Does Documentation Matter? Examining the Association between Nursing Documentation Granularity and Pressure Injury Prevalence

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THE MESSAGE

While *what* is being documented does not seem to predict hospital acquired pressure injuries (HAPIs), increased **frequency** of documentation appears to correlate with a higher risk of developing a HAPI.

INTRODUCTION

- Over 2.5 million patient develop HAPIs annually
- $9.1-11.6 billion dollars are spent in the USA as a result of HAPIs every year
- Nurses are key to preventing HAPIs, but additional documentation must be scrutinized due to an already heavy documentation burden

OBJECTIVE

We sought to assess the impact of new, optional EHR documentation on HAPI prevention and its association to HAPI outcomes which became available at the Vanderbilt University Medical Center in July 2021.

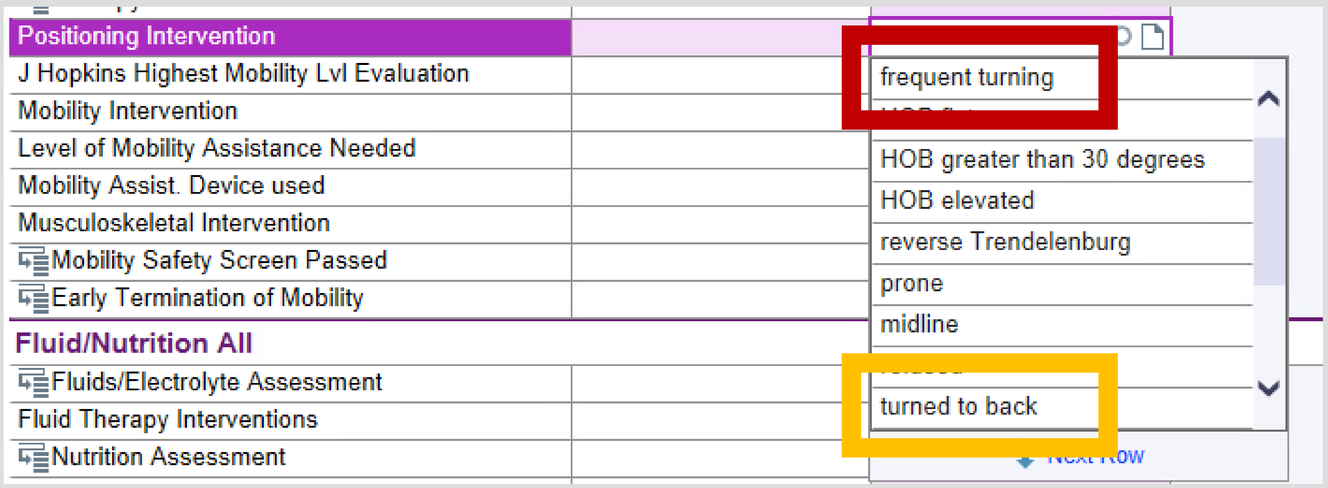

Figure 1. eStar Documentation Changes Existing Documentation New Documentation Example

Table 1. Statistical Analysis of Intervention Documentation on HAPI Outcomes

Variable	Odds Ratio (95% CI)	Standard Error	p-value
Turn Documentation Frequency⁺	2.94 (2.58, 3.34)	0.19	<.0001*
Mobility Documentation Frequency⁺	0.26 (0.21, 0.31)	0.02	<.0001*
Minimum Braden Score	1.06 (0.98, 1.14)	0.04	0.164
Minimum Albumin	0.99 (0.81, 1.22)	0.11	0.949
Age of Patient	0.99 (0.98, 1.00)	0.01	0.066
Sex of Patient	1.80 (1.40, 2.30)	0.23	<.0001*
Hours Admitted	1.00 (1.00, 1.00)	0.00	0.002*

*Significant at α = 0.05; ⁺Log transformed variable

METHODS

- All patients considered 'at-risk' for developing a HAPI (Braden score ≤ 15) between December 1, 2020 and February 23, 2022 were included in the analysis
- Post-implemtnation period began July 1, 2021
- Each report of a pressure injury was independently evaluated and confirmed by the VUMC wound care team
- We performed a Fisher's exact test to assess differences in HAPI rates between the pre- and post-implementation periods
- Logistic regression was used to examine the associations between the new documentation options and HAPI development

RESULTS

- 15,214 at-risk patients with 453 instances of HAPIs pre-implementation and 6,897 at-risk patients with 200 instances of HAPIs post-implementation
- No differences were found in rates of HAPIs between the two time periods (p=.831).
- HAPI changes pre- and post- are not certain due to COVID-19 timing

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