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Research Article

Uniform documentation of measures in cases of MRSA – an important step towards improving the quality of treatment

Einheitliche Dokumentation von Maßnahmen bei MRSA-Patienten – ein wichtiger Schritt zur Verbesserung der Behandlungsqualität

Abstract

The basis for the management and documentation of multiresistant organisms (MRO) in medical facilities in Germany are the Infection Protection Act (IPA) and the recommendations given by the Commission for Hospital Hygiene and Infection Prevention at the Robert Koch Institute (KRINKO).
With the Infection Protection Amendment Act an accounting capability for the treatment of patients with MRO will be established in the outpatient care sector. At the same time an electronic documentation is required. In order to comply with the law demanding that the transfer of data concerning the carrier status of a patient should be done without any delays or errors and with minimal effort. Therefore, the documentation should be done according to standards across all sectors and institutions.
The documentation of services by multiple providers is to plan with all stakeholders in order to meet the requirements for a proper and professional documentation.
The sheet developed in the framework of the HICARE project allows documenting the decolonisation process across sector and service providers. Additionally, it is approved by the MDK MV for documenting the additional efforts to claim the OPS 8-987.

Keywords: MRSA, OPS 8-987, electronic documentation, cross-sectorial documentation

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Zusammenfassung

Grundlage für das Management und die Dokumentation von multiresistenten Erregern (MRE) in medizinischen Einrichtungen in Deutschland sind das Infektionsschutzgesetz (IfSG) und die von der Kommission für Krankenhaushygiene und Infektionsprävention beim Robert Koch-Institut (KRINKO) gegebenen Empfehlungen.
Mit dem Infektionsschutzänderungsgesetz wird für den ambulanten Sektor eine Abrechnungsfähigkeit für die Behandlung von MRE-Patienten geschaffen. Gleichzeitig wird eine elektronische Dokumentation gefordert. Um die ebenfalls im Gesetz geforderte Weitergabe von Daten zum Trägerstatus eines Patienten verzögerungs-, fehlerfrei und mit minimalem Aufwand leisten zu können, sollte die Dokumentation auf Einrichtungs- und sektorübergreifenden Standards erfolgen.
Die Dokumentation von Leistungen durch mehrere Leistungserbringer ist mit allen Beteiligten zu planen, um den Anforderungen an sach- und fachgerechte Dokumentation gerecht zu werden.
Der im Rahmen des HICARE-Projekts entwickelte Bogen ermöglicht den Sanierungsprozess Sektor- und Leistungserbringer übergreifend zu dokumentieren. Gleichzeitig wird er vom MDK MV für die Dokumentation

des zusätzlichen Aufwandes für den OPS-8-987 im stationären Sektor anerkannt.

Schlüsselwörter: MRSA, OPS 8-987, elektronische Dokumentation, sektorenübergreifende Dokumentation

Introduction

The new federal regulations for infection control in Germany ("Infektionsschutzgesetz", Infection Protection Act [IfSG]) will significantly influence options and responsibilities in the fields of hygiene, documentation and billing in the out-patient and in-patient sector. An addition of the Social Insurance Code (Fünftes Buch Sozialgesetzbuch – SGB V), § 87, paragraph 2, for example introduces a compensation for medical diagnostics and outpatient eradication of MRSA carriers and their electronic documentation by 1st January 2012.

The basis for the management and documentation of MRO in medical facilities are the IfSG and the recommendations given by the Commission for Hospital Hygiene and Infection Prevention at the Robert Koch Institute (KRINKO).

Since 2006, hospitals can get a payback for additional efforts made in the treatment of MRO-patients. For this purpose, the special operation code OPS 8-987 was introduced. This code can be specified for patients who were diagnosed with multi-resistant pathogens from the code range U80 to U82 of the ICD-10-GM and a strict isolation is made according to the minimum characteristics of the code in terms of the recommendations by KRINKO. This includes the implementation of eradication and an exact-minute documentation of the additional nursing expenditure which has to include at least 2 hours per day [1]. This additional expenditure on maintenance and documentation is not always opposed by a surplus because the code is not necessarily relevant in the billing process.

In the out-patient sector, the situation is quite different: While the antimicrobial treatment of infections with MRO can be settled, the colonization with MRSA and other multidrug-resistant pathogens in Germany is still not defined as a disease and its treatment not yet eligible.

Moreover, extra costs for hygienic measures in medical practice have so far not been separately billable. Similarly, antiseptics necessary for antimicrobial treatment, even for infected patients, cannot be prescribed.

With the Infection Protection Amendment Act an accounting capability for the treatment of patients with MRO will be established in the outpatient care sector. At the same time an electronic documentation has to be introduced. In order to comply with the law demanding that the transfer of data concerning the carrier status of a patient should be done without any delays or errors and with minimal effort, inter-institutional and cross-sectorial standards for documentations should be used. This documentation should be done prompt, unambiguously, short and without redundancy. Transmission errors caused by additional notes, double documentation, ambiguous abbreviation, etc. should be avoided. The results from the documentation should be the following: time of service (when?), content (what?), provision (how?) and provider (who?). The documentation should be standardized and the employees are – concerning industrial law – to be obliged to work in accordance with the appropriate standards.

The documentation of services across multiple providers within a sector or with transition between sectors, i.e. a inter-institutional process documentation, can therefore be well planned in order to keep the effort low and can still meet all the requirements.

Method

Based on these requirements, a cross-sectorial documentation and handover sheet was developed as part of the HICARE-project. In order to minimize double documentation, all aspects were combined into one document which can be used both in inpatient and outpatient care.

In cooperation with the Medical Service of the Health Funds Mecklenburg-West Pommerania (MDK MV e. V.), hospitals and regional networks of registered physicians, Grypsnet and HaffNET, a joint, standardized documentation sheet was developed at the Institute for Hygiene and Environmental Medicine at the University Medicine Greifswald.

This is acknowledged for the additional effort in the documentation by the MDK MV as the OPS 8-987.

Result

Over a period of 6 weeks in the summer of 2011, a common documentation sheet was developed that corresponds to the requirements of all partners (Figure 1). The document allows documentation of the colonization status and eradication based on fixed cycles of 7 days [1] each.

For safe identification of the patient, a large enough field for the patient identification sticker (B) is included. To document the location with the corresponding date, possible colonization sites are given in tabular form, in addition there is a free text field provided (A). The important differentiation for surveillance by colonization or infection by the attending physician can also document in a separate box (D). For documentation of the additional efforts in hospital settings in accordance with OPS 8-987, certain activities with a significant overhead are listed and are documentable by signature once a day (C). The definition of fixed, estimated times instead of individual

Localization	initial finding	Day 5	Day 11(2ter Zyklus)	Day 8	Day 13(2ter Zyklus)	Day 9	Day 14(2ter Zyklus)	dismissal finding
Nose								
Throat								
Perineum								
Wound/ Decubital ulcers								
Permanent urine catheter								
Percutaneous endoscopic gastrostomy								
Central venous catheter								
Blood culture								
Other e.g. tracheostomy								

A

B

patient identification

only for stationary applications		date	date	date	date	date	date	date
Base modul block								
3x daily surface disinfection-care areas (nursing)	15 Min./d	HZ	HZ	HZ	HZ	HZ	HZ	HZ
1x daily floor surface disinfection(cleaning staff)	10 Min./d	HZ	HZ	HZ	HZ	HZ	HZ	HZ
Documentation	5 Min./d	HZ	HZ	HZ	HZ	HZ	HZ	HZ
Patients dependent block module	Documentation of individual activities according to predetermined value minutes / day							
1x daily change of bedding and clothing	15 Min./d	HZ	HZ	HZ	HZ	HZ	HZ	HZ
1x daily whole-body antiseptic wash incl. shampoo	35 Min./d*	Hz	HZ	HZ	HZ	HZ	HZ	HZ
2 x daily local antiseptic mouthwash 3 x daily application of antimicrobial ointment into the nares, includes changing protective garment	10 Min./d	HZ	HZ	HZ	HZ	HZ	HZ	HZ
Swabs on day 5, 8, 9 bzw.11,13,14 incl. changing prot. garme	15 Min./d**	HZ	HZ	HZ	HZ	HZ	HZ	HZ
Antibiotic gift includes changing protective garment	15 Min./d	HZ	HZ	HZ	HZ	HZ	HZ	HZ
module additional performance* **		single documentation with minutes value						
Patient and family talks about MRO and consequences	plus minutes	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ
Additional efforts for diagnostic and therapeutic measures in the patient room or in functional areas	plus minutes	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ
Antiseptic treatment of colonized wounds	plus minutes	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ
Final disinfection after successful eradication, referral or dismission	plus minutes	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ	Min. HZ
	daily sum							

C

Please report patients colonisation status before eradication!

MRSA colonization ☐ yes ☐ no
MRSA colonization (nosocomial) ☐ yes ☐ no
MRSA infection ☐ yes ☐ no
MRSA infection (nosocomial) ☐ yes ☐ no

Control swab after successful decolonisation after 7 days in-patient) on:

Control swab after successful decolonisation after 1 month (outpatient) on:

D

Signature of doctor.....

Documentation has to be done at least 1 x daily
Starting with the first day of isolation, measures have to be done continuously for the whole isolation.
* may be counted several times a day if necessary and sound
** can be counted several times if more than 3 sampling sites are used
*** only if performed, subjoin other procedures if applicable

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Figure 1: MRSA – Documentation sheet

documentation is a pragmatic compromise between accuracy and feasibility.
If the documentation is completely filled out, the patient's colonization, treatment status and the completed as well as the open tasks are directly visible by all health care workers.
The documentation sheet is meant as direct and freely usable offer for testing in routine use. It will be available for free in two versions on the website of HICARE (http://www.hicare.de).
The general form can be downloaded; a second version contains detailed recommendations for the restoration in the context of hygienic intervention within HICARE (EPIGO study).

Discussion

Documentation is necessary but it is certainly not the primary task of health care. The sheet developed allows documenting the restoration process across sector and service providers. It was possible to describe the colonization or infection status, the care standard, the status of the restoration process and the control swabs. Thus, the status of the restoration process and necessary further steps can be recognized and requirements of both sectors are taken into account. From this, we expect a significant improvement of quality of documentation, a simplification of the detection performance, better communication between providers and payers and ultimately a higher treatment quality for patients.
Our proposal is subject to restrictions which should be considered:
So far, the documentation form has been accepted only by the MDK MV. When implementing it in other federal states, this should be clarified beforehand. Because the sheet was just introduced it is currently unclear whether further changes due to experiences in practical use will be required. Similarly, the arrangements for the medical documentation requirements in the sector of contract physicians are not yet known. These could still make necessary adjustments to.
Nevertheless, we believe that, with this sheet, we have established an essential basis for the important and legally required cross-sectorial information sharing and information recording.

Conclusion

A documentation which is standardized, cross-sectorial and meeting all relevant aspects is a complex, but manageable challenge. At the same time, it is the prerequisite for therapy success and the avoidance of information loss. Joint activities, such as in HICARE, can help to find pioneering solutions.

Notes

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