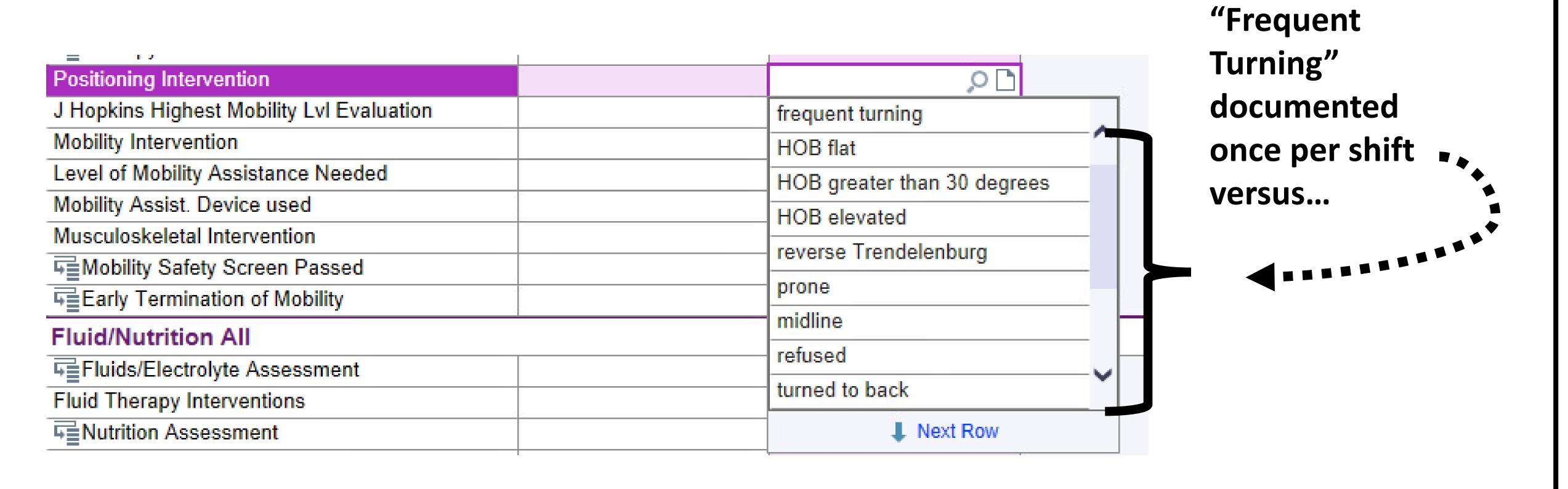
While *what* we document does not impact hospital acquired pressure injury (HAPI) rates, increased documentation **frequency** appears to predict HAPI development

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Quality Versus Quantity: Assessing the Impact of Nursing Documentation on Preventing Hospital Acquired Pressure Injuries



Documentation frequency appears related to HAPI development.

	Variable	Odds Ratio (95% CI)	Standard Error	p-value
	Turn Documentation Frequency ⁺	2.94 (2.58, 3.34)	0.19	<0.0001*
	Mobility Documentation Frequency ⁺	0.26 (0.21, 0.31)	0.02	<0.0001*
	Minimum Braden Score	1.06 (0.98, 1.14)	0.04	0.164
	Minimum Albumin	0.99 (0.81, 1.22)	0.11	0.949
	Age of Patient	0.99 (0.98, 1.00)	0.01	0.066
	Sex of Patient	1.80 (1.40, 2.30)	0.23	<0.0001*
	Hours Admitted	1.00 (1.00, 1.00)	0.00	0.002*
	+Log transformed variable; *Significant at α = 0.05			

- Nurses are key to preventing HAPIs, but additional documentation must be scrutinized due to an already heavy documentation burden
- We sought to assess the impact of new, optional EHR documentation on HAPI prevention and its association to HAPI outcomes
- 15,214 at-risk patients with 453 instances of HAPIs preimplementation and 6,897 at-risk patients with 200 instances of HAPIs postimplementation
- No differences were found in rates of HAPIs between the two time periods (p=.831).





