



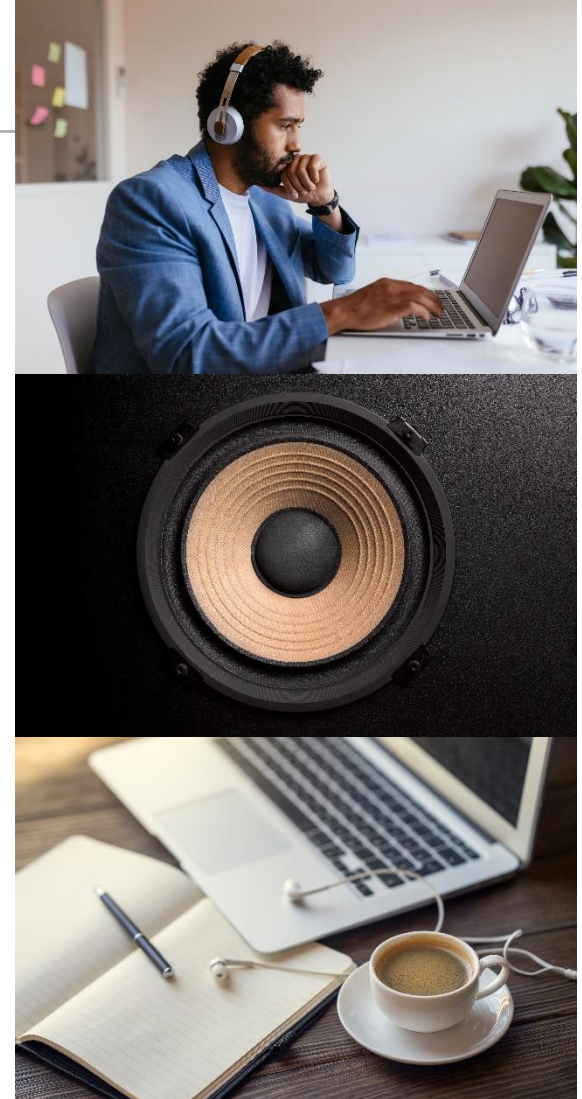
Annual Updates for Hospital Harm-Pressure Injury (HH-PI) (CMS826v3) for 2026 Reporting Year

Expert to Expert Webinar Series

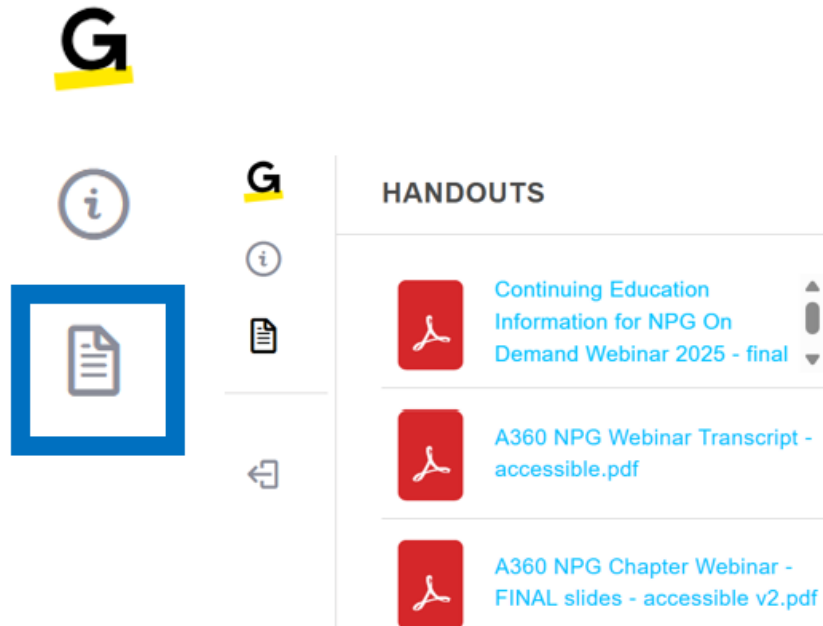
Broadcast Webinar
March 19, 2026
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- Click document icon in the navigation pane.
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- Two weeks after this webinar, the slides will be accessible via the eCQI Resource Center and also on Joint Commission’s website:
www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos.

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Participant Learning Objectives



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.

Utilize answers to common issues/questions regarding the Hospital Harm Pressure Injury eCQMs to inform 2026 use/implementation.

Topics Not Covered in this Program



- Basic eCQM concepts
- Topics related to chart abstracted measures
- Process improvement efforts related to this measure
- eCQM validation
 - Ensure your data is validated before submitting
 - Ensure that extreme outlier results are verified

Disclosure Statement

- 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 this webinar content.



Webinar Agenda



- Review the Hospital Harm-Pressure Injury (HH-PI) eCQM annual updates for Reporting Year 2026
- Overview of the measure flow/algorithm
- Frequently Asked Questions (FAQs)
- Live Q&A Segment

eCQM Specifications and Resources

- A PDF handout includes directions to access the eCQM specifications, value sets, measure flow diagrams, and technical release notes on the eCQI Resource Center.
- Please see the [landing page for 2026 resources](#).
- Please see the [landing page for 2026 specifications](#).

The screenshot shows the eCQI Resource Center website. The header includes the eCQI 10th Anniversary Resource Center logo and navigation links for eCQMs, dQMs, Resources, About, and Log Man: Acc. The main content area is titled 'Hospital - Inpatient eCQMs' and features a search filter for '2026' and 'eCQMs'. Below the filter, there is a link to 'eCQM Standards and Tools Version' and a summary of 17 eCQMs for the 2026 reporting period.

Hospital Harm-Pressure Injury (HH-PI) (CMS826v3)

HH-PI Background

- CMS finalized adoption of HH-PI measure for Hospital Inpatient Quality Reporting and Promoting Interoperability programs through FY 24 Inpatient Prospective Payment System (IPPS) final rule.
- Reporting of measure began with the CY 2025 reporting period/FY 2027 payment determination.
- Mandatory reporting of the eCQM will begin in CY 2028.

HH-PI Description and Intent

Measure Description: The measure assesses the number of inpatient hospitalizations for patients ages 18 and older who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury.

Rationale and Intent:

- Hospital-acquired pressure injuries are serious events and one of the most common patient harms.
 - The risk of developing a pressure injury can be reduced through best practices.
 - Between 24 to 72 hours can lapse between the precipitating pressure event and the presentation of a pressure injury.
 - Measuring patients who develop new pressure injuries while in the hospital setting will allow hospitals to more reliably assess harm reduction efforts and modify their improvement efforts in near real-time.
-

Hospital Harm-Pressure Injury (HH-PI) Measure Header

★ 2025 Reporting Year vs. 2026 Reporting Year (1)

Measure Components	2025 Reporting Year	2026 Reporting Year
Description	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	No change
Initial Population	Inpatient hospitalizations for patients aged 18 and older	Inpatient hospitalizations <u>that end during the measurement period</u> ² for patients aged 18 and older
Denominator	Equals Initial Population	No change

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

Present on Admission (POA) Indicators

- Present on admission is defined as being present at the time the order for inpatient admission occurs.
- The POA indicator is intended to differentiate conditions present at the time of admission from those conditions that develop during the inpatient admission.
- Per CMS and the Agency for Healthcare Research and Quality (AHRQ) convention, POA indicators of “Y” and “W” are accepted indicators of a diagnosis present on admission. POA indicators of “N” and “U” are accepted indicators of a diagnosis that is not present on admission.
- eCQMs rely on the accurate recording of codes, including POA indicators, and diagnoses in patients’ electronic health records (EHRs), which is essential for the correct calculation of this eCQM.

★ 2025 Reporting Year vs. 2026 Reporting Year (2)

Measure Components	2025 Reporting Year	2026 Reporting Year
Denominator Exclusions	<p>Inpatient hospitalizations for patients with a deep tissue pressure injury (DTPI) or stage 2, 3, 4 or unstageable pressure injury diagnosis present on admission, i.e., the diagnosis of pressure injury has a Present on Admission indicator = Y yes (Diagnosis was present at time of inpatient admission) or W (clinically undetermined).</p> <p>Inpatient hospitalizations for patients with a DTPI found on exam 72 hours or less after the start of the encounter.</p> <p>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.</p> <p>Inpatient hospitalizations for patients with diagnosis of a COVID-19 infection during the encounter.</p>	<p>Inpatient hospitalizations for patients with a DTPI or stage 2, 3, 4 or unstageable pressure injury diagnosis present on admission <u>as indicated by a present on admission indicator of Y or W</u>², i.e., the diagnosis of pressure injury has a Present on Admission indicator = Y yes (Diagnosis was present at time of inpatient admission) or W (clinically undetermined)¹.</p> <p>Inpatient hospitalizations for patients with a DTPI found on exam 72 hours or less after the start of the encounter.</p> <p>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.</p> <p>Inpatient hospitalizations for patients with diagnosis of a COVID-19 infection during the encounter.¹</p>

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.

★ 2025 Reporting Year vs. 2026 Reporting Year (3)

Measure Components	2026 Reporting Year
Numerator	<p>Inpatient hospitalizations for patients with a new deep tissue pressure injury (DTPI)¹ or stage 2, 3, 4, or unstageable pressure injury, as evidenced by any of the following:</p> <ul style="list-style-type: none"> • A diagnosis of¹ DTPI <u>or stage 2, 3, 4, or unstageable pressure injury</u>² with the DTPI¹ not present on admission <u>as indicated by a present on admission indicator of N or U</u>², i.e., the diagnosis of DTPI has a Present on Admission indicator = N no (Diagnosis was not present at time of inpatient admission) or U (documentation insufficient to determine if the condition was present at the time of inpatient admission).¹ • A diagnosis of stage 2, 3, 4 or unstageable pressure injury with the pressure injury diagnosis not present on admission, i.e., the diagnosis of pressure injury has a Present on Admission indicator = N no (Diagnosis was not present at time of inpatient admission) or U (documentation insufficient to determine if the condition was present at the time of inpatient admission).¹ • A DTPI found on exam greater than 72 hours after the start of the encounter. • A stage 2, 3, 4 or unstageable pressure injury found on exam greater than 24 hours after the start of the encounter. <p><u>Only one new harm (new qualifying pressure injury) is counted per hospitalization.</u>²</p>

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.



HH-PI Resources

- CMS826v3 Measure Specification

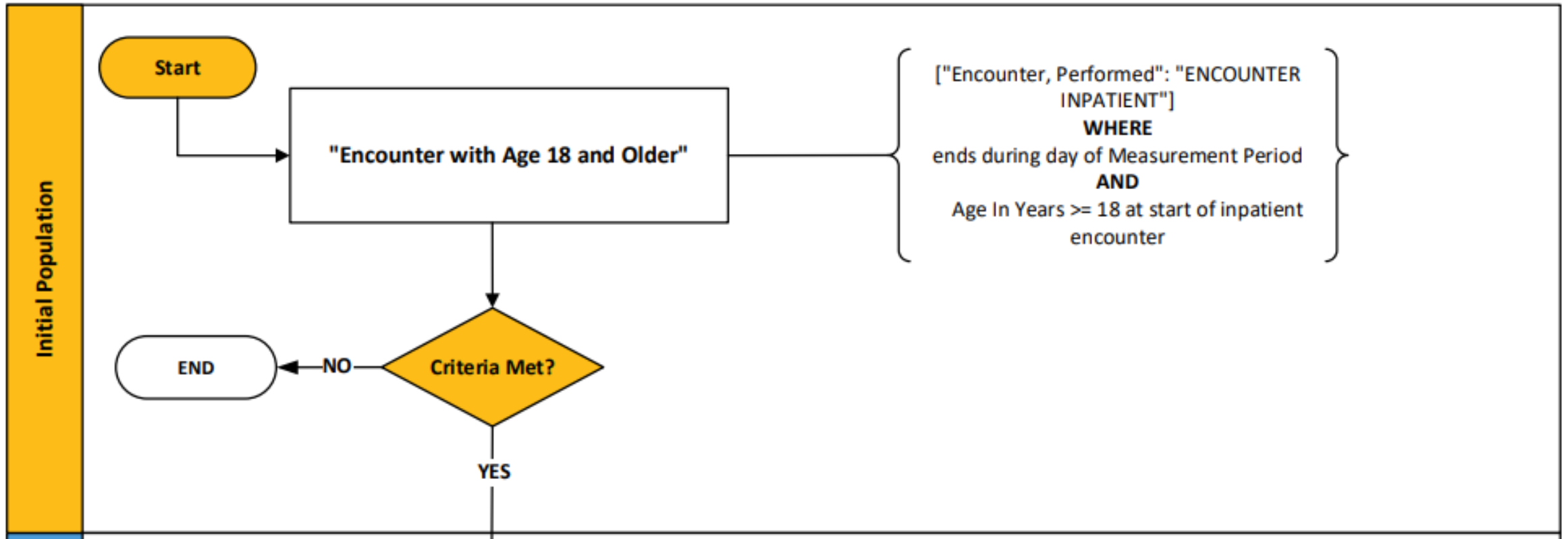
- <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS826-v3.1.000-QDM.html>

- Technical Release Notes

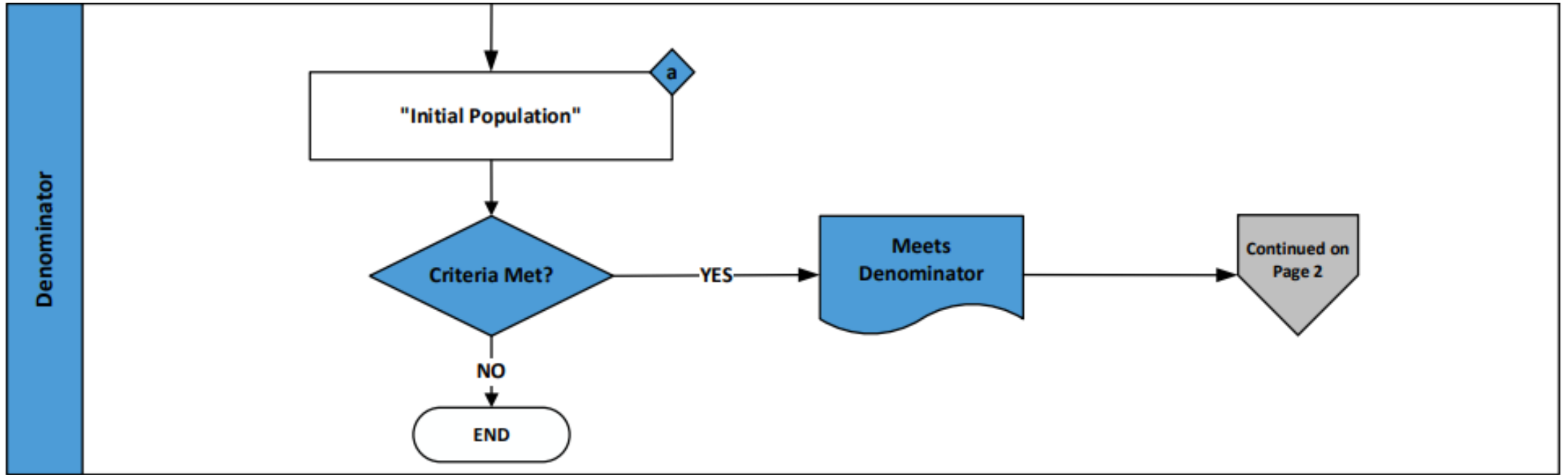
- <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS826-v3.1.000-TRN.xlsx>

Hospital Harm-Pressure Injury (HH-PI) Measure Flow and Logic

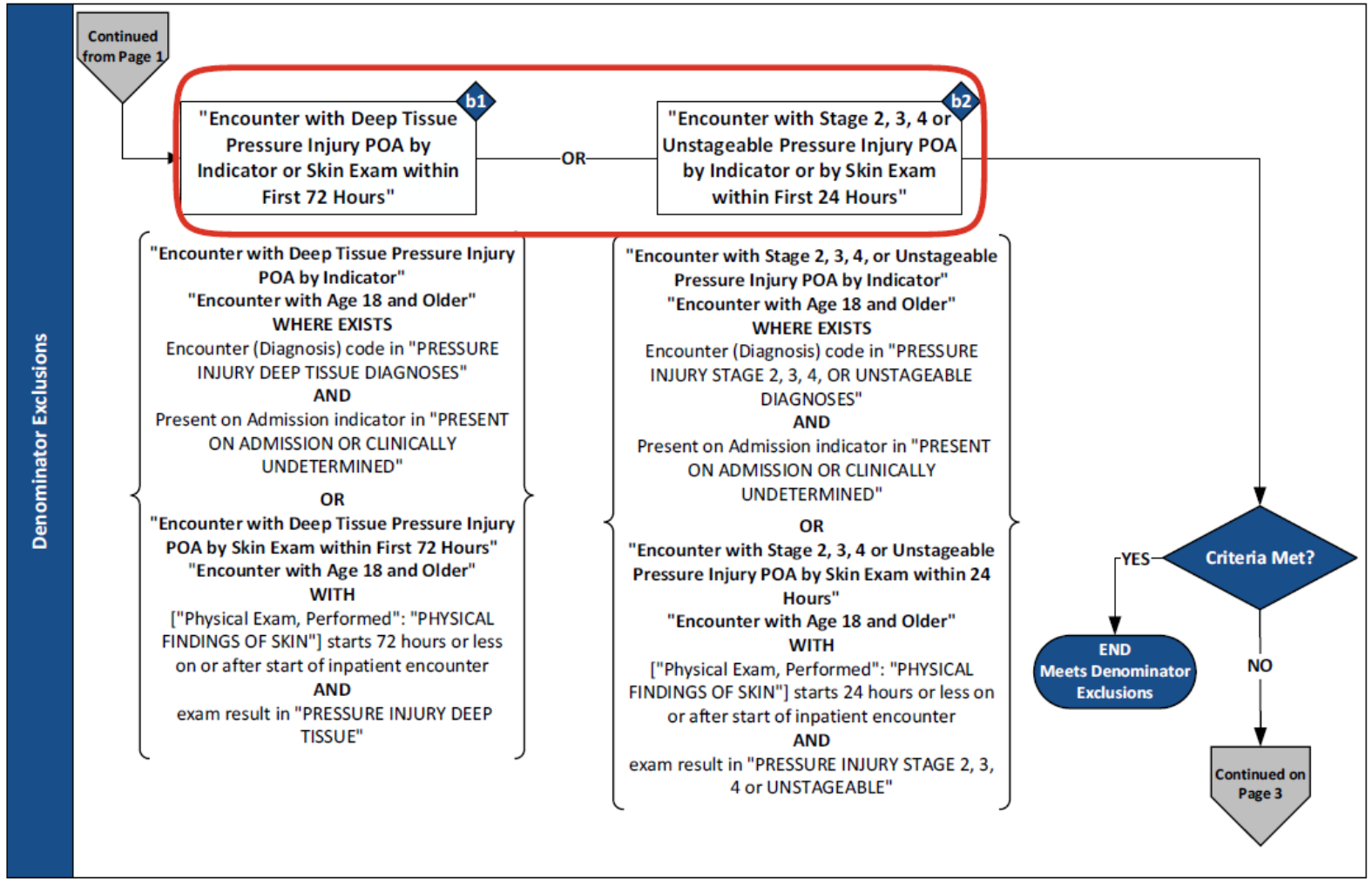
HH-PI Initial Population



HH-PI Denominator



★ HH-PI Denominator Exclusions



★ HH-PI Denominator Exclusions – Logic Update

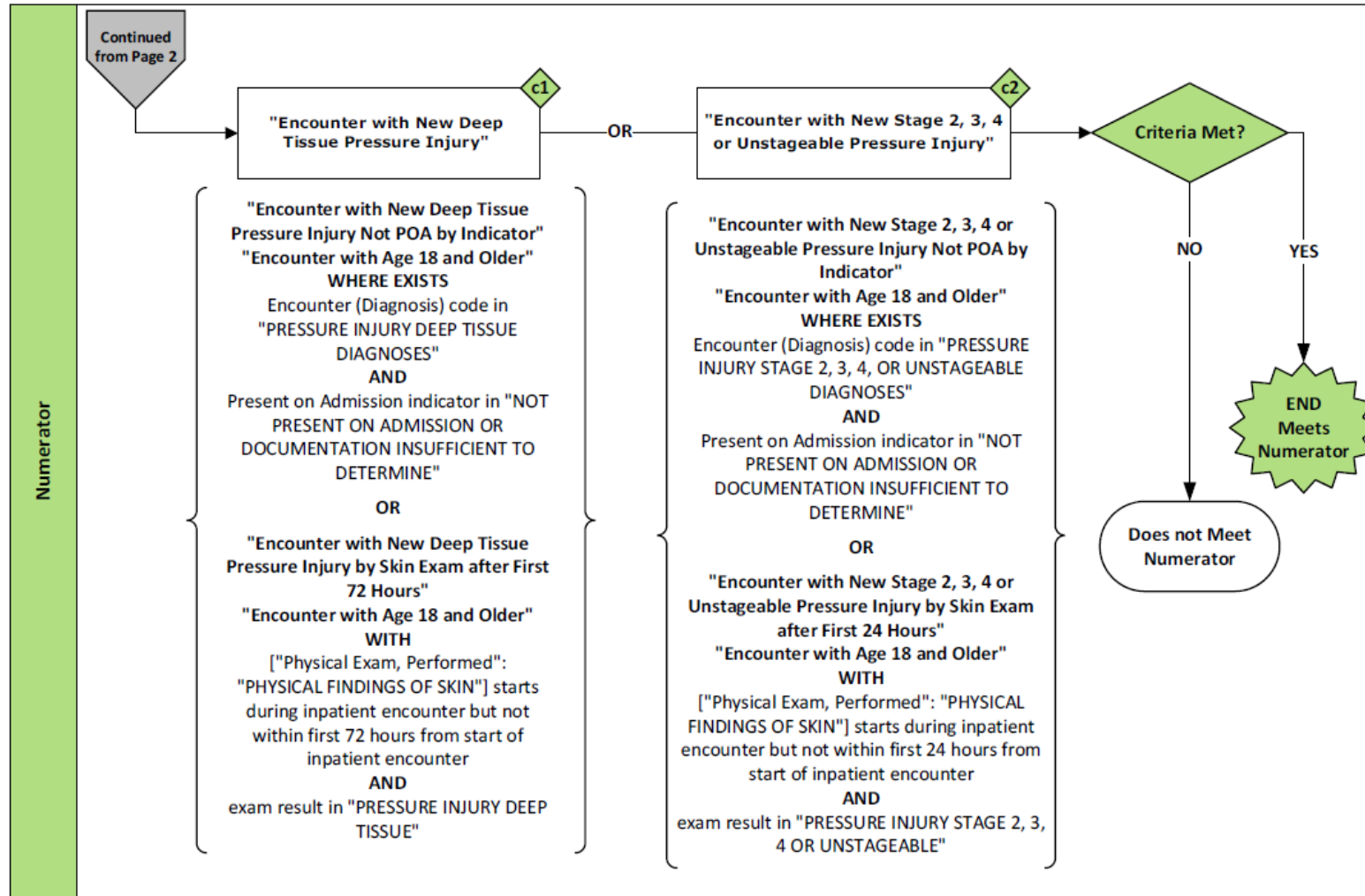
**Denominator Exclusions: "Encounter with Deep Tissue Pressure Injury POA by Indicator or Skin Exam within First 72 Hours"¹
union "Encounter with Stage 2, 3, 4 or Unstageable Pressure Injury POA by Indicator or by Skin Exam within First 24 Hours"¹
~~union "Encounter with Diagnosis of COVID19 Infection"~~²**

Notes:

¹ Indicates underlined text.

² Indicates text that contains strikethrough.

HH-PI Numerator



HH-PI Sample Calculation

Sample Calculation		
Performance Rate =	$\frac{\text{Numerator (c1 + c2 = 20)}}{\text{Denominator (a = 100) - Denominator Exclusions (b1 + b2 = 20)}}$	= 25 %



HH-PI Frequently Asked Questions (FAQ) (1)

Question:

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:

<https://ecqi.healthit.gov/mc-workspace-2/data-element-repository>.



HH-PI FAQ (2)

Question:

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 POA indicators. Documentation related to the pressure injury diagnosis will depend on individual facility practices.



HH-PI FAQ (3)

Question:

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 encounter² is one hour or less.

Notes:

¹ Indicates text that contains strikethrough.

² Indicates underlined text.



HH-PI FAQ (4)

Question:

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 DTPI 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.



HH-PI FAQ (5)

Question:

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 develop a new stage 2, 3, 4, deep tissue, or unstageable pressure injury. The measure does not assess diagnoses of skin failure. The measure uses codes from the following value sets to identify diagnoses or findings of stage 2, 3, 4, deep tissue, and unstageable pressure injuries:

- "Pressure Injury Deep Tissue" (2.16.840.1.113762.1.4.1147.112)
- "Pressure Injury Deep Tissue Diagnoses" (2.16.840.1.113762.1.4.1147.194)
- "Pressure Injury Stage 2, 3, 4 or Unstageable" (2.16.840.1.113762.1.4.1147.113)
- "Pressure Injury Stage 2, 3, 4, or Unstageable Diagnoses" (2.16.840.1.113762.1.4.1147.196)

More information on these value sets can be found on the Value Set Authority Center (vsac.nlm.nih.gov).



HH-PI FAQ (6)

Question:

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.

Resources

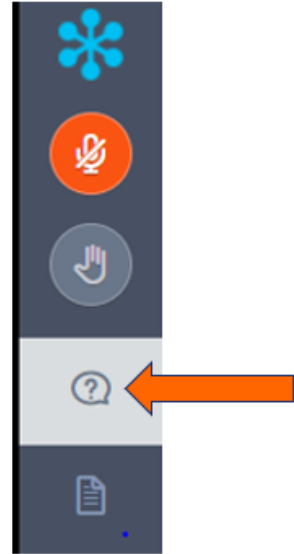
- **eCQI Resource Center – CMS EH Measures –**
https://ecqi.healthit.gov/eh-cah/ecqms?global_measure_group=eCQMs
- **Get Started with eCQMs –** https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=education
- **Teach Me Clinical Quality Language (CQL) Video Series –**
<https://ecqi.healthit.gov/cql/education>
- **Hospitalization with Observation –**
https://www.youtube.com/watch?v=3yqwOU2XcZM&ab_channel=CMSHHSgov
- **What is a Value Set? –**
<https://register.gotowebinar.com/recording/4766956164118938369>



Additional Resources

- **Value Set Authority Center (VSAC) Support** – <https://www.nlm.nih.gov/vsac/support/index.html>
- **Expert to Expert Webinar Series** – <https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos>
- **ASTP/ONC Issue Tracking System** – <https://oncprojecttracking.healthit.gov/>

Live Q&A Segment



- Please submit questions via the question pane.
- Click the Question mark icon in the toolbar.
- Type and submit your question.
- Include slide reference number when possible.
- All questions not answered verbally during the live event will be addressed in a written follow-up Q&A document.
- The follow-up document will be posted to the Joint Commission website in several weeks after CMS approval.



Expert to Expert Webinar Series Slides and Operations Questions

- To access webinar recording links, slides, and transcripts, visit <https://www.jointcommission.org/en-us/knowledge-library/support-center/measurement/quality-measurement-webinars-videos>) and scroll down.
- Questions about webinar operations or obtaining Continuing Education credit: tjcwebinarnotifications@jointcommission.org.

Webinars & Videos

The Joint Commission offers a variety of educational measurement-related webinars (live and on-demand), and other recorded video content. Topics include specific performance measures, reporting requirements, and topics that are clinically-, technically-, or statistically-focused. Webinars and videos address electronic clinical quality measures (eCQMs) and chart-abstracted measures used for accreditation and certification purposes. For additional information on each webinar or video series, see below.



Webinar Series



Pioneers in Quality General Sessions

Pioneers in Quality General Sessions provide information such as measurement requirements, changes in reporting, opportunities for engagement and/or recognition, and insights regarding data analysis of national clinical quality measurement data received. This generalized content is meant as education for hospitals and health systems to assist them in meeting current and future requirements.



eCQM Expert to Expert Series

Expert to Expert Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.



Video Shorts

Joint Commission produces a series of on-demand educational video shorts about electronic Clinical Quality Measures (eCQMs). Episodes are approximately 2-3 minutes in length and offer an engaging and contemporary approach to teach these complex and comprehensive topics. The eCQM video shorts lead the viewer to understand application of eCQM resources, eCQM constructs and Logic expression language concepts (CQL, FHIR).



Measure-Specific Webinars



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Continuing Education Survey and Certificate

- Also see the separate handout detailing the CE requirements.



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Acronyms

Acronym	Definition/Phrase
CBE	Consensus-Based Entity
CY	Calendar Year
DTPI	Deep Tissue Pressure Injury
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EHR	Electronic Health Record
FY	Fiscal Year
HIQR	Hospital Inpatient Quality Reporting
IP	Initial Population
ICD-10	International Classification of Diseases, Tenth Revision
PI	Pressure Injury
POA	Present on Admission
SNOMED CT	Systematized Nomenclature of Medicine - Clinical Terms
VSAC	Value Set Authority Center