

March 2, 2018

Seema Verma, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue SW  
Washington, DC 20201

RE: Hospital Harm - Hospital Acquired Condition: Pressure Injury

(Submitted electronically through JIRA [<http://jira.oncprojectracking.org/login.jsp>])

Administrator Verma:

I am writing on behalf of the American Podiatric Medical Association (APMA) with our comments regarding the pressure ulcer quality measure being developed by the Centers for Medicare & Medicaid Services (CMS). APMA is the national organization representing the vast majority of podiatric physicians and surgeons in the country. We appreciate this opportunity to provide our response to the CMS proposal. Looking toward the future, APMA will continue to advance the growth and stability of podiatric medicine by increasing nationwide awareness of foot and ankle health through public education and regulatory and legislative advocacy.

We agree that, especially in cases of pressure ulcers of the heel, inexact measurement and punitive measures directed at hospitals can lead to multiple unintended consequences to the detriment of quality patient care, including reimbursement and litigation repercussions. This is a complicated and multifactorial issue and an unintended consequence that is never entirely preventable.

The risk factors for pressure ulcers include malnutrition, hypotension, peripheral and cardiovascular disease, incontinence, diabetes, and fractures. Efforts directed at reducing pressure ulcers combined with excellent nursing care has limited evidence showing effectiveness.<sup>i</sup> A recent systematic review confirms that nutritional interventions, skin-care regimen and positioning and repositioning routines, advanced support surfaces, and education in prevention of hospital associated pressure ulcers have yet to yield any statistical benefit to preventing pressure ulcers.<sup>ii</sup> Furthermore, deep tissue injuries sustained in the outpatient setting can remain undetected for days<sup>iii</sup> and would be inadvertently documented as hospital acquired harms under this measure.

We, therefore, in collaboration with the Alliance of Wound Care Stakeholders, feel that:

- Presupposing that all pressure injuries are preventable is incorrect.
- Including all pressure injuries as hospital acquired “harm” without permitting a way to account for the unavoidable pressure injuries will inflate the numerator of this measure unfairly despite the provision of optimal care.

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- Extracting data from hundreds of different electronic health record systems and multiple different templates and pressure ulcer measurement methods will result in inconsistent and inaccurate data.
- Exclusion of pressure injuries incurred prior to hospitalization from this measurement is necessary -- including those which took days to manifest. Accurate tracking of hospital acquired pressure injuries is impossible due to the nature of this delayed presentation characteristic of pressure injuries. A 24-hour timeframe to document all pre-existing pressure ulcers is not sufficient.

The APMA agrees with CMS that hospital associated poor outcomes including avoidable pressure injuries must be addressed to continue the advanced of quality patient care. We support advancement of evidenced based research and the policy decisions based on known effective approaches based on this research. In addressing this issue we should not however enact tracking systems and reimbursement-affecting measures based on inconsistent and inaccurate data collection. Efforts to help prevent pressure injuries should be focused on improving nursing wound care knowledge, increasing access to evidence based preventative products, and developing standardized pressure injury scoring systems and documentation. We believe hospitals are best incentivized to improve quality of care not with a punitive reimbursement based approach, but rather with rewards that capitalizes on their intrinsic need to show regional superiority in care in their patient market area. Publicized awards given to high performing hospitals from a federal agency based on well collected data would be very impactful to motivating better quality of care and a more judicious use of CMS resources.

If you have questions concerning our comments, please contact APMA's Health Policy and Practice Director Scott L. Haag, JD, MSPH, at (301) 581-9200 or at [slhaag@apma.org](mailto:slhaag@apma.org).

Sincerely,



Ira H. Kraus, DPM  
President

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<sup>i</sup> Bauer, Karen et al. Pressure Ulcers in the United States' Inpatient Population from 2008 to 2012: Results of a Retrospective Nationwide Study. *Ostomy Wound Management*. November 2016.

<sup>ii</sup> Tayyib, N et al. Effectiveness of Pressure Ulcer Prevention Strategies for Adult Patients in Intensive Care Units: A Systematic Review. *Worldview Evidence Based Nursing*. December 2016.

<sup>iii</sup> Gefen, A. A Review of Deep Tissue Injury Development, Detection, and Prevention: *Shear Savvy. Ostomy Wound Management*. February 2013