

Abstract Title: Creating a Just & Safe Culture in the Delivery of Healthcare Through the Use of Data: Closing the Gap Between Technology and Practice

Author: Amanda Safer MSN, CNS, RN, Assistant Director for Centers for Nursing Education and Practice Innovation (CNEPI). St. Francis Hospital and Medical Center, Hartford, CT

*Purpose and Rationale:* In March 2015, Saint Francis Hospital was chosen by the *Agency for Healthcare Research and Quality, (AHRQ)* to participate on a multi-level, and national study for improving quality of care in the prevention of pressure ulcers. This two year endeavor is a sign of our hospital's dedication and stewardship for promoting better outcomes for our patients. Upon examination of current state, we recognized that there were inaccuracies of pressure ulcer staging by RN's, thereby skewing data. In addition RN's lacked clinical confidence in staging pressure ulcers, which led to delays in care. To address the inconsistencies with current data procurement, we developed a plan to obtain clear and accurate pressure ulcer staging data in the Electronic Health Record (EHR) to help establish an accurate baseline for successful practice change.

*Research Question:* Does Capturing High Quality Electronic Health Records Data to Support Performance Improvement affect successful practice change related to pressure ulcer prevention?

*Synthesis of Review of Literature:* The review of the literature suggests that Pressure Ulcers (PUs) are associated with high mortality, morbidity, and health care expenditures. In addition, PUs causes pain, distress, infection, a lower quality of life, lengthy hospital stay and even death. Building and strengthening the health IT structure and exchange abilities within an organization, placing leaders and front-line staff to pursue a new level of sustainable health care quality and proficiency over time, rendering these investments in health IT to measureable improvements. These areas of interests include, cost, quality, and care coordination by developing innovative approaches through performance measurement, technology, and care delivery to accelerate evidence-based practice through innovative approaches.

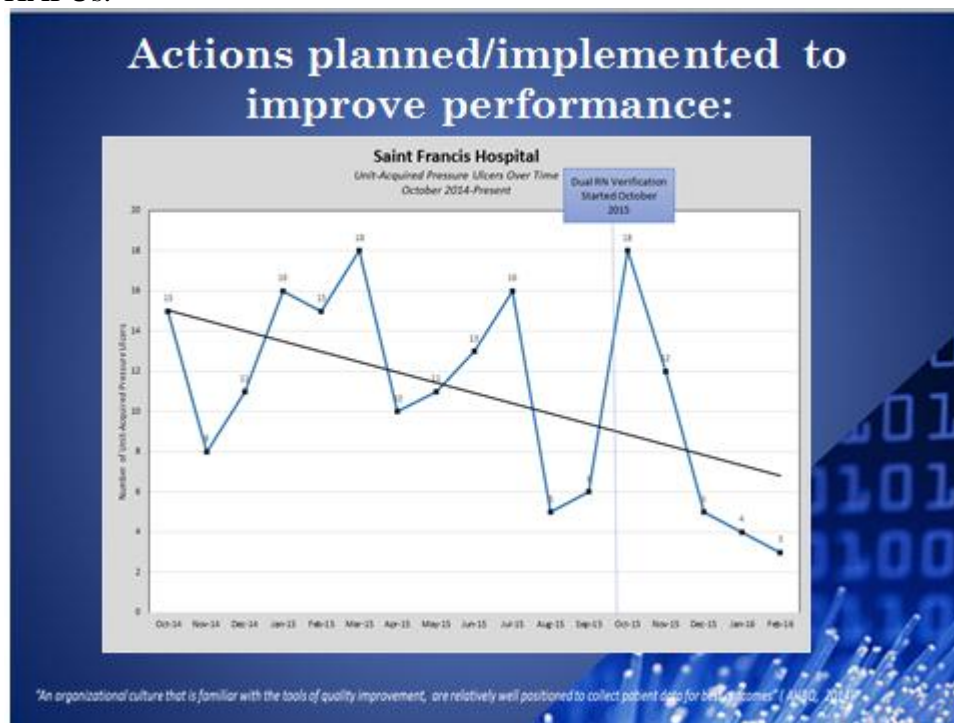
*Methods and Procedure:* The initial startup of our quality improvement involved two pilot units. 10-9, Medicine is a 36 bed Medical Acute Care Unit that provides quality care to adult patients with a variety of medical and surgical problems. In addition we are a telemetry unit caring for patients with underlying cardiac problems. We are a NICHE (Nurses Improving Care for Health system Elders) unit in which the average age of our patient population is 65 and greater.

5-9, MSICU Medical/Surgical Intensive Care Unit is a 22 bed critical care unit that provides optimum care for the critically ill medical, surgical, and/or surgical specialty patient. In addition to the general Med/Surg ICU population this unit provides for the care needs of trauma patients, neurologically injured patients and a wide variety of other specialty populations that experience critical illness.

The process analyzed each team member's role in prevention, including at the senior leadership level a multidisciplinary approach. We assessed and evaluated where there was distinct

breakdown in the process of our current state in pressure ulcer prevention strategy. Our organization recognized the need for a systematic and proven method of identifying accurate pressure ulcer staging. We had opportunity to enhance patient safety and quality of care by improving the usability of our Electronic Health Record (EHR), extracting meaningful and accurate data to assist us with driving evidenced-based practice change. We enhanced patient safety and quality of care by improving the usability of Electronic Health Record Systems (EHRs) and accurate staging of PU with a dual RN verification staging of pressure ulcers at two touch-points with a sign off in EPIC. All RN's were assigned the NDNQI Pressure Ulcer Staging Modules to gain clinical confidence. Unit Wound and Skin Champs went through a standardized and formal training as well. We went hospital wide the aforementioned strategies in January 2016.

*Results:* For fiscal year 2015, Saint Francis Hospital and Medical Center had 144 Hospital Acquired Pressure Ulcers (HAPU) hospital-wide, with a rate of 0.94 percent per 1000 patient days. This accounted for more than 400,000 dollars the hospital was financially not compensated for. As a direct result from partnering with AHRQ and building high functioning teams to address today's complex healthcare needs, we have significantly decreased our rate of HAPUs in a 12 month time span. There are 46 SFH Unit Acquired Pressure Ulcers for FY2016 YTD. If we annualized our current rate for the remainder of fiscal year 2016, we will see over 40% in reduction of HAPUs and in some clinical areas, we will see over 50% reductions of HAPUs.



*Discussion:* Two year collaboration with AHRQ to implement a successful initiative to improve pressure ulcer prevention on a sustained basis has had a positive impact. We have successful teams with adept leaders who help delineate roles and responsibilities and keep the team accountable for achieving its objectives. With a multidisciplinary approach, we are ensuring that implementation of a reliable and appropriate process for pressure ulcer prevention is effective throughout the organization. The delivery of quality healthcare is contingent on quality data.

Inaccurate documentation, and erroneous data, can result in errors and adverse incidents which impede patient safety and can lead to increased costs, inadequacies, and reduced financial performance. Furthermore, inaccurate or insufficient data also obstructs reimbursement, payments, and delays clinical research, performance improvement, and quality measurement initiatives. In conclusion, overview of new payment restructuring models such as Accountable Care Organizations (ACOs) and Value-Based Purchasing underscore the necessity for more definite and meaningful data collection, allocation, and reporting.