



## **Pioneers in Quality Expert to Expert Series: 2025 New Measure Review for Hospital Harm- Pressure Injury (HH-PI) (CMS826v2)**

**Broadcast date: July 10, 2025**

Welcome and thank you for joining us today for our Expert to Expert Webinar, 2025 New Measure Review for the Hospital Harm, Pressure Injury eCQM. I'm Susan Funk, an Associate Project Director with the Engagement on Quality Improvement Team at The Joint Commission. And today I'll be serving as this webinar's facilitator.

To start off, just a few comments about today's webinar platform. 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. Refresh your screen or rejoin the event if this occurs. We will not be recognizing the Raise a Hand or the Chat features. To ask a question, click on the Question Mark icon in the audience toolbar on the left side of your screen. A panel will open for you to type your question and submit. The slides are designed to follow Americans with Disabilities Act rules.

Before we get started with today's eCQM content, we do want to explain that this webinar is highly technical and requires a baseline understanding of eCQM logic and concepts. Participant feedback from previous webinars indicated that the content is often too technical to comprehend for those that are new to eCQMs. We recommend that anyone new to eCQMs, visit the eCQI Resource Center at the hyperlink provided on this slide.

You'll find a collection of resources to help you get started with eCQMs.

The slides are available now within the participant navigation pane. Select the Document icon. A new popup 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. The slides will be posted at the link at the bottom of this screen within two weeks following this broadcast.

One last note, the links are not clickable on screen within this webinar platform. However, if you download the slides, all links are functional.

This webinar is approved for one continuing education credit or qualifying education hour for the following organizations: Accreditation Council for Continuing Medical Education, American Nurses Credentialing Center, American College of Healthcare Executives, California Board of Registered Nursing, and participants receive a certificate after completing the webinar and survey. Although we've listed the organizations that accredit Joint Commission to provide CEs, many other professional societies and state boards accept credits or will match credit from Joint Commission's educational courses.

To earn CE credit, participants must individually register for this broadcast webinar, participate for the entire webinar, and complete a post-program evaluation and attestation survey. For more information on The Joint Commission's continuing education policies, visit the link at the bottom of this slide.

Just a few words about how to navigate to the CE survey and obtain your certificate. You'll receive the CE survey link in two ways. On the last slide, we've included a QR code accessible via most mobile devices. If you miss the QR code, you will also receive an automated email that includes the survey link. After you complete the online evaluation survey, you will be redirected to a link from which you can print or download and save a CE certificate. An automated email will also deliver the certificate link. Complete the certificate by adding your own name and credentials.

The learning objectives for this session are:

Locate measure specifications, value sets, measure flow diagrams, and technical release notes on the eCQI resource center. Facilitate your organization's implementation of the Hospital Harm, Pressure Injury eCQM for the 2025 reporting year. And utilize answers to common issues and questions for the Hospital Harm, Pressure Injury eCQM to inform 2025 use and implementation. This webinar does not cover these topics: basic eCQM concepts, topics related to chart abstracted measures, process improvement efforts related to this measure. And while we will not discuss eCQM validation during this webinar, if you are submitting eCQM data to CMS, please ensure your data is validated before submitting.

All staff and speakers for this webinar have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with or ownership of, or organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content. Myself, Susan Funk, Moriah Bauman, Melissa Breth, and Raquel Belarmino.

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The agenda for today's discussion follows: highlight how to access resources on the eCQI Resource Center, review the new Hospital Harm, Pressure Injury eCQM, review the measure flow and algorithm, and then we'll have a facilitated audience Q&A segment. Please note, you don't need to wait until the end of the presentation to submit questions. The content experts will be responding to questions in the queue throughout the webinar.

We will now highlight how to access the CMS eCQI Resource Center. The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to eCQMs. The majority of the tools and resources referenced within the eCQI Resource Center are openly available for stakeholder use and provide a foundation for the development, testing, certification, implementation, reporting, and continuous evaluation of eCQMs.

Raquel, I'll stop screensharing, I'll continue screen sharing. Sorry about that. I'll continue to screen share. And when you're ready, please go ahead with your part of the presentation.

Hello, this is Melissa Breth with The Joint Commission. For measure specifications and other helpful documents, navigate to the eCQI Resource Center website at <https://ecqi.healthit.gov>. Click on the second orange rectangle labeled Eligible Hospital/Critical Access Hospital eCQMs, which leads to a new webpage where you can download specifications or click on the hyperlink title of the desired measure, and access and readily view those specifications and data elements. Available documents include HTML version of the Human Readable Measure specifications, value sets, data

elements, the eCQM Flow, technical release notes of all changes for this year, and even link out to view JIRA tickets submitted for the selected measure. The eCQM Flow document depicts the process flow diagrams that some may refer to as algorithms. They walk through steps to take to calculate an eCQM. Value sets links out to the VSAC or Value Set Authority Center, where one will find all the terms and associated codes contained within each value set. Note that a login is required. But anyone can request a UMLS account. And it's free. For more details, view the eCQI Resource Center Navigation video short. Now back to you, Susan, to transition to the next segment of the webinar.

I am so sorry about that, Melissa. Everyone, that was Melissa from The Joint Commission's eClinical team. My notes mixed up on who was doing that segment today. Okay, I am going to advance to the next slide, and then I'm going to give the screen sharing to Moriah who will be taking over. So Moriah, hold on two seconds, and you will be able to screen share.

Great, thank you. Okay, can you see my slides okay?

We can indeed. Thank you so much.

All right, thank you. Good afternoon, everyone. My name is Moriah Bauman. I am a researcher at Mathematica. And I'm happy to be here today to provide an overview of CMS826v2 Hospital Harm, Pressure Injury.

So first, some background to begin, the Hospital Harm, Pressure Injury eCQM was finalized by CMS as one of the voluntary measures for selection in the IQR and PI programs, beginning with calendar year 2025 reporting. So this is the first year that this measure is being reported. This proportion measure is an outcome measure that 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. This is an inverse measure in that the ideal rate is 0%. So a lower measure score indicates higher quality.

Hospital-acquired pressure injuries are serious events and one of the most common patient harms. The incidents of pressure injuries in hospitalized patients has been estimated at 5.4 per 10,000 patient days. And the 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 the measure takes into consideration that 24 to 72 hours can lapse between a precipitating pressure event and the presentation of a pressure injury. This eCQM, by assessing patients who develop new pressure injuries while in hospital care, will allow hospitals to use data to reliably assess harm reduction efforts and modify their improvement efforts in real time.

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 with new content shown as underlined text, and stricken text denoting removed content. As I mentioned earlier, this measure is currently being used for reporting for the first time during the 2025 reporting

period. These slides show the changes in the measure header narrative between the version of the Hospital Harm, Pressure Injury measure that was initially introduced as a program candidate measure and the version of the Hospital Harm, Pressure Injury measure that has been finalized for 2025 reporting.

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. Again, this is an inverse measure. So a lower measure score indicates higher quality. The measure's Initial Population includes inpatient hospitalizations for patients aged 18 and older. 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.

As you can see, there were very few substantive changes in these parts of the measure header between the two versions of the measure. The measure developer just made a few small language changes for clarity in the description and improvement notation. And then one other update to note that's not listed here is that the measure did receive endorsement in July, 2023, from CMS's consensus-based entity, which is reflected in the measure specification finalized for 2025 reporting.

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 the deep tissue pressure injury where the pressure injury was found 72 hours or less after the start of the encounter, or those with the stage 2, 3, 4, or unstageable pressure injury where the pressure injury was found 24 hours or less after the start of the encounter, or those with the COVID-19 diagnosis during the encounter. And I just want to offer a few brief notes here. First, I want to start by providing a little more context on the COVID-19 Exclusion. So the Exclusion of patients with a COVID-19 diagnosis was put in place after, one, measure testing in 2020, identified inconsistencies in coding COVID-19-related skin changes and, two, public comments on the measure noted that while prolonged prone positioning is a risk factor for pressure injuries, prone positioning was recommended and frequently used during the early stages of the pandemic to improve oxygenation among COVID-19 patients.

And then second, I want to note that this eCQM is somewhat unique in that the measure uses present on admission or POA indicators to identify pressure injury diagnoses present on admission, as you just heard us describe. So per CMS and the Agency for Healthcare Research and Quality for ARC 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.

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And then finally, we just want to note that from the 2024 program candidate year to the 2025 reporting year, the measure developer did make a few small language changes in the Denominator Exclusions narrative to clarify the timeframes in which a deep tissue pressure injury, or a stage 2, 3, 4, or unstageable pressure injury must be found by skin exam in order to meet the Denominator Exclusions criteria.

Okay, so moving on to the Numerator, this measure's Numerator is looking for a deep tissue pressure injury that was not present on admission via POA indicators or that was found by skin exam anytime after the initial 72 hours of the encounter, or a stage 2, 3, 4, or unstageable pressure injury that was not present on admission again via POA indicators, or that was found by skin exam anytime after the initial 24 hours of the encounter. And please note that only one harm or new qualifying pressure injury is counted per encounter for this measure.

And again, as you just heard, the measure's Numerator looks for POA indicators to identify new pressure injuries. Per CMS and ARC Convention, POA indicators of N or no and U or documentation insufficient to determine if condition was present at the time of inpatient admission are accepted indicators of a diagnosis that is not present on admission. So the measure's Numerator 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 as you can see, only small grammatical changes were made to the Numerator description here as well. And then finally, please note that there are no Numerator Exclusions for this measure.

Okay, so next, we're going to review the measure flow, which provides a high level overview of how the measure works.

The main definition used for the Initial Population of the Hospital Harm, Pressure Injury measure is encountered with age 18 and older. So these conditions must be met for an encounter to qualify for the Initial Population. First, it must be an inpatient encounter that ends during the measurement period. And second, 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. And please note again that the Denominator is equal to the Initial Population. So if the encounter is in the Initial Population, it also meets the Denominator criteria. And as you'll note here, the Denominator is represented by the letter A in the sample calculation, which we will present later.

So moving on to the Denominator Exclusions, there are three main category conditions in the Denominator Exclusions as outlined by the three high-level logic definitions you see here. So first, Encounter with Deep Tissue Pressure Injury POA, then second we have Encounter with Stage 2, 3, 4, or Unstageable Pressure Injury POA. And then third, we have Encounter with Diagnosis of COVID-19 Infection.

An encounter will fall into the Denominator Exclusions if it meets at least one of the conditions outlined in any of the three categories. For the first category, encounter with deep tissue pressure injury, POA, two conditions are considered, and either of them will suffice. So

an encounter where the patient is 18 and older and has a deep tissue 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 deep tissue pressure injury diagnosis 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, two conditions are considered and either of the two will suffice.

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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 then for the third category, encounter with diagnosis of COVID-19 infection, only one condition is considered. And that's an encounter where the patient is 18 or older and has a COVID-19 diagnosis during 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 any of those three categories. As you see, the Denominator Exclusions are represented by the letter B in the sample calculation, which we'll present later.

All right, moving on to the Numerator. There are two category conditions in the Numerator. So those are represented by first the encounter with new deep tissue pressure injury definition, and then second, the encounter with new stage 2, 3, 4, or unstageable pressure injury definition. An encounter will fall into the Numerator if it meets at least one of the conditions outlined in either of those two categories. So for the first category, encounter with new deep tissue pressure injury, two conditions are considered, and either of the two will suffice. First, 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 not present on admission or 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. So 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 processing ends.

As you'll note here, the Numerator is represented by the letter C in the sample calculation we will present on the next slide.

So now that we have defined the Denominator, Denominator Exclusions, and Numerator, we can plug the quantities into the calculation formula. The performance rate aggregates the populations into a single performance rate for reporting purposes. And as a reminder, the C, A, and 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 75% performance rate. And again, remember that for this measure, the lower the score, the higher the quality.

Okay, so next we're going to review the measure logic. Now, reviewing the logic, we can quickly level-set on the layout of these slides. At the top of the slide describes the population narrative followed by the CQL measure population logic definition in the blue text box. So with that said, we'll begin with the Initial Population, and that is an inpatient encounter that starts, or, excuse me, that ends during the measurement period for patients who are 18 and older at the start of the encounter.

Moving on to the Denominator, again, this is the same as the Initial Population for this measure. So rather than repeating it again, we can simply call the Denominator statement, Initial Population, which we reviewed on the previous slide.

Moving on to the Denominator Exclusions, this slide includes the full narrative description of the Denominator Exclusions, which we reviewed earlier, as well as the three high-level definitions that are used to express the Denominator Exclusions in the logic. And please note that two of these definitions have other nested definitions within them.

The union operator that you see on the screen allows for conditions under any of these three definitions to meet the Denominator Exclusions. And again, because we reviewed the Denominator Exclusions' narrative description earlier, I won't repeat it again here. But we are going to use the next five slides to break down the logic used to express the Denominator Exclusions.

So the first high-level definition used in the Denominator Exclusions is Encounter with Deep Tissue Pressure Injury POA. Again at the top of the slide describes the CQL measure population logic definition in that blue text box. And beneath that will be the high-level definition and the nested definition used to create the population. The bolded headers are the definition names, and beneath that are the logic expressions. And using this waterfall layout with the arrows shows how these definitions are nested within one another.

So the high-level definition contains two more narrow nested definitions: encounter with deep tissue pressure injury POA by indicator and encounter with deep tissue pressure injury POA by skin exam within first 72 hours. Again, that union operator allows for conditions under either of these two definitions to meet the criteria of the encounter with deep tissue pressure injury POA high-level definition.

The first nested definition Encounter with Deep Tissue Pressure Injury POA by Indicator looks for inpatient encounters for patients 18 and older who have a deep tissue pressure injury diagnosis indicated by a diagnosis code in the pressure injury deep tissue diagnoses value set and a deep tissue pressure injury present on admission indicator code in the present on admission or clinically undetermined value set. And as you can see, there was only a small change to the logic between the version that was used when the measure was a program candidate measure and the version that was finalized for 2025 reporting. So the measure developer did update the name of the alias used for the encounter with age 18 and older definition to align with CQL definition naming best practices. And we'll see this change reflected throughout the following slides.

Now, we're going to move to the next slide. We will cover the second nested definition.

So the second nested definition in the encounter with deep tissue pressure injury POA, high-level definition is Encounter with Deep Tissue Pressure Injury POA by Skin Exam within First 72 Hours. This nested definition looks for inpatient encounters for patients 18 and older who have a skin exam performed 72 hours or less after the start of the encounter. And the result of that exam is in the pressure injury deep tissue value set, indicating an exam finding of a deep tissue pressure injury.

And I want to note that this first 72 hours does include 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. This is because the logic uses the global hospitalization with observation function to determine the interval of the entire inpatient hospitalization encounter, which includes time in the emergency department or observation when these encounters are within an hour of the inpatient admission.

And I want to note one other thing about the logic here. So the logic uses the Global Normalized Interval Function for the physical exam performed data type as it is one of many QDM data types that has both a relevant datetime, and relevant period. The normalized interval function is meant to account for differences in EHR vendors capture of timings of measure criteria and to decrease implementation burden due to variable use of timing attributes for the same QDM data types used across measures.

So then the second high-level definition used in the Denominator Exclusions is encounter with stage 2, 3, 4, or unstageable pressure injury POA. This high-level definition contains two more narrow nested definitions. Encounter with stage 2, 3, 4, or unstageable pressure injury POA by indicator and Encounter with Stage 2, 3, 4, or Unstageable Pressure Injury POA by Skin Exam within First 24 Hours.

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Again, the union operator allows for conditions under either of these two nested definitions to meet the criteria of the encounter with stage 2, 3, 4, or unstageable pressure injury POA high-level definition. So we'll start with that first nested definition. Encounter with Stage 2, 3, 4, or Unstageable Pressure Injury POA by Indicator looks for inpatient encounters for patients 18 and older who have a stage 2, 3, 4, or unstageable pressure injury diagnosis



indicated by a diagnosis code in the pressure injury stage 2, 3, 4, or unstageable value set, and a stage 2, 3, 4, or unstageable pressure injury present on admission indicator code in the present, present on admission or clinically undetermined value set. And then we're going to move on to the second nested definition seen here on the next slide.

So the second nested definition in the encounter with stage 2, 3, 4, or unstageable pressure injury POA high-level definition is Encounter with Stage 2, 3, 4, or Unstageable Pressure Injury POA by Skin Exam within First 24 Hours. This nested definition looks for inpatient encounters for patients 18 and older who have a skin exam performed 24 hours or less after the start of the encounter. And the result of that exam is in the pressure injury stage 2, 3, 4, or unstageable value set indicating an exam finding of a stage 2, 3, 4, or unstageable pressure injury. Again, reminder that this first 24 hours does include 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.

And then, finally, the third high-level definition used in the Denominator Exclusions is Encounter with Diagnosis of COVID-19 Infection. And this definition looks for inpatient encounters for patients 18 and older who have a diagnosis code in the COVID-19 value set during the encounter.

Okay, so moving on to the Numerator, this slide again includes the full narrative description of the Numerator up top there, as well as the two high-level definitions that are used to express the Numerator in the logic. And both of these definitions have other nested definitions within them. So again, that union operator that you see there allows for conditions under either of these two definitions to meet the Numerator. And as you can see on the slides, there were slight changes to the names of the definitions used for the Numerator to improve clarity. Since we reviewed that Numerator narrative description earlier, I won't repeat it again here. But we will use the next four slides to break down the logic used to express the Numerator.

So the first high-level definition used in the Numerator is Encounter with New Deep Tissue Pressure Injury. This high-level definition contains two more narrow nested definitions: encounter with new deep tissue pressure injury not POA by indicator and encounter with new deep tissue pressure injury by skin exam after first 72 hours. Again, the union operator here allows for conditions under either of these two definitions to meet the criteria of the Encounter with New Deep Tissue Pressure Injury High-Level Definition. The first nested definition we see here, Encounter with New Deep Tissue Pressure Injury Not POA by Indicator looks for inpatient encounters for patients 18 and older who have a deep tissue pressure injury diagnosis indicated by a diagnosis code and the pressure injury deep tissue diagnoses value set and a deep tissue pressure injury present on admission indicator code in the not present on admission or documentation insufficient to determine value set.

And, again, we see that small change to the alias used for the encounter with age 18 and older definition, but there were no changes to the meaning or intent of the logic used for the Numerator. And then we'll move on to the next slide to review that second nested definition we see here.

The second nested definition in the Encounter with New Deep Tissue Pressure Injury High-Level Definition is Encounter with New Deep Tissue Pressure Injury by Skin Exam After First 72 Hours. This nested definition looks for inpatient encounters for patients age 18 and older who have a skin exam performed after the first 72 hours of the start of the encounter. And the result of that exam is in the pressure injury deep tissue value set, indicating an exam finding of a deep tissue pressure injury.

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And then moving on to that second high-level definition used in the Numerator. The second high-level definition used in the Numerator is Encounter with new stage 2, 3, 4, or Unstageable Pressure Injury. This high-level definition contains two more narrow nested definitions: Encounter with stage 2, 3, 4, or Unstageable Pressure Injury Not POA by Indicator and Encounter with New Stage 2, 3, 4, or Unstageable Pressure Injury by Skin Exam After First 24 Hours. Again, the union operator allows for conditions under either of these two nested definitions to meet the criteria of the encounter with new stage 2, 3, 4, or unstageable pressure injury high-level definition.

The first nested definition Encounter with stage 2, 3, 4, or Unstageable Pressure Injury not POA by Indicator looks for inpatient encounters for patients 18 and older who have a stage 2, 3, 4, or unstageable pressure injury diagnosis indicated by a diagnosis code in the pressure injury stage 2, 3, 4, or unstageable value set, and a stage 2, 3, 4, or unstageable pressure injury present on admission indicator code in the not present on admission or documentation insufficient to determine value set. And we'll move on to the next slide to cover that second nested definition.

The second nested definition in the encounter with new stage 2, 3, 4, or unstageable pressure injury high-level definition is Encounter with New Stage 2, 3, 4, or Unstageable Pressure Injury by Skin Exam After First 24 Hours. This nested definition looks for inpatient encounters for patients 18 and older who have a skin exam performed after the first 24 hours of the start of the encounter. And the result of that exam is in the pressure injury stage 2, 3, 4, or unstageable value set, indicating an exam finding of a stage 2, 3, 4, or unstageable pressure injury.

And that concludes the review of CMS826 Hospital Harm, Pressure Injury. So thank you for your time, and I will now pass it back to Susan to move us into the next part of the presentation.

Excellent. Moriah, thank you for presenting the overview of this new eCQM. If you can go to the next slide.

We've provided an additional resource slide here that has links to direct the audience to the eCQI Resource Center, CMS Eligible Hospital Measures page, and the Get Started with eCQMs links, as well as the Teach Me Clinical Quality Language video series landing page that includes video shorts on hospitalization with observation and what is a value set. Next slide.

Continuing on with the resource links, we have also provided a link to the Value Set Authority Center, or the VSAC Support, the Pioneers and Quality Landing page on The Joint Commission's website, the Expert to Expert Webinar Series landing page link, and finally the ASTP/ONC Issue Tracking System. We're on clinical and technical questions regarding these eCQMs should be submitted. Next slide.

Okay, we will now move into our facilitated Q&A segment. Please submit questions using the question pane. We've seen a lot coming in, so seems like you've all got a handle on that. For those that haven't submitted a question yet, if you find the Question Mark icon and then you click on it, it'll bring up a pane where you can type in and submit your question. A written follow-up Q&A document will address both the questions we answered during the webinar and those that we do not get to during the broadcast. And the follow-up document will be posted on the Joint Commission's website several weeks after the live event, after it's approved by CMS.

So, Moriah, I'll take over the screen sharing, and the Mathematica team has been very busy responding to questions throughout the webinar. We'll now share some of those questions and answers. Raquel and Melissa from the Joint Commissions team will moderate this section. And, Melissa, I think you've volunteered to go first. Whenever you guys are ready, you can start to proceed, and I will in the meantime bring up my screen. Thanks.

Hi. Thanks, Susan. This is Raquel. I'll be kicking off the Q&A. But first we'll go over the pre-submitted questions that we received during registration.

"Are there non-discreet elements collected for this measure? Answer, depending on individual facility workflow and documentation practices, information related to the pressure injury treatment may be found in non-discreet fields.

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Okay, next question. "Clarify documentation sources for physical assessment data element. Would a coded diagnosis of DTPI and POA be in the Numerator?" 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 physical exam performed QDM data type, please reference the eCQI Resource Center's eCQM data element repository. An inpatient hospitalization for a patient with a diagnosis of deep tissue pressure injury, DTPI, not present on admission, POA is N, would meet the measure's Numerator criteria if the patient develops a new DTPI or stage 2, 3, 4, or unstageable pressure injury during their inpatient hospitalization. Next question.

"How does this measure apply to critical access hospitals under CMS conditions of participation?"

Critical access hospital, CAHs, do not report through the hospital inpatient quality reporting, IQR program, but do report through the Medicare promoting interoperability program. For more information on reporting requirements, please visit the CMS Promoting Interoperability website.

Okay, "How frequently do DTIs turn into unstageable?"

The frequency at which deep tissue pressure injuries become unstageable pressure injuries depends on the patient's status, comorbidities, and measures taken to prevent or address any signs of pressure injury.

Next question. "Looking for clarification as to measure performance start time. Our organization's ED visit end time and inpatient start time are the same. No delay between transition from ED to observation or inpatient admission."

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.

Okay. "How to decide if injury is minor, moderate, or severe?"

The measure assesses the number of inpatient hospitalizations for patients aged 18 or older who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury. The National Pressure Injury Advisory Panel Staging System is widely used as a classification system for pressure injuries. The staging system is outlined below. Stage 2, partial thickness, loss of skin with exposed dermis. Stage 3, full thickness, loss of skin tissue, subcutaneous skin and muscle may be visible. Stage 4, full thickness, loss of skin tissue, tendons, bone, and joints may be visible. Unstageable, full thickness, loss of skin tissue that is obscured by eschar or slough. Deep tissue, skin that is persistently non-blanchable with maroon or purple discoloration.

Next question. "What were those HH-PI rates again?" The incidence of pressure injuries in hospitalized patients has been estimated at 5.4 per 10,000 patient days and the rates of hospital-acquired pressure injuries has been estimated at 8.4%.

Thanks. Okay. "Is this measure a mandatory eCQM for 2025?" Reporting for this measure is voluntary for calendar year 2025. Mandatory reporting begins in calendar year 2028.

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Next, "If patient presents to a different facility within 24 hours and they document a pressure injury on admission, would this capture?" An inpatient hospitalization for a patient admitted to a facility with a pressure injury present on admission, POA, would be excluded from the measure calculation for that facility. Inpatient hospitalizations for patients are excluded if the patient's diagnosis of pressure injury has a POA indicator of Y, diagnosis was present at time of inpatient admission, or W, clinically undetermined. If a deep tissue pressure injury is found on exam 72 hours or less after the start of the encounter, or if a stage 2, 3, 4, or unstageable pressure injury is found on exam 24 hours or less after the start of the encounter.

Okay, next. Is the new measure pulling from physician or provider documentation, or will it be pulling from nursing documentation? The eCQM pulls from all patient data entered in a hospital's electronic health record system, including diagnosis codes, tests, and assessment results, and present on admission indicators.

"Is this based on ICD-10 coded information when the patient is discharged?" ICD-10-CM is only one of the code systems used by the measure to extract data from the EHR. SNOMED

CT and LOINC codes are also used to extract data from the EHR for measure score calculation.

"Will provider documentation impact this eCQM?" This measure pulls from all patient data entered into the EHR system, including diagnosis codes, tests, and assessment results, and present on admission indicators.

"Please address unavoidable pressure injuries." 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 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, next. "What are best practices to prevent pressure injuries?" Please reference clinical guidelines, such as those from the American College of Physicians and the International Guideline for details on how to prevent pressure injuries. Both of these are referenced within the measure specification.

Okay, "What happens to physician judgment that DTPI was present on admission, although not visible?" Documentation of a pressure injury present on admission, POA, must be documented within the patient's electronic health record, EHR. The documentation could include POA indicators of Y, diagnosis was present at time of inpatient admission, or W, clinically undetermined or physical exam findings.

Next, "Will stage two pressure injuries now be reportable events?" This eCQM-CMS826 Hospital Harm, Pressure Injury is currently available for voluntary non-mandatory reporting in the hospital inpatient quality reporting, IQR, program. Voluntary reporting began in calendar year 2025. Mandatory reporting begins calendar year 2028.

Okay, "Explain the admission criteria timeframe for the ED patients' observations and borders." 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, "Where can we obtain benchmark information on performance for eQMs?" As calendar year 2025 is the first year of voluntary reporting for this eCQM, there is not yet a national average for the CMS826 Hospital Harm, Pressure Injury measure. For this eCQM, a lower measure indicates higher quality.

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"When will the data polls occur? An example, is there a set of data of the month that data is pulled only after patient discharge, et cetera?" Please reference the 2025 CMS QRDA1 implementation guide for hospital quality reporting, for more information data reporting requirements.

"How often is this measured and submitted? The eCQM implementation checklist available on the eCQI Resource Center provides steps for implementers to take to successfully report eCQMs.

"Will patients with skin failure diagnosis be excluded in the measure?" For this measure, inpatient hospitalizations for patients are excluded if a patient's diagnosis of a stage 2, 3, 4, unstageable, or deep tissue pressure injury has a present on admission, POA, indicator of Y, diagnosis was present at time of inpatient admission, or W, clinically undetermined. If a deep tissue pressure injury is found on exam 72 hours or less after the start of the encounter, or if a stage 2, 3, 4, or unstageable pressure injuries found on exam 24 hours or less after the start of the encounter. The measure does not exclude inpatient hospitalizations for patients with a diagnosis only of skin failure POA.

"Please describe how this eCQM impacts patients in the emergency department." 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. For example, if a provider identifies a stage two pressure injury through a skin exam during the first 24 hours of an ED encounter and the transition between the patient's ED discharge and the inpatient admission is one hour or less, the hospitalization would meet the measures Denominator Exclusion criteria as the patient's time in the emergency department would be assessed by the measure as part of the inpatient hospitalization period.

"Please address the current proposed coding updates for acute skin failure." This measure assesses the number of inpatient hospitalization 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 diagnosis of skin failure.

Okay, "How do we report pressure injuries on terminally ill patients?" The 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 contain any Exclusions for patients who are terminally ill who are receiving comfort measures or who are discharged to hospice care.

Okay. "Will the timing of injuries be identified in any other way other than the POA status indicator? Example, injuries that occur after admission but before the 72, 24 hour Exclusion mark." A DTPI can be found on exam 72 hours or less after the start of the encounter. A stage 2, 3, or 4, or unstageable pressure injury can be found on exam 24 hours or less after the start of the encounter.

00:55:02

Next, "If a stage 1 pressure injury is present on admission and it worsens to a stage 2 during admission, then is it counted in the Numerator?" A pressure injury that is present on admission, POA equals yes or Y does not get subsequently recoded to not present on admission, POA equals N. If the pressure injury deteriorates to a higher stage during the hospitalization. However, a second code may be assigned for the same pressure injury site but with the highest stage reported during that state. If a second code of POA equals N is

assigned to the stage 3 pressure injury, the inpatient hospitalization for this patient may meet the Numerator criteria.

"Does the DTI need to be in the same location as the pressure ulcer for it to be in Exclusion?" No, the DTI does not need to be in the same location as the pressure injury for it to be an Exclusion.

Next question. "If one patient has more than one hospital-acquired pressure injury, is each one counted?" For this measure, only one harm new qualifying pressure injury is counted per encounter.

"For the non-technical webinar participants, what are SNOMED CT and LOINC codes?" Both SNOMED CT and LOINC are medical coding systems. For more information about SNOMED CT codes, please visit the [www.nlm.nih.gov/healthit/snomedct/snomed\\_overview](http://www.nlm.nih.gov/healthit/snomedct/snomed_overview). For more information on LOINC, please see the LOINC.org website. Okay, next. "Is the Denominator counting encounters 18 years or older or encounter days?" The Denominator is counting inpatient hospitalizations for patients aged 18 and older, not days.

Okay. Our next question. "It's related for the timing for the inpatient encounter. So how do you define start of inpatient encounter?" The inpatient hospitalization period assessed by this measure includes time in emergency department and observation when the transition between discharge from these encounters and admission to the inpatient encounter is one hour or less. Okay.

Some of these questions are starting to rephrase in different areas that another question has been already asked. But I will ask this next one, but we may be coming down to the last few. So this question is, "Stage 1 is not included in the Numerator." 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. A stage 1 pressure injury would not qualify a patient for the Numerator.

Raquel, while you're finding another one. We'll keep going for maybe about another couple minutes if we have a few more that have nuances that are different from what we've already answered. This webinar is scheduled to go until 15 minutes after. So we do have a couple more minutes if there are questions that aren't just repeats, thanks.

Sure. "How does it count when a patient has multiple pressure injuries?" Only one new qualifying pressure injuries counted per inpatient hospitalization.

Sorry, just reading through questions.

01:00:00

This is a new one. "Did I hear correctly that the measure will be mandatory for TJC ORYX reporting in 2028?" No. Joint Commission has not yet determined the ORYX reporting requirements for 2028. ORYX requirements are typically posted in the fall of the following year.

Okay. Just looking through, it seems like we're having some similar questions regarding the admitted time. We do have one question here. This might help with the clarification it does have.

The question is, "If a patient remains as an observation patient, are they included in the Numerator?" The patient must be admitted to inpatient care in order to qualify for the Initial Population. This measure uses the Global Hospitalization with Observation Function to determine the interval of the entire inpatient hospitalization encounter, which includes time in the ED and observation when the transition between these encounters and the inpatient admission are one hour or less.

Okay, Susan, I think that wraps it up as far as the Q&A. The other questions, I think, you're going to be answering in just a few minutes here, and then some of the other questions are very similar. But we will have that right up being posted in a few weeks.

Excellent. Thanks so much, Melissa and Raquel. You guys did such a great job. I know that was a lot of questions and the Mathematica team in the background providing all those responses, did an excellent job getting to as many as you have.

Okay, so let's do the last few slides to close out here. So we've had quite a few questions come in about some of these operational pieces. So the webinar recording, links, the slides, the transcripts, and these Q&A documents will all be accessible within several weeks of the live event on Joint Commission's webpage. And this slide has the link to that. So that will get you all access to all of those documents. The Q&A document, we will supply all of the responses that we just shared on the live webinar as well as any that we weren't able to type up a response for yet, within several weeks as I noted. That's because they need to be approved by CMS before we can post them.

In today's handouts, we also provided a PDF that includes the registration links for the two remaining reporting year 2025 Expert to Expert webinars. So if you have not yet registered for those, we also provided you the opportunity to be able to register.

Now the last few notes before we close out, a reminder about the CE survey. The Joint Commission uses your feedback to determine education gaps, and inform future content, and assess the quality of our educational programs. As explained earlier, a QR code is provided on the next slide if you prefer to take the CE survey later. An automated email also delivers the survey link. At the end of the survey, when you click Submit, you will be redirected to a page from which you can print or download a certificate that you will complete by adding your own name and credentials. An automated email will also send you a link to that certificate. And the email is sent to the address that you provide within the CE survey.

And with that, we will pause on this last slide for several moments to permit those that wish to use the QR code to scan it with their mobile device. That will take you directly to the CE survey.



Thank you, Moriah, for developing and presenting the content today, Melissa and Raquel, for facilitating the Q&A segment. Thanks especially to the Mathematica team that responded to so many questions as the audience was submitting them. And finally, thanks to all of you in our audience that attended today. We hope you all have a great day.