

PSI # 3: Pressure Ulcer
NQF#: N/A
Developer: Agency for Healthcare Research and Quality (AHRQ)
Data Source: CMS
Description: Stage III or IV pressure ulcers or unstageable (secondary diagnosis) per 1,000 discharges among surgical or medical patients aged 18 years and older.
Rationale: Pressure ulcers have been associated with an extended length of hospitalization, sepsis, and mortality. An estimated 60,000 U.S. hospital patients die each year from complications due to hospital-acquired pressure ulcers. The prevalence of pressure ulcers in health care facilities is increasing. Incidence rates vary considerably by clinical setting, with incidence rates ranging from 0.4% to 38% in acute care settings.
Evidence for Rationale: <ul style="list-style-type: none"> • Institute for Clinical Systems Improvement (ICSI). Pressure Ulcer Prevention and Treatment Protocol. Health Care Protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 March.
Numerator: Discharges with any secondary ICD-10-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable).
Denominator: Medicare fee-for-service (FFS) surgical or medical discharges, for patients aged 18 years and older. Medicare FFS surgical and medical discharges are defined by specific DRG or MS-DRG codes. Exclude cases: length of stay of less than 3 days; principal ICD-10-CM diagnosis code for pressure ulcer stage III or IV (or unstageable); secondary ICD-10-CM diagnosis codes for pressure ulcer present on admission; any ICD-10-CM diagnosis codes for severe burns ($\geq 20\%$ body surface area); any ICD-10-CM diagnosis code for exfoliative disorders of the skin ($\geq 20\%$ body surface area); MDC code of 14 (pregnancy, childbirth, and puerperium); missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing).
Impact: <ul style="list-style-type: none"> • Large number of patients affected • The prevalence of pressure ulcers in health care facilities is increasing • An estimated 60,000 U.S. hospital patients died each year from complications due to hospital-acquired pressure ulcers.
Evidence of High Impact: <ul style="list-style-type: none"> • Institute for Clinical Systems Improvement (ICSI). Pressure Ulcer Prevention and Treatment Protocol. Health Care Protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 March.
Opportunity: <ul style="list-style-type: none"> • Opportunity for improvement exists, as demonstrated by the coefficient of variation for the measure.
Evidence: <ul style="list-style-type: none"> • A literature search of clinical trials, meta-analyses, systematic reviews, or regulatory statements and other professional order sets and protocols was performed, and the quality and strength of evidence was weighted according to a given rating scheme. • Evidence ratings vary from Class A to Class R, with the vast majority rated from Class C to R. <ul style="list-style-type: none"> ○ Class A: Randomized, controlled trial ○ Class B: Cohort study ○ Class C: Non-randomized trial with concurrent or historical controls, case-control study, study of sensitivity and specificity of a diagnostic test, population-based descriptive study ○ Class D: Cross-sectional study, case series, case report ○ Class M: Meta-analysis, systematic review, decision analysis, cost-effectiveness analysis

- Class R: Consensus statement, consensus report, narrative review

Citations for Evidence:

Institute for Clinical Systems Improvement (ICSI). Pressure Ulcer Prevention and Treatment Protocol. Health Care Protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 March.