**EMPOWERMENT PATHWAY PREVENTING PRESSURE INJURY**

**Outline Partner Communication Plan**

Collaboration between partners is critical to our transnational partnership and the shared aim to contribute to the transformation of healthcare systems in Europe to improve prevention of pressure injury.

Partners are jountly committed to support the programme of research, development and dissemination to use existing networks and relationships available to partner institutions, and to create relationships and reach out to new networks to further their aims.

**Shared strategic vision**

* To establish a high standard of evidence to inform professional understanding and practice to prevent pressure injury
* To influence policy makers and decision makers to enable change in preventive practice for pressure injury
* To empower and enable patients to understand and engage in self help for pressure injury prevention
* To facilitate and support practitioner education and development to engage with technology and resources for prevention of pressure injury

To achieve this vision, partners will commit to the EPPPI project and continue to mobilise via a long term commitment to furthering the legacy of the project.

**Structure**

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| **Trans-national Partnership Structure** | **ToR Outline** | **Functions** | **Mechanisms** | **National supporting structures as required** |
| Project Co-ordination Group | Overall project accountability for deliveryMembership: lead from each partnerChair: Project Co-ordinatorSecretariat: Project Co-ordinator | Leadership, cohesion, partnership-wide approach, governancePIDMonitoring reports THCSDissemination plan | Quarterly online meetingSix monthly face-to-face trilateral meetingPartnership communications hub | Institutional governance; (e.g. National Research Scotland; Chief Scientist Office; Care Inspectorate Scotland) |
| Workstream Oversight Group | Workstream progress against plans and milestonesMembership: workstream leadsChair: Project ManagerSecretariat: Project Manager | Approve workstream plansReceive workstream progress reportsEscalation to Project Co-ordination Group | Bi-monthly online meetingPartnership communications hub |  |
| Workstreams | Workstream delivery of actions and objectivesMonitoring and data collection to support reporting on deliveryMembership: partner delivery personnel Chair: Designated workstream leadSecretariat: Project Manager | Deliver workstream objectivesReport progressIdentify risks and mitigationsCollate evidence of delivery and impactInterface with key stakeholders relevant to workstream objectivesContribute to dissemination plan | Partner designated leadMonthly online meetings per workstreamPartnership communications hub | Access to institional subject matter experts (NSS)Data governance, cyber security, clinical leadership (nursing, medical, pharmaceutical, healthcare science); ARHAI (healthcare associated infection); Research Governance; Service User Research; Marcomms. |
| Research Advisory Group | Academic engagement with research elements of projectMembership: invited academic specialists from each partner country and EUPUPChair: championSecretariat: Project Co-ordinator | Advise on research methods and analysisConnect PhD students and interested academicsConnect project findings with further research and professional teaching functions | Meet online 6 monthly for project durationPotential legacy meetings post-project completion | Access to academic knowledge and networks in host countries / across EU |
| Champion stakeholder group | Policy and professional engagement with identified champions to inform project implementation and disseminationMembersip: invited champions from each partner countryChair: championSecretariat: Project Co-ordinator | Advise on policy engagement and promotion to professional bodies to stimulate practice developmentConnect project findings to emerging policy initiativesConnect project resources to accrediting bodies | Meet online 6 monthly for project durationPotential legacy meetings post-project completion | National policy networks, civil society associations, professional associations |

**Key elements of partner collaboration**

* Virtual meetings recorded with stored transcripts (i.e. for partner translation) backed by electronic documents (agenda, minute, action log, highlight reports, papers/recommendations for decision)
* Template reporting, logging, risk matrix, comms (see Dissemination Plan)
* Partner commitment to delivery of collaborative workplans for dissemination activity
* Each partner provides a resilience and business continuity plan for key risks to project implementation (absence of key personnel, institution response to new health threat etc)

**To facilitate collaboration:**

* Secure partner collaboration platform: repository of all data, documentation, resources, plans, reports, contacts.
* Secure messaging app/channel: informal updates, news, questions and commentary
* Video conferencing and transcript: preferred method of dialogue between partners for routine and informal meetings and discussion
* Face to face country visits: commitment to minimum attendance at partner collaboration events in each country

**Partner agreements:**

* Data governance, template consent and DPIA
* Open access and dissemination of all reports, resources, deliverables and data
* Communications guidelines and templates for project identity, media positioning, links to EPPPI website and social media from partner sites and stakeholder sites
* Contribution and dissemination commitments via partner institution comms resources
* Log compilation

**Workstreams - outline**

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| --- | --- | --- | --- | --- |
| **Work package** | **Objective** | **Activities** | **Timing** | **Partner role** |
| Acute Care pathway **WP 3**Care at Home pathway **WP2** | 1.Strengthen the development of personalised PI prevention strategies, by using SEM scanner data and, where possible,using delta scoring of risk to inform and motivate patients and health care providers | Confirm the parameters of the Test of change | November-December 2024 | Poland AcuteRomania HEScotland Care@Home |
| Baseline data | Jan-Mar 2025 | Poland Acute Scotland Care@Home |
| (WP1) Engage Research Advisory Group in refining and strengthening research methods, advising on academic links | Feb-Mar 25 Sept 25Mar 26 | **NSS**All partners |
| Provide training to key actors in pathways | Feb-April 25 | Poland Acute Scotland Care@Home |
| Roll out the use of SEM Scanners in ACUTE CARE for patients in Cardiac Anaesthesiology and Intensive Care | April 25-March 26 | Poland Acute |
| Roll out the use of SEM Scanners in Care at Home pathways for patients discharged from hospital | April 25-March 26 | Scotland Care@home |
| Collect and analyse data from patient records | April 25-March 26 | Poland Acute Scotland Care@Home RoHealth |
| Undertake patient experience research on patient self-help prevention strategies | Nov 25-Jan 26 | Poland Acute Scotland Care@HomeNSS  |
| Undertake reviews of process and define improvement activities required | Quarterly via Workstream Oversight Group | All partners |
| (WP1) Engage stakeholders in dissemination activities (see outline dissemination plan) | Jan 25-June 26 | **NSS**All partners(Champions) |
| 2.Develop an understanding of how the SEM scanner can provide positive Return on Investment compared to standardclinical assessment, in reducing the onset of PI | (WP4) Analysisof changes to key actor practice | April 25-March 26 | Poland Acute Scotland Care@Home RoHealth |
| (WP4) Quantitative analysis of reported demand on healthcare | April 25-March 26 | Poland Acute Scotland Care@Home RoHealth |
| (WP1) Engage stakeholders in dissemination activities (see outline dissemination plan) | Jan 25-June 26 | **NSS**All partners(Champions) |
| Economic Study **WP 4** | Establish the benefits / dis-benefitsand potential cost savings from the use SEM Scanning for prevention of PIs | Design the Health Economics Review | Jan-Mar 25 | **RoHealth** All partners |
| Review the optimised predictive models for cost effectiveness. | Sept-December 25 | **RoHealth**All partners |
| Produce a Health Economics Report | Jan 26 | **RoHealth**All partners |
| (WP1) Engage stakeholders in dissemination activities (see outline dissemination plan) | Jan 25-June 26 | **NSS**All partners(Champions) |
| Value based assessment of system change requirements (resource allocation, prescribing) | Sept-December 25 | RoHealthScotland Care@Home |
| Project Co-ordination, Engagement and Influencing **WP1** | Influence system transformation via policy change for pressure injury prevention | Disseminate EPPPI learning, data and resources (see outline dissemination plan) | Jan 25-June 26 | **NSS**All partners(Champions)(Research Advisory Group) |
| Influence practitioner awareness and professional development for pressure injury prevention | Engage stakeholder groups in dissemination activities (see outline dissemination plan) | Jan 25-June 26 | **NSS**All partners(Champions)(Research Advisory Group) |
| Develop learning tools, resources and materials (see outline dissemination plan) | Jan 25-June 26 | **NSS**All partners(Champions)(Research Advisory Group) |
| Develop collaborative partnership with a shared vision to influence healthcare system transformation for pressure injury prevention | Establish all collaboration mechanisms and governance | From month 1 to 18 | **NSS**All partners |
| Co-ordinate national and international relationships, stakleholder groups and dissemination / comms activities | From month 1 to 18 | **NSS**All partners(Champions)(Research Advisory Group) |
| Create project legacy (proposals, embedded resources) | From month 12 to 18 | **NSS**All partners(Champions)(Research Advisory Group) |