Transcript – Expert to Expert Webinar: Annual Updates for the Hospital Harm-Pressure Injury eCQM for 2026 Reporting Year

Broadcast March 19, 2026

Slide 1 [00:00:00]

Welcome and thank you for joining us for this Joint Commission Expert to Expert webinar addressing the 2026 annual updates for the Hospital Harm Pressure Injury electronic clinical quality measure. The Expert to Expert webinar series is offered in partnership with the Centers for Medicare and Medicaid Services and eCQM stewards. CE credit is available for this webinar for the live broadcast attendance only. I'm Susan Funk, Associate Project Director for Engagement on Quality Improvement Programs at Joint Commission, and today, I'll be serving as this webinar's moderator. Next slide, please.

Slide 2 [00:00:42]

Before we begin the webinar content, we would like to offer just a few tips about webinar platform functionality. Audio is by voice over internet protocol only – Use your computer speakers or headphones to listen. There are no dial in lines. Participants are connected in listen-only mode. Feedback or dropped audio are common for live streaming events; if you experience such audio or streaming issues, refresh your screen, or leave and rejoin the session. We will not be recognizing the Raise a Hand or Chat features. To ask a question, click on the Question Mark icon in the audience toolbar. A panel will open for you to type your question and submit. The slides are designed to follow Americans with Disabilities Act rules. Next slide.

Slide 3 [00:01:35]

Speaking of the slides, they are available now. There are many links provided throughout this webinar, but they are not clickable on screen. By downloading the slides, you'll be able to access links and also take notes. To access the slides now, within the webinar participant navigation pane, select the icon that represents a document. A new pop-up window will open, and you can select the name of the file. A new browser window will open, and from it, you can download or print the PDF of the slides. Slides will also be available within 2 weeks of the webinar on Joint Commission's website at the link included at the bottom of this slide and on the eCQI Resource Center. Next slide please.

Slide 4 [00:02:22]

I'm sure that many of you attending today's webinar will wish to receive continuing education credit or qualifying education hours. All relevant information about continuing education credit is available within a handout we've included within the webinar resources and has also been communicated on the webinar registration page. The attachment includes the list of entities that will provide credit, the requirements for participants to earn credit, and information about how to complete the survey and obtain a certificate. So -- be sure to download that attachment to learn more.

Credit is available for attendance during this live webinar broadcast only. For information on Joint Commission's continuing education policies, visit the link provided on the bottom of this slide. Next slide, please.

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The participant learning objectives are: Locate eCQM resources on the eCQI Resource Center.
Facilitate your organization's implementation of the Hospital Harm Pressure Injury eCQM annual updates for the 2026 reporting year. And utilize answers to common issues and questions regarding the Hospital Harm Pressure Injury eCQM to inform 2026 use and implementation. Next slide.

Slide 6 [00:03:56]

This webinar does not cover these topics: Basic eCQM concepts, Topics related to chart abstracted measures, and process improvement efforts related to these measures. While we will not address how to validate eCQM data during

this webinar, before submitting eCQM data to CMS or Joint Commission, please ensure your data is validated. Specifically, please ensure that extreme outlier results are verified. For example, extreme outliers may include reporting 0% or 100%. Please note that Joint Commission is not accepting data for this eCQM for the 2026 reporting year. Next slide.

Slide 7 [00:04:46]

All staff and subject matter experts have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content. Next slide.

Slide 8 [00:05:13]

During this webinar, we will review the annual updates and changes to the Hospital Harm Pressure Injury eCQM for the 2026 reporting year. We'll then provide an overview of the measure flow and algorithm and then we'll address some Frequently Asked Questions (FAQs). Finally, we'll have a live Q&A segment. Next slide please.

Slide 9 [00:05:41]

Before we transition to the discussion about the changes for the 2026 reporting year, we wanted to point you to a PDF handout that includes directions to locate and access eCQM specifications, value sets, measure flow diagrams, and technical release notes. The link to the eCQI Resource Center landing page is provided on this slide. However, be sure to download the PDF Handout that has additional links and navigation guidance. You can locate that PDF within the Resource Section of the audience navigation pane. We explained how to access documents within the Resource pane earlier in the presentation. Next slide please.

Slide 10 [00:06:27]

I will now turn the webinar over to our speaker for today, Moriah Bauman from the Mathematica team. Moriah, please introduce yourself, and when you're ready, start your presentation!

[Moriah Bauman] Thanks, Susan. Good afternoon, everyone. My name is Moriah Bauman, and I'm a researcher at Mathematica. So, let's jump into the presentation reviewing the Hospital Harm-Pressure Injury eCQM. Next slide, please.

Slide 11 [00:06:54]

So, for some background to begin, CMS finalized the Hospital Harm-Pressure Injury eCQM as one of the voluntary measures for selection in the IQR and Promoting Interoperability programs beginning with calendar year 2025 reporting. So, this is the second year that this measure is being reported. In the fiscal year 2025 IPPS rule, CMS finalized the eCQM for mandatory reporting beginning with the 2028 reporting period. Next slide, please. Oops, I think it went backwards. Perfect, thank you. Okay.

Slide 12 [00:07:39]

So, this is an outcome measure that assesses the proportion of inpatient hospitalizations for patients aged 18 and older who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury.

This is an inverse measure, in that, the ideal rate is 0%. Hospital acquired pressure injuries are serious events and one of the most common patient harms. The global incidence of pressure injuries in hospitalized patients has been estimated at 5.4 per 10,000 patient days. And the global rate of hospital acquired pressure injuries has been estimated at 8.4%. It's widely accepted that the risk of patients developing a pressure injury can be reduced through best practices, given the significant variation of rates of hospital acquired pressure injuries among hospitals even after risk adjustment. This measure looks for pressure injuries that develop during hospitalizations.

So, through its Denominator Exclusions criteria, the measure takes into consideration that 24 to 72 hours can lapse between a precipitating pressure event and the presentation of a pressure injury, in order to avoid penalizing hospitals for pressure injuries that occur as a result of pressure events that precede hospital care. By assessing patients who develop new pressure injuries while in hospital care, this eCQM allows hospitals to use data to reliably assess harm reduction efforts and modify their improvement efforts in near real time. Next slide, please.

Slide 13 [00:09:19]

Now, we will review the measure header narrative for the 2026 version of the Hospital Harm - Pressure Injury eCQM. Next slide, please.

Slide 14 [00:09:26]

So, please note that throughout this presentation, the star in a circle icon in the top left corner of the slide will denote the presence of changes between the 2025 reporting period version of the measure and the 2026 reporting period version. New content is shown as underlined text, and stricken green text denotes removed content.

This measure continues to assess the number of inpatient hospitalizations for patients aged 18 and older who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury.

The measure's Initial Population includes inpatient hospitalizations that end during the measurement period for patients aged 18 and older. The measure developer made a small change to the Initial Population narrative description to specify that the Inpatient Population only includes inpatient hospitalizations that end during the measurement period. The measure developer made that change to better align the Initial Population narrative with the logic used for the Initial Population.

The Denominator equals the Initial Population for this measure.

And please note: For this measure, the "inpatient hospitalization" period includes time in the emergency department and/or observation status when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less. Next slide, please.

Slide 15 [00:11:10]

Okay, so before I jump into the description of the measure's Denominator Exclusions criteria, I want to quickly discuss the concept of present on admission or POA indicators, which you'll hear me discuss throughout the rest of the presentation. This eCQM is somewhat unique, in that, it is one of only a few hospital eCQMs that uses POA indicators.

Diagnoses present on admission are those conditions that are present at the time of inpatient admission to the hospital. Each coded patient diagnosis should be assigned a POA indicator, and these indicators are used to differentiate conditions present at the time of inpatient admission versus those that develop during the hospitalization. Per CMS and the Agency for Healthcare Research and Quality or AHRQ convention, POA indicators of Y or yes and W or clinically undetermined, are accepted indicators of a diagnosis present on admission. Conversely, POA indicators of N or no, and U or documentation insufficient to determine, are accepted indicators of a diagnosis that is not present on admission.

As eCQMs rely on the accurate recording of codes and diagnoses in patients' EHRs for correct calculation, it's important for a POA indicator to be assigned in the EHR to each coded patient diagnosis. And this eCQM in particular relies on the accurate recording of POA indicators in the EHR for its calculation of the measure's Denominator Exclusions and Numerator populations. Next slide, please.

Slide 16 [00:12:56]

All right, so now for the Denominator Exclusions. The following inpatient hospitalizations for patients are excluded from the measure's denominator:

Those with a deep tissue pressure injury or a stage 2, 3, 4, or unstageable pressure injury that was present on admission (via POA indicators); OR
Those with a deep tissue pressure injury where the pressure injury was found 72 hours or less after the start of the encounter; OR
Those with a stage 2, 3, 4, or unstageable pressure injury where the pressure injury was found 24 hours or less after the start of the encounter.

As you will see, the measure developer removed the COVID-19 exclusion from the 2026 reporting period version of the measure based on feedback from clinical subject matter experts. So, later in the presentation, the COVID-19 exclusion will not appear in the flow or the logic that we review.

As a reminder, per CMS and the Agency for Healthcare Research and Quality (AHRQ) convention, POA indicators of "Y" (or, yes) and "W" (or, clinically undetermined) are accepted indicators of a diagnosis present on admission. So, you'll see here that the Denominator Exclusions look for pressure injury diagnoses that have POA indicators of "Y" or "W," which would indicate that the diagnoses were present on admission and did not develop during the hospitalization period.

As you can see, the measure developer also made small language changes to the Denominator Exclusions narrative. As the Definition section of the measure header already describes the meaning of each POA indicator, the measure developer removed the definition of each POA indicator from the Denominator Exclusions narrative in order to streamline the narrative for improved readability. Next slide, please.

Slide 17 [00:14:52]

Okay, so moving on to the numerator. Due to the length of the measure's Numerator description, we are only showing the Numerator description included in the 2026 reporting period version of the measure on this slide here, but the changes between the Numerator description in the 2025 version of the measure and the Numerator in the 2026 version of the measure are shown in underlined text (for additions) and stricken-through text (for removed content).

The measure's numerator is looking for: A deep tissue pressure injury or stage 2, 3, 4, or unstageable pressure injury that was NOT present on admission (via POA indicators); OR
A deep tissue pressure injury that was found by skin exam any time after the initial 72 hours of the encounter; OR
A stage 2, 3, 4, or unstageable pressure injury that was NOT present on admission (via POA indicators) or that was found by skin exam any time after the initial 24 hours of the encounter.

And for this measure, only one harm (or, new qualifying pressure injury) is counted per encounter for this measure.

As a reminder, per CMS and AHRQ convention, POA indicators of "N" (or, no) and "U" (or, documentation insufficient to determine if the condition was present at the time of inpatient admission) are accepted indicators of a diagnosis that is not present on admission. So, the part of measure's Numerator criteria is specifically looking for pressure injury diagnoses that have POA indicators of "N" or "U," which would signal that these diagnoses were not present on admission and presented during the hospitalization period.

As you can see, the measure developer also made changes to the Numerator description to remove the definitions of the POA indicators, as these are described elsewhere in the measure header. This change was made to streamline the Numerator narrative for improved readability. The measure developer also added a sentence to the Numerator narrative to clarify that this measure only counts one new qualifying pressure injury per inpatient hospitalization, even if a patient develops multiple new qualifying pressure injuries during a hospitalization.

And finally, please note that there are no numerator exclusions for this measure. Next slide, please.

Slide 18 [00:17:30]

All right, so here we've included links to the full measure specification and the technical release notes that describe all of the changes between the 2025 version of the HH-PI eCQM and the 2026 version of the HH-PI eCQM. Next, we will spend some time reviewing the measure flow and logic. So, next slide, please.

Slide 19 [00:17:55]

As part of our ongoing review of feedback from the public and updates to the webinar series for improvement, we have combined reviewing the measure flow and logic together. If changes are made to the measure specifications or additional clarification on a definition is needed, we will take a closer at the specific definition logic in a continuation slide. Now let's continue with the review of the Initial Population. Next slide, please.

Slide 20 [00:18:25]

Okay, so before we begin our review of the flow… We know the display of this on screen can be quite small. However, if you download the PDF of the slides, you can zoom in to enlarge the display. You can also download the measure flow file directly from the eCQI Resource Center.

OK, so starting with the Initial Population. The main definition used for the Initial Population of the Hospital Harm – Pressure Injury measure is "Encounter with Age 18 and Older." These conditions must be met for an encounter to qualify for the Initial Population: 1. It must be an inpatient encounter that ends during the measurement period, AND 2. The patient must be 18 or older at the start of the inpatient encounter.

If this criteria is met, the encounter is in the Initial Population. If not, the encounter is not in the Initial Population, and processing ends.

No changes were made to the Initial Population. Next slide, please.

Slide 21 [00:19:32]

And as mentioned earlier, for this measure, the Denominator is equal to the Initial Population, so if the encounter is in the Initial Population, it also meets the Denominator criteria.

As you'll note here, the Denominator is represented by the letter "a", which we can plug into the sample calculation that we'll present later on. Next slide, please.

Slide 22 [00:24:24]

Okay, so moving on to the Denominator Exclusions… There are two main category conditions in the Denominator Exclusions, as outlined by the two high-level logic definitions you see here:

"Encounter with Deep Tissue Pressure Injury POA by Indicator or Skin Exam within First 72 Hours"
"Encounter with Stage 2, 3, 4 or Unstageable Pressure Injury POA by Indicator or by Skin Exam within First 24 Hours"

An encounter will fall into the Denominator Exclusions if it meets at least one of the conditions outlined in either of the two categories.

For the first category, "Encounter with Deep Tissue Pressure Injury POA by Indicator or Skin Exam within First 72 Hours," two conditions are considered, and either of the two will suffice:
- An encounter where the patient is 18 or older and has a deep tissue pressure injury diagnosis, and the diagnosis has a present on admission indicator of "Y", meaning "present", or "W", meaning "clinically undetermined." OR
- An encounter where the patient is 18 or older and has a deep tissue pressure injury diagnosis found by a skin exam that started 72 hours or less after the start of the encounter.

For the second category, "Encounter with Stage 2, 3, 4, or Unstageable Pressure Injury POA by Indicator or by Skin Exam within First 24 Hours," two conditions are considered, and either of the two will suffice:

- An encounter where the patient is 18 or older and has a stage 2, 3, 4, or unstageable pressure injury diagnosis, and the diagnosis has a present on admission indicator of “present” or “clinically undetermined.” OR
- An encounter where the patient is 18 or older and has a stage 2, 3, 4, or unstageable pressure injury diagnosis found by a skin exam that started 24 hours or less after the start of the encounter.

And again, an encounter falls into the Denominator Exclusions (and is excluded from the measure calculation) if it meets at least one of the conditions outlined in either of those two categories.

As you’ll note here, the Denominator Exclusions are represented by the alphanumericals “b1” and “b2”, which we can plug into the sample calculation that we’ll present later on.

You’ll also notice that the star icon is present on this slide and a red circle around the two high-level definitions used for the Denominator Exclusions. The measure developer did update this page of the flow to (1) remove the exclusion for inpatient hospitalizations for patients with a COVID-19 diagnosis (as we discussed earlier) and (2) to update the names of the two high-level definitions at the top of the flow. The measure developer updated these definition names to better specify the intent of these definitions. On the next slide, we’ll take a closer look at how those changes are reflected in the measure logic. Next slide, please.

Slide 23 [00:24:10]

So here we see the definition used to express the denominator exclusion criteria. You’ll see in the first two sub-definitions within the high-level definition; the measure developer updated the definition names to clarify that both definitions are looking for pressure injuries present on admission as identified via POA indicators or by skin exam within the first 24-72 hours of the hospitalization. The measure developer made these changes to the definition names to better specify the intent of these definitions. These definition name changes do not impact the intent or functionality of the definitions.

You’ll also see that the sub-definition, “Encounter with Diagnosis of COVID19 Infection”, was removed from this high-level definition. As we discussed earlier, in the 2026 reporting period version of the measure, the measure developer removed the exclusion for inpatient hospitalizations for patients with diagnosis of a COVID-19 infection during the encounter.

Because the only changes to the Denominator Exclusions logic are reflected in the high-level definition used for the Denominator Exclusions, we will not review the full Denominator Exclusions logic in detail. So, we can move on to the next slide to continue our review of the measure flow.

Slide 24 [00:24:46]

All right, on to the Numerator… There are two category conditions in the Numerator:
“Encounter with New Deep Tissue Pressure Injury”
“Encounter with New Stage 2, 3, 4 or Unstageable Pressure Injury”

An encounter will fall into the Numerator if it meets at least one of the conditions outlined in either of the two categories.

For the first category, “Encounter with New Deep Tissue Pressure Injury,” two conditions are considered, and either of the two will suffice:
- An encounter where the patient is 18 or older and has a deep tissue pressure injury diagnosis, and the diagnosis has a present on admission indicator of “N”, meaning “not present on admission”, or “U”, meaning “documentation insufficient to determine.” OR
- An encounter where the patient is 18 or older and has a deep tissue pressure injury diagnosis found by a skin exam that started after the first 72 hours of the encounter.

For the second category, “Encounter with New Stage 2, 3, 4, or Unstageable Pressure Injury,” two conditions are considered, and either of the two will suffice:

- An encounter where the patient is 18 or older and has a stage 2, 3, 4, or unstageable pressure injury diagnosis, and the diagnosis has a present on admission indicator of “not present on admission” or “documentation insufficient to determine.” OR
- An encounter where the patient is 18 or older and has a stage 2, 3, 4, or unstageable pressure injury diagnosis found by a skin exam that started after the first 24 hours of the encounter.

And again, an encounter falls into the Numerator if it meets at least one of the conditions outlined in either of those two categories. If the encounter does not meet any of these conditions, it does not fall into the Numerator, and the processing ends.

As you’ll note here, the Numerator is represented by the alphanumericals “c1” and “c2”, which we can plug into the sample calculation that we’ll present on the next slide. So, next slide please.

Slide 25 [00:27:11]

Okay, so now that the Denominator, Denominator Exclusions, and Numerator are defined, we can plug the quantities in to the calculation formula. The performance rate aggregates the populations into a single performance rate for reporting purposes. And as a reminder, the ‘c’, the ‘a’, and the ‘b’ here refer to the Numerator, Denominator, and Denominator Exclusions populations identified by these letters earlier in the flow diagram.

In this example: The Numerator is divided by the sum of the Denominator Exclusions subtracted from the Denominator to equal a 25% performance rate. Remember that a decreased score indicates improvement in hospital performance. Next slide, please.

Slide 26 [00:28:05]

All right, so now we're going to take some time to review a few frequently asked questions about this eCQM. The first question is: Is there a standard skin exam assessment available or required for identifying pressure injuries for the numerator and/or denominator exclusions? Answer: This measure does not require the use of a specific skin exam assessment model or tool to diagnose pressure injuries.

More information on the "Physical Exam, Performed" QDM datatype and ["Physical Exam, Performed": "Physical findings of Skin"] QDM data element used in the eCQM may be found on the eCQI Resource Center's Data Element Repository. We’ve included a link for the Data Element Repository on this slide. Next slide, please.

Slide 27 [00:28:57]

All right, so the next question is: What data sources are used to identify a pressure injury diagnosis? Answer: This eCQM pulls from all patient data entered in a hospital's electronic health record (EHR) system, including diagnosis codes, test, and assessment results, and present on admission (POA) indicators. Documentation related to the pressure injury diagnoses will depend on individual facility practices. Next slide, please.

Slide 28 [00:29:32]

So, the next question on this slide is: When does the encounter or episode of care for this measure begin?
Answer: The inpatient hospitalization period assessed by this measure includes time in the emergency department and observation when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less. Next slide, please.

Slide 29 [00:46:42]

So, the next question is: If a patient has one or more DTPIs or pressure injuries POA but then develops a new one while admitted, are they excluded from the measure, or would the new wound pull them out of exclusion and put them into the numerator?

Answer: If a patient has a deep tissue pressure injury or stage 2, 3, 4, or unstageable pressure injury POA (identified by POA indicators or skin exam), then the hospitalization will meet the denominator exclusion criteria and will not be included in the measure calculation. Because this hospitalization is excluded from the denominator, the progression of this pressure injury to a higher stage and/or any new pressure injuries that develop during the hospitalization (either at the original site or another site) will not qualify the hospitalization for the measure's numerator.

However, if the patient had a stage 1 pressure injury POA that worsens to a stage 2 during the hospitalization, the hospitalization for this patient may meet the numerator criteria, as this would be considered a new stage 2 pressure injury. Hospitalizations for patients with a stage 1 pressure injury POA are not excluded from the measure's denominator. Next slide, please.

Slide 30 [00:31:25]

Okay, the next question is: Do you consider skin failure to be a pressure injury, or do you consider skin failure to be different diagnosis because the etiology is different?
Answer: This measure assesses the number of inpatient hospitalizations for patients aged 18 and older who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury. The measure does not assess diagnoses of skin failure. The measure uses codes from the four value sets shown on this slide to identify diagnoses or findings of stage 2, 3, 4, deep tissue, and unstageable pressure injuries. More information on the codes contained in these value sets can be found on the Value Set Authority Center or the VSAC, and we've included the website for the VSAC on this slide. Next slide, please.

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And the final question we have here on the slides is: Why are there both 24- and 72-hours cutoffs for the physical exam?

Answer: The National Pressure Injury Advisory Panel indicates that 24-72 hours may lapse between a precipitating pressure event and the presentation of a DTPI. The measure's numerator looks for the diagnosis of a new DTPI found by skin exam after the first 72 hours of the encounter to identify DTPIs that occur during the hospitalization and not those that occurred prior to the start of hospital care.

Stage 2, 3, 4, and unstageable pressure injuries that are POA should be immediately visible during the initial skin exam performed within the first 24 hours of a patient's hospitalization. Therefore, the measure's numerator looks for the diagnosis of a new stage 2, 3, 4, or unstageable pressure injury found by skin exam after the first 24 hours of the encounter to identify only stage 2, 3, 4, and unstageable pressure injuries that occur during the hospitalization period.

And that concludes our review of the Hospital Harm-Pressure Injury eCQM for the 2026 reporting period. So, I'm going to pass it back to Susan for now. Thank you.

[Susan Funk] Wow, thanks, Moriah. That was a lot of content that you've presented, and the team has been super busy in the background. Next slide, please.

Slide 32 [00:33:58]

So, while we are gearing up for the live Q&A segment, I'll just run through a few slides here and give Moriah a chance to catch her breath. So, we've included a couple resource slides here for the audience. The first slide provides links to the eCQI Resource Center, and that's the CMS Eligible Hospital Measures page. We also provided a link to the Get Started with the eCQM links, and we've linked to the "Teach Me Clinical Quality Language" video series and specifically the videos on "Hospitalization with Observation" and "What is a Value Set". Next slide.

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Continuing on with additional resource links, we've provided the link for the Value Set Authority Center or the VSAC support, the Expert to Expert webinar series on Joint Commission's website, and finally the ASTP/ONC issue tracking

system, and that's where the clinical and technical questions about these eCQMs should be submitted following this webinar. And I'm going to put a quick plug in here that the same team that's answering the questions today on this live webinar are the same staff that respond to the questions on that platform. So, if we don't get to your question today while we're live, you can still submit it via the Jira platform, and the team will be able to respond that way. Next slide, please.

Slide 34 [00:35:31]

All right, we will now move into our live Q and A segment. Please submit questions via the question pane. You'll click on the question mark icon in the audience toolbar, and that will open a panel for you to type and submit your question. All questions not answered during the live event will be addressed in a written follow-up Q and A document. To clarify, all of the questions are addressed in that Q and A document, the ones that we read off during this segment and that we pushed out a response to as well as those that we don't get to. That follow-up document will be posted on the Joint Commission's website several weeks after this live event, after CMS reviews and approves the content.

Our subject matter experts, as I noted earlier, have been really busy during the presentation responding to as many questions as they could as they've been submitted. We will now share some of those questions and answers. I'll welcome back Moriah to facilitate this Q&A segment. Moriah, have you caught your breath? If so, when you're ready, you can jump in with the first question. Thanks so much.

[Moriah Bauman] Great, thank you. Okay, so I will read through some of the questions that have been submitted as well as the answers. So, the first question is, "Would you please reiterate the definition of the start of an encounter when the encounter begins with an ED visit or observation?" And the answer is the patient must be admitted to inpatient care in order for the encounter to qualify for the Initial Population. The measure uses the global hospitalization with observation function to determine the interval of the entire inpatient hospitalization encounter, which includes time in the emergency department and observation when the transition between discharge from these encounters and the start of the inpatient admission is one hour or less.

The next question is, "With that 24 to 72 hour cutoff, does this mean that a hospital acquired pressure injury per this measure will be 72 hours from admit?" And the answer is the measure defines a new deep tissue pressure injury as found on exam greater than 72 hours after hospital arrival and it was not present on admission. For example, if the POA indicator was no diagnosis was not present at the time of inpatient admission, or U, documentation was insufficient to determine if the condition was present at the time of inpatient admission.

Okay, and then the next question is, "Will we get a copy of the slides?" And the response is the slides are available now. And to access the slides in the viewer toolbar, click the document icon, select the file name, and the document will open in a new window. You can print or download and save the slides. Okay.

Okay, the next question is, "What will happen if bedside nursing documents a pressure injury but do not complete staging within the EHR? Will this chart be flagged?" And the response is the Physical Exam, Performed: Physical Findings of Skin QDM data element uses the physical findings of skin LOINC code that may be found within the patient's electronic health record. For more information on the Physical Exam, Performed QDM data type, please reference the eCQI Resource Center eCQM Data Element Repository.

The next question is, "What was the rationale for including stage 2 or partial thickness pressure injuries in this measure?" And the answer is stage 2 pressure injuries characterized by partial thickness skin loss constitute a very real patient harm that should be monitored and addressed. However, the relative level of harm is less than with stage 3, stage 4, unstageable pressure injuries, and potentially deep tissue pressure injuries.

The next question is, "What is the difference in findings between the 72 and 24 hours?" And the response is inpatient hospitalizations with patients with a deep tissue pressure injury found on exam 72 hours or less after the start of the encounter are excluded. Inpatient hospitalizations for patients with a stage 2, 3, 4, or unstageable pressure injury found on exam 24 hours or less after the start of the encounter are excluded. The next question is...

[00:40:11]

"What if a nurse noted that [There Is] pressure injury and documents it but the provider or doctor doesn't code it? Will it still be present on admission?" And the response is the eCQM pulls from patient data entered in a hospital's electronic health record system, including diagnosis codes, test, and assessment results, and present on admission indicators. Unless specified by the measure, the provider type that may document results for this data element depends on each hospital's workflow and scope of practice guidelines. If you have questions about the specific data sources used for each data element, we recommend that you reach out to your hospital's electronic health record vendor for clarification.

The next question is, "What if the etiology of pressure injury is documented but staging is never entered? Will this factor in based on coding or be included?" And the response is this measure pulls from all patient data entered in a hospital's electronic health record system, including diagnosis codes, test and assessment results, and present on admission indicators. Unless specified by the measure, the provider type that may document results for the data elements included in this measure depends on each hospital's workflow and scope of practice guidelines.

The next question is, "What happens if a physician judges that a pressure injury was present on admission, but the pressure injury was not visible?" And the response is, in order for an inpatient hospitalization to meet the measure's Denominator Exclusions criteria, a patient's pressure injury present on admission must be documented within the patient's electronic health record. The documentation could include POA indicators of Y or diagnosis was present at the time of admission, or W clinically undetermined, or physical exam findings. Okay.

The next question is, "What does the term indicator versus POA mean?" Oops, excuse me, I lost that question in the queue. Apologies. Just let me scroll down. Okay, the question continues, "I know POA stands for present on admission, "but what is an indicator?" And the response is the present on admission indicator is a data element in the hospital's billing or claim system that is associated with each diagnosis field and indicates whether a condition was present at hospital admission or whether it arose during the hospitalization. The provider type or department responsible for documenting POA indicators may vary by hospital and depend on each hospital's workflow.

The next question is, "What do you mean by the end of the measurement period?" And the response is, this measure uses a calendar year measurement period. For example, January 1, 2026 through December 31, 2026. Implementers report required and/or selected hospital eCQMs on an annual basis. The 2026 CMS QRDA I Implementation Guide for Hospital Quality Reporting provides more information on hospital eCQM reporting requirements for the 2026 reporting period.

Okay, the next question is, "Is there a time from admission that the POA designation is valid?" And the response is the measure defines a new deep tissue pressure injury as found on exam greater than 72 hours after hospital arrival and was not present on admission as a diagnosis that was not present on admission. Okay.

All right, and the next question is:

[00:44:03]

"If there are no Numerator Exclusions, does this mean that hospice or comfort care only patients are counted in this measure?" And the answer is that yes, hospice and comfort care only patients are included in the measure. Pressure injury prevention and monitoring are considered appropriate clinical care across all inpatient settings, including those providing hospice services.

All right, the next question is, "If a patient was admitted with a pressure injury POA with stage unspecified, would it be in the Denominator but not in the Numerator?" And the response is no. Any pressure injury documented as being present on admission will result in a patient being excluded from the Denominator of the measure. If they are excluded from the Denominator, they will not be considered for the Numerator either.

The next question is, "If this patient is admitted with a stage 1 pressure injury with POA indicator of Y or yes, and it progresses to a stage 3 pressure injury while inpatient, does the POA indicator change from Y to N?" And the response is a stage 1 pressure injury that's present on admission or POA Y does not get subsequently re-coded to not present on admission or POA No if the pressure injury deteriorates to a higher stage during the hospitalization. However, a second POA indicator may be assigned for the same pressure injury site with the highest stage reported during the hospitalization. Therefore, if a second code of POA equals no is assigned to the stage 3 pressure injury, the inpatient hospitalization for this patient may meet the Numerator criteria. This is because the measure does not exclude inpatient hospitalizations for patients with a stage 1 pressure injury present on admission. So, if a patient has a stage 1 pressure injury present on admission, this inpatient hospitalization would remain in the Denominator population and eligible for the Numerator population. However, if a patient has a stage 2 pressure injury present on admission, this inpatient hospitalization would be excluded from the measure's Denominator. So, the hospitalization would not be eligible for the Numerator population, even if the stage 2 pressure injury deteriorates to a higher stage during the hospitalization. Okay. Let's see.

[00:46:42]

The next question is, "If a patient arrives with a pressure injury present on admission, are additional pressure injuries acquired during the hospitalization excluded based on the Denominator description?" And the response is the measure assesses the number of inpatient hospitalizations for patients aged 18 and older who suffer the harm of developing a new stage 2, 3, 4, deep tissue, or unstageable pressure injury. If a patient presents to the hospital with a stage 2, 3, 4, deep tissue, or unstageable pressure injury present on admission, then this hospitalization is excluded from the Denominator and not considered for the Numerator.

Okay. I'm just trying to scroll down to see if I can get a diversity of questions here. All right, the next question is, "How does the measure handle unavoidable pressure injuries?" And the response is while pressure injury development may be unavoidable in rare situations, it is widely accepted that the risk of developing a pressure injury can be reduced through best practices. Measuring inpatient hospitalizations for patients who develop new pressure injuries while in the hospital setting will provide hospitals with a reliable and timely measurement to more reliably assess harm reduction efforts and modify their improvement efforts in near real time. Okay.

[00:48:16]

The next question is: "Does nurse documentation of pressure injury count if the pressure injury is present on admission?" And the response is: This eCQM pulls from patient data entered in a hospital's electronic health record system, including diagnosis codes, test and assessment results, and present on admission indicators. Unless specified by the measure, the provider type that may document results for this data element depends on each hospital's workflow and scope of practice guidelines. If you have questions about the specific data sources used for each data element, we recommend that you reach out to the hospital's electronic health record vendor for clarification.

Okay, next question is, "Do deep tissue pressure injuries have a different window for being considered present on admission versus stage 2, 3, 4, or unstageable pressure injuries?" The response is deep tissue pressure injuries are typically visible via skin changes between 24 to 72 hours after a precipitating pressure event. The presentation of a deep tissue pressure injury that's detected by skin exam 72 hours or less after the start of the inpatient hospitalization would qualify the encounter for the measure's Denominator Exclusion criteria, as this would indicate that the precipitating pressure event for the deep tissue pressure injury occurred prior to the start of the inpatient hospitalization.

Okay, and then I see a few more questions asking for clarification on the inpatient hospitalization period assessed by this measure. So, I'm just going to repeat what the guidance is. So, for this measure, an inpatient hospitalization period does include time that the patient spent in the emergency department and/or an observation status when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less. So essentially, if the emergency department encounter or observation immediately precedes the inpatient encounter, that time in the emergency department or observation is included as part of the inpatient hospitalization period assessed by the measure. Okay.

Another question is, "Are any risk adjustments applied to this?" And the response is no. This measure is not risk adjusted. So, there are no risk adjustment variables for this measure.

The next question is, "Am I correct to say that a diagnosis of skin failure does not mean the hospital is still responsible for that pressure injury; for instance, a Kennedy ulcer?" And the response is only inpatient hospitalizations for patients with a deep tissue pressure injury or a stage 2, 3, 4, or unstageable pressure injury diagnosis present on admission noted by POA indicators or by skin exam results are excluded from the Measure's Denominator. However, we may consider the addition of new exclusion criteria in future iterations of the eCQM.

[00:51:28]

[Susan Funk] Moriah, I'm just going to jump in for a second here. We've got time for maybe like one more question. I'll let you maybe do one or two more if you can find any that you haven't already done a similar flavor of question for, and then we'll move into the closeout.

[Moriah Bauman] I was actually just going to also speak up and say that I think I provided responses to most of the unique questions I'm seeing. I think a lot of the other questions are repetitive or the responses are repetitive of ones that I've already read out.

[Susan Funk] Great. Okay, well, then I'll just move us along then. Just stay on this slide for one second, Jessica. So just to reiterate, because I know everyone's been focusing on the content, anything that we answered today in the Q and A queue, so to speak, will go into that written document, and that includes anything that we didn't read off during the live webinar. So, all of these questions will get captured into a document that will be posted on both the Joint Commission website and the eCQI Resource Center. However, bear in mind that these responses need to be reviewed and approved by CMS. So, it will take several weeks to do that.

So, I'm just going to put one more plug in for the ASTP/ONC issue tracking system, and we provided the link to that on an earlier slide in the presentation. So, if you've downloaded these slides, you can use that link and submit your question there. That will get you a more immediate response, so you don't have to wait several weeks for the response to come in the form of the written document. Okay, now, Jessica, you can proceed to the next slide. Thanks so much.

Slide 35 [00:53:16]

So, with that said, all of the previous Expert to Expert recording links, slides and transcripts can be accessed on the Joint Commission's webpage via the link that we've displayed on this slide. You will scroll down, and there's a checkbox to use to locate those Expert to Expert webinars. Within a couple weeks, the recording and the materials will be posted on that site, and we'll also be providing those to CMS to post on the eCQI Resource Center. After this webinar if you have questions that are about webinar operations or regarding your continuing education credit, you can send them to this email address. It's tjcwebinarnotifications@jointcommission.org.

And for those of you that wish to attend any of our future webinars in this series, we've included a handout that has the registration links for all of the scheduled webinars through May now. So that's again in the resource download section. So, make sure you download that and share it with your colleagues so they too can take part in these educational sessions. Next slide, please.

Slide 36 [00:54:33]

Okay, before this webinar concludes, a few words about the survey. We use your feedback to inform future content, determine education gaps, and assess the quality of our educational programs. A QR code will appear on the next slide. You can use your mobile device to scan that code, and that will give you direct access to the survey. If you prefer to take the survey later, an automated email also delivers the link to the survey, and that email comes out an hour after this webinar concludes. After you complete and submit your survey responses, you will be redirected to a page from which you can print or download a blank certificate that you complete by adding your own name and credentials. In case you

miss that opportunity to download, an automated email will also be sent to you that includes the link to that certificate. Next slide.

Slide 37 [00:55:38]

Okay, so we are at the conclusion of our webinar here. We will leave this slide up for a few moments so that any participants that wish to can scan the survey QR code. Major big thanks to Moriah for presenting today and also for facilitating the Q and A segment. I mean, you were able to get to so many questions, and I know the audience values that so much. Many thanks to the Mathematica team that were responding to questions in the queue throughout the entire webinar and to the operations team that supported this webinar. Finally, thank you to all of you in the audience that joined today. This concludes our presentation and have a great day. I will just wait a few more seconds for people to scan the QR code, and then I will end the broadcast. Thanks, everyone.