

Pressure Ulcer / Injury Data Collection Fact Sheet

Pressure Ulcer Rate, Stage 3+ AHRQ PSI-03 (HIIN-PrU-1)

Numerator	<ul style="list-style-type: none"> Discharges with any secondary diagnosis codes for pressure ulcer stage 3, 4, or unstageable.
Numerator Inclusion	<ul style="list-style-type: none"> Medical or surgical discharges Patients aged 18 years and older
Numerator Exclusion	<ul style="list-style-type: none"> Ulcers/injuries present on admission Any diagnosis of hemiplegia, paraplegia or quadriplegia, spina bifida, or anoxic brain damage Transfers from another hospital, skilled nursing, or intermediate care facility Length of stay (LOS) less than 3 days (except for CAHs who may choose to submit on LOS less than 3 days) Psychiatric or obstetric discharges Moisture associated skin damage Skin tears Venous or arterial stasis ulcers Mucosal membrane ulcers
Denominator	<ul style="list-style-type: none"> Medical and surgical discharges (as defined in the AHRQ measure specifications, Appendix C and E) aged 18 years and older
Data Sources	<ul style="list-style-type: none"> Administrative data Incident or occurrence reports
Frequently Asked Questions	<p>Q: How is present on admission (POA) defined? A: The cut off for determining POA is 24 hours from the time of admission, unless the hospital has specified a shorter time frame.</p> <p>Q: Are unstageable pressure ulcers included in the numerator? A: Yes</p> <p>Q: Are Critical Access Hospitals (CAHs) required to report on this measure given their patients' short length of stay? A: The measure specifications exclude stays less than three days. While CAHs are required to maintain an annual average length of stay of 96 hours or less (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CritAccessHospfctshst.pdf), CAHs are encouraged to use the AHRQ PSI specifications to track pressure ulcers for appropriate inpatient stays in their facilities, even if the inpatient stay is less than three days.</p>

Hospital Acquired Pressure Ulcer Prevalence, Stage 2+ NQF0201 (HIIN-PrU-2)

Numerator	<ul style="list-style-type: none"> Number of patients that have at least one stage 2 hospital acquired pressure ulcer/injury, unstageable and/or deep tissue injury on the day of the prevalence study. Tip – Count patients, not number of ulcers
Denominator	<ul style="list-style-type: none"> Number of patients surveyed on the day of the study
Numerator Inclusion	<ul style="list-style-type: none"> Medical, Surgical, Step-Down, Med-Surg combined, and Intensive Care units Patients aged 18 years and older
Numerator Exclusion	<ul style="list-style-type: none"> Ulcers/injuries present on admission Patients refusing assessment Patients who are off the unit at the time of the study (x-ray, therapy) Medically unstable patients or those for whom assessment is contraindicated Patients who are actively dying and pressure ulcer prevention is no longer a treatment goal Moisture associated skin damage Skin Tears Venous or arterial stasis ulcers Mucosal membrane ulcers
Data Sources	<ul style="list-style-type: none"> Prevalence study observations
Frequently Asked Questions	<p>Q: Are unstageable pressure ulcers included in the numerator? A: Yes</p> <p>Q: We usually collect this data quarterly. Do we have to report this data monthly? A: Hospitals are strongly encouraged to report pressure ulcer prevalence monthly. Preferred: Monthly, beginning Oct 2016 Alternate: Quarterly, beginning with 4Q 2016 (report in last month of each quarter)</p>

AHRQ PSI 3 measure detail: https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V60-ICD10/TechSpecs/PSI_03_Pressure_Ulcer_Rate.pdf

NQF 0201 Pressure Ulcer Prevalence measure detail: <http://www.qualityforum.org/QPS/0201>