Pressure Injury Reporting: Preparing to Implement the New Reporting Requirements under MCARE

Pennsylvania Patient Safety Authority
Pennsylvania Department of Health

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Disclosures of Conflicts of Interest

- Arlene G. Seid, MD, MPH, FACPM, CMQ has nothing to disclose.
- Kristen Bishop, MSN, RN, NE-BC, OCN has nothing to disclose.
- Theresa V. Arnold, DPM has nothing to disclose.
- Melanie A. Motts, M.ED, BSN, RN, CPPS has nothing to disclose.
- Michelle Feil has nothing to disclose.
Terminology Timeline

- Decubitus (1770’s)
- Decubitus ulcer (1950’s)
- Bed sore (1970’s)
- Pressure sore (1980’s)
- Pressure ulcer (1990’s)
- Pressure injury (2016)
  - National Pressure Ulcer Advisory Panel (NPUAP) Staging Task Force and Consensus Conference
  
  (NPUAP, 2014)
Advisory Article – March 2015

- Analysis of pressure injury events reported through the Pennsylvania Patient Safety Reporting System (PA-PSRS) from 2005 through 2013.

- The Authority sought to:
  - Identify trends in pressure injury event reporting
  - Evaluate the impact of staging and reimbursement changes made in 2008

(Feil & Bisbee, 2015)
Hospital-acquired pressure injuries (HAPIs) and pressure injuries that progress (worsen) during hospitalization are reportable patient safety events:

An event involving the clinical care of a patient in a medical facility that either resulted in, or had the potential to result in, “an unanticipated injury or require the delivery of additional health care services to the patient.”

(Pennsylvania Act 13, the Medical Care Availability and Reduction of Error Act, 2002)
2008 – A Year of Change

- **June 2008** – two new pressure injury stages added to PA-PSRS:
  - Suspected deep tissue injury (SDTI)
  - Unstageable

- **October 2008** – non-payment for HAPIs from the Centers for Medicare and Medicaid Services

(CMS; CMS, 2008)
2013 PA-PSRS Reports by Event Type

- Errors Related to Procedure / Treatment / Test: 54,481
- Medication Errors: 50,910
- Complications of Procedure / Treatment / Test: 36,024
- Falls: 34,561
- Skin Integrity: 33,545
- Other / Miscellaneous: 22,145
- Equipment / Supplies / Devices: 6,007
- Adverse Drug Reactions (not a medication error): 5,379
- Transfusions: 3,554

(Feil & Bisbee, 2015)
PA-PSRS Skin Integrity Reports by Sub-Type, 2013

(Feil & Bisbee, 2015)
Pressure Injury Time of Acquisition

- Mandatory field in PA-PSRS
- 3 options:
  - Admitted from other facility with ulcer
  - New ulcer <24 hours after admission
  - New ulcer >24 hours after admission
Pressure Injury Reports by Time of Acquisition

*Time of acquisition is a mandatory field in the Pennsylvania Patient Safety Reporting System. In 2011, due to technical difficulties, there were two pressure ulcer event reports missing information on the time of acquisition.

(Feil & Bisbee, 2015)
Level of Harm

- **Incidents**
  - Events resulting in no harm to the patient
  - Harm scores A through D

- **Serious Events**
  - Events resulting in harm
  - Harm scores E through I

(NCC MERP, 2001)
All Pressure Injury Reports by Level of Harm

(Feil & Bisbee, 2015)
Level of Harm for Pressure Injuries Acquired > 24 Hours after Admission

(Feil & Bisbee, 2015)
Pressure Injury Stage

- Not a mandatory field in PA-PSRS
- 7 Options:
  - Stage I
  - Stage II
  - Stage III
  - Stage IV
  - SDTI
  - Unstageable
  - NULL = no staging information submitted
Staging Reported for All Pressure Injuries

* Suspected deep-tissue injury and unstageable were added as new pressure ulcer stages to the Pennsylvania Patient Safety Reporting System in June 2008. (Feil & Bisbee, 2015)
Staging Reported for HAPIs > 24 Hours after Admission

(Feil & Bisbee, 2015)
Level of Harm for Deep Stage* Pressure Injuries Acquired > 24 Hours after Admission

*Stages III, IV, Unstageable and Deep Tissue Injury (DTI)

(Feil & Bisbee, 2015)
Conclusions

- Variation exists in pressure injury reporting.
- Staging information is not included in approximately one third of reports.
- There has been an increase over time in the number of pressure injury reports at deeper stages of tissue damage.
- The majority of events are reported as *Incidents*, *without harm to patients*, even when pressure injuries are hospital-acquired and/or involve deeper stages of tissue damage.
Opportunities for Improvement

- The Authority:
  - Standardize reporting of pressure injuries
    - Establish consensus definition for Serious Events

- Pennsylvania Hospitals:
  - Identify pressure injuries present on admission
  - Accurately stage pressure injuries
  - Prevent HAPIs, in particular those at deeper stages of tissue damage
  - Report pressure injuries as patient safety events to allow for widespread analysis and development of improvement strategies
References


References (cont’d)

- Centers for Medicare and Medicaid Services. Hospital-acquired conditions [online] [cited 2017 Aug 31]. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html


References (cont’d)


References (cont’d)

  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/HAC-Regulations-and-Notices-Items/CMS1252755.html?DLPage=1&DLSort=3&DLSortDir=ascending
Pressure Injury Reporting in Pennsylvania

Final Guidance Overview and Modifications to PA-PSRS
Guidance Overview

- **Purpose**
  - Minimize inconsistencies in pressure injury (PI) data collected through (PA-PSRS)

- **Goals**
  - Implement clear standards for reporting PI
  - Produce reliable data and analytic reports
  - Research and disseminate strategies to prevent hospital-acquired PI or progression of PI present on admission

(Feil & Bisbee, 2015)
Multidisciplinary Task Force

Pressure Injury Reporting

- PA Patient Safety Authority
- PA Department of Health
- Wound Care Experts
- Healthcare Council of Western PA
- Hospital and Health System Association of PA
- Health Care Improvement Foundation
- PA Ambulatory Surgery Association
Comments accepted for 30 days following the publication
  – Received comments from 15 organizations
  – Identified 19 questions/suggestions
Public Comments (continued)

- Themes
  - Define “additional health care services.”
  - Does “preventive care” constitute additional health care services (e.g., alternate surface, topical care, wound care consultant)?
  - Clarifications about reporting:
    - PI present on admission
    - Deep tissue injuries present on admission
    - PI in critically or terminally ill patients
Final Guidance published in the Pennsylvania Bulletin, April 8, 2017

- Authority and Department:
  - Revised draft guidelines based on comments
  - Included responses to the comments received
Final Guidance (continued)

- Report all *unanticipated* PI as
  - Incidents or Serious Events

- Not Reportable
  - Deep tissue injuries present on admission*
  - All PI present on admission that remain stable (i.e., unchanged) or improve during hospitalization

* Revision resulting from public comment
Final Guidance (continued)

- **Incidents:**
  - All hospital-acquired PI that *do not require additional health care services.*
  - All PI present on admission that progress during the hospitalization, but *do not require additional health care services.*

- **Serious Events:**
  - All hospital-acquired PI that *require additional health care services.*
  - All PI present on admission that progress (i.e., worsen) during the hospitalization and *require additional health care services.*
Decision Tree for Reporting Pressure Injuries

- Was the pressure injury present on admission? NO → Did the hospital-acquired pressure injury require additional healthcare services? NO → This is reportable as an Incident.
- Was the pressure injury present on admission? YES → Was the pressure injury a deep-tissue injury? NO → Did the pressure injury remain stable (i.e., unchanged) or improve during admission? NO → Did the pressure injury present on admission progress during hospitalization, but did not require additional healthcare services? NO → Did the pressure injury present on admission progress during hospitalization and require additional healthcare services? YES → This is reportable as a Serious Event.
- Was the pressure injury present on admission? YES → Was the pressure injury a deep-tissue injury? YES → This is not a reportable event.

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Final Guidance (continued)

- Also report as either Incidents or Serious Events
  - Medical device-related PI
    - oxygen masks, nasogastric tube
  - Mucosal membrane PI
    - oral cavity, nares
Final Guidance (continued)

- Report the *deepest* stage PI when multiple PI are present
  - Submit **one report** that represents the deepest stage for patients with multiple PI
  - Progression (i.e., worsening) of PI
    - Whether present on admission or hospital-acquired, report PI that not only develop, but worsen during hospitalization based on the deepest stage
PA-PSRS Modifications

- **Beginning January 1, 2018…**
  - Healthcare facilities may rely upon the Final Guidance as the standard for reporting PI in Pennsylvania.

- **The agencies have:**
  - Modified PA-PSRS to support implementation of these standards
  - Developed an education program to guide:
    • Staff of both state agencies
    • Acute healthcare facilities (i.e., patient safety officers, facility staff)
    • Other stakeholders
### PA-PSRS Modifications

<table>
<thead>
<tr>
<th>Event Type PA-PSRS Level 1 Description</th>
<th>Event Type PA-PSRS Level 2 Description</th>
<th>Event Type PA-PSRS Level 3 Description</th>
<th>Accepted on or after January 1, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. Skin Integrity</td>
<td>1. Pressure ulcer</td>
<td>a. Admitted from other facility with ulcer</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. New ulcer &lt; 24 hours after admission</td>
<td>No</td>
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<tr>
<td></td>
<td></td>
<td>c. New ulcer &gt; 24 hours after admission</td>
<td>No</td>
</tr>
</tbody>
</table>

- **Invalid on and after January 1, 2018**
  - Level 2 - pressure ulcer
  - Level 3 – time of acquisition
### PA-PSRS Modifications – Available January 1, 2018

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<td><strong>H. Skin Integrity</strong></td>
<td><strong>1. Pressure injury</strong></td>
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<tr>
<td></td>
<td>a. Stage 1 (intact skin, non-blanchable erythema)</td>
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<td>Yes</td>
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<td></td>
<td>b. Stage 2 (partial thickness skin loss, exposed dermis)</td>
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<td>Yes</td>
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<td>c. Stage 3 (full thickness skin loss, exposed subcutaneous fat)</td>
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<td>Yes</td>
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<td></td>
<td>d. Stage 4 (full thickness tissue loss, exposed bone, muscle, tendon)</td>
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<td>Yes</td>
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<tr>
<td></td>
<td>e. Deep Tissue Pressure Injury (DTPI) (Intact or non-intact skin, non-blanchable purple or maroon discoloration)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>f. Unstageable (Full-thickness skin and tissue loss obscured by slough or eschar)</td>
<td></td>
<td>Yes</td>
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<td></td>
<td>g. Medical Device Related (result from devices used for diagnostic or therapeutic purposes)</td>
<td></td>
<td>Yes</td>
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<td></td>
<td>h. Mucosal (found on mucous membranes with a history of a medical device, not staged)</td>
<td></td>
<td>Yes</td>
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<tr>
<td></td>
<td>i. Other (specify)</td>
<td></td>
<td>Yes</td>
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</tbody>
</table>
New Event Detail Questions

- Eight new event detail questions
  - All required for Serious Events
  - One is required for events submitted through the Interface
    - Was the patient assessed for pressure injury risk prior to the development of the pressure injury?

- Responses to questions will be used to analyze PI events and develop mitigation strategies
PA-PSRS Data Interface Timeline

<table>
<thead>
<tr>
<th>When</th>
<th>What</th>
</tr>
</thead>
<tbody>
<tr>
<td>June, 2017</td>
<td>REVISED PA-PSRS Automated Data Interface XML Specifications (Version 7.0) are available on the Authority’s website at <a href="http://Patientsafety.pa.gov">Patientsafety.pa.gov</a>. PA-PSRS -&gt; Resources for PA-PSRS -&gt; Data Interface</td>
</tr>
<tr>
<td>October, 2017</td>
<td>Testing notification and resources released.</td>
</tr>
<tr>
<td>November 6, 2017</td>
<td>Deadline to assess readiness to submit pressure injury events through the data interface.</td>
</tr>
<tr>
<td>January 1, 2018</td>
<td>If Version 7.0 changes are not made by <strong>January 1, 2018</strong>, manual submission through the online application is required.</td>
</tr>
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</table>
Resource Revisions

- Blank forms – Skin Integrity
- Acute Care User Manual, Main Text and Appendices
- Advanced Data Export Users Guide
- PA-PSRS Automated Data Interface XML Specifications:
  - Part 1: System Description
  - Part 2: XML Document Definition
  - Part 3: Appendix
Questions about the data interface?

Email the Authority’s Help Desk at:

Support_papsrs@pa.gov
Resources


• National Pressure Ulcer Advisory Panel. NPUAP pressure ulcer stages/categories [online] [cited 2017 Aug 31]. http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/

Pressure Injury Reporting in Pennsylvania

New Guidance Education
Summary of Education Development

- Development team included members from the PA Patient Authority and the Department of Health.
- Education based upon the 19 most Frequently Asked Questions posed during the public comment period.
- Goals
  - Reinforce the new reporting principles.
  - Allow facilities to practice applying the new principles in an interactive online education module.
Pressure Injury Reporting Topics Identified in Frequently Asked Questions (FAQ)

- Additional healthcare services
- Outpatient services
- Home care referral
- Acute care admission
- Wound care consultation
- Preventive care
- Patient refusal of preventive care
- Risk factors and patient and family education
- Progression (i.e., worsening)
- Staging and reporting
- Unstageable and deep tissue PI present on admission
- Critical and terminal illness
- Mucosal pressure injuries
- PI acquired at another facility
- Timing of reporting
- Confirmation and reporting of Serious Events
- Multiple PI
Online Education Format

- **3 reporting modules**
  1. Overview, Introduction to Principles, Decision Tree
  2. Frequently Asked Questions and Case scenarios
  3. PA-PSRS changes

- **1 prevention module**
  - Evidence based guidelines
  - Risk factors
  - Interventions
    - Appropriate vs. Not appropriate
Online Education Important Facts

- Continuing education (CE) and continuing medical education (CME) credits offered
  - CE credits for the three reporting modules
  - Both CE and CME credits for the prevention module
- 30+ case scenarios
- Self-paced
- Printable

Scheduled release date is November 1, 2017
How to Access the Online Education?

https://ecrilearning.org/PAPSRS_ACUTE
A glance into the online education

Case Scenario Examples
Case Scenario 1

A patient requires enzymatic debridement of a pressure injury that has worsened during hospitalization. The treatment requires a prescription by a licensed healthcare provider.

Would enzymatic debridement be considered additional healthcare services?

Yes or No
Case Scenario 2

On day two of hospitalization, a new area of nonblanchable erythema is noted on the patient’s sacrum. After identification, turning and repositioning is continued every two hours, avoiding pressure on the sacrum to prevent worsening of the injury.

This event should be: (select the correct answer)

Not reported

Reported as an Incident

Reported as a Serious Event
Case Scenario 3

An older adult is admitted to the hospital from a skilled nursing facility with a Stage 2 pressure injury present on his right ankle. The wound is reported to be improving, so the current treatment regimen is continued. During assessment the next day, the pressure injury is noted to have progressed to Stage 3, with evident slough. The physician evaluates the wound and prescribes an ointment for enzymatic debridement.

This event should be: (select the correct answer)

- a. Not reported
- b. Reported as an Incident
- c. Reported as a Serious Event
What Questions Do You Have?
Thank you for your kind attention!

- Pennsylvania Patient Safety Authority
  - Theresa Arnold, DPM
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  - Melanie Motts, M.Ed, BSN, RN, CPPS

- Pennsylvania Department of Health
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