

# Under Pressure for Process Improvement: Redesigning NDNQI Pressure Ulcer Prevalence Surveys

Jolene Dorrell BSN, RN, PCCN  
Contact: jjdorrel@sentara.com

**sentara nurse**



## Introduction

Hospital acquired pressure ulcers (HAPU) pose a substantial impact on patient outcomes and hospital costs. Evidence illustrates variability in staging abilities of healthcare providers, noting that Wound Ostomy Continence Nurses (WOCN) stage pressure ulcers more accurately than non-certified nurses (Hart, 2006 & Bruce, 2012).

## Background

To conduct quarterly pressure ulcer prevalence surveys, the National Database of Nursing Quality Indicators (NDNQI) suggests:

- WOCNs function as team leaders
- Team members be trained and skilled in pressure ulcer identification and staging
- Cross survey to decrease potential for bias
- Initial and ongoing training for members
- Annual studies to enhance inter-rater reliability (IRR) (Guidelines for Data Collection and Submission on Pressure Ulcer Indicator, 2014)

Sentara Norfolk General Hospital (SNGH) is a quaternary 525 bed hospital with 22 inpatient units. Surveying a hospital this size includes assessing a potential of 470 patients, requiring at least 7 groups led by team leaders and 45-50 support staff. 3 WOCN support SNGH.

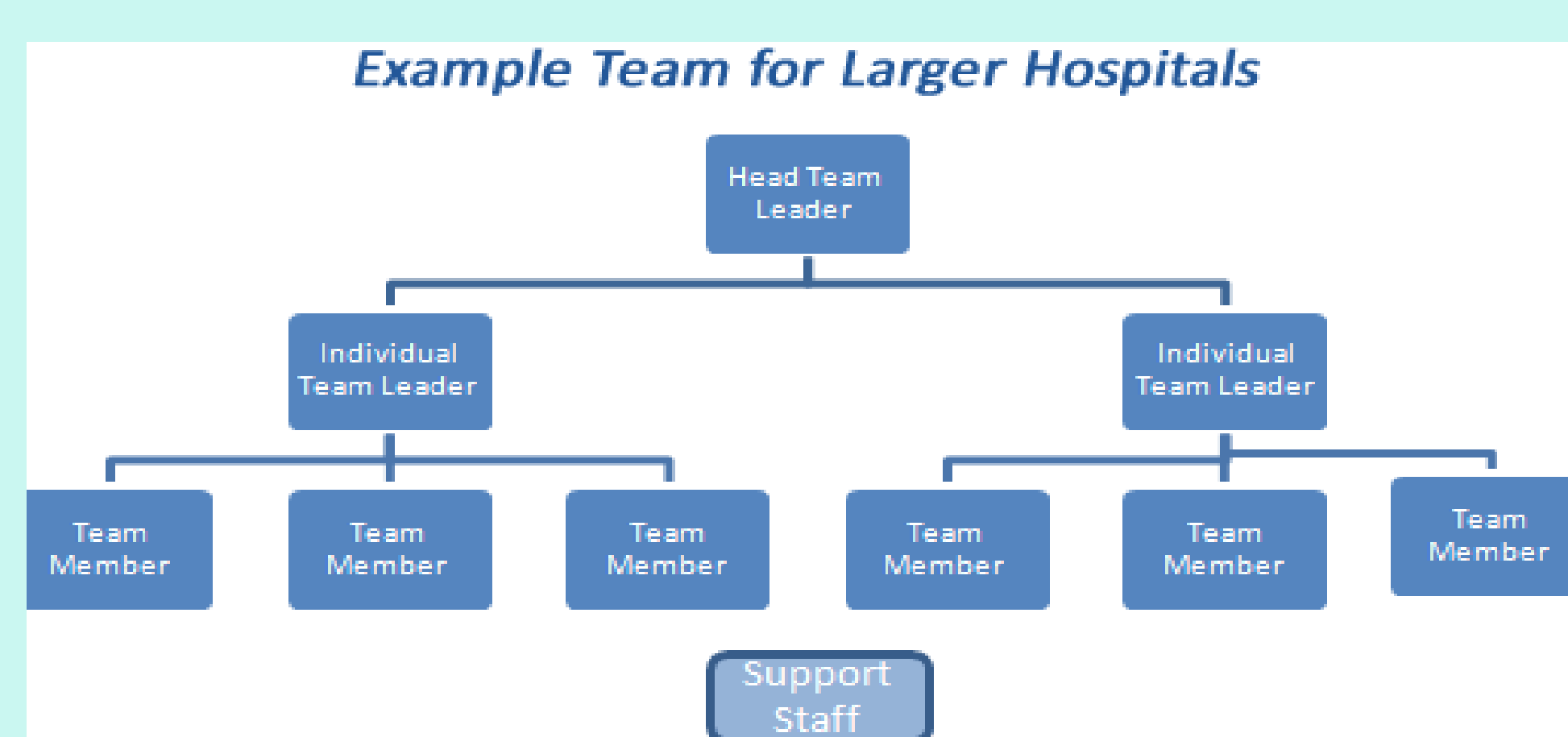
## Objectives

- Restructure the quarterly surveys
- Allow for cross auditing
- Collaborate with WOCNs for real time bedside validation

The ultimate goal of the project was to reduce over reporting.

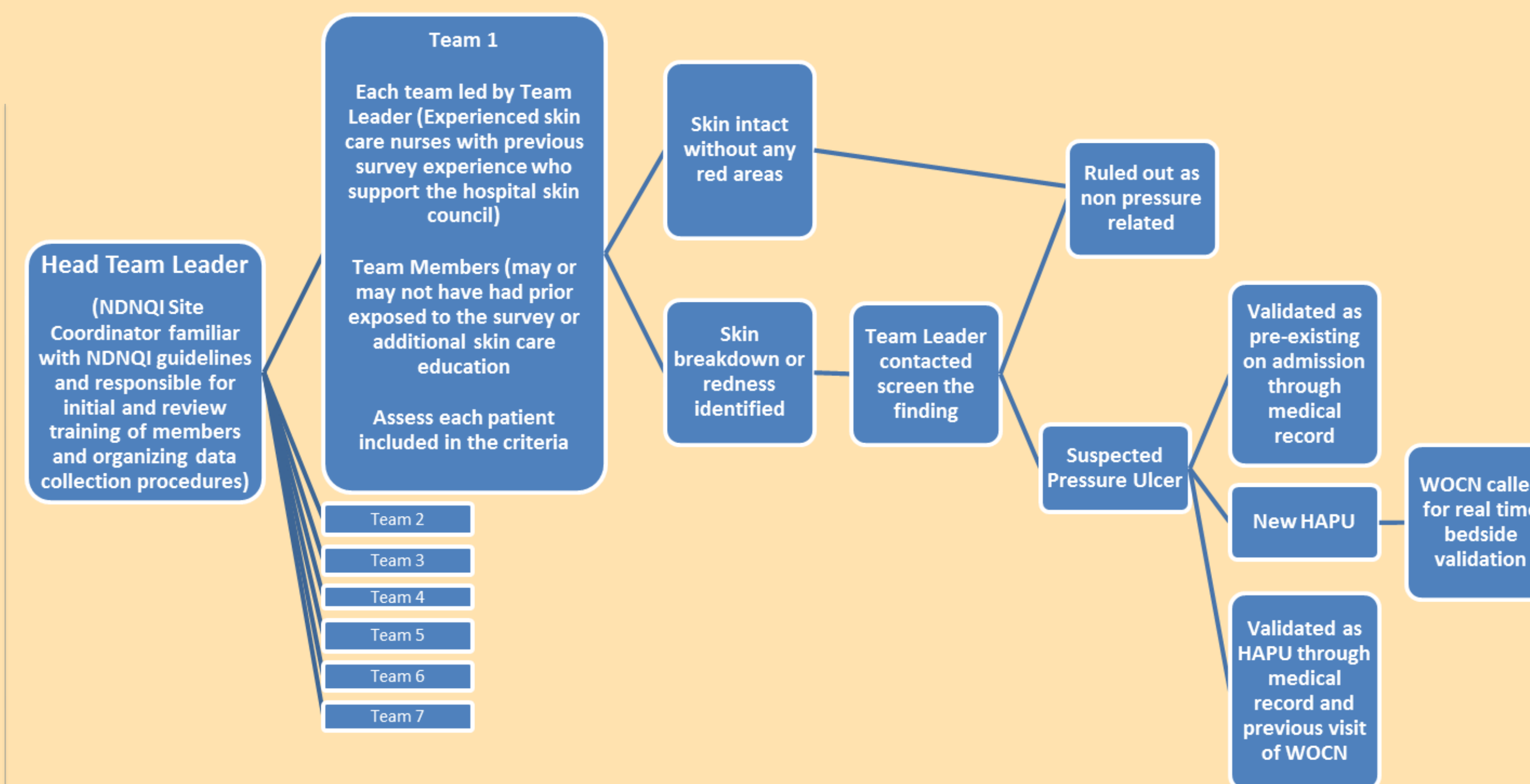
## Project Description

The redesign began 2014 Q2. The design mimics NDNQI's suggested format:



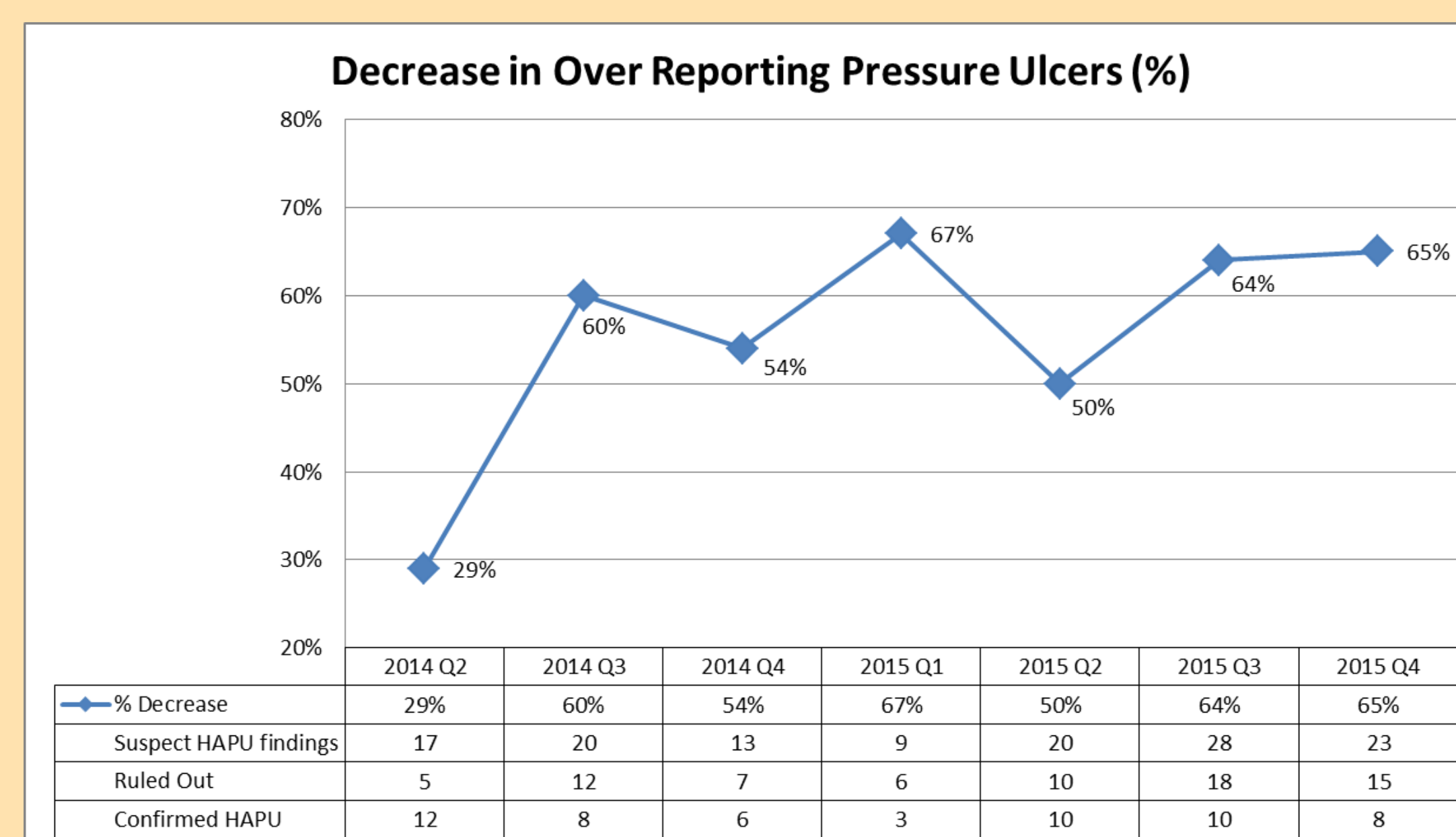
(NDNQI Pressure Ulcer Training, 2016)

Each team assess approx. the same number of beds to even the pace of work.

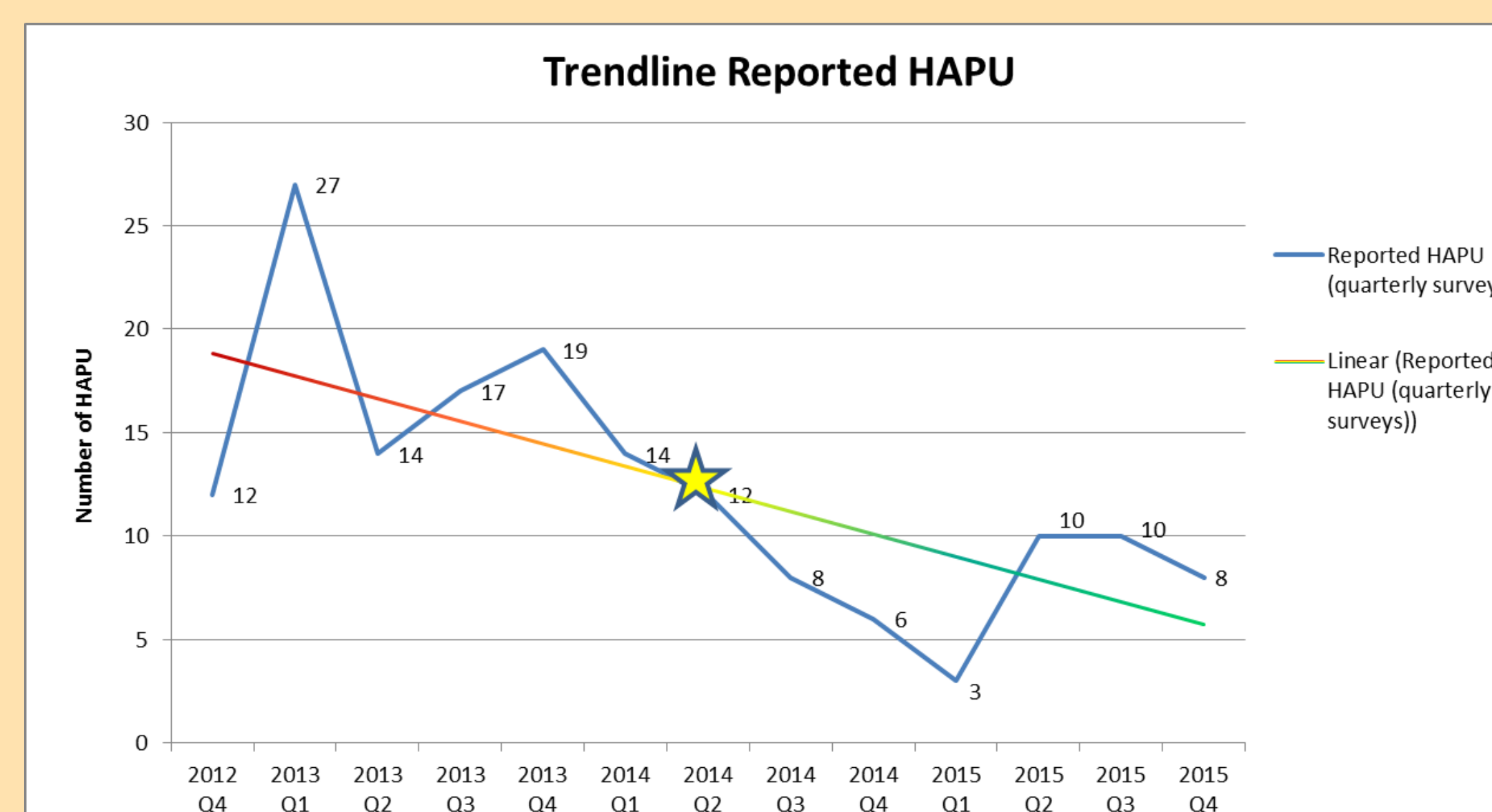


## Evaluation Strategy

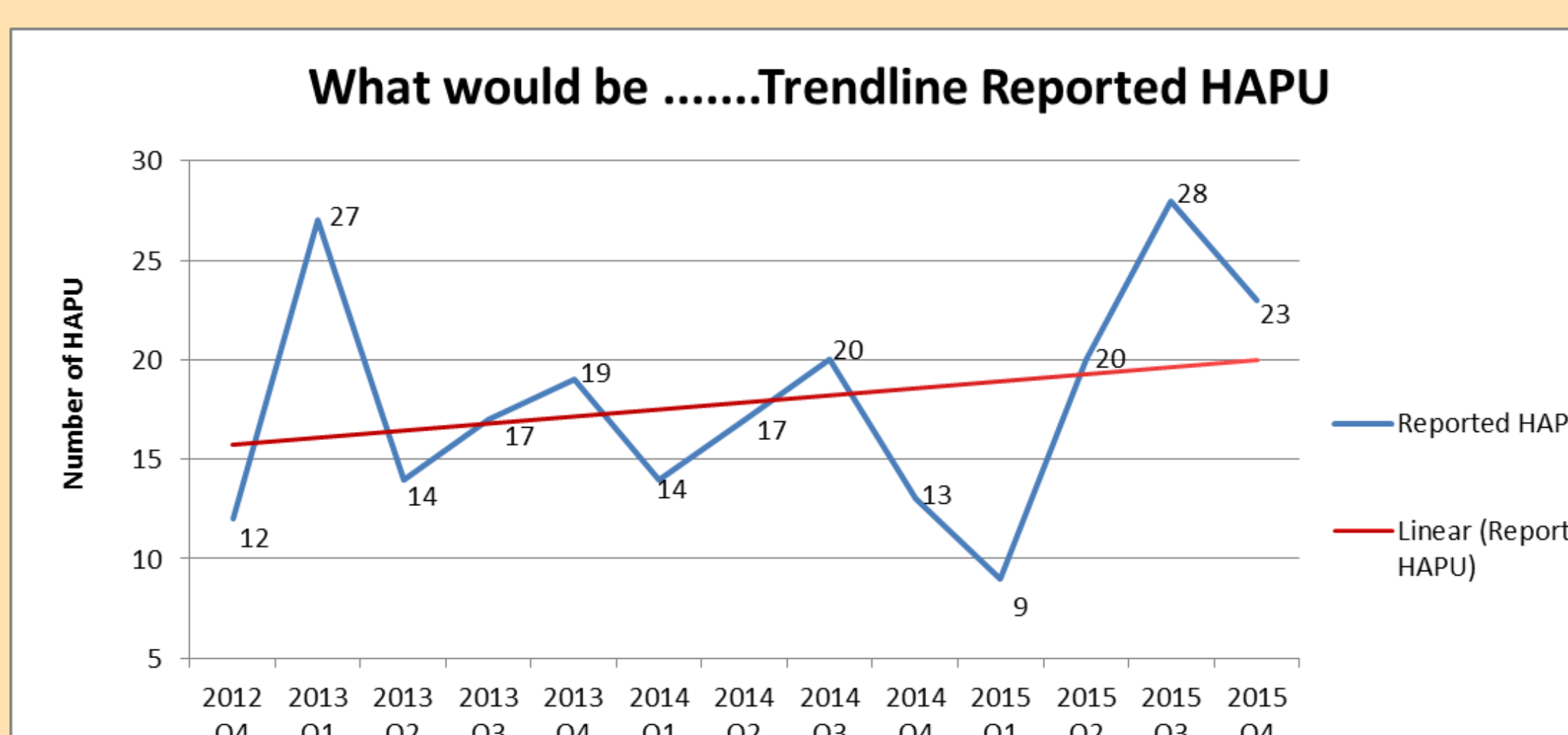
The WOCN reported how many findings were not pressure related the day of each survey. The NDNQI site coordinator tracked the data over 7 quarters which shows an average decrease in over reporting by 54%.



The trend line graph below demonstrates overall improved HAPU reporting. The star depicts the redesign implementation:



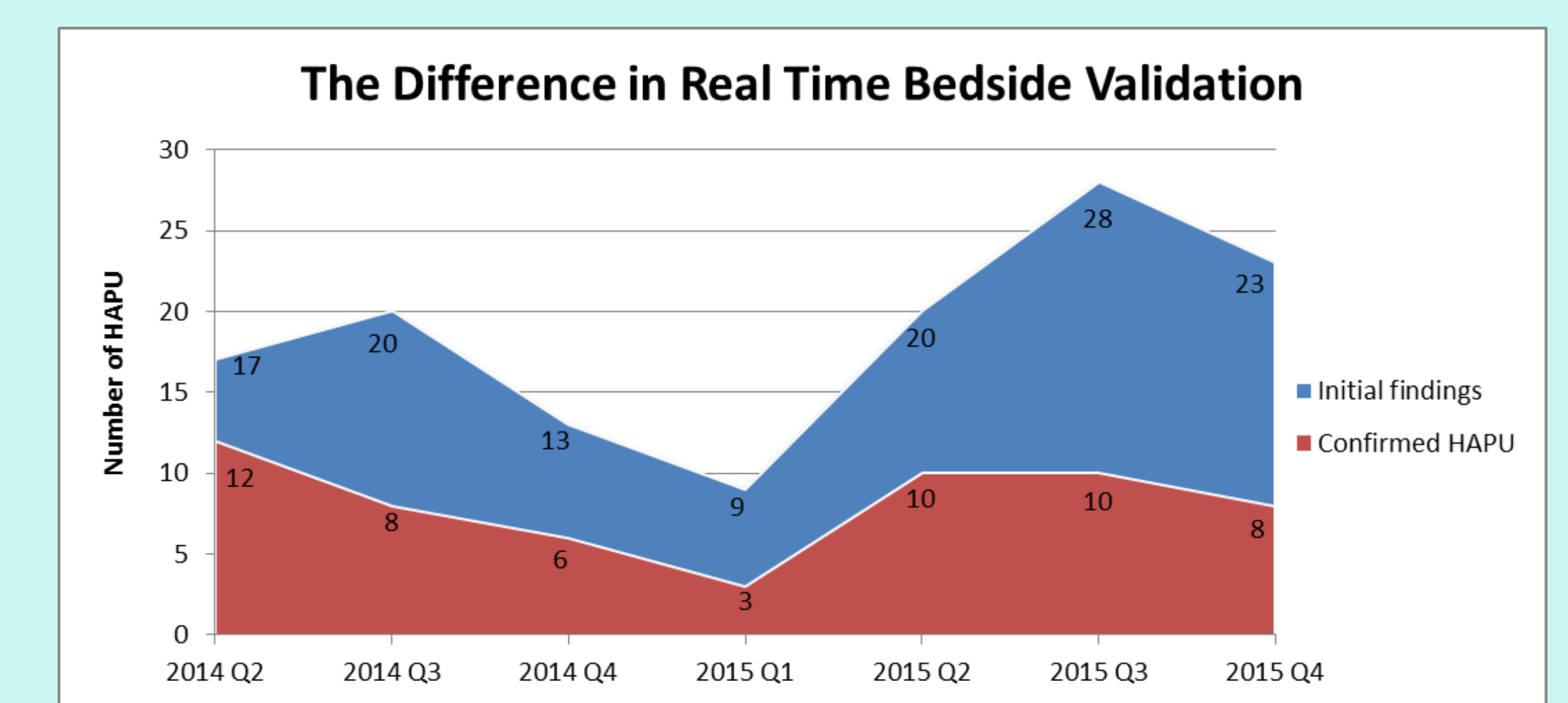
The trend line graph below illustrates what reporting would be without the redesign:



Additionally, an average 2 hr. per participant per survey was saved with the redesign; equating to approx. 90 employee hr. per survey; 360 hr. per year at an average savings of \$9,000 per year.

## Findings

Consistently discovering discrepancies through the validation process displays the need for further education of non certified team leaders to close the gap and promote real time bedside validation of a WOCN to reduce over reporting. Per NDNQI, this bedside validation process may eliminate the need for annual IRR studies, further saving time and resources.



## Conclusions and Implications

This redesign enabled a large scale hospital to meet the challenge of validating HAPU reporting, thereby reducing over reporting and maximizing resources of time and staff through the process resulting in:

- Reduced over-reporting
- Decreased cost
- Better allocation of WOCN expertise
- Increased WOCN consults on survey days
- Identified gap between WOCN and non-certified nurses for pressure ulcer identification

## References

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## Acknowledgements

SNGH NDNQI Nursing Participants  
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