



# Sexual Assault: ICD Coding Behaviors of Outpatient Service Providers

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## Significance of the Problem

- FY 2012
  - 23,000 active duty service members anonymously reported a history of sexual assault
  - However, only 13% (n=3,374) made a report
- FY 2013
  - 50% increase in reporting (n=5,061) of sexual assault
- Increase in reporting may be due to increased trust in the reporting system
- A gap still remains between the reports & the estimated incidence of sexual assault

## Purpose

- Explore the challenges and barriers for HCPs attached to Madigan Army Medical Center (MAMC) and assigned to outpatient primary care, OB/GYN, and Behavioral Health, to using the appropriate ICD-9 or ICD-10 codes in the Armed Forces Health Longitudinal Technology Application (AHLTA) for documenting a patient's disclosure of a previously unreported sexual assault.

## Project Design

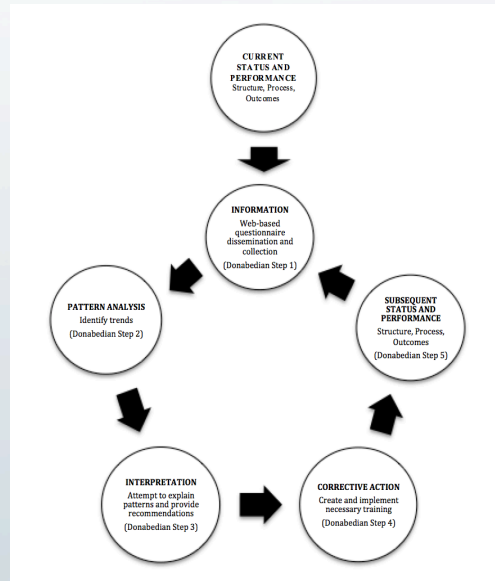
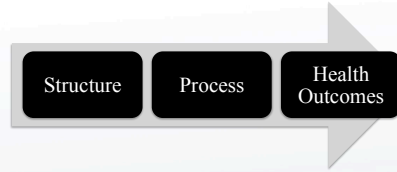
- General Approach
  - Study
    - Descriptive study utilizing a web-based questionnaire
  - Population
    - Convenience sampling of HCPs attached to MAMC
    - Data collection
      - 11 January 2016 – 19 February 2016
- Setting
  - MAMC, Joint Base Lewis-McChord, WA
  - Target Population
    - HCPs attached to MAMC outpatient clinics
  - Inclusion Criteria
    - Licensed HCPs with authority to enter ICD-9/ICD-10 codes
  - Exclusion Criteria
    - HCPs in student status

## Project Results

	n	%
Years of practice in profession		
1 - 5 years	11	9.7
6 - 10 years	15	13.3
11 - 20 years	47	41.6
more than 20 years	40	35.4
Gender		
Male	56	50.4
Female	55	49.6
Type of provider		
MD	39	34.5
LCSW/LCSW	17	15.0
NP/NS	16	14.2
Other	41	36.3
Number of SA patients cared for		
0	17	15.0
1 - 9	37	32.8
10 - 19	19	16.8
more than 20	48	42.4
Trained to document report of SA		
Yes	65	58.6
No	46	41.4
Use of a CPG in current clinic		
Yes	45	40.6
No	66	59.4
I don't know	44	39.6
Patient disclosure of unreported SA		
Yes	76	69.1
No	34	30.9
Use of SA ICD-9 or ICD-10 codes		
Yes	47	42.4
No	66	59.6
N/A	4	3.6

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## Donabedian Framework



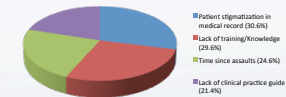
## Organizational Impact

- GAP: 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.
  - 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 project supports the current literature to emphasize HCP training. Efficiently provided sexual assault care may lessen the costs of long-term care effects created by the initial trauma (Conard, Young, Hogan, & Armstrong, 2014).

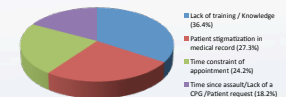
\*The views expressed in this poster are those of the authors and do not necessarily reflect the official policy or position of the Uniformed Services University of the Health Sciences, the Department of Defense, or the United States government.\*

## Analysis of the Results

All Professions Top Four Barriers



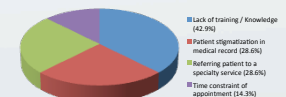
MD Top Four Barriers



LCSW/LCSW Top Four Barriers



NP Top Four Barriers



## Future Directions for Research and Practice

- Standardized training/clinical practice guideline in order to increase competency, confidence and positive patient outcomes
- Future focus on provision of standardized provider training/adherence to existing evidenced clinical practice guidelines for SA

## Limitations

- Dissemination of questionnaire
- Investigator bias
- Non-validated questionnaire
- Not generalizable to all MTFs

## Conclusion

- Proper documentation of SA will optimize care for symptom management
- HCPs can be more proactive in the care of patients with a history of SA with training
- First DNP project conducted in the outpatient setting at MAMC to identify healthcare providers' challenges and barriers to documenting patient disclosure of previously unreported sexual assault.
- Barriers in accurate documentation include:
  - Patient stigmatization
  - Lack of training,
  - Limited Time
  - Lack of a CPG in the clinic setting.
- Further investigation and replication of this questionnaire is necessary to determine consistency with the documentation practices at other MTFs in the DoD. Additional findings would encourage care providers and investigators to advance the development of standardized training for SA documentation in the EHR training and promote the creation of a CPG to optimize care.

References available upon request. For additional information contact imshin.o.kim.mil@mail.mil, jeramy.j.mahoney.mil@mail.mil, or jeffry.l.negard.mil@mail.mil