

Project Manager - Mr. Nayel Al Tarawneh(A/AEDON)
Project Leader – Mr. Michel Harkous (DON/NCCCR)
Process owner – Ms. Thankam V. Panicker, QMR

Project Title: Pressure Ulcer Prevention Project

Problem: Pressure ulcer prevention requires an interdisciplinary approach to care. Some areas of existing pressure ulcer prevention practice are highly routinized, but care must also be tailored to the specific risk profile of each patient. Rather, pressure ulcer prevention requires activities among many individuals, including the multiple disciplines and multiple teams involved in developing and implementing the care plan. To accomplish this coordination, high-quality prevention requires an organizational culture and operational practices that promote teamwork and communication, as well as individual expertise. Therefore, improvement in pressure ulcer prevention calls for a system focus to make needed changes.

Aim: To reduce the incidence of hospital acquired pressure ulcer to 0 by December 2014

Intervention :

In order to attain the aim the total project was divided in to three intervention phases and which will be measured by the following measures;

- Attain 100% compliance in completing Initial Skin Assessment using Braden Scale within 4 hours of admission in the piloting unit by Dec 2013.
- Attain 100% compliance in conducting skin reassessment within 2 hours of commencing every shift by April 2014.
- Attain 100% compliance in implementing a comprehensive skin care bundle for patients at risk of developing pressure ulcer by June 2014.

Action

- Identification of multidisciplinary team.
- Foundation Training Program through which the team has developed ideas to identify defects in the process by standardization.
- Developed high level flow diagram, process mapping and driver diagram.
- Education on the foundation training was given to all core members, reviewed the theory and priorities were identified.
- Standardization of the approach to pressure ulcer prevention was identified as the first priority.
- Sensitization session was given on the piloting unit and unit champions were identified in coordination with the unit manager.
- The core group in collaboration with the piloting champions have designed and implemented the educational sessions.
- Standardization of the initial assessment process was done and reassessment process is on the way.
- Needs identified on the patient centered care and tailoring of skin care approach based on the patient's needs.
- The major GAP identified is the staff incompetence on the use of Braden scale. Continuous education session was planned, designed and implemented through the champions.
- Data gathering is ongoing to trend the improvement and also to maintain the yield.
- Implementation of the Skin Care Safety Bundle after the educational session is implemented and is being tested.

Team :

Travelling & Core Team

Project Lead : Mr. Michel Harkous/ DON

Back Up Lead: Ms. Hilary Hopkins/CNS

Dr. Saad Jubran, Specialist

Process Owner: Ms. Thankam V. Panicker/ QMR

Facilitator: Ms. Fe C. Martinez/ Nurse Educator

Home (Core Team):

Dr. Amaal Gulied/ Clinical Pharmacist

Mr. Yasser Hamad, SN/ Ward 2

Ms. Reetha Sebastian, SN/ Ward 2

Ms. Jenny Lapus, SN/ Ward 2

Ms. Dana Mansour, SN/ Ward 2

Mr. Mohammed Shafi, Physiotherapy

Ms. Zainab Yasser, Dietician

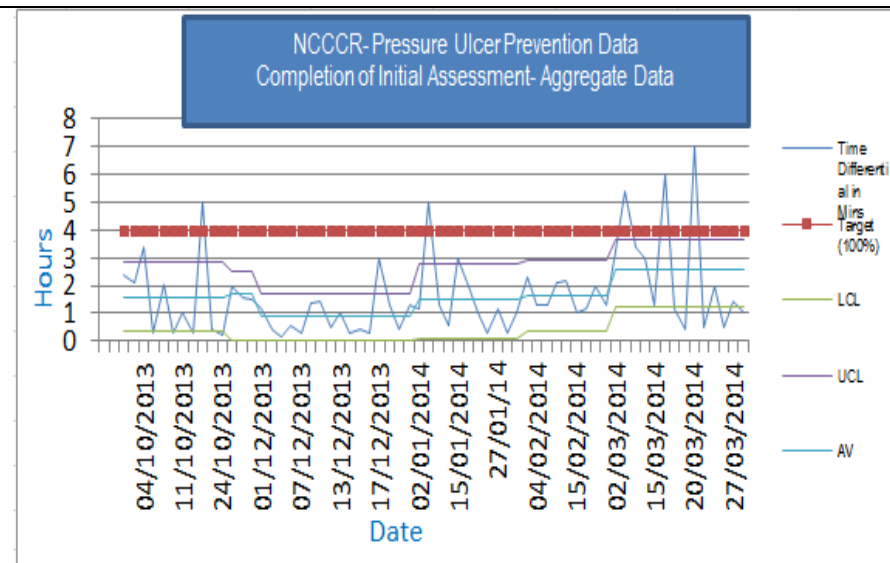
Ms. Susan Sajjan- Secretary

Project Sponsor :

Prof. Karl Alexander Knuth, Medical Director/ NCCCR

Coach :

Dr. Hina Siddiqui/ Senior Quality Reviewer



Conclusions:

- Identified that the standardization of practice is the foremost important aspect to prevent the incidence of pressure ulcer.. The process of standardization needs a group effort and multidisciplinary collaboration
- Initial assessment and reassessment time were standardized.
- Frontline empowerment and involvement is very important in any of the clinical quality improvement project.
- The need for a comprehensive skin care bundle is very essential to track done all the necessary activities to successfully prevent the pressure ulcer occurrence. The teams also have identified many gaps in the practice especially in the area of documentation and which were corrected and improved on time.

Next Steps:

- To achieve a high reliability process on initial assessment and reassessment.
- Complete implementation of a skin care bundle through multidisciplinary collaboration.
- Extend the best care practices to other units and hospitals.

