

The Wisconsin Pressure Ulcer Coalition

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In general, physicians, even those with a fair number of nursing home patients, tend to view the prevention of pressure ulcers as primarily a nursing issue. Such an attitude is not devoid of sense, as the systematic care of pressure ulcers needs to be accomplished primarily by those who work on the premises. But in the words of the American Medical Directors Association (AMDA), “Because medical conditions may contribute to and complicate the development of pressure ulcers, practitioners should not view ulcers as solely a nursing challenge but rather as a problem best addressed by a comprehensive, interdisciplinary approach to the patient.”¹

Pressure ulcers constitute a widespread problem in residents. The Centers for Medicare & Medicare Services (CMS) reports that from July to September 2009, the percentage of high-risk residents (those with impaired mobility, malnourishment, or coma) was 9.9% in Wisconsin (12.5% nationally); rates in patients without those conditions were 2.5% both statewide and nationally.² Pressure ulcers cause

considerable harm to patients, hindering functional recovery, frequently causing pain, and often serving as vehicles for the development of serious infections. They also are associated with extended length of stay and increased mortality: an estimated 60,000 patients die each year from complications due to hospital-acquired pressure ulcers.³ Furthermore, with appropriate measures, pressure ulcers can be prevented in many cases (Table 1).⁴ For these reasons, and because treating pressure ulcers can be extremely costly, the Institute for Healthcare Improvement (IHI) chose pressure ulcer prevention as 1 of the 12 interventions in its 5 Million Lives Campaign.⁵

Over the last 7 years, MetaStar has worked with Wisconsin nursing homes on projects to improve the diagnosis and treatment of pressure ulcers. For a time, MetaStar worked on this topic with hospitals as well. Currently, in our Medicare contract, MetaStar is working with participating nursing homes to increase the rate at which high-stage pressure ulcers are treated appropriately, and to increase the use of preventive measures for pressure ulcers at all stages.

In addition to the work under contract with Medicare, in 2009, MetaStar established the Wisconsin Pressure Ulcer Coalition (WPUC), a large statewide cross-setting collaborative whose goal is to reduce the incidence of pressure ulcers, while increasing cross-setting com-

Table 1. Strategies for Preventing Pressure Ulcers

For all patients

- Conduct a pressure ulcer admission assessment for all patients
- Reassess risk for all patients daily

For patients at risk

- Inspect skin daily
- Manage moisture
- Optimize nutrition and hydration
- Minimize pressure

munication. Currently there are 90 Wisconsin facilities participating in WPUC: 66 nursing homes, 13 hospitals, 8 home health or hospice agencies, and 3 assisted living facilities. An advisory group composed of representatives of various stakeholders and facilities provides guidance. Because this work is over and above MetaStar’s work with Medicare, a modest fee is charged to participants.

In WPUC’s first year, participants saw an overall decrease of 38% in the prevalence of pressure ulcers, and a 33% reduction in the rate of facility-acquired pressure ulcers. These results were achieved on the basis of a variety of activities:

- *Learning sessions*—MetaStar held 3 statewide learning sessions over the course of the year, with nationally known speakers and an opportunity for attendees to work on action plans.
- *Regional meetings*—Facilities in different regions of the state came together for cross-setting networking, using a toolkit MetaStar

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developed for that purpose.

- *Webinars*—MetaStar sponsored a series of webinars dealing with different areas of pressure ulcer prevention. These, like the learning sessions, carry continuing education credit.
- *Data*—Facilities collected data; MetaStar put the data into monthly reports and ran charts.
- *E-newsletter*—A regular newsletter provided additional information to participants.

WPUC is continuing with similar activities in its second year. Given the stakes, it behooves facilities to consider joining the coalition. If a facility you work with is interested in exploring the possibility of membership, they should contact Jody Rothe at 608.274.1940 or jrothe@metastar.com.

References

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We are equally in awe of—and so very grateful to—the community-based mentors and preceptors who have enthusiastically embraced additional teaching responsibilities, on top of their already filled plates of responsibilities.

With the creation of WARM and TRIUMPH, we have made important strides in recruiting more medical students into community service where they are needed the most. At the same time, it has focused our attention on the earlier components of the clinician workforce pipeline. Ideally, we would like to attract young people into medical careers that focus on underserved populations in rural and central city Wisconsin, especially those who are from disadvantaged underserved populations themselves.

Thus, we created a college pipeline program, Rural and Urban Scholars in Community Health (RUSCH). This past summer we began RUSCH in partnership with the University of Wisconsin-Platteville and the University of Wisconsin-Milwaukee, and quickly expanded the program to include Spelman College in Atlanta. We hope that over time, we will be able to expand this program to include other colleges in Wisconsin.

Many steps remain in the long journey to achieving the important goals of health care reform in our country. We believe that WARM, TRIUMPH, and RUSCH represent giant leaps forward in our trek toward full access to safe, high-quality health care for all.

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