

Enhancing Wound, Ostomy, and Continence (WOC) Nurse Verification: Utilizing the Electronic Medical Record for a Globalized View of Hospital-Acquired Pressure Injuries



Practical
Implementation
of Nursing Science

PUBLISHED
ABSTRACT

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Background: Pressure injuries are a significant healthcare concern, leading to adverse patient outcomes and increased healthcare costs. Accurate and timely verification of pressure injuries by Wound, Ostomy, and Continence (WOC) nurses is essential to ensuring appropriate interventions and improving patient care. However, many times, the submission of Hospital-Acquired Pressure Injury (HAPI) data to the National Database of Nursing Quality Indicators (NDNQI) and institutional quality departments lacks verification by wound care specialists, leading to potential discrepancies between the number of HAPIs identified by staff nurses and the true number of HAPIs confirmed by WOC nurses. The process of HAPI verification by WOC nurses lacks consistency and reliability, and may obscure the true prevalence of HAPI occurrence in the hospital. The NDNQI recommends assessing the reliability of pressure injury data to foster effective quality improvement initiatives and to improve patient care standards.

Purpose: The purpose of this project was to use the electronic medical record to enable real-time WOC nurse verification of HAPIs identified by staff nurses.

Methods: The setting for this project was a 212-bed acute care community hospital. We conducted an exploration and customization of the electronic medical record to standardize and optimize the organizational workflow for daily WOC nurse monitoring and verification of HAPIs documented by staff nurses. Following this change, our team performed a retrospective electronic chart review of all HAPIs throughout 2022 to assess the accuracy of HAPI identification by staff nurses compared to expert WOC nurse assessment.

Results: A total of 136 staff nurse diagnosed HAPIs were identified. Of those, only 39 (28.7%) were verified to be HAPIs by the WOC nurse. The remaining cases were attributed to etiologies other than pressure-related injuries. Staff nurse diagnosed HAPIs were inaccurate 71.3% of the time.

Conclusion: The majority of HAPIs identified by staff nurses were found not to meet the definition of a HAPI following assessment by a WOC nurse. WOC nurse verification of wound etiology is necessary to ensure reliable incidence and prevalence data. These findings underscore the critical need for HAPI identification and timely WOC nurse verification within the electronic medical record to facilitate WOC nurse interventions that improve care and outcomes. Professional development conducted by WOC nurses to support staff nurses in understanding the etiology and definition of pressure injuries may be beneficial for improving nursing diagnosis skills. Strict adherence to NDNQI

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TO CITE THIS ARTICLE:

Lucero-Calabro, L., & Bressler, D. (2024). Enhancing Wound, Ostomy, and Continence (WOC) Nurse Verification: Utilizing the Electronic Medical Record for a Globalized View of Hospital-Acquired Pressure Injuries. *Practical Implementation of Nursing Science*, 3(2), pp. 25–26. DOI: <https://doi.org/10.29024/pins.78>

pressure injury documentation guidelines ensures data consistency, empowering healthcare professionals to make well-informed decisions on pressure injury prevention and management. The WOC nurse real-time verification processes serves as a model for advancing excellence in pressure injury prevention and management.

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Bressler
*Practical Implementation
of Nursing Science*
DOI: 10.29024/pins.78

26

COMPETING INTERESTS

The authors have no competing interests to declare.

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TO CITE THIS ARTICLE:

Lucero-Calabro, L., & Bressler, D. (2024). Enhancing Wound, Ostomy, and Continence (WOC) Nurse Verification: Utilizing the Electronic Medical Record for a Globalized View of Hospital-Acquired Pressure Injuries. *Practical Implementation of Nursing Science*, 3(2), pp. 25–26. DOI: <https://doi.org/10.29024/pins.78>

Submitted: 10 November 2023

Accepted: 01 March 2024

Published: 17 May 2024

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