

Hospital Harm – Hospital-Acquired Pressure Injury

Measure Authoring Tool (MAT) Header for Hospital-Acquired Pressure Injury Measure

eMeasure Title	Hospital Harm – Hospital-Acquired Pressure Injury
Measurement Period	January 1, 20xx through December 31, 20xx
Measure Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Developer	Yale New Haven Health Service Corporation/ Center for Outcomes Research and Evaluation (CORE)
Measure Developer	Mathematica Policy Research
Description	Proportion of hospitalized patients age 18 years or older, who suffer the harm of developing a new stage 2-4 pressure injury, deep tissue injury or unstageable pressure injury, or an existing injury that increases to stage 2-4, deep tissue, or unstageable during the measurement period.
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Measure Scoring	Proportion
Measure Type	Outcome
Stratification	None
Risk Adjustment	None
Rate Aggregation	None

<p>Rationale</p>	<p>Hospital-acquired pressure injury is a serious event and one of the most common patient harms. Pressure injuries commonly can lead to local infection, osteomyelitis, anemia, and sepsis (Brem, et al., 2010) in addition to causing significant depression, pain, and discomfort to patients (Gunningberg et al., 2011). The rate of pressure injuries varies across hospitals suggesting opportunity for further improvement.</p> <p>Pressure injury is considered a serious reportable event by the National Quality Forum (NQF) (Centers for Medicare and Medicaid Services, 2015). CMS also established non-payment for pressure injury (National Quality Forum, 2016), and it is considered an indicator of the quality of the nursing care a hospital provides (National Quality Forum, 2005). It is well accepted that pressure injury can be reduced through best practices such as frequent repositioning, proper skin care, and specialized cushions or beds (Berlowitz, et al., 2012). While several hospital-acquired pressure injury measures are currently in use, there are no electronic health record (EHR)-based measures intended for use in acute care hospitals. This measure identifies pressure injuries using direct extraction of structured data from the EHR and will provide hospitals with reliable and timely measurement of their pressure injury rates (Gunningberg, et al., 2011).</p>
<p>Clinical Recommendation Statement</p>	<p>The National Pressure Ulcer Advisory Panel provides guidance for categorizing pressure injuries (National Pressure Ulcer Advisory Panel, et al., 2014).</p> <p>The National Pressure Ulcer Advisory Panel also provides recommendations for structured skin and risk assessment (National Pressure Ulcer Advisory Panel, et al., 2014):</p> <p>Conduct a structured risk assessment as soon as possible (but within a maximum of eight hours after admission) to identify individuals at risk of developing pressure ulcers.</p> <p>Repeat the risk assessment as often as required by the individual's acuity.</p> <p>The Joint Commission (The Joint Commission, 2016) and NPUAP (National Pressure Ulcer Advisory Panel, 2016) also identify guidelines for pressure injury prevention:</p> <p>Protecting and monitoring the condition of the patient's skin is important for preventing pressure sores and identifying Stage 1 sores early so they can be treated before they worsen.</p> <ul style="list-style-type: none"> • Inspect the skin upon admission and at least daily for signs of pressure injuries. • Assess pressure points, temperature and the skin beneath medical devices. • Clean the skin promptly after episodes of incontinence, use skin cleansers that are pH balanced for the skin, and use skin moisturizers. • Avoid positioning the patient on an area of pressure injury. <p>Immobility can be a big factor in causing pressure injuries. Immobility can be due to several factors, such as age, general poor health condition, sedation, paralysis and coma.</p> <ul style="list-style-type: none"> • Turn and reposition at-risk patients, if not contraindicated. • Plan a scheduled frequency of turning and repositioning the patient. • Consider using pressure-relieving devices when placing patients on any support surface. <p>Consider the patient's body size, level of immobility, exposure to shear, skin moisture and perfusion when choosing a support surface.</p>
<p>Improvement Notation</p>	<p>A lower proportion indicates better quality.</p>
<p>Reference</p>	<p>Berlowitz, D. VanDeusen Lukas, C.; Parker, V.; Niederhauser, A.; & Silver, J. L., C.; Ayello, E.; Zulkowski, K. (2012). Preventing Pressure Ulcers in Hospitals- A Toolkit for Improving Quality of Care</p>

Reference	Brem H, M. J., Nierman D, et al. (2010). High Cost of Stage IV Pressure Ulcers. doi:10.1016/j.amjsurg.2009.12.021. <i>American Journal of Surgery</i> , 200(4), 473-477
Reference	Centers for Medicare & Medicaid Services. (2015). Hospital-Acquired Conditions. Retrieved January 13, 2017, from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html
Reference	Gunningberg, L., Donaldson, N., Aydin, C., Idvall, E. (2011). Exploring variation in pressure ulcer prevalence in Sweden and the USA: Benchmarking in action. 18. 10.1111/j.1365-2753.2011.01702.x. <i>Journal of evaluation in clinical practice.</i> , 904-910
Reference	The Joint Commission. (2016). Preventing Pressure Injuries <i>Quick Safety</i>
Reference	National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, & Pan Pacific Pressure Injury Alliance. (2009). Prevention and Treatment of Pressure Ulcers: Quick Reference Guide
Reference	National Pressure Ulcer Advisory Panel. (2016). Pressure Injury Prevention Points.
Reference	National Quality Forum. (2005). National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial Performance Measure Set. Retrieved January 13, 2017, from http://www.qualityforum.org/Publications/2004/10/National_Voluntary_Consensus_Standards_for_Nursing-Sensitive_Care__An_Initial_Performance_Measure_Set.aspx
Reference	National Quality Forum. (2016). List of SREs. Retrieved January 13, 2017, from http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx#sre4
Definition	<p>This measure defines a hospital-acquired pressure injury as a stage 2-4, deep tissue, or unstageable pressure injury.</p> <p>Harm is defined as a newly developed (not documented within the first 24 hours of arrival to the hospital) pressure injury, or a pressure injury that was existing upon arrival at the hospital that advanced to stage 2-4, deep tissue, or unstageable during the hospitalization.</p>
Guidance	<p>For each admission stay, count the number of patients aged 18 years and older within the defined measurement period to define the denominator.</p> <p>To create the numerator:</p> <p>Patients with pre-existing pressure injuries:</p> <ol style="list-style-type: none"> 1. Identify patients with pressure injury documented within 24 hours of arrival. 2. Of patients with a documented pressure injury within 24 hours, count the number of patients who's pressure injury advanced to stage 2-4, deep tissue injury, or unstageable during the hospitalization. <p>Patients with new pressure injuries:</p> <ol style="list-style-type: none"> 3. Of patients in the denominator who did not suffer a harm of an existing pressure injury worsening during the hospitalization (identified in step 1 and 2), count the number of patients with a new pressure injury documented anytime after 24 hours after arrival. 4. Of the patients identified with a new pressure injury, count the number of patients who's injury was stage 2-4, deep tissue injury, or unstageable. <p>Combining pre-existing and new pressure injuries: Combine the count from step 2 and step 4 to identify the total number of patients who suffered a harm of a hospital-acquired pressure injury.</p>

Initial Patient Population	All patients, age 18 years or older, at the start of the measurement period with a discharged inpatient hospital encounter during the measurement period. Measure includes inpatient admissions who were initially seen in the emergency department or in observational status.
Denominator	Same as initial population
Denominator Exclusions	None
Numerator	<p>Proportion of patients who develop a hospital-acquired pressure injury defined by:</p> <p>Pressure injury(s) that are not present upon arrival, but are documented after 24 hours at a Stage 2-4, deep tissue injury, or unstageable level</p> <p><i>OR</i></p> <p>A pre-existing pressure injury, documented upon arrival, that advances to a Stage 2-4, deep tissue injury, or unstageable level during hospitalization.</p>
Numerator Exclusions	None
Denominator Exceptions	None
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and gender.