

HAPI Panel of Experts Topic of the Month – January 2020

Pressure Injuries Present on Admission

Introduction

Hospital-acquired pressure injuries (HAPI) can negatively impact a hospital in many ways. They are included in some payor quality programs which impact hospital reimbursement. They may be included in publicly-reported hospital quality records for consumers and media to view. HAPI increase the cost of care and can extend a patient's length of stay, affecting a hospital's bottom line. They are increasingly cause for litigation against hospitals, and some organizations use them as indicators of the quality of nursing care. Clearly, it is important to identify all existing pressure areas at the time of patient admission.

Skin Assessment

Thorough head-to-toe skin assessment following hospital admission is critical for identification of existing pressure injuries. Assess all bony prominences, areas around chronic medical devices, areas where the skin folds over itself, and areas where skin was subject to sustained pressure prior to admission.

Four Eyes in Four Hours

In 2016, nurses at University Hospital in Columbia, Missouri, implemented a skin assessment program called, "Four Eyes in Four Hours."¹ Each patient underwent a thorough skin assessment by two nurses (together or separately) within the first four hours of admission or transfer. All identified wounds were documented, and a treatment plan developed in partnership with wound care nurses. Efforts to prevent hospital-acquired pressure injuries were implemented, such as applying preventive foam dressings or ordering a special mattress. Department-specific audits were conducted to monitor and improve compliance. The program was very successful, resulting in a 30% increase in identification of pre-existing pressure injuries and a 45% reduction in hospital-acquired pressure injuries.



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Emergency Department Strategies

The Emergency Department is the biggest source of entry for hospitalized inpatients and is a critical assessment point for existing skin breakdown. Studies in Australia, Brazil, and Sweden have shown that 5 – 18% of Emergency Department patients present with existing pressure injuries, with ambulance-transported nursing home patients having the highest rate at 26%.² To identify which emergency department patients should undergo full skin assessment in the Emergency Department, Sutter Health of Northern California implemented a simple triage tool that looked at three indicators.³ If the patient was non-ambulatory, had restricted/limited mobility, and had altered level of consciousness, a full skin assessment was completed. Areas of breakdown were documented, and pressure injury prevention actions were implemented.

Simple Triage Tool:

Non-ambulatory, restricted/limited mobility, ALOC

NO YES - Initiate Skin / Risk Assessment Tool

Bjorklund, et al., 2012

Use of Technology

Some hospitals have begun using thermal imaging with initial skin assessment to identify early areas of deep tissue stress.⁴ If anomalies are discovered, pressure-relief measures can be implemented and may prevent

progression to deep tissue injury. The thermal imaging study helps document that the findings were present on admission.

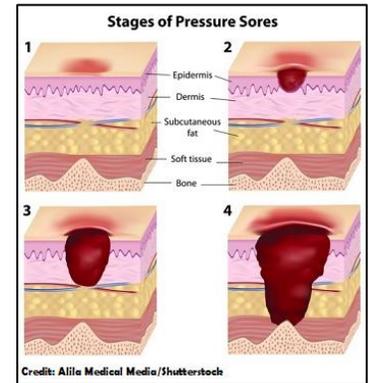
Documentation Strategies

Since pressure-injury data used for hospital quality reporting requirements is typically drawn from medical diagnosis codes on claims, attention should be given to proper staff and physician documentation

Importance of Accurate Staging

It is important to include a detailed description and accurate staging of pressure injuries that are present at the time of admission. If a pressure injury is at the same stage at the time of discharge, or has healed, medical coders code the pressure injury as it was at the time of admission and flag it as present on admission. However, if a pressure injury progresses to a deeper stage, coding regulations require the medical coder to code both the stage at the time of admission, which is flagged as present on admission, as well as the current stage which is coded as *not* present on admission. The pressure injury will then be counted as a hospital-acquired pressure injury. Strategies hospitals have used to improve accuracy of staging include:

- Having a wound care professional determine the stage on all (or select) pressure injuries.
- Using decision-support tools in the electronic medical record system that assign the stage when descriptive information is entered.⁵
- Developing a skin champions program in which select staff have additional training and ongoing competencies on pressure injury staging and assist colleagues with wound assessment and documentation.
- Auditing skin assessments and providing direct feedback and teaching to those that assessed and staged the pressure injury.



Importance of Physician Follow-Through

Ultimately, medical coders must use physician documentation to assign diagnosis codes to a patient's record. While physicians should note any skin breakdown in their assessment, it is helpful for them to be aware of areas that staff have identified as present on admission. Hospitals should ensure they have an effective system in place to communicate staff skin assessment findings to physicians.

References

1. <https://www.muhealth.org/our-stories/four-eyes-four-hours-commitment-patient-safety>
2. Fulbrook, P, Miles, S. & Coyer, F. (2018). Prevalence of pressure injury in adults presenting to the emergency department by ambulance. *Australian Critical Care* 32(2019), 509-514.
3. Bjorklund, L., Basch, Al, Borregard, B., Brown, B., Denno, J., Montgomery, E., & Saporito, J. (2012). The pressure is on! An innovative approach to address pressure ulcers in the ED setting. *Journal of Emergency Nursing*, 38(20), 159-164.
4. <https://journals.lww.com/aswcjournal/Pages/articleviewer.aspx?year=2019&issue=07000&article=00004&type=Fulltext>
5. <https://www.ncbi.nlm.nih.gov/pubmed/22948492>

The HAPI Panel of Experts is a group of wound care and quality professionals that represent hospitals of varying sizes and geographic regions of Tennessee. The Panel convenes monthly to discuss a topic specific to pressure injury prevention and share their practices and recommendations.

Panel of Experts

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If you would like to suggest a topic for the Panel to discuss, please email your request to Rhonda Dickman at rdickman@tha.com.