

Physician Wound Care Documentation Quality Improvement



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INTRODUCTION

According to the Agency for Healthcare Research and Quality, pressure injuries (PIs) affect 2.5 million individuals and cost 9.1–11.6 billion dollars annually in the United States. Each year, more than 60,000 deaths and almost 20,000 lawsuits are attributable to pressure injuries. Similarly, diabetic foot ulcers are pervasive in the United States, with healthcare costs ranging between 9-13 billion dollars per year. Patients with diabetic foot ulcers experience high morbidity associated with diabetic foot infections and amputations. Therefore, it is essential that hospital providers are knowledgeable in recognition and prevention of PIs. NHS hospital was noted to have poor report of documentation from physicians on day of admission per hospital wound PI council report.

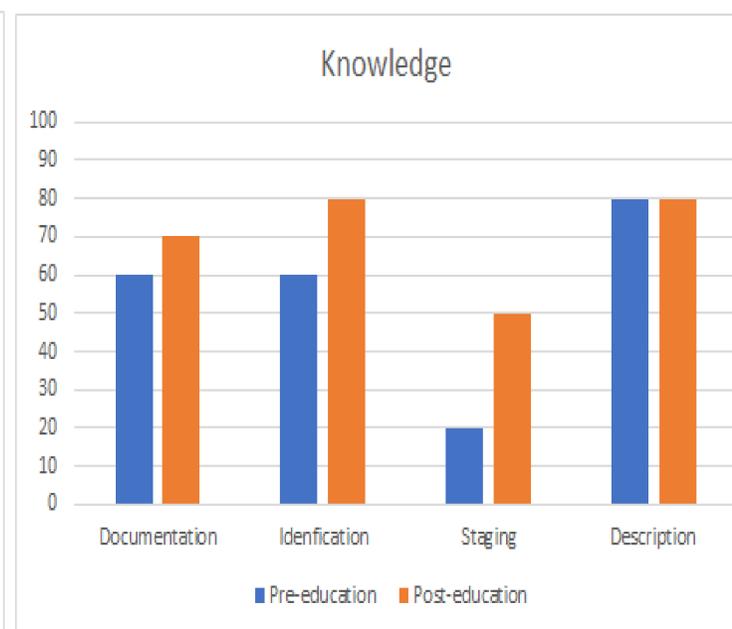
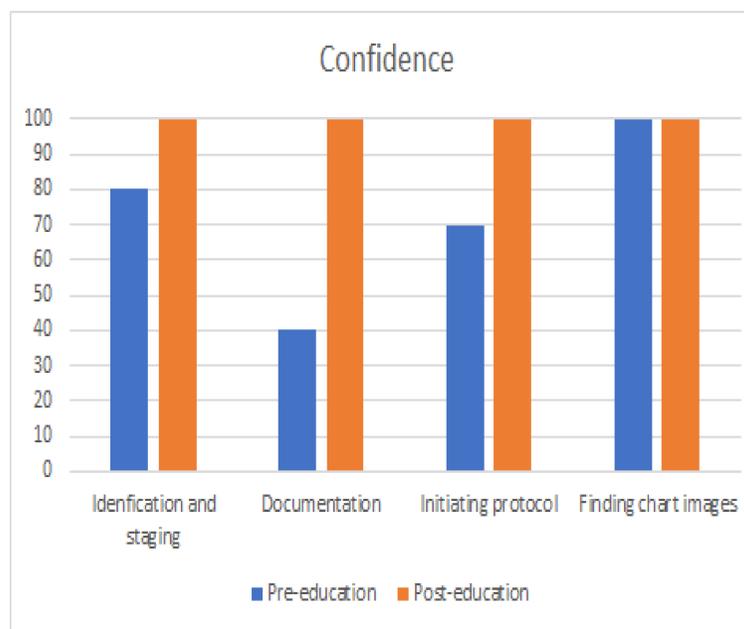
AIM STATEMENT

Our overall aim of this quality improvement project was to improve NHS IM residents' knowledge related to identification and inpatient management of pressure injuries and diabetic foot wounds by 10% post presentation of educational material to the resident physicians.

METHODS

- Surveyed 10 residents of the IM program at NHS. The remaining residents not included had knowledge of test question development and were excluded
- Pre-education survey was designed to assess provider knowledge, confidence and practices in PIs and diabetic foot complications. The questionnaire comprised 8 items, all of which are multiple choices.
- The survey was provided as a link in the resident group chat and was open until all residents submitted a response (aside from the those who are involved in the QI project).
- After data collection for the survey was completed, an education lecture was provided on 3/22/21 intended to fill knowledge gaps in wound identification and EMR use, and disseminate information about expectations regarding management of wound care.
- A post-education survey consisting of the same questions as the previous survey was then provided as a link in the resident group chat until the target number of 10 responses was recorded

RESULTS



Sample Survey

1. I know how to identify and stage common wounds.
Yes No
2. I know how to document wounds in clinical notes.
Yes No
3. I know how to initiate wound care protocol
Yes No
4. I know where to find photos of wound within the chart
Yes No
5. Wound documentation must be done [] of admission.
a. within 12 hours b. within 24 hours c. within 48 hours e. prior to discharge
6. What is this skin condition?



- a. Intact skin exposed to incontinence
- b. Incontinence associated dermatitis
- c. Intertriginous dermatitis
- d. Fungal rash



- a. Stage 1
- b. Stage 2
- c. Stage 3
- d. Stage 4

- a. Shallow, dry, lightly draining
- b. Shallow, wet, lightly draining
- c. Deep, wet, heavily draining
- d. Necrotic tissue



Findings

- There was an increase over our initial 10% goal in both resident confidence and knowledge in assessing and documenting wounds after the education lecture
- Additional improvements needed in staging of wounds as minimal improvement noted in comparison to other aspects of knowledge regarding wounds
- No significant changes noted in finding chart images nor description of wounds

CONCLUSION/NEXT STEPS

- Plan to continue educating incoming intern class. Evaluate documentation quarterly with individualized feedback to residents
- Standardize format of documentation with a dot phrase or Dragon template.
- Encourage practice of inserting wound photos into Physician documentation.
- Assess documentation semi-annually and coordinate with wound care nurse team on future PDSA cycles

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