Establishment of a Comprehensive Network-wide Pressure Ulcer Assessment Process: Enhancing Patient Care While Embracing the New Centers for Medicare and Medicaid Services Standards

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Establishment of a Comprehensive Network-wide Pressure Ulcer Assessment Process: Enhancing Patient Care While Embracing the New Centers for Medicare and Medicaid Services Standards

Lehigh Valley Health Network, Allentown, Pennsylvania

Background and Rationale:

- Pressure ulcers (PUs) are estimated to cost U.S. healthcare organizations more than $11 billion per year
- The Centers for Medicare and Medicaid Services (CMS) is denying reimbursement for cases where a more complex diagnosis-related group (DRG) code is assigned as a result of hospital-acquired (HA) conditions which could have reasonably been prevented
  - HA PUs, particularly stage III and IV PUs, have been targeted by the CMS as preventable “never events”
- A process was designed to improve patient care and address the CMS position which would:
  - Improve recognition and documentation of PUs present-on-admission (POA)
  - Initiate early, appropriate and effective interventions
  - Identify patients at risk for HA PUs
  - Prevent PUs in at-risk patients
  - Realize a positive impact on Patient Care Services’ net margin

Methods:

- A process improvement initiative was undertaken which focused on timely PU screening and education of healthcare providers
- An multidisciplinary team was created that:
  - Identified all potential points of entry into the hospital system
  - Examined current processes of skin assessment at all points of entry
  - Developed a nurse-driven work process which supported early identification and treatment of PUs upon admission (Figure 1)

Results:

- PU recognition and reporting was improved (Table 1)
- Total number of PUs recognized and reported increased by 36.3%
- Patient safety reports provided a mechanism for immediate feedback to staff at the point of service
- Initiative yielded 100% effectiveness in identification of stage III/IV PUs present-on-admission (Table 2)

Conclusion:

A properly designed performance improvement process, which is multidisciplinary in nature but nurse-driven, significantly increases early identification of PU/POA and leads to improved patient care.

Table 1. PU Recognition and Documentation

<table>
<thead>
<tr>
<th></th>
<th>Pre-Process Implementation</th>
<th>Post-Process Implementation</th>
<th>Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PUs</td>
<td>4098</td>
<td>1102</td>
<td>+396%</td>
</tr>
<tr>
<td>PUs Identified &gt; 24 Hours</td>
<td>156</td>
<td>199</td>
<td>+26%</td>
</tr>
<tr>
<td>PUs Identified &gt; 24 Hours (Total Number)</td>
<td>19</td>
<td>29</td>
<td>+57%</td>
</tr>
<tr>
<td>PUs Admitted From Admission Starting</td>
<td>259</td>
<td>239</td>
<td>-7.7%</td>
</tr>
<tr>
<td>PUs Admitted From Home</td>
<td>299</td>
<td>405</td>
<td>+38%</td>
</tr>
<tr>
<td>PU pressure ulcer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2. PU/POA Identification Compliance

<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>PU's Identified</td>
<td>100%</td>
<td>93%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* a undocumented PU/POA was a stage II skin. PU = pressure ulcer; POA = present-on-admission.