

Nursing Education Research Conference 2020
Electronic Documentation of Pressure Injury Prevention by Medical-Surgical Nurses: Diverse and Incomplete

Catherine M. Clarey-Sanford, PhD, RN, CWOCN

College of Nursing, Michigan State University, East Lansing, MI, USA

Purpose: To explore the beliefs, values, and practices of the acute care medical-surgical nurses' electronic documentation of pressure injury (PI) prevention interventions. Hospital-acquired pressure injuries (HAPI) can be determined unavoidable with accurate nursing documentation of the implementation of PI prevention interventions or any unusual circumstance that prevents the implementation of the interventions for patients at risk for PI.

Methods: Using an ethn nursing method, data collection took place in a Midwest USA medical center over a seven-month observation period and included interviews with 23 participants: 7 acute care medical-surgical nurses who had provided direct care to a patient who developed a HAPI and 16 multidisciplinary health care members who had knowledge of PI prevention. Data were then subjected to a rigorous and in-depth qualitative content analysis.

Results: Two themes related to HAPI and electronic documentation emerged: (1) diverse documentation regimes were influenced by care rationing practices, technical factors, and silo social structures; and (2) incomplete documentation was influenced by priority setting and kinship relationships.

Conclusion: In an effort to improve patient safety and quality care in the acute care setting, there has been an increased focus on the prevention of adverse events believed to be avoidable. HAPI have been listed as one of those adverse events. However, there are patient conditions and clinical situations in which a pressure injury (PI) can be deemed unavoidable, but only with accurate documentation of PI prevention interventions. This ethn nursing study has added new knowledge about factors that affect the accuracy and completeness of the electronic documentation of PI prevention interventions by medical-surgical nurses in the acute care setting. The findings highlighted the necessity to strengthen the nurses' value placed on PI prevention documentation, as well as the need to preserve their commitment and increase their knowledge in this area. The study also highlighted the need to improve communication and collaboration among all healthcare personnel involved in the care of the high-risk PI patient. Understanding the nurses' beliefs, values, and practices assisted in the discovery of scientific dimensions of care related to PI prevention and documentation.

Title:

Electronic Documentation of Pressure Injury Prevention by Medical-Surgical Nurses: Diverse and Incomplete

Keywords:

Electronic Documentation, Hospital Acquired Pressure Injury and Pressure Injury Prevention

Abstract Summary:

Hospital-acquired pressure injuries (HAPI) have been listed as an adverse event, thus a quality care indicator. However, HAPI can be deemed unavoidable if prevention interventions have been implemented and documented. Using an ethnosing qualitative method, two themes and five influences related to HAPI and electronic documentation emerged.

References:

- Cho, E., Chin, D.L., Kim, S., & Hong, O. (2016). The relationships of nurse staffing level and work environment with patient adverse events. *Journal of Nursing Scholarship*, 48(1), 74-82. doi: 10.1111/jnu.12183
- Cutugno, C., Hozak, M. A., Fitzsimmons, D. L., & Ertogan, H. (2015). Documentation of preventative nursing measures in the elderly trauma patient: Potential financial impact and the health record. *Nursing Economics*, 33(4), 219-226
- Edsberg, L. E., Langemo, D., Beharestani, M. M., Posthauer, M. E., & Goldberg, M. (2014). Unavoidable pressure injury: State of the science and consensus outcomes. *Journal of Wound, Ostomy and Continence Nursing*, 41(4), 313-334. doi: 10.1097/WON.0000000000000050
- Hajek, A. M. (2013). Breaking down clinical silos in healthcare. *Frontiers of Health Service Management*, 29(4), 45-50.
- Jones, T. L. (2015). A descriptive analysis of implicit rationing of nursing care: Frequency and patterns in Texas. *Nursing Economics*, 33(3), 144-154.
- Lavin, M. S., Harper, E., & Barr, N. (2015). Health information technology, patient safety, and professional nursing care documentation in acute care settings. *The Online Journal of Issues in Nursing*, 20(2). doi: 10.3912/OJIN.Vol20No02PPT04
- Leininger, M. M. (2006). Ethnosing: A research method with enablers to study the theory of culture care. In *Culture care diversity and universality: A worldwide nursing theory* (2 ed., pp. 43-81). Sudbury, MA: Jones and Bartlett.
- Soban, L.M., Finley, E.P., & Miltner, R.S. (2016). Identifying patterns in implementation of hospital pressure ulcer prevention programs. *Journal of Wound, Ostomy and Continence Nursing*, 43(3), 248-253. doi: 10.1097/WON.0000000000000228

First Primary Presenting Author

Primary Presenting Author

Catherine M. Clarey-Sanford, PhD, RN, CWOCN
Michigan State University
College of Nursing
RN to BSN Program Director and Assistant Professor
East Lansing MI
USA

Author Summary: Dr. Catherine M. Clarey-Sanford received her diploma in nursing from the Henry Ford Hospital in 1977, a BSN from U of M – Flint in 1988, certified in wound, ostomy, and continence nursing in 1997, obtained her MSN from Grand Valley State University in 2000 and then a PhD in Nursing from Loyola University Chicago in

2017. Her dissertation focused on Unavoidable Pressure Ulcers. Currently, she is an Assistant Professor at Michigan State University.