



GOLD STAMP PROGRAM PRESSURE ULCER RESOURCE GUIDE

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Welcome to the New York State Gold STAMP (**S**uccess **T**hrough **A**ssessment, **M**anagement and **P**revention) Program to Reduce Pressure Ulcers (Gold STAMP Program) Resource Guide. The New York State Department of Health (DOH) and other professional and provider organizations across the continuum of care have partnered together within a coalition to develop a comprehensive quality improvement program created to reduce the incidence of facility acquired pressure ulcers and improve the care to patients/residents with pressure ulcers. This is a cross-setting, coordinated initiative providing resources, tools and education to all care settings on a statewide level.

The Gold STAMP Program has aggregated educational resources and tools to support providers across different health care settings with the challenges of pressure ulcers. The resources and tools provided by the Gold STAMP Program include:

- **An organizational self-assessment of the processes of care for pressure ulcers**
- **A guidance document and tools for the assessment, management, and prevention of pressure ulcers**
- **Instructional information on the use of these resources**
- **Strategies and tools to create cross-setting partnerships to improve communication between care settings about prevention and management of pressure ulcers**
- **Steps for development of an Action Plan for pressure ulcer quality improvement efforts**

The Gold STAMP Program Resource Guide presents the vision, goals and methodology of this initiative to reduce the incidence and prevalence of pressure ulcers across the health care continuum. It contains information gathered from research and practice and offers strategies and actions to improve assessment, care management and patient/resident health care outcomes.

We urge organizations to identify your clinical champion(s) for healthy skin and to engage existing cross-setting partners or create new partnerships, internally and externally, to be proactive and collaborative in improving patient/resident care outcomes.

ORGANIZATIONAL PARTNERS

The following organizations have partnered together for the design, development and implementation of the Gold STAMP Program Resource Guide. These organizations represent the hospital, home health, skilled nursing, hospice, assisted living provider settings and other healthcare stakeholders and partnerships across New York State.

CONTINUING CARE LEADERSHIP COALITION	http://www.cclcnyc.org
CENTERS FOR MEDICARE & MEDICAID SERVICES REGION II	http://www.medicare.gov
EMPIRE QUALITY PARTNERSHIP	http://www.empirequality.org
EMPIRE STATE ASSOCIATION OF ASSISTED LIVING	http://www.esaal.org
GREATER NEW YORK HOSPITAL ASSOCIATION	http://www.gnyha.org
GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION	http://www.gnyhcfa.org
HEALTHCARE ASSOCIATION OF NEW YORK STATE	http://www.hanys.org
HOME CARE ASSOCIATION OF NEW YORK STATE	http://www.hcanys.org
HOSPICE AND PALLIATIVE CARE ASSOCIATION OF NEW YORK STATE	http://www.hpcanys.org
IPRO	http://www.ipro.org
KRASNOFF QUALITY MANAGEMENT INSTITUTE (DIVISION OF NORTH SHORE-LIJ HEALTH SYSTEM)	http://www.thekqmi.org
NEW YORK STATE ASSOCIATION OF COUNTIES	http://www.nysac.org
NEW YORK STATE DEPARTMENT OF HEALTH	http://www.health.state.ny.us
NEW YORK ASSOCIATION OF HOMES & SERVICES FOR THE AGING	http://www.nyahsa.org
NEW YORK STATE ASSOCIATION OF HEALTHCARE PROVIDERS	http://www.nyshcp.org
NEW YORK STATE HEALTH FACILITIES ASSOCIATION	http://www.nyshfa.org

GOLD STAMP OVERVIEW

MISSION STATEMENT

The Gold STAMP Program to Reduce Pressure Ulcers in New York State is a coalition of organizations convened to provide resources and education across the continuum of care in New York State to improve the assessment, management, and prevention of pressure ulcers.

GOALS

- Provide information and education across the continuum of care about recommended practices and supporting evidence for pressure ulcer assessment, management, and prevention.
- Promote collaboration and communication within and throughout the continuum of care related to pressure ulcer assessment, management, and prevention.
- Provide strategic direction and support for pressure ulcer performance measurement.

OBJECTIVES

- Establish and distribute an electronic resource guide of recommended practices and tools for the assessment, management, and prevention of pressure ulcers.
 - ❖ Provide these materials for health care providers as well as patients, residents and their families related to pressure ulcers, specifically to address patients/residents who currently have a pressure ulcer and patients/residents who are at risk of developing a pressure ulcer.
 - ❖ Provide tools which enable providers across the continuum of care to conduct assessments of their own organizational processes related to the assessment, management, and prevention of pressure ulcers.
 - ❖ Provide an overview on performance measures as it relates to pressure ulcers (i.e., incidence and prevalence).

- Promote and facilitate communication within and across the continuum of care.
 - ❖ Distribute resources to existing local and regional collaborations focusing on pressure ulcer improvement.
 - ❖ Provide education which promotes recommended practices and supporting evidence for pressure ulcer improvement and communication within and between care settings.
 - ❖ Provide support and strategic direction for utilizing the tools and resources made available by the New York State Gold STAMP Program.

PRESSURE ULCERS – A PATIENT SAFETY ISSUE

The Agency for Health Care Research and Quality (AHRQ) December 3, 2008 report noted that hospitalizations involving patients with pressure ulcers increased by nearly 80% between 1993 and 2006. Furthermore, the length of stay for hospitalizations principally for pressure ulcers was nearly three times longer than hospitalizations with no diagnosis of pressure ulcers (14.1 days versus 5.0 days). In addition, patients with hospital stays related to pressure ulcers were more likely to be discharged to a long term care facility as compared to hospitalizations for all other conditions.

Pressure ulcers are one of the five most common problems experienced by patients in healthcare facilities and are both high cost and high volume adverse events, the majority of which can be prevented. In 2006, the mean cost of treating a patient with the primary diagnosis of pressure ulcers in a hospital was \$1200/day and about 54% of hospitalized patients with a primary or secondary diagnosis of pressure ulcers were discharged to a skilled nursing facility.¹ In a study published in 2008, skilled nursing facility residents', with Stage II pressure ulcers, median healing time was 46 days.² Pressure ulcers negatively impact the patient's quality of life by many times causing pain, reducing mobility, and inhibiting the individual's overall feeling of wellbeing.

Individuals who are most at risk for developing pressure ulcers are those with diabetes, circulatory diseases, diminished mobility, and those with cognitive impairments such as dementia. They include residents in nursing homes, community-based residences such as assisted living and adult care facilities and patients in home care settings, hospitals, and hospice. Each of these settings has an important role to play both in preventing pressure ulcers and effectively treating pressure ulcers when they do occur.

THE REMEDY

There are recommended practices and supporting evidence guidelines to inform practitioner and patient decisions about the assessment, management and treatment of pressure ulcers. Guidelines are intended for the use of professionals who are involved in the care of patients and vulnerable people at risk of developing pressure ulcers, whether they are in a hospital, long term care facility, assisted living, at home or any other setting. The Gold STAMP Program provides resources and education across the continuum of care in New York State to improve the assessment, management and prevention of pressure ulcers.

¹ *NQF: National Voluntary Consensus for Developing a framework for Measuring Quality for Prevention and Management of Pressure Ulcers: April 8, 2009; and AHRQ Statistical Brief #64 Dec.2008

² Journal American Geriatric Society 56: 1252-1258,2008

HOW TO USE THE RESOURCE GUIDE

The Gold STAMP Program Resource Guide is an electronic based repository of recommended practices and supporting evidence for the assessment, management, and prevention of pressure ulcers. The information contained within the Resource Guide is offered to assist organizations in assessment of their current systems and processes and to provide easy access to resources and tools to support cross-setting performance improvement efforts in care and management of pressure ulcers across the health care continuum.

LEADERSHIP AS A KEY COMPONENT IN PRESSURE ULCER PREVENTION AND MANAGEMENT

Senior leaders of health care organizations are charged with developing and communicating the mission, vision, values, ethics and performance goals of the organization. They support a systems based perspective that focuses on safe and effective patient/resident care, positive outcomes, and quality improvement using recommended practices, supporting evidence and best practice approaches.

Pressure ulcer prevention and management programs must be identified as organizational priorities with resources allocated to develop and sustain them. Leaders communicate this commitment to staff and implement systems to support the organizational commitment.

Leaders develop and support an effective pressure ulcer prevention and management program by:

- Identifying, creating and supporting the implementation of consistent, organization wide processes related to pressure ulcer prevention and management.
- Embracing innovation and best practices for excellence in patient/resident centered care.
- Supporting adherence to established policies, procedures, clinical guidelines and regulatory requirements for optimal outcomes.
- Focus on building and sharing knowledge among all members of the interdisciplinary team.
- Evaluating quality improvement programs, benchmarking data, and supporting meaningful responses to data to identify and project trends, modify existing processes.
- Emphasizing the importance of teamwork and interdisciplinary practice using a continuous quality improvement model.
- Assuring that each patient has an individualized plan of care that is implemented and modified as indicated.

- Implementing and support systems for documentation and communication among members of the interdisciplinary team in and across settings.
- Maintaining the commitment and resources to sustain an effective pressure ulcer prevention and management program over time.

Additional resources related to the importance and application of leadership principles is available in the Leadership Domain of the Resource Guide.

ORGANIZATIONAL PROFILE: SELF-ASSESSMENT OF KEY PROCESSES RELATED TO PRESSURE ULCER PREVENTION AND MANAGEMENT

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.

The optimal review process for use of this tool incorporates an interdisciplinary team approach in reviewing your current pressure ulcer policies, procedures and protocols against each of the questions outlined within the tool. The team should consist of the representatives within your organization that are involved in direct care pressure ulcer care management, including but not limited to nursing, dietary, physical therapy, surgical services, and emergency services. 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.

The Gold STAMP Organizational Assessment Tool Crosswalk, provided on the following pages, is offered to assist in identification of the specific domain(s) within the Pressure Ulcer Resource Guide that apply to each of the questions within the Organizational Assessment Tool. Each question from the Organizational Assessment Tool is cross-walked to the Domain(s) within the Resource Guide that provides information, resources and guidance specific to the focus of the topic of the question.

The GoldSTAMP Program Pressure Ulcer Resource Guide will be updated on a quarterly basis. The established criteria for consideration of tools and resources for inclusion into Gold STAMP Program Resource Guide require that the resource less than five years old and have no associated cost for use. Promotional materials for commercial products will not be accepted.

We welcome your feedback on the GoldSTAMP Program Pressure Ulcer Resource Guide and the tools and resources contained within.

**GOLD STAMP ORGANIZATIONAL ASSESSMENT TOOL
CROSSWALK TO PRESSURE ULCER RESOURCE GUIDE**

ORGANIZATIONAL ASSESSMENT TOOL QUESTION	RESOURCE GUIDE DOMAIN
1. Does your organization's policy related to pressure ulcers include the following? a. A statement regarding your organization's commitment to pressure ulcer prevention and management	Care Management Education Regulatory Requirement Leadership
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	Care Management Education Regulatory Requirement
c. A requirement that all consumers receive a comprehensive skin inspection and risk assessment by a registered nurse at regular, set intervals during the time they receive services from your organization	Care Management Education Regulatory requirement
2. Is a standardized risk assessment tool (such as the <i>Braden</i> or <i>Norton</i>) used by the Registered Nurse conducting the risk assessment?	Care Management Education Regulatory Requirement
3. If a change in the consumer's clinical condition is noted, is a skin reassessment and risk assessment completed by a registered nurse?	Care Management Education Regulatory Requirement
4. 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?	Care Management Education Regulatory requirement
5. Does your interdisciplinary team consider and communicate all contributing risk factors not captured on your risk assessment tool as the consumer transitions between nursing units and receiving health care settings outside of your organization, including but not limited to the following: a. Persistent refusal of interventions	Care Management Communications and Care Transitions Education Quality Improvement
b. Nutrition and Hydration status	
c. Medical devices (i.e., oxygen tubing, splints, orthotics, foley catheter tubing, feeding tubes, endotracheal tubes)	
d. Co-morbidities (i.e., PVD, diabetes, end-stage renal disease, obesity, hypotension, anemia hemodynamic instability, prolonged or multiple operations/procedures, intolerance to turning, spinal cord injury)	
e. Bowel and bladder Incontinence	
f. Pain (with nonpharmacological interventions considered and premedication prior to ulcer care emphasized)	
g. Bony deformities (ex. arthritic changes, kyphotic spine, "hammer toe", charcot deformities of the foot)	
6. Are all of the following interventions considered for each consumer as part of a " needs assessment " related to pressure ulcer prevention and management? a. Pressure reduction, off-loading, pressure redistribution, the need for special mattress/seating/footwear positioning devices	Care Management Prevention
b. Frequency of routine inspection of the skin	Care Management Prevention
c. Consults for challenging cases	Care Management
d. Consumer and family education on pressure ulcer risk, prevention and management	Education- Patient & Family

ORGANIZATIONAL ASSESSMENT TOOL QUESTION	RESOURCE GUIDE DOMAIN
7. Do the direct care staff have input into care planning related to pressure ulcer prevention and treatment?	Care Management Education-Staff
8. Does your organization have a policy regarding the identification of pressure ulcer characteristics and is the frequency of this assessment clarified in the policy?	Education-Staff Care Management Regulatory Requirements
9. Does your organization's pressure ulcer tracking and assessment documentation address all of the following characteristics? a. Location (using anatomical sites) b. Stage c. Size (length X width X depth) d. Undermining / tunneling e. Wound bed f. Drainage or type of exudate g. Periwound tissue h. Presence of odor i. Treatment j. Pain	Regulatory Requirements Education-Staff
10. Does your organization have protocols to follow if the wound is found to be non-healing ?	Care Management Education - Staff
11. Do you incorporate current guidelines (i.e., <i>NPUAP, EPUAP, WOCN Guidelines for Pressure Ulcer Prevention and Treatment</i>) into your organization's policies/protocols related to pressure ulcer prevention and treatment?	Care Management Education – Staff Leadership / Organizational Systems Prevention
12. Do you educate newly hired and current interdisciplinary staff on your organization's policies and procedures regarding pressure ulcer prevention and management on an on-going basis?	Care Management Education Prevention Quality Improvement Regulatory Leadership / Organizational Systems
13. Does your organization designate and support a “ Clinical Expert ” to work with the interdisciplinary team to ensure current standards of practice for pressure ulcer prevention and management?	Care Management Certification Education Quality Improvement Regulatory Leadership
14. Is measurement of 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 that process?	Care Management Communication and Care Transitions Education Leadership Quality Improvement
15. Is your facility engaged in a cross-setting collaborative or partnership related to pressure ulcer management and prevention?	Care Management Communication and Care Transitions

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”.
Institute of Medicine

The Organizational Profile: Self-Assessment of Key Processes Tool and the tools and resources incorporated into the Gold STAMP Program Resource Guide will support your organization’s performance improvement efforts targeting pressure ulcer assessment, management and prevention. An integral component in the success and sustainability of these efforts is adoption and application of the Performance Improvement Model, a series of steps that assists in identifying opportunities for improvement and implementing changes to improve patient outcomes. These steps provide a systematic way for providers to conduct an internal assessment to identify changes in care practices, processes and protocols to demonstrate improvement.

CORE STEPS TO PERFORMANCE IMPROVEMENT

❖ Form a Team

Form an interdisciplinary team of people who are involved in directly impacting pressure ulcer assessment, management and prevention. The team will examine clinical care, systems and processes, utilizing the Organizational Profile: Self-Assessment Tool as a guide. Involve direct care staff from different shifts, units, departments and disciplines, as well as the in-service educator and a senior leadership representative. Identify a team leader, team facilitator and members. The team leader will guide the team to achieving the established goals and objectives and keep the team on track, according to the defined action plan. The team facilitator should ideally not be directly involved in pressure ulcer issues so they can remain impartial in the review and discussion and focus on promoting effective group dynamics. The members contribute information, share knowledge and their expertise to drive decision making and change.

❖ Effective Team Strategies

- Use agendas and stick to them
- Assign a recorder for each meeting
- Maintain accurate meeting minutes with distribution to all members of the team
- Focus on fixing problems and not people – no blaming. Use data and the facts to drive solutions
- Create and develop a work plan for the team and review and update it at each meeting

❖ **Define a Clear Aim Statement**

The Aim Statement should clearly define the specific outcome(s) the team wishes to accomplish. The Aim should be clear, realistic, and include measurable performance indicators. The following is an example of an Aim Statement:

To reduce pressure ulcers for all nursing home residents so that:

- *X % will have been assessed at admission*
- *X% of patients at risk for pressure ulcer will have an individualized care plan within 24 hours of admission*

❖ **Establish Measures of Success**

An important component to any performance improvement plan is ongoing internal monitoring to ensure that the plan has been implemented and the changes put into place are effective improvements. In order to perform internal monitoring a plan for collection and utilization of data should be established by the team as one of the initial first steps.

Remember to establish a baseline period (a time point that will be used as the starting point for measurement and will serve as a basis for comparison) as well as a time period for re-measurement. When setting up your measures be sure to include both outcome measures (doing the right things) and process measures (doing things right).

Example Process Measure: % of patients/residents assessed for risk for pressure ulcer upon admission

Example Outcome Measure: % improvement in identifying risk of pressure ulcers upon admission

❖ **Identify and Make Changes That Lead to Improvement**

Utilize the Organizational Profile: Self-Assessment of Key Processes Tool to examine your organization's clinical care systems and processes related to pressure ulcers and to identify those areas that are problematic, lacking and in need of improvement/strengthening. Also remember to identify those areas where you have excellent strategies in place so you can make sure that any of the changes made do not negatively impact those positive areas of care. Brainstorm with your team to determine a list of priority areas you wish to improve and develop a list of those areas making sure you describe specific aspects of care provision for improvement. It is important to make sure you focus on the patient/resident care delivery, not just fixes to documentation methods. Use specific, concrete terms that all clinical staff will understand.

Once you have identified the areas requiring improvement, the Clinical Resource Guide provides important resources, tools and benchmarks to help in defining change concepts. Use of an ongoing, documented Action Plan defining the steps in your improvement process as well as the time line and responsible people for each task is highly recommended. The following tool is offered as a template for this purpose.

ACTION PLAN FOR PRESSURE ULCER QUALITY IMPROVEMENT

- | | | |
|-------------------------|----|----|
| 1. <u>(Facilitator)</u> | 3. | 5. |
| 2. <u>(Team Leader)</u> | 4. | 6. |

Initial Meeting Date _____

1. Findings from Organizational Profile: Self-Assessment of Key Processes Tool:

2. Identified Areas for Improvement (prioritized by level of importance):

3. Identified Strengths in Current Process/System:

4. Aim Statement(s)

- a.
- b.

5. Intervention Actions (Prioritized):

Action	Start	Finish	Person(s)	Monitoring Activity and Frequency
a.				
b.				
c.				
d.				

6. Evaluation:

a. Review of Plan

Date:
Responsible Person(s):
Results:

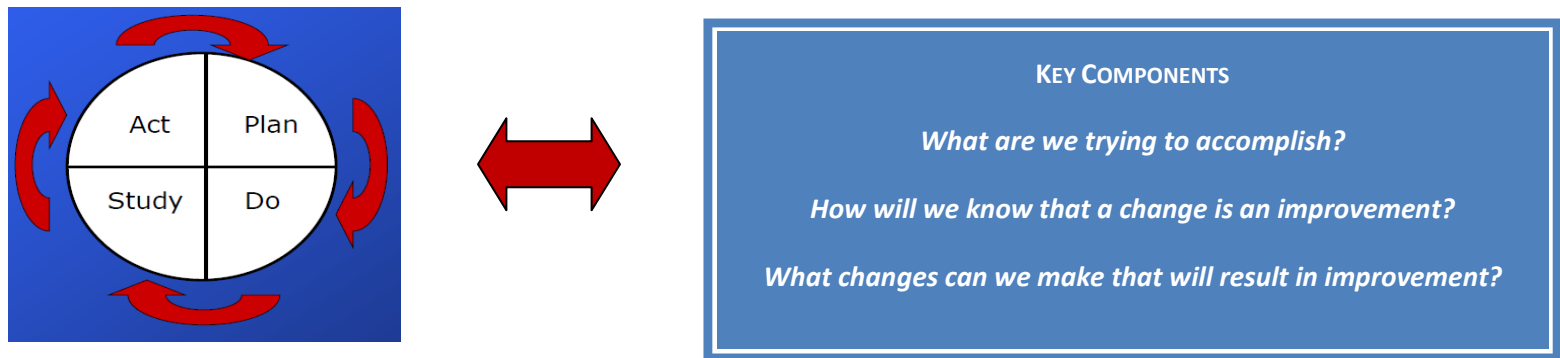
b. Monitoring Activities:

(1) Activity:
Date Completed:
Finding:
Response:

❖ Test and Refine the Changes via **Plan-Do-Study-Act (PDSA)** and Implement the Improvement

Once you have identified your plan and areas for improvement, consider performing a small test of change before implementing your changes facility-wide. This approach is less overwhelming and provides the opportunity to test your changes on a small scale first, document problems and observations (both expected and unexpected) and to collect data on measures to determine the need to revise the changes to the system or protocol in place.

Use of the Plan-Do-Study-Act (PDSA) Cycle is a trial and learning method to test changes on a small scale to determine the impact and outcome of the change.



1. Plan the change

- Who is involved?
- What processes and changes?
- Where will the change take place?
- When will the changes occur?
- How will changes occur?
- Team documents through use of Action Plan

2. Implement the change on a small scale (example: one unit, 1-2 staff members, 1-2 patients)

- Collect data consistently
- Meet with team regularly
- Meet with those carrying out the improvements regularly
- Check for problems needing immediate solution

3. Study the results of the change – did it have the desired impact you expected?

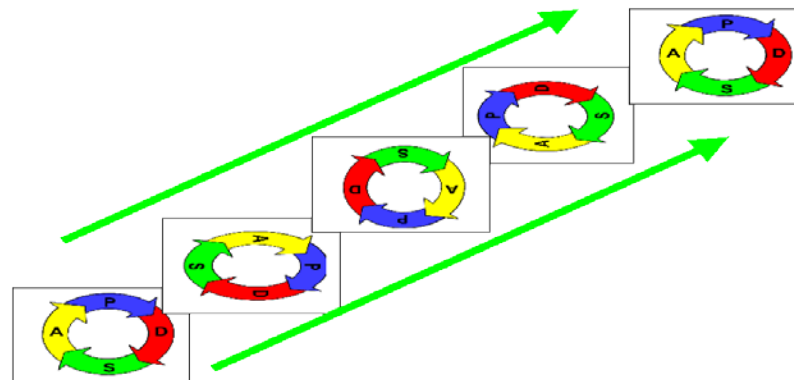
- Is the change working?
- Analyze data
- Use QI tools
- Summarize what was learned
- Barriers & Accomplishments
- Lessons learned

4. Act to refine the change as needed. If the change was successful, implement the change facility wide making sure the change is communicated to the entire staff.

- Act on the knowledge gained
- Overcome barriers
- Incorporate lessons learned
- What changes/improvements can be made?
- Modify the plan? Add to the plan?
- If the change was successful expand it to the rest of the system
- Establish systems to support it

5. The completion of each PDSA Cycle leads directly to the start of a new cycle.

- Incorporate actions from first PDSA cycle into a modified action plan in second PDSA cycle.
- Make a second round of improvements, study the results, act on knowledge gained and start a third PDSA cycle



RESOURCE GUIDE DOMAINS

The Gold STAMP Program resources and tools are provided in an easy-to-read table with electronic links to the Web site housing the resource, organized by the following domains:

❖ **Care Management and Treatment Modalities**

Care management is the ability to provide quality care within an organized framework. This section will provide the user with resources including risk assessment and skin assessment tools to aid organizations in managing care in a proactive manner to prevent, treat and manage pressure ulcers. Treatment of pressure ulcers is based on current standards of practice that are effective based on recommended practices and supporting evidence for pressure ulcer treatment and management. This section will provide the user(s) with guidance based on effective practice(s) to treat and heal pressure ulcers.

❖ **Certification Information**

This domain provides an overview of the requirements and standards for professionals interested in obtaining wound care certification through one or more of the organizations who offer national recognized certification.

❖ **Communication and Care Transitions**

Communication is an essential component to moving quality improvement efforts from performance that is based largely on the effort of dedicated individuals to performance that follows a model of action and is sustained throughout an organization. Likewise, good communication is essential to improve care transitions across settings. Under this domain, Gold STAMP provides a link to a cross-care setting communication tool and implementation guide developed by clinical leaders in the acute and long term care settings in the New York metropolitan region. Additional resources to improve care transitions and reduce pressure ulcers are highlighted, as well as resources to improve overall care transitions in the health care system.

❖ **Documentation**

Consistent, clear documentation policies that are understood and carried out by all staff are essential to ongoing assessment, management and prevention of pressure ulcers. In the current health care environment of pay for performance, quality outcome assessment and liability standards, accurate documentation is an important component to support cross-setting care coordination and management.

❖ **Education**

Education on the current standards of care and guidelines for pressure ulcers needs to be part of ongoing in-service programs for all staff involved in care management. Collaboration with cross-setting partners in care management is essential to improving overall patient/resident outcomes. Standardization of patient/family/caregiver educational tools across the health care continuum will support improved self management skills and potentially impact preventative pressure ulcer occurrences.

❖ **Leadership**

The domain on Leadership recognizes the importance of senior leadership involvement and support as important components in the success of any performance or quality improvement initiative. The most successful organizations achieving pressure ulcer improvement have maintained strong support from senior leadership, in the operational and clinical areas, from planning through execution. The domain provides resources on the role of leadership in any quality improvement initiative, and in preventing and managing pressure ulcers.

❖ **Organizational Systems**

Organizations must emphasize leadership and team building within the organization as well as across health care settings to promote the mission to provide and ensure quality care. This section will provide user(s) to identify, promote and empower leadership to ensure team members possess skills and resources to prevent, manage and treat pressure ulcers.

❖ **Prevention**

Prevention is the key element in reducing complications and promoting cost effectiveness in the development, treatment and management of pressure ulcers. This section is aimed at aiding the user(s) with validated practices and systems to prevent pressure ulcers and ensure those at higher risk for developing same are identified and provided with care across the healthcare continuum to prevent pressure ulcers.

❖ **Quality Improvement & Performance Measurement**

Quality Improvement is the process whereby organizations seek to improve the provision of health care utilizing recommended practices, supporting evidence and statistical analysis. This section will provide the user(s) with guidance in identifying methods of improving the prevention, treatment and management of pressure ulcers based on system structure, process and healthcare consumer outcome.

❖ **Regulatory Information**

Review and knowledge of the regulatory requirements from Medicare and the New York State Department of Health are important to the assessment of your organization's current policies and protocols and the design of strategies to improve internal and cross setting systems for pressure ulcer care management.

The resources and tools highlighted in this section are not all inclusive and may not apply to all patients/residents and/or situations. These resources are provided as a source of guidance only to support investigation for performance improvement efforts. The Gold STAMP Initiative does not endorse any particular vendor /tools.

TIPS FOR CROSS-SETTING PARTNERSHIPS ON PRESSURE ULCER IMPROVEMENT

The following tips developed by the New York State (NYS) Gold STAMP Program – Care Transitions Workgroup can be used to develop cross-setting partnerships focused on pressure ulcer improvement. These tips were based on best practices and cross-setting partnerships presented and discussed at regional Gold STAMP educational sessions.

1. Engage senior administrative and clinical leaders.
2. Foster a dedicated and respected champion who will engage an interdisciplinary team, facilitate staff education and function as an excellent ambassador across settings.
3. Perform a self-assessment within your organization and a joint assessment with partners.
4. Develop clear guidelines with partners for cross-setting activity consistent among organizations' policies.
5. Assess your communication system across settings and standardize pressure ulcer communication to promote efficiency in the transfer process.
6. Plan ongoing education to uphold program competency and sustainability and consider opportunities to invite partners across settings.
7. Set measurable and realistic partnership goals.
8. Award incentives to recognize outstanding staff, unit-level performance, and improved communications across settings.

- 1. ENGAGE SENIOR ADMINISTRATIVE AND CLINICAL LEADERS. SENIOR LEADERSHIP MAY BE NEEDED IN SOME PARTS OF THE CONTINUUM, BUT MAY BE TOO HIGH IN OTHERS. DEPENDING ON CARE SETTING, EXPERTS (E.G., DIRECTORS) ALREADY WORKING ON PRESSURE ULCER IMPROVEMENT MAY NEED TO LEAD. GAINING LEADERSHIP SUPPORT CAN BE THE STRONGEST FOUNDATION FOR A SUCCESSFUL PARTNERSHIP.**
 - Leaders can be instrumental in developing partnerships in the following ways:
 - Setting the tone and level of priority for organizational buy-in.
 - Assisting in the initial outreach to leaders from potential partners, as well as arranging a face-to-face meeting among key members between settings.
 - Facilitating ongoing communication between settings.
 - Consider opportunities to engage the governing body and its key members through a Quality Improvement Committee or other appropriate working group.
 - Project champion(s) may engage senior leadership through:
 - Requests to speak and contribute at related meetings.
 - Sharing data and information on opportunities for quality improvement and cost savings.
 - Invitations to educational sessions.
 - Working with inter-professional team to create or revise policies and procedures based on the current standard of care for preventing and treating pressure ulcers.
 - Regular communications on successes in reducing pressure ulcers or other program improvements.
 - Involvement in wound care rounds.
 - Coordination of presentations by clinical experts and consultants from outside the organization to provide information on financial impact, risks, and legal issues.
 - See the Leadership domain in the Gold STAMP Resource Guide.
- 2. FOSTER A DEDICATED AND RESPECTED CHAMPION WHO WILL ENGAGE AN INTERDISCIPLINARY TEAM, FACILITATE STAFF EDUCATION AND FUNCTION AS AN AMBASSADOR ACROSS SETTINGS.**
 - Engage champions within organizations who are experienced and passionate on pressure ulcer improvement and respected by peers.
 - Recommend co-champions or steering groups to share the responsibility and motivation.
 - Volunteer champions and steering group members who understand the issue, organizational structure and system to accomplish program goals.

- Form an inter-professional steering group with members that bring support from different perspectives.

Key personnel include:

- Administrator
- Nurse leader/wound care specialist
- Primary physician/physician assistant

Other members may include:

- Certified nurse assistant
- Dietician
- Performance/quality improvement leader
- Nurse practitioner
- Physical/occupational therapist
- Pain management specialist
- Recreational therapist
- Pharmacist
- Nurse educator
- Infection preventionist
- Case manager

A Gold STAMP partner may be available for ad hoc meetings.

3. PERFORM A SELF-ASSESSMENT WITHIN YOUR ORGANIZATION AND A JOINT CROSS-SETTING ASSESSMENT WITH PARTNERS. IDENTIFY OPPORTUNITIES FOR IMPROVEMENT TO YOUR ORGANIZATION'S EXISTING PRESSURE ULCER PROGRAM AND UNDERSTAND THE PROGRAM IN PARTNER ORGANIZATIONS ACROSS SETTINGS, TO STANDARDIZE STRUCTURE AND PROCESSES.

- Involve an interdisciplinary core team to identify and implement opportunities for improvements across the continuum of care.
- Collaborate with your primary/transfer organizations to develop partnerships, and expand to additional organizations across settings. Review improvements in the following areas:
 - Roles and responsibilities (e.g., dietician communication with RN/MD on need for supplements)
 - Prevention and treatment options/protocols (e.g., skin protectant, air-fluid therapy, turning and positioning)
 - Use of tools and other resources (e.g., communication tool, Braden scale)
 - Individualized, evolving plan of care
 - Continuing education
 - Compliance monitoring
 - Performance/quality improvement

- Data tracking, measurement, and analysis (e.g., root cause analysis for nosocomial pressure ulcers)
- Reports (e.g., admission rate, incidence rate, prevalence rate) to leadership
- Standardized protocols and treatment used across settings
- Explore ways to share quality improvement processes and best practices.

4. DEVELOP CLEAR GUIDELINES WITH PARTNERS FOR CROSS-SETTING ACTIVITY CONSISTENT AMONG ORGANIZATIONS' POLICIES. CONSULT RESOURCE GUIDE TO DETERMINE PROTOCOLS/STANDARDS THAT FIT YOUR ORGANIZATIONS.

- Include the following activities to achieve effective and efficient practices:
 - Set expectations.
 - Standardize communications.
 - Schedule regular meetings to discuss achievements, opportunities for improvement, and next steps.
 - Indicate key contacts at each setting.
 - Set up an action plan with goals, actions, and timelines.
 - Share information on evidence-based best practices (e.g., invite partners to cross-setting educational programs).

5. ASSESS YOUR COMMUNICATION SYSTEM ACROSS SETTINGS AND STANDARDIZE PRESSURE ULCER COMMUNICATION TO PROMOTE EFFICIENCY IN TRANSFER PROCESS.

- Consider existing communication tools being used in NYS.
- Increase awareness of communication tool and its benefits.
- Educate staff on use of communication tool, including access to needed data.
- Ensure consistency and compliance with use of communication tool.
- Consider education and information sharing across settings.
- Use completed tools to discuss cases and opportunities for quality improvement across settings.

6. PLAN ONGOING EDUCATION TO UPHOLD PROGRAM COMPETENCY AND SUSTAINABILITY AND CONSIDER OPPORTUNITIES TO INVITE PARTNERS ACROSS SETTINGS.

- Educate staff, all shifts, on pressure ulcer improvement program and cross-setting collaboration using the following activities conducted regularly:
 - Team meetings
 - In-services (e.g., scheduled in-services per unit, half or full day ongoing training per unit to train staff as available during certain points in the day)
 - Rounding with clinical team, and possibly with one administrative leader
 - Peer-to-peer assistance

- Incorporate patient and family education.
- Update staff, patient, and family on skin/wound status, risk factors, preventive measures, treatment.

7. SET MEASURABLE AND REALISTIC PARTNERSHIP GOALS.

- Implement new steps facility-wide or pilot on one or more units before broader implementation.

8. AWARD INCENTIVES TO RECOGNIZE OUTSTANDING STAFF, UNIT-LEVEL PERFORMANCE, AND IMPROVED COMMUNICATIONS ACROSS SETTINGS.

- Examples of incentives may include awards and luncheons.

Disclaimer: These materials have been developed as guidelines that may assist organizations in cross-setting partnerships on pressure ulcer improvement. The materials should not replace clinical judgment.

DOMAIN	DESCRIPTION SOURCE
<p>CARE MANAGEMENT DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 1-15</p>	
<p>Care Management</p> <p><i>Cross-Setting</i></p>	<p>Acumentra Health</p> <p>In 2007, the Oregon IHI Network and the Oregon leadership of the Advancing Excellence in America’s Nursing Homes campaign formed a Joint Committee to plan and develop cross-setting interventions for transitional care, with an initial focus on pressure ulcers. The Joint Committee convened an Advisory Panel of clinicians, educators, health plan representatives, and experts from regulatory and quality improvement agencies to identify best practices for preventing or minimizing pressure ulcers in hospitals, nursing homes, community-based long-term care, and home health agencies and develop a handoff data set of pressure ulcer-related information that would accompany patients in transition from one setting to another.</p> <p>These tools, with support materials such as the Braden Scale for predicting pressure ulcer risk, were compiled in a toolkit and then pilot-tested in multiple care settings in four communities. The Joint Committee and its constituent organizations have endorsed the toolkit materials as support for efforts to improve pressure ulcer prevention and care in Oregon.</p> <p>http://www.acumentra.org/provider/initiatives/TC-PU-Toolkit.php</p>
<p>Care Management</p>	<p>Braden Scale</p> <p>The Braden Scale for Predicting Pressure Sore Risk was developed as part of a Robert Wood Johnson Teaching Nursing Home project and a NIH proposal to study pressure ulcer risk factors. The Braden Scale was tested for reliability and validity and these results were published in Nursing Research in 1987. A larger multi-site study was conducted to determine the reliability and validity of the tool in a variety of settings resulting in revisions in the recommendations for the critical cutoff score and the timing of assessment. Results were published in Nursing Research in 1998. A follow-up report in Nursing Research in 2002 demonstrated that the tool could be used in across at-risk populations with similar validity.</p> <p>www.bradenscale.com</p>

DOMAIN	DESCRIPTION SOURCE
Care Management	<p>Registered Nurses Association of Ontario</p> <p>This resource is designed to assist Long-Term Care (LTC) homes with the implementation of the Risk Assessment and Prevention of Pressure Ulcers and Assessment and Management of Stage I to IV Pressure Ulcers Best Practice Guidelines. Documents found in this resource are evidence-based, but it is not a program plan. Each LTC home is unique and each home is in various stages of guideline implementation. LTC homes are advised to use the resource at their discretion. For those resources that have copyright notations, it is recommended that LTC homes obtain permission from the primary author prior to implementing them within their setting. The Toolkit is a dynamic resource, and is being updated and revised on a regular basis by the LTC Best Practices Initiative team.</p> <p>http://ltctoolkit.rnao.ca/resources/pressure-ulcer</p>
Care Management	<p>Medline University</p> <p>Preventing Pressure Ulcers (for Administrators) is an on-line course offering 1.25 contact hours. It begins with completing a thorough assessment including patient medications and lab values and goes through positioning and prevention devices. You must set up an account on Medline but the course is free of charge.</p> <p>http://www.medlineuniversity.com/DesktopModules/eLearning/CourseDetails/MedlineCustomPage/CourseDetailsPage.aspx?CourseID=1010000329</p>
Care Management	<p>Ostomy Wound Management</p> <p>Diabetic Foot Ulcers — Effects on QOL, Costs, and Mortality and the Role of Standard Wound Care and Advanced-Care Therapies by Robert J. Snyder, DPM, CWS; Jason R. Hanft, DPM, FACFAS. Article reviews diabetic foot ulcers (DFUs) and how the presence of an unhealed DFU negatively affects several domains of patient quality of life.</p> <p>http://www.o-wm.com/content/diabetic-foot-ulcers-%E2%80%94-effects-qol-costs-and-mortality-and-role-standard-wound-care-and-adva</p>

DOMAIN	DESCRIPTION SOURCE
Care Management / Treatment Modalities	<p>Primaris</p> <p>Primaris is the Quality Improvement Organization (QIO) for the state of Missouri and offers a variety of education and tools for the treatment and prevention of pressure ulcers.</p> <p>http://www.primaris.org/NH%20Pressure%20Ulcers</p>
<p><i>CERTIFICATION DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTION 13</i></p>	
Certification	<p>American Academy of Wound Management (AAWM)</p> <p>The American Academy of Wound Management (AAWM) is a voluntary, not-for-profit organization established to credential inter-disciplinary practitioners in the field of wound management to promote prevention, care and treatment of acute and chronic wounds. Three types of certification are provided after successful completion of a written examination.</p> <ul style="list-style-type: none"> • CWCA® - Any professional with at least three (3) years of clinical experience and a high school diploma. • CWS® - Any licensed healthcare professional with a Bachelors, Doctoral or Master's degree in a life sciences related field who has three (3) or more years of clinical wound care experience is eligible. • CWSP® - MDs, DOs and DPMs who are currently Certified Wound Specialists® are eligible to take the CWSP exam. <p>www.aawm.org</p>

DOMAIN	DESCRIPTION SOURCE
Certification	<p>Certified Wound Ostomy Continence Nurse (CWOCN)</p> <p>WOC Nurses are Registered Nurses who hold a baccalaureate degree or higher and complete a formal, accredited WOC full scope or specialty education program. Upon successful completion of a WOCN-accredited WOC Nursing Education program the nurse is awarded a certificate designating WOC Nurse or specialty status. The nurse is qualified to become certified in wound, ostomy and/or continence nursing by taking the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) Examination(s).</p> <p>www.wocn.org or www.wocncb.org</p>
Certification	<p>Wound Care Certified (WCC)</p> <p>This certification is offered through the National Alliance of Wound Care and is available to: RN's, LPN/LVN, Nurse Practitioners, Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Physicians, or Physician's Assistants with active unrestricted licenses. Must demonstrate current active in care of wound patients, or in management, education, or research directly related to wound care while actively licensed for at least two years OR preceptorship of 120 clinical hours may be substituted for the required work experience above and must be completed within one (1) year of successful course completion AND successful completion of one (1) of the following:</p> <ul style="list-style-type: none"> •NAWC approved Wound Management Certification Training Program • Wound Care Certification through AAWM as a CWS or WOCNCB as a CWOCN, COCN, CCCN, CWON • Four years of licensed full time wound care experience out of the last five years plus 60 contact hours in skin and wound care within five years <p>www.nawccb.org</p>

DOMAIN	DESCRIPTION SOURCE
<p>COMMUNICATION & CARE TRANSITIONS DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL:</p> <p>QUESTION 5, 14, 15</p>	
<p>Communication and Care Transitions: Pressure Ulcer Improvement</p> <p><i>New York Resources</i></p>	<p>GNYHA-CCLC Pressure Ulcer Improvement Collaborative</p> <p>A New York metropolitan area Collaborative focused on improving care transitions and communication for pressure ulcer improvement. The Greater New York Hospital Association (GNYHA) and the Continuing Care Leadership Coalition (CCLC) worked with clinical leaders across settings to develop a standardized communication tool that includes an essential set of clinical elements designed to facilitate more effective communication about patients who transfer between acute and long term care settings.</p> <p>www.gnyha.org/puic/communicationguide</p>
<p>Communication and Care Transitions: Pressure Ulcer Improvement</p> <p><i>New York Resources</i></p>	<p>IPRO Initiatives to Improve Care Transitions and Communication</p> <p>Nursing Home & Hospital Collaboration – NYS Quality Improvement Organization’s programs that focused on quality improvement across settings. See archived educational sessions at:</p> <p>http://jeny.ipro.org/showthread.php?t=2254</p> <ul style="list-style-type: none"> Physician communication: http://jeny.ipro.org/showthread.php?t=2371
<p>Communication and Care Transitions: Pressure Ulcer Improvement</p> <p><i>New York Resources</i></p>	<p>Other Material from Cross-Setting Initiatives</p> <ul style="list-style-type: none"> Saratoga County Partners for the Prevention of Pressure Ulcers – Program for health care providers in Saratoga County: http://empirequality.org/documents/saratoga.Final.ppt Caring Together: Pressure Sore Improvement (2009) – Multifaceted training program designed for cross-setting groups developed by the Continuing Care Leadership Coalition (CCLC) & Jeffrey Levine, MD, SeniorHealth Consulting. Contact Kathryn Santos at CCLC (212-506-5413 or kasantos@cclcnyc.org)

DOMAIN	DESCRIPTION SOURCE
<p>Communication and Care Transitions: Pressure Ulcer Improvement</p> <p><i>National Resources</i></p>	<p>Transitional Care and Pressure Ulcers Project Toolkit</p> <p>Oregon-based program that focused on the development of a handoff set and best practices.</p> <p>http://www.acumentra.org/provider/initiatives/TC-PU-Toolkit.php</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>New York Resources</i></p>	<p>Continuing Care Improvement Through Information New York (CCITI NY)</p> <p>Health information exchange project using a standard form with essential information, established by clinical experts in the New York metropolitan region, to electronically transfer clinical data across health care settings.</p> <p>http://ccitiny.org/</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>New York Resources</i></p>	<p>DOH Discharge Planning Workgroup</p> <p>This workgroup represented by health care providers, professional associations, local government, and consumer advocates developed tools designed to address safety, discharge planning and consumer education.</p> <p>http://www.nyhealth.gov/professionals/patients/discharge_planning/</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>New York Resources</i></p>	<p>IPRO Care Transitions Initiative</p> <p>Program featuring best practices in care transitions related to reducing preventable hospitalizations, improving medication management, and improving systems for post-discharge follow-up.</p> <p>http://caretransitions.ipro.org</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>New York Resources</i></p>	<p>Transitions in Care-Quality Improvement Collaborative (TC-QulC)</p> <p>Program to use Next Step In Care caregiver resources to improve care transitions. Resources focus on careful planning, clear communication, and ongoing care coordination.</p> <p>http://www.nextstepincare.org/</p>

DOMAIN	DESCRIPTION SOURCE
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>National Resources</i></p>	<p>CMS Care Transitions Quality Improvement Organization Support Center (QIOSC)</p> <p>The Support Center assists 14 Quality Improvement Organizations (QIOs) nationally in their work related to care coordination across the health care continuum.</p> <p>http://www.cfmc.org/caretransitions/</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>National Resources</i></p>	<p>INTERACT</p> <p>Multifaceted program developed from a long term care perspective to reducing unnecessary hospitalizations and readmissions through the use of evidence-based tools, such as communication tools, advance care planning tools, and care pathways.</p> <p>http://interact2.net</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p> <p><i>National Resources</i></p>	<p>Project BOOST</p> <p>Program developed by the hospitalist community to provide an evidence-based intervention with implementation guide, program-related training, mentoring and networking.</p> <p>http://www.hospitalmedicine.org/ResourceRoomRedesign/RR_CareTransitions/html_CC/project_boost_background.cfm</p>
<p>Communication and Care Transitions: General Care Transitions Improvement</p>	<p>Team Stepps</p> <p>Program, developed by the Agency for Healthcare Research and Quality (AHRQ), to improve communication and teamwork skills of the health care team.</p> <p>http://teamstepps.ahrq.gov/</p>

DOMAIN	DESCRIPTION SOURCE
EDUCATION DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 1-14	
Education <i>Acute Care Staff</i>	Acute Care - Nurse Sensitive Measures – Pressure Ulcer In January 2004, the National Quality Forum (NQF) identified and endorsed 15 national voluntary consensus standards ¹ for nursing-sensitive care including evidence-based performance measures, a framework for measuring nursing-sensitive care, and related research recommendations. These performance measures were identified through the established NQF Consensus Development Process that brings together diverse healthcare stakeholders. Pressure Ulcer Chapter: http://www.jointcommission.org/performance/measurelibrary/nqf_nursing.htm Go: NSCIImplementationGuide2010.zip Chapter: 2.02 Pressure Ulcers
Education <i>Patient</i> <i>Family</i> Prevention	ADVANCE for Nurses This site provides concise, practical information on clinical, management, professional and career development issues for nurses practicing in all areas of the profession. ADVANCE for Nurses is in print serving nine regions of the country, and online with regional Web sites serving nurses across the country. The purpose of this patient education handout is to further explain or remind you about a medical condition. This handout is a general guide only. This handout may be reproduced for distribution to patients. http://nursing.advancweb.com/Article/Pressure-Ulcer-Prevention-and-Positioning-HTML.aspx
Education <i>Staff</i> <i>Patient</i> <i>Family</i>	American Medical Directors Association The American Medical Directors Association, the professional association of medical directors, attending physicians, and others practicing in the long term care continuum, is dedicated to excellence in patient care and provides education, advocacy, information, and professional development to promote the delivery of quality long term care medicine. Clinical Practice Guidelines - Pressure Ulcers http://www.amda.com/tools/guidelines.cfm

DOMAIN	DESCRIPTION SOURCE
<p>Education</p> <p><i>Nursing Home Staff</i></p>	<p>Anna and Harry Borum Center for Gerontological Research</p> <p>This a joint program of the UCLA School of Medicine and the Jewish Home for the Aging of Greater Los Angeles. This site offers nursing home staff the tools and guidance to help facilities to improve care in six areas that profoundly affect residents' quality of life and well-being</p> <p>http://borun.medsch.ucla.edu/default.htm</p>
<p>Education</p> <p><i>Staff</i></p>	<p>The Basic Principles of Wound Healing</p> <p>An understanding of the basic physiology of wound healing provides the clinician with the framework necessary to implement the basic principles of chronic wound care.</p> <p>http://www.pilonidal.org/pdfs/Principles-of-Wound-Healing.pdf</p>
<p>Education</p> <p><i>Staff</i></p>	<p>Excelsior College Interactive Online Wound Care Course</p> <p>The Web-based multidisciplinary course integrates 29 virtual reality and interactive video animations from Smith & Nephew's Wound Care Academy.</p> <p>This multidisciplinary, 3-credit course provides a foundation understanding of wounds and their treatment. Experts from across the nation, including physicians, nurses and other wound care specialists, developed the course. It was designed to help caregivers across a number of health care professions understand how to make appropriate decisions about wound treatment.</p> <p>The course uses virtual reality and interactive video animations to help students assess the causes of wounds, consider factors that influence healing and select strategies to manage and treat acute and chronic wounds. Students choose study times convenient for them, which allows them to continue to meet their responsibilities at work and home while completing the 15-week course.</p> <p>https://www.excelsior.edu/Excelsior_College/About/News_and_Announcements/Interactive_Wound_Care_Course_Offered</p>

DOMAIN	DESCRIPTION SOURCE
<p>Education</p> <p><i>Home Health Staff</i></p> <p><i>Documentation</i></p> <p><i>Regulatory Requirements</i></p>	<p>Home Care OASIS - Integumentary Status</p> <p>The Outcome and Assessment Information Set (OASIS) is a group of standard data elements developed, tested, and refined over the past two decades through a research and demonstration program funded primarily by the Centers for Medicare & Medicaid Services (CMS), with additional funding from the Robert Wood Johnson Foundation and the New York State Department of Health. OASIS data elements are designed to enable systematic comparative measurement of home health care patient outcomes at two points in time. Outcome measures are the basis for outcome-based quality improvement (OBQI) efforts that home health agencies (HHAs) can employ to assess and improve the quality of care they provide to patients. Under OBQI, CMS provides HHAs with agency-patient related characteristic (case mix), risk-adjusted outcome, potential avoidable event (adverse event outcome), and patient tally reports for their patients for a 12-month period. The agency also is provided with comparison data from the HHA's prior 12-month period and national reference data.</p> <p>Skin Integumentary Status Chapter:</p> <p>https://www.cms.gov/HomeHealthQualityInits/14_HHQIOASISUserManual.asp</p> <p>OASIS Item Guidance Integumentary Status</p> <p>Go: HHQIOASIS-CManual200912.zip</p> <p>Chapter: F Integumentary Status 12/30</p>
<p>Education</p> <p><i>Staff</i></p> <p><i>Patient</i></p> <p><i>Family</i></p>	<p>Indiana State Department of Health (ISDH) Preventing Pressure Ulcer Resource Center</p> <p>This page provides information, tools, and resources about preventing and treating pressure ulcers. The page also provides information about state quality improvement initiatives related to pressure ulcers.</p> <p>http://www.in.gov/isdh/24558.htm</p>

DOMAIN	DESCRIPTION SOURCE
Education <i>Staff</i> <i>Patient</i> <i>Family</i>	Institute for Healthcare Improvement (IHI) Prevent Pressure Ulcers Materials The Pressure Ulcer information is a part of the 5 Million Lives Campaign materials and is available for download at no cost. Note that certain documents require registration on IHI.org. Registration is free. http://www.ihl.org/IHI/Programs/Campaign/PressureUlcers.htm
Education <i>Staff</i> <i>Patient</i> <i>Family</i>	IPRO IPRO is the Quality Improvement Organization (QIO) for New York State and one of the nation's largest independent, not-for-profit health care consulting organizations, IPRO works with state and federal governments and private corporations to optimize the quality of health care programs and the value of dollars spent on health care. Skin Savers Brochure (Offered in English and Spanish) http://jeny.ipro.org/showthread.php?t=3093 Patient Education Handout - "It's Time to Take the Pressure Off" (Offered in English and Spanish) http://jeny.ipro.org/showthread.php?t=2657
Education <i>Staff</i>	IPRO's Quality Improvement Community - JENY (Joint Effort New York) JENY is one of the largest collaborative communities of practice in the nation. This site is the online home for anyone involved in improving the quality of health care delivered to New York's citizens. Hospital Pressure Ulcer Community: http://jeny.ipro.org/forumdisplay.php?f=160 Nursing Home Pressure Ulcer Community: http://jeny.ipro.org/forumdisplay.php?f=159

DOMAIN	DESCRIPTION SOURCE
<p>Education</p> <p><i>Staff</i></p>	<p>The Joint Commission</p> <p>There are several pressure ulcer resources available on The Joint Commission Web site.</p> <ul style="list-style-type: none"> • A White Paper that discusses the role of nutrition in pressure ulcer prevention and treatment. • An implementation guide for the National Quality Forum (NQF) endorsed performance measures, one of which is Pressure Ulcer Prevalence. • A case study video about the pressure ulcer program at St. Vincent's Health Center in Erie, PA and a brief video of the etiology of pressure ulcers. • A Strategies and Resources Card for pressure ulcer prevention. <p>All of these resources are available free of charge.</p> <p>http://www.jcrinc.com/EBPUM09/Extras/</p>
<p>Education</p> <p><i>Staff</i></p> <p><i>Patient</i></p> <p><i>Family</i></p>	<p>Medicare Quality Improvement Community (MedQIC) - Pressure Ulcer Information</p> <p>The Medicare Quality Improvement Community (MedQIC) Web site is a free on-line resource for quality improvement interventions and associated tools, toolkits, presentations, and links to other resources</p> <p>MedQIC is founded on the principle of sharing resources created or endorsed by Quality Improvement Organizations (QIOs). These quality improvement resources are shared within the QIO community and with the health care providers they serve. The content framework for the Web site is based on the Centers for Medicare & Medicaid (CMS) 9th Scope of Work contract. The contract prioritizes the work of the QIOs into themes, categories, and measures.</p> <p>http://www.medqic.org/dcs/ContentServer?cid=1098482995360&pagename=Medqic%2FContent%2FParentShellTemplate&parentName=Topic&c=MQParents</p>

DOMAIN	DESCRIPTION SOURCE
<p>Education</p> <p><i>Staff</i></p>	<p>Michigan Process Guideline for the Prevention and Management of Pressure Ulcers (February 24, 2003)</p> <p>This document was originally prepared in February 2003, but contains documents and tools to improve prevention and management of pressure ulcers for nursing home residents in the state of Michigan.</p> <p>http://www.michigan.gov/documents/cis_fhs_bhs_pressure_ulcer_document_59000_7.pdf</p>
<p>Education</p> <p><i>Staff</i></p>	<p>Minimum Data Set (MDS): Section M–Skin Conditions</p> <p>This Nursing Home Quality Initiative (NHQI) website provides consumer and provider information regarding the quality of care in nursing homes. NHQI discusses quality measures that are shown at the Nursing Home Compare website (medicare.gov), which allows consumers, providers, states and researchers to compare information on nursing homes.</p> <p>The nursing home quality measures come from resident assessment data that nursing homes routinely collect on the residents at specified intervals during their stay, are posted on nursing home compare. These measures assess the resident's physical and clinical conditions and abilities, as well as preferences and life care wishes. These assessment data have been converted to develop quality measures that give consumers another source of information that shows how well nursing homes are caring for their residents' physical and clinical needs.</p> <p>Pressure Ulcer Chapter: CMS’s RAI Version 3.0 Manual CH 3: MDS Items [M] SECTION M–SKIN CONDITIONS</p> <p>https://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp</p> <p>https://www.cms.gov/NursingHomeQualityInits/downloads/MDS30RAIManual.zip</p> <p>Go to: MDS30RAIManual20100127.zip\Chapter 3 - Item-By-Item Guide to the MDS Nov 2009.zip Chapter: CMS’s RAI Version 3.0 Manual CH 3: MDS Items [M] SECTION M: SKIN CONDITIONS</p>

DOMAIN	DESCRIPTION SOURCE
<p>Education</p> <p><i>Staff</i></p>	<p>National Database of Nursing Quality Indicators (NDNQI) Pressure Ulcer Training</p> <p>The training is offered Free of Charge and offers a Certificate of Completion with 1.5 Contact Hours for nurses. You may also consider using this site as an education resource for physicians and other clinicians within your facility.</p> <p>https://www.nursingquality.org/ndnqipressureulcertraining/default.aspx</p>
<p>Education</p> <p><i>Staff</i></p>	<p>The National Pressure Ulcer Advisory Panel (NPUAP)</p> <p>The National Pressure Ulcer Advisory Panel (NPUAP) serves as the authoritative voice for improved patient outcomes in pressure ulcer prevention and treatment through public policy, education and research.</p> <p>http://www.npuap.org/</p> <p>Staging Illustrations</p> <p>The NPUAP has developed illustrations of the categories/stages of pressure ulcers (Category/Stage I-IV, suspected deep tissue injury, unstageable). These illustrations can be downloaded from the NPUAP website directly to your computer at no cost, if for educational purposes. There is also a normal skin illustration for reference. NPUAP updated the categories/ stages of pressure ulcers in 2007 and these category/stages are commonly cited in references and in lectures. NPUAP will further revise these slides so please check back.</p> <p>http://www.npuap.org/resources.htm</p> <p>Pressure Ulcer Scale for Healing (PUSH) Tool</p> <p>http://npuap.org/tools.htm</p> <p>Pressure Ulcer Prevention Points</p> <p>http://www.npuap.org/PU_Prev_Points.pdf</p> <p>Pressure Ulcer Prevention and Assessment</p> <p>These references have been selected to provide the reader with an overview of the area of pressure ulcer prevention and assessment.</p> <p>Reference: http://www.npuap.org/biblio.htm</p>

DOMAIN	DESCRIPTION SOURCE
Education <i>Patient</i> <i>Family</i>	<p>New Jersey Hospital Association</p> <p>The New Jersey Hospital Association (NJHA) is a not-for-profit trade organization committed to helping New Jersey hospitals and health systems provide quality, accessible and affordable care to their communities. It offers an array of services and resources, including advocacy, data, education and many others, to support hospitals in their caring mission.</p> <p><i>Help Us Protect Your Skin Brochure</i> http://www.njha.com/qualityinstitute/ulcer.aspx</p>
Education <i>Patient</i> <i>Family</i>	<p>Ohio State University Medical Center Patient Handout: Preventing Pressure Sores</p> <p>The Ohio State University Medical Center strives to keep people healthy and improve their quality of life. Whether you're looking for information on a particular illness or want more information about attaining a healthy lifestyle, the Library for Health Information can be a valuable resource.</p> <p>The Library for Health Information complements the health education you receive from your health care providers. Your providers should always be your primary resource for health education. Information at the Library for Health Information should not be construed as personal medical advice.</p> <p>http://medicalcenter.osu.edu/PatientEd/Materials/PDFDocs/health-p/PreventingPressureSores.pdf</p>
Education <i>Staff</i> <i>Patient</i> <i>Family</i>	<p>Oklahoma Foundation for Medical Care: A Toolkit for Pressure Ulcer Prevention and Treatment</p> <p>Anyone has permission to access and download these materials. However, the foundation is interested in who is visiting the site and using the toolkit. Visitors to the site will be asked to answer four brief questions and no personal identifying information will be requested.</p> <p>http://www.ofmq.com/sos-tools</p>

DOMAIN	DESCRIPTION SOURCE
Education <i>Patient</i> <i>Family</i>	Paralyzed Veterans of America Paralyzed Veterans of America works to maximize the quality of life for its members and all people with SCI/D as a leading advocate for health care, SCI/D research and education, veterans' benefits and rights, accessibility and the removal of architectural barriers, sports programs, and disability rights. A free copy of "Pressure Ulcer Prevention and Treatment following Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Professionals," is available at: http://www.pva.org/site/News2?page=NewsArticle&id=7658
Education <i>Staff</i>	Texas Medical Foundation Health Quality Institute This is a Web-based Pressure Ulcer Toolkit with tools and resources designed to assist nursing home providers to better prevent, treat and heal pressure ulcers. http://nursinghomes.tmf.org/PressureUlcers/PressureUlcerToolkit/tabid/545/Default.aspx
Education <i>Patient</i> <i>Family</i>	UC Davis Center for Nursing Education Patient Education Handout: Preventing Pressure Ulcers UC Davis Medical Center provides these health resources to help with collecting valuable information about health conditions, disease, treatments and care. This information can help in understanding your health care fully and as you educate yourself about specific symptoms, diagnoses, tests, and treatment plans. http://www.ucdmc.ucdavis.edu/cne/documents/health_education/patient_education_handouts/pressure.pdf

DOMAIN	DESCRIPTION SOURCE
<p>Education</p> <p><i>Staff</i></p>	<p>Wisconsin Department of Health Services</p> <p>This Web page is intended to provide information to assist nursing home staff with preventing and reducing the number of pressure ulcers in nursing homes.</p> <p>http://dhs.wi.gov/rdsl/NHs/NHPUinfo.htm</p>
<p>Education</p> <p><i>Staff</i></p> <p><i>Patient</i></p> <p><i>Family</i></p>	<p>World Union of Wound Healing Societies</p> <p>The World Union of Wound Healing Societies will:</p> <ul style="list-style-type: none"> • Improve wound care standards for patients, healthcare professional performance and to facilitate universal access in all health care systems. • Educate all health care professionals in interdisciplinary team approaches that deliver best practices for improved patient outcomes. • Disseminate the educational and training toolkits created in practical, relevant and adaptable formats to meet local needs including developed, developing and emerging health care systems. • Appraise and organize the evidence base to facilitate best practices to optimize patient care. • Co-ordinate a worldwide exchange of information between wound societies and other relevant stakeholders including international and global agencies <p>http://www.wuwhs.com/</p> <p>WoundPedia</p> <p>WoundPedia was developed as a complementary online tool to the World Union of Wound Healing Societies (WUWHS) meeting held in Toronto, June 4-8, 2008 to disseminate up-to-date, just in time evidence in a concise format. The information on WoundPedia is based on current health care evidence and goes through several stages of review. It has been developed by the WoundPedia expert health care professionals from the University of Toronto and other centers.</p> <p>http://www.woundpedia.com/</p>

DOMAIN	DESCRIPTION SOURCE
Education <i>Staff</i>	Wound Healing Society The Wound Healing Society is a non-profit organization composed of clinical and basic scientists. The Society provides a forum for interaction among scientists, physicians, licensed practitioners, industrial representatives and government agencies. Membership to the Society is open to individuals who have a demonstrated interest in the field of wound healing. http://www.woundheal.org
Education <i>Staff</i> Education <i>Staff</i>	The Wound Institute The Wound Institute is dedicated to helping clinicians gain a deeper understanding of wound care and treatment. Here you will find practical, evidence-based resources on most major wound types—information that can be applied directly to different patient populations. The Wound Institute contains fully accredited CE/CME programs in wound care education, along with relevant case studies and exercises. You will also find interactive animations and streaming videos, to make your experience engaging, useful and rewarding. http://www.thewoundinstitute.com/
LEADERSHIP DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 1,11-14	
Leadership	Organizational Obstacles The Agency for Healthcare Research and Quality (AHRQ) developed and implemented the “On-Time Prevention of Pressure Ulcers”, a project designed to improve, through the integration of health information technology, the care processes toward pressure ulcer prevention in long-term care. AHRQ identified the delay in leadership participation as an organizational obstacle to project success. http://www.ahrq.gov/research/pressureulcers/pugio5.htm See Discussion: Lessons Learned – Implementation

DOMAIN	DESCRIPTION SOURCE
Leadership	<p><i>Vision and Commitment</i></p> <p>Stratis Health and the Oklahoma Foundation for Medical Quality published the “Hospital Pressure Ulcers Change Package”, which lists how to achieve hospital leadership’s commitment to skin integrity identified as a key strategy for pressure ulcer management.</p> <p>http://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobwhere=1228874061377&blobheader=application%2Fpdf&blobheadername1=Content-Disposition&blobheadervalue1=attachment%3Bfilename%3D818%2F975%2FChange+Package+PrU+Hos+final%2C0.pdf&blobcol=urldata&blobtable=MungoBlobs</p> <p><i>Policies and Procedures</i></p> <p>“Save Oklahoma’s Skin (SOS)” project noted the significance of leadership approval of policies and procedures. Policies and procedures guide implementation of its pressure ulcer initiative.</p> <p>http://www.ofmq.com/Websites/ofmq/Images/SOS%20PU%20Toolkit/Section1.pdf</p> <p><i>Planning, Development, and Execution</i></p> <p>St. Vincent Medical Center of Northeast Florida’s “SKIN” program, designed to reduce hospital acquired pressure ulcers, received leadership support from planning thru execution. In less than 2 years, the program has been implemented in 67 system sites.</p> <p>http://www.innovations.ahrq.gov/content.aspx?id=2589</p> <p><i>Research, Public Policy, and Education</i></p> <p>Pressure Ulcers in America: Prevalence, Incidence, and Implications for the Future The National Pressure Ulcer Advisory Panel (NPUAP) provides leadership in research, public policy, and education to impact prevalence and incidence of pressure ulcers in the United States.</p> <p>http://www.nursingcenter.com/library/JournalArticle.asp?Article_ID=431272</p>

DOMAIN	DESCRIPTION SOURCE
Leadership	<p>Role of Leadership in Quality Improvement Framework for Quality Improvement The Institute for Healthcare Improvement (IHI) recognizes leadership’s motivation and role in planning, development, and execution as good foundation for quality improvement.</p> <p>http://www.ihl.org/NR/rdonlyres/163519D3-BB7A-496B-9C10-C345B81462FB/0/BisognanoLeadershipsRoleinExecutionACHEMar08.pdf</p> <p>Developing Management Systems and Structures The Harvard University hosted the 2006 Quality Colloquium and discussed the role of leadership in supporting quality improvement initiatives through management systems and structures that effectively aid in outcome measurement and promote accountability.</p> <p>http://www.isixsigma.com/index.php?option=com_k2&view=item&id=390:healthcare-quality-initiatives-the-role-of-leadership&Itemid=197</p> <p>Key Characteristics of Engagement A March 2006 survey reveals specific characteristics of leadership engagement with significant impact on a hospital’s quality improvement outcomes.</p> <p>http://www.safetyleaders.org/pdf/Vaughn_Engagement-Leadership-in-QI-Initiatives_JPS2(1)Mar06pp2-9_LTR.pdf</p>
<p>PREVENTION DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT TOOL: QUESTIONS 6, 11, 12</p>	
Prevention	<p>ConsultGeriRN.org With content formerly on GeroNurseOnline.org, ConsultGeriRN.org is your source for evidence based and authoritative information about nursing care of older adults. It is the geriatric clinical nursing website of the Hartford Institute for Geriatric Nursing, New York University College of Nursing and is an evidence-based online resource for nurses in clinical and educational settings. ConsultGeriRN.org is funded in part by a grant from The Atlantic Philanthropies (USA) Inc. and The John A. Hartford Foundation Nursing Standard of Practice Protocol: Pressure Ulcer Prevention and Skin Tear Prevention.</p>

DOMAIN	DESCRIPTION SOURCE
Prevention	<p>Hartford Institute for Geriatric Nursing http://consultgerirn.org/topics/pressure-ulcers-and-skin-tears/want-to-know-more</p> <p>Best Practices in Nursing Care to Older Adults, from the Hartford Institute for Geriatric Nursing at New York University's College of Nursing.) Free online video demonstrating the use of this tool http://links.lww.com/A106</p>
Prevention	<p>The European Pressure Ulcer Advisory Panel (EPUAP)</p> <p>A "European Pressure Ulcer Advisory Panel" has been created to lead and support all European countries in the efforts to prevent and treat pressure ulcers. At its inaugural meeting in London in December 1996, which included experts from many European countries, the group of over twenty agreed their mission statement and the initial Executive Board and Trustees.</p> <p>Their Web site includes pressure ulcer prevention guidelines available in multiple languages, at no cost. http://www.epuap.org/</p>
Prevention	<p>Indiana Pressure Ulcer Initiative</p> <p>The Indiana Pressure Ulcer Initiative, which began June 2008, designed an online toolkit of resources and tools to assist in improving pressure ulcer prevention systems. http://www.in.gov/isdh/24786.htm</p>

DOMAIN	DESCRIPTION SOURCE
Prevention	<p>National Guideline Clearinghouse (NGC) Guideline for Prevention and Management of Pressure Ulcers</p> <p>The National Guideline Clearinghouse™ (NGC) is a public resource for evidence-based clinical practice guidelines. NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. NGC was originally created by AHRQ in partnership with the American Medical Association and the American Association of Health Plans (now America's Health Insurance Plans [AHIP]).</p> <p>http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=3860&nbr=3071</p>
<p>QUALITY IMPROVEMENT DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT</p> <p>TOOL: QUESTIONS 5, 12, 13, 14</p>	
Quality Improvement:	<p>Advancing Excellence</p> <p>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:</p> <ul style="list-style-type: none"> • Establishing and supporting an infrastructure of Local Area Networks for Excellence (LANEs) • Strengthening the workforce, and • Improving clinical and organizational outcomes <p>http://www.nhqualitycampaign.org/star_index.aspx?controls=welcome</p>
Quality Improvement	<p>The National Database of Nursing Quality Indicators®</p> <p>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.</p> <p>https://www.nursingquality.org</p>

DOMAIN	DESCRIPTION SOURCE
Quality Improvement	<p>The Pressure Ulcer Scale for Healing (PUSH Tool).</p> <p>The PUSH Tool was developed by the National Pressure Ulcer Advisory Panel (NPUAP) as a quick, reliable tool to monitor the change in pressure ulcer status over time.</p> <p>http://npuap.org/tools.htm</p>
Quality Improvement	<p>Texas Department of Aging and Disability Services</p> <p>The Texas Quality Matters website was developed by the Center for Policy and Innovation at the Texas Department of Aging and Disability Services. Staff in the Quality Assurance and Improvement unit are responsible for various quality assurance and improvement projects to support DADS long term services and supports programs as well as providing information about quality improvement initiatives.</p> <p>Prevention of Pressure Ulcers and Management of Wound Care</p> <p>http://www.dads.state.tx.us/qualitymatters/qcp/woundcare/index.html</p>
Quality Improvement <i>Nursing Home</i>	<p>Agency for Health Research and Quality</p> <p>On-Time Quality Improvement Manual for Long-Term Care Facilities</p> <p>The On-Time Quality Improvement program is a practical approach to quality improvement (QI) in long-term care, embedding QI strategies and best practices into health information technology. This manual is an introduction to the On-Time QI approach. It provides an overview of the tools and process improvements and describes the implementation process. Target users are stakeholders interested in nursing home QI, nursing home leaders responsible for deciding QI priorities, and nursing home personnel responsible for quality improvement.</p> <p>http://www.ahrq.gov/research/ltc/ontimeqimanual/</p>

DOMAIN	DESCRIPTION SOURCE
<p>REGULATORY REQUIREMENTS DOMAIN CONTAINS INFORMATION, RESOURCES AND TOOLS SPECIFIC TO THE FOLLOWING QUESTIONS FROM THE ORGANIZATIONAL ASSESSMENT</p> <p>TOOL: QUESTIONS 1-4, 8, 9, 12, 13</p>	
<p>Regulatory Requirements</p> <p><i>Home Health</i></p>	<p>Centers for Medicare and Medicaid Services (CMS)</p> <p>Home Health Quality Initiatives - OASIS Data Set</p> <p>See Oasis-B1 (1.2009) page 6 for pressure ulcer information</p> <p>https://www.cms.gov/HomeHealthQualityInits/12_HHQIOASISDataSet.asp#TopOfPage</p>
<p>Regulatory Requirements</p> <p><i>Hospital Acquired Conditions</i></p>	<p>Centers for Medicare and Medicaid Services</p> <p>Hospital-Acquired Conditions (Present on Admission Indicator)</p> <p>http://www.cms.gov/HospitalAcqCond/</p>
<p>Regulatory Requirements</p> <p><i>Long Term Care</i></p>	<p>Centers for Medicare and Medicaid Services</p> <p>Survey and Certification - Guidance to Laws & Regulations</p> <p>http://www.cms.gov/GuidanceforLawsAndRegulations/12_NHs.asp</p> <p>Appendix PP - Guidance to Surveyors for Long Term Care Facilities</p> <p>See Page 195 - F314 §483.25(c) Pressure Sores</p> <p>http://www.cms.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf</p>

DOMAIN	DESCRIPTION SOURCE
Regulatory Requirements <i>Long Term Care</i>	Federal Requirements for States and Long Term Care Facilities Title 42 - Public Health Chapter IV CMS, Department of Health and Human Services - Subchapter G - Standards and Certification http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr483_main_02.tpl
Regulatory Requirements	Medicare State Operations Manuals Includes all levels of care http://www.cms.gov/manuals/downloads/som107_Appendicestoc.pdf
Regulatory Requirements <i>Assisted Living</i> <i>Enhanced ALR</i>	New York State Department of Health http://www.health.state.ny.us/facilities/assisted_living/

The resources and tools highlighted in this section are not all inclusive and may not apply to all patients/residents and/or situations. These resources are provided as a source of guidance only to support investigation for performance improvement efforts. The Gold STAMP Initiative does not endorse any particular vendor /tools.