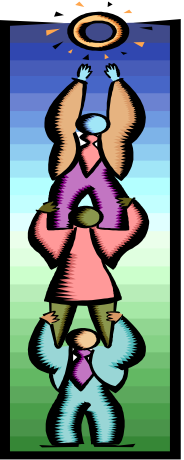- observing the results
- acting on what is learned

Implementation:

▸ After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale
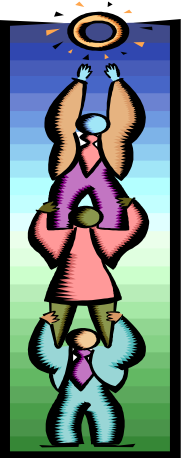
Spread:

▸ After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or to other organizations.
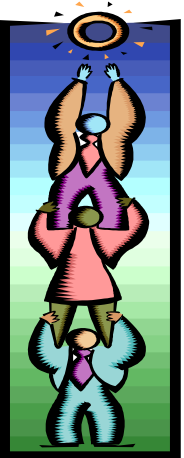
# Organization-wide Collaborative Success

Communicate Goal

- Launch an organization awareness campaign announcing "Zero Healthcare Acquired Pressure Ulcers"
- "Seeing Red" Champaign for skin awareness and reporting
- Public statement/press release about organization commitment to preventing skin breakdown

Organizational Support

- Add decreasing patient harm to strategic goals
- Post pressure ulcer rate publicly
- Institute leadership Walk rounds
- Report PU prevalence and incidence to senior management and Board
- Create an organization statement including PU goal
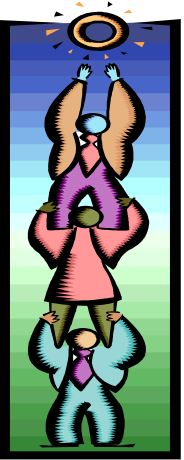
Empower Staff

- Hold focus groups
- Reward new ideas for reducing risks
- Post new documentation/processes for comment
- Drop-in sessions
- Suggestion boxes
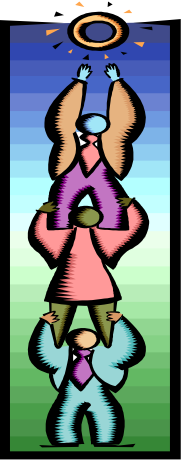- Encourage critical thinking
- Identify positive deviants
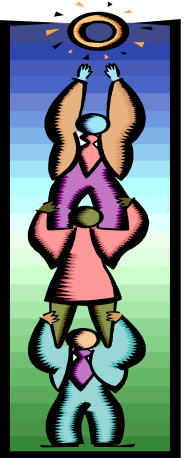
Make learning fun

- Skin Care Fair

http://www.in.gov/isdh/files/Skin_Care_Fair_Instruction_Guide.pdf

- Use principles of adult learning
  - Hands on
  - Job related
  - Collaborative
  - Language and literacy appropriate
  - Build on current knowledge base
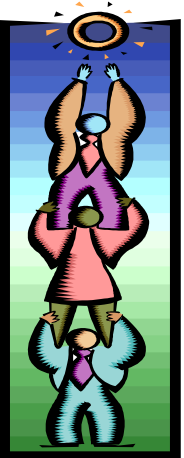
Education

- Case studies/documentation
- Hands on observation of competency
- Real time validation of risk and staging
- Competency check list
- Posters/web based/screen savers in units
- Info on new equipment and products
- Use algorithms rather than protocols
- Don't forget OR, ED, radiology, transport
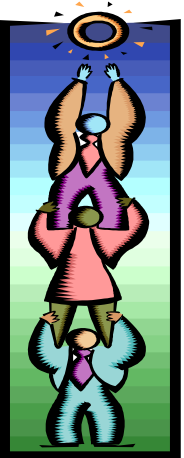- Laminated pocket guides
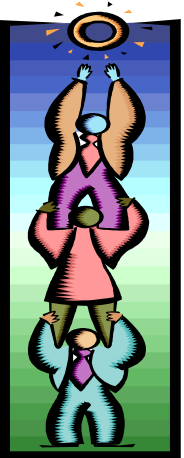
Bring it down to the unit level

- Tell patient stories
- Post unit pressure ulcer rates
- Safety briefings
- Bedside rounding
- Unit based PDSA trials
- Unit based pressure ulcer team meeting
- Use staff meeting to discuss goal, current level, new initiatives, request feedback
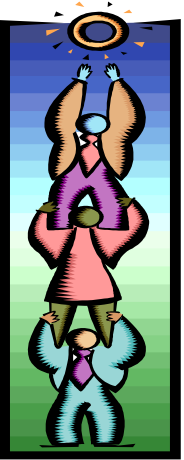- Unit champions

Engage the Patient and Family

- Posters
- Teaching tools
- White boards
- Share goals with patients/residents and families
- Regular communication with families
- Bedside rounding
- Make family part of care plan
    http://www.your-turn.org.uk/pressure.html

Demonstrate Positive Outcomes

- Post current rates to motivate staff
- Use run charts
- Annotate with interventions
- "___ days since last pressure ulcer" in unit/facility
- Consider public reporting
- Encourage healthy competition
- Post on Intranet site/screen saver

Celebrate Accomplishments/ Positive Incentives

Sheet cakes/cookies

Merchant certificates

Movie tickets

Gift shop/cafeteria certificates

Municipality certificates

Honorary Certificates

Candy bars
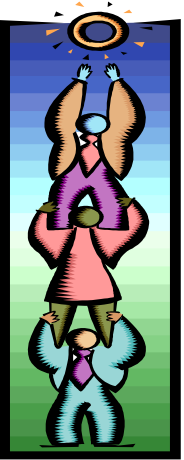
Trophies

Buttons

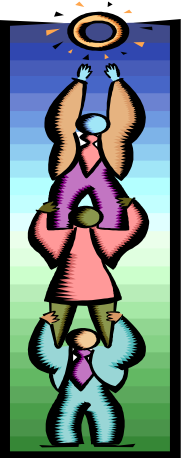Lottery tickets

Banners/Posters

Balloons

Recognition in meetings

Letter from leadership
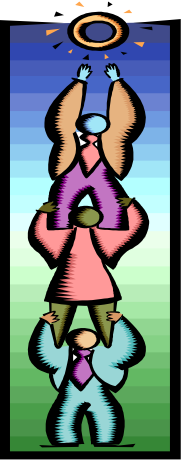
Pizza parties

Successful Cross-Setting Collaboratives

Working with Partner Agencies

- Set up regular meetings/conference calls
- Identify obstacles to ideal skin care between settings
- Identify strategies to address obstacles
- Trial cross-setting improvements (one resident/patient at a time)
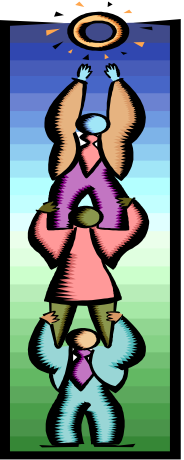- Share results with collaborative
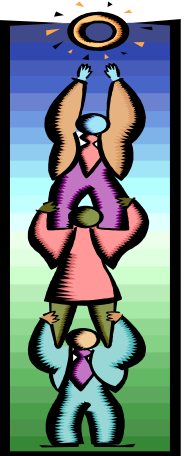
Strengthening the Bond

- Invite partner facility to regular wound care meetings
- Go on a field trip to visit partners
- Share formulary exchange list
- Exchange contact information list
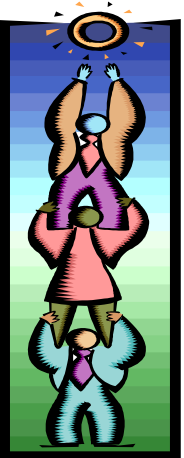- Hold ad hoc meetings/conference call for shared patient/resident

Handoff Communication

▸ Pilot handoff communication sheet
▸ Example at http://interact.geriu.org/
▸ Include contact person and number
▸ List
  ◦ Skin risks
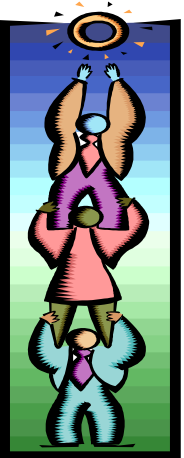 ◦ Open areas
  ◦ Treatments
  ◦ Previous treatments

Look at the Care Path

- Identify shared patient/residents
- Trace path of one frequently transferred patient
- Create flow diagram of path through care
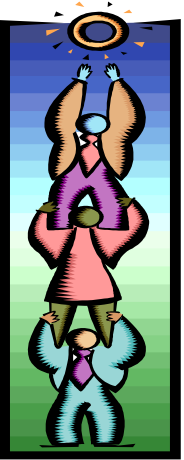- Identify areas of communication/care delivery breakdown

Root Cause Analysis

- Look at one case of a shared patient/resident who developed skin breakdown
- Examine all contributing factors
- Explore improvements that could prevent similar event
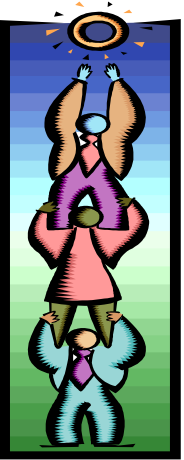- Look at ways that improve communication across settings to prevent reoccurrence

Building a Team Around a Safe Table

▸ The "safe table" concept supports communication across multidisciplinary and multi-setting teams by ensuring a confidential and safe environment.

▸ Remember to protect patient/resident confidentiality

Learning Collaborative Overview

- Quarterly webinar learning sessions
- Monthly coaching teleconferences
  - 3rd Thursday 11 to 12
- Regional support/contact person
- Electronic tools and educational materials
- Informational website

Questions?