



Clinical Safety & Effectiveness  
Cohort 16

**Improve Documentation and  
Assessment of Pressure Ulcers**

 CENTER FOR PATIENT SAFETY & HEALTH POLICY  
**UT HEALTH SCIENCE CENTER**<sup>TM</sup>  
SAN ANTONIO

# The Team

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- **Division**

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- Jennifer Ramos, RN, Nurse Educator
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- **Sponsor Department:**

- James Barker, MD, Medical Director for Clinical Services
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# AIM Statement

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The aims of this project are (1) to increase physician documentation of patients with pressure ulcers admitted to the 5<sup>th</sup> 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.



# Background

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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



# University Hospital

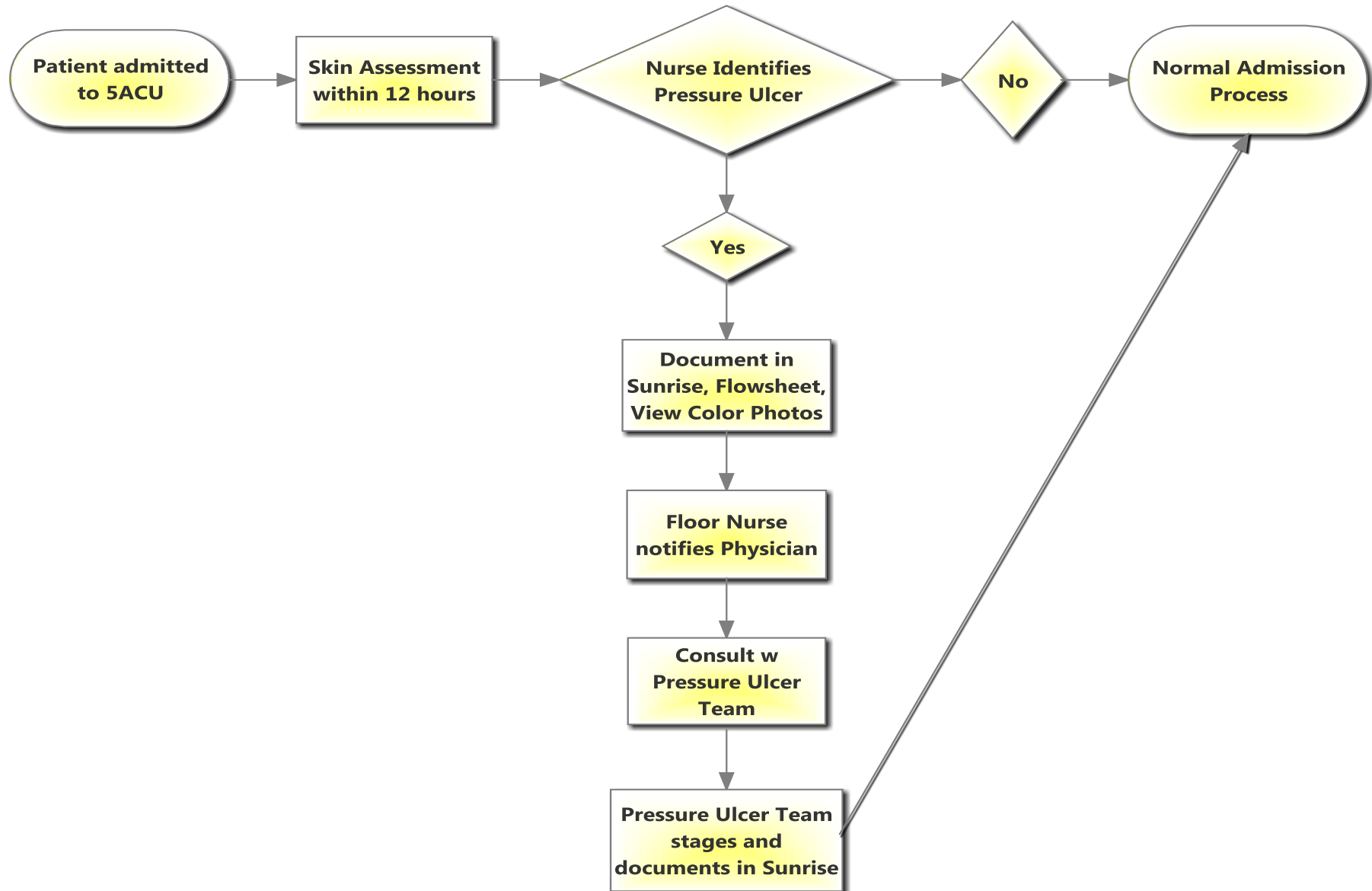
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- **In 2014**
  - Loss of \$280,800 in reimbursement
- **Additional penalty (2011-2013)**
  - No clear documentation of present on admission
  - Cost: \$300,0000
- **Cost of the treatment of stage 3 and 4 ulcers**
  - \$20,000 to \$151,000 per ulcer
  - \$48,000 additional costs to hospital admissions

# Process Analysis Tools

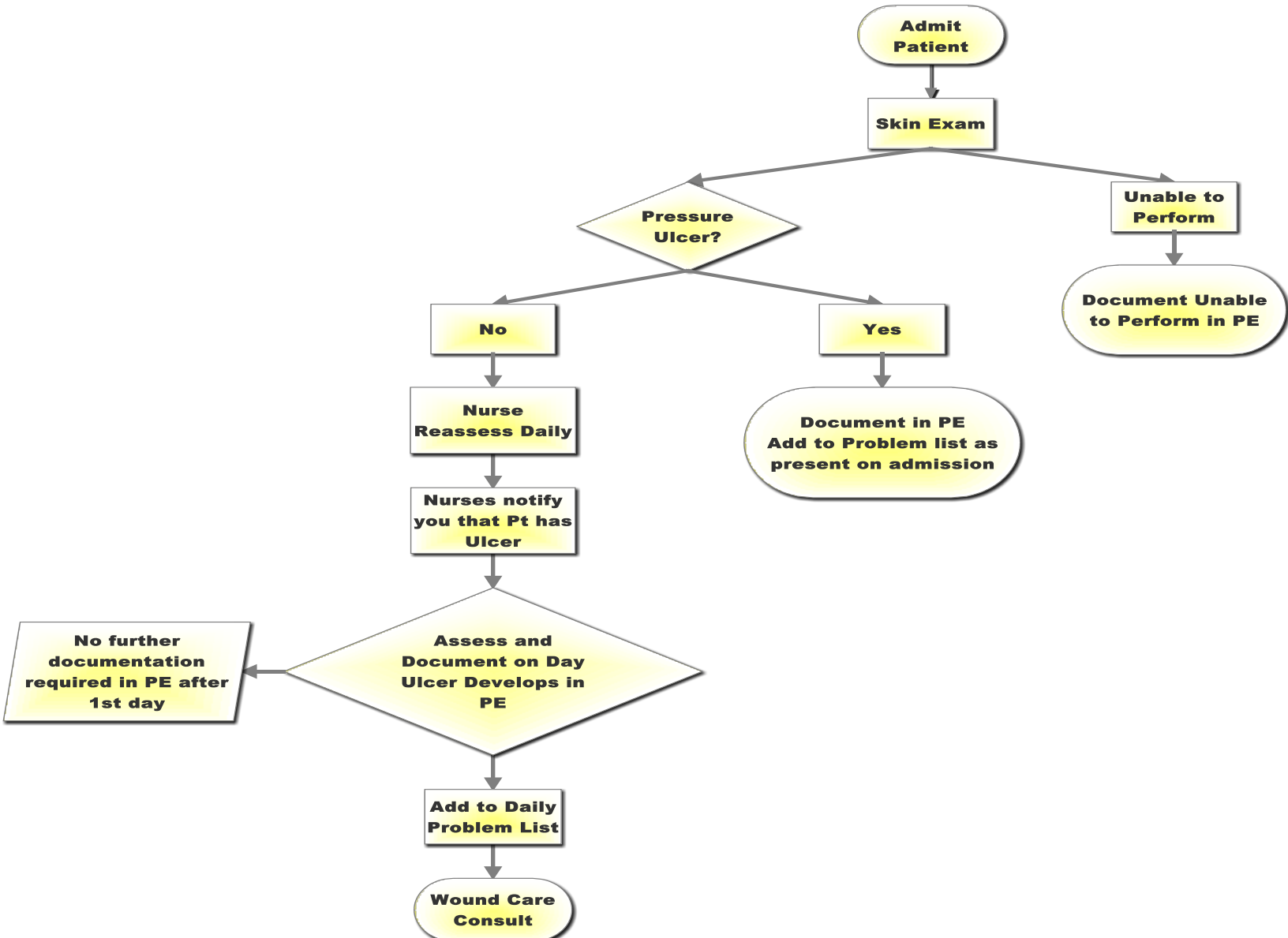


# Process Flowchart for Nurses

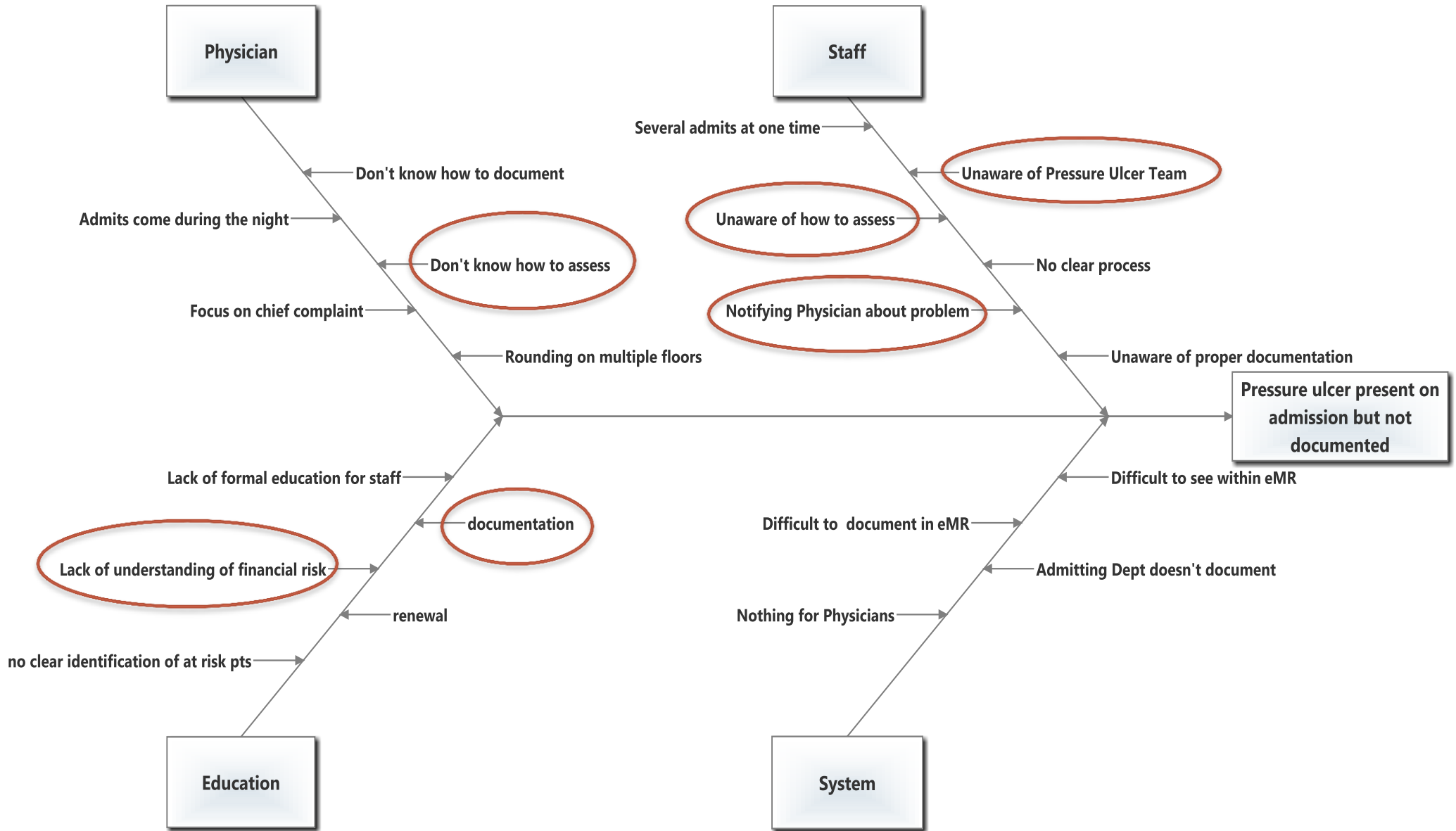




# Process Flowchart for Providers



# Cause and Effect Diagram



# Decision Making Tools

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# Background Data

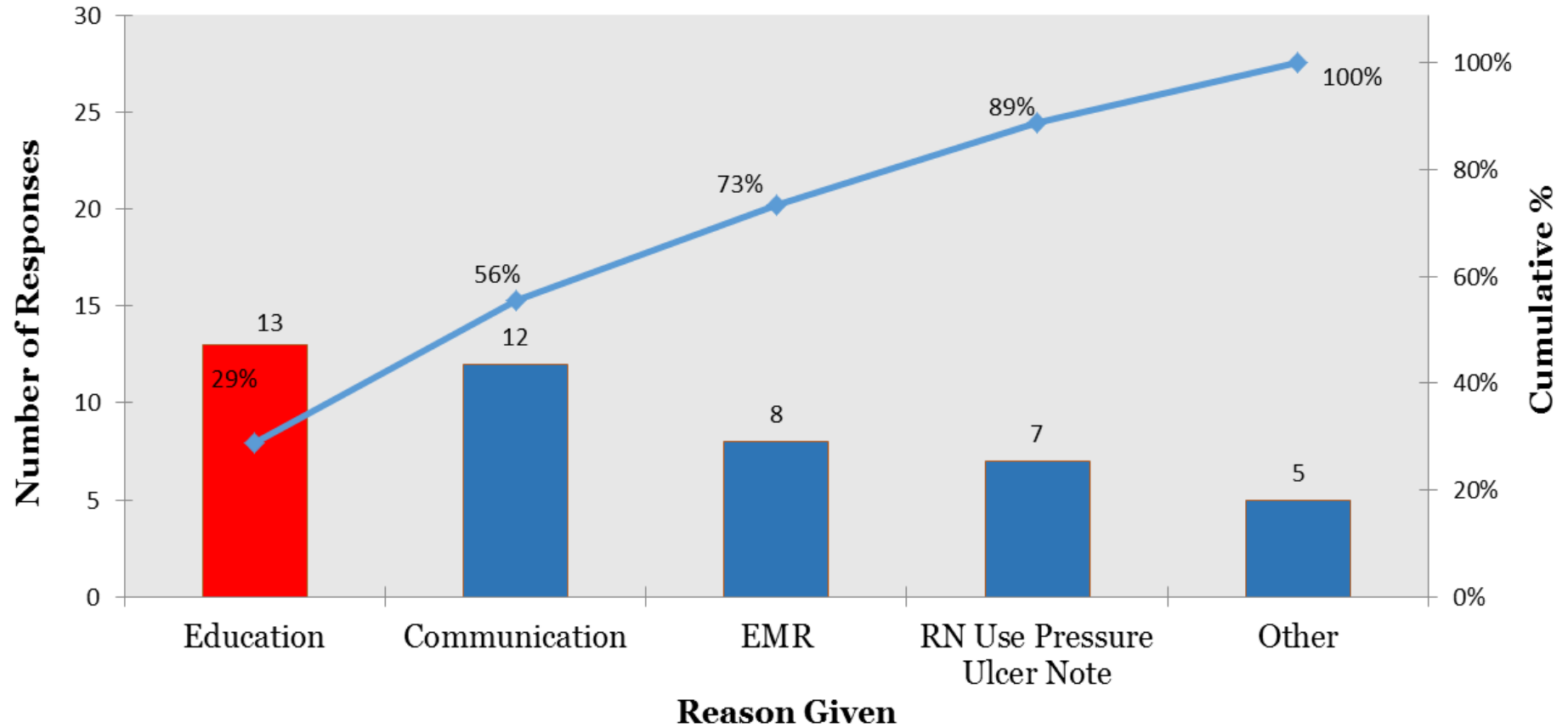
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- Created a survey for medical staff to describe problems with documentation
- Utilized the best method for each role
  - Providers will be most responsive to the electronic survey since they can get it done at their convenience
    - ✦ Attendings, 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

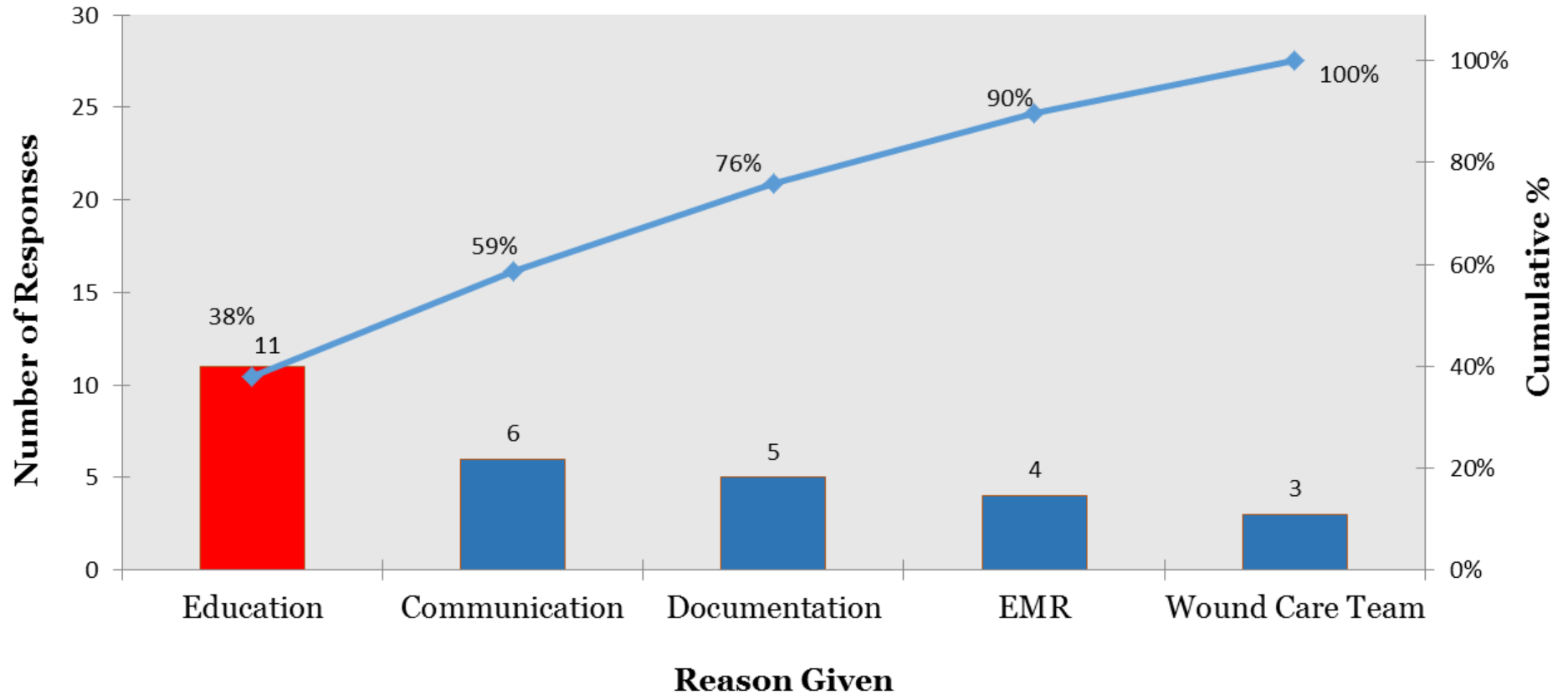
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Source: Provider Pre Survey February 2015

# Nurse Survey Feedback for Documentation

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Source: Nurse Pre Survey Feb-Mar 2015

# Pre-Intervention Measurement

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# Pre-Intervention Measurement

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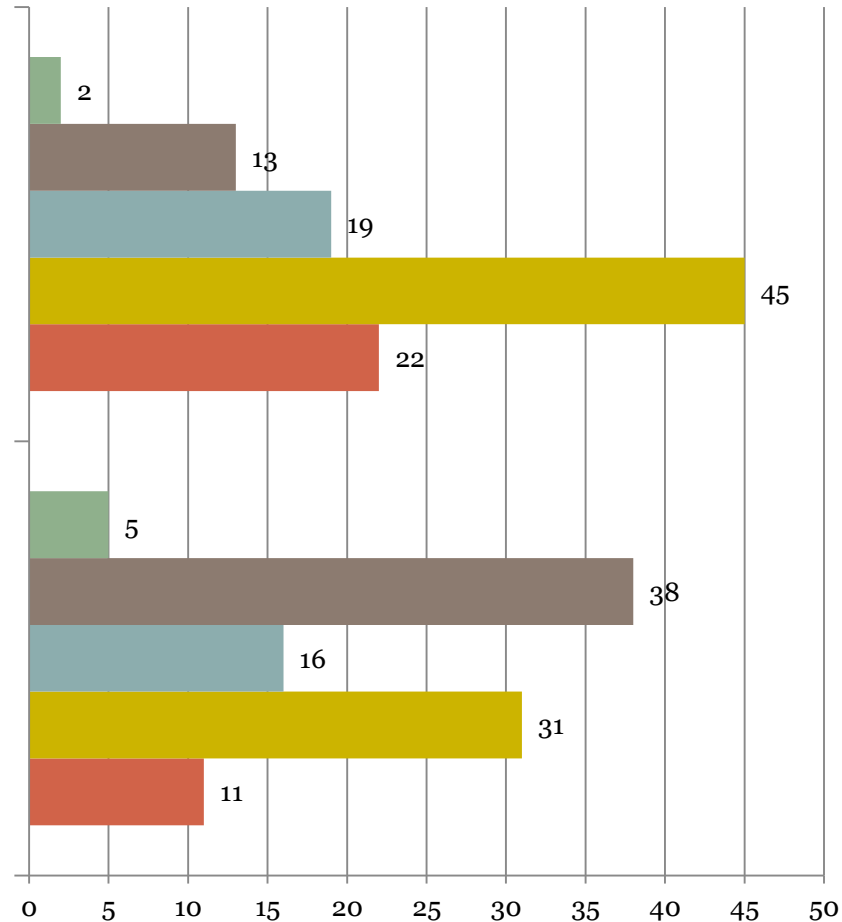
- Using existing daily pressure ulcer report based on nursing EMR flowsheet documentation, we identified patients in 5ACU, and evaluated medical staff documentation in electronic medical record
- Perform a survey of medical staff on their current knowledge and practices surrounding the documentation 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



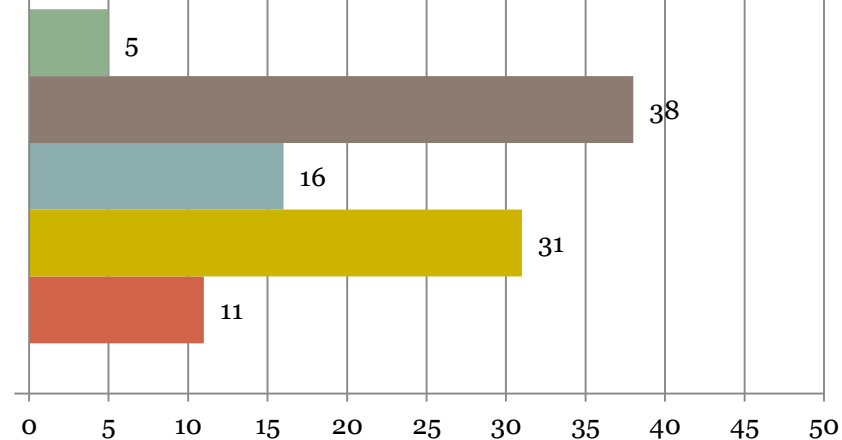
# Provider Responses to Pre Survey (n=64)

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Well trained in the documentation of pressure ulcers?



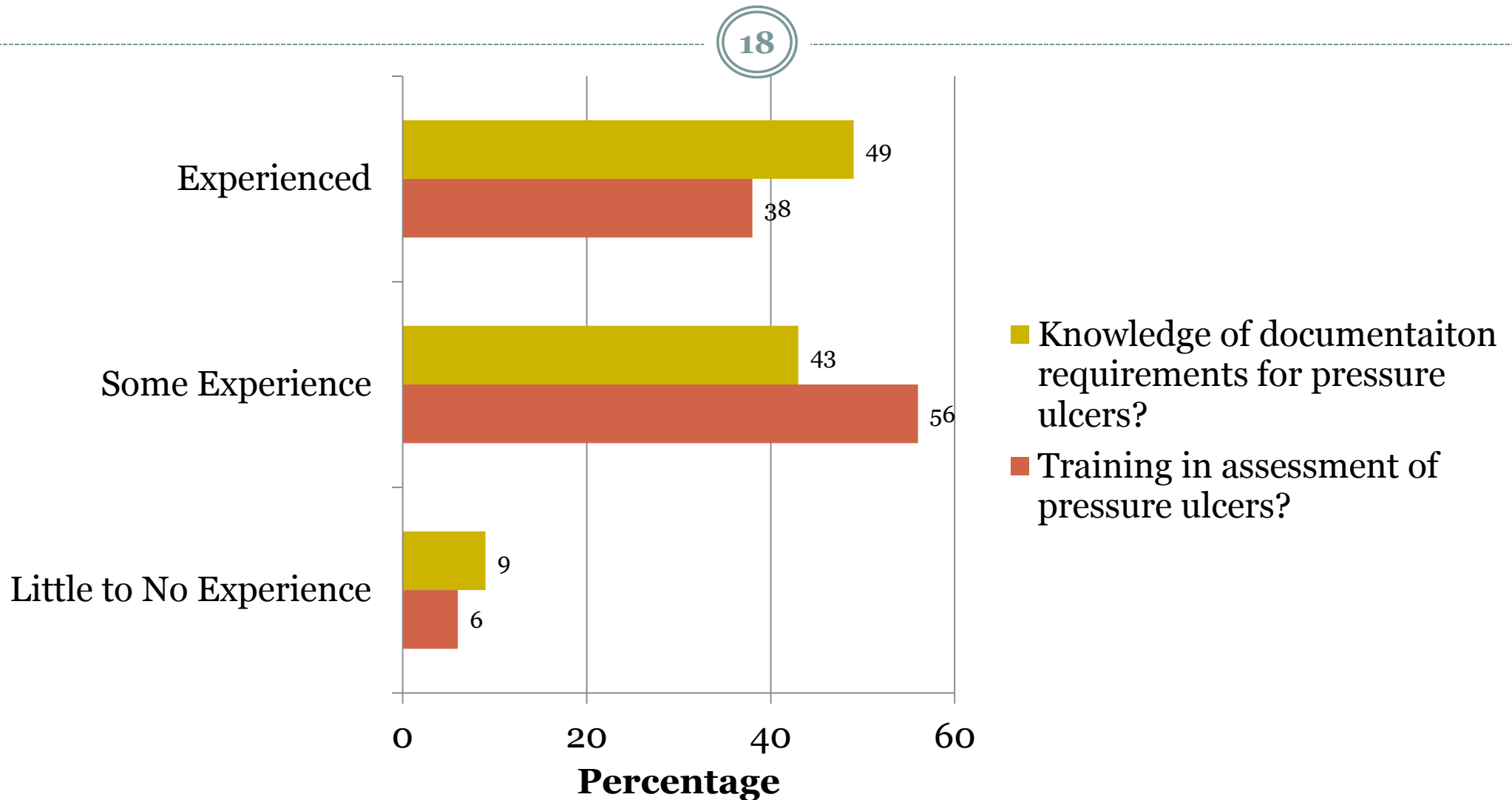
Well trained in the assessment of pressure ulcers?



Percentage

Source: Provider Pre Survey February 2015

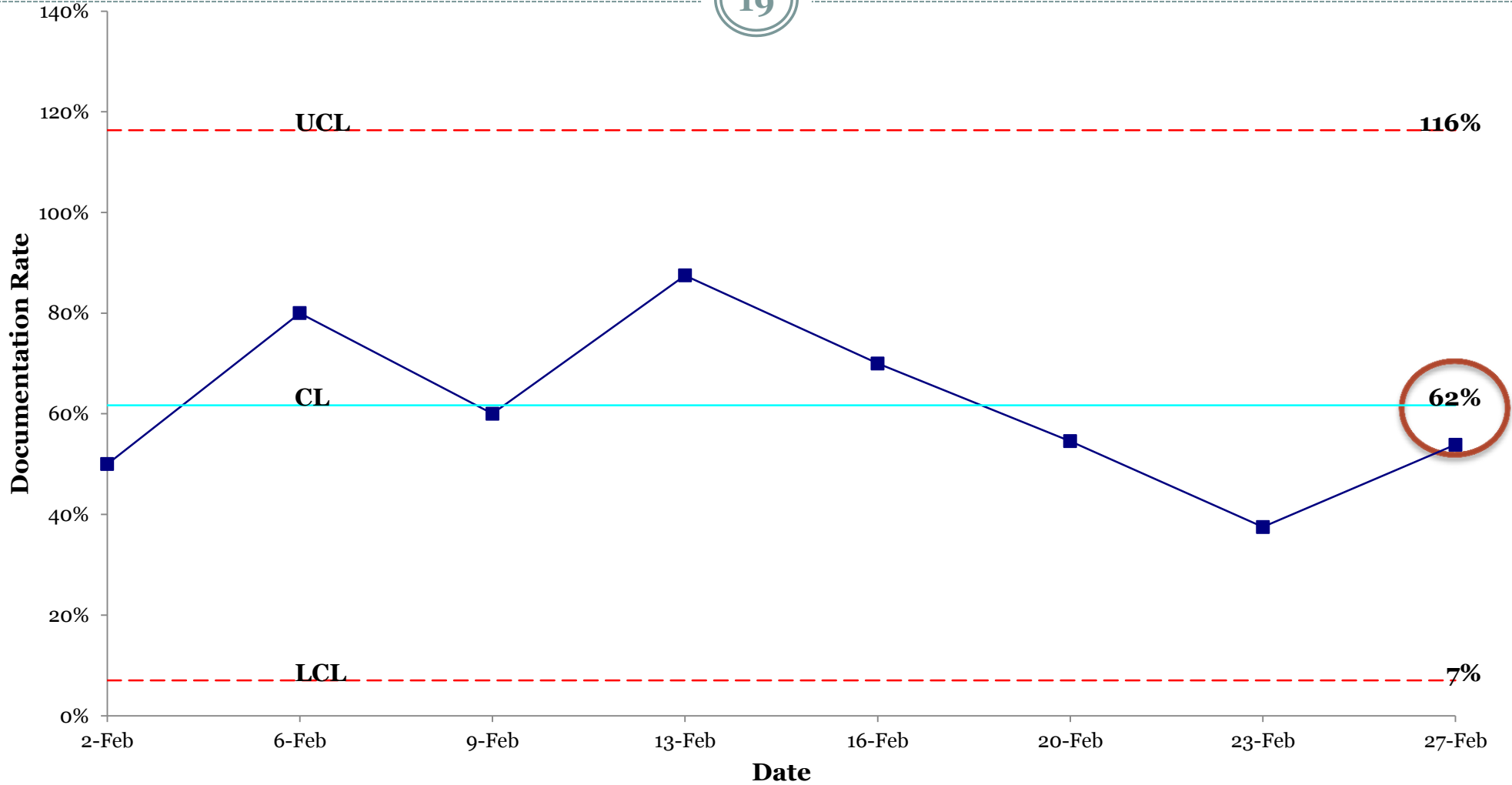
# Nurse Responses to Pre Survey (n=48)



Source: Nurse Pre Survey Feb-Mar 2015

# Rate of Pressure Ulcer Documentation by Provider Pre-Intervention

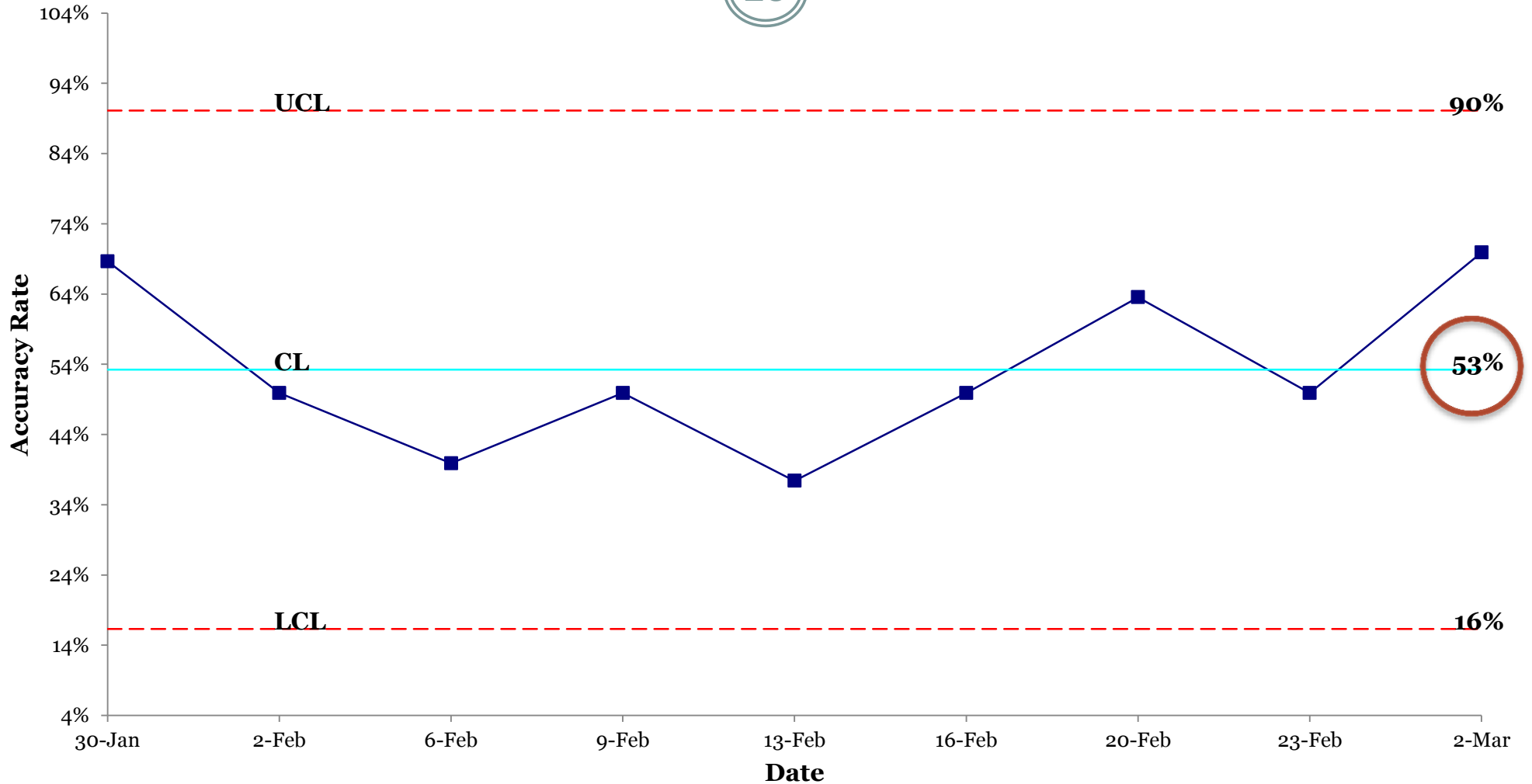
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Source: Daily Pressure Ulcer Report, EMR Provider Documentation Audits

# Rate of Accurate Pressure Ulcer Assessment by Nurse Pre-Intervention

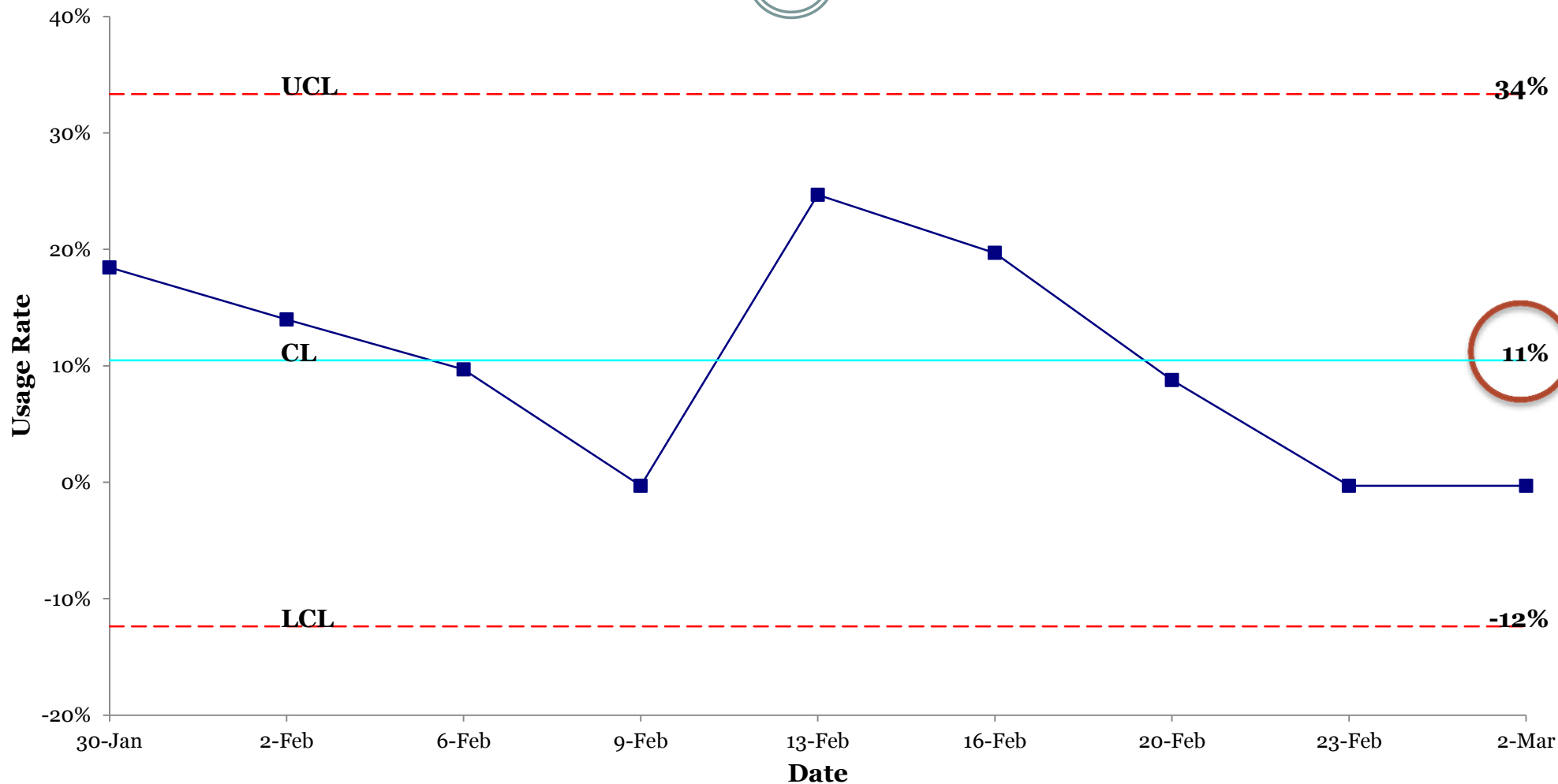
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Source: Daily Pressure Ulcer Report, EMR Nurse Documentation Audits

# Rate of Link Usage for Staging Pressure Ulcer by Nurse Pre-Intervention

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Source: Daily Pressure Ulcer Report, EMR Nurse Documentation Audits

# PLAN: Intervention

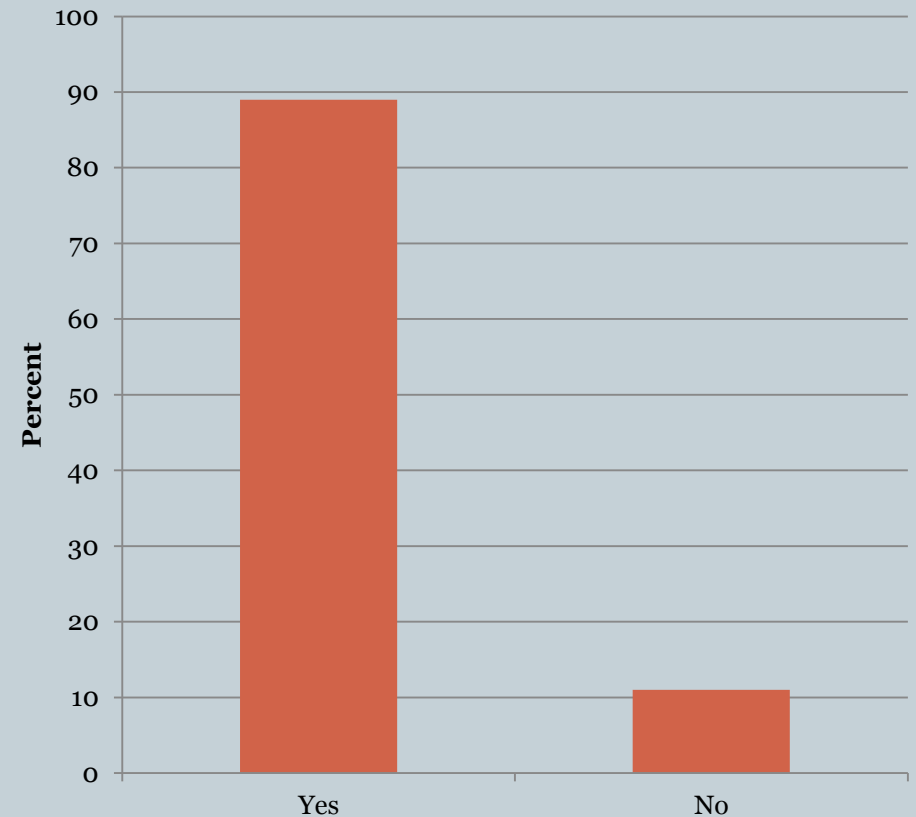
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# PLAN: Intervention

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- **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?



Source: Provider Pre Survey February 2015

# DO: Implementing the Change

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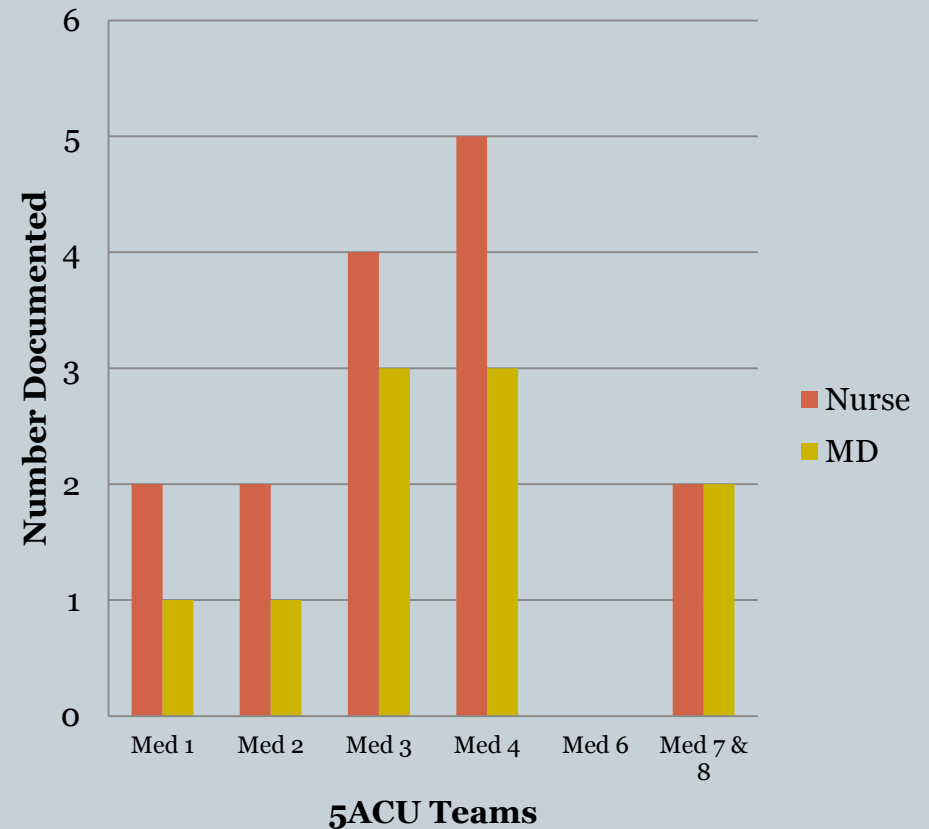


# Provider Interventions

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- **Medicine Conference**
  - Approximately 96 Residents
  - Approximately 50 Providers (Attending, 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  
Week of March 2, 2015**



**Source:** Daily Pressure Ulcer Report, EMR Documentation Audits

# Challenges - Providers

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- 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

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- **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

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



## **Safety Checklist**

Foley Catheter

Central Line/ IV access

Pain Management

Pressure Ulcer

DVT prophylaxis

Falls (Morse- mod or high risk)

Mobility (Independence/Stage)

Nutrition (I/O Food/Fluids)

Immunization (Flu/Pneumonia)

EDD



# Improve Assessment

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## Accurate Assessment

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

The image displays a screenshot of the Sunrise EMR interface. The main window shows a patient's assessment flowsheet for 'UHTEST, APPLE'. The patient's vital signs are listed as Ht: 165.1cm, Wt: 58.1kg, BMI: 21.3 kg/m<sup>2</sup>. Allergies include PENICILLIN, DAIRY PRODUCTS, LACTOSE, LOBSTER, and PEANUTS. The flowsheet includes sections for '04 Assessment/Intervention', 'Therapeutic Interventions (If or For)', 'Skin (Contains Unsaved Data)', 'Braden Risk Assessment', and 'Pressure Ulcer'. A 'Pressure Ulcer' section is visible, with a 'Reference Link' field containing the URL 'http://phone/Protoc...'. A 'Pressure Ulcer Link Reference Link' dialog box is open, showing a 'Filter To:' field and a 'Review reference' checkbox. The dialog box has 'OK' and 'Cancel' buttons.

The linked PDF document, titled 'STAGES OF PRESSURE ULCERS', is displayed in a separate window. It provides information on the 2007 NPUAP 'Revised' Pressure Ulcer Stages, including definitions and locations where pressure ulcers commonly occur. The document is divided into four stages: Stage I, Stage II, Stage III, and Stage IV. Each stage includes a description and a corresponding photograph of the ulcer. The document also includes a 'Locations where pressure ulcers commonly occur' section with illustrations of a person lying in bed and sitting in a wheelchair.

# Challenges - Nurses

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- **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

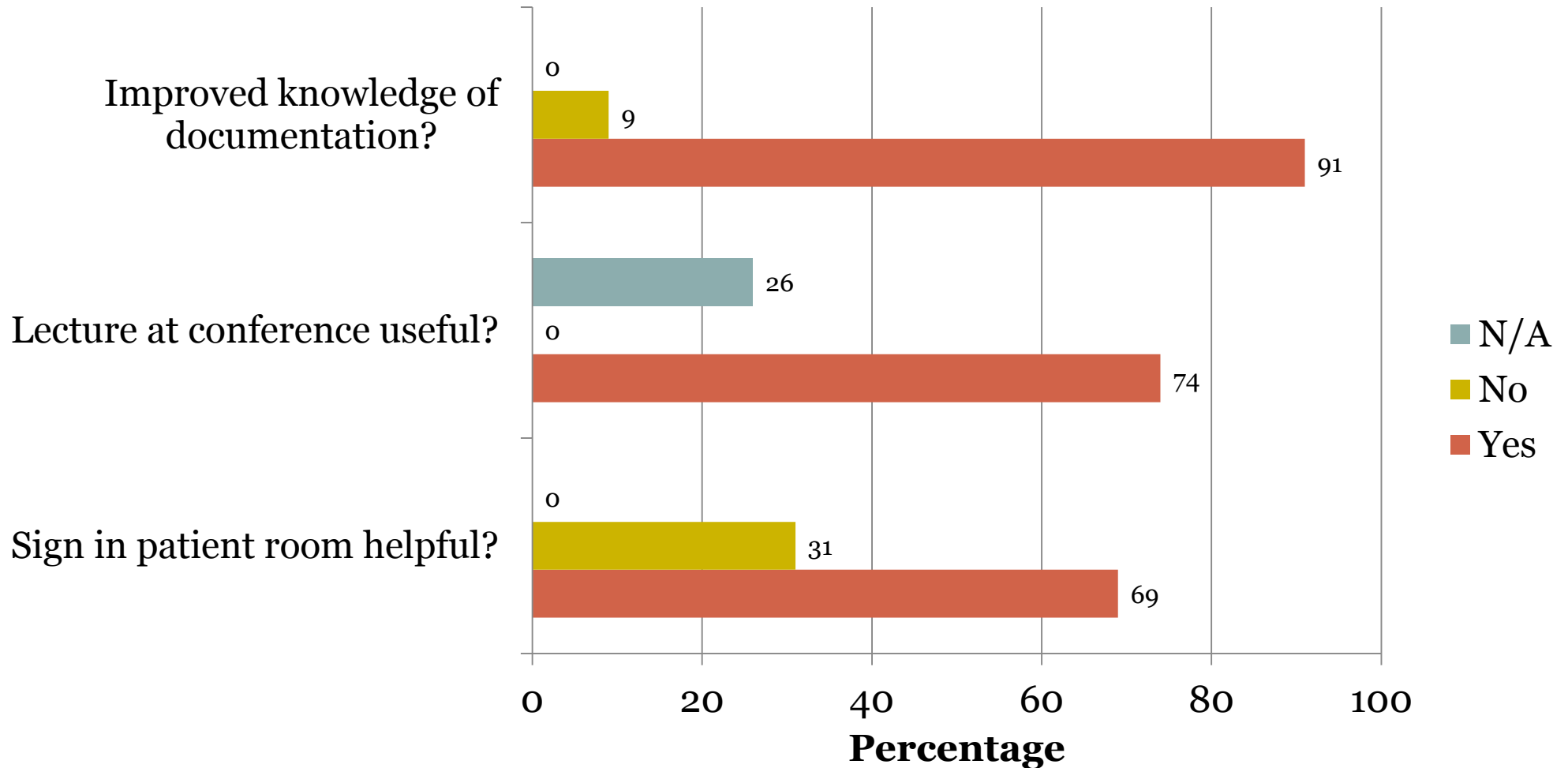


# CHECK: Results/Impact

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# Provider Responses to Post Survey (n=25)

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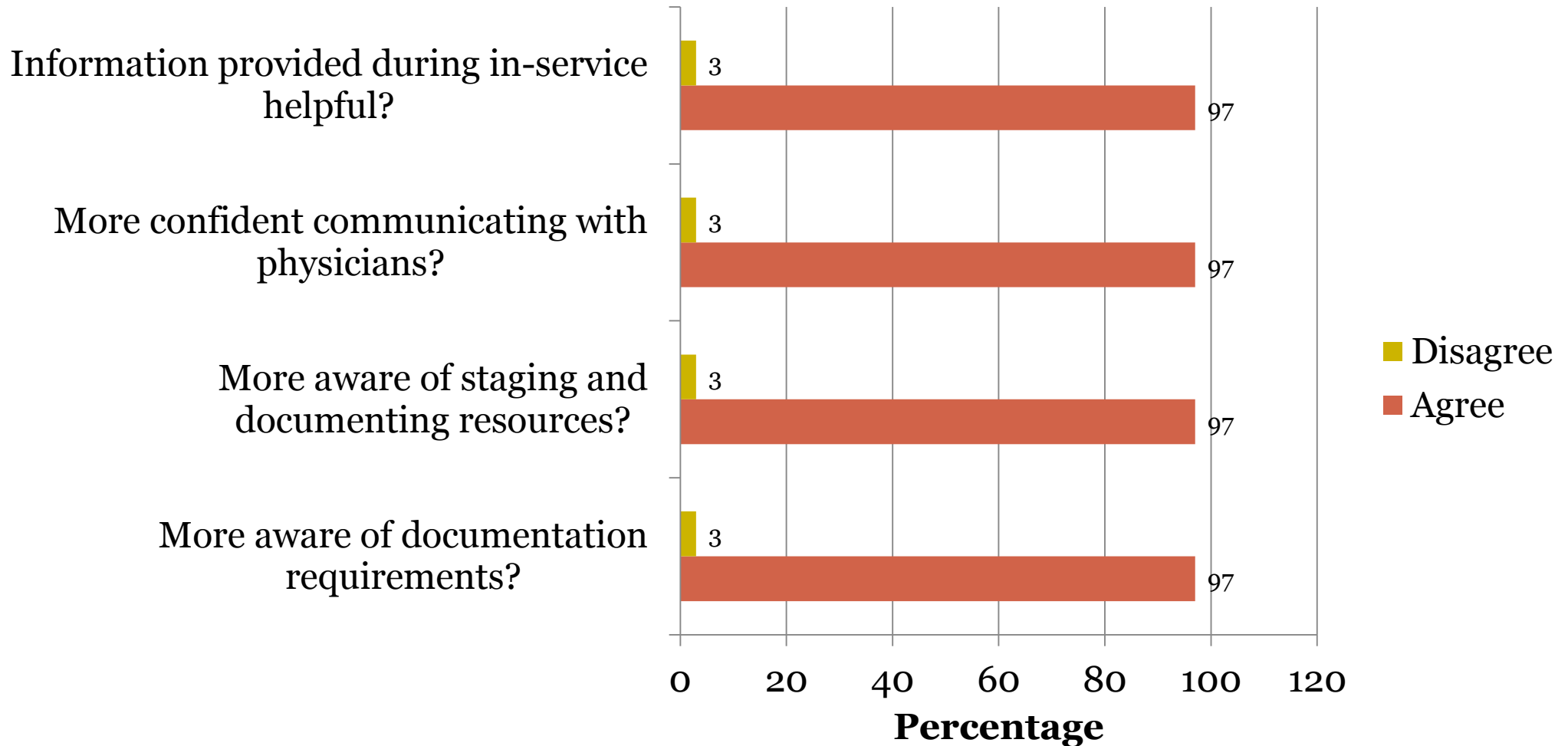


Source: Provider Post Survey May 2015



# Nurse Responses to Post Survey (n=31)

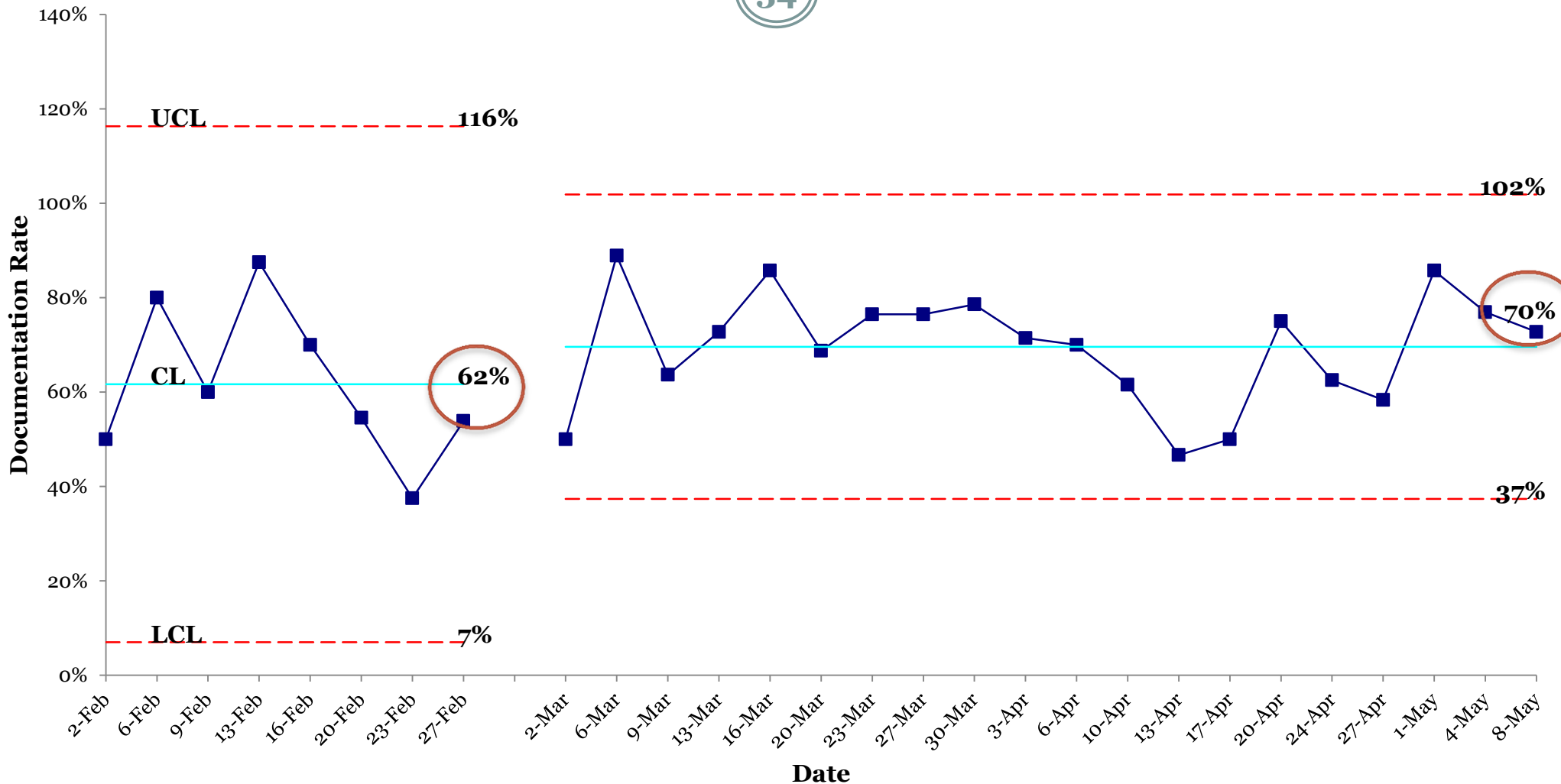
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Source: Nurse Post Survey May 2015

# Rate of Pressure Ulcer Documentation by Provider Pre & Post Intervention

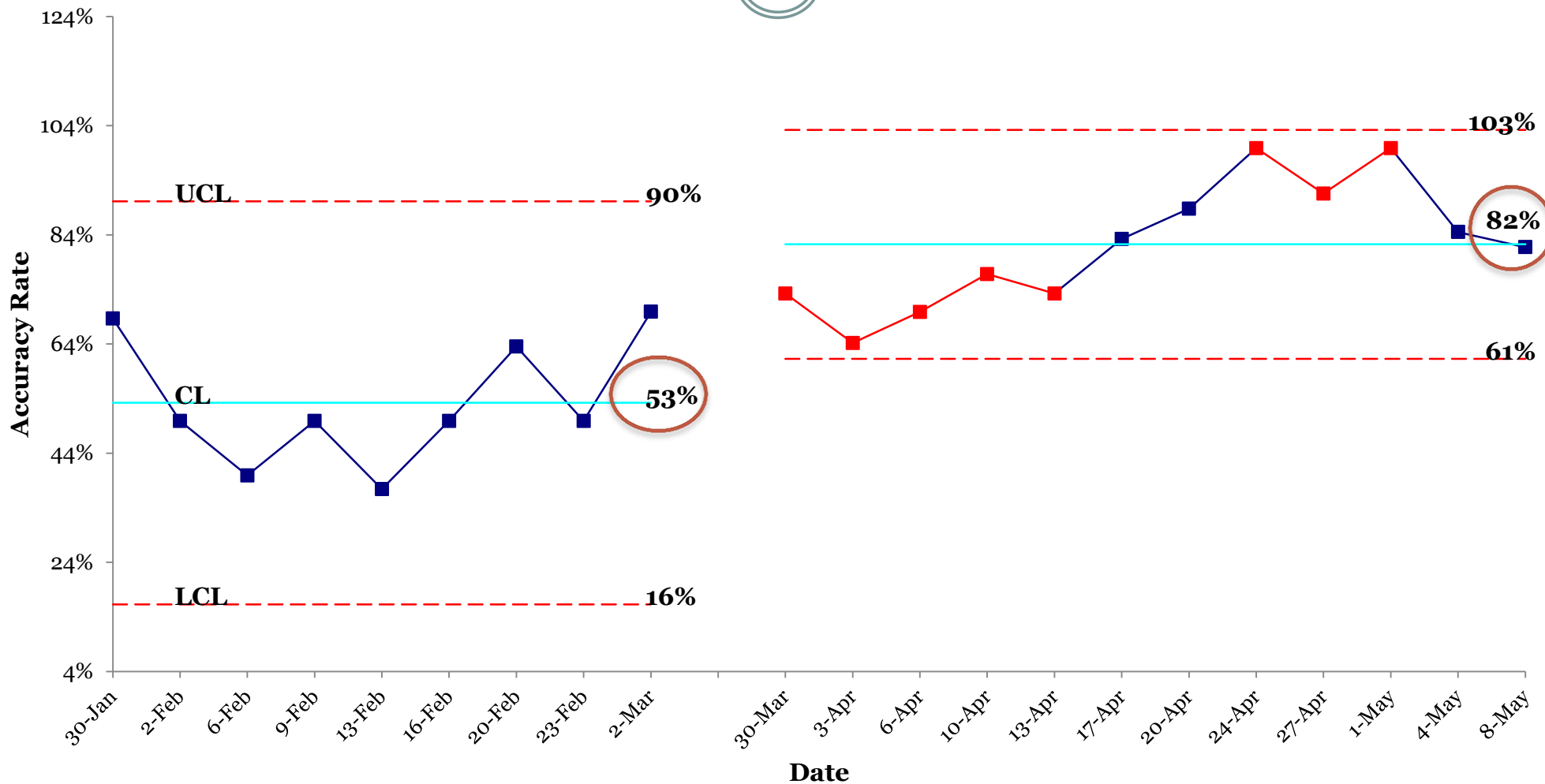
34



Source: Daily Pressure Ulcer Report, EMR Provider Documentation Audits

# Rate of Accurate Pressure Ulcer Assessment by Nurse Pre & Post Intervention

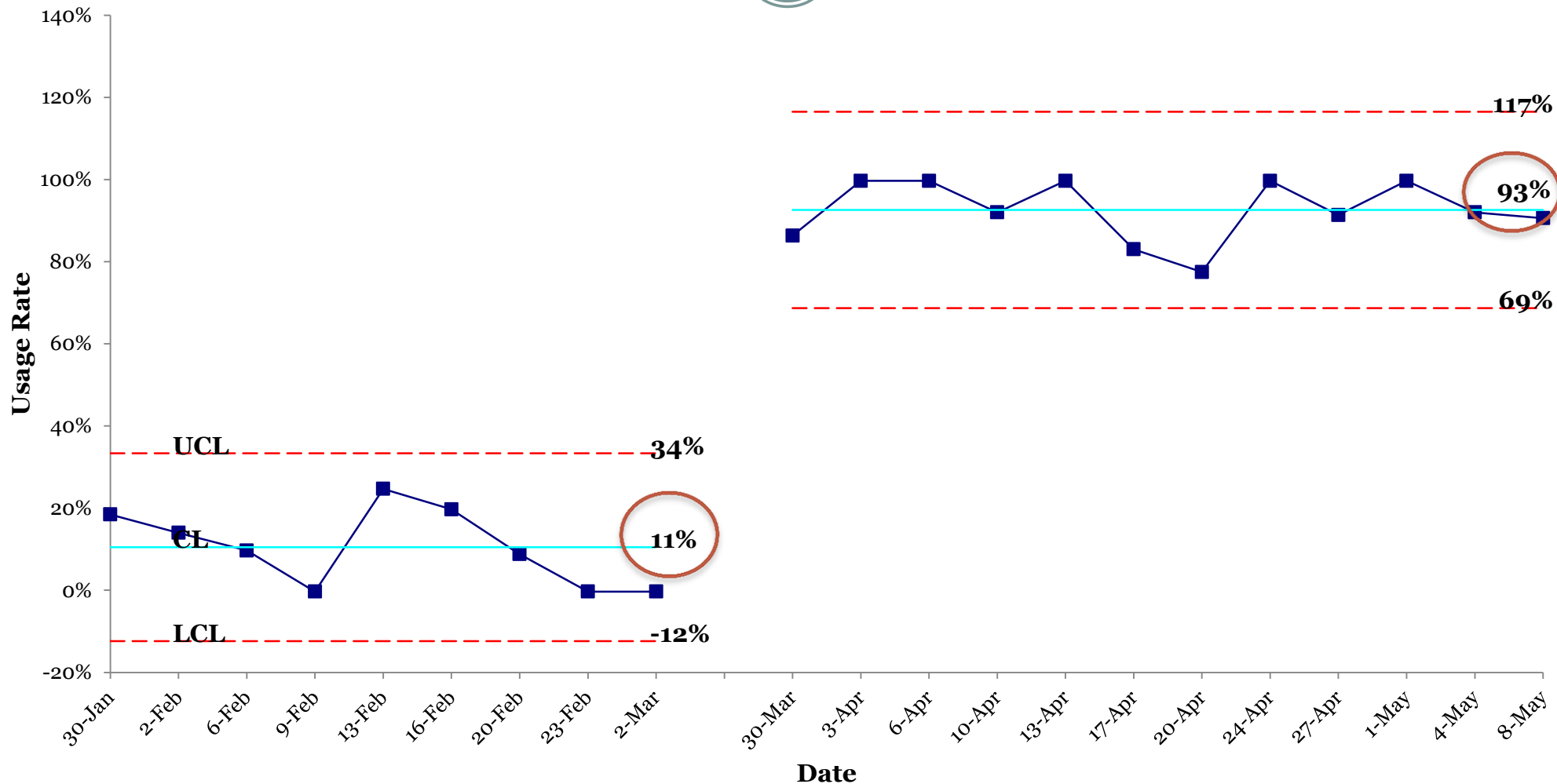
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Source: Daily Pressure Ulcer Report, EMR Nurse Documentation Audits

# Rate of Link Usage for Staging Pressure Ulcer by Nurse Pre & Post Intervention

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Source: Daily Pressure Ulcer Report, EMR Nurse Documentation Audits

# ACT: Sustaining the Results

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- **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

# Return on Investment

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- Estimated Potential Savings
  - No penalties:
    - ✦ \$300,00
  - 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

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- 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!**

