

# Clinical Safety & Effectiveness Cohort # 19



## Improving Pressure Ulcer Documentation

# The Team

## ❖ Division

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**Raquel Pulhin, BSN, RN, CCRN (Clinical Documentation Improvement Specialist- UH)**

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**Sadaf Rafique, MS ( Data Analyst)**

## ❖ Sponsor Department:

**Dr. Heather Briggs (MD, PhD, Division of General and Hospital Medicine)**

**Dr. James Barker (VP of Clinical Services- UHS)**

**Lisa Dodge, BSN, RN (Executive Director, Clinical Documentation)**

# AIM Statement

The aim of this project is to improve early recognition and documentation of pressure ulcers as present on admission (POA) within 24 hours of inpatient admission to 5ACU from 18% to 50% by nursing and from 47% to 60% by physicians by December 31, 2016.



# Background

- ❖ Hospital-acquired pressure ulcer (HAPU) – considered one of the potentially preventable complications (PPC-31) and Hospital-acquired conditions (HAC)
- ❖ Excluded by Centers for Medicare and Medicaid services (CMS) in the calculation of MS-DRG when not identified as POA
- ❖ PUs nationally incur an estimated annual healthcare cost of \$9.1-11.6 billion



# University Hospital

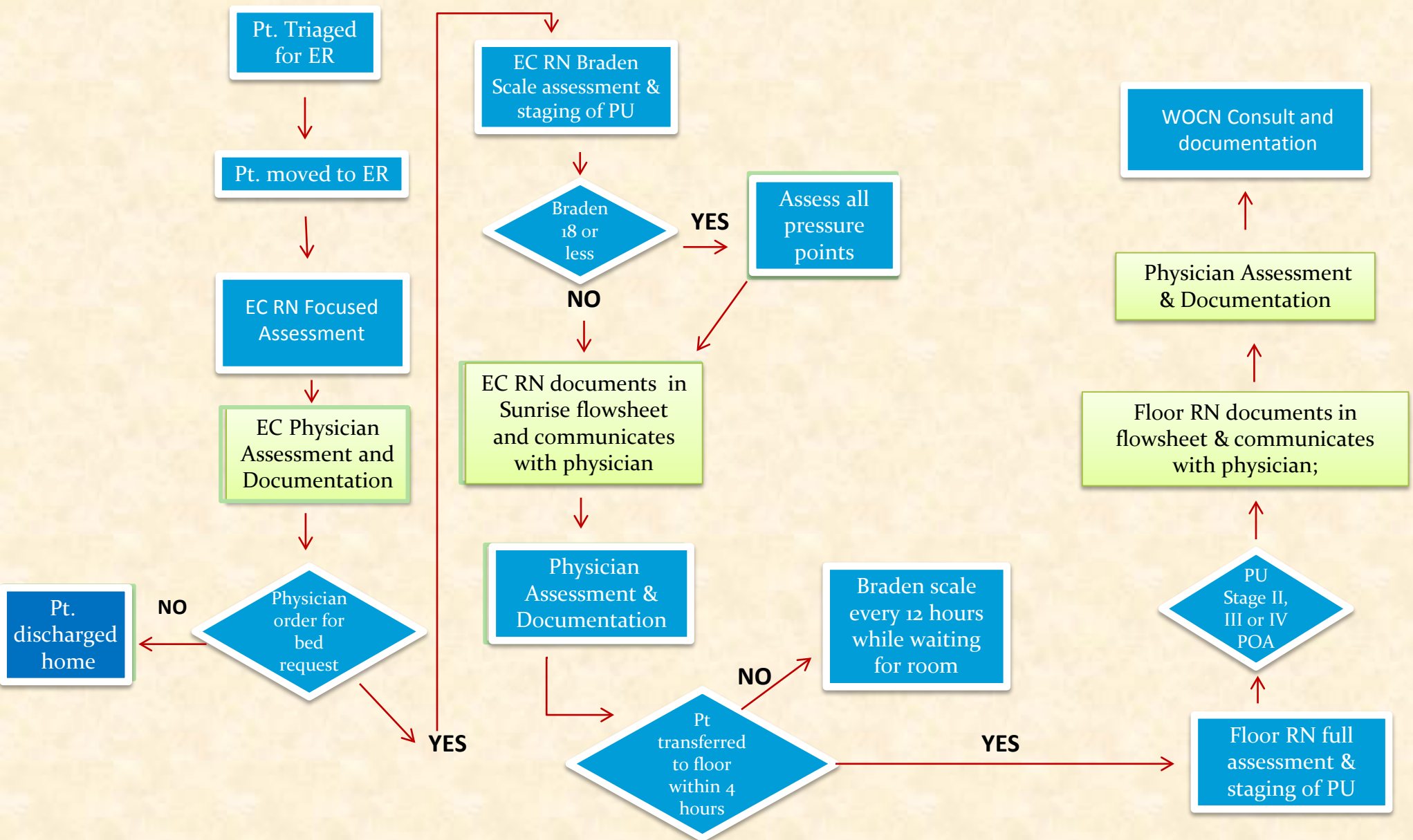
- ❖ 1.7 million dollar penalty for FY 2014 due to actual-to-expected PPC ratio greater than 1.25
- ❖ Established as a priority by Hospital Performance & Growth Coordinating Council
- ❖ Quality Improvement supported by Nancy Ray, CNO



# PROCESS ANALYSIS TOOLS

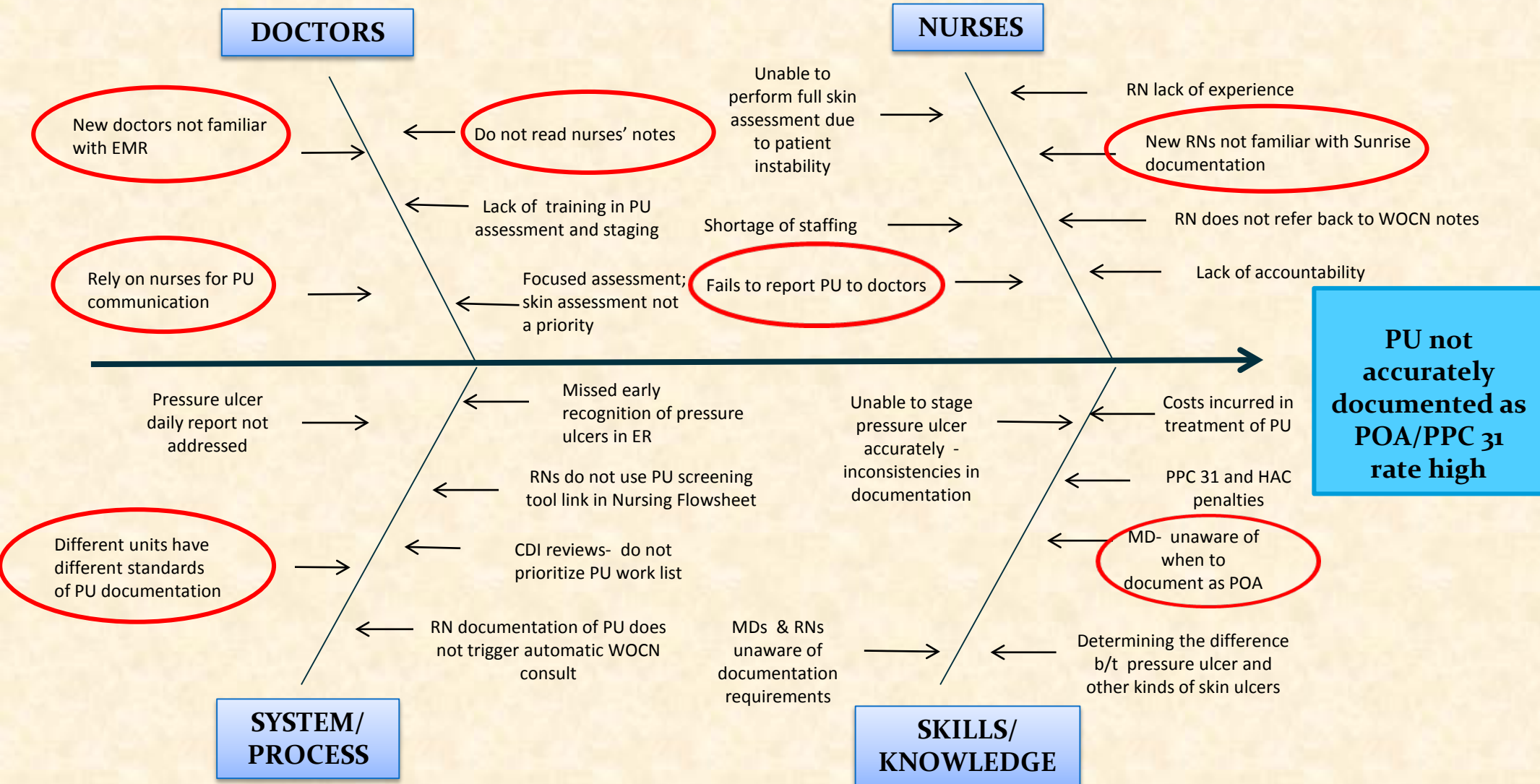


# (PLAN) Process Flowchart EC to 5ACU





# Cause and Effect Diagram

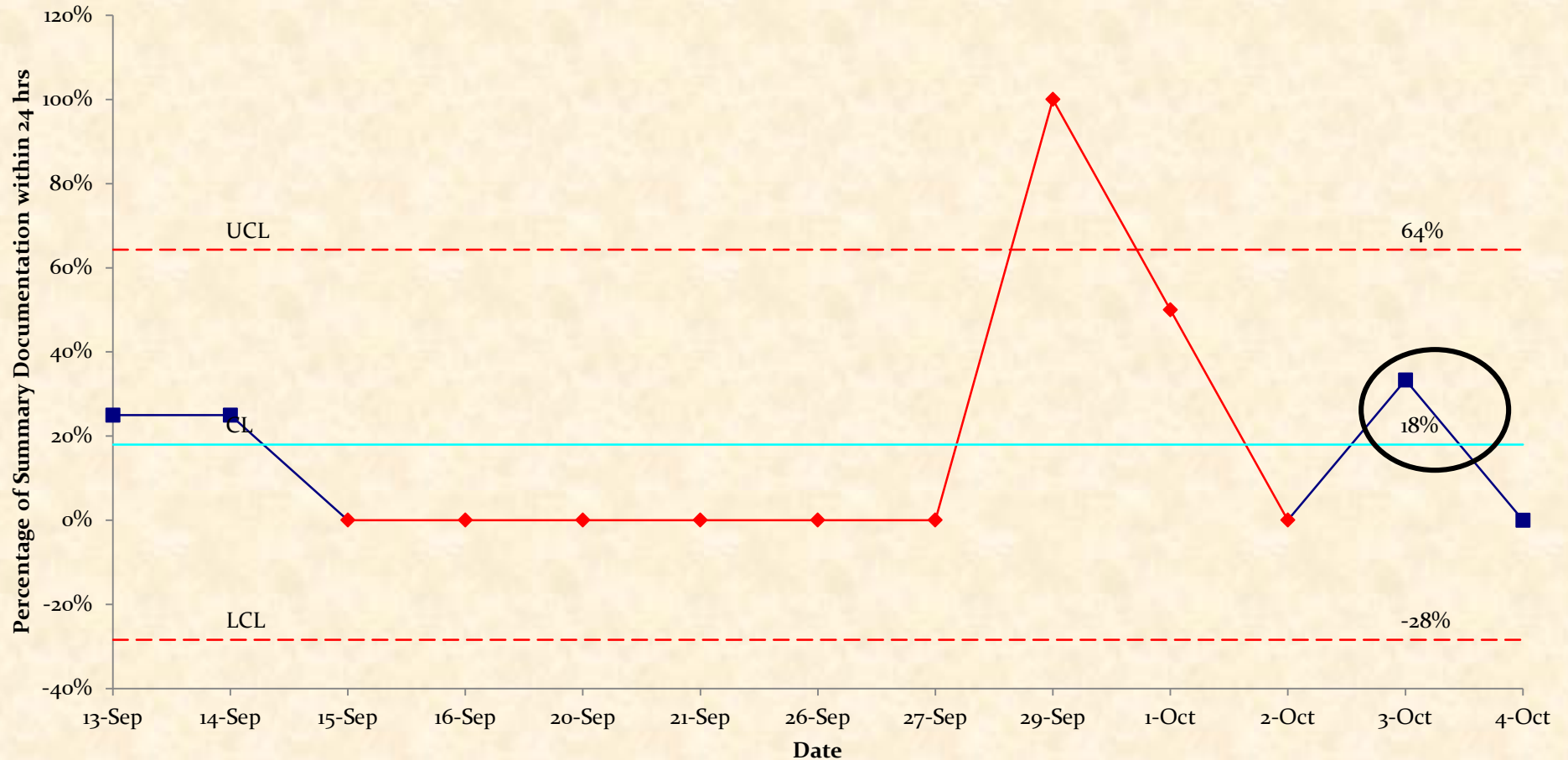


## PRE-INTERVENTION DATA

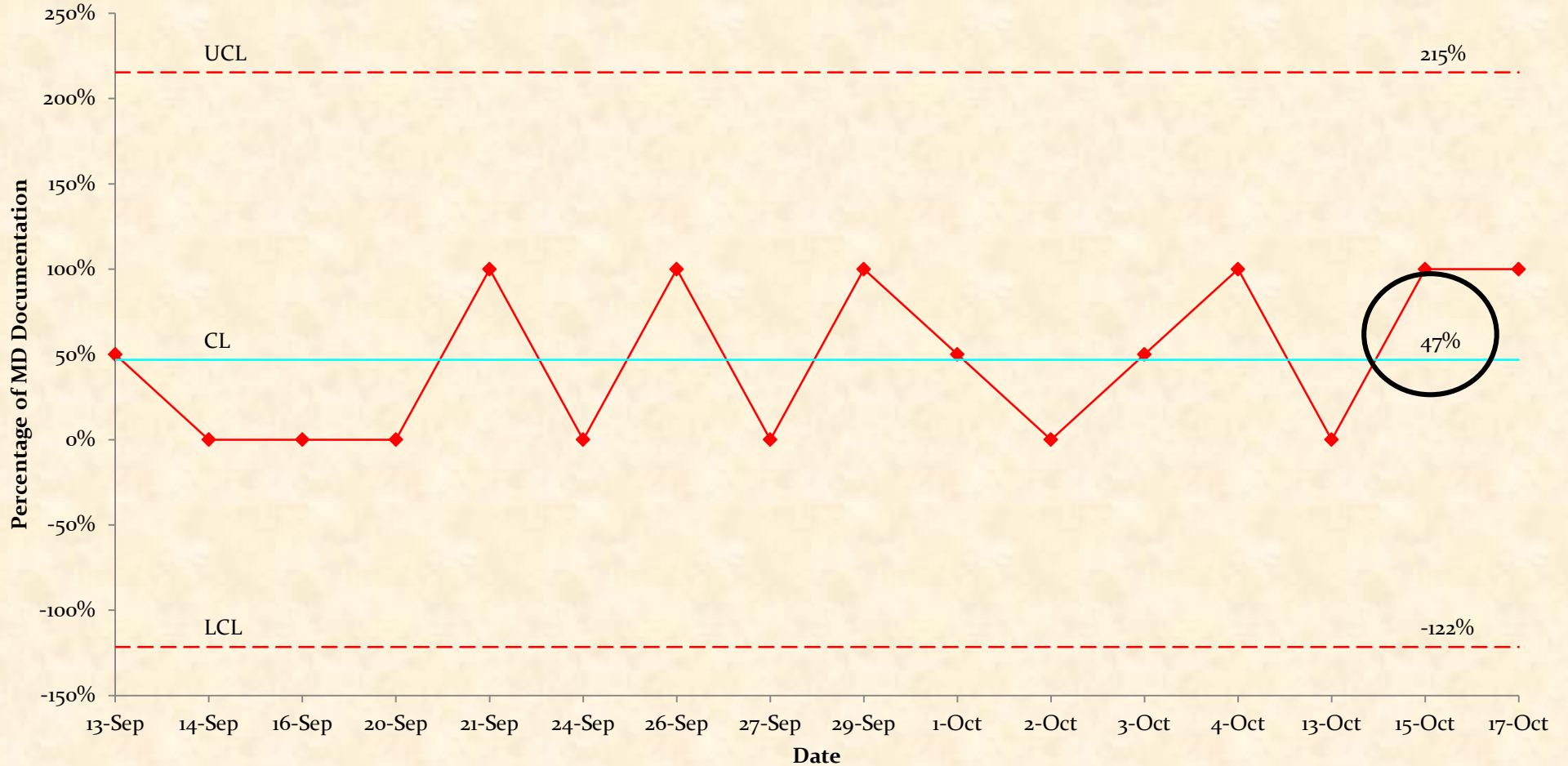
- ✓ RN documentation within 24 hours
- ✓ MD documentation in progress notes



# Percentage of RN Documentation in Outcome Summary within 24 hours

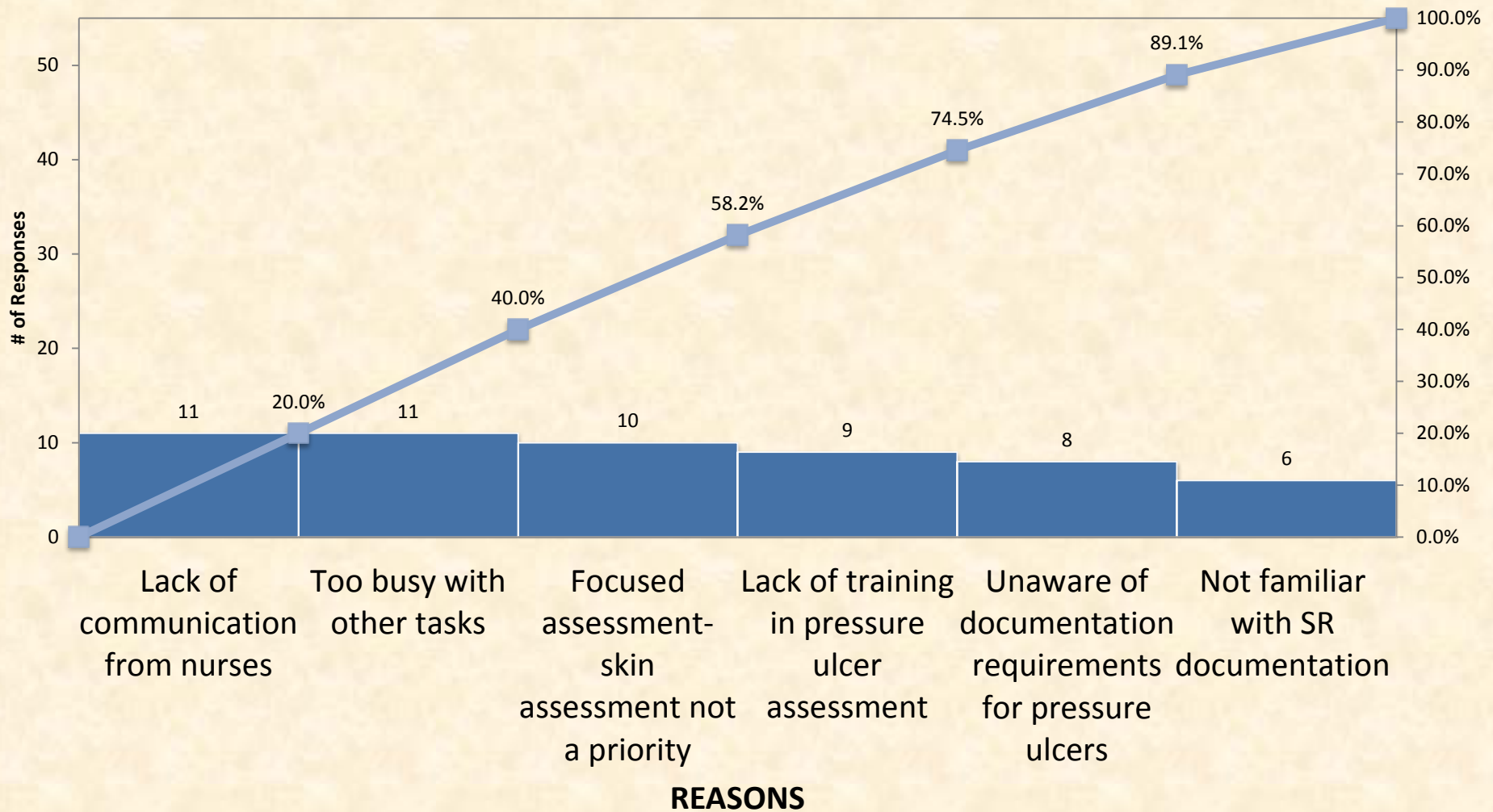


# Percentage of MD Documentation of Pressure Ulcer



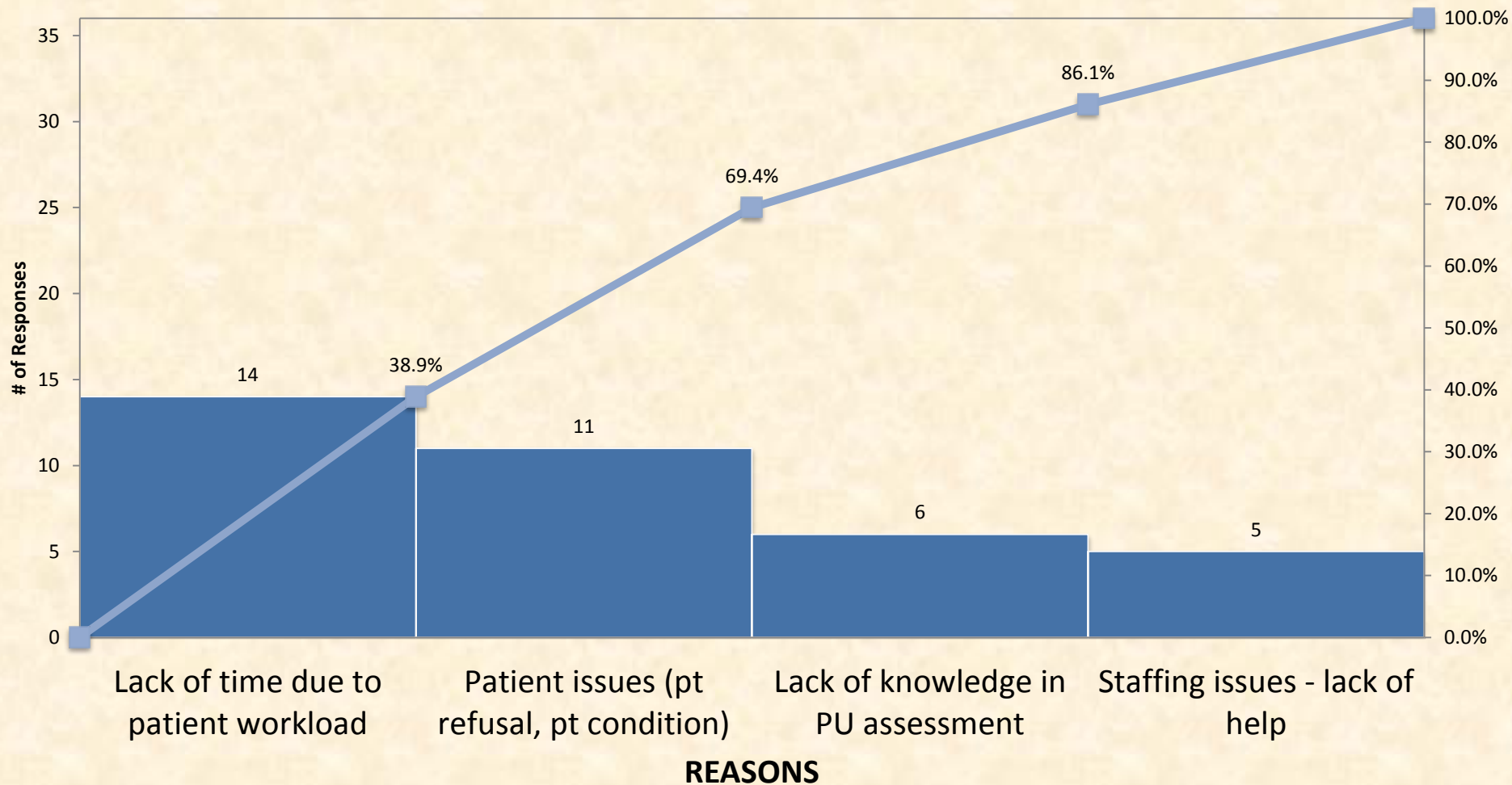
# Pareto Chart

## MD Barriers to Pressure Ulcer Documentation

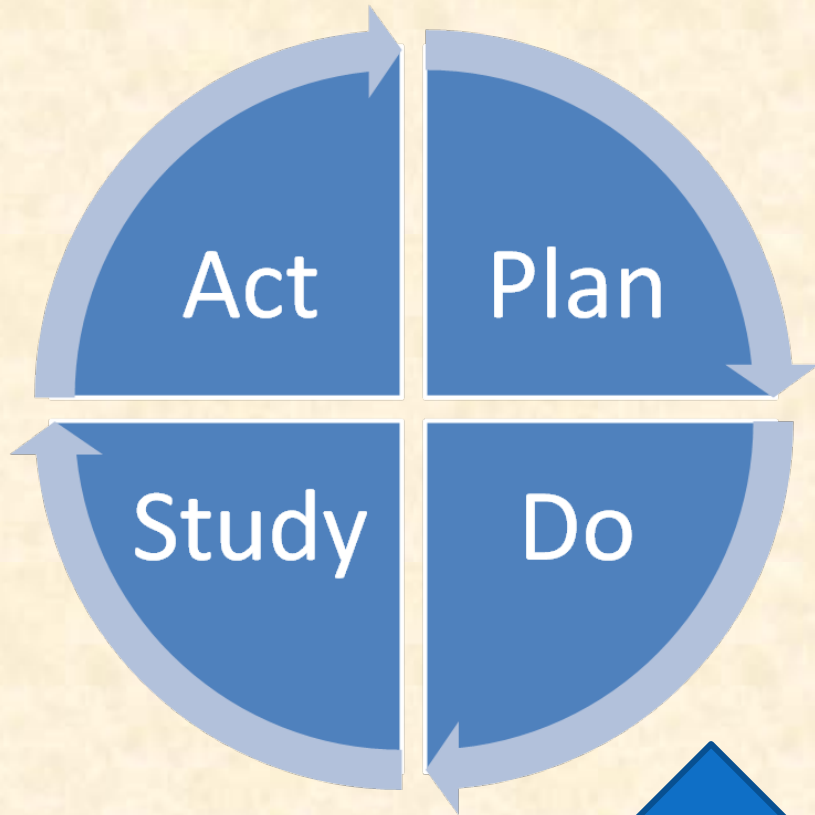


# Pareto Chart

## RN Barriers to Pressure Ulcer Documentation



# DO: Implementing the Change



# Main Objectives

1. Improve nursing and physician documentation and communication of pressure ulcers
2. Early recognition and intervention of pressure ulcer
3. Education



# ACTION REGISTER

ISSUE	ACTION	DUE DATE	STATUS	RESPONSIBLE PERSON	COMMENTS
Invite EC/OR Staff to next meeting	Send Abbie names	9/19/2016	Complete	Jessica Serna	Sent 0630 9/19
Pre Survey EC	administer week of September		Complete	Raquel and Crissy	graphs made
EC Observations	Observe LVN, RN, MD Interactions, intake processes, and practices relevant to pressure ulcer assessment, identification and documentation	9/20/2016	Complete	Jessica, Raquel, Annabella	observations made. EC RN perceptions reported
Background Data Slides	Create slides	9/21/2016	Complete	Raquel	To be presented at CS&E 9/22-23
Retrieval of Data	Email Jay	9/21/2016	Complete	Crissy	Data needed for CS&E 9/22-23
EC Support Needed	Meeting with EC administration	9/29/2016	Complete	Group	Gained support
Education	Interventions needed	10/6/2016	Complete	Group	Met with EC and Medicine ACU Educators
Need unit champions 5ACU	Jennifer to recruit RN champions	10/18/2016	Complete	Jennifer Ramos	waiting
Need Unit Champions EC	Obtain unit champion names from Pablo and Joyce	10/2/2016	Complete	Jessica	
Need Picture for Ed. Hand out	Annabella to send image of pressure points	10/18/2016	Complete	Annabella	
Brade Scale Documentation	Insert picture into educationa handout	10/18/2016	Complete	Crissy	
Pre survey for 5ACU	administer week of Oct 17-21	10/24/2016	Complete	Jennifer Ramos	
Medicine Didactics Meeting	CDI presentation on PPCs to include IPOC discussion and introduction to MDs	10/26/2016		Crissy and Raquel	every Wednesday x 5 weeks
Resident Orientation to 5ACU	CDI presentation every Friday to include IPOC discussion and introduction to MDs	10/28/2016		Crissy and Raquel	
Poster	Pick up Poster	10/19/2016		Jessica Serna	
Documenting PU in Outcome Summary for Nursing orientation for newly-hired RNs	discuss with Ileana to add to A.B. current education	10/21/2016		Annabella	
Meeting with Amber in EC	Met with amber overview interventions	10/31/2016		Jessica	still only have Amber as EC champion
meet with EC huddle	planned with EC PCC and Rocio	11/1/2016		Jessica	
EC lack of materials for PU prevention	discuss with MM	11/4/2016		Jessica	Annabella's observations show no cream or ehob mattress – no easy access

# 1. Improve Nursing and Physician Documentation and Communication

## IPOC - Interdisciplinary Plan of Care

The screenshot displays a software window titled "Structured Notes Entry - UHSTEST, CHARLOTTE - MEDICINE Resident Progress Note (SD)". The interface includes a top navigation bar with "CREATE" and "Preview" buttons, and a status bar at the bottom with various checkboxes and "Save" and "Cancel" buttons.

**Document Information:**  
Date of Service: Oct - 24 - 2016  
Time: 14 : 11

**Sections:**  
DOCUMENT TYPE  
Progress Document Type  
Subjective  
Medications  
Vital Signs  
Physical Exam  
Lab/Rad Results  
Assessment/Plan  
Health Issues  
Interdisciplinary Plan of Care (highlighted)  
Assessment and Plan  
DVT Prophylaxis  
Code Status  
Faculty Attestation

**Form Fields:**  
Preview | Modify Template | Acronym Expansion  
SELECT YOUR CURRENT  
 Fellow  Nurse Practitioner  Physician Assistant  
 PGY 3  PGY 4  PGY 5  PGY 6  PGY 7  PGY 8  
 Plastic Surgery...  Emergency Medicine...  Family Medicine...  Medicine...  Neurology...  
 Gynecology...  Ophthalmology  Oral & Maxillofacial Surgery  Orthopedics...  
 Pathology  Pediatrics...  Psychiatry...  Radiation Oncology  Radiology...  
 Surgery...  Urology

**Buttons:**  
Retrieve Last Charted Val...  
Insert Default Values  
Clear Unsaved Data

**Status Bar:**  
Need Help? | Mark Note As:  Results pending  Priority  Incomplete  E&M Calculation  Charge Capture SuperBill | Save | Cancel

Modify Preview

Date of Service : Oct - 18 - 2016

Time : 12 :08

Copy Forward Refer to Note Preview Modify Template Acronym Expansion

### Interdisciplinary Plan of Care

- The interdisciplinary team's summary outcomes and progress notes, clinical practice guidelines and other health information has been reviewed.
- Nursing Notes
- Social Work/ Case Management Notes
- Nutrition Notes
- Pharmacy Notes
- Physical Therapy Notes
- Occupational Therapy Notes
- Speech Language Pathology Notes
- Respiratory Notes
- Physician Notes
- Wound/Ostomy Nurse Notes
- Team Plan of Care Last Note

Notes Reviewed: Wound/Ostomy Nurse Notes

### Assessment and Plan

Interdisciplinary Team Plan of Care

Nursing Notes

1)Entered Date : Sep 21 2016 2:14PM  
2)Entered By : Dodge, Lisa A (RN)  
3)Description : pressure ulcer stage 2

1)Entered Date : Sep 2 2016 9:42AM  
2)Entered By : Pulhin, Raquel (RN)  
3)Description : pressure ulcer stage 2 to coccyx

1)Entered Date : Jul 19 2016 3:29PM  
2)Entered By : Stams, Dyana C (RRT)  
3)Description : ready to be extubated

1)Entered Date : Jan 29 2016 8:27AM  
2)Entered By : Jones, Michael W (RRT)  
3)Description : Patient placed on mechanical vent transferred to ICU

1)Entered Date : Oct 12 2015 2:23AM  
2)Entered By : Somera, Arnell (RN)  
3)Description : no c/o of chest pain throughout the shift

1

down

clear

Status:

Better

Worse

Unchanged

Save Cancel

Cancel

# Improve Nursing and Physician Documentation and Communication

## 2. Standardize RN pressure ulcer documentation in the Outcome Summary of the Plan of Care flowsheet.

The screenshot displays a clinical software interface with a left-hand navigation pane and a main content area. The navigation pane lists various plan of care templates, with '03 Plan of Care, Adult (FS)' selected. The main content area shows a table with columns for 'Interdisciplinary Plan of Care', 'UHS IPOC Teams', and 'Team Plan of Care Las'. The 'Outcome Summary' section is highlighted with a red circle, and a blue arrow points to the text 'pressure ulcer stage 2 to coccyx' in the 'Outcome Summary' column.

Interdisciplinary Plan of Care	UHS IPOC Teams	Team Plan of Care Las
Outcome Summary	Outcome Summary (Overall)	pressure ulcer stage 2 to coccyx
Progress		decreasing

# Implementation

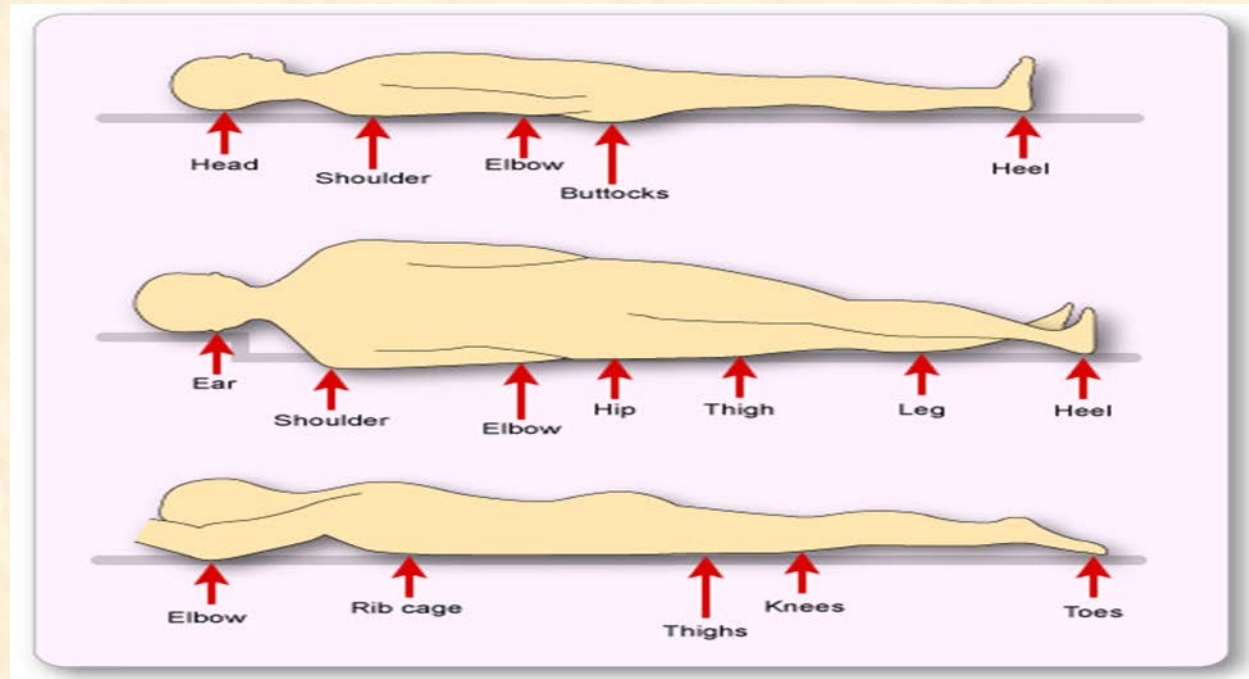
- ✓ System of Didactics every Wednesday
- ✓ MD orientation in 5ACU every Friday
- ✓ RN daily huddles



# Early Recognition and Intervention (Emergency Room)

✓ Braden Scale Risk

✓ Pressure points



## Braden Risk Assessment



Link to Braden Scale	<a href="http://phome/Protocols">http://phome/Protocols</a>
Sensory Perception	(2) very limited
Moisture	(2) very moist
Activity	(1) bedfast
Mobility	(1) completely immobi
Nutrition	(1) very poor
Friction and Shear	(1) problem
Score	8

# Education

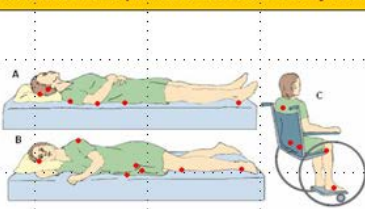
## 2. Document each Pressure Ulcer assessed in Sunrise flowsheet. Document No Pressure Ulcer if none is present.

Pressure Ulcer

Reference Link  
 Site  
 Location  
 Present on Hospital Admission  
 Stage

<http://phome/Protocols.>  
 No Pressure Ulcers nc

### Locations where pressure ulcers commonly form:



### STAGE I

Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

**Further description:**  
 The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate "at risk" persons (a heralding sign of risk).



### STAGE II

Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

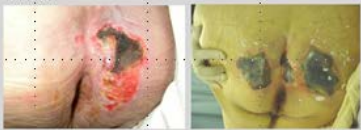
**Further description:**  
 Presents as a shiny or dry shallow ulcer without slough or bruising. This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation.  
 \*Bruising indicates suspected deep tissue injury.



### UNSTAGEABLE

Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

**Further description:**  
 Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as "the body's natural biological cover" and should not be removed.



### STAGE III

Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

**Further description:**  
 The depth of a stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.



### STAGE IV

Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

**Further description:**  
 The depth of a stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.



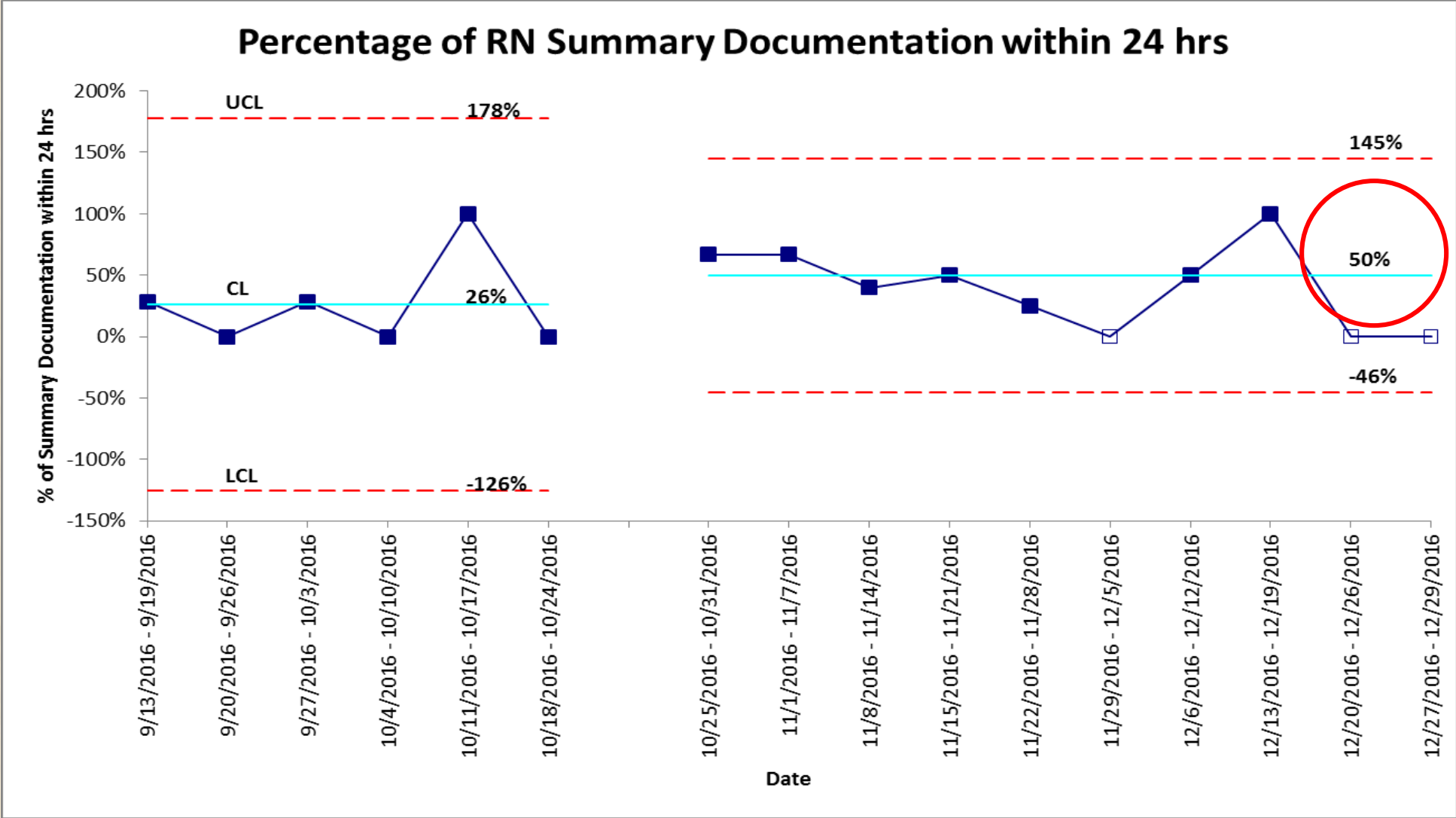
# Study: Post-intervention Data

So, did it work?



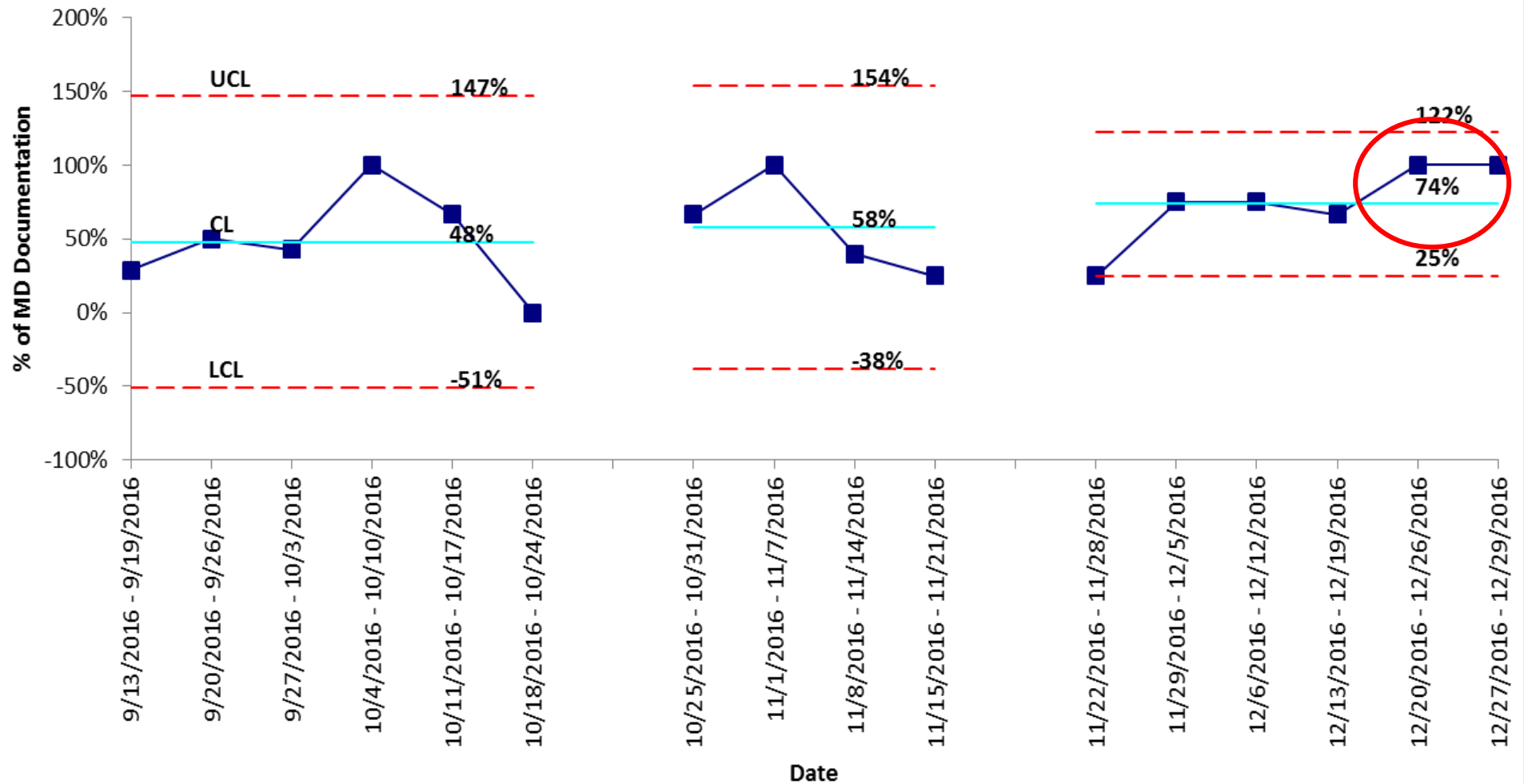


# Post- intervention Data



# Post- intervention Data

## Percentage of MD Documentation as POA



# Barriers and Challenges

- ✓ Resident rotations
- ✓ EMR changes
- ✓ Turnover rates for nursing
- ✓ Lack of education and policy knowledge
- ✓ Lack of WOCN staff to handle consults



# Act: What's next?

- ✓ IPOC as permanent part of MDs progress notes
- ✓ Ongoing changes in H&P to include flagging conditions as POA
- ✓ CDI team to prioritize queries on pressure ulcers as POA
- ✓ Explore Technology to aid in POA identification of PU
- ✓ Recommend increase in specially trained WOCN staff



# EMR changes to trigger WOCN consult on patients with pressure ulcer Stage II or greater

	Jan-06-2017 10:50
[WDL Definition: No abnormal color; no abnormality in temperature, moisture, tur Color/Characteristics	
<input type="checkbox"/> Braden Risk Assessment	Link Sens
Friction and Shear Score	
Pressure Ulcer	
Reference Link	
Site	
Location	<i>Sacroccocygeal</i>
Present on Hospital Admission	<i>No</i>
Stage	
Dressing Appearance	
Appearance	
Periwound Area	
Wound Edges	
Size (length x width x depth)	
Tunneling (depth/location)	
Sinus Tract Depth (depth/location)	
Drainage Characteristics/Odor	
Drainage Amount	
Wound Care	
Dressing	
Progress	
Vacuum Assisted Closure	

SCM Notice

**Sunrise Clinical Manager**

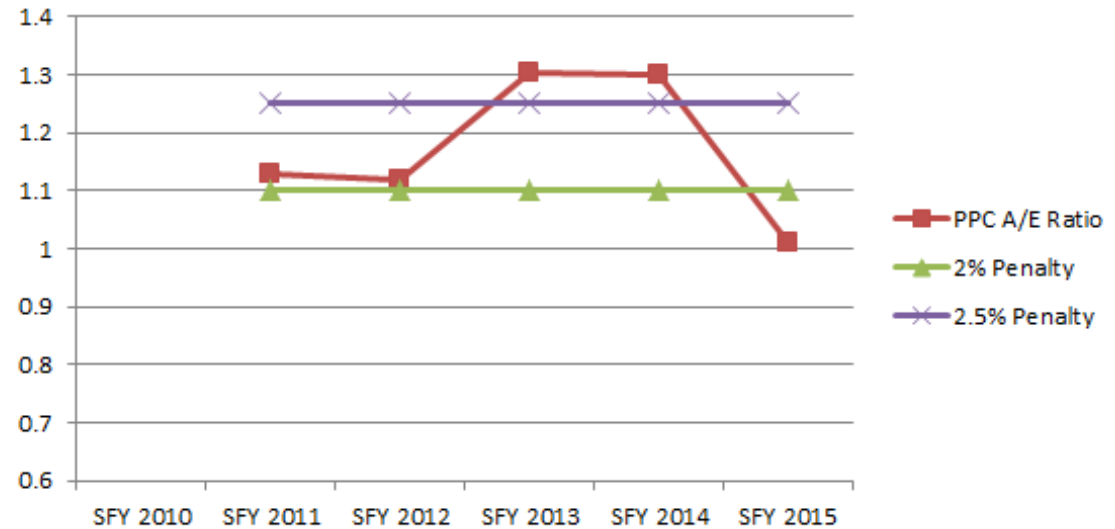
Pressure Ulcers Stage II or greater, require a Consult Inpatient Pressure Ulcer Evaluation to be placed.

OK

# Return on Investment: Hard Savings

- Reduction in PPC's = Reduction in UHS financial penalties related to failed POA Quality Check
  - Avoid previous -2.5% reimbursement adjustment = \$1.7 million annual penalty

**University Health System**  
SFY 2011 to 2015, Actual to Expected Ratio  
**Potentially Preventable Complications (PPCs)**



Report Source: HHSC/EQRO

Data Source: Medicaid/CHIP Claims

Label	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	
<b>PPC A/E Ratio</b>		<b>1.130</b>	<b>1.120</b>	<b>1.302</b>	<b>1.300</b>	<b>1.010</b>	Ratio
<b>2% Penalty</b>		1.10	1.10	1.10	1.10	1.10	
<b>2.5% Penalty</b>		1.25	1.25	1.25	1.25	1.25	
Penalty impact		0	\$1.3	\$1.6	\$1.7	0	in Millions
Penalty StartDt.			11/1/13	9/1/14	9/1/15	9/1/16	
PPC compared to 2% Penalty			-1.8%	-18.4%	-18.2%	8.2%	
PPC compared to 2.5% Penalty			10.4%	-4.2%	-4.0%	19.2%	

# ROI: Hard Savings

- Increased Revenue: For PU PUA Stage III & IV - Able to claim MS-DRG with complications and comorbidities allowing increase in reimbursement for each patient

## Example

- MS-DRG 177 Complex pneumonia with MCC = \$11,302
- MS-DRG 179 Complex pneumonia without CC or MCC = \$5,389
- Increase in reimbursement of \$5,913
- Reduction in Cost of Operations:
  - Early PU treatment = decreased length of stay

# ROI: Soft Savings

- ✓ Improvement in quality of care
- ✓ Increased patient satisfaction
- ✓ Increased patient safety



# Thank You!!!

