

## Quick-Hitting Survey

## Trends in Pressure Injury Validation &amp; Documentation

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## Executive Summary

## Methodology

In September 2019, The Health Management Academy conducted a quick-hitting survey of Leading Health Systems (LHS) to better understand processes for validation and documentation of pressure injuries. The 8 responding Chief Nurse Informatics Officers (CNIO) represent health systems with an average Total Revenue of \$4.9 billion that own or operate 71 hospitals and have approximately 851 thousand admissions per annum.

## Key Findings

- Most responding health systems (87%) require secondary validation of a pressure injury, most commonly by a registered nurse (37%) or specialty nurse (37%).
- The majority of health systems (74%) have nurses document pressure injuries in the EMR, while 26% require both physicians and nurses to document the injury.
- No health system has developed new processes in response to new ICD-10 coding regulations.

## Results

Pressure injuries are a serious problem for immobile patients and can be a significant health issue if not addressed by clinicians. Pressure injuries are typically identified by a staff nurse, with some health systems specifying that a registered nurse (RN) or a wound, ostomy, and continence (WOC) nurse identifies a pressure injury.

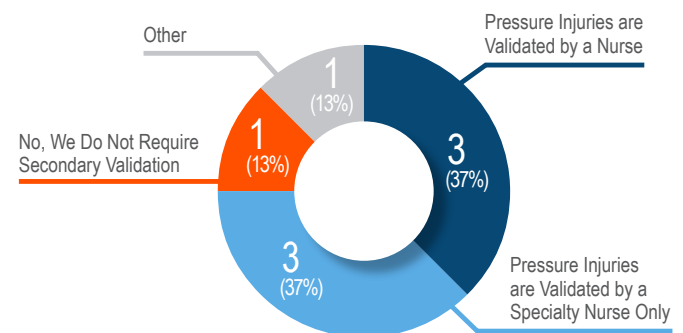
Once a pressure injury has been identified, most health systems require secondary validation by another staff nurse (37%) or specialty nurse (37%) (Figure 1). Some health systems require that nurses be initiated into societies such as the Wound, Ostomy, and Continence Nurses Society (WOCN) before being able to validate pressure injuries, while another health system permits licensed practical nurses (LPN) or nursing assistants to validate pressure injuries. Only one health system does not require a secondary validation of the injury.

Beyond validation, the care team also has a role to play in documenting patient's pressure injuries in the electronic medical record (EMR). A majority of health systems (74%) report nurses document pressure injuries, either staff RNs (50%), WOC nurses (12%), or a combination of RNs and WOC nurses (12%) (Figure 2). A quarter of health systems (26%) also have a physician document the pressure injury along with the RN and/or WOC nurse.

In 2019, the International Classification of Diseases, Tenth Edition (ICD-10) was expanded to include additional codes for pressure injuries. However, no responding health systems reported that their organization has developed new processes in response to the new coding and billing regulations.

However, health systems are aiming to streamline the assessment, documentation, and reporting of pressure injuries in the EMR, with one CNIO specifying, ***"This is a particular area where our WOC nurses have many great ideas for redesign and simplification of our documentation in Epic. They are using Epic's Haiku to enter wound photos in the chart."*** Another health system implemented "Wound Wednesday" for measuring and staging pressure injuries and is considering implementing turn teams.

**Figure 1. Do you require another nurse or specialty nurse to validate a pressure injury designation?**



**Figure 2. What role on the care team documents the pressure injury in the EMR?**

