

Pressure Ulcer Prevalence

Out From Under Paper Checksheets Through The Use of Electronic Forms and Existing EMR Data





History

NDNQI Pressure Ulcer Prevalence Data Collection:

- Completed Quarterly
- Paper-Based
- Manual Entry of Results
- Labor Intensive: Chart Review & Physical Assessment

The Team

An Interdisciplinary Team Was Assembled & Collaborated To Determine a Viable Solution

Nursing Infomaticists Data Entry Staff

Clinical Nurse Specialist Bedside RNs / Skin Resource

RNs

Donna Diers, RN

IT Professionals

Patient Safety Nurse

Team Members

Fred Stanley Che Pulse

Goals

- Eliminate Re-entering Data
- Access Prevalence Data Immediately
- Use EMR Data to Pre-fill Common Fields: Braden score Patient Demographics Prevention Interventions
- Use the data to assist in Preventative Care and improve efficiency

O Moderate risk

O Very high risk

Chair Cushion

Barrier Ointment/Wipe/Spra

Chair Cushion

Assessment

Functionality

- Interface with EMR to pre-fill relevant data
- Interactive Survey
- Required Assessment
- Accessible from a Computer on Wheels
- (COW) or Wireless On Wheels (WOW)

Reports

- XML for NDNQI
- Chart discrepancies
- Roll ups by Unit/Service Line

Success Factors

Next Steps

- Reduced survey time and personnel hours
- Positive results of unit-based mini audits
- Are staff pleased with the process? Minimal disruption Improved access to unit data
- Can we leverage this success into other areas?

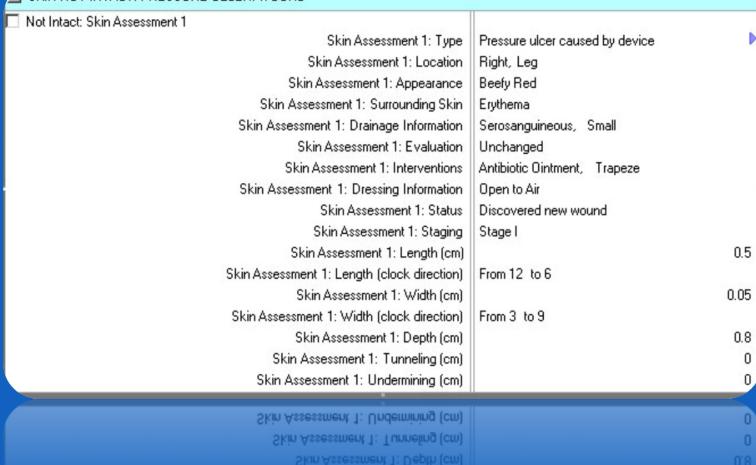
The Plan

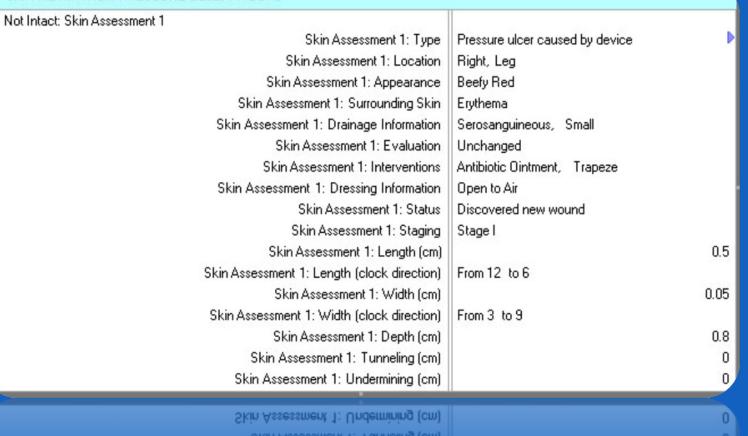
Utilize Electronic Medical Record (EMR) Assessment

Nursing Assessment

- Initial Skin Assessment
 - Ordered Interventions
 - Multiple Ulcer Documentation
- Braden Score

- Skin Assessment 1: Location Right, Leg Skin Assessment 1: Surrounding Skin | Erythema Skin Assessment 1: Drainage Information | Serosanguineous, Small Skin Assessment 1: Evaluation | Unchanged Skin Assessment 1: Interventions | Antibiotic Ointment, Trapeze Skin Assessment 1: Dressing Information | Open to Air Skin Assessment 1: Status | Discovered new wound Skin Assessment 1: Staging | Stage I Skin Assessment 1: Length (cm) kin Assessment 1: Length (clock direction) | From 12 to 6 Skin Assessment 1: Width (cm) Skin Assessment 1: Width (clock direction) || From 3-to 9 Skin Assessment 1: Depth (cm) Skin Assessment 1: Tunneling (cm) Skin Assessment 1: Undermining (cm)
- Develop a web application to meet the assessment requirements
- Parallel Development with EMR Skin Assessment Screens
- Shadow
- Observe current survey method
- Capture process and "wish list" items





Sensory Perception | Slightly limited Moisture | Occasionally mois Activity Walks occasionally Mobility Slightly limited Friction/Shear Potential problem

Risk of Pressure Ulcer | Low risk (score 15-1

Skin Color | Normal (ethnic)

Device Assessment | Skin assessed under device(s) - Not Intact as a

Braden Scale Total

SKIN COLOR (Contains Unsaved D



Concept to Roll-Out Steps						
Prototype I	Observe	Modify	Pilot I	Final Tool	Deploy	Follow Up
Prototype I	OD3CLAC	Modify				r ottow op