



# "Developing Collaboratives – Experiences from the Field"

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## **September 2008: *IHI (Institute for Healthcare Initiatives) Save 5 million Lives Campaign***

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### PUP Committee formed

- All departments (Purchasing, Nursing, Case Management, Nutrition, Safety, Quality, Physical Therapy, Behavioral Health, Physician – Hospitalist; Outpatient Wound, Home Care Wound, etc)
- Reviewed: wound product formulary, standardization, cost; standards of care, prevention interventions, etc.; PU Prevalence;
- Meets monthly

### Quarterly PU Prevalence Study

- Mass Hospital Assoc (Patient's First – web)




## **2009: MassPRO – Initiated Collaborative between Hospitals & Long Term Care across state**

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BMC selected to participate with 2 local Nursing Homes (not w/i same hospital company)

- Focus – 2 fold: hospitals would have resources to support PUP education etc., while Long Term Care has experience with such preventative measures; second identify areas in which to improve pt. care;
- Each agency had to do a self-assessment, ranking itself for prevention, risk assessments (i.e. Braden Scale), nutritional interventions as well as turning, repositioning, support surfaces, culture change, etc and then select 2 areas on which to improve upon



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Met with our LTC agencies – Areas to support each other:

- Hospital to LTC :
  - more complete information on wounds being discharged: stages, size, location from the inpatient side;
  - supplies to help transition treatment plans – especially if products that LTC doesn't use;
  - Timeliness of seeing patients at scheduled appt. in the clinic (waiting while sitting in wheelchairs; cost of having companions travel with residents;)
- LTC to Hospital:
  - Share Treatment Record (TAR) as well as the Medication record (MAR) when transferring patients


# September 2009: BMC PUP committee member asked why collaborative couldn't include all LTC?

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Explained this was a Mass PRO Initiative, however we could do something local as our own initiative

Members of our PUP Committee and our LTC Liaisons met (Case Management, Nursing, Wound Care Staff, Quality, Safety, etc)

- Identified issues that this could be a forum for
  - education opportunities;
  - communication;
  - discussing obstacles for admitting or transferring patients across the continuum, etc. (accessibility, skill, cost)
    - NPWT (VAC, Renasys, etc.)
    - Specialty Beds
    - Treatment interventions

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- A mailing for all nursing homes, home care and hospitals in Berkshire County was developed.
    - Clinical/Operations contact person;
    - Mailing address, phone, fax, e-mail;
  - A letter sent to each Administrator and Clinical/Operations contact inviting a clinical and/or clinical administrative representative to join us – once a month.

## Results to date:

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Monthly: December 2009 (hiatus for summer)

Obstacles:

- Issue with Wound Type identification “across the continuum” for data bases vs. billing, coding, etc.
- Wound Information (Type, location, stage) shared across the continuum (wound history, accuracy, consistency)
- Understanding the OASIS and MDS for Present on Admission, clinical history for required documentation,

Education:

- April: “POA: documentation for Acute Care, Home Care and LTC – understanding the MDS and OASIS”
- May: “Negative Pressure Wound Therapy – physiology, application and nursing interventions”
- June: “Hyperbaric Oxygen Therapy (HBOT) – physiology, application and nursing interventions for patients”