

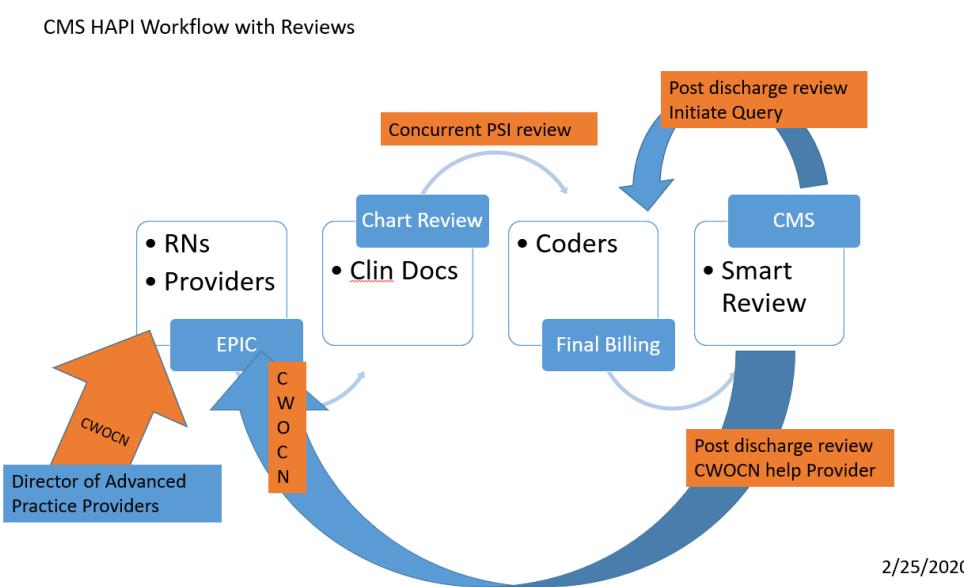


Purpose

Accurate reporting of Patient Safety Indicators (PSI) is important to our 439-bed facility and speaks to the excellence of care provided. Due to our multi-modal data collection, discrepancies were found between data collection and reporting of pressure injury rates (PSI-03).

Action

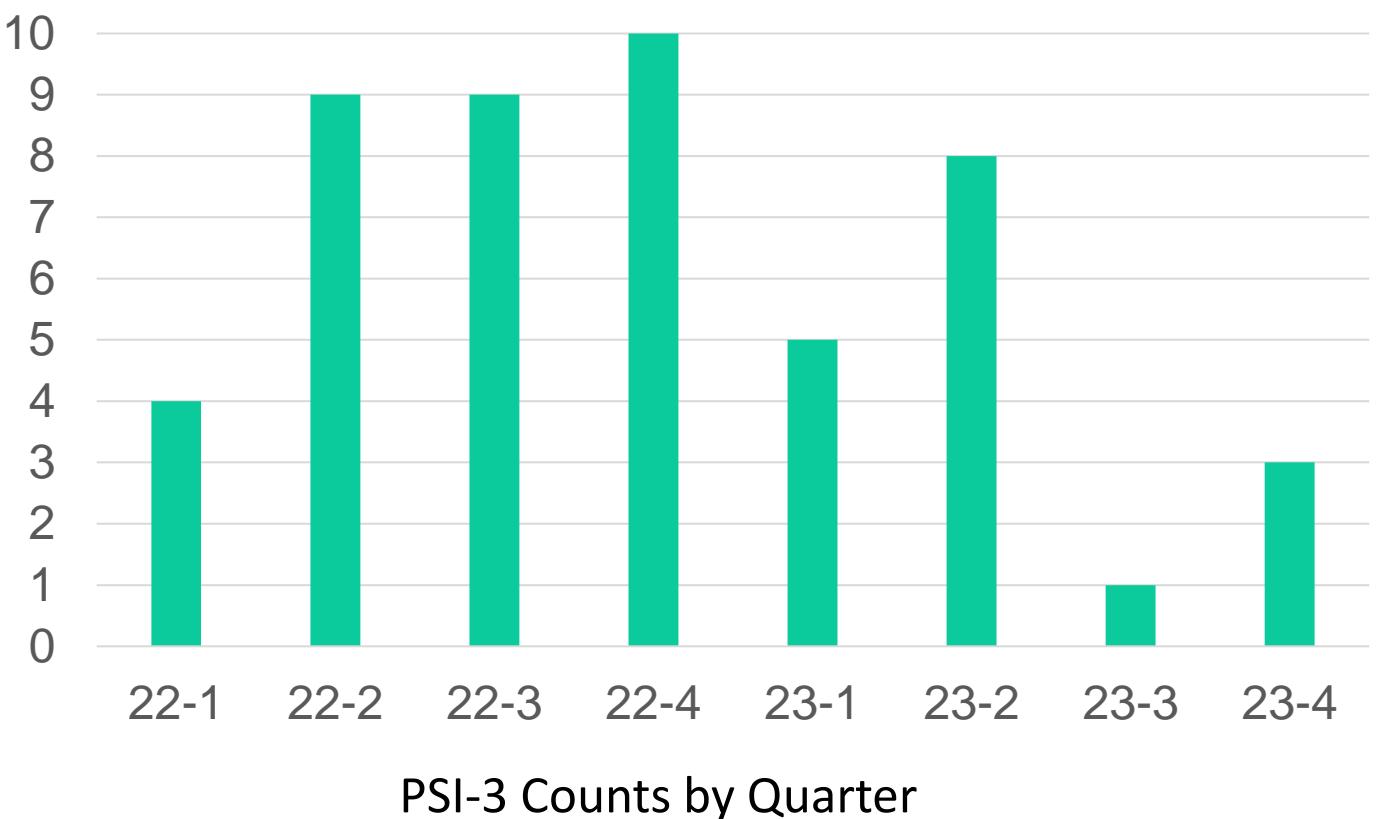
A project was initiated to refine this process including documentation accuracy, coding appropriateness, and confirmed PSI-03 data. Proper physician documentation of PSI-03 is imperative for Medicare reimbursement, accurate reporting, and the overall health of our organization and community.



“PS...I-03? We Cracked the Code!”

Kristen Cowperthwait RN, BSN, CWOCN
Margaret Elliott RN, BSN, CWOCN, CFCN
Rachel Beth Breazeale RN, BSN, CWOCN
Elizabeth Murray RN, MSN, CWOCN

Process



Active Admission Phase:

- During active admission caregivers can place formal consults to the WOC nurse team. In efforts to ensure accurate documentation during active admission, a daily EPIC report is run by WOC nurses to identify any pressure injury EMR documentation (LDA) that was created more than 24 hours after admission. The WOC nurse enters a consult to determine if this wound is a pressure injury, to determine if the wound was Present On Admission, and to correct the LDA if indicated.
- When a pressure injury is established, research is done to determine first date of documentation.
- A consult note is written with detailed findings at the top (e.g. Stage 3 sacral pressure injury POA) with further details included in the body of the note as well as outlined treatment plan.
- The Attending Provider is notified of findings so these can be included in their Progress notes.
- A separate Progress Note including CWOCN findings and treatment plan is written and co-signed by the Director of Advanced Practice Provider Program to incorporate a Licensed Provider as cosigner of the findings. This provides additional documentation for coding.

Post-Discharge Phase:

- If case is flagged for PSI-03, it is reviewed by the Performance Improvement team to confirm it has met inclusion/exclusion criteria and reviews supporting documentation by CWOCN and other providers.
- Approximately 6 weeks after discharge, retro conveyance of PSI-03s comes via a reporting system. Performance Improvement reviews internal notes and sends notification to CWOCN team to ensure accuracy between expectation and actual reported results. If discrepancies are found, a discussion is had between Performance Improvement, CWOCN, licensed provider, and the coding supervisor on the reason for the result. If necessary, a secondary post-review query is initiated to challenge, and potentially reverse, the PSI-03 during a last chance escalation.



Outcomes

Since initiation, there have been few to no discrepancies found from active admission to post-review, resulting in fewer queries and more accurate reporting of PSI-03 data.

A 2023 Process Improvement project led to a new Hospital Acquired Pressure Injury Dashboard that identifies LDAs based on date/time of admission and date/time of LDA creation. This dashboard is monitored by CWOCNs to identify potential HAPIs and keep leadership abreast of their unit numbers. This is an additional tool to maintain accuracy in PSI-03 reporting.

From 2022 – 2023 there was a 47% decrease in reported PSI-03s.

References

CMS reference: Centers for Medicare & Medicaid Services. (2019, September). Quality Measures Fact Sheet. <https://www.cms.gov/priorities/innovation/files/fact-sheet/bpciadvanced-fs-psi90.pdf>.

For more information, email Kristen.Cowperthwait@unchealth.unc.edu

