Pennsylvania Pressure Ulcer Partnership Data Collection

Education Conference Call – November 20, 2008

Q & A SUMMARY

QUESTIONS:

1) **A community hospital asked about data collection other than monthly calculations if the numbers are too small. If they choose to do whole house data collection is that ok? And, would there be any consideration in them doing an alternative collection schedule?**
   ***ANSWER*: It is fine for a hospital to do whole house collection as long as the burden is not too great for them. The suggestion to collect weekly data appears appropriate and the hospital can aggregate 4 weeks of data to submit as a monthly total.**

2) **At what point should the Braden Scale be used to determine intervention use; a low, moderate or high risk score?**
   ***ANSWER*: Use the facility policy for determining when and what interventions should be considered. There may be times when a low risk score triggers intervention based on morbidity or other factors. These should be captured by the facility policy.**

3) **The facility is part of a multi system organization; should each hospital submit their data separately or as a system?**
   ***ANSWER*: Each hospital should submit their own data and if data from more than one unit is being collected, each unit should submit their own data. This will make aggregation easier and benchmarking within an organization easier as well.**

4) **A Long Term Care facility noted they are not performing routine Braden or other risk assessments because they consider everyone at risk. How should this data be captured?**
   ***ANSWER*: The number of qualifying patients on the unit for a given date would be the same as the number of patients at risk.**

5) **The question related to POA and who is responsible for documenting information. If a provider has the entire admission to capture a diagnosis, should there be a time documented in the progress notes as to which provider and when the POA criteria were identified?**
   ***ANSWER*: While this was a consideration for inclusion in the monthly data collection information, the decision was made initially not to capture this due to attempting to decrease burden on facilities. If an organization would like to include this, they are encouraged to modify the monthly collection tool to enhance their own data collection as appropriate for their situation. As long as the PPUP is**

provided the core information we are seeking, organizations can do anything above and beyond what is specifically listed for their own use. This issue will be raised as a potential change the steering committee will discuss.

6) **What should long term care providers do concerning the data collection tool and will there be specific information provided for this group?**
   ***ANSWER*: A separate data collection tool will be used for skilled/long term care facilities. A similar education call will be offered over the next few weeks to LTC providers. The PPUP steering committee will be working directly with QIP and the tool that was developed by them for data collection. Organizations that have already signed on to the 9th Scope of Work can potentially report the same information if they choose to participate in the PPUP project.**

7) **What should be captured on the data collection tool if more than one type of staged ulcer is identified? For example, suppose an individual is admitted with 2 stage I ulcers and 1 stage III ulcer; what would be the correct information to include on the data collection tool?**
   ***ANSWER:* The steering committee will need to explore how the information should be consistently captured and the information will be updated on the directions included on the documents to be distributed for the December Data Collection launch. The decision may reflect one the following for consideration:**
   *** Total number of ulcers to be included; including all stages**
   *** Total number of ulcers developed since admission**
   *** Listing only the highest staged ulcer**
   Refer to question number 12 for additional clarification.

8) **What if an individual remains hospitalized during the next month's data point prevalence study, how should the information be captured?**
   ***ANSWER*: If an individual is still hospitalized through the next data capture, facilities should look back to the point of the last data collection date to capture any changes, additions or absolution of pressure ulcers. For example, if your point prevalence study is on November 15, 2008 and the next study is December 15th, the individual's medical record should be reviewed from entries including November 16th through December 15th.**

9) **What is intended for the first column listing *patient number*?**
   ***ANSWER*: This information is simply the internal number any organization uses to identify the specific individual reviewed for presence of pressure ulcers. It will be useful if additional information is requested or clarification is required. This work sheet will not be turned in or used but is for facility internal use only.**

10) **Who should be included in POA?**
   ANSWER: While important that everyone who identifies any pressure ulcers present on admission also provides documentation; the steering committee is specifically looking for *physician documentation* that is reflected at the initial time of admission. The information

regarding POA documentation by a physician or other provider can then be used to educate individuals about current CMS requirements for reimbursement.

11) **There was a suggestion to include the specific type of unit on the top of the monthly data collection tool so comparative units could be consistently measured. ANSWER: All respective facilities will be compared both across the region and within the state. If there is sufficient population types for comparision, there may also be a potential to provide informaiton at the unit level.**

i.e. Med/Sur	**Transitional Care Unit**
ICU	**Ob/Peds**
Rehab	**Ortho**

12) **There was a question concerning counting; is the intent to count *total number of patients* or *total number of ulcers present?***
***ANSWER*: This is something again the steering committee will need to agree on. Originally, the thought was to capture people but it would make sense to consider the total number of pressure ulcers when attempting to determine impact over the course of time. As of December 1, 2008 the steering committee decided to capture the following information through the monthly collection data tool:**

a) Total number of patients admitted with pressure ulcers
b) Total number of patients who developed pressure ulcers during the admission
c) Total number of patients whose pressure ulcers progress in stage severity
d) Total number of pressure ulcers identified on admission
e) Total number of pressure ulcers for each Stage Category (i.e. Stage I, Stage II, etc.)

13) **How should data reflect POA information related to less severe ulcer stages that either advances while under a provider's care at the facility or advances during the course of the admission?**
***ANSWER*: In order to appropriately capture interventional successes, notes should reflect descriptions of ulcers at the specific time they are identified; i.e. admission, changes reflected at the next data collection point, at discharge etc.**
Pressure ulcer *interventions* should also be documented as per the facilities policies. Changed ulcer status will be captured in a separate data collection point.

14) **How should census be determined for the data collection point and should there be a means to capture admissions that may occur while the chart review is occurring?**
***ANSWER:* Each facility can identify whatever point in time they choose to be the admission calculation/ data collection point. For example, all individuals who are considered admitted to the unit by 11:00 a.m. on the data collection date will be included in the monthly report. If an individual is off the unit having tests etc. the information should be captured if at all possible that same day. If that is not possible, simply reflect the appropriate number of charts reviewed in the columns provided.**

15) **Will there be a designation of unstageable for long term care providers?**

ANSWER: **The steering committee will need to discuss this query and get back to the attendees.**

ADDITIONAL QUESTIONS:

*16)*__Metric #3 regarding patients "at risk" for pressure ulcers: does this mean ever during his/her hospital stay or only on admission?__
ANSWER: **If the patient is "at risk" at any time during his/her hospital stay, then they should be counted as "at risk".**

17) **Metric #3a, #4 and #5: If we are reviewing a chart for 30 days and there is one missed data entry, is the answer to the question "no"?**
ANSWER: **Yes**

18) **Metric #7 regarding number of patients that developed a pressure ulcer during their hospital stay: If there is nursing documentation in the chart that a patient developed a pressure ulcer during their hospital stay, but the WOCN (after inspecting the wound) disagrees, how should we answer that question?**
***ANSWER*:** **Answer "no" and do NOT count that patient as having a pressure ulcer that developed during their hospital stay.**