

## REPORTING AND TRACKING OF PRESSURE ULCERS

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive outlines the policy for reporting and tracking of interventions and clinical outcomes associated with the care of patients (including Spinal Cord Injury) or nursing home residents with pressure ulcers (see VHA Handbook 1180.2, Assessment and Prevention of Pressure Ulcers).

### 2. BACKGROUND

a. In response to the Department of Veterans Affairs (VA) Office of Inspector General report entitled: Management of Patients with Pressure Ulcers in Veterans Health Administration Facilities dated March 22, 2006, VHA Handbook 1180.2 was published. This Handbook outlines: the provision of a standardized evidence-based approach to the assessment and prevention of pressure ulcers in all clinical practice settings; the use of the Braden Scale in all clinical practice settings for initial and ongoing assessment; the provision of a standardized minimum documentation requirement for assessing and preventing pressure ulcers; and provision of patient, family, and caregiver education requirements concerning ulcer prevention and management.

b. Those patients and residents identified at risk for developing pressure ulcers and those identified with a pressure ulcer(s) present upon entry and/or following entry into the VHA health care system must be appropriately assessed and receive appropriate interdisciplinary management.

c. The process, outcome indicators, and reporting structure are outlined in this Directive.

**3. POLICY:** It is VHA policy that all acute care inpatients, nursing home residents, home care and high risk outpatients must be screened for risk of skin breakdown, and must receive appropriate interdisciplinary management with appropriate documentation to support the review of these processes.

### 4. ACTION

a. **Facility Director.** The facility Director or designee (Chief of Staff or Nurse Executive), is responsible for ensuring that:

(1) Local procedures are in place to appropriately assess and treat patients and residents for skin breakdown.

(2) Documentation processes are provided that support VA Nursing Outcome Database (VANOD) indicators and provide analysis of data to identify opportunities for improvement.

**THIS VHA DIRECTIVE EXPIRES DECEMBER 31, 2011**

(3) Organizational processes are in place to meet the intent of criteria found in the System-wide Ongoing Assessment and Review Strategy (SOARS) assessment guide for pressure ulcers found at <http://soars.vssc.med.va.gov/Assessment%20Tools/default.aspx>, and the MDS Pressure Ulcer Quality Indicators for Nursing Home Residents found at: [http://www.cms.hhs.gov/NursingHomeQualityInits/10\\_NHQIQualityMeasures.asp#TopOfPage](http://www.cms.hhs.gov/NursingHomeQualityInits/10_NHQIQualityMeasures.asp#TopOfPage) VANOD indicators.

b. **Office of Nursing Services, VA Central Office.** The Office of Nursing Services, VA Central Office is responsible for:

(1) Designing and developing a nationally standardized skin risk assessment template for national data collection of process and outcome indicators incorporating the elements of the Braden Scale for national data collection of process and outcome indicators.

(a) The VANOD indicators will be built upon the questions similar to those utilized by the External Peer Review Program (EPRP) reviewers effective September 2006 (see Att. A).

(b) The EPRP roll-up will be utilized in all acute care settings until the VANOD indicators can be fully implemented electronically.

c. **Office of Patient Care Services, VA Central Office.** The Office of Patient Care Services, VA Central Office is responsible for:

(1) Supporting the processes required to track and trend the information outlined in Attachment A.

(2) Embracing an interdisciplinary approach to the assessment, prevention and treatment of pressure ulcers.

d. **Office of Quality and Performance, VA Central Office.** The Office of Quality and Performance, VA Central Office is responsible for:

(1) Coordinating the data collection processes required to review documentation of the implementation of these interdisciplinary processes.

(2) Ensuring an analysis of the collected data is provided to the facility to assist in identifying opportunities for improvement.

(3) Providing reports for national, Veterans Integrated Service Network (VISN), and facility analysis.

## 5. REFERENCES

**VHA DIRECTIVE 2006-066**

**December 22, 2006**

a. The Clinical Practice Guidelines from the Agency for Healthcare Research and Quality (AHRQ) at: [www.ahrq.gov](http://www.ahrq.gov) (Guideline No. 15: Treatment of Pressure Ulcers and Guideline No.3: Pressure Ulcers in Adults: Prediction and Prevention). *NOTE: AHRQ was previously known as the Agency for Health Care Policy and Research (AHCPR).*

b. The National Pressure Ulcer Advisory Panel (NPUAP) at: [www.npuap.org](http://www.npuap.org).

c. The Quality Improvement Organizations, Medicare Quality Improvement Community Initiatives site at: [www.medqic.org](http://www.medqic.org).

**6. FOLLOW-UP RESPONSIBILITY:** Office of Nursing Services (108) in collaboration with the Office of Patient Care Services (11) and the Office of Quality and Performance (10Q) is responsible for the contents of this Directive. Questions may be referred to (202) 273-7869

**7. RESCISSIONS:** None. This VHA Directive Expires December 31, 2011.

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Attachments

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**ATTACHMENT A**

**EXTERNAL PEER REVIEW CRITERIA FOR PRESSURE ULCERS**

The following information is what the External Peer review staff extrapolates from the Computerized Patient Record System (CPRS).

**1. Cohort.** All inpatients to include Acute Coronary Syndrome (ACS), Surgical Care Infection Project (SIP), heart failure (HF), pneumonia (PN), and cancer patients.

**2. All Inpatients**

a. Date and time of admission.

b. Date and time of first Braden Scale.

(1) score \_\_\_\_ if  $\leq 18$  then was there an intervention? yes or no.

(2) If yes: Document the date and time of the documentation of the plan for intervention.

c. Date and Time of second Braden Scale.

(1) Score \_\_\_\_ if  $\leq 18$  then was there an intervention? yes or no.

(2) If yes: Document the date and time of the documentation of the plan for intervention.

d. Date and time of third Braden Scale.

(1) score \_\_\_\_ if  $\leq 18$  then was there an intervention? yes or no.

(2) If yes: Document the date and time of the documentation of the plan for intervention.

e. Date and time of discharge from hospital.

**3. All Inpatients**

(1) Did the patient have a pressure ulcer anytime during this hospitalization?

(2) If yes: Date and time first noted \_\_\_\_\_. If no, no need to continue these questions.

(a) Date and time patient initially admitted to the unit where the ulcer was identified.

(b) Was the patient in this care setting at  $\geq 48$  hours prior to documentation of the first pressure ulcer? **NOTE:** Code for calculation- skip a. if the patient was in the care setting  $\geq 48$  hours.

(3) If no: What type of unit did the patient come from? (Home, non-VA facility, VA Acute Care Facility, Critical Care, Long-term Care).

(a) If yes: Date and time of documented plan of intervention. **NOTE:** *Abstractor instruction= this may be duplication of a previous intervention from Questions #2.*

(b) If  $\geq 48$  hours Unit the patient was on when ulcer first documented (Medical, Surgical, Mixed Medical and Surgical, Critical Care, Step-down).

1. Most severe stage of pressure ulcer during this acute hospitalization.

2. If stage  $\geq$  to 2, is there documentation of plan for intervention?