Moderator Rachel Breidster: Hello and welcome to Public Health Live!, the Thursday breakfast broadcast. I am Rachel Breidster, and I’ll be your moderator today. Before we get started I ask that you please fill out your online evaluations at the close of today’s broadcast. Continuing education credits are available after we continue our short post-test, and your feedback is helpful in planning future programs. We encourage you to let us know what topics are of interest to you, and how we can best meet your needs. As for today’s program, we will be taking your questions throughout the hour by phone. Our toll free number is 1-800-452-0662, or you can send us written questions, throughout the hour at phlive.ny@gmail.com. Today's program is Gold STAMP: Pressure Ulcer Reduction In New York State. Our guests are Shelley Glock, the Deputy Director of the New York State Department of Health Division of Nursing Homes and ICF/IID Surveillance; Debora LaBarron, the Senior Director of Continuing Care at the Healthcare Association of New York State; and Nancy Leveille, the Senior Director of the Member Operational Support at the New York State Health Facilities Association, who are here with me now. Joining us for the second half of the program will be Jen Pettis, a Gold STAMP Coach. Thank you for being here, we're excited for the show today.

Speakers: Thanks for having us.

M: So before we get started, let me just talk to you, Shelley, and ask, what is Gold STAMP? Talk to us a little bit about what Gold STAMP is.

Shelley Glock: It is a coalition of organizations that are convened in New York State to provide resources in education across the continuum of care to improve the assessment, management and prevention of pressure ulcers. Current goals of Gold STAMP include: to promote and provide information, education, and standardized practice for the pressure ulcer assessment management and prevention, and this is across the continuum of care; the second goal is to promote collaboration and communication within and throughout the continuum, and to engage other stakeholders related to pressure ulcer management assessment and prevention; a third very important goal is also to provide strategic direction and support for pressure ulcer performance improvement; and finally, a goal of Gold STAMP is to promote and expand engagement of those continuum of care providers—such as hospitals, nursing home, and homecare agencies—in the Gold STAMP principles. We're looking to promote and expand engagement of physicians and other advanced health care clinicians.

M: Excellent, thank you. That's very helpful for setting the stage. And now let's take a minute to hear from Elizabeth Misa, the Medicaid Deputy Director for the New York State Department of Health.

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Elizabeth Misa: Good morning, and thank you for joining us today. I am Elizabeth Misa, Medicaid Deputy Director for the New York State Department of Health. Today we will highlight New York State's enormously successful Gold STAMP program to reduce pressure ulcers. Pressure ulcers are among the
five most common problems experienced by patients, and residents in health care facilities. Funded through Governor Cuomo's Medicaid Redesign Team Initiative, since 2011, the Gold STAMP—also known as success through the assessment, management, and prevention program—utilizes a cross setting provider association in community partnership model to build regional level collaboration among hospitals, nursing homes, and homecare agencies, with a goal of reducing the incidents and improving the treatment of pressure ulcers in New York State. Gold STAMP’s principles are directly aligned with the key theme of the department’s Delivery System Reform Incentive Payment (DSRIP) program, and our proof positive of partnership and collaboration. In 2011, the pressure ulcer rate among high risk residents in nursing homes, in New York State, was 14.2%. Through the Gold STAMP effort by 2014, that rate in nursing homes decreased dramatically to 7.6%. Based upon New York State’s Medicaid claim information, between 2010 and 2014, there was an 8% decrease in the number of nursing home residents with a primary diagnosis of pressure ulcers, a 72% decrease among patients in home care agencies, and 38% decrease among hospital patients. This translates into over $67 million in Medicaid savings—more important, however, is the impact Gold STAMP has on residents, and patient’s quality of life by reducing unnecessary pain and suffering as well as the life-threatening complications of pressure ulcers. These results are extraordinary and made possible through the leadership and hard work of those hospitals, nursing homes, and home care agencies who volunteer to be a part of the solution to this very important patient and resident safety issue. The Department of Health is committed to sustaining and expanding in the Gold STAMP program to achieve even greater success in the future. Today's webcast will examine the Gold STAMP model, highlight its successes, and provide resources to help hospitals, nursing homes, and home care agencies across New York State, who are not already involved, to join the effort. Thank you.

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M: Certainly sounds like some terrific work is going on with the Gold STAMP program. Can you talk to us a little bit about why is the program like Gold STAMP needed?

SG: Well, pressure ulcers are a major patient safety issue. They are among the five most common problems that are experienced by patients in the health care facilities. Pressure ulcers result in high cost. They are high volume preventable adverse events, and as Liz (Elizabeth) mentioned, they're very important. Pressure ulcers affect quality of life, and that's a very important point to make—they cause pain, reduce mobility, and the inhibit one's overall feeling of well-being. New York State is committed to improving the New York State average quality measure of rate of high-risk pressure ulcers. And it's important to note that this initiative to reduce the pressure ulcers is a shared goal between the federal, state, provider associations, and individual provider partners.
M: So there's definitely a need to address, I mean, if it's an issue of quality of life and patient comfort, patient care, definitely something we want to be working on. I understand that Gold STAMP is a product of a partnership of several different organizations that are working towards the same goal. Can you speak about that a little bit?

SG: Yeah, such right, Rachel, pressure ulcers are a shared responsibility. And we brought partners together from across the continuum to work on this very important clinical issue of not only reducing pressure ulcers, but improving skin care in New York State. Gold STAMP was found to be effective in improving the assessment, management, and the prevention of pressure ulcers across the continuum. And the model can be a resource for application in other areas, which would be consistent with the Medicaid Redesign Team activities, the New York State Health Innovation Plan, and the Delivery System Reform Incentive Payment Plan (DSRIP) program—among others—to achieve the triple aim goals of better health for populations, better care for individuals, and lower cost through improvement.

M: Excellent. Now we know that Gold STAMP is a coalition of several organizations that have this common purpose. Deb, I'm going to turn to you. As one of our Gold STAMP partners, you represent the Health Care Association of New York State, can you tell us how the partnership began.

DL: Sure, thank you, Rachel. Essentially what happened was back in 2008, there was a core group of people—stakeholders—that came together and identified that we had a real issue with pressure ulcers in nursing homes. However, we also understood that this was a cross setting issue that there wasn't going to be a lot of improvement in pressure ulcers in nursing homes unless we also brought together other providers across the continuum, like hospitals and home care agencies. So what we did was we came together, we identified that this was a problem, and then what we did was invited stakeholders from across the continuum to come together and work on this issue—provider associations, the State Department of Health was certainly there, other quality improvement organizations were there—and we started to really work on what this issue was. We kind of split into two groups based really on funding resources. So there was a group of provider associations that really were able to secure a grant to work on some of this issue, and then there were also some appropriations in state budgets so the department could also work on a parallel path on pressure ulcers as well.

M: So, it certainly seems like in your point, it's not going to happen without engaging multiple people, point well taken. So, how are those partnerships convened or how are they coordinated to make things actually happen?
DL: Well, as I said, we had a core group, and we pulled together those major stakeholders, and really developed a steering committee kind of approach. That steering committee was advising what the path really should be with the initiative, and then we engaged all of the other stakeholders and identified that they had other assets and value to bring to the project as well. So then we kind of divided up what that was, and as I had said, based on funding sources, the New York State Health Facility's Association was able to secure a grant that the providers associations used. We also secured some budget money for our appropriations for the Department of Health also working on this.

M: Certainly a very organized effort. Now can you tell us a little bit about the principles of Gold STAMP?

DL: Essentially, it’s based on what the core principles are for quality improvement with a specificity for skin care. Certainly one of the things that we really needed to achieve with all of those different settings involved, in this was an idea of promotion of collaboration, and improved communication; because without that people were operating in isolation, and not sharing information—especially patient information—on patient transitions of care. And that was a major, major issue. The other thing was that we wanted to have this based and evidenced information and research. So, that kind of feature was also very important for us in order to put this into the project. And the other thing was to really standardize quality improvement processes across all of those three settings—that's something that is fundamental and really helps people connect in terms of a collaborative effort.

M: Absolutely. Now, how are the collaborative effective in assessing, managing, and preventing—ultimately—pressure ulcers?

DL: Well, really they apply those core principles. We made them universal enough and standardized so that they apply specifically to each one of the settings. So this wasn’t something that was foreign each one of the settings, and they brought together and were able to apply those different core principles, specific to what they were doing. Some of the tools we developed for the process for Gold STAMP included a improved an assessment, taking that quality improvement process in a general kind of way, and identifying the different elements that apply specifically to pressure ulcers. So that each one of the settings could take that self-assessment and really look at what their own internal processes were, and really lay them up against standardized quality of improvement process was. This identified gaps for each one of those settings, helped them to also identify where their strengths were, and things that they could build on. And as the different settings came together in a collaboration, then they would look at what the common elements were and the common gaps that they had and really be able to identify a joint action plan to work on.
**M:** Excellent. Now that provides a really good perspective on how the collaborative function, can you talk about the Gold STAMP coach.

**DL:** Sure. We found that this is one of the fundamental principles really, the lynch pin of what the project was about. What the coaches really do is provide subjective third party to the process, if you will, and their functions really worked on building on helping people work through the process, and on helping them work through some of the dynamics of group work, if you will, and really come together as a cohesive element. We’re also looking for them to establish a report with the group. We’re also looking for them to help the group—though they’re coming from different settings really build consensus around with their action plan is, around what their steps are. So that what they do is they focus on a common goal or common objective. They identify individually what they can go back to their own setting and do, and achieve, and then contribute to what that overall goal is.

**M:** Excellent. I have to say, I mean, you guys made the case for why this is important, but hearing you describe how it’s all come about, it certainly sounds like a lot of work and effort and planning went into making this a very effective process.

**DL:** Absolutely.

**M:** Now to give viewers a better idea of how the collaborative work. We recently visited the Michaud Residential Health Services in Fulton, New York, part of Oswego county initiative. We spoke with Mary Costigan and Melinda Ford-Prior about their experience as a Gold STAMP collaborative. Let’s take a look.

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**Mary Costigan:** Before Gold STAMP, our facility was okay with our pressure sore prevalence. Everybody has a room for improvement, and of course everybody wants 0%. We were at 1%. So we didn’t think how much we were going to gain from this initiative, but then after Gold STAMP, we ended up going down to .2% prevalence of in-house acquired. So dealing with the Gold STAMP initiative, we brought every discipline together. wasn’t just a nursing thing, we needed the collaborative approach. From the nursing facility standpoint, we got dietary, social work, activities, therapy, so we truly made it an interdisciplinary intervention because all of those different personalities and the different ways of thinking, truly is what helped our initiative.

**Melinda Ford-Prior:** The positive of working with the Gold STAMP collaborative was the networking with other facilities in the area as well as finding best practices that they have and we have, and the
continuation of collaboration with each other. The most unusual tool is the “Pocket Guide to Pressure Ulcers”. I was able to give each of our medication nurses one of the packet tools as well as the RNs and nursing supervisors, and whenever a skin issue does arise, we reference that pocket tool. It has pictures, it has descriptions, and it does tell us what stage of each wound is. So we use it very frequently in the facility.

**MC:** Our involvement with Gold STAMP has improved our cross setting transfers in such that we had a transfer form that everybody used, but silly enough, it never had skin transfer forms, so we truly couldn’t communicate back and forth with what was coming from the hospitals or coming from our area.

**MFP:** Another useful tool we started using upon entering into the Gold STAMP collaboration was the Braden scale. Before the Braden scale, we had our own skin assessment tool but we went to the Braden scale to be on the national level of the assessment tool, and we found it to be very useful and very easy as a learning tool. The policies and procedures that we did change with the Gold STAMP’s collaboration was that we found that we were not taking credit for what we were actually doing as an interdisciplinary team with our skin. So what we do is we meet every week to go over every skin issue in the facility, and we get interdisciplinary team approach. So now, we actually have a sign-in sheet and we write a note in the chart of what the interdisciplinary team did discuss and use that as a tool to improve the quality of care for the skin of the residents.

**MC:** the advice I have for anyone interested in joining the collaborative is that there is a wealth of information on goldstamp.org. We have used that multiple times as the nursing staff has had questions, as a resource. Also, the initiative has CEUs for nurses that they can take for credits. And this collaboration has not ended just because of the time with the Gold STAMP has ended. The collaborations will continue. We meet with everybody once a month at the hospital, and we work with areas of skin or infection control. Whatever the public health issues that are going on in our community. So this has been just a great form of really networking and working together for all the needs of our community.

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**M:** Certainly sounds like they’re doing great work out there in Oswego, and now Nancy, your organization, the New York State Health Facility Association is another Gold STAMP partner. And we’re looking forward to hearing from your perspective today. Can you tell us how many collaborative have been established in New York State?

**Nancy Leveille:** Up to this point, we have 20 collaborative all across New York State. The New York State Health Foundation is the organization that sponsored our grand funded project. And what they did is they provided a two-year time frame for us to develop six collaborative across New York State. And we started with the Northeast region, the Northern metro, New York City, and Long Island and established six collaborative there, where the MRT in their phase one started about the same time, and they started with four collaborative in Western, Central, and the Mid-Hudson region. After that, what we did was the MRT continued in their phase, they went, as I mentioned the first phase they went into phase two
through four, creating collaborative each year as they went along. And they added regions of the state that we are looking to fill in. So they added a north country collaborative up in Plattsburg, and more in Western Central and the Northern metro areas of New York City.

**M:** So, can you tell us a little bit more about where the other Gold STAMP collaborative are located.

**NL:** Well, you can see that they, with the grant funded one, we really had gone from the areas that I just mentioned. The MRT, filled in those gaps. So then we actually have had 20 collaborative all the way through Western New York–Niagara Falls, Buffalo, Rochester, Syracuse, Oswego–all across, Albany, and down to down state in the Mid-Hudson and all the way out to both counties of Long Island.

**M:** Excellent. Now, you explained there are two different types of collaborative. How were the collaborative established under the Medicaid Redesign team different from those that were established through the New York State Health Foundation?

**NL:** Well, I’d really like to talk about what the similarities are first, because our overall goal was to have the collaborative really work in the same fashion as much as we can. So you heard with the other presenters and they all used evidence-based tools for assessment, treatment, and evaluation. They also use tooled that we developed as Gold STAMP team for how to conduct business, how the structure of the collaborative would be, and also what other tools they would use to conduct their meetings. As you've heard already about the coaches, we wanted to have a similar coach-based model so everybody would have some type of a coach. And with the coaches, we use the same criteria for selection of coaches, training methods for coaches, and also provided office hours for coaches to assist them as they were working with the team. So the project directors work behind them to assist them as they went through. Each collaborative had to have a hospital, nursing home, and home care agency to be able to be part of the collaborative. And they had all to have a good method of measuring the pressure ulcer rates from baseline and ongoing progress. We provided continuing education, so both groups developed education and we used education developed from end, the MRT, or grant funded project for all of them. We were creating websites to house our materials at the beginning. So we developed websites that were open to both groups to use.

**M:** Certainly a lot of similarities between the groups. Now since each one was a unique collaborative, I imagine there were some differences as well?

**NL:** Well there were some differences in terms of how the New York State Health Foundation grant worked and how the MRT grant worked. So the New York State Health Foundation grant was a two-year grant to start six collaborative, all at the same time. So we measured their progress all, that we started at the same time, we had different milestones for them over the years. With that grant as well, we provided 18 in-person coach facilitated meetings. So we could monitor those on a regular basis, and
again, we had certain time marks we wanted them to achieve. The MRT, as you could see, they phased them in. Their model was more of a one-year model, and they staggered them. They staggered them over four years, but that kept the momentum going as well which was good. Their coaching method, they changed that a little bit over time, at the beginning, it was mostly coaching via webinars, then added in virtual meetings with the teams. As the two groups, grant funded and MRT, were talking at the steering committee, we realized that maybe some teams, some collaborative needed more in-person coaching. And so as time went on, the MRT used all three methods and added a little more in-person coaching.

**M:** Excellent. Now given all of these different efforts and the responsiveness to different collaborative needs, can you tell what you say some of the outcomes of the grant project were and how they were linked with the Medicaid Redesign team efforts.

**NL:** The outcomes were really great. I mean overall goal was to reduce the pressure ulcer rate in the continuum of care. We did that. we wanted to bring hospitals, nursing homes, and home care agencies together. People said they'll never do that, we said yes, they will, and they did that. As you heard from the Oswego, they used evidence-based tools. So we have them all use the Braden scale for assessment, and we had them all use some type of communication tool to use across the continuum. The coaching outcome was successful on all ends. The coaches weren't sure how it was going to go. They were happy with it. The teams were able to build the structure we hoped they could and be able to move on. We also tested all types of sizes and shapes of collaborative. We had small, very small collaborative, one of each organization, and we had a very large collaborative that was a regional one that had about 30 organizations in it. We had them in urban, rural, and suburban areas, and each one of them was successful in being able to accomplish their goals. We also, our work plans on both the grand and MRT projects had work plans. We were able to achieve our goals in that. Sometimes we exceeded it. In the grant funded one, we were estimating we have 18 organizations, participating in our six collaborative. We had about 40.

**M:** Excellent, so clearly a very successful collection of efforts in meeting and exceeding many of the goals. Now, of all the lessons learned through the collaborative, what would you say is the most important?

**NL:** I think we had to be flexible, and we had to move with where the teams were going, they each have their own unique culture. We had to be flexible helping them. We planned some early education that was standard for everybody. But then we decided we really needed to plan education based on their specific needs. So we got input from the teams and the coaches to see what they needed. We also learned that we needed two leaders per collaborative to help with the stainability for turnover. And we had invited the nurses to be part of this and be active in each collaborative—they were vital to it. So we learned that their expertise was a dramatic help for all of them.
M: Excellent. Now Shelley, back to you for a minute, we heard the welcome clip and the extraordinary results that have been achieved in reducing pressure ulcers. Can you provide more details on some of the successes of the Gold STAMP program?

SG: I'd be happy to. According to CMF, according to those data, New York State has reduced its high-risk pressure ulcer rate from a high of 14.2% in 2010, which was prior to Gold STAMP activity to a low of 7.6% in 2014. 2014 national rate is 6%. so we continue to work on moving the New York State rate pressure ulcer rate down even further.

M: Certainly, even with that, I mean that's some pretty dramatic change we've seen, that's great work. Now the impact of decreasing those pressure ulcers on the quality of care and the patient's comfort level is clear. How does that translate into dollars?

SG: Well Medicaid claim information demonstrates that between 2010 and 2014, there was an 8% decrease in the number of nursing home residents with a primary diagnosis of pressure ulcers.73% decrease among patients in home care agencies, and a 38% decrease among hospital patients. This translates into over $67 million in Medicaid savings for that time period.

M: Certainly nothing to gloss over, these are really significant numbers in every sense of the word. Now, here we are in 2015, what is Gold STAMP look like now and moving forward?

SG: Well, in 2013, discreet New York State Health Foundation and also the MRT activities of Gold STAMP partners were consolidated into a broad functional structure, which allows for the collaborative development of an ideal Gold STAMP model. So Gold STAMP activities are now guided by a smaller, carefully focused coordinating committee, and our work is continuing in 2015 and 2016 with the goal of achieving even greater success.

M: And what organizations are part of the broad functional structure that's guiding the whole Gold STAMP program or process?

SG: Well, as we have been talking about today, the continuum of care partners were important. So the Gold STAMP coordinating committee is a cross-reference in patients of hospitals, nursing homes, and homercare partners throughout New York State, and these include: the Continuing Care Leadership Coalition from Greater New York Hospital Association; the Foundation for Quality Care from the New York State Health Facility's association; the Healthcare Association of New York State (NYSFHA), the Home Care Association of New York State (HCANYS); as well as the Island Care Review Organization
meet the following improving organizations for New York State; LeadingAge New York, New York State Department of Health, Senior Health Consulting as well as SUNY at Albany School of Public Health.

**M:** Some really great results have been achieved. Certainly it was achieved with the help of many people getting involved I think is a key message to drive home here. Now we have just a couple of questions from the audience. The first that came in was when developing the goals for this program, what were the key things you were thinking about as you formed the coordinating committee?

**DL:** I think probably what we really wanted to make sure that we did was include all of the different provider settings across the continuum. As we stated earlier, we didn't, we knew that we couldn't really affect change about pressure ulcers in nursing homes without that collaboration. We had been trying for many years to expect some kind of a decline and it wasn't working. So pulling in the other settings of care, hospitals and home care really consolidated what the approach was and really got all of those different settings focused on what the improvement was. So that was a big part of it. The other part of it, I think, was the collaboration as well as the communication. One of the things that we had consistently heard was from each of the settings was that they were having trouble getting information from another setting of care when there were patient transitions, there was a lot of inconsistency in terms of what internal processes were. We'll hear later about some of the tools that were put into effect in some of those settings because up to that point. They hadn't been focused on a lot of the standardized evidence-based tools. So those were some of the real key elements that we wanted to include in the project.

**M:** Excellent. Thank you. Now, we also visited with Mary-Allen Dziarcak, from the Daughter's of Sarah, senior community in Albany, New York, which is a long-term care facility that's part of the Albany Capitol Region collaborative. Let's look.

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**Mary-Allen Dziarcak:** We chose to get involved with Gold STAMP because it was a good project, a good collaborative, a great way of networking with the nursing homes and the home care facilities around the capitol region. And we knew of some of the folks that were going to be in it and we decided it was going to be a good project to become part of. The collaborative starting in 2011, half way or partly through that, there was a group of nursing homes and hospitals that became one. And they had their own set of obstacles. So to overcome that, we just decided we're going to put that aside and try to work with them and help them with their, with their problems mostly were technical, mostly were the computers speaking to each other, and they had it developed form so we tried to work together and use the same form to transfer our residents to the other cross settings facilities. The tool that was the most important and useful tool was the resource guide because it did have a lot of educational information that we could use and educate our staff with. Also, we used assessment, needs assessment tool to see within our organization what was needed to make ourselves a little bit more competitive, more up to where
we should be. The improvements I’d seen after working with the Gold STAMP collaborative, we have educated the staff to the pressure ulcer prevention measures to begin sooner, to begin at the time of admission and to start the treatments quicker so that the prevention can begin or the healing can begin, and it really has made a huge difference on admissions, our staff will get the proper mattresses, get the proper seat cushions, start the treatments right away—and I think that has made a huge difference. My advice to an organization beginning to form a collaborative would be to start with a needs assessment tool, and really look at the organization itself, your organization, and make sure that the components and the needs assessment are part of your organizations functioning. It asks any questions and it really guides you through what your organization should do for prevention of pressure ulcers. The other thing I would say is just to be patient with each other and try to use your collaborative as networking tool. That really, really helps us network with each other in the nursing home, the home care setting, and the hospitals.

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M: So Jen Pettis one of our Gold STAMP coaches, welcome to the show. Now, one of the things we’re going to have you talk about here for the second half of the program is the online resource tool kit that was developed. So can you start by telling us the purpose of the tool kit?

Jen Pettis: Sure, we’ve heard already about the importance of collaboration communication across the care continuum, and the tool kit is really designed to help, help communities, help providers within communities to build regional level collaboration and to improve communication between providers and to allow them to establish the Gold STAMP collaborative in their area. It provides resources and education to improve the assessment, management, and prevention of pressure ulcers, and it provided new collaborative with all the Gold STAMP tools that they need completely free of charge to successfully launch and importantly sustain their collaborative to improve pressure ulcers.

M: Now, what specifically is included in the tool kit?

JP: Well, there’s really three main categories of resources. There’s resources and tools to assist those newly formed collaborative as they implement Gold STAMP, and most of those tools, many have corresponding webinars that can guide the new members through the use of the tools—educational programming that’s designed to heighten the awareness of the health care workers, of evidence-based approaches to prevent and manage pressure ulcers.

M: Now would you walk us through what is included specifically in the tool kit. Starting with the printed materials, the patient and family—for sure.
JP: Sure. The resources that are included for printing, printed materials include a map that shows all of the areas with a collaborative exist and talks about what phase that they started in. And really details their locations. So there's also instructions for the use of the tool kit, and those include a statement of its purpose. They talked about content, and give suggestions for providers on how they might want to the use those tools. The patient and family brochure is one of the resources that we're really most proud of. It's designed to help patients and their loved ones better understand the importance of good skin care to understand the risk of, the risks that exist that place them at risk for pressure ulcers, and to help them understand how they can, can hopefully eliminate or at least lessen the impact of those risk factors. The brochure is great in that it's really, like all the Gold STAMP tools are designed to be used in any health care setting. So regardless of where that provider is lurking at the packet and taking that brochure and share it with patients and the patient's families so they can really understand the importance of that good skin care and hopefully, the patient and family can become a partner in their prevention efforts and hopefully prevents pressure ulcers.

M: Excellent. Now we also have meeting forms, can you talk about those?

JP: Sure. Well overwhelmingly, there are eight sections in that gold stamp tool kit, and the meeting forms are really tools that help the newly formed collaborative to run the mechanics of the meeting. There's a webinar that one of our Gold STAMP coaches has developed, and that describes thousand build a collaborative and also reviews the meeting elements and the tools that are going to be helpful to support those collaborative meetings, and then there's tools like an agenda template, meeting minutes template and attendance sheet, and there's a great document titled meeting assistance. And that's asking the detailed every one that could be involved in the Gold STAMP, the different roles that are set up for the Gold STAMP, including the roles for folks at meetings to really make that simplify the process of running a meeting and the mechanics of the meeting.

M: Now, in addition to those tools, we also have the gold stamp program pressure ulcer resource guide and there are additional resources to help users familiarize themselves with it, can you talk about that?

JP: Sure, the resource guide is something that really has been worked on from the beginning of Gold STAMP, and I think it is one of the most valuable tools in all of the tools that are there. It's resources and tools that are organized by particular domains. They are available by electronic links. It's really an easy to read, almost a table that was organized by domain. Some of the domains include case management, treatment, communication and care transitions. We heard from debbie and nancy earlier, the portion of that communication among care transitions. There's a lot of tools to support regional, and local efforts related to that. There's information about performance management and measurement and quality improvement, like many of the tools, there's a webinar to help familiarize potential users of that tool kit. And the resource guide, the webinar will help it walk them through that and help them understand how they can most effectively use those tools in order to support their organization and collaborative Gold STAMP activities.
M: Excellent. The next item is the self-assessment. Now can you talk about what is the role that a self-assessment plays in an organization's quality improvement process as it relates to pressure ulcers?

JP: Absolutely! The self-assessments are perhaps one of my favorite parts of the Gold STAMP tool kit. When I heard from the folks at Masahd, we heard about the efforts that they recognized that were opportunities to improve their processes related to what they had discovered through the self-assessment. They identified an opportunity to use that Braden scale that they talked about. They identified that they were using a standardized tool. The organizational self-assessment is going to be one of those very first tools that an organization, whether that's a facility or whether it's a home care agency, hospital, wherever that might be, the team will come together and they'll do that self-assessment together. Wnd to me, that's a key component of self-assessment. It's important to understand from the front line staff and to understand from the leadership perspective, from perhaps patient or resident perspective to understand those and the tool kit includes the organizational self-assessment and an educational self-assessment with the organizational self-assessment in particular, it's used to examine 15 key areas that relate to pressure ulcer prevention and management. There's a webinar that will help the participants use that tool effectively. Part of that webinar is getting additional questions for investigation so they'll look to, through those kind of sub-questions that are posed in that webinar. They'll be able to pinpoint issues they have that are opportunities for improvement. The educational self-assessment looked primarily at educational programming, resources, and policies and procedures related to that, and the idea is that at the end of completing that educational assessment, they'll identify priorities and opportunities that, to enhance education that's provided for pressure ulcer care. Again, there's a webinar related to that. Both of the webinars will include general strategies within an organization. They give some ideas like use a team-based approach and different things along those lines. That is done to the Gold STAMP process for self-discovery and really understanding your own opportunities for improvement.

M: Excellent. It's great to hear, you clearly are passionate about the subject and it's fantastic. Now one of the things we heard about the communication across care settings. Can you talk about Gold STAMP program tools that will help promote better communication?

JP: Sure, and we did hear again from mashad, and we heard about the communication tool. Many organizations have communication tools, sometimes they differ from the ones that they're receiving or sending facilities are using, but collaboration across that continuum of care is absolutely critical for patient safety—whether we're looking at pressure ulcers or safety in general, we need to know what happened in the setting that we're receiving that person from or that if we're sending someone to another care setting, we need to give them enough information to be able to provide safe care from day one when that patient, and from the moment they arrive with them so there are communication tools that are available in the tool kit, that will really help the collaborative members to be able to come together and perhaps use that communication tool as it is to standardize the communication, and the beauty of the tools is that they can actually take them and perhaps refine them a little bit to better meet the needs of their population and their own community. So it's really, they stand there as those tools are there as templates and opportunities to really customize them to meet their needs. And all of the
tools that are available do highlight the risk of pressure ulcers, the risk status and also the current care of that patient that relates to their skin.

**M:** Now, another thing that's included in the tool kit is the Braden scale. And we heard earlier about switching from one assessment form to the Braden scale, can you talk about why that's included?

**JP:** Sure. International guidelines for pressure ulcer care really highlight the need to use the standardized approach to risk assessment. That standardized approach should always be augmented and refined by the clinical judgment of the person or care team that's providing prevention strategies to that patient or resident, and a solid understanding that those clinicians will have of the risk factors. The Braden scale is one set standardized approach, and when clinicians are trained to use the Braden scale and understand the significance of each and every risk factor that is addressed in it, the really better physician to provide appropriate care to the resident or patient in order to prevent pressure ulcers and to make sure that each, modalities are in place that are really addressing to the underlying risk factors that are identified through their risk assessment. The tool kit does offer several resources related to the Braden scale. Included in that is a webinar that was provided by Braden that addresses the Braden scale and in using those subscales that assist within the Braden scale to really drive prevention approaches. It's a great resource and again, structured approach and using that and understanding those underlying factors is critical to preventing pressure ulcers.

**M:** Now, what about tools that might be available to people using the tool kit related to action plans. Can you talk about that?

**JP:** Sure. The action plans are going to be built by the facility and by the collaborative. So both facility and level action plans will be built and collaborative wide action plans will be built, and those are based on those assessments that we talked about. The action, the assessments are going to help the facility to identify what's most important, what's the biggest opportunity for improvement for them? And then they'll use the templates that are available in the Gold STAMP tool kit for the action plan to begin to build those action plans. There is again a webinar, kind of that virtual coaching that's available in the Gold STAMP tool kit. We heard a lot about the benefits of coaching, and the benefits of that expertise in coaching are available in these webinars that exist in the Gold STAMP tool kit.

**M:** Now the final section of the Gold STAMP program tool kit, sustainability. Can you talk about why that is such an important component?

**JP:** Well, any process improvement or quality improvement project that occurs within the health care organization needs to become woven into the every day fabric of that organization. In order to continue to realize the gains that have been made with that quality improvement. There are tools and webinars in the program tools that focus on sustainability that'll help
collaborative make sure that those processes are long-term and continue to be successful in their organization. Included in the webinar, in the program tools, webinar that focuses on helping organizations uses data to its fullest potential. With using data, the organizations are able to make more informed decisions about opportunities that exist. They're able to monitor their status on an ongoing basis. They're able to understand when there's potentially an evolving problem instead of waiting until someone else tells them there's a problem. So effected use of data is so important, so we learn about that and provide tools about that in the tools that focus on sustainability in the Gold STAMP tool kit.

**M:** Now, perhaps one of the most important questions to ask is if a health care program is watching the show now, and wants to get started, what steps do they take to get things started? What do we do next?

**JP:** That is probably the most important question of the day, and I think first and foremost, don't wait. Capture the excitement of the team, capture the possibilities of the Gold STAMP tool kit, and get started. Identify the partners, whether the partners exist within your town, neighborhood, city, your county, wherever that might be, identify those folks and reach out to those partners, and tell them about Gold STAMP, tell them about what you heard, show them where this public health wise program is available, tell them about goldstamp.org, teach them about the program, and make a plan to get them together, and then, start with that organizational self-assessment. Begin with that self-assessment, looking at honestly looking for opportunities to improve. In my history as a coach, someone came with a perfect self-assessment to me, and I said let's talk about that, and that's when we began to ask those questions that are in that webinar. Those sub-questions to say that's going as well as you think it might be. Honestly, identify opportunities for improvement within the current structure of your processes. Maybe identify things that are working well and build on those. Identify the opportunities for improvement. Complete that educational self-assessment and to identify what's working well in your educational programming—perhaps what barriers exist to making that as positive as it could be—and then develop an action plan. The action plan will help that team and this collaborative to stay on track and to measures their progress, track their progress, and then, the good thing about the action plan is it's unique to your facility, unique to your collaborative, and they can adjust it along the way. It's fluid as they succeed in one area, maybe they change and focus on another. And again, all of the tools that are on goldstamp.org will help the providers to make that happen.

**M:** Excellent. Thank you so much. We have time for just one or two questions from the audience. We have, “the Gold STAMP process and tools are all wonderful, one settings come together to work as a collaborative, do you have any ideas and tips for how someone interested in starting a collaborative should make the first contact with others and have a discussion? Who do they contact in the other settings and what would the first discussion look like?”

**JP:** Well, I think, like Gold STAMP in general, that's going to be very specific based on the organization and based on where they are. Chances are, it's going to be a director of nursing or director of quality improvement, perhaps an administrator, maybe a wound care nurse who's making that initial contact to their colleague, their counterpart in the other setting. I think in order to identify who your partner in the
community may be, the best thing to do is to take a look at who are your most common referral sources and who do you most commonly send your patients or residents to and so who are those folks that you work with often anyway. Perhaps identify if there's already a community-based safety committee or some patient care committee, something along that line, that there may be the opportunity for them to bring Gold STAMP to that team. Perhaps you have a medical director who worked with physicians or as part of a physician group at another organization. Perhaps take a network with the medical director, so I do think look in your area for the commonalities that exist and then reach out to those folks. And begin to tell the success story, and I think part of collaboration is identifying a common ground. To identify that need that exists for everyone. And patient safety and pressure ulcers prevention is a common ground, and I think the beauty of Gold STAMP is this process works with pressure ulcers, and it begins conversation about other areas. I think that's really positive just bringing those folks together, and enhancing that collaboration is going to enhance safety.

M: Excellent. I think we have time for just one more question. How did you determine high-risk residents on your statistics? I'm not sure if this is a question that you can answer on a specifics that were presented earlier. It said Braden scale or MDS risk adjustments or exclusions, do you consider co-morbidities not expressed on the Braden scale.

JP: I can't speak for sure related to the data that were presented. I do believe it was the high-risk quality measure that was presented that was at the state level—he nursing home quality measure. And that is they determine high risk based on MDF data. Some of the high-risk issues that are considered there are mobility—trying to think off the top of my head here! But the quality measure manual is available online. It's on the centers for Medicare and Medicaid services website, so providers can just go to that and they can see all of the statistics for high-risk, or all of the data elements from MDF that lead to the residents being high or low risk.

M: Excellent, we have the speakers that were present earlier today. We can certainly get back to you folks if the question wasn't answered adequately, we can follow up with an e-mail to anyone that we were not able to be address on the show. Jen, I would like to thank you so much for being here today and also would like to thank Shelley Glock, and Debbie LaBarren, and Nancy Lavalle for their presentation with us earlier. And additionally, I would like to thank you for joining us today. Please remember to fill out your online evaluations at the close. Your feedback is always helpful to the development of our programs and continuing education credits are available. To obtain nurse continuing education hours, CME, and CHES credits, learners must visit www.phlive.org and complete an evaluation and a post-test for today's offering. Additional information on upcoming webcasts and public health topics can be found on our Facebook page—like us on Facebook to stay up to date. This broadcast will be available on demand on our website within two weeks of today's show. Please join us for our next webcast on April 16th, focused on reporting, diagnosing, and treating mild brain injury. Thanks for joining us on Public Health Live!