Objectives for Today:

• Define the Gold STAMP Process in New York
• Present Overview of the Gold STAMP program
• Introduce Tools and Resources
• Demonstrate value of Gold STAMP in hospital pressure ulcer improvement
Barriers

• Multiple settings of care
• Cross-setting differences
  – Lack of uniform definitions (staging, pressure ulcer, decubiti, etc.)
  – Multiple assessment tools – OASIS, MDS, Braden, Norton, etc.
  – Documentation and reporting rules
• Need for communication during transitions of care
Systems Needed for Care Transitions

• Cross-setting relationship building, processes, and coordination
• Regular meetings/communications
• Standardized tools/information
The **Gold STAMP Program** to Reduce Pressure Ulcers in New York State is a coalition of organizations convened to provide evidence-based resources and education across the continuum of care in order to improve the assessment, management, and prevention of pressure ulcers.
CENTERS FOR MEDICARE & MEDICAID SERVICES REGION II
CONTINUING CARE LEADERSHIP COALITION*
EMPIRE QUALITY PARTNERSHIP*
EMPIRE STATE ASSOCIATION OF ASSISTED LIVING
GREATER NEW YORK HOSPITAL ASSOCIATION
GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION
HEALTHCARE ASSOCIATION OF NEW YORK STATE *
HOME CARE ASSOCIATION OF NEW YORK STATE
HOSPICE AND PALLIATIVE CARE ASSOCIATION OF NEW YORK STATE
IPRO
KRASNOFF QUALITY MANAGEMENT INSTITUTE (Div. of North Shore-LIJ Health System)
Leading AgeNY – formally NYAHSA*
NEW YORK STATE ASSOCIATION OF COUNTIES
NEW YORK STATE DEPARTMENT OF HEALTH
NEW YORK STATE HEALTH FACILITIES ASSOCIATION*
NEW YORK STATE ASSOCIATION OF HEALTHCARE PROVIDERS
Defining New York Gold STAMP

- A systems-based quality improvement process
  - Organizational profile identifies systems gaps
  - Action Plans address gaps – collaborative and organizationally
  - Resource Guide provides evidenced – based interventions and resources
  - Communication Tools facilitate information sharing
  - Coach facilitated meetings promote cross-setting collaborations and relationship building
Gold STAMP Method

- Build Awareness - Provide Information and Education to Healthcare Providers
- Promote Strategic Direction - Collaborations and Tools
- Performance Measurement – Process and Outcomes
- Communication for Care Transition

May 2013
Build Awareness

• Promotion by all partners at every opportunity
• Engage champions – WOCNs, QI, clinical leaders
• Identify setting-specific value/opportunities
  – Hospitals: POA and HACs; readmissions
  – SNFs and Home care: Quality Measure Performance; readmissions
• Statewide audioconference & 10 Regional education conferences
  – 700+ attendees
Gold STAMP
Tools

- Regional Provider Collaborations
- Organizational Profile
- Action Plan
- Resource Guide
Regional Collaborations

• 12 statewide - 21 Hospitals, 25 SNFs, 14 HHAs, 2 Hospices
• Organizational commitment
  – Champions
  – Leadership signed agreements
• Identify process gaps & develop action plans
• Regular interaction and communication
  – Monthly meetings
  • Focus on Action Plans
  • Coach facilitator
DOH Year 1 Collaboratives:  
DOH Year 2 Collaboratives:  
Grant Collaboratives:  

May 2013
Gold STAMP Organizational Profile

Self-Assessment of Key Processes Related to Pressure Ulcer Prevention and Management

- First step of comprehensive review of current pressure ulcer assessment, prevention and treatment programs
- Identifies opportunities to strengthen current internal systems and processes
- Facilitates interdisciplinary action of improvement strategies
- Illustrates common gaps and systems needs between settings of care
- Supports cross-setting information sharing and care coordination
- Identifies organizational and collaborative action plan goals
Gold STAMP Organizational Profile

**Gold STAMP Organizational Profile**

Self-Assessment of Key Processes Related to Pressure Ulcer Prevention and Management

Please complete this organizational assessment of your pressure ulcer prevention and management program. 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. 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.

**Facility Name**

<table>
<thead>
<tr>
<th>Date of Assessment</th>
<th>Representative Name</th>
</tr>
</thead>
</table>

1. **Does your organization’s policy related to pressure ulcers include the following?**
   - a. A statement regarding your organization’s commitment to prevent pressure ulcers and management
   - 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
   - c. A requirement that all consumers receive a comprehensive skin inspection and risk assessment by a registered nurse at regular or intervals during the time they receive services from your organization
   - d. A standardized risk assessment tool (such as the Braden or Norton) used by the registered nurse conducting the risk assessment
   - e. A change in the consumer’s clinical condition noted as a skin reassessment and risk assessment completed by a registered nurse
   - f. 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?

2. **Is the following intervention considered for each consumer as part of a “needs assessment” related to pressure ulcer prevention and management?**
   - a. Pressure repositioning
   - b. Off-loading, pressure redistribution, the need for special mattress/foam/mattress positioning devices
   - c. Frequency of routine inspections of the skin
   - d. Consults for challenging cases
   - e. Consumer and family education on pressure ulcer risk, prevention and management

3. **Do the direct care staff have input into care plans related to pressure ulcer prevention and treatment?**

4. **Does your organization have a policy regarding the identification of pressure ulcer characteristics and is the frequency of this assessment considered in the policy?**

5. **Does your organization’s pressure ulcer tracking and assessment documentation address all of the following characteristics?**
   - a. Location (using anatomical site)
   - b. Stage
   - c. Size (length x width x depth)
   - d. Underrunning/tunneling
   - e. Treatment
   - f. Wound bed
   - g. Tissue quality
   - h. Presence of odor
   - i. Treatment
   - j. Infection

6. **Does your organization have protocols to follow if the wound is found to be non-healing?**

7. **Do you incorporate current guidelines (i.e., WOUNDS, EUROP, WOCN Guidelines for Pressure Ulcer Prevention and Treatment) into your organization’s policies/procedures related to pressure ulcer prevention and treatment?**

8. **Do you educate newly hired and current interdisciplinary staff on your organization’s policies and procedures regarding pressure ulcer prevention and management on an ongoing basis?**

9. **Does your organization designate and support a “clinical expert” to work with the interdisciplinary team to ensure current standards of care related to pressure ulcer prevention and management?**

10. **Is 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 these processes?**

**Next Step:** Refer to the Resource Guide to develop your plan of action as you make revisions with your interdisciplinary team.

May 2013
1. Findings from Organizational Profile: Self-Assessment of Key Processes Tool: (common organizational gaps)

Question #5 - All facilities responded as NO, for factors being communicated while transitioning care between health care settings.

2. Identified Areas for Improvement (prioritized by level of importance): (common to all or most in collaborative/ subjects of Aim statements)

1st – Need for a Cross-setting Communication tool
2nd – Need for a Process to communicate PU risk factors across settings during transfer

3. Identified Strengths in Current Process/System: (tools to use in interventions)

All facilities have a transfer form
All facilities have a pressure ulcer interdisciplinary team

4. Aim Statement(s): (common collaborative goal(s))

a. Develop a universal transfer form that will be used for 100% of transfers by all facilities in the collaborative by December 31, 2012.

b. Develop a master list of primary contacts for each facility by July 1, 2012 that will be used by 100% of facilities.

5. Intervention Actions (Prioritized): (Collaborative actions need to be addressed by all organizations)
Gold STAMP Program Pressure Ulcer Resource Guide
Gold STAMP Resource Guide

- Ongoing “living” document - quarterly review and updated
- Cross-walked with Self Assessment Tool questions
  - 11 Domains: Care Management, Quality Improvement & performance Measurement, Organizational Systems, Prevention, Leadership, Treatment Modalities, Communication, Documentation, Education, Regulatory, Nutrition*
- Internet available
- Empire Quality Partnership
  http://www.empirequality.org/WhatNew.htm

May 2013
### Gold Stamp Organizational Assessment Tool Crosswalk to Pressure Ulcer Resource Guide

<table>
<thead>
<tr>
<th>Organizational Assessment Tool Question</th>
<th>Resource Guide Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your organization’s policy related to pressure ulcers include the following?</td>
<td>Care Management</td>
</tr>
<tr>
<td>a. A statement regarding your organization’s commitment to pressure ulcer prevention and management</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Regulatory Requirement</td>
</tr>
<tr>
<td>b. A requirement that all consumers receive a comprehensive skin inspection and risk assessment</td>
<td>Care Management</td>
</tr>
<tr>
<td>by a registered nurse at the time of initiation of services by your organization</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Regulatory Requirement</td>
</tr>
<tr>
<td>c. A requirement that all consumers receive a comprehensive skin inspection and risk assessment</td>
<td>Care Management</td>
</tr>
<tr>
<td>by a registered nurse at regular, set intervals during the time they receive services from your organization</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Regulatory requirement</td>
</tr>
<tr>
<td>2. Is a standardized risk assessment tool (such as the Braden or Norton) used by the Registered Nurse</td>
<td>Care Management</td>
</tr>
<tr>
<td>conducting the risk assessment?</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Regulatory Requirement</td>
</tr>
<tr>
<td>3. If a change in the consumer’s clinical condition is noted, is a skin reassessment and risk assessment</td>
<td>Care Management</td>
</tr>
<tr>
<td>completed by a registered nurse?</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Regulatory Requirement</td>
</tr>
<tr>
<td>4. Are efforts to prevent pressure ulcers directly related to risk factors noted on the scale and</td>
<td>Care Management</td>
</tr>
<tr>
<td>subscales of the risk assessment tool used at your organization?</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Regulatory requirement</td>
</tr>
<tr>
<td>Domain</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

**Quality Improvement Domain Contains Information, Resources and Tools Specific to the Following Questions From the Organizational Assessment Tool: Questions 5, 12, 13, 14**

| Quality Improvement | Advancing Excellence<br>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:<br><ul><li>Establishing and supporting an infrastructure of Local Area Networks for Excellence (LANEs)</li><li>Strengthening the workforce, and</li><li>Improving clinical and organizational outcomes</li></ul><a href="http://www.nhqualitycampaign.org/star_index.aspx?controls=welcome">http://www.nhqualitycampaign.org/star_index.aspx?controls=welcome</a> |

| Quality Improvement | The National Database of Nursing Quality Indicators®<br>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.<br><br><a href="https://www.nursingquality.org">https://www.nursingquality.org</a> |
Gold STAMP Project Performance Measurement

• Process
  – Collaborative experience
  – Coach involvement
  – Self-assessment and Action Plans

• Outcomes
  – Self-assessment
  – Pressure ulcer data
  – Action Plan goals achievement
  – Medicaid savings (DOH)
Improving Communication Between Care Settings
Polling Question

Do you use a standardized pressure ulcer communication tool with your partners across the care continuum?

• Yes
• No
Pressure Ulcer Communication Tool

Purpose of the Tool

– Facilitate more effective communication about residents transferring between acute and long term care settings

How to Use the Tool

– Implement as part of an existing or emerging partnership between a hospital and nursing home
– Pilot before broad implementation
– Follow NPUAP Guidelines for Pressure Ulcer Staging
– Modifications may be made to meet organizational needs
Pressure Ulcer Communication Tool

When to Complete the Tool
- The pressure ulcer communication tool should be completed for every resident being transferred who currently has a pressure ulcer or is at risk for developing a pressure ulcer.

Who Should Complete the Tool
- The organization should determine who is authorized to complete the tool.
- Appropriate staff may include: wound care specialists, nurses or other clinical staff directly involved in the care of the resident.
PRESSURE ULCER COMMUNICATION TOOL

(Please use your organization’s logo here)

Purpose: To promote pressure ulcer prevention and improvement and enhance the transfer process between acute and long term care settings by utilizing a standardized communication tool.

When to Complete: The tool should be completed for every patient/resident being transferred who currently has a pressure ulcer or is at risk for developing a pressure ulcer.

DATE OF TRANSFER ___________________________ TIME OF TRANSFER ________________

Patient Name ___________________________________________ Date of Birth ________________

Name of Sending Organization ____________________________ Tel/Fax/Email __________________
Contact Person at Sending Organization ______________________

Name of Receiving Organization ____________________________ Tel/Fax/Email __________________
Contact Person at Receiving Organization ______________________

1. Provide the date for when the last pressure ulcer risk assessment was completed prior to transfer.
   DATE: _______________ □ Information Not Available

2. Use the Braden Scale for Predicting Pressure Sore Risk to identify patients/residents at risk for developing a pressure ulcer. For permission to use the scale at no cost, visit http://www.bradenscale.com/copyright.htm.
   □ Very High Risk (Braden 9 or below)
   □ High Risk (Braden 10-17)
   □ Moderate Risk (Braden 13-14)
   □ Low Risk (Braden 15-18)
   □ Not at Risk (Braden 19+)

3. Provide the date and time for when the last complete skin assessment was completed prior to transfer.
   DATE: _______________ TIME: _______________ □ Information Not Available

4. Identify any other risk factors that your patient/resident has that are important to communicate at time of transfer.
   □ COPD (Chronic Obstructive Pulmonary Disease)
   □ Diabetes
   □ Urinary/fecal incontinence
   □ Immobility (e.g., paralysis, contractures)
   □ Terminal cancer
   □ Chronic or end stage renal, liver, heart disease
   □ Poor nutritional status
   □ Other skin related issues (not a pressure ulcer) __________________________
   □ Other risk factors not on the list. __________________________

5. Identify whether or not the patient/resident had a pressure ulcer(s) at the time of transfer.
   □ Yes □ No

   If yes, complete page 2 of the Communication Tool.

   Indicate the support surface used for the patient/resident at your facility prior to transfer.
Indicate the off-loading equipment used for the patient/resident at your facility prior to transfer.

Complete the chart to document and describe the pressure ulcer(s) present at the time of transfer. (See Appendix B for NPUAP pressure ulcer staging definitions)

<table>
<thead>
<tr>
<th>Stage 1 Pressure Ulcer</th>
<th>How many?</th>
<th>Location</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dressing Type:</td>
<td>Other:</td>
</tr>
<tr>
<td>Stage 2 Pressure Ulcer</td>
<td></td>
<td>Dressing Type:</td>
<td>Other:</td>
</tr>
<tr>
<td>Stage 3 Pressure Ulcer</td>
<td></td>
<td>Dressing Type:</td>
<td>Other:</td>
</tr>
<tr>
<td>Stage 4 Pressure Ulcer</td>
<td></td>
<td>Dressing Type:</td>
<td>Other:</td>
</tr>
<tr>
<td>Unstageable Pressure Ulcer</td>
<td></td>
<td>Dressing Type:</td>
<td>Other:</td>
</tr>
<tr>
<td>Suspected Deep Tissue Injury</td>
<td></td>
<td>Dressing Type:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

| TOTAL                  |           |           |           |

1 = Back of head
2 = Right ear
3 = Left ear
4 = Right scapula
5 = Left scapula
6 = Right elbow
7 = Left elbow
8 = Vertebrae (upper-mid)
9 = Sacrum
10 = Coccyx
11 = Right iliac crest
12 = Left iliac crest
13 = Right trochanter (hip)
14 = Left trochanter (hip)
15 = Right ischial tuberosity
16 = Left ischial tuberosity
17 = Right thigh
18 = Left thigh
19 = Right knee
20 = Left knee
21 = Right lower leg
22 = Left lower leg
23 = Right ankle (inner/outer)
24 = Left ankle (inner/outer)
25 = Right heel
26 = Left heel
27 = Right toe(s)
28 = Left toe(s)
29 = Other (specify)

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Pressure Ulcer Communication Tool

Practice Successes and Benefits of Implementation

– Better level of communication between settings.
– Quicker, facilitated method to track pressure ulcers present on admission and to develop an individualized care plan for the resident.
– Opportunity to share knowledge and expertise regarding the overall goal of quality care for residents.
– The communication tool can be used for discharge to home to share information with visiting nurses, follow-up with outpatient MD, and provide patient/family/caregiver wound care instructions and preventive measures.
LESSONS LEARNED

Key components of successful cross-care setting partnerships

- Gain strong leadership support.
- Foster dedicated and respected champions and interdisciplinary team.
- Commit to ongoing staff education and training.
- Establish clear project guidelines and realistic expectations.
- Share experiences to accelerate learning and widespread adoption of best practices.
- Start small and agree on goals together.
- Re-assess project results and approach periodically.
- Gain trust among partner organizations.
Thank you!

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