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David Lansky, PhD, Co-Chair
HIT Policy Committee Quality Measures Workgroup
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue S.W., Suite 729-D
Washington, D.C. 20201

RE: New Pressure Ulcer Risk and Prevention Measures for Stage 2 and Stage 3 Meaningful Use

Dear Dr. Lansky:

Thank you for this opportunity to provide comment on the Health Information Technology (HIT) Policy Committee Quality Measures Workgroup recommendations on Stage 2 and Stage 3 Meaningful Use clinical quality measures enabled for use within electronic health record systems (EHRs). The American Nurses Association (ANA) and the Alliance for Nursing Informatics (ANI) commend the Quality Measures Workgroup for recommending development of new quality measures, leveraging EHRs to improve the quality of care our patients receive, and using the National Priorities Partnership Framework for health quality and the outlined five pillars of Meaningful Use.

The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent member nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

The ANI is a collaboration of organizations that enables a unified voice for nursing informatics, represents more than 5,000 nurse informaticists, and brings together 28 distinct national and international nursing informatics groups. ANI crosses academia, practice, industry, and nursing specialty boundaries, and works collaboratively with the nurses in practice today.

After reviewing the Quality Measures Workgroup's recommendations for Stage 2 and 3 Meaningful Use clinical quality measures, ANA and ANI recommend adding the cross cutting measures of pressure ulcer risk and prevention under the domains of:

- patient and family engagement: self-management/activation
- patient and family engagement: honoring patient preferences and shared decision making
- patient and family engagement: patient health outcomes
- patient and family engagement: community resources coordination/connection
- clinical appropriateness: appropriate/efficient use of facilities

- clinical appropriateness: appropriate/efficient treatment of chronic disease across multiple sites of care
- clinical appropriateness: appropriate/efficient use of medications
- care coordination: effective care planning
- care coordination: care transitions
- care coordination: appropriate and timely follow-up
- patient safety: hospital associated events

The rationale for these recommendations is that:

- Investments in EHRs will result in far greater improvement in patient outcomes if steps are taken to ensure the prevention of avoidable adverse events such as stages 3 and 4 pressure ulcers in acute care settings. Pressure ulcers remain a major threat within the healthcare system and represent a serious safety concern to patients. As many as 3 million patients are treated in U.S. healthcare facilities each year for pressure ulcers at an estimated cost as high as $15.6 billion[i]. The Agency for Healthcare Research and Quality (AHRQ) reports an 80% increase in pressure ulcer-related hospitalizations from 1993 to 2006[ii].
- Pressure ulcer risk assessment and prevention can be used as immediate metrics to evaluate outcomes of the multi-billion dollar investment in HIT adoption in all transitions and settings.
- It has been demonstrated that pressure ulcers are largely preventable across care settings with appropriate nursing care and staffing.
- Significant support within the nursing community to develop and endorse these new quality measures has been established and adoption is already underway. ANA's long history of measure development, data collection, and reporting related to pressure ulcers in acute care settings provides evidence of the prevalence, as well as nosocomial prevalence and estimation of incidence (i.e., pressure ulcers acquired under care) of this "never event".

- The nursing workforce represents the largest group of EHR users and therefore, a significant portion of documentation is completed by nurses. The sheer volume of documentation by nurses provides an excellent opportunity to use HIT to improve decision-making during the process of care delivery, where it can have the greatest impact on preventing pressure ulcer occurrence. To this end, nurses have been working on developing and refining the infrastructure needed to bridge quality measurement and HIT for purposes of preventing one of the key nursing sensitive indicators, pressure ulcers.

These proposed measures meet the workgroup's qualifying criteria in the following ways:

HIT-Sensitivity

The use of EHR-enabled standardized pressure ulcer risk assessment and prevention tools can facilitate the consistent identification of at-risk patients, documentation, decision making, and timely communication of these findings to other providers. This is especially true if the system is based on expert rules or clinical guidelines and integrated within the nurses' workflow[iii].

Through the Clinical LOINC Nursing workgroup, several leading healthcare organizations, including the Department of Veterans Affairs and Kaiser Permanente (two organizations that have been integral to the development of the Nationwide Health Information Exchange), Aurora Healthcare, Partners Healthcare, Mayo Clinic, and Intermountain Healthcare have brought together their nurse researchers, informaticists, terminologists, subject matter experts, and quality experts, to create a common nursing information model related to pressure ulcer risk assessment, prevention, and treatment. This team has been working with the standards community (LOINC, IHTSDO, HL7, IHE) to develop terminology-based value sets. Furthermore, the information model's data elements align with the National Quality Forum's Quality Data Set (QDS) format, making this measure amenable to EHR use. Recognizing that effective care coordination requires data exchange, this effort is focused on identifying ways to "free the data" locked within EHRs and effectively move the data for data exchange and quality reporting. Such efforts demonstrate that this measure is technically feasible, supports consumer empowerment, and improves health care safety and quality.

Parsimonious

Accurate identification of the risk, prevention, and treatment strategies for pressure ulcers crosses four of the five high priority measure concepts, including patient and family engagement, clinical appropriateness, care coordination, and patient safety. The prevalence of pressure ulcers is widespread in all settings with estimates of 10-18% in acute care, 2.3-28% in long term care, and 0-29% in home care[iv]. In addition, about 50% of all adult patients in acute care facilities are at high risk for developing pressure ulcers[v]. The prevalence of pressure ulcers is generally considered a proxy for the quality of care[vi]. Better communication about the patient's risk factors and effective preventive interventions is critical to better identify the incidence of pressure ulcers and reduce this risk.

Demonstrates preventable burden

Pressure ulcers are one of the most serious safety concerns related to hospitalizations[vii]. Approximately 3 million adults are affected by pressure ulcers in the U.S. and this adverse event causes increased healthcare costs[vii] and a great deal of pain and suffering to patients[viii]. The Centers for Medicare and Medicaid Services (CMS)[ix] has labeled pressure ulcers as one of the "never events", and considers skin integrity as a reflection of quality of nursing care. As a result, as of October 2008, CMS will no longer reimburse for hospital-acquired pressure ulcers. The average treatment cost per hospital stay of a pressure ulcer in 2008 was estimated to be $44,141[x].

Assesses health risk status and outcomes

Accurately assessing the patient's risk of developing a pressure ulcer is the first step in prevention. Pressure ulcer prevention is listed as one of the National Priorities Partnership top healthcare reform priorities. Full thickness (stages 3 and 4) pressure ulcers appear on both the National Quality Forum's Serious Reportable Events (SREs)[x] and the CMS's serious Hospital Acquired Conditions (HACs)[x]. As a result, acute care hospitals and nursing homes will soon be required to publicly report the number of these events that occur within their facility[xi].

Most of the existing NQF-endorsed quality measures related to pressure ulcers only track the prevalence of late-stage pressure ulcers, not the process (assessment and intervention) necessary to prevent this common HAC. What is needed is the ability to track and trend patient outcomes

suitable for comparison by health care professionals. EHRs that provide evidence-based guidelines at the point of care make it easier to find and share best practices, help reduce healthcare-associated preventable conditions, promote ongoing research on the effectiveness of practices, and allow monitoring and analysis of how individual clinicians and systems are performing relative to peers. This exemplifies the type of functionality required to demonstrate meaningful use today. The collection of quality measures needs to be an automated byproduct of electronic documentation at the point of care, not a manual, retrospective, and costly process as it exists today.

Longitudinal

A standards-based risk assessment tool can communicate consistent results across episodes of care. Patients are at highest risk as they transition to different care settings. The best way to mitigate this risk is through accurate communication of pressure ulcer risk, the patient-centered and evidence-based intervention plan, and the evidence-based care of existing pressure ulcers (nosocomial or otherwise). As previously mentioned, a standardized format for communicating the patient's risk factors and preventive interventions, as well as pressure ulcer care, is key to reducing the likelihood of pressure ulcer development and prevention of exacerbation of existing less serious stages 1 and 2 pressure ulcers to even more costly and serious stages 3 and 4 pressure ulcers.

Quality Measure Gap

Currently, there is no single harmonized quality measure that addresses the pressure ulcer risk identification and prevention for all care settings. NQF-endorsed quality measures #538, 539, 540, 0201, and 0181[xii] all offer a slightly different view of the problem. A modification, combination, or bundle of these measures that applies to all environments (acute care, long-term care, and home healthcare) would be a step in the right direction. This quality measure gap can start to be addressed in the stage 2 of meaningful use criteria with a national focus on capturing select data within an EHR that measures the impact of nursing care on patient outcomes.

Other Quality Measure Candidates

ANA and ANI recognize the value of the other quality measures that are currently being considered in the Quality Measures Workgroup and have been closely following the workgroup's progress. To date the patient-centered quality measures of pressure ulcer risk assessment and prevention have not been sufficiently discussed in the public workgroup sessions.

In summary, pressure ulcer prevention is well researched, represents avoidable costs in health care, and is particularly sensitive to nursing care. Development of pressure ulcer risk assessment and prevention quality measures supports the vision for Meaningful Use to enable significant and measurable improvements in population health through a transformed health care delivery system. An EHR-enabled pressure ulcer quality measure could help to facilitate the identification of high risk patients and encourage early intervention to mitigate the identified risks. Reducing the incidence of pressure ulcers can help build public trust in health IT and electronic health information exchange.

ANA and ANI will continue their collaborative efforts related to development of the proposed pressure ulcer measures and look forward to greater partnership opportunities with the Quality Measures Workgroup and HIT Policy Committee in the approval and implementation phases associated with the new quality measures identified for stages 2 and 3. If you have questions or need further information, please contact Carol J. Bickford, PhD, RN-BC, Senior Policy Fellow, at carol.bickford@ana.org or 301-628-5060.

Sincerely,

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