DEVELOPMENT OF A CROSS-SETTING QUALITY MEASURE FOR PRESSURE ULCERS

CMS: Sec. 3004 CORs
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CMS Contract No. HHSM-500-2008-00021I
Purpose

• In an effort to align quality measures around patient-centered outcomes that span across settings, CMS contracted with RTI International to develop and implement a cross-setting quality measure for pressure ulcers.

• CMS Quality Strategy
  – Goal 1: Make care safer by reducing harm caused in the delivery of care
  – Goal 3: Promote effective communication and coordination of care

• The CMS Blueprint for Measures Management System (v10.0) identifies alignment and harmonization as key priorities for measure development.
Context: National Quality Landscape

• In 2008, the NQF steering committee stated:
  – “To understand the impact of pressure ulcers across settings, quality measures addressing prevention, incidence, and prevalence of pressure ulcers must be harmonized and aligned.”

• In their 2014 report, The NQF MAP stated:
  – “promotes alignment, or use of the same or related measures, as a critical strategy for accelerating improvement in priority areas, reducing duplicative data collection, and enhancing comparability and transparency of healthcare information”

• NQF MAP: 4 Goals
  – High-impact
  – Stimulates gap-filing for high priority measure gaps
  – Promotes alignment amongst HHS, other public and private sectors
  – Involves stakeholders
Context: National Quality Landscape

• HHS Strategic Plan, FY 2014-2019
  – Goal 1: Strengthen Health Care
  – Goal 3: Advance the Health, Safety, and Well-Being of the American People
  – Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

• HHS Partnership for National Patient Safety Initiative
  – Pressure Ulcers (One of the nine Healthcare Associated Conditions (HACs))

• National Quality Strategy
  3 Aims
  • Better Care
  • Healthy People and Communities
  • Affordable Care

  3 of 6 Priorities
  • Make Care Safer
  • Promote Effective Communication and Coordination of Care
  • Promote Wide Use of Best Practices
Goals for the Pressure Ulcer Measure

CMS hopes to develop and maintain a measure that ...

• Can be implemented and collected using standardized data elements across multiple healthcare settings
• Evaluates whether coordinated care has taken place
• Accounts for the vast trajectory of care points where the worsening, or development, of pressure ulcers, could have been mitigated
• Facilitates the implementation of best practices to improve patient outcomes
Goals for the Pressure Ulcer Measure

CMS hopes to develop and maintain a measure that ...

- Reduces unintended consequences
- Is EHR compatible
- Works within providers’ workflows
- Supports real time surveillance
- Informs providers and the public
#0678: Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (short-stay)

- 2010: Implemented in NH/SNF setting
- 2012: Implement in Long Term Care Hospitals and Inpatient Rehabilitation Facilities
- Use of standardized data elements across the three settings
- 2013: Items added to OASIS-C to support future implementation in Home Health Agencies
Why Expand this Measure?

• Aligns with CMS and NQF goals of measure harmonization
• Successfully expanded into two additional settings
• NH/SNF data indicates validity and reliability of this quality measure
• Stakeholder feedback has been positive
• Stakeholder consensus on recommendations for improvement
Accomplishments to Date

• Identified key issues surrounding the development of a harmonized pressure ulcer measure, including: measurement, risk adjustment, and data collection

• Identified setting specific and content area specific concerns regarding pressure ulcer quality measurement

• Developed a set of recommendations for the improvement and expansion of NQF #0678

• Explored successful strategies for prevention and management of pressure ulcers
Exploration of Strategies for Pressure Ulcer Prevention and Management

• Literature Scan: Effective (demonstrated by evidence) pressure ulcer prevention and management programs
• Key Informant Interviews: Organizations that implemented successful programs for pressure ulcer prevention or management
• Identified themes across literature and interviews
• Recommendation: Post findings, encourage facilities to learn from others’ success
Development of recommendations regarding the improvement and expansion of NQF #0678

Process: October 2012 – Present

• Environmental Scan*
• Interviews*
• Technical Expert Panel*
• Meeting with NPUAP
• Upcoming: LTCH CARE Data Set, IRF-PAI, MDS 3.0, Data Analysis as part of NQF Annual Maintenance

Environmental Scan

- Review of quality measures related to pressure ulcers
- Review of previously obtained feedback

<table>
<thead>
<tr>
<th>NQF Reviews</th>
<th>MAP Recommendations</th>
<th>TEP Feedback – NH/SNF, LTCH, IRF</th>
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<tbody>
<tr>
<td>Public comments</td>
<td>Search of PubMed</td>
<td>CMS Helpdesk inquiries</td>
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<td>received during</td>
<td>and gray literature</td>
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<td>federal rulemaking</td>
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Interviews

- 5 technical advisors: Worked with CMS during the development and implementation of NQF #0678, or pressure ulcer-related projects
- Staff at 1 LTCH and 1 IRF
- Representatives from Home Health Quality Initiative and Acute Inpatient Quality Reporting Program
- Findings from environmental scan and interviews used to develop TEP meeting agenda
# Cross-Setting Pressure Ulcer TEP

<table>
<thead>
<tr>
<th><strong>Healthcare Settings</strong></th>
<th>• NHs/SNFs, LTCHs, IRFs, Acute Inpatient</th>
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<tbody>
<tr>
<td><strong>Expertise</strong></td>
<td>• Wound care, nutrition, quality measure development, quality improvement, plastic surgery, implementation of cross-setting initiatives</td>
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<tr>
<td><strong>National Clinical Experts</strong></td>
<td>• NPUAP, ANA</td>
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<td><strong>Geographic Diversity</strong></td>
<td>• Experts from across the U.S.</td>
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<tr>
<td><strong>Patient /Consumer Voice</strong></td>
<td>• Patient representative</td>
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Findings

• Identified themes across environmental scan, interviews, and TEP recommendations
• Several recurring areas of concern throughout the history of the quality measure (see handout)
• Developed recommendations for both high priority and future measure development
• Reviewed feedback with NPUAP
  – An ongoing partnership has been established
# Recommendations for the Development of NQF #0678

**High Priority Recommendations**

- Align all staging definitions with the NPUAP staging definitions
- Include new unstageable pressure ulcers and new sDTIs
- Do not assign sDTIs a stage
- If a Stage 1 or 2 pressure ulcer becomes unstageable due to slough or eschar, include as a worsened pressure ulcer
- Continue to provide training and resources to support ongoing implementation in NH/SNFs, LTCHs, and IRFs

**In the Future Consider ...**

- Develop a quality measure to assess “healed” pressure ulcers
- Update risk adjustment covariates
- Identify setting-specific risk factors
- Exclude patients or residents at the end of life
- Explore approaches to better align with existing data collection systems and EHR
- Integrate data collection and reporting with providers’ workflow
- E-specify the measure

**Environmental Scan and Stakeholder Input**

- Staging and etiology of sDTIs
- Definition of “healed” pressure ulcers
- Indicators of malnutrition
- Indicators of end-of-life
- Reliability of assessing Stage 1 pressure ulcers and the use of Stage 1 pressure ulcers
- Conduct empirical analysis using LTCH CARE Data Set, IRF-PAI, and MDS 3.0 Data
High Priority Recommendations

• Include new unstageable pressure ulcers and new sDTIs (reported separately)

• Do not assign sDTIs a stage
  – Monitor literature on staging and etiology of sDTIs

• If a Stage 1 or 2 pressure ulcer becomes unstageable due to slough or eschar, include as a worsened pressure ulcer
High Priority Recommendations

• Either
  
  Align all staging definitions with the NPUAP staging definitions or
  
  Change the staging classification used in the quality measure to full versus partial thickness

• Continue to provide training and resources to support ongoing implementation in NH/SNFs, LTCHs, and IRFs
In the Future Consider …

- Development of a quality measure to assess “healed” pressure ulcers
  - “Healed” and “Healing” are different concepts
    - Report separately
    - Consider data collection and reporting burden
  - Environmental scan and stakeholder input to define “healed”

- Exclude patients or residents at the end of life
  - Environmental scan and stakeholder input to define end of life
  - Minimize unintended consequences of this exclusion
In the Future Consider …

• Update the risk adjustment
  – Identify setting-specific risk factors
• Explore approaches to better align with existing data collection systems and electronic health records
• Integrate data collection and reporting with providers’ workflow
• E-specify the measure
Environmental Scan & Stakeholder Input

• Staging and etiology of sDTIs
• Definition of “healed” pressure ulcers
• Indicators of end-of-life
• Reliability of assessing Stage 1 pressure ulcers and the use of Stage 1 pressure ulcers
• Indicators of malnutrition and malnutrition as a risk factor for pressure ulcers
• Conduct empirical analysis using LTCH CARE Data Set, IRF-PAI, and MDS 3.0 Data
Next Steps

• RTI and CMS will finalize decisions and next steps regarding the development of NQF #0678

• NQF #0678 annual maintenance review in Fall 2014
  – RTI will conduct pressure ulcer data analysis using LTCH CARE Data Set, MDS 3.0, and IRF-PAI
Conclusions

• The development and maintenance of a cross-setting quality measure for pressure ulcers addresses a high priority condition, while achieving the goal of aligning measures and standardized data elements across the continuum of care.

• This work aligns with goals set forth by:
  – CMS Quality Strategy and Measure Development Blueprint
  – HHS Strategic plan
  – HHS Partnership for National Patient Safety Initiative
  – National Quality Strategy
  – NQF Steering Committee and NQF MAP

• There are several areas for potential measure development.

• Integrate stakeholder feedback with findings from environmental scan, and empirical analysis.
Questions?