Department of Veterans Affairs
Office of Inspector General

Office of Healthcare Inspections

Report No. 14-05132-90

Combined Assessment Program Summary Report

Evaluation of Pressure Ulcer Prevention and Management at Veterans Health Administration Facilities

February 3, 2015

Washington, DC 20420

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Executive Summary

The VA Office of Inspector General Office of Healthcare Inspections completed an evaluation of pressure ulcer prevention and management at Veterans Health Administration (VHA) facilities. The purpose of the evaluation was to determine whether VHA clinicians complied with selected requirements related to pressure ulcer prevention and management.

We conducted this evaluation at 47 VHA medical facilities during Combined Assessment Program reviews performed across the country from April 1, 2013, through March 31, 2014. We noted high compliance with VHA policy in many areas, including facilities' pressure ulcer policies, which incorporated criteria for patient referral to wound care specialists; requirements for comprehensive skin assessments; and use of a standardized risk assessment tool.

To improve operations, we recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that:

- Facility policy addresses outpatient pressure ulcer prevention and treatment.
- Facilities establish pressure ulcer committees with appropriate professional representation.
- Facilities' pressure ulcer programs define requirements for employee training regarding pressure ulcer risk assessment, skin assessment and management, and documentation of skin assessment findings.
- Clinicians revise pressure ulcer prevention plans when patients' risk levels change.
- Clinicians provide and document patient/caregiver pressure ulcer education.
- Clinicians provide and document skin inspections and risk assessment scales daily during hospitalization, including the day of discharge.
- Facilities establish processes to monitor consistency in pressure ulcer-related documentation and take appropriate actions to address inconsistencies.
- Clinicians document wound care follow-up plans for patients discharged with unhealed pressure ulcers and that the facility provides needed supplies.
- Employees secure medications stored in patients' rooms.

Comments

The Interim Under Secretary for Health concurred with the findings and recommendations. (See Appendix A, pages 8–22, for the full text of the comments.) The implementation plans are acceptable, and we will follow up until all actions are completed.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Purpose

The VA Office of Inspector General (OIG) Office of Healthcare Inspections completed an evaluation of pressure ulcer prevention and management at Veterans Health Administration (VHA) facilities. The purpose of the evaluation was to determine whether VHA clinicians complied with selected requirements related to pressure ulcer prevention and management.

Background

In 2005, the Office of Healthcare Inspections reviewed pressure ulcer prevention and management at 24 VHA medical facilities during Combined Assessment Program (CAP) reviews. In the summary report resulting from that review,[1] we recommended that the Under Secretary for Health ensure that comprehensive guidance regarding pressure ulcer prevention, management, and education was implemented. In response, VHA issued a handbook[2] that addresses a standardized, evidence-based approach to the assessment and prevention of pressure ulcers in all clinical settings; use of the Braden scale[3] for initial and ongoing assessment; standardized documentation; and patient/caregiver education requirements.

The handbook details requirements for comprehensive pressure ulcer prevention and management. This review assessed compliance with the handbook and selected Joint Commission standards and evaluated key components of VHA facility pressure ulcer programs, including risk assessment and prevention, identification and management, electronic health record (EHR) documentation, and employee training. This review also assessed selected environment of care standards in patient rooms.

Scope and Methodology

We performed this evaluation in conjunction with 47 CAP reviews of VHA medical facilities conducted from April 1, 2013, through March 31, 2014. The facilities were a stratified random sample of all VHA facilities and represented a mix of facility size, affiliation, geographic location, and Veterans Integrated Service Networks. OIG generated an individual CAP report for each facility. For this report, we summarized the data collected from the individual facility CAP reviews.

We reviewed facility pressure ulcer policies and other applicable documents and 448 employee training and competency records. We also reviewed EHRs of acute care patients with pressure ulcers who were discharged from July 1 through December 31, 2012. This included EHRs of 297 patients with hospital-acquired

[1] *Healthcare Inspection – Management of Patients with Pressure Ulcers in Veterans Health Administration Facilities*, Report No. 05-00295-109, March 22, 2006.
[2] VHA Handbook 1180.02, *Prevention of Pressure Ulcers*, July 1, 2011 (corrected copy).
[3] The Braden scale is a clinically reliable and valid tool used to score or predict an individual's level of risk for pressure ulcers.

pressure ulcers (HAPU) and 424 patients with community-acquired pressure ulcers (CAPU). We also reviewed the EHRs of 159 acute care patients hospitalized at the time of our onsite inspections. We performed physical inspections of 86 pressure ulcer patients' rooms. We used 90 percent as the general level of expectation for compliance. The training/competency records and patient samples within each facility were not a probability sample and thus do not represent the entire population of that facility. Therefore, the summary results presented in this report are not generalizable to the entire VHA.

Inspectors conducted the reviews in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

We noted high compliance with VHA policy in many areas, including facilities' pressure ulcer policies, which incorporated criteria for patient referral to wound care specialists; requirements for comprehensive skin assessments; and use of a standardized risk assessment tool, such as the Braden scale. However, we identified opportunities for improvement in several areas.

Issue 1: Administrative Program Requirements and Clinician Training

VHA requires the Facility Director to ensure that the local pressure ulcer prevention policy covers acute medical care and outpatient primary care.[4] The policy must stipulate that a pressure ulcer committee with representatives from multiple clinical disciplines (including a certified wound care specialist, providers, and a physical rehabilitation therapist) develops, implements, and evaluates the pressure ulcer prevention program. Of the 46 facilities with pressure ulcer policies, 5 facilities' policies (11 percent) did not address outpatient prevention and treatment. Seven of the 47 facilities (15 percent) did not establish a pressure ulcer committee with appropriate professional representation.

VHA also requires the pressure ulcer prevention program to include a plan for ongoing employee training that includes administering the pressure ulcer risk scale, conducting the complete skin assessment, managing pressure ulcers, and documenting findings.[5] Five of the 47 facilities (11 percent) did not define training requirements regarding pressure ulcer risk and skin assessment and management, and 6 facilities (13 percent) did not define training requirements regarding documentation of pressure ulcer skin assessment findings.

We reviewed 448 clinician training records and determined:

- Fifty-five records (12 percent) did not contain evidence of training on administering the pressure ulcer risk scale or conducting the complete skin assessment.
- Sixty-six records (15 percent) did not contain evidence of training on documenting skin assessment findings.

We recommended that facilities' pressure ulcer policies address outpatient pressure ulcer prevention and treatment and that facilities establish pressure ulcer committees with appropriate professional representation. We also recommended that facilities' pressure ulcer programs define requirements for employee training regarding pressure ulcer risk assessment, skin assessment and management, and documentation of skin assessment findings. For all our recommendations, facility managers need to monitor compliance and take actions to improve, as appropriate.

[4] VHA Handbook 1180.02.
[5] VHA Handbook 1180.02.

Issue 2: Risk Assessment and Prevention

Determining patient risk for pressure ulcers is an essential component of an effective prevention program. When patients experience a change in medical condition, VHA requires that the pressure ulcer prevention plan be revised to accurately reflect the change in the risk level.[6] Of the 202 applicable HAPU patients identified at admission to be at risk for pressure ulcers and whose risk level changed while hospitalized, clinicians did not revise prevention plans for 22 patients (11 percent).

We recommended that clinicians revise pressure ulcer prevention plans when patients' risk levels change.

Issue 3: Documentation

Patient Education. VHA requires that patients with or at risk for developing pressure ulcers receive education to enable active participation in prevention and treatment decisions.[7] Clinicians are responsible for documenting patient/caregiver understanding of pressure ulcer education. Clinicians did not document patient/caregiver pressure ulcer education for 78 of 252 patients (31 percent) with HAPUs and 129 of 377 patients (34 percent) with CAPUs. For both groups, we excluded patients who had cognitive deficits and were unable to benefit from pressure ulcer education.

Skin Assessments. For patients determined to be at risk for pressure ulcers, VHA requires employees to perform and document skin inspections and Braden scales daily.[8] Thirty-six of the 211 applicable HAPU patients (17 percent) did not have daily skin inspections and Braden scales consistently documented. For patients not at risk for pressure ulcers, VHA requires employees to perform and document skin inspections daily.[9] Eleven of the 84 applicable HAPU patients (13 percent) did not have daily skin inspections consistently documented.

For patients with pressure ulcers, VHA requires employees to perform and document Braden scales daily. Of the 424 patients with CAPUs identified at admission, 64 patients (15 percent) did not have daily Braden scales consistently documented.

Progress Note Consistency. We assessed clinician documentation of pressure ulcer stage, location, risk scale score, and date acquired for consistency between work shifts and employees responsible for this documentation. For the patients with HAPUs, we reviewed 3 days of documentation beginning with the day the pressure ulcer was identified. For the patients with CAPUs, we reviewed 3 days of documentation beginning with the date of admission. We identified inconsistencies in documentation of 1 or more of these required components for 125 of the applicable 295 patients (42 percent) with HAPUs and for 130 of the applicable 423 patients (31 percent) with CAPUs. For the patients with pressure ulcers who were hospitalized at the time of our

[6] VHA Handbook 1180.02.
[7] VHA Handbook 1180.02.
[8] VHA Handbook 1180.02.
[9] VHA Handbook 1180.02.

onsite inspections, we identified inconsistencies in documentation for 31 of the 115 patients (27 percent) with CAPUs and 18 of the 44 patients (41 percent) with HAPUs.

Discharge. VHA requires clinicians to perform and document skin inspections and Braden scale scores prior to patient discharge from the facility.[10] Twenty-eight of the applicable 262[11] HAPU patients' EHRs (11 percent) did not contain this documentation.

According to Joint Commission standards, prior to discharge, the facility needs to arrange the services that will be required by patients after discharge. Patients with unhealed pressure ulcers require wound care follow-up plans to ensure continuation of a treatment regimen and to encourage healing. We examined documentation for patients who were discharged to locations where they or a caregiver had responsibility for further care. We assessed documentation of wound care follow-up plans and whether documentation indicated that the facility provided the patient/caregiver needed supplies to continue pressure ulcer care.

Eighteen of the applicable 108 HAPU patients (17 percent) and 31 of the applicable 202 CAPU patients (15 percent) with unhealed pressure ulcers at discharge did not have documented wound care follow-up plans, such as a return for further assessment in an outpatient clinic or follow-up by a visiting nurse. Additionally, 30 percent of these patients' EHRs did not contain documentation that the facility provided needed supplies at discharge.

We recommended that clinicians provide and document patient/caregiver pressure ulcer education, that employees perform and document skin inspections and Braden scales daily during hospitalization and prior to discharge, and that managers monitor pressure ulcer documentation for consistency and take appropriate actions when problems are identified. We also recommended that clinicians develop wound care follow-up plans for patients discharged with pressure ulcers and that facilities provide needed supplies to patients/caregivers responsible for continued pressure ulcer care.

Issue 4: Medication Storage

The Joint Commission requires that the facility store medications safely. Of the 18 rooms containing patient medications, 12 had unsecured medications. We recommended that medications stored in patients' rooms be secured.

[10] VHA Handbook 1180.02.
[11] Patients who expired were excluded from this review component.

Conclusions

We noted high compliance (greater than 90 percent) with VHA policy in many areas. Most facilities established pressure ulcer policies that addressed prevention and treatment for inpatient areas and criteria for referral of patients to wound care specialists. Facilities required patient skin assessments at admission and upon transfer, clinicians used a standardized risk assessment tool, and appropriate prevention/treatment plans were established. Pressure ulcer data was collected, analyzed, and reported to facility leadership, and appropriate actions were taken.

We identified opportunities for improvement in administrative requirements (policies, committees) and employee training, risk assessment and prevention (revising pressure ulcer plans when patients' risk levels change), documentation (patient/caregiver pressure ulcer education, daily skin inspections and Braden scales, documentation consistency, and wound care follow-up plans and supplies), and medication storage (securing medications stored in patients' rooms).

Recommendations

1. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facility policy addresses outpatient pressure ulcer prevention and treatment.

2. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facilities establish pressure ulcer committees with appropriate professional representation.

3. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facilities' pressure ulcer programs define requirements for employee training regarding pressure ulcer risk assessment, skin assessment and management, and documentation of skin assessment findings and that facility managers monitor compliance.

4. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that clinicians revise pressure ulcer prevention plans when patients' risk levels change and that facility managers monitor compliance.

5. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that clinicians provide and document patient/caregiver pressure ulcer education and that facility managers monitor compliance.

6. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that clinicians provide and

document skin inspections and Braden scales daily during hospitalization, including the day of discharge, and that facility managers monitor compliance.

7. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facilities establish processes to monitor consistency in documentation of pressure ulcer stage, location, date acquired, and risk scale score and take appropriate actions to address inconsistencies.

8. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that clinicians document wound care follow-up plans for patients discharged with unhealed pressure ulcers and that the facility provides needed supplies.

9. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that employees secure medications stored in patients' rooms.

Interim Under Secretary for Health Comments

Department of Veterans Affairs **Memorandum**

Date: December 23, 2014

From: Interim Under Secretary for Health (10)

Subject: **Office of Inspector General (OIG) Draft Report, Combined Assessment Program (CAP) Summary Report: Evaluation of Pressure Ulcer Prevention and Management at Veterans Health Administration (VHA) Facilities (2014-05132-HI-0607) (VAIQ 7559505)**

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review the draft OIG CAP Summary Report: Evaluation of Pressure Ulcer Prevention and Management at VHA Facilities. I concur with the report and the recommendations. Attached is VHA's corrective action plan for recommendations 1 through 9.

2. After OIG completed their review, VHA's Office of Nursing Services (ONS) partnered with the VHA National Center for Patient Safety and sponsored two 12-month educational series on pressure ulcer prevention. The first series began in January 2014 and the second series will begin in January 2015.

3. Additionally, VHA's National Pressure Ulcer Prevention Committee and the VHA eHealth University (VeHU) collaborated on nationwide online educational products: (1) VeHU 13104, OIG Focus on Pressure Ulcer Prevention, (2) VeHU 13103, The VA Skin Bundle, (3) VeHU 15040, Pressure Ulcers: Practical Strategies for Accurate Reporting, and (4) VeHU 15041, Pressure Ulcers, Putting Real Quality into Quality Monitoring. All VeHU sessions are available online for staff to access.

4. VHA increased regular communications about this topic through several new venues: the monthly ONS News Bulletin, the ONS intranet site, VHA National Would Skin email group, and Veterans Integrated Service Network and facility point of contact email groups.

5. We are pleased to share some of VHA's efforts in this arena that occurred after OIG completed their review and are not discussed in the report. These efforts, in combination with actions addressing OIG's recommendations, will improve the care we provide Veterans.

6. Should you have any questions, please contact Karen M. Rasmussen, MD, Director, Management Review Service (10AR) at VHA10ARMRS2@va.gov.

Carolyn M. Clancy, MD

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG CAP Summary Report – Evaluation of Pressure Ulcer Prevention and Management at VHA Facilities

Date of Draft Report: 11/4/2014

Recommendations/ Actions	Status	Target Completion Date

OIG Recommendations

Recommendation 1. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facility policy addresses outpatient pressure ulcer prevention and treatment.

VHA Comments

Concur

VHA has taken steps to ensure that facility policy addresses outpatient pressure ulcer prevention and treatment. In July 2011, VHA issued Handbook 1180.02, *Prevention of Pressure Ulcers*. This handbook established required actions for a medical center to follow for assessment and prevention of pressure ulcers in all clinical care settings in VHA, including outpatient settings. The handbook stipulates that the medical facility Director, or designee is responsible for ensuring the writing and implementing of a Pressure Ulcer Prevention policy that includes standardized approaches for screening, assessment, and prevention of pressure ulcers in clinically relevant areas, and all Veterans are to receive screening, assessment, and intervention to maintain or restore skin integrity. The handbook further describes at a minimum, annual screening in outpatient primary care clinics for active pressure ulcers, history of pressure ulcers, and identification of limited mobility such as bed-confined and wheel chair users. In addition, facilities must evaluate each outpatient area to identify settings, in addition to Primary Care, where a pressure ulcer risk assessment may be clinically appropriate (e.g., Ambulatory Surgery).

The Office of Nursing Services (ONS) in collaboration with the Office of the Deputy Under Secretary for Health (DUSHOM) will implement a standardized process for facility and Veteran Integrated Service Network (VISN) Directors to assess and report local compliance with policy requirements identified in recommendations 1–8. ONS is the primary responsible office for completion of all recommendations in this report.

The standardized process for assessing and reporting on local compliance will include the following elements:

1. ONS will conduct a series of information calls for VISN and VA Medical Center leaders (VAMC) that clarify policy requirements underlying recommendations 1–9 of this report. The calls will also introduce the audit tool, explain usage of the tool, explain reporting requirements, and provide ONS point of contact for technical assistance.
2. ONS will develop and distribute a VISN and facility focused standardized audit tool to assess compliance with policy standards identified in recommendations 1–8 of this report. ONS will provide the Office of the DUSHOM with a memorandum for distribution to VISNs and facilities that directs them on the purpose, use of, access to, and reporting requirements for the standardized audit tool.

VHA requires 100 percent compliance with the requirement that VA facilities have facility policy that addresses outpatient pressure ulcer prevention and treatment. To complete this action, all VA facilities must ensure that their local policies address outpatient pressure ulcer prevention and treatment. VHA expects local policies on outpatient ulcer prevention and treatment to be consistent with national policy (i.e., VHA Handbook 1180.02).

ONS in collaboration with the Office of the DUSHOM will provide direction to VISN and facility Directors on the requirements to complete this action plan. ONS is the primary responsible office for completion of all recommendations in this report.

1. The Office of the DUSHOM will require all facilities to use the standardized audit tool for documenting compliance with this recommendation. The Office of the DUSHOM will require VISN directors to ensure facilities have local policies in place and report compliance to ONS.
2. ONS will conduct a one-time post-reporting audit of a representative sample of sites to validate data reported by the VISNs.

To complete this action, ONS will provide the following documentation:

1. The written presentation materials, the call titles, and the dates calls were held.
2. The audit tool.
3. The distributed memorandum from the DUSHOM.
4. Audit tool results demonstrating that 100 percent facilities have local policy that addresses outpatient pressure ulcer prevention and treatment.
5. Findings from the one-time data validation audit.

Status: In Process Target Completion Date: June 2015

Recommendation 2. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facilities establish pressure ulcer committees with appropriate professional representation.

VHA Comments

Concur

VHA Handbook 1180.02, *Prevention of Pressure Ulcers*, lists a responsibility of the medical facility Director to ensure that the medical center policy stipulates that an Interprofessional Pressure Ulcer Committee is established and sustained to develop, implement, monitor, and evaluate the Pressure Ulcer Prevention Program. The committee is comprised of interprofessional representatives from multiple practice areas across the continuum of care including a certified Wound Care Specialist, providers, nursing staff, dietitian, physical medicine and rehabilitation therapist, SCI therapist, pharmacist and representatives of other services ([e.g., social worker, clinical applications coordinator (CAC), and logistics personnel]. The importance of appropriate and effective representation on the inter-professional committee is central to the Pressure Ulcer Prevention Program and is consistently reinforced in guidance to leadership and staff, trainings, resources and tools.

VHA requires 100 percent compliance with the requirement that VA facilities have pressure ulcer committees, and that those committees are comprised of the interprofessional representatives required by VHA Handbook 1180.02.

ONS in collaboration with the DUSHOM will provide direction to VISN and facility Directors on the requirements to complete this action plan. ONS is the primary responsible office for completion of all recommendations in this report.

1. The Office of the DUSHOM will require all facilities to use the standardized audit tool for documenting compliance with this recommendation. The Office of the DUSHOM will require VISN Directors to ensure facilities have pressure ulcer committees in place and that those committees include the appropriate inter-professional representatives.
2. ONS will conduct a one-time post-reporting audit of a representative sample of sites to validate data reported by the VISNs.

To complete this action, ONS will provide the following documentation:

1. Audit tool results demonstrating that 100 percent facilities have pressure ulcer committees and that those committees are comprised of the inter-professional representatives required by national policy.
2. Findings from the one-time data validation audit.

Status: In Process Target Completion Date: June 2015

Recommendation 3. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facilities' pressure ulcer programs define requirements for employee training regarding pressure ulcer risk assessment, skin assessment and management, and documentation of skin assessment findings and that facility managers monitor compliance.

VHA Comments

Concur

VHA Handbook 1180.02, *Prevention of Pressure Ulcers*, lists a responsibility of the facility Interprofessional Pressure Ulcer Committee for ongoing staff education to include how to administer the Pressure Ulcer Risk Scale, conduct the complete skin assessment, and accurately document findings. Each facility is to specify the exact training and the frequency of training that must be completed for each discipline. There is a wide range of interprofessional and discipline-specific training available through the Talent Management System (TMS), VeHU, Power Points, Decision Simulation, and other methods that is publicized and posted through the ONS intranet site at http://vaww.va.gov/nursing/pup.asp to support the training efforts of each facility.

VHA requires 100 percent compliance with the requirement that VA facilities document their local requirements for employee training regarding pressure ulcer risk assessment, skin assessment and management, and documentation of skin assessment findings.

VHA requires all facilities to monitor compliance with their local requirements for employee training regarding pressure ulcer risk assessment, skin assessment and management, and documentation of skin assessment findings.

ONS in collaboration with the Office of the DUSHOM will provide direction to VISN and facility Directors on the requirements to complete this action plan. ONS is the primary responsible office for completion of all recommendations in this report.

1. The Office of the DUSHOM will require all facilities to use the standardized audit tool for documenting compliance with this recommendation. The Office of the DUSHOM will require VISN directors to ensure facilities document what their training requirements are for employees who conduct pressure ulcer risk assessment, skin assessment and management, and documentation of skin assessment findings.
2. The Office of the DUSHOM will require all facilities to monitor compliance with the training requirements.
3. The Office of the DUSHOM will require all facilities to document how monitoring will be reported to responsible officials. ONS recommends reports from monitoring training compliance be submitted to the facility Pressure Ulcer Committee.
4. ONS will conduct a one-time post-reporting audit of a representative sample of sites to validate data reported by the VISNs.

To complete this action, ONS will provide the following documentation:

1. Audit tool results demonstrating that 100 percent facilities have documented what their training requirements are.
2. Audit tool results demonstrating that 100 percent of facilities have documented how monitoring will occur and how it will be reported at the local level.
3. Sample of reports on monitoring of training, such as Pressure Ulcer Committee Meeting Minutes.
4. Findings from the one-time data validation audit.
5. Completion of this recommendation does not depend on 100 percent compliance with completion of training by employees.

Status: In Process Target Completion Date: June 2015

Recommendation 4. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that clinicians revise pressure ulcer prevention plans when patients' risk levels change and that facility managers monitor compliance.

VHA Comments

Concur

VHA Handbook 1180.02 requires revision of the pressure ulcer prevention plan, consistent with the Veteran's condition and nationally-published guidelines when the risk level changes. The changes in risk may be related to development of a pressure ulcer, history of a pressure ulcer, or changes in one of the six Braden subscales. Documenting a baseline skin risk assessment and an additional skin risk assessment, based on changes in condition is essential to accurately revising the pressure ulcer prevention plan. This requirement has been widely disseminated to VA nursing leaders, nurses at the point of care, and other staff involved in pressure ulcer prevention through written and verbal messages.

In addition, multiple trainings through TMS, VeHU, Power Points, Decision Simulation, and other methods have been presented and are available on the ONS intranet site.

VHA requires 80 percent compliance with clinician documentation of revised ulcer prevention plans when patients' risk levels change. 80 percent compliance means 80 percent of records reviewed at each facility contain documentation of a revised action plan for those patients whose pressure ulcer risk level changed. Facilities that are not meeting 80 percent compliance must demonstrate a progressive increase in compliance quarterly, until they reach 80 percent compliance.

VHA requires 100 percent compliance with monitoring of documentation compliance.

ONS in collaboration with the DUSHOM will provide direction to VISN and facility Directors on requirements to complete this action plan. ONS is the primary responsible office for completion of all recommendations in this report.

1. The Office of the DUSHOM will require all facilities to use the standardized audit tool for documenting compliance with this recommendation.
2. The Office of the DUSHOM will require VISN Directors ensure facilities conduct quarterly record reviews of a representative sample of clinicians involved in pressure ulcer prevention and treatment. The record reviews will assess for documentation of revised treatment plans for those patients whose pressure ulcer risk level changes.
3. The Office of the DUSHOM will require VISNs to report compliance rates to ONS quarterly. ONS will establish and communicate the process, deadlines, and VISN reminders for quarterly data reporting on documentation compliance.
4. The Office of the DUSHOM will require all facilities to monitor compliance with documentation of revised treatment plans for those patients whose pressure ulcer risk level has changed.
5. The Office of the DUSHOM will require all facilities to document how monitoring will be reported to responsible officials. ONS recommends reports from monitoring of compliance with this documentation standard be submitted to the facility Pressure Ulcer Committee.

To complete this action, ONS will provide the following documentation:

1. VISN reporting that demonstrates 80 percent of records reviewed at each facility contain required documentation.
2. Audit tool results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.
3. Sample of reports on monitoring of documentation requirements, such as Meeting minutes from the Pressure Ulcer Committee Meeting where results from monitoring on compliance are reported.

Status: In Process Target Completion Date: January 2016

Recommendation 5. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that clinicians provide and document patient/caregiver pressure ulcer education and that facility managers monitor compliance.

VHA Comments

Concur

Providing patient education and documentation is a priority area in the National Pressure Ulcer Prevention Program. VHA Handbook 1180.02, *Prevention of Pressure Ulcers*, lists a responsibility of the facility Interprofessional Pressure Ulcer Committee to

include a plan for Veteran and/or Veteran's designated family members, surrogates, or authorized decision makers to receive education on principles of pressure ulcer development and prevention. A goal of this education is to activate the Veteran to participate in pressure ulcer prevention and treatment decisions and as appropriate, in self-care activities. General requirements include the assessment of readiness and ability to learn, and specific training related to topics such as defining pressure ulcers, risk factors, skin inspections, hydration, nutrition, mobility, position changes, pressure redistribution and relief, preventive skin care and ulcer management, community or hospital resources for obtaining supplies, and follow-up care. Additional education may also be required for specific populations. Education should be provided by the appropriate discipline, meet the specific needs of the Veteran, and Veteran response to instructions must be documented.

Several strategies have been utilized to communicate patient educational requirements to various VA leaders and staff and improve patient education and documentation. There is a wide range of training available for staff and patients. Interprofessional and discipline-specific training available through TMS, VeHU, Power Points, Decision Simulation, and other methods may be utilized to guide patient training. These resources are publicized and posted through the ONS intranet site to support the training efforts of each facility.

VHA requires 80 percent compliance with clinician documentation in the electronic health record of providing patients and caregivers with educational information on pressure ulcers. 80 percent compliance means 80 percent of records reviewed at each facility contain documentation that educational information on pressure ulcers was provided to relevant patients and caregivers. Facilities that are not meeting 80 percent compliance must demonstrate a progressive increase in compliance quarterly, until they reach 80 percent compliance.

VHA requires 100 percent compliance with monitoring of documentation compliance.

ONS in collaboration with the Office of the DUSHOM will provide direction to VISN and facility Directors on requirements to complete this action plan. ONS is the primary responsible office for completion of all recommendations in this report.

1. ONS will expand the patient and caregiver education resources and tools on the Pressure Ulcer Prevention intranet site. This will include specific tools that clinicians may use for patient and caregiver education, as well as resource lists and links to the other key sites such as the Veterans Health Library.
2. The Office of the DUSHOM will require all facilities to use the standardized audit tool for documenting compliance with this recommendation.
3. The Office of the DUSHOM will require VISN Directors ensure facilities conduct quarterly record reviews of a representative sample of clinicians involved in pressure ulcer prevention and treatment. The record reviews will assess for clinician documentation of providing educational information on pressure ulcers to relevant patients and caregivers.

4. The Office of the DUSHOM will require VISNs to report compliance rates to ONS quarterly. ONS will establish and communicate the process, deadlines, and VISN reminders for quarterly data reporting on documentation compliance.
5. The Office of the DUSHOM will require all facilities to monitor compliance with documentation of providing educational information on pressure ulcers to relevant patients and caregivers.
6. The Office of the DUSHOM will require all facilities to document how monitoring will be reported to responsible officials. ONS recommends reports from monitoring of compliance with this documentation standard be submitted to the facility Pressure Ulcer Committee.

To complete this action, ONS will provide the following documentation:

1. The link to the updated VHA intranet site
2. VISN reporting that demonstrates 80 percent of records reviewed at each facility contain required documentation.
3. Audit tool results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.
4. Sample of reports on monitoring of documentation requirements, such as Meeting minutes from the Pressure Ulcer Committee Meeting where results from monitoring on compliance are reported.

Status: In Process Target Completion Date: January 2016

Recommendation 6. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that clinicians provide and document skin inspections and Braden scales daily during hospitalization, including the day of discharge, and that facility managers monitor compliance.

VHA Comments

Concur

VHA Handbook 1180.02 requires that the medical facility Director ensures that all Veterans receive screening, assessment, and intervention to maintain or restore skin integrity using a standardized approach. The skin assessment includes four components: skin inspection, completing a pressure ulcer risk scale (Braden), identifying other factors that increase pressure ulcer risk, and developing an individualized care plan based on these findings. Clinicians must perform and document skin inspections and complete a Braden scale for all acute care hospitalized patients upon admission, discharge, transfer, or condition change.

This recommendation has been an area of extremely high focus and consistently prioritized in pressure ulcer prevention strategies and approaches to include inter-professional and discipline-specific training available through TMS, VeHU, Power

Points, Decision Simulation, and other methods. Braden scale training is also located on the ONS intranet site for pressure ulcer prevention. It is the most frequently accessed and downloaded document on the ONS site with 18,022 intranet downloads and 14,938 visits during fiscal year 2014. Performing skin inspections and Braden scales, and meeting documentation and timeframe requirements provide the foundation for quality monitoring and improvement in pressure ulcer prevention.

VHA requires 80 percent compliance with providing and documenting daily skin inspections and Braden scales daily during hospitalization, including the day of discharge. 80 percent compliance means 80 percent of records reviewed at each facility contain daily documentation of skin inspections and Braden scales on inpatients, including the day of discharge. Facilities that are not meeting 80 percent compliance must demonstrate a progressive increase in compliance quarterly, until they reach 80 percent compliance.

VHA requires 100 percent compliance with monitoring of documentation compliance.

ONS in collaboration with the DUSHOM will provide direction to VISN and facility Directors on requirements to complete this action plan. ONS is the primary responsible office for completion of all recommendations in this report.

1. The Office of the DUSHOM will require all facilities to use the standardized audit tool for documenting compliance with this recommendation.
2. The Office of the DUSHOM will require VISN Directors ensure facilities conduct quarterly record reviews of a representative sample of clinicians involved in inpatient pressure ulcer prevention and treatment. The record reviews will assess for daily documentation of skin inspections and Braden scales during hospitalization, including the day of discharge.
3. The Office of the DUSHOM will require VISNs to report compliance rates to ONS quarterly. ONS will establish and communicate the process, deadlines, and VISN reminders for quarterly data reporting on documentation compliance.
4. The Office of the DUSHOM will require all facilities to monitor compliance with daily documentation of skin inspections and Braden scales during hospitalization, including the day of discharge.
5. The Office of the DUSHOM will require all facilities to document how monitoring will be reported to responsible officials. ONS recommends reports from monitoring of compliance with this documentation standard be submitted to the facility Pressure Ulcer Committee.

To complete this action, ONS will provide the following documentation:

1. VISN reporting that demonstrates 80 percent of records reviewed at each facility contain required documentation.
2. Audit tool results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.

3. Sample of reports on monitoring of documentation requirements, such as Meeting minutes from the Pressure Ulcer Committee Meeting where results from monitoring on compliance are reported.

Status: In Process Target Completion Date: January 2016

Recommendation 7. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that facilities establish processes to monitor consistency in documentation of pressure ulcer stage, location, date acquired, and risk scale score and take appropriate actions to address inconsistencies.

VHA Comments

Concur

The purpose of VHA Handbook 1180.02 is to provide guidance for the development, implementation, monitoring, and evaluation of the Pressure Ulcer Prevention Program. Causes of inconsistent documentation have proven to be of multi-factorial. Approaches have mainly been two-fold: supplementing education and competencies, and making process or system changes. Significant efforts have been made to provide high quality training through TMS, VeHU, Power Points, Decision Simulation, and other methods. ONS also purchased multiple educational models for facilities to promote hands-on learning related to staging pressure ulcers.

Process changes included identifying strong practices where “expert” wound nurses perform staging at some sites rather than general staff nurses. This has dramatically raised the consistency of assessments and documentation. Other changes are related to data captured in templates that affect health factors and present on admission documentation. Recently, changes in reporting requirements and processes have promoted a heightened focus on documentation consistency between nurses and physicians to ensure accurate coding. There have also been multiple calls with the services and offices involved in pressure ulcer care, management, or coding to coordinate efforts and standardize processes.

1. ONS will elicit examples of best practices from the field where sites have been successful in consistently documenting pressure ulcer staging, location, date acquired, and risk scale score. Availability of these best practices will be publicized to VISN and facility leaders and field staff that provide pressure ulcer prevention and care and posted on the ONS Pressure Ulcer Prevention intranet site.
2. Using the standardized audit tool, VISNs will require quarterly reports of clinicians’ documentation consistency for pressure ulcer staging, location, date acquired, risk scale score, actions taken for improvements and results. Summary reports from each VISN will be submitted until audits from the representative sample meets 80 percent of compliance requirements. Facilities that are not meeting 80 percent

compliance must demonstrate a progressive increase in compliance quarterly, until they reach 80 percent compliance. This information will be rolled up to ONS.

To complete this action, ONS will provide the following documentation:

1. The Pressure Ulcer Prevention Audit Tool.
2. VISN reporting that demonstrates 80 percent of records reviewed at each facility contain required documentation.

Status: In Process Target Completion Date: January 2016

Recommendation 8. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that clinicians document wound care follow-up plans for patients discharged with unhealed pressure ulcers and that the facility provides needed supplies.

VHA Comments

Concur

VHA Handbook 1180.02, *Prevention of Pressure Ulcers*, lists a responsibility of the facility Director to ensure all Veterans receive screening, assessment, and intervention to maintain or restore skin integrity. Handbook requirements further list that education will be provided to include listing community or hospital resources that can be used to obtain supplies and follow-up. All assessments, wound care provided, and next steps in planned care must also be accurately documented.

Planning discharges for patients with wound care needs requires coordination and communication between the patient, family, and the interprofessional team. Discharges should be planned with adequate time to make arrangements for needed supplies and to ensure education has successfully been provided. Staff must ensure the patient will have the required supplies prior to discharge from the facility and supplies should be sent home with the patient if appropriate and necessary for continuation of care. This may require involvement of case management, social work, pharmacy, prosthetics, or others. Coordination should also be arranged for primary care or surgical follow up. Discharge instructions with the name and contact information for follow up must be sent with the patient or authorized decision-makers. In addition, coordination with the Patient Aligned Care Team may result in the post discharge follow up call being scheduled earlier than the target 2 days.

ONS in collaboration with the DUSHOM will provide direction to VISN and facility Directors on requirements to complete this action plan. ONS is the primary responsible office for completion of all recommendations in this report.

1. The Office of the DUSHOM will require all facilities to use the standardized audit tool for documenting compliance with this recommendation.
2. The Office of the DUSHOM will require VISN Directors ensure facilities conduct quarterly record reviews of a representative sample of clinicians involved in

inpatient pressure ulcer prevention and treatment. The record reviews will assess for documentation of wound care follow up plans for patients discharged with unhealed pressure ulcers and that the facility provides needed supplies.

3. The Office of the DUSHOM will require VISNs to report compliance rates to ONS quarterly. ONS will establish and communicate the process, deadlines, and VISN reminders for quarterly data reporting on documentation compliance.
4. The Office of the DUSHOM will require all facilities to monitor compliance with documentation of wound care follow-up plans for patients discharged with unhealed pressure ulcers and that the facility provides needed supplies.
5. The Office of the DUSHOM will require all facilities to document how monitoring will be reported to responsible officials. ONS recommends reports from monitoring of compliance with this documentation standard be submitted to the facility Pressure Ulcer Committee.

To complete this action, ONS will provide the following documentation:

1. VISN reporting that demonstrates 80 percent of records reviewed at each facility contain required documentation.
2. Audit tool results demonstrating that 100 percent of facilities have documented how monitoring of documentation compliance will occur and how it will be reported at the local level.
3. Sample of reports on monitoring of documentation requirements, such as Meeting minutes from the Pressure Ulcer Committee Meeting where results from monitoring on compliance are reported.

Status: In Process Target Completion Date: January 2016

Recommendation 9. We recommended that the Under Secretary for Health, in conjunction with Veterans Integrated Service Network and facility leaders, ensure that employees secure medications stored in patients' rooms.

VHA Comments

Concur

VHA has put into place an automated Environment of Care (EOC) rounding process that evaluates whether or not medications were secured within the patient's room. On September 27, 2014, a comprehensive, automated and standardized EOC Rounding process, as required by The Joint Commission (TJC), was fully deployed throughout VHA. EOC Rounding for VHA is now being accomplished by means of a sophisticated EOC Rounding software platform. Currently, 12 EOC Core Teams are expected to participate using the standardized checklists. Each checklist consists of questions for facility subject matter experts to address within the VHA EOC Assessment and Compliance Rounding Process Guide. Storing of medication management is found under the Nursing Service EOC Rounds checklist.

ONS will conduct a quarterly data pull from the Nurse Service EOC Rounds Checklist. VHA requires 90 percent compliance with the requirement for employees to securely store medication, including when it is stored in patients' rooms. Facilities that fail to demonstrate 90 percent compliance will be required to submit corrective action plans, through the VISN, and to ONS. ONS will work with the facilities to ensure that deficits are corrected.

To complete this action, ONS will provide the following documentation:

1. Results demonstrating that facilities achieved 90 percent compliance with the requirement that employees securely store medication in patients' rooms.
2. Action plans for facilities who fail to obtain 90 percent compliance.

Status: In Process Target Completion Date: January 2016

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