DOCTOR OF NURSING PRACTICE PROJECT

ABSTRACT

Phase II Site: Joint Base Lewis McChord

DNP Project Title: Sexual Assault: ICD Coding Behaviors of Outpatient Service Providers

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Background or Problem/Issue: The Department of Defense (DoD) is working to address sexual assault in the military through sexual assault prevention, education, and reporting programs. To date, few programs in many military outpatient clinical settings are in place to identify patients with a previously unreported history of sexual assault, and the guidelines for documenting and providing appropriate treatment are lacking. Many cases of sexual assaults (SA) remain unreported, leaving high numbers of survivors without care or assistance (Farris, Schell, & Tanielian, 2013). These traumatic experiences can interfere with a person's sense of well-being, creating a disequilibrium often expressed in physical illness which may impair the individual's ability to carry out daily functions (Farris et al., 2013). Additionally, SA survivors are three times more likely to be at risk for mental health conditions, including depression, anxiety disorders, and substance abuse (Conard, Young, Hogan, & Armstrong, 2014).

Clinical Question or Purpose: How do health care providers (HCPs) attached to Madigan Army Medical Center (MAMC) and assigned to outpatient primary care, OB/GYN, and Behavioral Health, document a patient's disclosure of a previously unreported sexual assault in an Electronic Health Record (EHR)?

Project Design: A one-time cross-sectional web-based questionnaire was disseminated among outpatient healthcare providers attached to Madigan Army Medical Center between the dates of 11 January 2016 – 19 February 2016. A total of 114 responses were included for analysis.

Analysis of the Results: Most of the HCPs (n=96, 85%) in the outpatient clinical setting have provided care for at least one patient reporting a SA history, and 35.4% (n=40) have cared for more than 20 patients over the course of their clinical practice. But, less than half (40.6%, n= 45) reported having a SA CPG in their current clinical setting, and 39.6% (n=44) did not know if their clinic had one or not. Most significantly, 69.1% (n=76) of all HCPs in the outpatient clinical setting reported that a patient had disclosed to them a previously unreported SA, yet only 42.4% (n=47) reported properly using an ICD-9 or ICD-10 code specific to SA to document a SA diagnosis. Finally, HCPs reported the primary barriers to documenting in the EHR a patient's delayed disclosure of a SA were patient stigmatization (n=30, 30.6%) and lack of training (n=29, 29.6%).

Organizational Impact/Implications for Practice: The HCPs who participated in this project reported relying on previous limited training or the use of personal judgment to make a decision of how a diagnosis was coded in the EHR. HCPs also utilized personal experience that may or may not be adequate based on current evidence based practices. Proper documentation and use of ICD-9 or ICD-10 code for sexual assault, will address the gap between the number of sexual assaults committed and those reported. This gap may contribute to the relay of inaccurate data back to the DoD, which in turn continues to direct the focus of sexual assault training towards SA prevention and early reporting by the survivors. This project offers support to advise the DoD to place emphasis on HCP training in the provision of informed accurate documentation practices, the delivery of optimal, compassionate care of patients who present to outpatient clinics with a history of undisclosed SA, including those SA related health care issues. By receiving proper sexual assault care as

early as possible, the DoD may be able to lessen the costs of long-term care effects created by the initial trauma (Conard, Young, Hogan, & Armstrong, 2014).