

Preventing hospital-acquired pressure injury: From standardization to sustainability

October 6, 2022



EQIC
EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE

Today's agenda



TOPIC	PRESENTER
Welcome and introduction	Nicole Ford, MBA, CPHQ EQIC Project Manager
Preventing hospital-acquired pressure injury: From standardization to sustainability	Virginia Capasso, PhD, ANP-BC, ACNS-BC, CWS, FACCWS, FAAN Advanced Practice Nurse, PCS Quality, Safety, & Practice Nurse Scientist, Munn Center for Nursing Research Massachusetts General Hospital Instructor in Surgery, Harvard Medical School
Q & A and Closing Remarks	EQIC staff
CAHort quarterly meeting (2 - 3 p.m.)	EQIC staff - CAHort participants will stay online for their quarterly meeting after the PI presentation

PI remains a top priority focus area

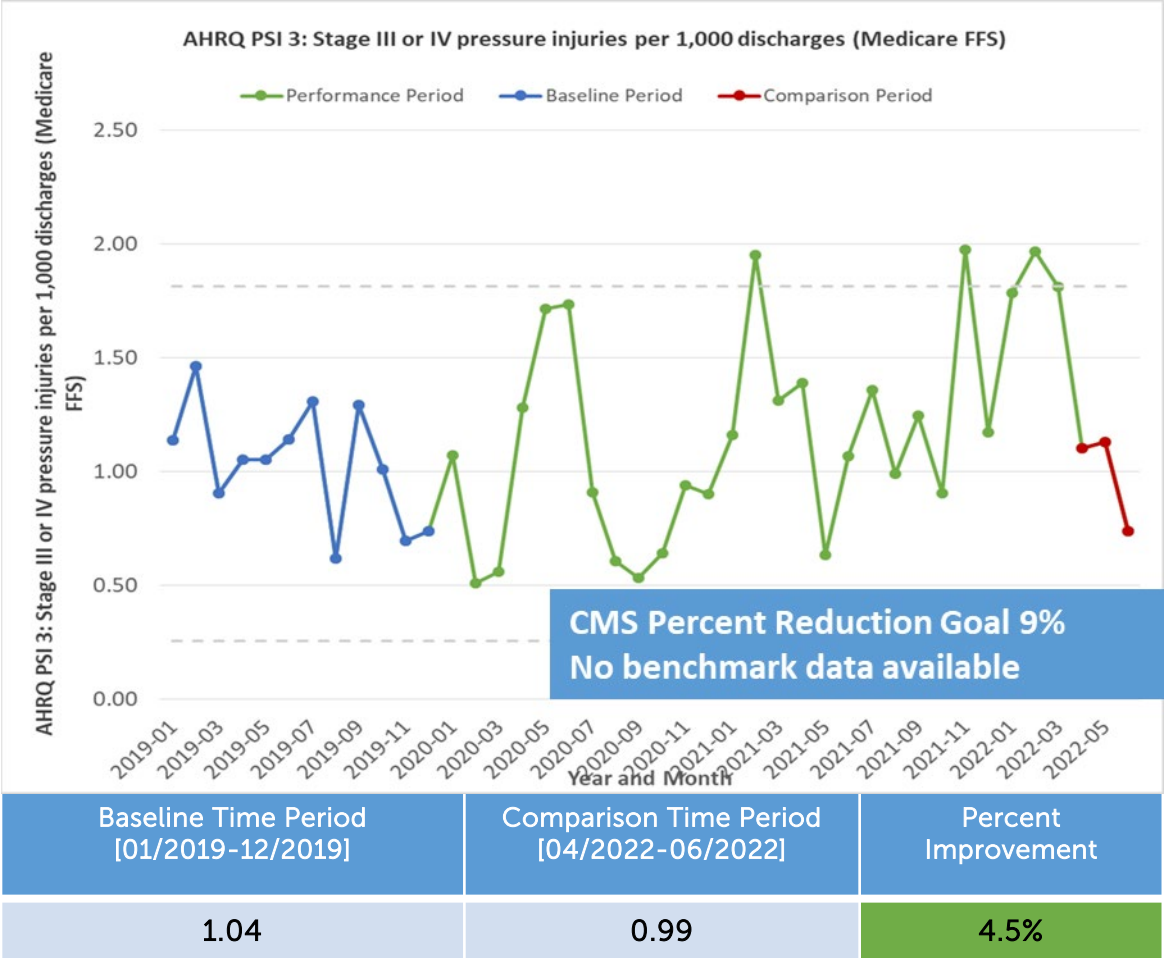
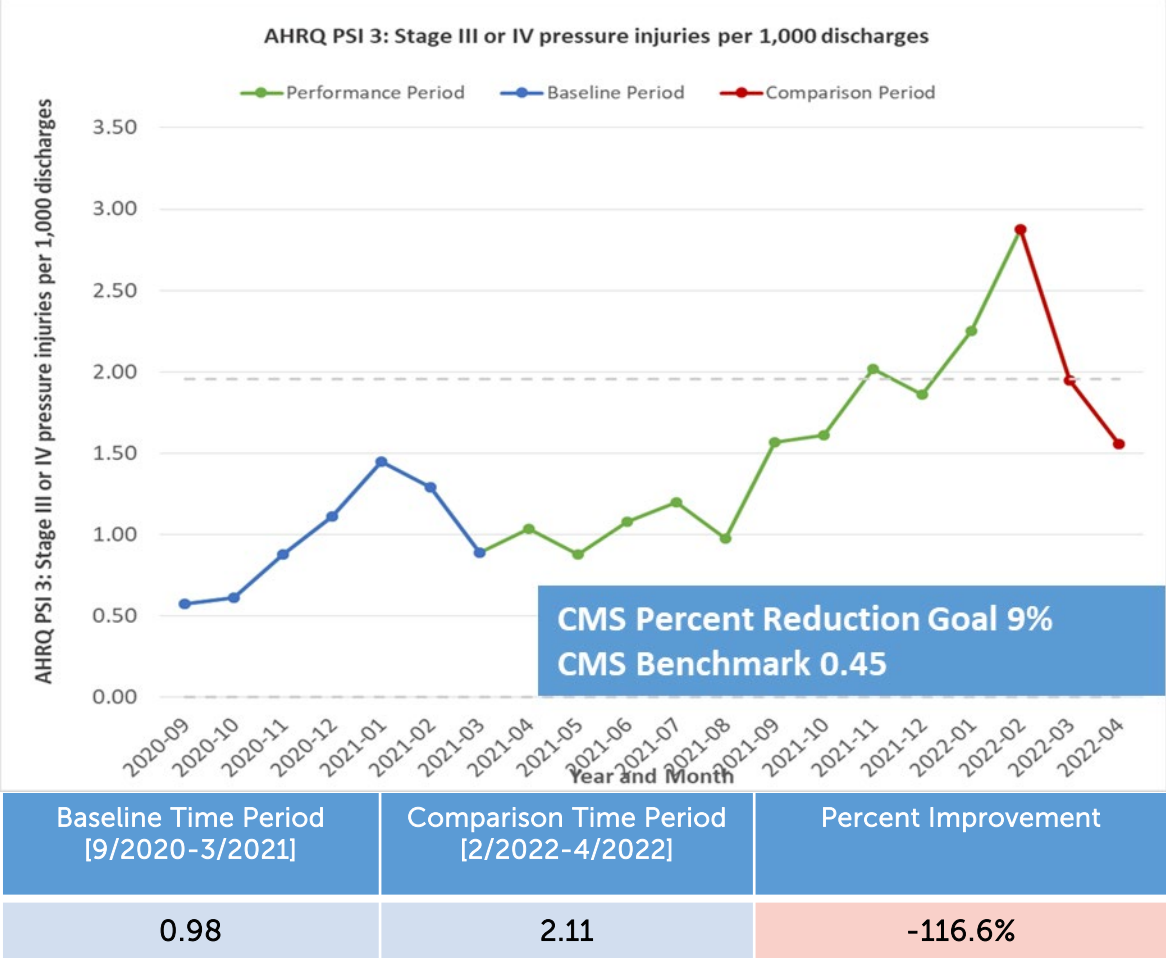
CMS Goal: Reduce all-cause harm by 9%

EQIC's UBS Program: Supports hospitals in implementing cross-cutting practices at the unit-level to reduce a broad range of hospital-acquired conditions, including *hospital-acquired pressure injuries* and **promote safety across the board.**

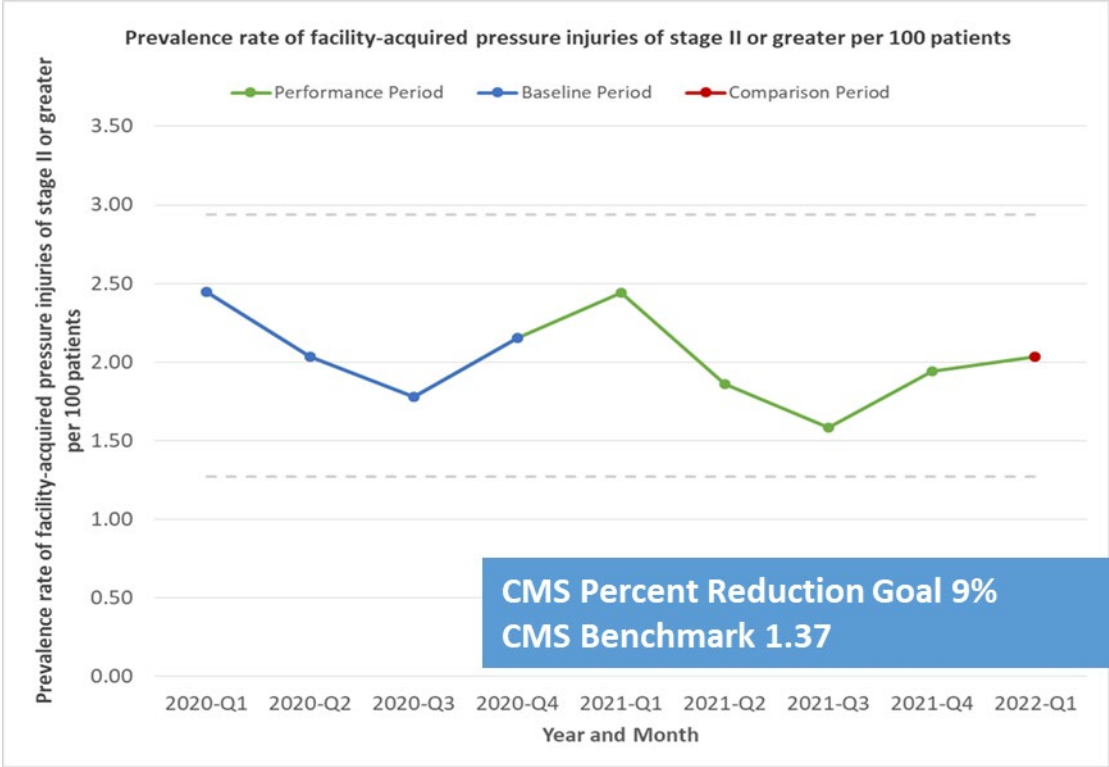
Approaches include:

- Monitoring data related to HACs
- Providing programming related to HACs
- Providing tools and resources to assist hospitals (i.e. toolkits, gap analysis, discovery tools, eLearning modules, webinars)

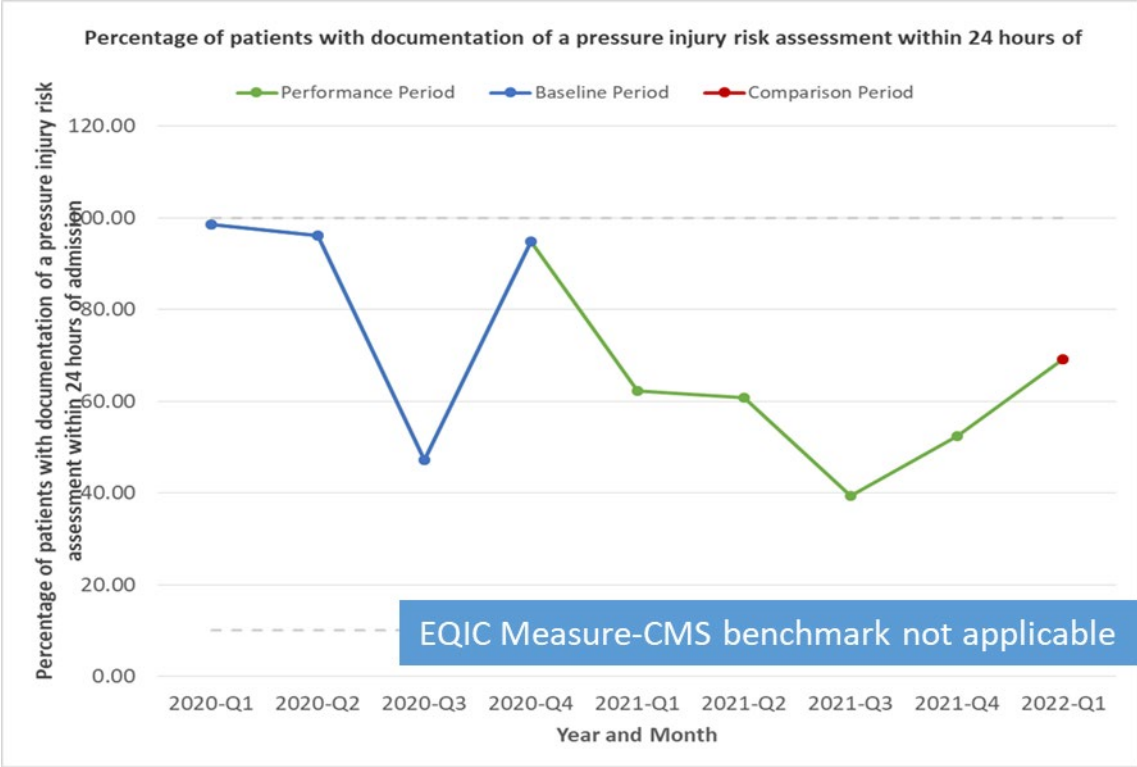
EQIC PI quality metrics



EQIC PI quality metrics



Baseline Time Period [Q1 2020-Q4 2020]	Comparison Time Period [Q1 2022]	Percent Improvement
2.11	2.03	3.5%



Baseline Time Period [Q1 2020-Q4 2020]	Comparison Time Period [Q1 2022]	Percent Improvement
76.99	69.21	-10.1%



Today's faculty



Virginia Capasso, PhD, ANP-BC, ACNS-BC, CWS, FACCWS, FAAN

Advanced Practice Nurse, PCS Quality, Safety, & Practice, Nurse Scientist, Munn Center for Nursing Research

Massachusetts General Hospital

Instructor in Surgery, Harvard Medical School

Questions

Data submission reminder

Manual submission of PI and Falls data remains outstanding for many hospitals at the top of year three of the EQIC program. Your assistance is needed:

- For non-NDNQI hospitals, pressure injury and falls data must be entered into the data portal.
- EQIC requests data back to September 2020 (the start of the contract).
- Timely and complete data is needed to inform programming, provide benchmarks and inform progress to CMS project goals.

Please reach out to your EQIC project manager for assistance with the data portal or PI/Falls data measures.

NEW! *Pressure Injury Prevalence Study Instructions*

- Answers commonly asked questions about the EQIC PI manual data submission process
- Contact your project manager for:
 - Hospital data submission checklist
 - Setting up access for new data portal user accounts
 - Data portal tutorial and technical assistance
- [EQIC Data Portal Hospital User Guide](#)

The screenshot shows the title page and introductory text of the 'Pressure Injury Prevalence Study Instructions' document. The header includes the EQIC logo and the title. The main text explains that EQIC hospitals not participating in the National Database of Nursing Quality Indicators must manually submit pressure injury prevalence data. It includes sections for 'What is a prevalence study?' and 'What are the PI measures requiring manual entry into the EQIC portal?'. The footer contains the HQIC logo, copyright information for the Healthcare Association of New York State, Inc., and a page number of 1 of 3.

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Pressure Injury Prevalence Study Instructions

EQIC hospitals that do not participate in the National Database of Nursing Quality Indicators will need to manually submit pressure injury prevalence study data into the EQIC portal. This guidance answers commonly asked questions on the manual data submission process for those hospitals.

What is a prevalence study?

A prevalence study, or a cross-sectional count of the number of cases in a population, measures the total number of patients with a hospital-acquired pressure injury — also referred to as a HAPI — in a hospital/hospital unit on the day of the PI study. The study is conducted one day every month or every quarter on your selected sample population and includes a count of the total number of patients who have a HAPI, not the total number of PI.

For a small hospital, this may be all patients in the hospital on the day of the study; for a large hospital, it may be select a unit(s). The key is to

be consistent in your measurement approach and ensure staff understand how to accurately and consistently stage each HAPI present and document **who** has a pressure injury and **when** it developed.

When conducting your prevalence study, the origin of the PI must be determined (e.g., hospital, hospital/unit or community-acquired) by reviewing the patient record for evidence of a PI on admission. If there is no record of a PI present on admission, it is a HAPI.

What are the PI measures requiring manual entry into the EQIC portal?

- Prevalence rate of hospital-acquired (nosocomial) category/stage II or greater pressure injury per 100 patients
 - Data source: NDNQI/EQIC data portal
 - Specifications/definitions: NQF #0201
- Percent of patients with documentation of a pressure injury risk assessment within 24 hours of admission
 - Data source: NDNQI/EQIC data portal
 - Specifications/definitions: NDNQI

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Pressure injury tools and resources

Hospital toolkits & QI tools	Clinical practice guidelines	Education & training
<ul style="list-style-type: none">• EQIC Pressure Injuries Website• AHRQ Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care• Standardized Pressure Injury Prevention Protocol (SPIPP)	<ul style="list-style-type: none">• NPIAP 2019 Guideline Quick Reference• Malnutrition and Pressure Injury Risk in Vulnerable Populations: Application of the 2019 International Clinical Practice Guideline (New!)	<ul style="list-style-type: none">• EQIC eLearning Pressure Injury Prevention• NDNQI Pressure Injury Training 8.0• AHRQ Pressure Injury Prevention in Hospitals Training Program
<p>➤ <i>National Pressure Injury Advisory Panel (NPIAP)</i> Resources and Free Materials</p>		

Complete the survey



Thank you.

Next UBS Webinar: Age-Friendly Health Systems

November 1, 2022

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