

Education Across the Provider Continuum: Patients, Families, Clinicians, Policy-makers: The Challenge of Pressure Ulcers

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October 2008: A CMS Fairytale (or Nightmare)

- Once upon a time, there was a hospital system that was denied federal reimbursement for hospital acquired pressure ulcers. The denial was so substantial on multiple patients and so prolonged, the hospital system now faced looming bankruptcy and had already laid off care staff. The CEO had left and the V.P. for Nursing was “looking”: **What should the wound specialist of this system (who had warned, cajoled, and begged others to listen) now do?**

Vote Your Opinion!! It's The Season



Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

The Wound Specialist Should:

- 1) Jump off the hospital roof with a LONG bunge cord and land in the ER driveway
- 2) Dress up as a cheerleader running around and say “give me a “P”, give me an “R”, give me an “E”, and two “S’s””
- 3) Arrange to visit a relative in the Bahamas and plan to open a bookstore there
- 4) Buy some John Daniels, learn how to tango and say “HOOOAHHH” when a patient develops a hospital acquired pressure ulcer
- 5) Run up and down the cafeteria aisles yelling, “I told you so, I told you so.”
- 6) All (or none) of the above

October 2008: A Mandate for Quality Wound Care Education Across the Provider Continuum

- Wake up call for Pennsylvania Hospitals and all healthcare organizations
- Critical that quality pressure ulcer prevention and treatment is on everybody’s radar
- Pressure ulcers are not a nursing problem – they are all our problems – a multidisciplinary challenge
- Facing “perfect storm” (retiring experts, many new clinicians, incredibly complex patients)

How to Have a Fairy Tale Future?

- Approach the education challenge in creative ways and do **not** be afraid to think out of the box
- Our creativity may save our patients' lives, our facility's fiscal life, and our jobs

Common Erroneous Assumptions Across the Provider Education Continuum

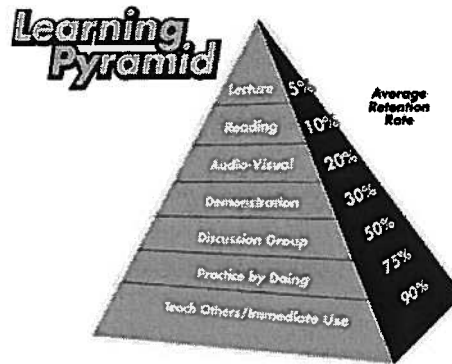
- There is one "best" way to think about a problem
- What is taught is what is learned
- Clinicians should be able to make expert decisions right after training sessions
- Patients do not really know how to problem-solve
- Having a strong mission will help us have a good margin

Educational Tactics in the War Against Pressure Ulcers

Research Findings

- What research and educational literature resoundingly tell us.....

Approach Matters



The “Five Fingers” of Quality Education

- Know your audience and their needs
- Recognize that active learning works best
- The brain likes structure and memory has limits
- Incorporate creative teaching/learning strategies
- Always address affective issues

Your Challenge: Ready to Strategize? Be Creative?

- How can you help the hospital system in the nightmare?
- Develop a *symbolic metaphor* (Hollywood movie or cartoon or book title) that describes what this hospital system faces with the challenge of pressure ulcers and non-reimbursement and perhaps structures your approach to helping this hospital system (you have three minutes)
- You are EXPECTED to have some fun with this

Know Your Audience and Their Needs (Whoever It Is): Implications

- Assess knowledge base (or lack of same)
- Literacy levels
 - Remember 50% of Americans read at 5th grade level or below
- Refine materials using input from the audience (from CEOs up to patients)

Active Learning Works Best: Implications

- Do not lecture only – multiple methods
- Tap into power of adult learning theory – “news you can use”
- Enormous power of humor
- Use problem – based learning
- Reflection is empowering and develops wisdom

Human Brain and Human Memory – How They “Work”: Implications

- **Brain likes structure**
 - Standardize learning materials
 - Bang on key concepts
 - Use digital supports to help build structure
- **Brain likes variety**
 - Use color, use novelty, use visuals
 - Map concepts “cartography of cognition”
- **Memory has limits**
 - Mnemonics extremely helpful
 - NERDS of critical wound colonization
 - Nonhealing
 - Exudative
 - Red bleeding skin
 - Debris visible
 - Smell or odor

Creative Teaching/Learning Strategies: Implications

- Journal clubs
- “Toilet” alerts – one page newsletters posted weekly
- “Clinical Pearls” – look at clever teaching approaches in journals
- “15 minute” CE
- Bulletin boards
- Brochures – brochure maker in Microsoft word - free

Affective Issues: Implications

- Education is social
- Cultural relevancy and sensitivity
- Reward successes
- Reward persistent successes
- Competence portfolios
- Expect need for occasional “decompression”

Education Across the Provider Continuum Summary

My **reflective challenge** to you for today-

- Summarize five major messages from this whole educational venture
- Explain the five messages to your neighbor who has an eighth grade education and is 88-years-old. How would it differ if you were talking to your college anatomy and physiology professor?
- If you could develop a “catchy phrase” for the October 2008 reimbursement scenario and the problem of pressure ulcers, what would it be?
- How will the information gained from this activity affect your life personally and professionally?

Thanks for Engaging!

- On to the rest of the conference!!

