Clinical Safety & Effectiveness
Cohort 16

Improve Documentation and Assessment of Pressure Ulcers

CENTER FOR PATIENT SAFETY & HEALTH POLICY

UT Health Science Center
SAN ANTONIO
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The aims of this project are (1) to increase physician documentation of patients with pressure ulcers admitted to the 5th Floor Acute Care Unit from 62% to 80%, and (2) to improve nursing staff assessment of pressure ulcers from 53% accuracy to 70% by May 8, 2015.

Accurate patient assessment and medical staff documentation will allow for early interventions in patient care, referral to wound care services, and to decrease the loss of reimbursement for the treatment of pressure ulcers.
## Project Milestones

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Recent Review in Annals of Internal Medicine

- Between 1995 and 2008, incidence increased by 80%
- Estimated 2.5 million patients will develop an ulcer annually
- 60,000 patients die annually from complications related to hospital-acquired pressure ulcers

Decrease in reimbursement for the treatment of hospital-acquired pressure ulcers
• In 2014
  ○ Loss of $280,800 in reimbursement

• Additional penalty (2011-2013)
  ○ No clear documentation of present on admission
  ○ Cost: $300,000

• Cost of the treatment of stage 3 and 4 ulcers
  ○ $20,000 to $151,000 per ulcer
  ○ $48,000 additional costs to hospital admissions
Process Analysis Tools
Cause and Effect Diagram

Physician
- Admits come during the night
- Focus on chief complaint
- Lack of formal education for staff
- Lack of understanding of financial risk
- No clear identification of at risk pts

Don’t know how to document
Don’t know how to assess
Rounding on multiple floors

System
- Difficult to document in eMR
- Nothing for Physicians

Staff
- Several admits at one time
- Unaware of how to assess
- Notifying Physician about problem
- Unaware of proper documentation

Unaware of Pressure Ulcer Team
- No clear process
- Unaware of proper documentation

Pressure ulcer present on admission but not documented
- Difficult to see within eMR
- Admitting Dept doesn’t document
Decision Making Tools
Background Data

- Created a survey for medical staff to describe problems with documentation

- Utilized the best method for each role
  - Providers will be most responsive to the electronic survey since they can get it done at their convenience
    - Attendings, residents, physician assistants, nurse practitioners
  - Nurses will be most responsive to the hand-delivered survey during pre-existing team meeting
  - Used a defined timeline for completion
  - Allowed for open-ended feedback, everyone has opportunity to add to the discussion
Provider Survey Feedback for Documentation

Reason Given

- Education: 13 responses (29%)
- Communication: 12 responses (56%)
- EMR: 8 responses (73%)
- RN Use Pressure Ulcer Note: 7 responses (89%)
- Other: 5 responses (100%)

Source: Provider Pre Survey February 2015
Nurse Survey Feedback for Documentation

Source: Nurse Pre Survey Feb-Mar 2015
Pre-Intervention Measurement
Pre-Intervention Measurement

- Using existing daily pressure ulcer report based on nursing EMR flowsheet documentation, we identified patients in 5ACU, and evaluated medical staff documentation in electronic medical record.

- Perform a survey of medical staff on their current knowledge and practices surrounding the documentation of pressure ulcers.

- Compare nursing assessment of pressure ulcer stage as compared to wound care evaluation.

- Evaluate use of electronic link in nursing documentation to stage pressure ulcers.
Well trained in the documentation of pressure ulcers?

Well trained in the assessment of pressure ulcers?

Source: Provider Pre Survey February 2015
Nurse Responses to Pre Survey (n=48)

Source: Nurse Pre Survey Feb-Mar 2015

- Knowledge of documentation requirements for pressure ulcers?
- Training in assessment of pressure ulcers?
Rate of Pressure Ulcer Documentation by Provider Pre-Intervention

Source: Daily Pressure Ulcer Report, EMR Provider Documentation Audits
Rate of Accurate Pressure Ulcer Assessment by Nurse Pre-Intervention

Source: Daily Pressure Ulcer Report, EMR Nurse Documentation Audits
Rate of Link Usage for Staging Pressure Ulcer by Nurse Pre-Intervention

Source: Daily Pressure Ulcer Report, EMR Nurse Documentation Audits
PLAN: Intervention
PLAN: Intervention

- Education
  - Meet with providers during noon conference
  - Nursing Education
    - 1:1 Training
    - Competency modules
  - Materials posted in team room
    - Pressure Ulcer Staging
    - Documentation Requirements
- Improve Communication Between Providers
  - Alert in patient rooms

**Daily List of Patients with a Pressure Ulcer is Useful?**

- Yes
- No

Source: Provider Pre Survey February 2015
DO: Implementing the Change
Provider Interventions

- **Medicine Conference**
  - Approximately 96 Residents
  - Approximately 50 Providers (Attendings, Nurse Practitioners, Physician Assistants)

- Distributed pocket cards with staging information

- Face-to-face feedback by team

- Daily list of patients with pressure ulcers
  - Available at unit clerk desk

**Documentation of Pressure Ulcers**

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**Source:** Daily Pressure Ulcer Report, EMR Documentation Audits
Challenges - Providers

- Ward residents change frequently
- Limited interaction with night admitting team
- Low attendance at conferences
- No one picked up daily patient list
- Difficult to locate nursing assessment in electronic medical record
  - Nursing assessment performed after admission note has been written
Nurse Education

- PowerPoint presentation before shift huddles am/pm
  - Week of 3/16/15 - 3/20/15
  - Staging game
  - Documentation errors/documentation tips
  - Reference, i.e. Pressure Ulcer Link in Sunrise
  - Purple visual cue on the safety checklist in patient room

- Back to Basics: Pressure Ulcer Awareness hospital-wide
  - Week of 3/23/15 - 3/26/15
  - Cost/Fines
  - Common facts/prevention
  - Documentation tips
Improve Communication

- Safety Checklist sign in every patient room
  - Discussed in nursing huddles daily
  - Easily visible to physicians
- Improved discussion among providers
- Promoted interest in intervention
Accurate Assessment

- Use resources, link to stages of pressure ulcers is available in the Sunrise EMR Flowsheet
Challenges - Nurses

- **Safety Checklist Sign**
  - Not placed in a consistent location in the room
  - Forgot to remove sticker with new patient in room
  - Housekeeping removed signs
  - Signs fell down

- **New hires and rotating nurses on floor**
  - Not familiar with protocol
CHECK: Results/Impact
Provider Responses to Post Survey (n=25)

- **Improved knowledge of documentation?**
  - Yes: 91%
  - No: 9%

- **Lecture at conference useful?**
  - Yes: 74%
  - N/A: 26%

- **Sign in patient room helpful?**
  - Yes: 69%
  - No: 31%

Source: Provider Post Survey May 2015
Nurse Responses to Post Survey (n=31)

- Information provided during in-service helpful?
  - Agree: 97%
  - Disagree: 3%

- More confident communicating with physicians?
  - Agree: 97%
  - Disagree: 3%

- More aware of staging and documenting resources?
  - Agree: 97%
  - Disagree: 3%

- More aware of documentation requirements?
  - Agree: 97%
  - Disagree: 3%

Source: Nurse Post Survey May 2015
Rate of Pressure Ulcer Documentation by Provider Pre & Post Intervention

Source: Daily Pressure Ulcer Report, EMR Provider Documentation Audits
Rate of Accurate Pressure Ulcer Assessment by Nurse Pre & Post Intervention

Source: Daily Pressure Ulcer Report, EMR Nurse Documentation Audits
Rate of Link Usage for Staging Pressure Ulcer by Nurse Pre & Post Intervention

Source: Daily Pressure Ulcer Report, EMR Nurse Documentation Audits
ACT: Sustaining the Results

**Nurses**
- NDNQI modules completed on date of hire and annually
- Developing a 5 ACU Pressure Ulcer team
- Quarterly PowerPoint presentation about Pressure Ulcers and any up to date information as needed
- Ability to place consult for wound care

**Providers**
- Continue signs in patient rooms
- Education on location of nursing assessment
- Add documentation requirements to ward orientation
Estimate Potential Savings

- No penalties: $300,000
- Improve reimbursement: $280,000
- Savings in treatment on non-hospital acquired pressure ulcers: $50,000 per patient

Cost of project: zero
- Used existing resources

Improvement in patient care: priceless
Conclusion/What’s Next

- Increased awareness of importance of proper documentation of pressure ulcers
- Increased awareness of challenges in communications between staff
- Next Steps
  - Create a floor pressure ulcer team
  - Involvement of staff on other floors
  - Working with other departments on improving orientation of housestaff to include documentation requirements
  - Possible structured admission note with required elements
  - Add pressure ulcer assessment section to Clinical Summary in Sunrise
The heart of health care
Thank you!