

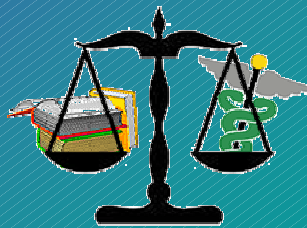
PENNSYLVANIA PRESSURE ULCER PARTNERSHIP (PA-PUP)

PPC Leadership Summit
February 5, 2009



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The Need For Action

Pressure ulcers are common; rates vary across settings:

- Hospitals 0.4% - 38.0%
- Long-term care 2.2%-23.9%
- Home care 0%-17%

(JAMA 2003)



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The Need For Action

Pressure ulcers in PA (PA-PSRS)

The PA-PSRS received over 13,500 reports related to pressure ulcers in 2007, 4,300 (32%) were considered hospital-acquired



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The Need For Action

The cost of treating pressure ulcers is high

- \$40,000/pressure ulcer estimated cost
- Additional expenses for:
 - longer LOS
 - use of specialty beds and supplies
 - infections
 - increased nursing time



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Deficit Reduction Act 2005 → CMS Hospital-Acquired Conditions / Present on Admission Indicators (HAC/POA)

Beginning in October 2008,
CMS began withholding a higher
DRG payment to hospitals for
Stage III and IV hospital-acquired
pressure ulcers

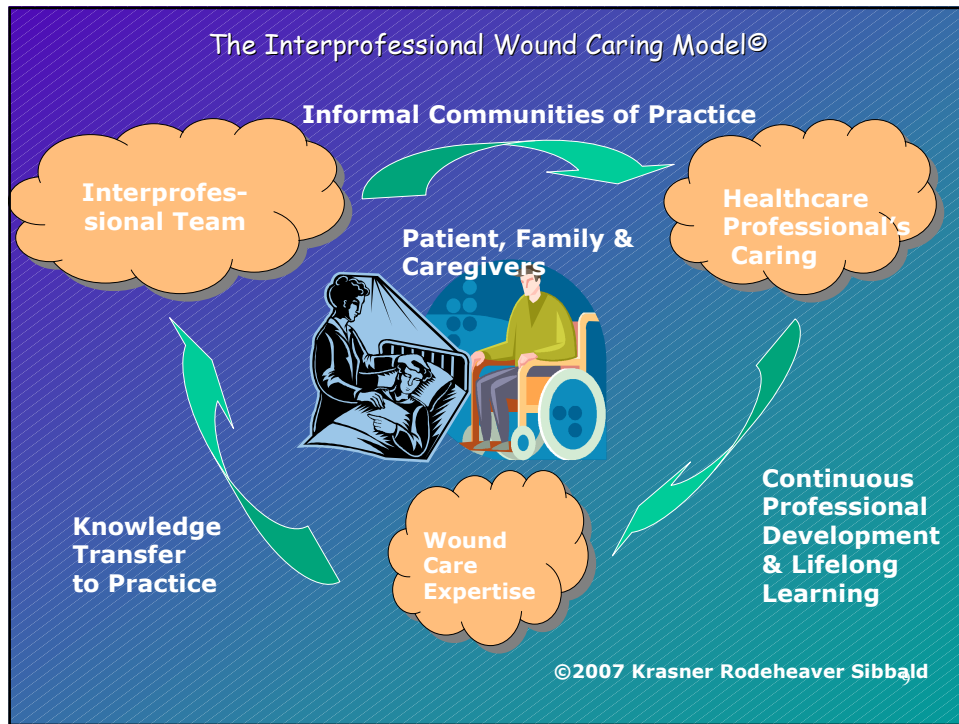
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This is a
Paradigm Shift
for most acute care
facilities!

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What is PA-PUP?

A state-wide collaborative aimed at reducing the rate and severity of pressure ulcers in health care facilities across Pennsylvania

Partners:

- The Healthcare Improvement Foundation
- The Hospital and Healthsystem Association of Pennsylvania
- The Hospital Council of Western Pennsylvania
- ECRI Institute
- Quality Insights of Pennsylvania

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PA-PUP Planning Period

- 3 regional focus group sessions in
- May-June 2008
- Information gathering to help in the design of the PA-PUP

(ex. day to day challenges in implementing pressure ulcer prevention and treatment; how transitions in care affect the problem; educational needs)



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The Pennsylvania Pressure Ulcer Partnership



*Pittsburgh, Philadelphia, Harrisburg -
October 2008*

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PPUP Kick-Off Conferences

October 2008

3 conferences
Pittsburgh
Philadelphia
Harrisburg

Attended by over 650 people



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Question:

The evidence for pressure ulcer care is sufficient to support evidence-based practice.

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

Pressure Ulcers as a reflection of

SAFETY & QUALITY



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The Interprofessional Wound Caring Model[©]

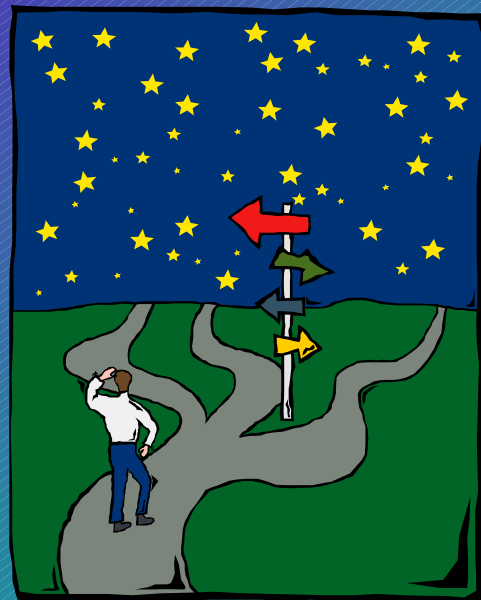
Informal Communities of Practice

Chronic Wound Care: A Clinical Source Book for Healthcare Professionals 4th edition, 2007

Chapter 1
Krasner, Rodeheaver, Sibbald

www.chronicwoundcarebook.com

Healable
vs.
Non-healable
Pressure Ulcers



Ongoing PPUP Activities

Monthly audioconferences on topics that pose the greatest challenges in the prevention and treatment of pressure ulcers

January 2009
Communication Across the Continuum of Care
Over 350 participants



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Examples of Key Improvement Strategies

- Partner with facilities that you transfer patients to/from and develop methods of consistent and complete communication
- Designate a standard timeframe for completion of a pressure ulcer risk assessment and skin inspection on admission



Examples of Key Improvement Strategies

- Utilize a multidisciplinary team to lead pressure ulcer prevention at your organization
- Standardize documentation
- Establish triggers for pressure ulcer interventions



Ongoing PPUP Activities

**Self-Assessment Surveys for Acute care, LTC
and Home-care**

Monthly Data Collection

Networking calls



PPUP Resources

- Research Summary - a summary of recent systemic reviews, guidelines, published clinical studies, case studies, standards and initiatives on the prevention of facility-acquired pressure ulcers
- Information and links posted on the HCIF website
- Best practice tools and forms



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**For every complex problem
there is a simple solution . . .
and it is wrong.**

- H. L. Menken

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