Going for Gold (STAMP): Addressing Pressure Ulcer Quality and Cost Performance in the Evolving Health Care System

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Producer:
Morgan Van Cleef

Webinar Guidelines
• 1 hour presentation including a discussion period at the end.
• Send your questions at any time during the presentation via the chat box on your screen.
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• Turn on your computer speakers for sound

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What is Gold STAMP?

• Mission Statement
• Collaborative
• Toolkits/Resources
Objectives

- Recognize the significance of Gold STAMP relative to the new Federal rules for long-term care facilities.
- Recognize the significance of Gold STAMP within Home Care as relates to quality of care, cost avoidance and other high priority areas.
- Describe how the Gold STAMP model can be used as a best practice in complying with Federal rules and achieving priority State health goals.

Presenters

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Home Care Association of NYS

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What’s New in Staging Pressure Injuries?
2016 Revised Staging System

- National Pressure Ulcer Advisory Panel revised staging system (www.NPUAP.org)
- Goals
  - Improve patient care and healing and decrease patient pain and suffering

Staging System Revision

- Based on the latest scientific research and clinical practice knowledge
- New system uses clearer language to define each stage, allowing health care practitioners to make more appropriate and accurate diagnoses

Prior to Staging a Wound

- Clean the wound
- Determine etiology
  - Presence of pressure and/or shear
Prevention

• Ideally prevent conditions that can lead to the development of a pressure injury
• Pressure/shear
• Microclimate
• Gold STAMP Program

Pressure injuries present as both intact skin and open wounds

Ulcer to Injury

Ulcer

• A break in skin or mucous membrane with loss of surface tissue, disintegration and necrosis of epithelial tissue, and often pus
Injury Definition

Injury = Bodily damage caused by transfers of energy and also the absence of energy
• Drowning, asphyxia, hypothermia

Low energy exposure injuries
• Carpal tunnel
• Pressure injury


Pressure Ulcer Injury

• Ulcer does not accurately describe the physical presentation of Stage 1 or Deep Tissue Pressure Injuries
  • Can have an injury without an ulcer
  • Can not have an ulcer without an injury

Pressure Injury

• The word injury does not imply unavoidable

• Most pressure injuries are avoidable
Pressure Injuries

- Staging system does not imply a progression
- Level of tissue damage

Stage 3 Pressure Injury is by definition an ulcer

Deep Tissue Pressure Injury
Old Suspected Deep Tissue Injury: Depth Unknown

• Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue. The area may be preceded by tissue that is painful, firm, mushy, warm or cool as compared to adjacent tissue.

• Deep tissue injury may be difficult to detect in individuals with dark skin tones.

• Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar.

• Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration

Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

DTPI Teaching Points

• Confirm purple skin (appearing as ecchymoses or bruising) is due to pressure or shear and not medication or trauma

• Attempt to identify the timing and setting of the pressure/shear that lead to DTPI for root cause analysis

• Document the evolution of the DTPI following discovery
  • Sloughing of epidermis may reveal deeper tissue damage
  • If injury evolves, stage the resultant injury

Old Medical Device Related Pressure Ulcer:
Medical device related pressure ulcers are pressure ulcers that result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure ulcer generally closely conforms to the pattern or shape of the device.

Medical Device Related Pressure Injury:
This describes an etiology. Medical device related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.
When a pressure injury forms on the skin beneath a medical device, how is this injury to be identified?

- Stage x pressure injury on (named body part) from medical device

- www.NPUAP.org

Gold STAMP

Quality and Value Model in Home Care

Quality and Value Model in Home Care

Al Cardillo, LMSW
Executive Vice President
Home Care Association of NYS
Creating Programs of Excellence to Prevent/Reduce Pressure Ulcers/Injuries

• Gold STAMP is a collaboration-based, interdisciplinary, evidenced-based program of excellence in preventing/reducing pressure injury - a condition of high fiscal and human consequence - producing measured outcomes of improved quality and cost-saved.

• Gold STAMP offers home care agencies and partners a prototype for the "new" and evolving health care environment, and its new and dominant models of care and coverage.

• Gold STAMP is a powerful model for home care and partners.

Home Care Partners in Gold STAMP Collaboratives

ERIE
- Williamsville
- Niagara Falls
- Mckinley Senior Home Care Corporation
- CHEMUNG
- Sentarae Village Home Care
- BINGHAMTON
  1) Ideal Senior Living Center (TSACP)
  2) Twin Tier Home Health, Inc.
- NORTHEAST
  1) Eddy Visiting Nurse Association
  2) Vna of Albany
- KINGSTON
  1) Always There Family Home Health Services
- NORTHERN METRO
  1) Dominican Sisters Family Health Service
  2) MONTROSE VETERANS HOME
    Visiting Nurse Services of New York Home Care Services
  3) BROWNSTOWN
    The Brooklyn Hospital Center Home Health Services Division
  4) NEW YORK CITY #2
    1) Excellent Home Care Services, LLC
    2) Visiting Nurse Services of New York Home Care
  5) NEW YORK CITY #3
    Visiting Nurse Regional Health Care System
  6) LONG ISLAND #1
    Dominican Sisters Family Health Services, Inc.
  7) LONG ISLAND #2
    Long Beach Medical Center Dinah
Creating Programs of Excellence to Prevent/Reduce Pressure Injuries

- Prevention and mitigation of pressure injuries is a patient care/home care imperative; and especially challenging in the home care milieu.
- Pressure injuries in all settings are a high priority preventable occurrence, and when at risk or manifest, high priority for clinical intervention and management, through well-honed, expertly and thoroughly executed prevention and clinical management protocols. These are extremely critical to be in place in home care.
- Implementing a prevention/management program is both a "mandate" and an opportunity for leadership in quality home care; targeting a potentially devastating clinical and cost condition.
- Likewise an opportunity for home care leadership in value and agency favorability in an increasingly competitive, highly selective and quality/performance-driven market.

Compelling Facts for Home Care Agencies

The big problem with pressure injuries and more reasons why home care agencies need to play an active role in solutions:

- Over 2.5 million US residents develop pressure ulcers every year.
- More patients develop pressure ulcers than develop cancer every year.
- About 60,000 people each year die with pressure ulcers.
- Pressure ulcers cost $9.1 billion to $11.6 billion per year in the United States with the cost for individual patient care ranging from $20,900 to $151,700 per pressure ulcer.

National Pressure Ulcer Advisory Panel; Proclamation 2012

Compelling Facts for Home Care Agencies

- Pressure ulcers lead to suffering and emotional distress for both patients and family members.
- Pressure ulcers can often be prevented through interdisciplinary teamwork following evidence-based care.

National Pressure Ulcer Advisory Panel; Proclamation 2012
Compelling Facts for Home Care Agencies

- A UCLA School of Medicine study to determine the prevalence of pressure ulcers among patients admitted to home care services, found in a 3,048 patient sample, 9.11% pressure injuries in which:
  - 37.4% had more than one ulcer
  - 14.0% had three or more ulcers
  - Considering the worst ulcer for each subject:
    - 40.3% had Stage II
    - 27% had Stage III or IV

Ferrell BA, Josephson K, Norvid P, and Alcorn H, Division of Geriatrics; 2000

Pressure Injuries a Quality Focus in Home Care

The final 2017 Integumentary Status Section of the OASIS Data Set poses the following assessment and reporting questions on pressure ulcers:

- (M1300) Pressure Ulcer Assessment: Was this patient assessed for Risk of Developing Pressure Ulcers?
- (M1302) Does this patient have a Risk of Developing Pressure Ulcers?
- (M1306) Does this patient have at least one Unhealed Pressure Ulcer at Stage 2 or Higher or designated as Unstageable?
- (M1307) The Oldest Stage 2 Pressure Ulcer that is present at discharge
- (M1311) Current Number of Unhealed Pressure Ulcers at Each Stage
- (M1322) Current Number of Stage 1 Pressure Ulcers: Intact skin with non-blanchable redness of a localized area usually over a bony prominence
- (M1324) Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable
- (M1330) Does this patient have a Stasis Ulcer?
- (M1332) Current Number of Stasis Ulcer(s) that are Observable
- (M1334) Status of Most Problematic Stasis Ulcer that is Observable
- (M1340) Does this patient have a Surgical Wound?
- (M1342) Status of Most Problematic Surgical Wound that is Observable
- (M1350) Does this patient have a Skin Lesion or Open Wound (excluding bowel ostomy), other than those described above, that is receiving intervention by the home health agency?
Pressure Injuries a Quality Focus of Surveyors, Accreditors, Litigators, in Home Care

• Pressure injuries also considered in surveys and in agency accreditations:
  ➢ DOH surveillance – incidence, prevalence, policy/protocols
  ➢ Joint Commission accreditation

• More than 17,000 lawsuits are related to pressure ulcers annually being the second most common claim after wrongful death and greater than claims for falls or emotional distress

Pressure Ulcer: Patients Assessed for Risk of Getting Pressure Sores
Pressure Ulcer Risk Assessment Conducted

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Webpage of law firm specializing in pressure injury liability and litigation:

Pressure Injuries a Quality Focus of Surveyors, Accreditors, Litigators, in Home Care

Pressure Injury a Quality Focus in Home Care
OASIS C Based Home Health Agency Patient Outcome, Process and Potentially Avoidable Event Report 2015 - 2016
Pressure Injury a Quality Focus in Home Care
OASIS C Based Home Health Agency Patient Outcome, Process and Potentially Avoidable Event Reports

Risk-adjusted Home Health Outcome Report for Care Planning, July 2015 - June 2016
Pressure Ulcer: Plan of Care Includes Steps to Prevent Pressure Sores
Pressure Ulcer Prevention In Plan Of Care

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Creating Programs of Excellence to Prevent/Reduce Pressure Injuries
- Effective home care programming and execution in pressure injury prevention and management promotes:
  - Quality of care
  - Quality of life
  - Cost avoidance/savings
  - Critical performance in a critical area
  - Synchronization with system priorities, reform goals and desirables
- Implementing pressure injury prevention and management through Gold STAMP further all of the above goals.

Gold STAMP Performance in Home Care
Reduction in the Number of Individuals with a Primary Diagnosis of a Pressure Ulcer in Home Care under Gold STAMP:
- SFY 2011 11% decrease
- SFY 2012 33% decrease
- SFY 2013 33% decrease
- SFY 2014 34% decrease
- SFY 2015 44% decrease
Gold STAMP Fitting the Major Trends

Gold STAMP specific design elements are inherently difference-making, and importantly also sync with new model designs and reform policies:

• Multi-sector collaborative – creating a hospital-nursing home-home care partnership, with organizational and clinical integration.
• Cross-partner...
  -- care transition system and tools
  -- clinical tools (Braden Scale)
  -- communication tools (including care transitions)
  -- action planning
  -- team meetings and assessment and management
• Facilitates “clinical pathway.”

Gold STAMP Fitting the Major Trends

(Gold STAMP specific design elements sync with new model designs, continued)

• Cross-partner staff trained in skill-set; also, points of contact and leadership designations (“coach”, “champion”), further facilitating collaboration and management.
• Evidenced-based approach, quality and value outcome.

Gold STAMP Fitting the Major Trends

Gold STAMP core design elements sync with and can advance provider participation into new models and reforms, like DSRIP, Value Based Payment, bundles, managed care, and other, which are driving the system and the future of payment, and are built on:

• Triple Aim: better care, better value, healthier communities
• Shift to community-based care, wherever possible and appropriate
• Evidenced-based
• Collaborative care
• Cost control/reduction, particularly aimed at high risk/high use/high cost conditions
• Focus on quality, outcome, measured performance, consumer experience and satisfaction
Gold STAMP Fitting the Major Trends

- Gold STAMP is a perfect prototype for the new collaboration-focused system, and fits the ideal traits sought by system partners, public officials, and consumers.
- Gold STAMP provides home care agencies with a ready model to approach health plans, hospitals and other partners with a proven means of pursuing priority goals -- e.g., reduction in hospitalization, rehospitalization, emergency room use, reduction in cost; improvement in patient and population health.

More Reasons to Consider Gold STAMP

- Gold STAMP is a model the state believes in and incorporated into its Medicaid Redesign plan by its demonstration of Medicaid savings, improved patient outcomes, and lasting collaborative relationships.
- Most recently, in identifying priority areas for health workforce training, Gold STAMP has been recommended as a training area under the state’s $245 million workforce centers of excellence proposal currently being finalized by DOH.

More Reasons to Consider Gold STAMP

- Implementing Gold STAMP provides a means of distinguishing your agency in the new marketplace, demonstrating performance in key areas where quality, cost, utilization and outcome can be materially affected.
- Establishes in your agency a program template -- a "scaffold" -- upon which you can build for application to other health conditions, and for additional collaborative initiatives with your Gold STAMP hospital, nursing home and physician partners.
More Reasons to Consider Gold STAMP

- The Gold STAMP homepage [www.goldstamp.org](http://www.goldstamp.org) contains innumerable resources, toolkits, webinar library and other sources of guidance to help home care agencies to launch or to further their pressure injury programs.

HCA Gold STAMP Promotion

- HCA is an active member of the State Gold STAMP Collaborative Coordinating Committee.
- HCA has recommended Gold STAMP funding for home care agencies and personnel.
- HCA has featured Gold STAMP in statewide webinars we have conducted, in our annual statewide quality symposia, in our quality committee, and legislation we have written.
- Currently, Senator Hannon and Assemblyman Gottfried have introduced HCA-developed quality innovation legislation S.7810/A.10696 that would support home care pressure injury prevention/management programing initiatives.

Gold STAMP

Quality and Value Model in Nursing Homes
Why Is Gold STAMP Important to SNF

- Quality of Care
- Quality of Life
- Structure for developing and maintaining an effective Skin Care Program
- Evidenced Based Practice
- Competencies of Clinical Staff
- Developing expertise
- Continuing Education on Successful Prevention and Treatment Modalities

How Does NYS Compare to National Benchmarks Overtime.....

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How Does NYS Compare to National Benchmarks

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<td>5.7%</td>
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Resident Safety Concern Drivers

- Adverse event
- Pain
- Immobility
- Infections
- Hospitalizations
- Dignity

Gold STAMP is a Resource......

1. CMS' New Requirements of Participation
   - Professional clinical care: assessment, treatment and evaluation
   - Competencies
   - Care planning using evidenced based protocols
   - Preventing unintended consequences/nosocomial outcomes
   - QAPI program: Measuring your facility against the benchmark

Gold STAMP is a Resource......

2. Value Based Purchasing
3. 5-Star Rating
4. Nursing Home Quality Initiative
5. DSRIP Projects
6. Managed Care Partnerships
7. CMS SNF Quality Reporting Program (QRP) - pressure ulcer measure/Medicare spending per beneficiary
Gold STAMP Can Position Your SNF For Success

- Sharing Resources
- Online learning
- Partnering with colleagues in all setting
- Communicating effectively as patients transition across settings
- Utilizing common assessment tools, staging processes and treatment protocols
- Provides a framework for future cross-setting collaborations

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Wrap-up

- Gold STAMP webinar series
- Previous educational activities
- Resources
  - goldstamp@albany.edu
Questions

[Image: www.goldstamp.org]

Evaluation and Post-test

Click here to fill out the evaluation and post-test for free continuing education credits.

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