

Learning Activity: Quality Improvement Project: Chronic Wounds in PEH

Description of Activity:	Systems analysis of the issue of chronic wounds in patients experiencing homelessness who receive care on a mobile health unit. In a leadership course, students select a practice problem scenario, and work in groups to complete a thorough literature review, analyze data provided by faculty, develop a quality improvement project utilizing a focused aim statement, and PDSA process. The assignment culminates in an executive summary of the issue.					
Keywords:	Leadership, Quality Improvement, Systemic Issues, Mobile Health, Chronic Wounds, Health Care Utilization, Barriers to Care, PDSA Cycle					
Type of activity	<input checked="" type="checkbox"/> Didactic <input type="checkbox"/> Simulation <input checked="" type="checkbox"/> Clinical	Recommendation on when introduced in curriculum?	<input type="checkbox"/> Early <input type="checkbox"/> Mid <input checked="" type="checkbox"/> End	Suggested Course:	<input type="checkbox"/> Health Promotion /Assessment/ Fundamentals <input type="checkbox"/> Acute care <input type="checkbox"/> Chronic care <input type="checkbox"/> Pharmacology	<input type="checkbox"/> Population/ Community health <input checked="" type="checkbox"/> Leadership <input type="checkbox"/> Other:
Competency addressed:	<input type="checkbox"/> 1. Provide respectful, compassionate, person-centered care for people experiencing homelessness (PEH)					
Learning Activity:	Multi step Quality Improvement Project on wound related outcomes for PEH					
Time Required:	To be completed					
Preparation of the student:	Leadership content related to quality improvement processes. This learning activity can be adapted to existing QIP scenarios in Nursing Leadership Courses. It is designed to draw out systemic and structural barriers to chronic care for PEH, and can thus reduce bias from simplified solutions to complex care issues. The examples provided here are from OHSU’s online RNBS program.					
Assessment	Formative: Introduction Forum QIP Team Learning Agreement Overall QIP Aim Statement Team Literature Summary Individual Literature Review PDSA data forum Focused Aim Statement Team Effectiveness Evaluation Organizational Assessment		Summative: Midterm Professional Poster Final Executive Summary		Potential Assessment Strategies: If taught face to face: In class discussions and summaries to replace Forums	
Resources:						
Developed by:	Rachel Richmond RN, MSN, Lindsay Avzaradel RN, MNE student, Abigail Rose RN, MSN					
Date:	3/26					

Chronic Wound Scenario:

Overview of Columbia Health Systems Mobile Health Unit

CHS Mobile Health Unit Mission, Vision, and Values

- Our Mission is to deliver quality patient care services and provide our employees a professional environment with opportunities for career growth.
- Our Vision is to promote dignity, respect, and independence in an environment that becomes a home away from home.
- Our Guiding Values reflect our high level of commitment to our patients and staff:
 - Commitment to everything we do
 - Advocacy for everyone we care for and work with
 - Respect for all
 - Efficiency in all we do
 - Service to the community

Mobile Health Unit specific Mission & Values: Our Columbia Health System mission extends beyond walls. Through our mobile health unit, we meet people where they are, providing compassionate, trauma-informed care to those living unsheltered or with barriers to accessing healthcare. Guided by our core values of commitment, advocacy, respect, efficiency, and service, we strive to promote dignity, equity, and healing through accessible person-centered care for those experiencing homelessness.

Practice Problem:

The following data summarize the last 12 months of wound-related outcomes, compared with the prior year:

- Chronic wounds healed within 30 days: down from 42% to 31%
- Wound-related ED or urgent care visits: increased from 26% to 33%
- Patients completing recommended follow-up: decreased from 58% to 44%
- Repeat infections (MRSA/MSSA, cellulitis): increased from 18% to 25%

Scenario to 'set the scene'

Transcript is provided here. This scenario is presented via Animaker in a short video for online students.

SPEAKER 0 - narration

Kelsey Tran, BSN RN is caring for her patient Christopher, whose chronic leg wound has worsened significantly since she last saw him a month ago. Christopher is experiencing homelessness, has no reliable transportation, and does not have a

cell phone. Christopher's wound originated from frostbite and skin breakdown. He has had multiple episodes of cellulitis and several emergency department visits. He had one toe amputation as a result. After his most recent hospitalization, he was referred to a specialty wound care clinic where the wound initially began to improve.

SPEAKER 1 Kelsey RN

Christopher, I'm really concerned about what I'm seeing today. Your wound looks much worse than when I last saw you. Can you fill me in on how things have been going at the wound clinic?

SPEAKER 2 Christopher

I'm not going anymore. I got fired from the clinic.

SPEAKER 1 – Kelsey RN

Fired? What do you mean?

SPEAKER 2 – patient, Christopher

I missed 2 appointments. I couldn't get a ride and I don't have a phone to call them. When I finally found a way to call, they said I couldn't come back. I don't think this thing is ever going to heal. I can barely get food and a shower. People look at me like a loser when I try to get care.

SPEAKER 1

Thank you for telling me. I need you to know this isn't your fault. You've been trying With no phone, no transportation, and nowhere to keep supplies clean, of course this is hard. Let me talk to my team and see how we can help. You shouldn't be losing access to care because of things you can't control.

Team Meeting

SPEAKER 3 – Medical director

Thanks for joining everyone. We need to address an ongoing concern. Kelsey saw Christopher Tyler today and his wound has deteriorated significantly. Kelsey, can you brief us?

SPEAKER 1 Kelsey RN

Yes, Christopher had been improving when he was able to go to the specialty wound clinic, but after missing two appointments due to lack of transportation and no phone, he was discharged. Since then, he's had no supplies and no follow-up care. The wound is now necrotic in areas, and he's at high risk of reinfection.

SPEAKER 4 Community Health worker

This is happening over and over. People lose care access because they can't meet expectations that don't match their living conditions. They also really struggle to keep their wounds clean while living outside. Our shelters are full, and it is traumatic for many people to stay there due to sheer volume of people.

SPEAKER 5 – Driver, Registration and insurance lead

Transportation is one of the biggest barriers. Some patients qualify for Medicaid rides, but many don't have phones to schedule them, and the rides won't go to the campsites.

SPEAKER 3 – Medical director

I know the providers have seen an uptick in cellulitis and issues with pharmacy access and completion of treatment. Janelle, you pulled our annual wound care metrics. Can you share them? Yes, I compared the past 12 months to the previous year. The trends are moving in the wrong direction. We're seeing fewer wounds healing, more infections, more emergency visits, and a drop in follow-up completion. This indicates systemic failure, not just individual patient challenges.

****Metrics listed below are shared by Outreach Administrator, MPH**

SPEAKER 6 Medical Assistant

That aligns with what I see. We treat the wound, but we don't change what happens between visits. Our unsheltered patients are having to move around more due to camping restrictions, and they are not following up as frequently as they used to.

SPEAKER 1

We are so busy, I don't think any of us have time to research this. Could we ask a team of OHSU RNs working on their BSN to work on a quality improvement project to address this issue? I have worked with the OHSU RNBS program before and was impressed by their dedication and results. The Quality Improvement Project group can work with us to investigate our current metrics and identify how our staff can use best practice guidelines and identify core measures to improve our effectiveness in wound healing for our patients in the mobile health setting. The Quality Improvement Group should be able to make recommendations to help us improve these metrics related to wound healing.

Metrics shared in scenario:

The following data summarize the last 12 months of wound-related outcomes, compared with the prior year:

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Note to faculty utilizing toolkit: These scenarios can be adapted to existing QIP project work in your program. Contact OHSU SNT to request instructions or rubrics for the online exemplar provided in this template.

Process for Completing this term-long Quality Improvement Project (QIP)

The examples below show the foundational aspects of a quality improvement project and are aligned with the QIP assignments that your Team will be completing. Always check evaluation rubrics in the Weekly Lessons.

QIP Team Learning Agreement

QIP Overall Aim Statement

Individual Literature Review

Team Literature Review Summary (Example N/A)

EHR Data Return (from faculty in Week 5)

Focused Aim Statement

Midterm Professional Poster (Example N/A)

Team Effectiveness Evaluation (Example N/A)

Organizational Assessment (Example N/A, issue from faculty in Week 7)

Final Professional Poster (final data via Announcement in Week 8)

Executive Summary as a Letter

Executive Summary as an Infographic