

# Relocating Braden Scale Documentation to Increase Compliance

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## Problem

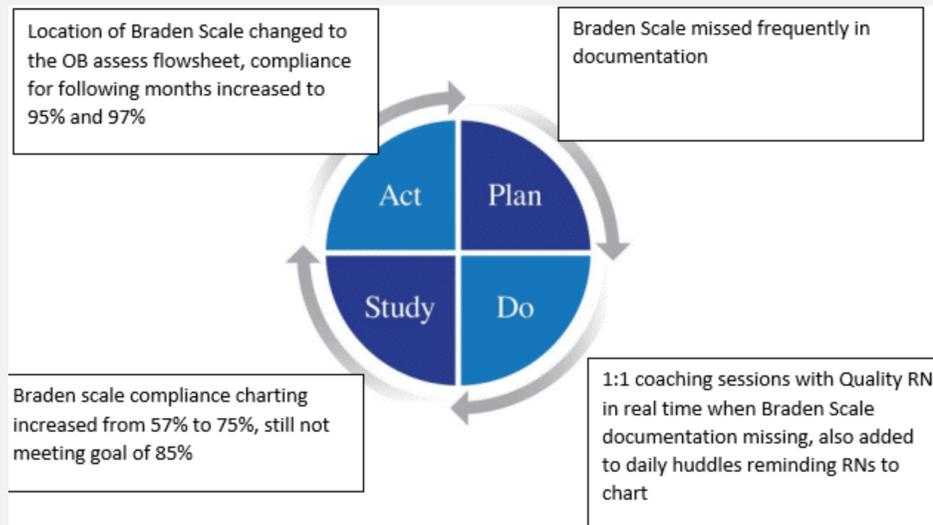
- Quality RN noted that Braden Scale documentation was often missing outside of the initial Braden Scale done in the Needs Assessment while completing safety rounds and chart auditing.
- The Braden Scale has six components: sensory perception, moisture, activity, mobility, friction, and shear. The scale is used to identify patients at risk for skin break down and pressure ulcers.
- Labor patients are on a clear liquid diet, have limited mobility and altered sense of perception with an epidural, and are exposed to moisture when their amniotic fluid sac ruptures; all factors that contribute to pressure injuries and skin breakdown.
- Nursing compliance with charting the Braden Scale every shift per unit standard was 57% pre-intervention.
- Braden Scale documentation was available to chart on the following flowsheets: Needs Assessment, Antepartum, Postpartum and Daily Care. None of these flowsheets are part of regular shift documentation for a laboring patient.

## Goal

- Increase Braden Scale documentation completion to 85% or greater after a week of intervention.
- This work aligns with Comer's Quality and Safety goals of the AOP, specifically, "Embrace innovative approaches to prevent harm, improve outcomes and enhance ease of practice," with a focus on HAPI prevention.

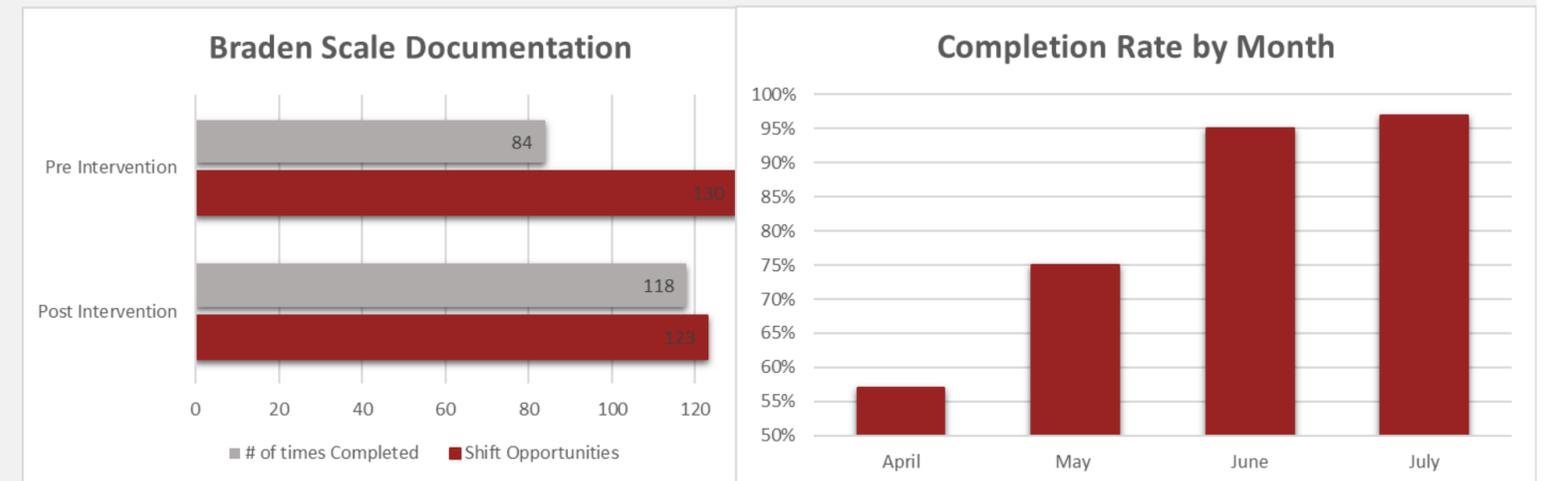
## Intervention Design

- Beginning in May, initial interventions included real-time coaching sessions with the Quality RN during safety rounds and reminders at daily MDI huddles. These interventions increased compliance to 75% but did not meet the compliance goal.
- After a PDSA Cycle the Braden Scale was moved to a central charting location, the OB assess flowsheet, on May 25, 2022.
- Compliance rates were collected by auditing the first 30 deliveries of April-July, with each 12-hour shift a patient was in labor considered an opportunity for documentation.
- Patients admitted to the antepartum service or the postpartum unit prior to delivering during their hospital stay were excluded from the population.



## Results

- After relocation of the Braden Scale to the OB Assess flowsheet., documentation compliance increased to 96%.
- This was a 39% increase from the pre-intervention compliance rates.
- We interviewed L&D nurses as end-users and received positive feedback. Nurses thought this "was a great documentation change" and felt it was "easier to remember" to chart the Braden Scale.



## Lessons Learned

- Our second phase of intervention successfully met our goal. Verbal reminders did increase compliance, but the system's adjustment pushed documentation compliance above goal.
- RNs more readily comply with required documentation when in a frequently accessed location that is already a part of regular documentation workflow.
- This intervention saved time for RNs removing the need to navigate between as many flowsheets.
- Other areas where documentation lacks on the unit will be looked at and redesigned for ease of use and grouped appropriately to increase charting and assessment compliance.

## Acknowledgements

- Thank you to Labor and Delivery Leadership Team for supporting this documentation change and the IT Epic Team for their quick implementation. Thank you to the L&D Nurses for honest feedback and adaptation of the change.

## References

- Bergstrom, N., Braden, B. J., Laguzza, A., & Holman, V. (1987). The Braden Scale for Predicting Pressure Sore Risk. *Nursing research*, 36(4), 205–210.