

Staff Roles and Training for Your Pressure Ulcer Prevention Program

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Agency for Healthcare Research and Quality

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Welcome!

Thank you for joining this webinar about staff roles and training for your pressure ulcer prevention program.



A Little About Myself...



- Board certified wound and ostomy nurse
- Clinical editor of the journal *Advances in Skin and Wound Care*
- Vice president of the World Council of Enterostomal Therapists (WCET)
- Faculty member of Excelsior College School of Nursing
- Author of numerous articles and two books on wound care
- Past president of the National Pressure Ulcer Advisory Panel
- Former consultant to CMS on some skin conditions

Today We Will Talk About

- Key elements of AHRQ's Pressure Ulcer Prevention Program
- Staff roles and duties
- Organizing a plan at the unit level
- Training staff on new practices for reducing pressure ulcers

These topics were introduced in your 1-day training. Today, we will revisit them in depth.

Please make a note of your questions. Your Quality Improvement (QI) Specialists will follow up with you after this webinar to address them.

Key Elements of Program

- Comprehensive skin assessment
- Standardized pressure ulcer risk factor assessment
- Care planning and implementation to address areas of risk

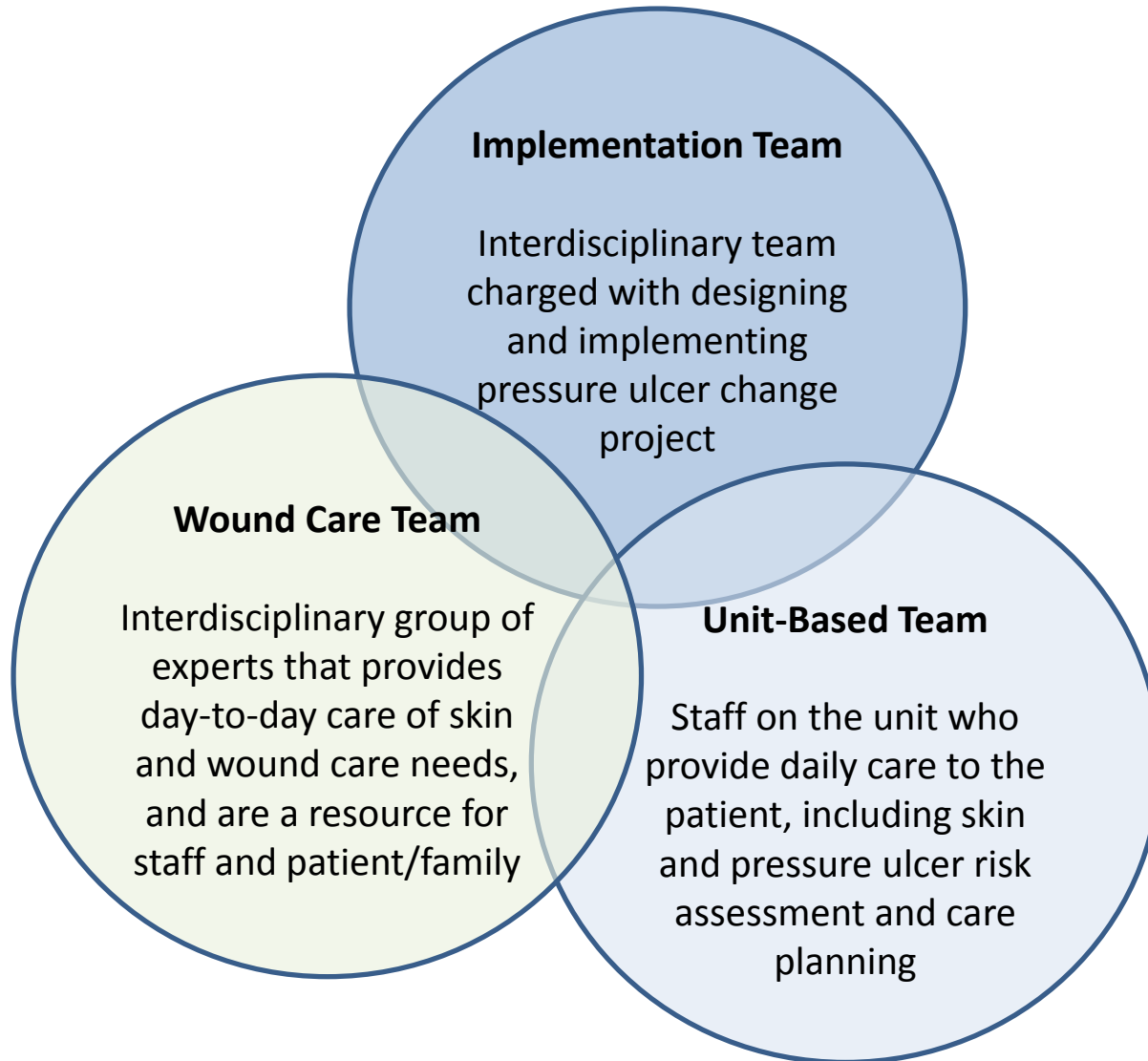


Staff Roles and Duties

- Implementation Team: roles and duties
- Wound Care Team: roles and duties
- Unit Team: roles and duties
- Unit Champions: roles and duties



Team Relationships



Implementation Team: Roles and Duties

Design and implement your Pressure Ulcer Prevention Program.



Wound Care Team: Roles and Duties

- Serve as your hospital's content experts on pressure ulcer prevention.
- Provide expertise and resources on current wound care practices.

Unit Team: Roles and Duties

- Provide daily direct patient care.
- Conduct skin and pressure ulcer assessments.
- Plan care to prevent pressure ulcers.
- Make sure care is performed and documented.



Strategies for Unit Team Roles

- Clearly define each team member's role.
- Highlight which duties are new.
- Comply with State practice acts.
- Plan how to overcome barriers to filling roles.
- Plan how to orient and monitor temporary staff.

Assigning Unit Champions

- Number of Unit Champions depends on hospital needs, but one per shift is optimal.
- Try to have at least one main bedside RN. It's better to have more than one.
- Nursing Assistants or LVNs should be involved too for buy-in from those groups and for teamwork.
- It is best to have long-term Unit Champions and backups.

Qualities of Unit Champions

- Role-based professional practice
- Excellent communication skills
- Effective links to other staff members
- Respect of peers
- Positive image of their unit
- Good problem-solving skills
- Ability to work with all key stakeholders
- Knowledge and passion about pressure ulcer prevention

Unit Champions: Roles and Duties

- Serve as liaison among teams.
Resolve issues related to pressure ulcers.
- Help implement pressure ulcer prevention activities.
- Serve as cheerleaders and “go to” people during implementation.
- Be familiar with program goals, care processes, and outcome data.
- Give updates.



Unit Champions: Roles and Duties

- Transfer knowledge about facility pressure ulcer injury prevention.
- Track unit pressure ulcers.
- Serve as unit expert and resource for managers and supervisors, peers, patients, and families on:
 - Pressure ulcer prevention,
 - Related equipment use, and
 - Related patient safety clinical processes.
- Conduct ongoing environmental surveillance.
- Help conduct outcome audits.

Unit Champions: Roles and Duties

- Train peers/managers/patients/families:
 - Conduct staff in-services/trainings on topics related to pressure ulcer prevention.
 - On unit, orient new employees to pressure ulcer prevention.
 - Facilitywide, participate in new employee orientation training.
 - Train/retrain coworkers on new and existing equipment.
 - Complete or assist in completion of equipment competency assessments.
 - Assist coworkers in patient/family training as needed.

Organizing Plan at Unit Level

- Ongoing communication and reporting
- Integrating pressure ulcer prevention into ongoing work processes



Need for Ongoing Communication and Reporting

- Within unit
- Among Implementation Team, Wound Care Team, Unit Team, and senior management

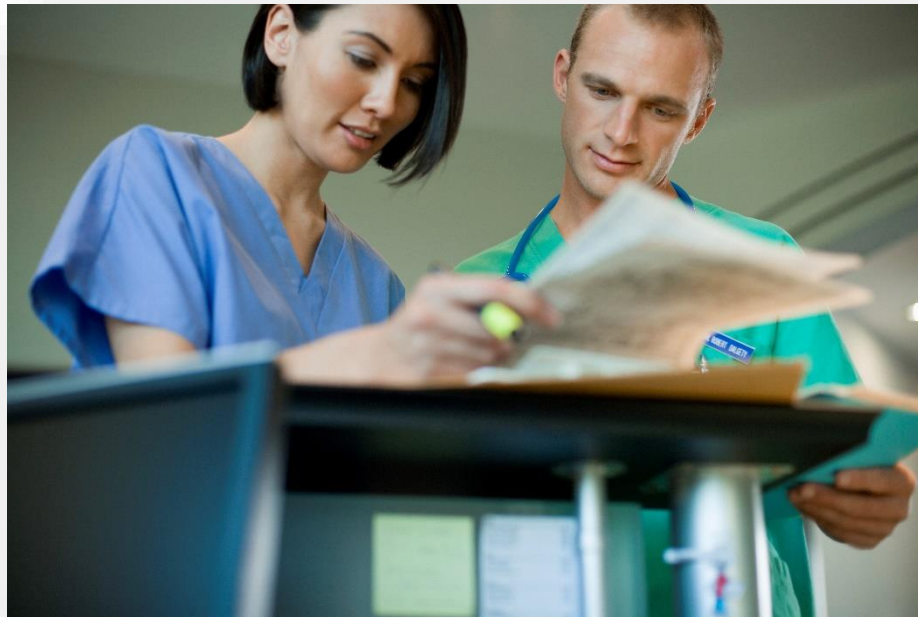


Ways To Communicate and Report

- Unit Champions give updates at regular meetings of the Implementation Team.
- Unit managers give updates using data they gather from staff.
- Staff document pressure ulcer risk or presence on daily unit flowsheets.
- Staff examine patients at risk for pressure ulcers during interdisciplinary “Skin Rounds.”
- Staff share important patient safety issues and changes in care plans during 5-minute standup meetings.

Ways To Communicate and Report

- Share risk and skin assessment information during shift reports.
- Tell the patient and his/her family if the patient's skin or risk changes.



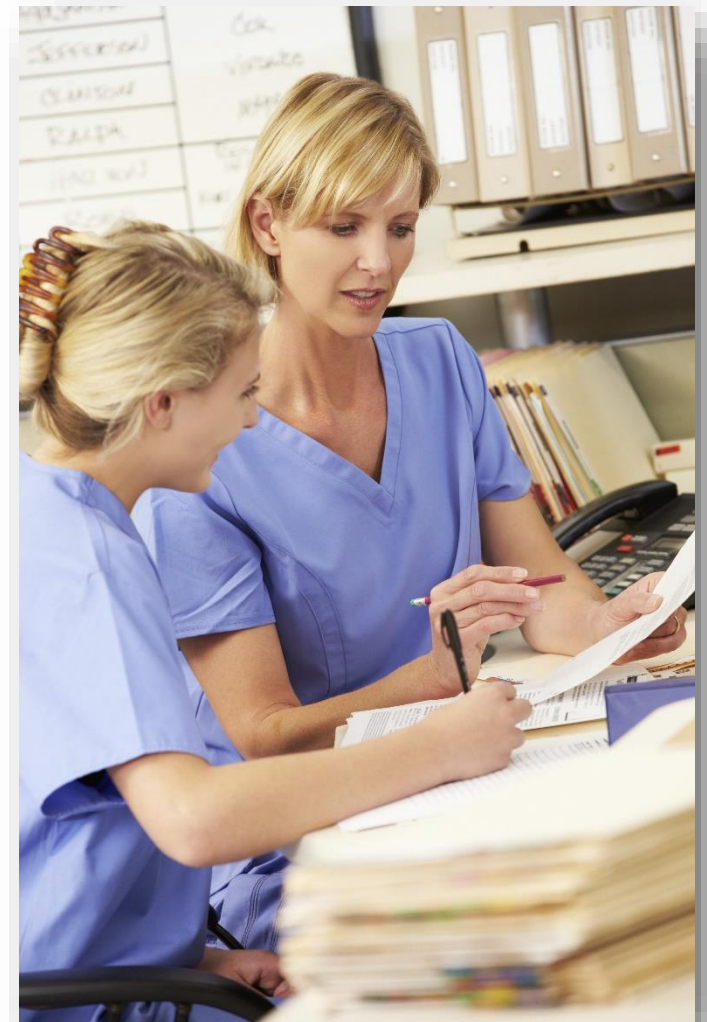
Ways To Communicate and Report

Give—

- **Nurse assistants** guidelines and tools for reporting new skin or risk problems, such as a tablet with pull-off pages including the patient's name, room number, and date/time to be given to the designated nurse
- **Nurses** guidelines for treatment if the Wound Care Team is not available
- **Patient and family** pressure ulcer information on admission
- **Staff** pocket cards to remind them of best practices

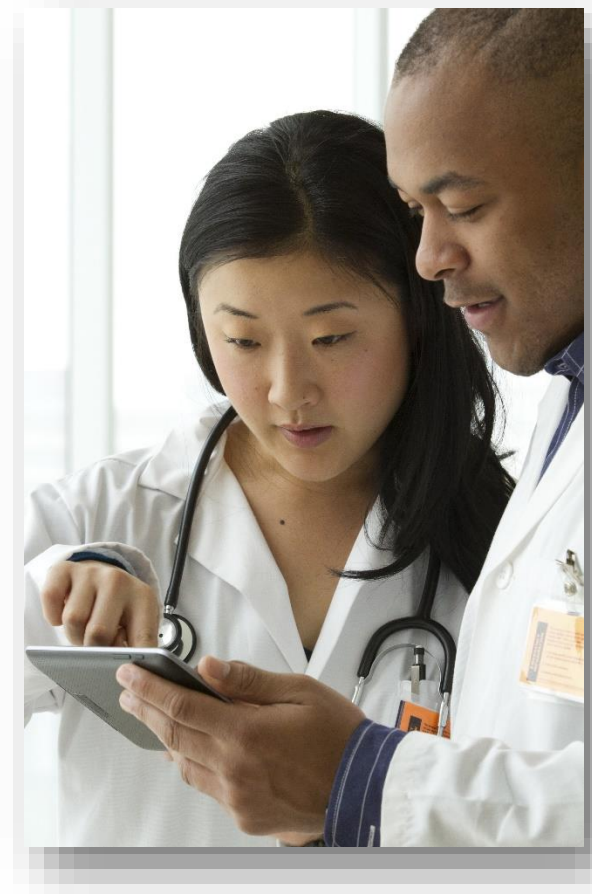
Best Communication and Reporting

- Regular
- Thorough
- Done with minimal time and effort



Strategies for Ongoing Work Processes

- Make some practices universal.
- Incorporate change into routine care.
- Integrate pressure ulcer risk data into your regular communication, such as shift handoffs.
- Make it easy to get needed equipment and supplies quickly, especially for high-risk patients.
- Use electronic health records.



Examples of Ongoing Work Processes

- Conduct wound care and dietary consult in high-risk patients. Use results in care planning.
- Keep needed supplies handy in “skin cart.”
- Make sure nurses have access to dressings.
- Provide pressure-redistributing support surfaces for all critically ill patients.
- Use visual or auditory prompts to make sure patients are turned often enough.

Ongoing Work Processes With Electronic Records

Think about these issues:

- What pressure ulcer risk factor data are already in the patient's record?
- What other data in the patient's record can help you assess pressure ulcer risk factors?
- What is the most logical place in the patient's record to collect/organize/assess pressure ulcer risk factor data and needed interventions?

Training Staff on New Practices

- Managing change process
- Getting staff engaged and excited
- Helping staff learn new practices



Strategies for Managing Change Process

- Engage staff to gain their support and buy-in.
- Let staff help tailor practices to your hospital.
- Make sure staff have the time, training, equipment, and supplies they need to adopt new practices.



Implementation Team Role in Managing Change Process

- Guide, coordinate, and support changes during the pilot phase and rollout.
- Work with staff, clinicians, middle managers, and senior leaders.
- Work with Unit Champions or other unit leaders to create ongoing monitoring process that—
 - Gathers feedback from staff and clinicians
 - Tracks changes in pressure ulcer rates and interventions
 - Communicates results to staff

Getting Staff Engaged and Excited

Before the initial rollout or pilot testing:

- Have Implementation Team or Unit Champions meet with unit staff on all shifts (or just the unit-level improvement team).
- Review new roles and duties.
- Decide how to adjust roles and paths of communication and reporting.
- Discuss how to address and overcome barriers to adherence.

Getting Staff Engaged and Excited

During the initial rollout or pilot testing:

- Remind staff of reasons that pressure ulcer prevention is needed.
- Involve staff in identifying problems and testing solutions.
- Keep staff informed about the program's progress.

Getting Staff Engaged and Excited

If **some** staff members or units resist changes:

- Find out why they are resistant.
- Include pressure ulcer prevention in staff performance evaluations.

If resistance is **widespread**:

- Find out why.
- Change practices or the implementation plan to address their concerns.
- Delay the full launch if needed.

Helping Staff Learn New Practices

Work with the staff education department and other key stakeholders to—

- Assess staff knowledge of pressure ulcer prevention
- Identify knowledge gaps
- Create an education plan to address those gaps



Helping Staff Learn New Practices

Keep in mind that adults—

- Learn best through methods that build on their own experiences
- Have a variety of learning styles and skill levels

So use varied education methods—

- Didactic
- Active

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- Key elements of AHRQ's Pressure Ulcer Prevention Program
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- Training staff on new practices for reducing pressure ulcers in your hospital

Any Questions?

Thank you for being such great listeners.

Please refer any questions you have to your QI Specialists.

Resources

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