The New York State Gold STAMP Model

The Gold STAMP (Success Through Assessment, Management and Prevention) Program 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. Gold STAMP was developed in 2008 and expanded in 2011 through Governor Cuomo's Medicaid Redesign Team. The Gold STAMP Program utilizes a cross-setting provider association and community partnership model to build 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.

Analysis of the program was undertaken to identify its critical components in order to create a model that could potentially be utilized to improve the quality and efficacy of health care across New York State. Nine critical components were placed within the Centers for Disease Control and Prevention (CDC) logic model framework1 and include:

I. INPUTS
   1. Administrative Support
   2. Clinical Support
   3. Resource Support

II. THROUGHPUTS
   4. Collaborative Meetings
   5. Cross-Setting Communication
   6. Staff Training
   7. Patient Education

III. OUTPUTS
   8. Sustainable Practices
   9. Quality Care/Measures

A complete visual representation of the Gold STAMP Model is attached as Appendix A.

Inputs
Inputs are resources or support (CDC, 2011). Resources and support are invested into the health care program to produce the throughputs, outputs and outcomes. Inputs can be time, money, people, supplies, and any other types of resources or supports that further the goals and objectives of the health care program.

Administrative Support
Organizational administrators are key stakeholders in health care program implementation. They are the decision makers and determine how the organization utilizes its resources. Their adoption of a health care initiative leads the way to organization-wide adoption of policies and procedures that provide improved quality of care to their patients. For instance, administrators may enter into a Memorandum of Agreement with other Gold STAMP organizations, they may authorize, manage or lead a Self-Assessment of the organization to discover opportunities for improvement, or they may

1 A logic model links a program’s inputs to outputs and outcomes by demonstrating the logic behind the program and the rationale for its success. (http://www.smartgivers.org/uploads/logicmodelguidepdf.pdf)
participate in creating a Gold STAMP Facility Action Plan to lead their organization in making changes that improve the quality of care within their organization.

**Clinical Support**
Physicians are able to support Gold STAMP efforts as administrators, as a patient’s primary care doctor, or as a medical specialist. The physician may be the only individual caring for a single patient across all health care settings or may be one of several doctors responsible for the care of a single patient. Nurses are often the direct care providers for patients at risk of acquiring pressure ulcers or managing the treatment of pressure ulcers. Together, physicians and nurses are valuable leaders and members of interdisciplinary health care teams.

**Resource Support**
Resource support is available to Gold STAMP Program participants primarily from two sources: the Gold STAMP website and the Collaborative itself. The Gold STAMP Collaborative Model enables health care staff to share best practices and lessons learned. This allows information that benefits participating organizations to be disseminated quickly through the continuum of care.

**Throughputs**
An addition to the CDC logic model framework, throughputs operate as both inputs and outputs, supporting the health care program through feedback loops. Throughputs increase productive communication between health care organizations throughout the continuum of care. The coordination and/or standardization of policies and procedures between Collaborative organizations enables patients to more easily transition between settings with less disruption to their health care plans, resulting in improved quality of care.

**Collaborative Meetings**
Gold STAMP Collaborative meetings provide the opportunity to share best practices, lessons learned, and negotiate health care strategies to increase the quality of care within the member organizations. Issues that affect multiple health care settings and organizations, such as patient transitions, can be streamlined using the Gold STAMP Collaborative Action Plan tool. Further, contact with other Gold STAMP champions within other organizations enables staff to establish contacts across the continuum of care. This facilitates information sharing about patient needs and conditions, avoiding duplication of efforts while ensuring patients receive appropriate and timely care.

**Cross-Setting Communication**
Communication is the lynchpin of the Gold STAMP Model. The Gold STAMP Program provides a number of tools for cross-setting communication about patients that have or are at risk for the development of pressure ulcers. Among these are the Braden Scale for predicting the risk of pressure ulcer development. The Pressure Ulcer Communication Tools convey important information about patients that have existing pressure ulcers, such as stage and location, as well as risk factors and preventive or treatment protocols already in place. Sharing information about the condition of a patient in a standardized format results in faster, more informed transitions between healthcare settings.

**Staff Training**
The Gold STAMP website provides a number of free educational offerings, including dozens of training webinars, some of which are approved for free continuing education credits. These webinars move beyond regulatory compliance to improved practices, leadership and sustainable quality care. Additional online educational resources are included in the Gold STAMP Resource Guide, as well as
information and links to best practices information and resources available online through the internet. The Collaborative framework that the Gold STAMP Program is based on facilitates the sharing of best practices between organizations and settings, as well as interdisciplinary, cross-setting and cost-sharing training opportunities.

**Patient Education**
Educating patients about their condition and prevention steps they can take improves health care outcomes. This is particularly true in home care settings where patients and their caregivers or family members may be responsible for all or part of the patient’s direct care. The Gold STAMP Toolkit includes a brochure on the prevention of pressure ulcers that is designed to be accessed directly by patients, families and caregivers, or provided to patients by doctors, nurses and other health care professionals.

**Outputs**
Outputs are the measureable results of the health care program (CDC, 2011). They are quantifiable deliverables and can include short- or long-term results of the program activities. Outputs are directly tied to program outcomes.

**Sustainable Practices**
Sustainability can have different meanings depending on the circumstances and stakeholders. For instance, six different indicators for sustainability include: 1) health care benefits are maintained over time; 2) program element adoption; 3) improved capacity within health care systems and communities; 4) coalitions, Collaboratives or other program partnerships are maintained or expanded; 5) program practices and procedures are maintained; and 6) the issue continues to be an area of focus. New York State Gold STAMP participants have reported that sustaining their Gold STAMP efforts is their goal and many Collaboratives have continued to meet or stay in contact. More importantly, most of the Gold STAMP organizations have sustainably maintained lower pressure ulcer rates.

**Quality Care/Measures**
Quality care is important to all health care organizations in New York State. Prevalence and incidence are the two most common quantitative metrics for pressure ulcers. The regulatory environment requires health care organizations to report on a number of quality care measures, including pressure ulcer rates, and these can be compared to those of other organizations, the entire State or the country.

**Outcomes**
Outcomes are the goals and objectives of the health care program (CDC, 2011). The New York State Gold STAMP Program has three desired outcomes: 1) appropriate and frequent assessment; 2) prevention of avoidable conditions and hospitalizations; and 3) management of patient condition and needs for improved health care outcomes and experiences in the New York State health care system.

**Conclusion**
The nine components of the Gold STAMP Model work together to facilitate smooth patient transfers between health care settings, collaborative solutions to issues that affect multiple organizations, and standardization of communication about patient conditions. There is potential for the Gold STAMP Model to be applied to other medical conditions, particularly those that involve multiple health care settings.