Who We Are:
The Bermuda hospitals board (BHB) Long term care (LTC) caters to patients with low potential for recovery who are not in the acute phase of illness, but require an intensity of services that are not available in nursing homes. It is divided into three units: Gordon, Perry, and Cooper, depending on the level of skilled nursing care required. Gordon Unit directly receives complex and interventional care patients from the acute care wing, Through the combined efforts of the multidisciplinary team, patients in this unit are either discharged back to the community or transferred to Cooper or Perry units for continued care.

Problem Statement:
High prevalence and incidence of pressure injuries on LTC units based on established BHB quality indicators. The illustration below shows the burden of pressure injuries in the three long term care units.

Our Goal:
To decrease the incidence rate of pressure injuries on Gordon LTC Unit from 1.8% to 0.2% by July 2018.

Our Objectives:
1. To create a customised, multi-Channel Pressure Injury Bundle Tool that will centralise necessary services that are not available in nursing homes. It is divided into three units: Gordon, Perry, and Cooper, depending on the level of skilled nursing care required. Gordon Unit directly receives complex and interventional care patients from the acute care wing, Through the combined efforts of the multidisciplinary team, patients in this unit are either discharged back to the community or transferred to Cooper or Perry units for continued care.

Why It Matters:
Due to the high prevalence and incidence of pressure injuries on LTC units, based on established BHB quality indicators, the implementation of a customised Pressure Injury Bundle Tool is crucial for improving care and reducing complications. The tool aims to reduce the incidence rate of pressure injuries on Gordon LTC Unit from 1.8% to 0.2% by July 2018.

Our Strategy:
1. **Testing the Waters:** To assess the effectiveness of the Pressure Injury Bundle Tool, a pilot programme was conducted on Gordon Unit from March 2018 to May 2019, with the following objectives:
   - Assess for new or other dietary supplement
   - Use a quantitative structured survey to obtain feedback from frontline nursing staff, patients, and families.

2. **Act:** Whenever gaps in care were identified during testing, changes were applied in the bundle tool and staff were re-educated about the changes. Positive results were consistently noted while the tool was being tested in conjunction with active surveillance by the team.

3. **Plan:** Test the effectiveness and efficiency of the Pressure Injury Bundle Tool on selected high-risk patients with or without pressure injuries. The multidisciplinary team (MCT) predicted that testing the tool would give varying perspectives that would assist in future tool development and would result in prevention and better management of pressure injuries on the unit.

4. **Do:** Starting in December 2018, the team ran a sequence of overlapping PDSA (Plan, Do, Study, Act) cycles on Gordon Unit. After individual testing of the tool, the team expanded to the entire Gordon Unit. Members of the Unit-Based Quality and Safety Team (UBQST) on wards on Gordon Unit collected the tool at the end of each day and submitted the feedback to quantitatively analyse compliance. Qualitative data was obtained during huddles that would result in prevention and better management of pressure injuries.

Changes We Saw:
Quarterly Pressure Injury Incidence Rate on Gordon LTC Unit from March 2018 to July 2019 Data obtained from BHB Hypersleep and Wound Care Department

The above illustration shows a consistent incidence rate of 1% and above from March 2018 to November 2018 and a marked decrease in the incidence rate on the unit to zero in March 2019, after testing the tool.

Test on the Horizon:
- The team will continue to test the tool on the other two long term care wards: Perry and Cooper units.
- Explore other BHB-accepted indicators as outcome measurement to strengthen the validity of the tool.
- The tool will also be tested on patients with wounds not related to pressure injuries.
- Establish future testing validity by identifying potential confounding variables and exploring other BHB-accepted outcome indicators such as Quantoos-generated reports and end-of-month Quantros-generated reports and end-of-month incident reports.
- The vision is to develop this tool into a more comprehensive bundle tool that will combine injury, urinary tract infection, and falls point of care monitoring with less time and paper consumption and can be easily adapted to future digitalization of points of care records.