# IT-4.7: Pressure Ulcer Rate

| **Measure Title** | **IT-4.7 Pressure Ulcer Rate** |
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| **Description** | Stage III or IV pressure ulcers (secondary diagnosis) per 1,000 discharges among patients ages 18 years and older. |
| **NQF Number** | Not applicable |
| **Measure Steward** | Agency for Healthcare Research and Quality (AHRQ) Quality Indicator |
| **Link to measure citation** | <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38513&search=pressure+ulcer>  <http://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V45/TechSpecs/PSI%2003%20Pressure%20Ulcer%20Rate.pdf>  Specifications Manual: <http://www.jointcommission.org/assets/1/6/NHQM_v4_3a_PDF_10_2_2013.zip> |
| **Measure type** | Stand-Alone (SA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) – Improvement Over Self (IOS)   |  |  |  | | --- | --- | --- | |  | DY4 | DY5 | | Achievement Level Calculation | Baseline - 5% \*(performance gap)  =  Baseline - 5% \*(0% – Baseline rate) | Baseline - 10% \*(performance gap)  =  Baseline - 10% \*(0% – Baseline rate) | |
| **DSRIP-specific modifications to Measure Steward’s specification** | None |
| **Denominator Description** | Surgical and medical discharges, for patients ages 18 years and older. |
| **Denominator Inclusions** | Surgical and medical discharges are defined by specific DRG or MS-DRG codes.  Refer to Specifications Manual hyperlink above for detailed tables. |
| **Denominator Exclusions** | Exclude cases:   * With length of stay of less than 5 days * With a principal ICD-9-CM diagnosis code for pressure ulcer * With any secondary ICD-9-CM diagnosis codes for pressure ulcer present on admission and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable) present on admission * With any-listed ICD-9-CM diagnosis codes for hemiplegia, paraplegia, or quadriplegia * With any-listed ICD-9-CM diagnosis codes for spina bifida or anoxic brain damage * With any-listed ICD-9-CM procedure codes for debridement or pedicle graft before or on the same day as the major operating room procedure (surgical cases only) * With any-listed ICD-9-CM procedure codes for debridement or pedicle graft as the only major operating room procedure (surgical cases only) * Transfer from a hospital (different facility) * Transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) * Transfer from another health care facility * MDC 9 (skin, subcutaneous tissue, and breast) * MDC 14 (pregnancy, childbirth, and puerperium) * With missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)   Refer to Specifications Manual hyperlink above for detailed tables. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with any secondary ICD-9-CM diagnosis codes for pressure ulcer and any secondary ICD-9-CM diagnosis codes for pressure ulcer stage III or IV (or unstageable). |
| **Numerator Inclusions** | Refer to the hyperlink above to access the Specifications Manual for specific ICD-9-CM codes. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Inpatient |
| **Data Source** | Administrative/Clinical data sources |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  *Note: Provider cannot change the location/facility in which the denominator populations are to be measured.* |