



GOLD STAMP PROGRAM PRESSURE ULCER RESOURCE GUIDE

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WELCOME

Welcome to the Gold STAMP (**S**uccess **T**hrough **A**ssessment, **M**anagement and **P**revention) Program to Reduce Pressure Ulcers Resource Guide. The Gold STAMP Program builds regional-level collaboration among hospitals, nursing homes and home care agencies with a goal of reducing the incidence and improving treatment of pressure ulcers in New York State. The Program is guided by a Coordinating Committee, which includes representation from the New York State Department of Health, cross-setting provider associations, health care quality improvement organizations, private health care organizations and academia.

The Gold STAMP Program has aggregated educational resources and tools to support providers across different health care settings with the challenges of pressure ulcers. The resources and tools provided by the Gold STAMP Program include:

- **An organizational self-assessment of the processes of care for pressure ulcers**
- **A guidance document and tools for the assessment, management, and prevention of pressure ulcers**
- **Instructional information on the use of these resources**
- **Strategies and tools to create cross-setting partnerships to improve communication between care settings about prevention and management of pressure ulcers**
- **Steps for development of an Action Plan for pressure ulcer quality improvement efforts**

The Gold STAMP Program Resource Guide presents the vision, goals and methodology of this initiative to reduce the incidence and prevalence of pressure ulcers across the health care continuum. It contains information gathered from research and practice and offers strategies and actions to improve assessment, care management and patient/resident health care outcomes.

We urge organizations to identify your clinical champion(s) for healthy skin and to engage existing cross-setting partners or create new partnerships, internally and externally, to be proactive and collaborative in improving patient/resident care outcomes.

ORGANIZATIONAL PARTNERS

The following organizations have partnered together for the design, development and implementation of the Gold STAMP Program Resource Guide. These organizations represent the hospital, home health, skilled nursing, hospice, assisted living provider settings and other healthcare stakeholders and partnerships across New York State.

CONTINUING CARE LEADERSHIP COALITION	http://www.cclcnyc.org
CENTERS FOR MEDICARE & MEDICAID SERVICES REGION II	http://www.medicare.gov
EMPIRE QUALITY PARTNERSHIP	http://www.empirequality.org
EMPIRE STATE ASSOCIATION OF ASSISTED LIVING	http://www.esaal.org
GREATER NEW YORK HOSPITAL ASSOCIATION	http://www.gnyha.org
GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION	http://www.gnyhcfa.org
HEALTHCARE ASSOCIATION OF NEW YORK STATE	http://www.hanys.org
HOME CARE ASSOCIATION OF NEW YORK STATE	http://www.hcanys.org
HOSPICE AND PALLIATIVE CARE ASSOCIATION OF NEW YORK STATE	http://www.hpcanys.org
I PRO	http://www.ipro.org
KRASNOFF QUALITY MANAGEMENT INSTITUTE	http://www.thekqmi.org
NEW YORK STATE ASSOCIATION OF COUNTIES	http://www.nysac.org
NEW YORK STATE DEPARTMENT OF HEALTH	http://www.health.ny.gov
LEADINGAGE NEW YORK	http://www.leadingageny.org
NEW YORK STATE ASSOCIATION OF HEALTHCARE PROVIDERS	http://www.nyshcp.org
NEW YORK STATE HEALTH FACILITIES ASSOCIATION	http://www.nyshfa.org
UNIVERSITY AT ALBANY SCHOOL OF PUBLIC HEALTH	http://www.albany.edu/sph

GOLD STAMP OVERVIEW

MISSION STATEMENT

The Gold STAMP Program to Reduce Pressure Ulcers is a coalition of organizations convened in New York State to provide resources and education across the continuum of care to improve the assessment, management and prevention of pressure ulcers.

GOALS

- ❑ Provide and promote the use of information, education and standardized practices for pressure ulcer assessment, management and prevention across the continuum of care.
- ❑ Promote collaboration and communication within and throughout the continuum of care and other key stakeholders related to pressure ulcer assessment, management and prevention.
- ❑ Provide strategic direction and support for pressure ulcer performance improvement.
- ❑ Promote and expand engagement of hospitals, nursing homes and home care agencies in Gold STAMP principles.
- ❑ Promote and expand engagement of physicians and other advanced practice clinicians/professionals in Gold STAMP principles.

OBJECTIVES

- ❑ Maintain web-based resources for the assessment, management and prevention of pressure ulcers at www.goldstamp.org.
- ❑ Update and maintain Gold STAMP Program Pressure Ulcer Resource Guide of evidence-based practices and tools for the assessment, management and prevention of pressure ulcers.
- ❑ Provide these materials for health care providers, as well as patients, residents and their families related to pressure ulcers, specifically to address patients/residents who currently have pressure ulcers and patients/residents who are at risk of developing pressure ulcers.

- ❑ Provide tools which enable providers across the continuum of care to conduct assessments of their own organizational processes related to the assessment, management and prevention of pressure ulcers.
- ❑ Encourage performance measurement as it relates to pressure ulcers (i.e., incidence and prevalence).
- ❑ Promote and facilitate communication within and across the continuum of care.
- ❑ Distribute resources to existing local and regional collaborations focusing on pressure ulcer improvement.
- ❑ Provide education which promotes the evidence-based practices for pressure ulcer improvement and communication within and between care settings.
- ❑ Provide support and strategic direction for utilizing the tools and resources made available by the New York State Gold STAMP coalition.

www.goldstamp.org

PRESSURE ULCERS – A PATIENT SAFETY ISSUE

The Agency for Health Care Research and Quality (AHRQ) December 3, 2008 report noted that hospitalizations involving patients with pressure ulcers increased by nearly 80% between 1993 and 2006. Furthermore, the length of stay for hospitalizations principally for pressure ulcers was nearly three times longer than hospitalizations with no diagnosis of pressure ulcers (14.1 days versus 5.0 days). In addition, patients with hospital stays related to pressure ulcers were more likely to be discharged to a long term care facility as compared to hospitalizations for all other conditions.

Pressure ulcers are one of the five most common problems experienced by patients in healthcare facilities and are both high cost and high volume adverse events, the majority of which can be prevented. In 2006, the mean cost of treating a patient with the primary diagnosis of pressure ulcers in a hospital was \$1200/day and about 54% of hospitalized patients with a primary or secondary diagnosis of pressure ulcers were discharged to a skilled nursing facility.¹ In a study published in 2008, skilled nursing facility residents', with Stage II pressure ulcers, median healing time was 46 days.² Pressure ulcers negatively impact the patient's quality of life by many times causing pain, reducing mobility, and inhibiting the individual's overall feeling of wellbeing.

Individuals who are most at risk for developing pressure ulcers are those with diabetes, circulatory diseases, diminished mobility, and those with cognitive impairments such as dementia. They include residents in nursing homes, community-based residences such as assisted living and adult care facilities and patients in home care settings, hospitals, and hospice. Each of these settings has an important role to play both in preventing pressure ulcers and effectively treating pressure ulcers when they do occur.

THE REMEDY

There are recommended practices and supporting evidence guidelines to inform practitioner and patient decisions about the assessment, management and treatment of pressure ulcers. Guidelines are intended for the use of professionals who are involved in the care of patients and vulnerable people at risk of developing pressure ulcers, whether they are in a hospital, long term care facility, assisted living, at home or any other setting. The Gold STAMP Program provides resources and education across the continuum of care in New York State to improve the assessment, management and prevention of pressure ulcers.

¹ *NQF: *National Voluntary Consensus for Developing a framework for Measuring Quality for Prevention and Management of Pressure Ulcers*: April 8, 2009; and AHRQ Statistical Brief #64 Dec.2008

² *Journal American Geriatric Society* 56:1252-1258,2008

HOW TO USE THE RESOURCE GUIDE

The Gold STAMP Program Resource Guide is an electronic based repository of recommended practices and supporting evidence for the assessment, management, and prevention of pressure ulcers. The information contained within the Resource Guide is offered to assist organizations in assessment of their current systems and processes and to provide easy access to resources and tools to support cross-setting performance improvement efforts in care and management of pressure ulcers across the health care continuum.

LEADERSHIP AS A KEY COMPONENT IN PRESSURE ULCER PREVENTION AND MANAGEMENT

Senior leaders of health care organizations are charged with developing and communicating the mission, vision, values, ethics and performance goals of the organization. They support a systems based perspective that focuses on safe and effective patient/resident care, positive outcomes, and quality improvement using recommended practices, supporting evidence and best practice approaches.

Pressure ulcer prevention and management programs must be identified as organizational priorities with resources allocated to develop and sustain them. Leaders communicate this commitment to staff and implement systems to support the organizational commitment.

Leaders develop and support an effective pressure ulcer prevention and management program by:

- ☐ Identifying, creating and supporting the implementation of consistent, organization wide processes related to pressure ulcer prevention and management.
- ☐ Embracing innovation and best practices for excellence in patient/resident centered care.
- ☐ Supporting adherence to established policies, procedures, clinical guidelines and regulatory requirements for optimal outcomes.
- ☐ Focus on building and sharing knowledge among all members of the interdisciplinary team.
- ☐ Evaluating quality improvement programs, benchmarking data, and supporting meaningful responses to data to identify and project trends, modify existing processes.
- ☐ Emphasizing the importance of teamwork and interdisciplinary practice using a continuous quality improvement model.
- ☐ Assuring that each patient has an individualized plan of care that is implemented and modified as indicated.
- ☐ Implementing and support systems for documentation and communication among members of the interdisciplinary team in and across settings.

- ☒ Maintaining the commitment and resources to sustain an effective pressure ulcer prevention and management program over time.

Additional resources related to the importance and application of leadership principles are available in the Leadership Domain of the Resource Guide.

ORGANIZATIONAL PROFILE: SELF-ASSESSMENT OF KEY PROCESSES RELATED TO PRESSURE ULCER PREVENTION AND MANAGEMENT

This tool was designed to support the assessment of your existing program and to identify opportunities to strengthen your current internal systems and processes. Experts indicate that each of the following components provide organizations with a comprehensive system for the prevention and management of pressure ulcers.

The optimal review process for use of this tool incorporates an interdisciplinary team approach in reviewing your current pressure ulcer policies, procedures and protocols against each of the questions outlined within the tool. The team should consist of the representatives within your organization that are involved in direct care pressure ulcer care management, including but not limited to nursing, dietary, physical therapy, surgical services, and emergency services. Once completed, discuss all “no” responses with your interdisciplinary leadership team and utilize the Gold STAMP Pressure Ulcer Prevention & Management Resource Manual as guidance to support your quality improvement efforts.

The Gold STAMP Organizational Assessment Tool Crosswalk, provided on the following pages, is offered to assist in identification of the specific domain(s) within the Pressure Ulcer Resource Guide that apply to each of the questions within the Organizational Assessment Tool. Each question from the Organizational Assessment Tool is cross-walked to the Domain(s) within the Resource Guide that provides information, resources and guidance specific to the focus of the topic of the question.

The Gold STAMP Program Pressure Ulcer Resource Guide will be updated on a quarterly basis. The established criteria for consideration of tools and resources for inclusion into Gold STAMP Program Resource Guide require that the resource less than five years old and have no associated cost for use. Promotional materials for commercial products will not be accepted.

We welcome your feedback on the Gold STAMP Program Pressure Ulcer Resource Guide and the tools and resources contained within.

**GOLD STAMP ORGANIZATIONAL ASSESSMENT TOOL
CROSSWALK TO PRESSURE ULCER RESOURCE GUIDE**

ORGANIZATIONAL ASSESSMENT TOOL QUESTION	RESOURCE GUIDE DOMAIN
<p>1. Does your organization’s policy related to pressure ulcers include the following?</p> <p>a. A statement regarding your organization’s commitment to pressure ulcer prevention and management</p>	Care Management Education Regulatory Requirement Leadership
<p>b. A requirement that all consumers receive a comprehensive skin inspection and risk assessment by a registered nurse at the time of initiation of services by your organization</p>	Care Management Education Regulatory Requirement Nutrition
<p>c. A requirement that all consumers receive a comprehensive skin inspection and risk assessment by a registered nurse at regular, set intervals during the time they receive services from your organization</p>	Care Management Education Regulatory requirement Nutrition
<p>2. Is a standardized risk assessment tool (such as the <i>Braden</i> or <i>Norton</i>) used by the Registered Nurse conducting the risk assessment?</p>	Care Management Education Regulatory Requirement
<p>3. If a change in the consumer’s clinical condition is noted, is a skin reassessment and risk assessment completed by a registered nurse?</p>	Care Management Education Regulatory Requirement
<p>4. Are efforts to prevent pressure ulcers directly related to risk factors noted on the scale and subscales of the risk assessment tool used at your organization?</p>	Care Management Education Regulatory requirement Nutrition
<p>5. Does your interdisciplinary team consider and communicate all contributing risk factors not captured on your risk assessment tool as the consumer transitions between nursing units and receiving health care settings outside of your organization, including but not limited to the following:</p> <p>a. Persistent refusal of interventions</p> <p>b. Nutrition and Hydration status</p> <p>c. Medical devices (i.e., oxygen tubing, splints, orthotics, Foley catheter tubing, feeding tubes, endotracheal tubes)</p> <p>d. Co-morbidities (i.e., PVD, diabetes, end-stage renal disease, obesity, hypotension, anemia hemodynamic instability, prolonged or multiple operations/procedures, intolerance to turning, spinal cord injury)</p> <p>e. Bowel and bladder Incontinence</p> <p>f. Pain (with nonpharmacological interventions considered and premedication prior to ulcer care emphasized)</p> <p>g. Bony deformities (ex. arthritic changes, kyphotic spine, “hammer toe”, charcot deformities of the foot)</p>	Care Management Communications and Care Transitions Education Quality Improvement Nutrition

ORGANIZATIONAL ASSESSMENT TOOL QUESTION	RESOURCE GUIDE DOMAIN
<p>6. Are all of the following interventions considered for each consumer as part of a “needs assessment” related to pressure ulcer prevention and management?</p> <p>a. Pressure reduction, off-loading, pressure redistribution, the need for special mattress/seating/footwear positioning devices</p>	Care Management Prevention
<p>b. Frequency of routine inspection of the skin</p>	Care Management Prevention
<p>c. Consults for challenging cases</p>	Care Management
<p>d. Consumer and family education on pressure ulcer risk, prevention and management</p>	Education- Patient & Family Nutrition
<p>7. Do the direct care staff have input into care planning related to pressure ulcer prevention and treatment?</p>	Care Management Education-Staff Nutrition
<p>8. Does your organization have a policy regarding the identification of pressure ulcer characteristics and is the frequency of this assessment clarified in the policy?</p>	Education-Staff Care Management Regulatory Requirements Nutrition
<p>9. Does your organization’s pressure ulcer tracking and assessment documentation address all of the following characteristics?</p> <p>a. Location (using anatomical sites)</p> <p>b. Stage</p> <p>c. Size (length X width X depth)</p> <p>d. Undermining / tunneling</p> <p>e. Wound bed</p> <p>f. Drainage or type of exudate</p> <p>g. Periwound tissue</p> <p>h. Presence of odor</p> <p>i. Treatment</p> <p>j. Pain</p>	Regulatory Requirements Education-Staff
<p>10. Does your organization have protocols to follow if the wound is found to be non-healing?</p>	Care Management Education – Staff Nutrition
<p>11. Do you incorporate current guidelines (i.e., <i>NPUAP, EPUAP, WOCN Guidelines for Pressure Ulcer Prevention and Treatment</i>) into your organization’s policies/protocols related to pressure ulcer prevention and treatment?</p>	Care Management Education – Staff Leadership / Organizational Systems Prevention Nutrition

ORGANIZATIONAL ASSESSMENT TOOL QUESTION	RESOURCE GUIDE DOMAIN
12. Do you educate newly hired and current interdisciplinary staff on your organization's policies and procedures regarding pressure ulcer prevention and management on an on-going basis?	Care Management Education Prevention Quality Improvement Regulatory Leadership / Organizational Systems Nutrition
13. Does your organization designate and support a " Clinical Expert " to work with the interdisciplinary team to ensure current standards of practice for pressure ulcer prevention and management?	Care Management Certification Education Quality Improvement Regulatory Leadership
14. Is measurement of the effectiveness of your pressure ulcer prevention and management program part of your organization's routine continuous quality improvement processes and do you involve direct care staff in that process?	Care Management Communication and Care Transitions Education Leadership Quality Improvement
15. Is your facility engaged in a cross-setting collaborative or partnership related to pressure ulcer management and prevention?	Care Management Communication and Care Transitions

To download a copy of the Gold STAMP Organizational Assessment Tool, please click on the following link or cut and paste to your browser: www.goldstamp.org

APPLICATION OF THE PERFORMANCE IMPROVEMENT MODEL

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”.
Institute of Medicine

The Organizational Profile: Self-Assessment of Key Processes Tool and the tools and resources incorporated into the Gold STAMP Program Resource Guide will support your organization’s performance improvement efforts targeting pressure ulcer assessment, management and prevention. An integral component in the success and sustainability of these efforts is adoption and application of the Performance Improvement Model, a series of steps that assists in identifying opportunities for improvement and implementing changes to improve patient outcomes. These steps provide a systematic way for providers to conduct an internal assessment to identify changes in care practices, processes and protocols to demonstrate improvement.

CORE STEPS TO PERFORMANCE IMPROVEMENT

❖ Form a Team

Form an interdisciplinary team of people who are involved in directly impacting pressure ulcer assessment, management and prevention. The team will examine clinical care, systems and processes, utilizing the Organizational Profile: Self-Assessment Tool as a guide. Involve direct care staff from different shifts, units, departments and disciplines, as well as the in-service educator and a senior leadership representative. Identify a team leader, team facilitator and members. The team leader will guide the team to achieving the established goals and objectives and keep the team on track, according to the defined action plan. The team facilitator should ideally not be directly involved in pressure ulcer issues so they can remain impartial in the review and discussion and focus on promoting effective group dynamics. The members contribute information, share knowledge and their expertise to drive decision making and change.

❖ Effective Team Strategies

- Use agendas and stick to them
- Assign a recorder for each meeting
- Maintain accurate meeting minutes with distribution to all members of the team
- Focus on fixing problems and not people – no blaming. Use data and the facts to drive solutions
- Create and develop a work plan for the team and review and update it at each meeting

❖ **Define a Clear Aim Statement**

The Aim Statement should clearly define the specific outcome(s) the team wishes to accomplish. The Aim should be clear, realistic, and include measurable performance indicators. The following is an example of an Aim Statement:

To reduce pressure ulcers for all nursing home residents so that:

- *X % will have been assessed at admission*
- *X% of patients at risk for pressure ulcer will have an individualized care plan within 24 hours of admission*

❖ **Establish Measures of Success**

An important component to any performance improvement plan is ongoing internal monitoring to ensure that the plan has been implemented and the changes put into place are effective improvements. In order to perform internal monitoring a plan for collection and utilization of data should be established by the team as one of the initial first steps.

Remember to establish a baseline period (a time point that will be used as the starting point for measurement and will serve as a basis for comparison) as well as a time period for re-measurement. When setting up your measures be sure to include both outcome measures (doing the right things) and process measures (doing things right).

Example Process Measure: *% of patients/residents assessed for risk for pressure ulcer upon admission*

Example Outcome Measure: *% improvement in identifying risk of pressure ulcers upon admission*

❖ **Identify and Make Changes That Lead to Improvement**

Utilize the Organizational Profile: Self-Assessment of Key Processes Tool to examine your organization's clinical care systems and processes related to pressure ulcers and to identify those areas that are problematic, lacking and in need of improvement/strengthening. Also remember to identify those areas where you have excellent strategies in place so you can make sure that any of the changes made do not negatively impact those positive areas of care. Brainstorm with your team to determine a list of priority areas you wish to improve and develop a list of those areas making sure you describe specific aspects of care provision for improvement. It is important to make sure you focus on the patient/resident care delivery, not just fixes to documentation methods. Use specific, concrete terms that all clinical staff will understand.

Once you have identified the areas requiring improvement, the Clinical Resource Guide provides important resources, tools and benchmarks to help in defining change concepts. Use of an ongoing, documented Action Plan defining the steps in your improvement process as well as the time line and responsible people for each task is highly recommended. The following tool is offered as a template for this purpose.

ACTION PLAN FOR PRESSURE ULCER QUALITY IMPROVEMENT

1. (Facilitator)

3.

5.

2. (Team Leader)

4.

6.

Initial Meeting Date _____

1. Findings from Organizational Profile: Self-Assessment of Key Processes Tool:

2. Identified Areas for Improvement (prioritized by level of importance):

3. Identified Strengths in Current Process/System:

4. Aim Statement(s)

a.

b.

5. Intervention Actions (Prioritized):

Action	Start	Finish	Person(s)	Monitoring Activity and Frequency
a.				
b.				
c.				
d.				

6. Evaluation:

a. Review of Plan

Date:

Responsible Person(s):

Results:

b. Monitoring Activities:

(1) **Activity:**

Date Completed:

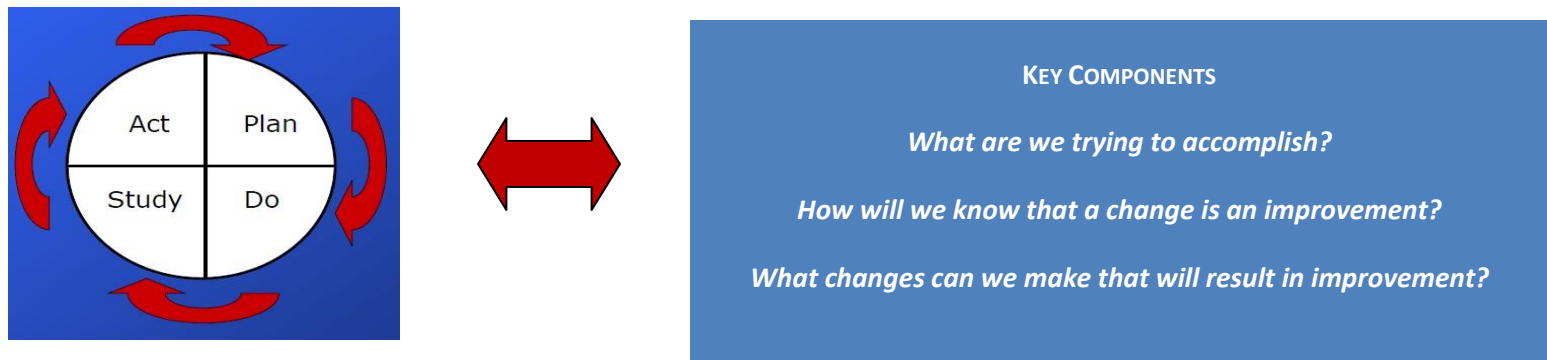
Finding:

Response:

❖ Test and Refine the Changes via **Plan-Do-Study-Act (PDSA)** and Implement the Improvement

Once you have identified your plan and areas for improvement, consider performing a small test of change before implementing your changes facility-wide. This approach is less overwhelming and provides the opportunity to test your changes on a small scale first, document problems and observations (both expected and unexpected) and to collect data on measures to determine the need to revise the changes to the system or protocol in place.

Use of the Plan-Do-Study-Act (PDSA) Cycle is a trial and learning method to test changes on a small scale to determine the impact and outcome of the change.



1. Plan the change

- Who is involved?
- What processes and changes?
- Where will the change take place?
- When will the changes occur?
- How will changes occur?
- Team documents through use of Action Plan

2. Implement the change on a small scale (example: one unit, 1-2 staff members, 1-2 patients)

- Collect data consistently
- Meet with team regularly
- Meet with those carrying out the improvements regularly
- Check for problems needing immediate solution

3. Study the results of the change – did it have the desired impact you expected?

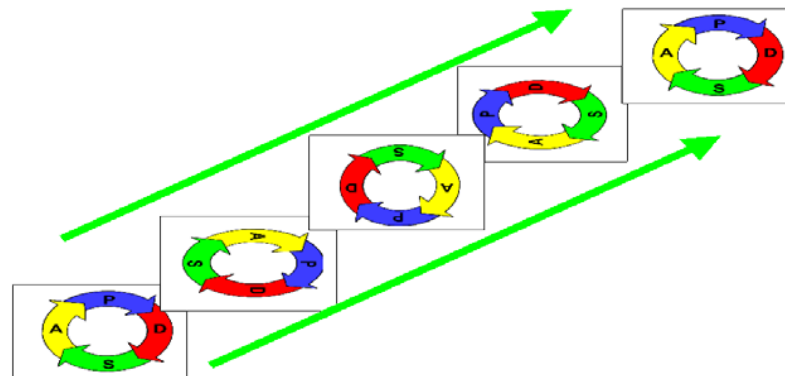
- Is the change working?
- Analyze data
- Use QI tools
- Summarize what was learned
- Barriers & Accomplishments
- Lessons learned

4. Act to refine the change as needed. If the change was successful, implement the change facility wide making sure the change is communicated to the entire staff.

- Act on the knowledge gained
- Overcome barriers
- Incorporate lessons learned
- What changes/improvements can be made?
- Modify the plan? Add to the plan?
- If the change was successful expand it to the rest of the system
- Establish systems to support it

5. The completion of each PDSA Cycle leads directly to the start of a new cycle.

- Incorporate actions from first PDSA cycle into a modified action plan in second PDSA cycle.
- Make a second round of improvements, study the results, act on knowledge gained and start a third PDSA cycle



RESOURCE GUIDE DOMAINS

The Gold STAMP Program resources and tools are provided in an easy-to-read table with electronic links to the Web site housing the resource, organized by the following domains:

❖ **Care Management and Treatment Modalities**

Care management is the ability to provide quality care within an organized framework. This section will provide the user with resources including risk assessment and skin assessment tools to aid organizations in managing care in a proactive manner to prevent, treat and manage pressure ulcers. Treatment of pressure ulcers is based on current standards of practice that are effective based on recommended practices and supporting evidence for pressure ulcer treatment and management. This section will provide the user(s) with guidance based on effective practice(s) to treat and heal pressure ulcers.

❖ **Certification Information**

This domain provides an overview of the requirements and standards for professionals interested in obtaining wound care certification through one or more of the organizations who offer national recognized certification.

❖ **Communication and Care Transitions**

Communication is an essential component to moving quality improvement efforts from performance that is based largely on the effort of dedicated individuals to performance that follows a model of action and is sustained throughout an organization. Likewise, good communication is essential to improve care transitions across settings. Under this domain, Gold STAMP provides a link to a cross-care setting communication tool and implementation guide developed by clinical leaders in the acute and long term care settings in the New York metropolitan region. Additional resources to improve care transitions and reduce pressure ulcers are highlighted, as well as resources to improve overall care transitions in the health care system.

❖ **Education**

Education on the current standards of care and guidelines for pressure ulcers needs to be part of ongoing in-service programs for all staff involved in care management. Collaboration with cross-setting partners in care management is essential to improving overall patient/resident outcomes. Standardization of patient/family/caregiver educational tools across the health care continuum will support improved self management skills and potentially impact preventative pressure ulcer occurrences.

❖ **Leadership**

The domain on Leadership recognizes the importance of senior leadership involvement and support as important components in the success of any performance or quality improvement initiative. The most successful organizations achieving pressure ulcer improvement have maintained strong support from senior leadership, in the operational and clinical areas, from planning through execution. The domain provides resources on the role of leadership in any quality improvement initiative, and in preventing and managing pressure ulcers.

❖ **Organizational Systems**

Organizations must emphasize leadership and team building within the organization as well as across health care settings to promote the mission to provide and ensure quality care. This section will provide user(s) to identify, promote and empower leadership to ensure team members possess skills and resources to prevent, manage and treat pressure ulcers.

❖ **Nutrition**

Nutritional status and hydration are integral factors that directly impact pressure ulcer risk identification, prevention and treatment modalities. This section provides evidence based guidelines and resources for nutrition to support review of and updates to skin care policies and procedures and development of multi-disciplinary educational programs for health care professionals.

❖ **Prevention**

Prevention is the key element in reducing complications and promoting cost effectiveness in the development, treatment and management of pressure ulcers. This section is aimed at aiding the user(s) with validated practices and systems to prevent pressure ulcers and ensure those at higher risk for developing same are identified and provided with care across the healthcare continuum to prevent pressure ulcers.

❖ **Quality Improvement & Performance Measurement**

Quality Improvement is the process whereby organizations seek to improve the provision of health care utilizing recommended practices, supporting evidence and statistical analysis. This section will provide the user(s) with guidance in identifying methods of improving the prevention, treatment and management of pressure ulcers based on system structure, process and healthcare consumer outcome.

❖ **Regulatory Information**

Review and knowledge of the regulatory requirements from Medicare and the New York State Department of Health are important to the assessment of your organization's current policies and protocols and the design of strategies to improve internal and cross setting systems for pressure ulcer care management.

The resources and tools highlighted in this section are not all inclusive and may not apply to all patients/residents and/or situations. These resources are provided as a source of guidance only to support investigation for performance improvement efforts. The Gold STAMP Initiative does not endorse any particular vendor /tools.

IMPORTANT COMPONENTS FOR CONSIDERATION FOR STAFF EDUCATION & COMPETENCY MEASUREMENT

The following information is provided as a starting point for staff orientation and continuing education to support skin and risk assessment and pressure ulcer management across health care settings. This list is not all inclusive and may not apply to all patients/residents and/or situations. The following is provided as a source of guidance only to support investigation for performance improvement efforts.

ANATOMY OF THE SKIN – RESOURCES AVAILABLE WITHIN EDUCATION DOMAIN

- ❑ Layers and associated structures
- ❑ Age related skin changes
- ❑ Partial thickness versus full thickness
- ❑ Principles of wound healing
- ❑ Other types of wounds not to confuse with pressure ulcers
- ❑ Normal skin function and maintaining intact skin
- ❑ Importance of nutrition in maintaining healthy skin
- ❑ Internal & external factors contributing to skin breakdown
- ❑ Hazards of immobility
- ❑ Environmental concerns for prevention of pressure ulcer
- ❑ Importance of evaluation of nutrition and hydration

❖ RISK ASSESSMENT - RESOURCES AVAILABLE WITHIN CARE MANAGEMENT & TREATMENT MODALITIES DOMAIN

- ❑ Review of Braden Scale
 - Braden Scale & co-morbidities
 - Frequency of Braden score
 - Application of Braden Scale to patient scenario
 - Generalized prevention interventions based on subscale scores
- ❑ Review of prevention and treatment protocols, risk assessment, comprehensive skin assessment on admission
- ❑ Process for assessment & referral for rehab involvement as needed for devices, mobility and/or modalities
- ❑ Impact of mentation on risk
- ❑ Importance of following the chronology of events from the initial assessment

❖ **SKIN ASSESSMENT - RESOURCES AVAILABLE WITHIN CARE MANAGEMENT & TREATMENT MODALITIES DOMAIN**

- ❑ Precise interventions based on institutional resources
- ❑ NPUAP staging system with stages defined
- ❑ Pictorial and schematic examples of stages
- ✓ Skin assessment with emphasis on bony prominences and less obvious locations that may be affected by “devices”
- ❑ Process for how to do an assessment, including opportunities not to miss
 - Wound assessment: including how to measure, definitions of various tissues and pictures (granulation, slough, eschar, etc)
 - Palpation
 - Detection/assessment issues for dark skinned individuals
- ❑ Overview of the PUSH tool

❖ **ORGANIZATIONAL POLICIES & PROCEDURES - RESOURCES AVAILABLE WITHIN ORGANIZATIONAL SYSTEMS, DOCUMENTATION & LEADERSHIP DOMAINS**

- ❑ Role of Wound Ostomy Care Nurse and unit skin teams/skin champions
- ❑ Wound care formulary
- ❑ Documentation guidelines & protocols
- ❑ Quality, regulatory and legal implications of pressure ulcer development
- ❑ Facility protocols regarding frequency of assessments of existing pressure ulcers and frequency of inspection of the skin and completion of Braden
- ❑ Reporting newly discovered skin issues
- ✓ Review of “Skin Care Basics” including product usage with basic skin care products used at facility
- ❑ Transfer documentation with risk factors, existing wounds and treatment to be sent when patient/resident transfers within and across the health care continuum
 - Include/send pt cushion, heel lifts, braces etc
- ❑ Incontinence management protocols
- ❑ Types of conditions /observations to report to the RN/WOCN
- ❑ Use of off loading devices such as heel protectors, chair cushion, specialty beds, trapeze

❖ **ORGANIZATIONAL POLICIES & PROCEDURES CONTINUED**

- ❑ How and when to reposition
- ❑ Proper use of protective skin products

❖ **PATIENT/RESIDENT/CAREGIVER EDUCATION - *RESOURCES AVAILABLE WITHIN EDUCATION DOMAIN***

- ❑ Review of educational tools and resources addressing prevention
- ❑ Content and documentation of education provided and important elements to include in education

METHODS FOR STAFF EDUCATION & COMPETENCY MEASUREMENT

- ❖ NDNQI tutorial, with certificate proof of completion to personnel file
- ❖ Product Fair
- ❖ Competency demonstration with aseptic technique and dressing change
- ❖ On line educational program
- ❖ Yearly review of the protocols regarding early detection, reporting and documentation of changes in the appearance of the skin
- ❖ Review of the importance of the role of the CNA as a “hands on caregiver”

TIPS FOR CROSS-SETTING PARTNERSHIPS ON PRESSURE ULCER IMPROVEMENT

The following tips developed by the New York State (NYS) Gold STAMP Program – Care Transitions Workgroup can be used to develop cross-setting partnerships focused on pressure ulcer improvement. These tips were based on best practices and cross-setting partnerships presented and discussed at regional Gold STAMP educational sessions.

1. Engage senior administrative and clinical leaders.
 2. Foster a dedicated and respected champion who will engage an interdisciplinary team, facilitate staff education and function as an excellent ambassador across settings.
 3. Perform a self-assessment within your organization and a joint assessment with partners.
 4. Develop clear guidelines with partners for cross-setting activity consistent among organizations' policies.
 5. Assess your communication system across settings and standardize pressure ulcer communication to promote efficiency in the transfer process.
 6. Plan ongoing education to uphold program competency and sustainability and consider opportunities to invite partners across settings.
 7. Set measurable and realistic partnership goals.
 8. Award incentives to recognize outstanding staff, unit-level performance, and improved communications across settings.
- 1. ENGAGE SENIOR ADMINISTRATIVE AND CLINICAL LEADERS. SENIOR LEADERSHIP MAY BE NEEDED IN SOME PARTS OF THE CONTINUUM, BUT MAY BE TOO HIGH IN OTHERS. DEPENDING ON CARE SETTING, EXPERTS (E.G., DIRECTORS) ALREADY WORKING ON PRESSURE ULCER IMPROVEMENT MAY NEED TO LEAD. GAINING LEADERSHIP SUPPORT CAN BE THE STRONGEST FOUNDATION FOR A SUCCESSFUL PARTNERSHIP.**
- Leaders can be instrumental in developing partnerships in the following ways:
 - Setting the tone and level of priority for organizational buy-in.
 - Assisting in the initial outreach to leaders from potential partners, as well as arranging a face-to-face meeting among key members between settings.
 - Facilitating ongoing communication between settings.
 - Consider opportunities to engage the governing body and its key members through a Quality Improvement Committee or other appropriate working group.
 - Project champion(s) may engage senior leadership through:

- Requests to speak and contribute at related meetings.
- Sharing data and information on opportunities for quality improvement and cost savings.
- Invitations to educational sessions.
- Working with inter-professional team to create or revise policies and procedures based on the current standard of care for preventing and treating pressure ulcers.
- Regular communications on successes in reducing pressure ulcers or other program improvements.
- Involvement in wound care rounds.
- Coordination of presentations by clinical experts and consultants from outside the organization to provide information on financial impact, risks, and legal issues.
- See the Leadership domain in the Gold STAMP Resource Guide.

2. FOSTER A DEDICATED AND RESPECTED CHAMPION WHO WILL ENGAGE AN INTERDISCIPLINARY TEAM, FACILITATE STAFF EDUCATION AND FUNCTION AS AN AMBASSADOR ACROSS SETTINGS.

- Engage champions within organizations who are experienced and passionate on pressure ulcer improvement and respected by peers.
- Recommend co-champions or steering groups to share the responsibility and motivation.
- Volunteer champions and steering group members who understand the issue, organizational structure and system to accomplish program goals.
- Form an inter-professional steering group with members that bring support from different perspectives.

Key personnel include:

- Administrator
- Nurse leader/wound care specialist
- Primary physician/physician assistant

Other members may include:

- Certified nurse assistant
- Dietician
- Performance/quality improvement leader
- Nurse practitioner
- Physical/occupational therapist
- Pain management specialist
- Recreational therapist
- Pharmacist

- Nurse educator
- Infection preventionist
- Case manager

A Gold STAMP partner may be available for ad hoc meetings.

3. PERFORM A SELF-ASSESSMENT WITHIN YOUR ORGANIZATION AND A JOINT CROSS-SETTING ASSESSMENT WITH PARTNERS. IDENTIFY OPPORTUNITIES FOR IMPROVEMENT TO YOUR ORGANIZATION’S EXISTING PRESSURE ULCER PROGRAM AND UNDERSTAND THE PROGRAM IN PARTNER ORGANIZATIONS ACROSS SETTINGS, TO STANDARDIZE STRUCTURE AND PROCESSES.

- Involve an interdisciplinary core team to identify and implement opportunities for improvements across the continuum of care.
- Collaborate with your primary/transfer organizations to develop partnerships, and expand to additional organizations across settings. Review improvements in the following areas:
 - Roles and responsibilities (e.g., dietician communication with RN/MD on need for supplements)
 - Prevention and treatment options/protocols (e.g., skin protectant, air-fluid therapy, turning and positioning)
 - Use of tools and other resources (e.g., communication tool, Braden scale)
 - Individualized, evolving plan of care
 - Continuing education
 - Compliance monitoring
 - Performance/quality improvement
 - Data tracking, measurement, and analysis (e.g., root cause analysis for nosocomial pressure ulcers)
 - Reports (e.g., admission rate, incidence rate, prevalence rate) to leadership
 - Standardized protocols and treatment used across settings
- Explore ways to share quality improvement processes and best practices.

4. DEVELOP CLEAR GUIDELINES WITH PARTNERS FOR CROSS-SETTING ACTIVITY CONSISTENT AMONG ORGANIZATIONS’ POLICIES. CONSULT RESOURCE GUIDE TO DETERMINE PROTOCOLS/STANDARDS THAT FIT YOUR ORGANIZATIONS.

- Include the following activities to achieve effective and efficient practices:
 - Set expectations.
 - Standardize communications.
 - Schedule regular meetings to discuss achievements, opportunities for improvement, and next steps.
 - Indicate key contacts at each setting.
 - Set up an action plan with goals, actions, and timelines.

- Share information on evidence-based best practices (e.g., invite partners to cross-setting educational programs).
- 5. ASSESS YOUR COMMUNICATION SYSTEM ACROSS SETTINGS AND STANDARDIZE PRESSURE ULCER COMMUNICATION TO PROMOTE EFFICIENCY IN TRANSFER PROCESS.**
 - Consider existing communication tools being used in NYS.
 - Increase awareness of communication tool and its benefits.
 - Educate staff on use of communication tool, including access to needed data.
 - Ensure consistency and compliance with use of communication tool.
 - Consider education and information sharing across settings.
 - Use completed tools to discuss cases and opportunities for quality improvement across settings.
 - 6. PLAN ONGOING EDUCATION TO UPHOLD PROGRAM COMPETENCY AND SUSTAINABILITY AND CONSIDER OPPORTUNITIES TO INVITE PARTNERS ACROSS SETTINGS.**
 - Educate staff, all shifts, on pressure ulcer improvement program and cross-setting collaboration using the following activities conducted regularly:
 - Team meetings
 - In-services (e.g., scheduled in-services per unit, half or full day ongoing training per unit to train staff as available during certain points in the day)
 - Rounding with clinical team, and possibly with one administrative leader
 - Peer-to-peer assistance
 - Incorporate patient and family education.
 - Update staff, patient, and family on skin/wound status, risk factors, preventive measures, treatment.
 - 7. SET MEASURABLE AND REALISTIC PARTNERSHIP GOALS.**
 - Implement new steps facility-wide or pilot on one or more units before broader implementation.
 - 8. AWARD INCENTIVES TO RECOGNIZE OUTSTANDING STAFF, UNIT-LEVEL PERFORMANCE, AND IMPROVED COMMUNICATIONS ACROSS SETTINGS.**
 - Examples of incentives may include awards and luncheons.

Disclaimer: These materials have been developed as guidelines that may assist organizations in cross-setting partnerships on pressure ulcer improvement. The materials should not replace clinical judgment.

DOMAIN	DESCRIPTION SOURCE
<p>CARE MANAGEMENT DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 1-15</p>	
<p>Care Management</p>	<p>Braden Scale</p> <p>The Braden Scale for Predicting Pressure Sore Risk was developed as part of a Robert Wood Johnson Teaching Nursing Home project and a NIH proposal to study pressure ulcer risk factors. The Braden Scale was tested for reliability and validity and these results were published in Nursing Research in 1987. A larger multi-site study was conducted to determine the reliability and validity of the tool in a variety of settings resulting in revisions in the recommendations for the critical cutoff score and the timing of assessment. Results were published in Nursing Research in 1998. A follow-up report in Nursing Research in 2002 demonstrated that the tool could be used in across at-risk populations with similar validity.</p> <p>www.bradenscale.com</p>
<p>Care Management</p>	<p>Registered Nurses Association of Ontario</p> <p>This resource is designed to assist Long-Term Care (LTC) homes with the implementation of the Risk Assessment and Prevention of Pressure Ulcers and Assessment and Management of Stage I to IV Pressure Ulcers Best Practice Guidelines. Documents found in this resource are evidence-based, but it is not a program plan. Each LTC home is unique and each home is in various stages of guideline implementation. LTC homes are advised to use the resource at their discretion. For those resources that have copyright notations, it is recommended that LTC homes obtain permission from the primary author prior to implementing them within their setting. The Toolkit is a dynamic resource, and is being updated and revised on a regular basis by the LTC Best Practices Initiative team.</p> <p>http://ltctoolkit.rnao.ca/search/node/pressure%20ulcers</p>

DOMAIN	DESCRIPTION SOURCE
Care Management	<p>Medline University</p> <p>This site contains multiple education offerings on pressure ulcer prevention, legal implications, pressure ulcer prevention in the peri-operative areas, skin changes at the end of life and prevention, management of incontinence associated dermatitis, and assessment of ethnically diverse populations. There is 1 contact hour for each of the offerings.</p> <p>https://www.medlineuniversity.com/DesktopShell.aspx?tabId=152&goto=learningseries&browse=learningseries&lookfor=965&htmlVisible=false</p>
Care Management / Treatment Modalities	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>The Braden Scale: Risk Assessment and Pressure Ulcer Prevention Speakers: Jody Scardillo, MSN, APN/CNS, CWON; Karen Farid, DNP, APN/CNS, CWON , Karen Farid, DNP, APN/CNS, CWON: Staten Island University Hospital</p> <p>After viewing this webinar participants will be able to:</p> <ul style="list-style-type: none"> • Identify the purpose and benefits of using the Braden Scale risk assessment scale. • Evaluate pressure ulcer risk by using the Braden Scale. • Identify interventions that can be implemented based on the patient’s Braden Scale score. <p>http://www.albany.edu/sph/cphce/GoldSTAMP.shtml</p>

DOMAIN	DESCRIPTION SOURCE
Care Management/ Treatment Modalities	<p data-bbox="506 245 1646 277">Agency for Healthcare Research and Quality (AHRQ) Healthcare Innovations Exchange</p> <p data-bbox="506 313 1913 383"><i>Proactive Assessment and Management of At-Risk Patients Reduces Pressure Ulcers and Saves \$11 Million Annually in Two-Hospital System</i></p> <p data-bbox="506 391 2018 646">The multifaceted pressure ulcer reduction program at the NCH Healthcare System includes a risk assessment of most patients, consultations with a specially trained nurse for those identified as being high risk, and implementation of specific measures to provide pressure relief and therefore reduce the risk of developing a pressure ulcer or minimize the impact of one that has already developed. See the Description section for information about pressure ulcer prevention strategies for incontinent patients and the Results section for updated data regarding the hospital-acquired pressure ulcer incidence rate (updated January 2012).</p> <p data-bbox="506 683 1944 760">https://innovations.ahrq.gov/profiles/proactive-assessment-and-management-risk-patients-reduces-pressure-ulcers-and-saves-11</p>
Care Management/ Treatment Modalities	<p data-bbox="506 800 1499 833">University at Albany School of Public Health Gold STAMP Training Program</p> <p data-bbox="506 870 1276 902">Picture Guide of Pressure Ulcers by Stage (PDF Document)</p> <p data-bbox="506 940 1751 972">http://www.albany.edu/sph/cphce/goldstamp_topic_staging_measuring_documentation.shtml</p>
Care Management/ Treatment Modalities	<p data-bbox="506 1122 1499 1154">University at Albany School of Public Health Gold STAMP Training Program</p> <p data-bbox="506 1192 1482 1224">Section M of the MDS 3.0: Linking Assessment to Quality of Care Webinar</p> <p data-bbox="506 1232 1192 1265">Speaker: Jen Pettis, RN, BS, WCC, Gold STAMP Coach</p> <p data-bbox="506 1273 1751 1305">http://www.albany.edu/sph/cphce/goldstamp_topic_staging_measuring_documentation.shtml</p>

DOMAIN	DESCRIPTION SOURCE
Care Management/ Treatment Modalities	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>When Cure Is Not the Goal: Palliative Care for Chronic Wounds Speaker: Jeffrey M. Levine, MD, CMD</p> <p>After viewing this webinar participants will be able to:</p> <ul style="list-style-type: none"> • State 3 alterations in skin that occur with aging & comorbidities that can lead to chronic & palliative wounds. • Describe the basic phases of wound healing & the identifying features of a palliative wound • Identify treatment approaches for palliative wounds <p>http://www.albany.edu/sph/cphce/goldstamp_topic_chronic_wounds.shtml</p>
<p><i>CERTIFICATION DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTION 13</i></p>	
Certification	<p>American Board of Wound Management (ABWM)</p> <p>The American Board of Wound Management (ABWM) is a voluntary, not-for-profit organization established to credential multi-disciplinary practitioners in the field of wound management to promote prevention, care and treatment of acute and chronic wounds. Three types of certification are provided after successful completion of a written examination.</p> <ul style="list-style-type: none"> • CWCA® - Any professional with at least three (3) years of clinical experience and a high school diploma. • CWS® - Any licensed healthcare professional with a Bachelors, Doctoral or Master's degree in a life sciences related field who has three (3) or more years of clinical wound care experience is eligible. • CWSP®- MDs, DOs and DPMs who are currently Certified Wound Specialists® are eligible to take the CWSP exam. <p>http://abwmcertified.org</p>

DOMAIN	DESCRIPTION SOURCE
Certification	<p>Certified Wound Ostomy Continence Nurse (CWO CN)</p> <p>WOC Nurses are Registered Nurses who hold a baccalaureate degree or higher and complete a formal, accredited WOC full scope or specialty education program. Upon successful completion of a WOCN-accredited WOC Nursing Education program the nurse is awarded a certificate designating WOC Nurse or specialty status. The nurse is qualified to become certified in wound, ostomy and/or continence nursing by taking the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) Examination(s).</p> <p>www.wocn.org or www.wocncb.org</p> <p>The WOCN also offers an educational program geared to non-specialist licensed wound care providers and medics/corpsmen. Information on certification for this role is found at www.wocncb.org or www.wtaprogram.com</p>
Certification	<p>Wound Care Certified (WCC)</p> <p>This certification is offered through the National Alliance of Wound Care & is available to: RN's, LPN/LVN, Nurse Practitioners, Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Physicians, or Physician's Assistants with active unrestricted licenses. Must demonstrate current active in care of wound patients, or in management, education, or research directly related to wound care while actively licensed for at least two years OR preceptorship of 120 clinical hours may be substituted for the required work experience above & must be completed within one (1) year of successful course completion AND successful completion of one (1) of the following:</p> <ul style="list-style-type: none"> •NAWC approved Wound Management Certification Training Program • Wound Care Certification through AAWM as a CWS or WOCNCB as a CWO CN, COCN, CCCN, CWON • Four years of licensed full time wound care experience out of the last five years plus 60 contact hours in skin and wound care within five years. <p>www.nawccb.org</p>

DOMAIN	DESCRIPTION SOURCE
<p>COMMUNICATION & CARE TRANSITIONS DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTION 5, 14, 15</p>	
<p>Communication and Care Transitions: Pressure Ulcer Improvement <i>New York Resources</i></p>	<p>GNYHA-CCLC Pressure Ulcer Improvement Collaborative</p> <p>A New York metropolitan area Collaborative focused on improving care transitions and communication for pressure ulcer improvement. The Greater New York Hospital Association (GNYHA) and the Continuing Care Leadership Coalition (CCLC) worked with clinical leaders across settings to develop a standardized communication tool that includes an essential set of clinical elements designed to facilitate more effective communication about patients who transfer between acute and long term care settings.</p> <p>http://www.gnyha.org/Search</p>
<p>Communication and Care Transitions: Pressure Ulcer Improvement <i>New York Resources</i></p>	<p>IPRO Initiatives to Improve Care Transitions and Communication</p> <p>NYS Quality Improvement Organization’s programs that focused on quality improvement across settings. See archived educational sessions at: http://qio.ipro.org/care-transitions/overview</p> <ul style="list-style-type: none"> Physician communication: http://qio.ipro.org/care-transitions/healthcare-professionals/tools-resources/provider-interventions-strategies
<p>Communication and Care Transitions: Pressure Ulcer Improvement <i>New York Resources</i></p>	<p>Cross-Setting Initiatives</p> <ul style="list-style-type: none"> Caring Together: Pressure Sore Improvement (2009) – Multifaceted training program designed for cross-setting groups developed by the Continuing Care Leadership Coalition (CCLC) & Jeffrey Levine, MD, SeniorHealth Consulting. For more information contact Kathryn Santos at CCLC (212)-506-5413 or ksantos@cclcnyc.org

DOMAIN	DESCRIPTION SOURCE
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>New York Resources</i></p>	<p>DOH Discharge Planning Workgroup</p> <p>This workgroup represented by health care providers, professional associations, local government, and consumer advocates developed tools designed to address safety, discharge planning and consumer education.</p> <p>http://www.health.ny.gov/professionals/patients/discharge_planning/</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>New York Resources</i></p>	<p>IPro Care Transitions Initiative</p> <p>Program featuring best practices in care transitions related to reducing preventable hospitalizations, improving medication management, and improving systems for post-discharge follow-up.</p> <p>http://caretransitions.ipro.org</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>National Resource</i></p>	<p>Transitions in Care-Quality Improvement Collaborative (TC-QuIC)</p> <p>Program to use Next Step In Care caregiver resources to improve care transitions. Resources focus on careful planning, clear communication, and ongoing care coordination.</p> <p>http://www.nextstepincare.org/</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>National Resources</i></p>	<p>New Jersey Hospital Association (NJHA)- Partnership for Patients Initiative</p> <p>NJHA and the Health Research and Educational Trust of New Jersey’s Institute for Quality and Patient Safety formed an advisory group of state and national experts and designed a statewide collaborative focusing on reducing pressure ulcer incidence across multiple healthcare settings. Over the course of a two-year period from 2006 to 2007, more than 150 organizations across care settings (hospitals, nursing homes, rehabilitation facilities and home health agencies) worked together and implemented best practice guidelines. As a direct result, providers saw a 70 percent reduction of overall incidence.</p>

DOMAIN	DESCRIPTION SOURCE
	<p>Additionally, a multidisciplinary team was formed with representatives from all organizations and state regulatory agencies to create a universal transfer form in order to address care coordination throughout the continuum.</p> <p>http://www.njha.com/pfp/njtools/pressure-ulcers/</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>National Resources</i></p>	<p>INTERACT</p> <p>Multifaceted program developed from a long term care perspective to reducing unnecessary hospitalizations and readmissions through the use of evidence-based tools, such as communication tools, advance care planning tools, and care pathways.</p> <p>http://interact2.net</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>National Resources</i></p>	<p>Project BOOST</p> <p>Program developed by the hospitalist community to provide an evidence-based intervention with implementation guide, program-related training, mentoring and networking.</p> <p>http://www.hospitalmedicine.org/ResourceRoomRedesign/RR_CareTransitions/html_CC/project_boost_background.cfm</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p>	<p>Team Stepps</p> <p>Program, developed by the Agency for Healthcare Research and Quality (AHRQ), to improve communication and teamwork skills of the health care team.</p> <p>http://teamstepps.ahrq.gov/</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p>	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>Using a Communication Tool Across Health Care Settings</p> <p>Speakers: Roxanne Tena-Nelson, JD, MPH: Executive Vice President, Continuing Care Leadership Coalition (CCLC) Karen Farid, DNP, APN/CNS, CWON: Staten Island University Hospital, Elaine Trott, SPHR, LNHA, Assistant Administrator, Director of Human Resources Ten Broeck Commons Nursing Home, Kingston NY Collaborative</p> <p>http://www.albany.edu/sph/cphce/Gold_STAMP.shtml</p>

DOMAIN	DESCRIPTION SOURCE
Communication and Care Transitions: General Care Transitions Improvement	University at Albany School of Public Health Gold STAMP Training Program Pressure Ulcer Communication Tool - A standardized communication tool to promote pressure ulcer prevention and improvement and enhance the transfer process between acute and long term care settings. http://www.albany.edu/sph/cphce/goldstamp_tools.shtml
EDUCATION DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 1-14	
Education <i>Acute Care Staff</i>	Implementation Guide for the National Quality Forum (NQF) End Nursing Sensitive Care Measure Set In 2009, the National Quality Forum (NQF) identified and endorsed 15 national voluntary consensus standards ¹ for nursing-sensitive care including evidence-based performance measures, a framework for measuring nursing-sensitive care, and related research recommendations. These performance measures were identified through the established NQF Consensus Development Process that brings together diverse healthcare stakeholders. http://www.jointcommission.org/national_quality_forum_nqf_endorsed_nursing-sensitive_care_performance_measures/
Education <i>Staff</i> <i>Patient</i> <i>Family</i>	American Medical Directors Association The American Medical Directors Association, the professional association of medical directors, attending physicians, and others practicing in the long term care continuum, is dedicated to excellence in patient care and provides education, advocacy, information, and professional development to promote the delivery of quality long term care medicine. www.paltc.org

DOMAIN	DESCRIPTION SOURCE
<p>Education</p> <p><i>Staff</i></p>	<p>Excelsior College Interactive Online Wound Care Course</p> <p>The Web-based multidisciplinary course integrates 29 virtual reality and interactive video animations from Smith & Nephew’s Wound Care Academy. This multidisciplinary, 3-credit course provides a foundation understanding of wounds and their treatment. Experts from across the nation, including physicians, nurses and other wound care specialists, developed the course. It was designed to help caregivers across a number of health care professions understand how to make appropriate decisions about wound treatment. The course uses virtual reality and interactive video animations to help students assess the causes of wounds, consider factors that influence healing and select strategies to manage and treat acute and chronic wounds. Students choose study times convenient for them, which allows them to continue to meet their responsibilities at work and home while completing the 15-week course.</p> <p>www.excelsior.edu</p>
<p>Education</p> <p><i>Home Health Staff</i></p>	<p>Home Care OASIS - Integumentary Status</p> <p>The Outcome and Assessment Information Set (OASIS) is a group of standard data elements developed, tested, and refined over the past two decades through a research and demonstration program funded primarily by the Centers for Medicare & Medicaid Services (CMS), with additional funding from the Robert Wood Johnson Foundation and the New York State Department of Health. OASIS data elements are designed to enable systematic comparative measurement of home health care patient outcomes at two points in time. Outcome measures are the basis for outcome-based quality improvement (OBQI) efforts that home health agencies (HHAs) can employ to assess and improve the quality of care they provide to patients.</p>

DOMAIN	DESCRIPTION SOURCE
	Skin Integumentary Status Chapter: https://www.cms.gov/HomeHealthQualityInits/14_HHQIOASISUserManual.asp OASIS Item Guidance Integumentary Status Go: HHQIOASIS-CManual200912.zip Chapter: F Integumentary Status 12/30
Education <i>Staff</i> <i>Patient</i> <i>Family</i>	Indiana State Department of Health (ISDH) Preventing Pressure Ulcer Resource Center This page provides information, tools, and resources about preventing and treating pressure ulcers. The page also provides information about state quality improvement initiatives related to pressure ulcers. http://www.in.gov/isdh/24558.htm
Education <i>Staff</i> <i>Patient</i> <i>Family</i>	Institute for Healthcare Improvement (IHI) Prevent Pressure Ulcers Materials The Pressure Ulcer information is a part of the 5 Million Lives Campaign materials and is available for download at no cost. Note that certain documents require registration on IHI.org. Registration is free. http://www.ihl.org/sites/search/pages/results.aspx?k=pressure+ulcer
Education <i>Staff</i> <i>Resident</i> <i>Patient</i> <i>Family</i>	IPRO IPRO is the Medicare Quality Improvement Organization (QIO) for New York State & one of the nation's largest independent, not-for-profit health care consulting organizations, IPRO works with state and federal governments and private corporations to optimize the quality of health care programs & the value of dollars spent on health care. By focusing on a limited number of topics and problem areas common in nursing homes, IPRO and the rest of the QIOs across the country are able to effectively assist long term care facilities in dramatically improving the safety and quality of the care they provide to residents. Visit the <i>Clinical Topics</i> page to learn more about how IPRO is working with nursing homes to improve the prevention and management of pressure ulcers: http://qio.ipro.org/nursing-homes-hac/clinical-topics-tools-resources

DOMAIN	DESCRIPTION SOURCE
	<p>View the IPRO Pressure Ulcer Clinical Tools and Resources Web page for information to guide quality improvement and performance efforts:</p> <p>http://qio.ipro.org/nursing-homes-hac/clinical-topics-tools-resources/pressure-ulcer-clinical-tools-resources</p>
<p>Education</p> <p><i>Staff</i></p>	<p>The National Pressure Ulcer Advisory Panel - NPUAP</p> <p>Best Practices for Prevention of Medical Device-Related Pressure Ulcers Poster NPUAP poster available for download free of charge outlining potential medical devices that may contribute to pressure ulcer development and assessment strategies for staff to prevent occurrences.</p> <p>http://www.npuap.org/resources/educational-and-clinical-resources/best-practices-for-prevention-of-medical-device-related-pressure-ulcers/</p>
<p>Education</p> <p><i>Staff</i></p>	<p>The CMS Partnership for Patients Web site has several pressure ulcer resources available free of charge.</p> <ul style="list-style-type: none"> • A White Paper that discusses the role of nutrition in pressure ulcer prevention and treatment. • An implementation guide for the National Quality Forum (NQF) endorsed performance measures, one of which is Pressure Ulcer Prevalence. • A Strategies and Resources Card for pressure ulcer prevention. <p>http://partnershipforpatients.cms.gov/p4p_resources/tsp-pressureulcers/toolpressureulcers.html</p>
<p>Education</p> <p><i>Staff</i></p>	<p>National Database of Nursing Quality Indicators (NDNQI) Pressure Ulcer Training</p> <p>The training is offered Free of Charge and offers a Certificate of Completion with 1.5 Contact Hours for nurses. You may also consider using this site as an education resource for physicians and other clinicians within your facility.</p> <p>https://members.nursingquality.org/NDNQIPressureUlcerTraining/</p>

DOMAIN	DESCRIPTION SOURCE
<p>Education</p> <p><i>Staff</i></p>	<p>Minimum Data Set (MDS): Section M–Skin Conditions</p> <p>This Nursing Home Quality Initiative (NHQI) website provides consumer and provider information regarding the quality of care in nursing homes. NHQI discusses quality measures that are shown at the Nursing Home Compare website (medicare.gov), which allows consumers, providers, states and researchers to compare information on nursing homes. The nursing home quality measures come from resident assessment data that nursing homes routinely collect on the residents at specified intervals during their stay, are posted on nursing home compare. These measures assess the resident's physical and clinical conditions and abilities, as well as preferences and life care wishes. These assessment data have been converted to develop quality measures that give consumers another source of information that shows how well nursing homes are caring for their residents' physical and clinical needs.</p> <p>Pressure Ulcer Chapter: CMS’s RAI Version 3.0 Manual CH 3: MDS Items [M] SECTION M–SKIN CONDITIONS</p> <p>https://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp</p> <p>https://www.cms.gov/NursingHomeQualityInits/downloads/MDS30RAIManual.zip</p> <p>Go to: MDS30RAIManual20100127.zip\Chapter 3 - Item-By-Item Guide to the MDS Nov 2009.zip Chapter: CMS’s RAI Version 3.0 Manual CH 3: MDS Items [M] SECTION M: SKIN CONDITIONS</p>
<p>Education</p> <p><i>Staff</i></p>	<p>The National Pressure Ulcer Advisory Panel (NPUAP)</p> <p>The National Pressure Ulcer Advisory Panel (NPUAP) serves as the authoritative voice for improved patient outcomes in pressure ulcer prevention and treatment through public policy, education and research.</p> <p>http://www.npuap.org/</p> <p>Staging Illustrations</p> <p>The NPUAP has developed illustrations of the categories/stages of pressure ulcers (Category/Stage I-IV, suspected deep tissue injury, unstageable). These illustrations can be downloaded from the NPUAP website directly to your computer at no cost, if for educational purposes. There is also a normal skin illustration for reference. NPUAP updated the categories/ stages of pressure ulcers in 2007 and these category/stages are commonly cited in references and in lectures. NPUAP will further revise these slides so please check back.</p>

DOMAIN	DESCRIPTION SOURCE
	<p>http://www.npuap.org/resources.htm</p> <p>Pressure Ulcer Scale for Healing (PUSH) Tool http://www.npuap.org/resources/educational-and-clinical-resources/push-tool/instructions-for-using-the-push-tool/</p> <p>Pressure Ulcer Prevention Points http://www.npuap.org/resources/educational-and-clinical-resources/pressure-ulcer-prevention-points/</p> <p>Pressure Ulcer Prevention and Assessment These references have been selected to provide the reader with an overview of the area of pressure ulcer prevention and assessment. Reference: http://www.npuap.org/resources/educational-and-clinical-resources/treatment-and-prevention-slide-sets/</p> <p>Registered Nurse Competency-based Curriculum: Pressure Ulcer Prevention http://www.npuap.org/resources/educational-and-clinical-resources/nursing-curriculum/</p>
<p>Education</p> <p><i>Patient</i></p> <p><i>Family</i></p>	<p>New Jersey Hospital Association The New Jersey Hospital Association (NJHA) is a not-for-profit trade organization committed to helping New Jersey hospitals and health systems provide quality, accessible and affordable care to their communities. It offers an array of services and resources, including advocacy, data, education and many others, to support hospitals in their caring mission.</p> <p><i>Help Us Protect Your Skin Brochure</i> http://www.njha.com/pfp/njtools/pressure-ulcers/</p>
<p>Education</p> <p><i>Patient</i></p>	<p>Ohio State University Medical Center Patient Handout: Preventing Pressure Sores The Ohio State University Medical Center strives to keep people healthy and improve their quality of life. Whether you're looking for information on a particular illness or want more information about attaining a healthy lifestyle, the Library for Health Information can be a valuable resource.</p>

DOMAIN	DESCRIPTION SOURCE
Family	<p>The Library for Health Information complements the health education you receive from your health care providers. Your providers should always be your primary resource for health education. Information at the Library for Health Information should not be construed as personal medical advice.</p> <p>https://patienteducation.osumc.edu/Documents/PreventingPressureSores.pdf</p>
Education Patient Family	<p>Paralyzed Veterans of America</p> <p>Paralyzed Veterans of America works to maximize the quality of life for its members and all people with SCI/D as a leading advocate for health care, SCI/D research and education, veterans' benefits and rights, accessibility and the removal of architectural barriers, sports programs, and disability rights.</p> <p>A free copy of "Pressure Ulcer Prevention and Treatment following Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Professionals," is available at:</p> <p>http://www.pva.org/site/apps/ka/ec/catalog.asp?c=ajlRK9NjLcJ2E&b=6423003&en=7qKDLONrF6LMJYPuH5IJIUMEJKIOIUNwGeKPJ5MMluF&CategoryID=322146</p>
Education Patient Family	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>Preventing Pressure Ulcers: A Guide to Healthy Skin (PDF Document)</p> <p>Educational brochure targeting patient and family understanding of pressure ulcer risk, complications and prevention.</p> <p>http://www.albany.edu/sph/cphce/goldstamp_patient_family_brochure.pdf</p>
Education Patient Family	<p>UC Davis Center for Nursing Education Patient Education Handout: Preventing Pressure Ulcers</p> <p>UC Davis Medical Center provides these health resources to help with collecting valuable information about health conditions, disease, treatments and care. This information can help in understanding your health care fully and as you educate yourself about specific symptoms, diagnoses, tests, and treatment plans.</p>

DOMAIN	DESCRIPTION SOURCE
	http://www.ucdmc.ucdavis.edu/medicalcenter/health_resources.html
Education Staff	Wisconsin Department of Health Services This Web page is intended to provide information to assist nursing home staff with preventing and reducing the number of pressure ulcers in nursing homes. http://dhs.wi.gov/rl_dsl/NHs/NHPUinfo.htm
Education Staff Patient Family	World Union of Wound Healing Societies The World Union of Wound Healing Societies will: <ul style="list-style-type: none"> • Improve wound care standards for patients, healthcare professional performance and to facilitate universal access in all health care systems. • Educate all health care professionals in interdisciplinary team approaches that deliver best practices for improved patient outcomes. • Disseminate the educational and training toolkits created in practical, relevant and adaptable formats to meet local needs including developed, developing and emerging health care systems. • Appraise and organize the evidence base to facilitate best practices to optimize patient care. • Co-ordinate a worldwide exchange of information between wound societies and other relevant stakeholders including international and global agencies <p>WoundPedia was developed as a complementary online tool to the World Union of Wound Healing Societies (WUWHS) meeting held in Toronto, June 4-8, 2008 to disseminate up-to-date, just in time evidence in a concise format. The information on WoundPedia is based on current health care evidence and goes through several stages of review. It has been developed by the WoundPedia expert health care professionals from the University of Toronto and other centers.</p>

DOMAIN	DESCRIPTION SOURCE
	http://www.woundpedia.com/
Education <i>Staff</i>	Wound Healing Society The Wound Healing Society is a non-profit organization composed of clinical and basic scientists. The Society provides a forum for interaction among scientists, physicians, licensed practitioners, industrial representatives and government agencies. Membership to the Society is open to individuals who have a demonstrated interest in the field of wound healing. http://www.woundheal.org
Education <i>Staff</i>	University at Albany School of Public Health Gold STAMP Training Program Staging Issues and Root-Cause Analysis for Pressure Ulcer Development National Pressure Ulcer Advisory Panel: Joyce Black, PhD, RN, CWCN, CPSN, Diane Langemo, PhD, RN, FAAN The speakers describe pressure ulcers by stage and type. This program includes information on suspected deep tissue injuries and full thickness, depth unknown or unstageable pressure ulcers. http://www.albany.edu/sph/cphce/Gold STAMP.shtml
Education <i>Staff</i>	The Wound Institute The Wound Institute is dedicated to helping clinicians gain a deeper understanding of wound care and treatment. Here you will find practical, evidence-based resources on most major wound types—information that can be applied directly to different patient populations. The Wound Institute contains fully accredited CE/CME programs in wound care education, along with relevant case studies and exercises. You will also find interactive animations and streaming videos, to make your experience engaging, useful and rewarding. http://www.thewoundinstitute.com/
Education <i>Staff</i>	Agency for Healthcare Research and Quality (ARHQ) Healthcare Innovations Exchange <i>Interdisciplinary, Comprehensive Skin Care Program Significantly Reduces Hospital-Acquired Pressure Ulcers</i> Bay Pines Veterans Affairs Healthcare System developed a comprehensive, interdisciplinary skin care program designed to reduce the incidence and improve the treatment of hospital-acquired pressure ulcers. The program

DOMAIN	DESCRIPTION SOURCE
	<p>includes the following key elements: standardized protocols and guidelines to encourage proactive assessment and treatment, regular educational rounds for nurses; periodic training for unit nurses and nurse skin care specialists, and ongoing performance monitoring and reporting. See the Results section for updated pressure ulcer rates, the Resources section for new data on staffing, and the Planning and Development section for information about a planned research project (updated October 2011).</p> <p>https://innovations.ahrq.gov/profiles/interdisciplinary-comprehensive-skin-care-program-significantly-reduces-hospital-acquired</p>
<p>Education</p> <p><i>Staff</i></p>	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>The Braden Scale: Using Subscales to Assess Risk and Plan Care</p> <p>Barbara Braden, PhD. is best known for her work in the development of the Braden Scale for Predicting Pressure Sore Risk. This scale has become widely used in the U.S. as well as internationally and is a key component of the NYS Gold STAMP initiative.</p> <p>This webinar provides education regarding the proper scoring of the Braden Scale and subscales as well as examples of applying the scoring results to interventions of care.</p>
<p>Education</p> <p><i>Staff</i></p>	<p>The Association of Perioperative Registered Nurses</p> <p>This nursing organization has developed a tool kit to assist perioperative RNs and other interested health care professionals prevent the development of pressure ulcers in surgical patients. Included in the tool kit are evidence-based perioperative pressure ulcer prevention strategies, patient risk assessment tools, teaching slide decks, and hand off communication methods.</p> <p>http://www.aorn.org/guidelines/clinical-resources/tool-kits/prevention-of-perioperative-pressure-ulcers-tool-kit</p>

DOMAIN	DESCRIPTION SOURCE
	<p>Program Objectives: Identify the Six Subscales of the Braden Scale; Describe the relationship between the subscale total score and levels of risk of developing a pressure ulcer; Identify the 3 R's of Interventions to diminish exposure to pressure ulcers.</p> <p>http://www.albany.edu/sph/cphce/goldstamp_braden_webinar.shtml</p>
<p>Education</p> <p><i>Staff</i></p>	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>Documentation of Pressure Ulcers: Reducing the Risk to You and Your Patients Speaker: Joyce Black, PhD, RN, VCWCN, FAAN</p> <p>This webinar addresses the important factors regarding the care of pressure ulcers in your facility in order to decrease financial and legal exposure. The program includes the key components of a diligent documentation system for describing skin wounds. Program Objectives: Identify the key components of a diligent documentation system for describing skin wounds; Identify 5 important factors regarding the care of pressure ulcers in order to decrease potential financial and legal exposure; Describe the nurse's responsibilities regarding documentation according to best practice guidelines.</p> <p>http://www.albany.edu/sph/cphce/goldstamp_webinar_0113.shtml</p>
<p>Education</p> <p><i>Staff</i></p>	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>Infectious Aspects of Chronic Wounds including Infection Control</p> <p>Speaker: Jeffrey Levine, MD, CMD</p> <p>This webcast addresses many factors involved in wound care: The assessment of chronic wounds, the signs & symptoms of wound infection, factors that favor microbial proliferation, infection control measures & treatment of wound infections. Program Objectives: Participant will be able to list five host factors that favor microbial proliferation, participant will be able to state the symptoms indicating a deep wound infection, participant will be able to define 5 basic terms of wound infection.</p>

DOMAIN	DESCRIPTION SOURCE
	http://www.albany.edu/sph/cphce/goldstamp_webcast_levine.shtml
Education <i>Staff</i>	University at Albany School of Public Health Gold STAMP Training Program Staging, Measuring and Documenting Pressure Ulcers Speaker: Elizabeth Ayello PhD, RN, CWON Dr. Ayello, Co-author of the “Pocket Guide to Pressure Ulcers” presents a one hour webinar on the assessment and proper documentation of pressure ulcers. This material is appropriate for all professional staff working in administration and direct care in all health care settings. Program Objectives: Participants will be able to differentiate the six pressure ulcer stages, identify the steps in clinical measurement of pressure ulcers and identify the key components of pressure ulcer documentation starting with the risk assessment. http://www.albany.edu/sph/cphce/goldstamp_ayello_webinar.shtml
Education <i>Staff</i>	University at Albany School of Public Health Gold STAMP Training Program Pressure Ulcer Prevention and Management for Physicians Speaker: Aimée Garcia, MD, CWS, FACCWS This webinar will focus on the prevention and treatment of pressure ulcers for physicians and mid-level providers. There will be discussion of the regulatory changes that have been implemented impacting appropriate documentation of pressure ulcers. In addition, there will be discussion on proper assessment and determination if the wound is a pressure ulcer versus another type of wound. http://www.albany.edu/sph/cphce/goldstamp_webinar_0915.shtml
Education <i>Staff</i>	University at Albany School of Public Health Gold STAMP Training Program

DOMAIN	DESCRIPTION SOURCE
	<p>Your Documentation Matters: Pressure Ulcer Documentation for Physicians Speaker: Joyce M. Black, PhD, RN, CWCN, FAAN</p> <p>This webinar is designed for physicians and mid-level providers to increase their understanding of the importance of documentation of wounds in the medical record and common issues with differential diagnosis and documentation of wounds of the pelvis and heel/leg.</p> <p>http://www.albany.edu/sph/cphce/goldstamp_webinar_1115.shtml</p>
<p>Education</p> <p><i>Staff</i></p>	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>Pressure Ulcer Treatment for Physicians Speaker: Amir Qaseem, MD, PhD, MHA FACP</p> <p>This webcast addresses many factors involved in pressure ulcer treatment. Program Objectives: Recognize the effectiveness and comparative effectiveness of treatment strategies for pressure ulcers. Identify the potential harms of treatment for pressure ulcers. List clinical recommendations for treating patients with pressure ulcers.</p> <p>http://www.albany.edu/sph/cphce/goldstamp_webinar_1215.shtml</p>
<p>LEADERSHIP DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 1,11-14</p>	

DOMAIN	DESCRIPTION SOURCE
Leadership	<p>Vision and Commitment</p> <p>Stratis Health and the Oklahoma Foundation for Medical Quality published the “Hospital Pressure Ulcers Change Package”, which lists how to achieve hospital leadership’s commitment to skin integrity identified as a key strategy for pressure ulcer management.</p> <p>http://www.in.gov/isdh/files/Hospital_Change_Package.pdf</p>
Leadership	<p>Framework for Quality Improvement</p> <p>The Institute for Healthcare Improvement (IHI) recognizes leadership’s motivation and role in planning, development, and execution as good foundation for quality improvement.</p> <p>http://www.ihl.org/knowledge/Pages/IHIWhitePapers/SevenLeadershipLeveragePointsWhitePaper.aspx</p>
Leadership	<p>Developing Management Systems and Structures</p> <p>The Harvard University hosted the 2006 Quality Colloquium and discussed the role of leadership in supporting quality improvement initiatives through management systems and structures that effectively aid in outcome measurement and promote accountability.</p> <p>http://www.ehcca.com/presentations/qualitycolloquium8/intro_pc.pdf</p>

DOMAIN	DESCRIPTION SOURCE
Leadership	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>Leadership: Thriving During Change Speaker: Susan Brown, PhD, RN, CNAA, NEA_BC / Ohio State University College of Nursing, Leadership Academy</p> <p>Dr. Susan Brown’s presentation will offer guiding principles for leadership during change, a discussion of organizational and individual barriers to successful change and include key factors in managing change. This webinar will include an overview of current Health Status indicators for the United States with an eye towards future trends.</p> <p>http://www.albany.edu/sph/cphce/goldstamp_topic_communication.shtml</p>
<p><i>NUTRITION DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 1, 4, 5, 7, 8, 10, 11, 12</i></p>	
Nutrition	<p>National Pressure Ulcer Advisory Panel - Pressure Ulcer Prevention & Treatment Clinical Practice Guidelines</p> <p>NPUAP evidence-based clinical practice guidelines on prevention and treatment of pressure ulcers, including nutritional assessment and guidelines, developed as a 4-year collaborative effort between the European Pressure Ulcer advisory Panel (EPUAP) and the American National Pressure Ulcer Advisory Panel (NPUAP). An explicit scientific methodology was used to identify and evaluate available research.</p> <p>http://www.npuap.org/resources/educational-and-clinical-resources/prevention-and-treatment-of-pressure-ulcers-clinical-practice-guideline/</p>
	<p>NPUAP Pressure Ulcer Prevention & Treatment Clinical Practice Guidelines – Quick Reference Guide</p>

DOMAIN	DESCRIPTION SOURCE
	<p>The Quick Reference Guide summarizes evidence-based guidelines on pressure ulcer prevention and treatment.</p> <p>http://www.npuap.org/wp-content/uploads/2014/08/Updated-10-16-14-Quick-Reference-Guide-DIGITAL-NPUAP-EPUAP-PPPIA-16Oct2014.pdf</p>
Nutrition	<p>The Role of Nutrition in Pressure Ulcer Prevention & Treatment: National Pressure Ulcer Advisory Panel White Paper</p> <p>Authors: Becky Dorner, RD, LD, Mary Ellen Posthauer, RD, CD, David Thomas, MD, CMD, FACP National Pressure Ulcer Advisory Panel</p> <p>White paper review of currently available scientific evidence related to nutrition and hydration for pressure ulcer prevention and treatment in adults.</p> <p>http://www.npuap.org/wp-content/uploads/2012/03/Nutrition-White-Paper-Website-Version.pdf</p>
Nutrition	<p>Vitamin Supplementation: The Lingering Questions in Wound Healing</p> <p>Nancy Collins, PhD, RD, LD/N, FAPWCA; and Elizabeth Eilender, MS, RD, CDN</p> <p>Article discussing the consideration of vitamin supplementation for wound healing and pressure ulcers, outlining the importance of correct identification of deficiencies through nutrition history, intake analysis and a nutrition focused clinical exam.</p> <p>http://www.o-wm.com/files/owm/pdfs/OWM_June2012_Collins.pdf</p>
Nutrition	<p>Algorithm for Treatment of Pressure Ulcers: Nutrition Guidelines (Nestle)</p> <p>http://www.nestle-nutrition.com/nirf/cm2/upload/C2F33D34-9316-4155-9F0F-58FDD9E638D9/Treatment-decision-tree-pressure-ulcers-final-8-5-10.pdf</p>

DOMAIN	DESCRIPTION SOURCE
Nutrition	<p>Pressure Ulcer Prevention & Treatment: The Relationship Between Lean Body Mass, Nutrition and Healing (Abbott Nutrition) - Reference document authored by Abbott Nutrition outlining impact of malnourishment and / or low lean body mass for increased risk of complications, including pressure ulcers.</p> <p>http://abbottnutrition.com/downloads/resourcecenter/pressure-ulcer-prevention-and-treatment.pdf</p> <p>Improving patient outcomes and reducing cost of care with nutrition therapy</p> <p>http://anhi.org/courses/7BBD5CF86EC1492082919E6EC361AEB2</p>
Nutrition	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>“Nutrition Solutions for Pressure Ulcers...from the Frail Older Adult to the Obese Individual”</p> <p>National Pressure Ulcer Advisory Panel: Becky Dorner, RD, LD, CD, Mary Ellen Posthauer, RD, LD, CD</p> <p>http://www.albany.edu/sph/cphce/Gold STAMP.shtml</p>
Nutrition	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>The Role of Nutrition in Wound Care Speaker: Mary Ellen Posthauer, RD, CD, LD Mary Ellen Posthauer is a registered dietitian and a consultant for MEP Healthcare Dietary Services, Inc. Evansville, Indiana. She provides consultation to nursing homes, assisted living facilities and hospice accounts. She is the past president of the National Pressure Ulcer Advisory Panel and is currently its secretary and education co-chairman. Posthauer is on the editorial advisory board of Advances in Skin and Wound Care. She was chairman of the 2009 NPUAP/EPUAP nutrition treatment guidelines task force.</p> <p>http://www.albany.edu/sph/cphce/Gold STAMP_nutrition_webinar.shtml</p>

**PREVENTION DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL:
QUESTIONS 6, 11, 12**

Prevention

ConsultGerRN.org

DOMAIN	DESCRIPTION SOURCE
	<p>With content formerly on GeroNurseOnline.org, ConsultGerIRN.org is your source for evidence based and authoritative information about nursing care of older adults. It is the geriatric clinical nursing website of the Hartford Institute for Geriatric Nursing, New York University College of Nursing and is an evidence-based online resource for nurses in clinical and educational settings. ConsultGerIRN.org is funded in part by a grant from The Atlantic Philanthropies (USA) Inc. and The John A. Hartford Foundation Nursing Standard of Practice Protocol: Pressure Ulcer Prevention and Skin Tear Prevention.</p> <p>http://consultgerirn.org/</p>
Prevention	<p>The European Pressure Ulcer Advisory Panel (EPUAP)</p> <p>A "European Pressure Ulcer Advisory Panel" has been created to lead and support all European countries in the efforts to prevent and treat pressure ulcers. At its inaugural meeting in London in December 1996, which included experts from many European countries, the group of over twenty agreed their mission statement and the initial Executive Board and Trustees. Their Web site includes pressure ulcer prevention guidelines available in multiple languages, at no cost.</p> <p>http://www.epuap.org/</p>
Prevention	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>The Gold STAMP website offers specific training and resources related to the Gold STAMP Program including recorded webinars for a cross-setting provider audience. Examples of prevention webinars include:</p> <p>Pressure Ulcer Prevention for the Patient in the ICU Legal and Regulatory Issues Related to Pressure Ulcer Prevention Skin and Wound Challenges in People of Color NPUAP Medical Device Related Pressure Ulcers Webinar NPUAP Turning Webinar Support Surface Webinar</p>

DOMAIN	DESCRIPTION SOURCE
	http://www.albany.edu/sph/cphce/goldstamp_topic_prevention.shtml
Prevention	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>The Importance of Comprehensive Skin Assessment and Proper Positioning in the Prevention of Pressure Ulcers Speaker: Joyce Black PhD, RN, CWCN, FAAN After viewing this webinar participants will be able to:</p> <ul style="list-style-type: none"> • Identify 5 important factors to include in a comprehensive skin assessment in order to help prevent pressure ulcers. • Identify 3 methods to offload pressure on a person's skin. <p>http://www.albany.edu/sph/cphce/goldstamp_topic_prevention.shtml</p>
Prevention	<p>Indiana Pressure Ulcer Initiative</p> <p>The Indiana Pressure Ulcer Initiative, which began June 2008, designed an online toolkit of resources and tools to assist in improving pressure ulcer prevention systems.</p> <p>http://www.in.gov/isdh/24786.htm</p>
Prevention	<p>National Guideline Clearinghouse (NGC) Guideline for Prevention and Management of Pressure Ulcers</p> <p>The National Guideline Clearinghouse™ (NGC) is a public resource for evidence-based clinical practice guidelines. NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. NGC was originally created by AHRQ in partnership with the American Medical Association and the American Association of Health Plans (now America's Health Insurance Plans [AHIP]).</p>
Prevention	<p>University at Albany School of Public Health Gold STAMP Training Program</p>

DOMAIN	DESCRIPTION SOURCE
	<p>The School of Public Health is accredited by the Council on Education for Public Health and offers a research-oriented opportunity for faculty, and a valuable professional experience for students. The school is a unique partnership between the New York State Dept. of Health and the University at Albany. Website offers specific training and resources related to Gold STAMP Program including recorded webinars for a cross-setting provider audience.</p> <p>Comprehensive Programs for Preventing Pressure Ulcers: A Review of the Literature (PDF file)</p> <p>NPUAP 2010 RN Competency –based curriculum: Pressure Ulcers (PDF file)</p> <p>NDNQI Pressure Ulcer Training Modules</p>
<p>QUALITY IMPROVEMENT DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 5, 12, 13, 14</p>	
<p>Quality Improvement</p>	<p>IPRO Monthly Pressure Ulcer Tracking Form</p> <p>The IPRO Monthly Pressure Ulcer Tracking Form offers an opportunity to track your pressure ulcer data on an “easy-to-use” Excel form. Once entered, your data will be automatically captured in a statistical analysis and graphic format to illustrate all of your current pressure ulcers by origin, site, stage, response to treatment, age of wound, and days to heal. The instantaneous analysis and graphs are available for both your entire facility and by units you individually designate in an effort to isolate trends or issues in need of additional education or process changes.</p> <p>The “easy-to-use” Excel format also makes use of a macro whereby, at the end of a month, your data is saved to an individual file for that month. Then, all discharges and healed ulcers are removed to carry the detailed information of all remaining pressure wounds into a file to start for the next month.</p> <p>http://gio.ipro.org/nursing-homes-hac/clinical-topics-tools-resources/pressure-ulcer-clinical-tools-resources</p>

DOMAIN	DESCRIPTION SOURCE
<p>Quality Improvement</p>	<p>Advancing Excellence</p> <p>The Mission of the Advancing Excellence in America’s Nursing Homes Campaign is to help nursing homes achieve excellence in the quality of care and quality of life for the more than 1.5 million residents of America’s nursing homes by:</p> <ul style="list-style-type: none"> • Establishing and supporting an infrastructure of Local Area Networks for Excellence (LANEs) • Strengthening the workforce, and • Improving clinical and organizational outcomes <p>The Pressure Ulcer Tracking Tool has been enhanced to include separate tracking of pressure injuries and skin failure for residents at the end of life, emphasizing the palliative care goal of pain management. Tracking wound and wound care pain is incorporated for all residents with pressure injuries</p> <p>https://www.nhqualitycampaign.org/</p>
<p>Quality Improvement</p>	<p>The National Database of Nursing Quality Indicators®</p> <p>NDNQI is a proprietary database of the American Nurses Association. The database collects and evaluates unit-specific nurse-sensitive data from hospitals in the United States. Participating facilities receive unit-level comparative data reports to use for quality improvement purposes.</p> <p>www.pressganey.com/solutions/clinical-quality/quality-measures</p>
<p>Quality Improvement</p>	<p>The Pressure Ulcer Scale for Healing (PUSH Tool).</p> <p>The PUSH Tool was developed by the National Pressure Ulcer Advisory Panel (NPUAP) as a quick, reliable tool to monitor the change in pressure ulcer status over time.</p> <p>http://www.npuap.org/resources/educational-and-clinical-resources/push-tool/</p>

DOMAIN	DESCRIPTION SOURCE
Quality Improvement Skilled Nursing Facility Setting	<p>IPRO Quality Assurance Performance Improvement (QAPI) Resources</p> <p>Key tools, resources, and materials to assist nursing homes hard-wire consistent improvement practices into day-to-day work, and achieve sustained positive outcomes. Visit the IPRO Resource Web page to learn more about how IPRO is working with nursing homes to enhance their QI practices, and for a step-by-step process to implementing QAPI in Nursing Homes:</p> <p>http://qio.ipro.org/nursing-homes-hac/clinical-topics-tools-resources/pressure-ulcer-clinical-tools-resources</p>
Quality Improvement	<p>Institute for Healthcare Quality Improvement (IHI)</p> <p>IHI uses the Model for Improvement as the framework to guide improvement work. The Model for Improvement,* developed by Associates in Process Improvement, is a simple, yet powerful tool for accelerating improvement. This model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement. Learn about the fundamentals of the Model for Improvement and testing changes on a small scale using Plan-Do-Study-Act (PDSA) cycles. (Introduction, Forming the Team, Setting Aims, Establishing Measures, Selecting Changes, Testing Changes, Implementing Changes and Spreading Changes).</p>

DOMAIN	DESCRIPTION SOURCE
Quality Improvement	<p>http://www.ihl.org/knowledge/Pages/HowtoImprove/default.aspx</p> <p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>Sustaining Improved Outcomes Speaker: Scott Thomas, PhD / Sustainability Consultant After viewing this webinar participants will be able to:</p> <ul style="list-style-type: none"> • Explain why it is important to focus on sustainability activities during the implementation of their project. • Distinguish between three different types of sustainability. • Identify three factors that have been shown to strengthen the sustainability of quality improvement outcomes. • Name two activities that help support ongoing sustainability activities. <p>http://www.albany.edu/sph/cphce/goldstamp_webinar_1014.shtml</p>
	<p>University at Albany School of Public Health Gold STAMP Training Program</p> <p>Sustaining Improved Outcomes Toolkit This website provides guidance on how to sustain improved outcomes. The website provides an introduction to sustainability, a description of 12 factors that contribute to sustainability, and assessment and planning tools for both organizations and funders. All of the information has been compiled in a toolkit that you can download and use for free.</p> <p>http://www.sustainingoutcomes.com/</p>
<p>REGULATORY REQUIREMENTS DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 1-4, 8, 9, 12, 13</p>	
Regulatory Requirements <i>Home Health</i>	<p>Centers for Medicare and Medicaid Services (CMS)</p> <p>Home Health Quality Initiatives - OASIS Data Set</p> <p>See Oasis-B1 (1.2009) page 6 for pressure ulcer information</p>

DOMAIN	DESCRIPTION SOURCE
	https://www.cms.gov/HomeHealthQualityInits/12_HHQIOASISDataSet.asp#TopOfPage
Regulatory Requirements <i>Hospital Acquired Conditions</i>	Centers for Medicare and Medicaid Services Hospital-Acquired Conditions (Present on Admission Indicator) http://www.cms.gov/HospitalAcqCond/
Regulatory Requirements <i>Long Term Care</i>	Centers for Medicare and Medicaid Services Survey and Certification - Guidance to Laws & Regulations http://www.cms.gov/GuidanceforLawsAndRegulations/12_NHs.asp Appendix PP - Guidance to Surveyors for Long Term Care Facilities See Page 195 - F314 §483.25(c) Pressure Sores http://www.cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf
Regulatory Requirements <i>Long Term Care</i>	Federal Requirements for States and Long Term Care Facilities Title 42 - Public Health Chapter IV CMS, Department of Health and Human Services - Subchapter G - Standards and Certification http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr483_main_02.tpl
Regulatory Requirements	Medicare State Operations Manuals (Includes all levels of care) http://www.cms.gov/manuals/downloads/som107_Appendicestoc.pdf
Regulatory Requirements <i>Assisted Living Enhanced ALR</i>	New York State Department of Health http://www.health.ny.gov/facilities/assisted_living/

The resources and tools highlighted in this section are not all inclusive and may not apply to all patients/residents and/or situations. These resources are provided as a source of guidance only to support investigation for performance improvement efforts. The Gold STAMP Initiative does not endorse any particular vendor/tools.