

# Using Technology to Enhance Quality Improvement: A HAPU Project

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## Introduction

It is important to distinguish pressure ulcers (PU) that are present on admission (POA) from those pressure ulcers that have been hospital acquired (HAPU).

HAPU are a measure of nursing quality and are reportable to multiple sources in comparing quality and safety.

Early identification of individuals at risk and early interventions are essential for maintaining goals for prevention and management

## Problem

Data collection points for CALNOC surveys and quality improvement (QI) projects surrounding HAPU:

- Collected manually by nurses.
- Data not reliable or valid
- Data analysis time-consuming/ \$\$\$
- No ability to drive changes needed in real time

## Purpose

1. To leverage technology in the data collection for CALNOC and quality improvement projects surrounding PU prevention, documentation, and education
2. Standardize data collection, data entry, & analysis by using the electronic medical record (EMR) for Develop wound website for standardized staff education on HAPU prevention, documentation & treatment

## Methods

- **EMR** - best practice act (BPA) added to the admission process in order to identify patients who were admitted with PU defined as Present on Admission (POA)
- **CALNOC restraint and PU data form “C”**—data extracted electronically from EMR quarterly on date of survey-- predefined data with inclusion/exclusion criteria auto-extracted
- **Data base created** with detailed “patient related risk factors” in the development of HAPUs
- **Intranet website developed** with product formulary instructions, photos and links to educational websites, treatment, and documentation.

Extracted electronic data from EMR

Screen shot of HAPU database

## Results

Before the BPA was instituted, the data collected from this field showed 5-PU/week-- POA. After BPA was instituted the reported PU present on admission was 35-50 PU/week

Electronic CALNOC Data extraction:

- Increased reliability and validity of data
- Cut Nursing hrs-from 164.5 to 68.5 hrs
- Cut data entry time from >3 weeks to <3 days
- Immediate data results for JIT teaching
- Created an audit trail

Intranet website outcomes:

- Quarterly survey announcements
- Approx. 1000 hits per month
- Improved discharge process 24/7
- Discharge instructions for patients
- Positive feedback from staff
- Standardized HAPU education for staff

## Conclusion

Using the EMR for data collection (NDNQI, CALNOC surveys) enhances the reliability and validity of the measurement of the risk and the interventions associated with the prevention of pressure ulcers.

By defining and Standardizing the measurement process (EMR-CALNOC), institutions can monitor patient outcomes for comparison over time and between institutions.

Sample Wound Webpage

Website sample of product formulary



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