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

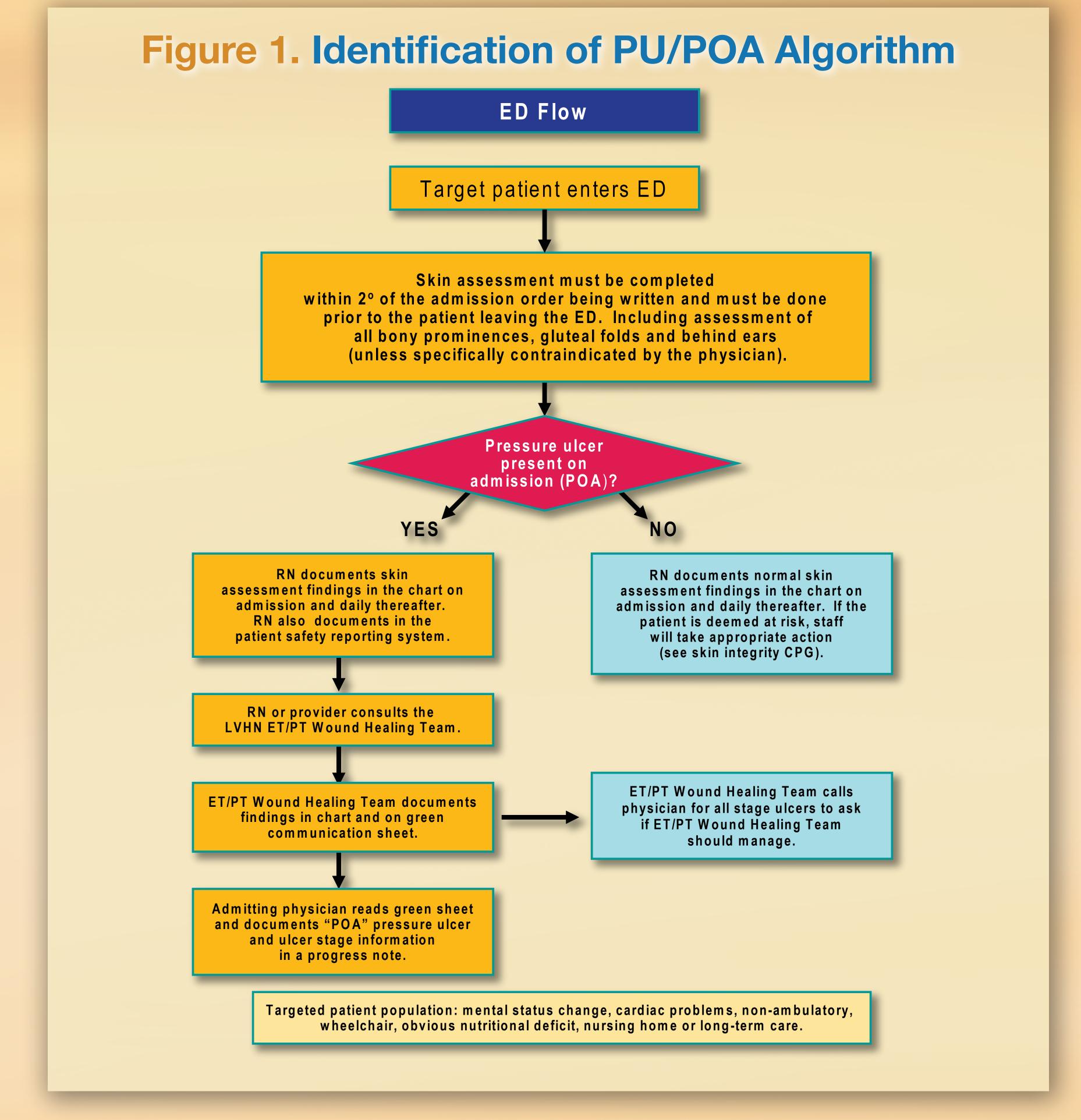
Lehigh Valley Health Network, Allentown, Pennsylvania

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)

Table 1. PU Recognition and Documentation **Pre-Process Post Process** 1103 +36% PUs Identified >24 Hours -4.1% after Admission PUs Identified < 24 Hours 16 29 +81% PUs Admitted from **530** +52% **Another Facility PUs Admitted from Home** 299 **405** +36% PU = pressure ulcer.

Table 2. PU/POA Identification Compliance											
July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
100%	100%	100%	100%	100%	100%	100%	100%	96.4%*	100%	97.5%*	100%

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.

A PASSION FOR BETTER MEDICINE.

