

USWR25: Outcome measure: Non-lower extremity Pressure Ulcer* (PU) Healing or Closure

MEASURE STEWARD:

US Wound Registry

DESCRIPTION:

Percentage of Stage 2, 3, or 4 pressure ulcers among patients age 18 or older that have achieved healing or closure within 6 months, stratified by the Wound Healing Index. Healing or closure may occur by secondary intention or may be the result of surgical intervention (e.g. rotational flap or skin graft).

NATIONAL QUALITY STRATEGY DOMAIN: Person and Caregiver Centered Experience and Outcomes

MEASURE TYPE: Outcome, High Priority

MEANINGFUL MEASURE AREA: Appropriate Use of Healthcare

TRADITIONAL MEASURE: Yes

PROPORTIONAL MEASURE: Yes

HIGH PRIORITY: Yes

INVERSE MEASURE: No

RISK ADJUSTED: Yes

of PERFORMANCE RATES: 1

NUMERATOR:

Pressure Ulcers within the denominator that achieved healing or closure within 6 months of the initial encounter.

The ICD-10 and CPT codes for the Numerator will consist of all pressure ulcers meeting the criteria described in the denominator.

DENOMINATOR:

All Stage 2, 3, or 4 Pressure Ulcers among patients aged 18 years and older.

DENOMINATOR EXCLUSIONS / EXCEPTIONS

EXCLUSIONS: Palliative care patients, unstageable pressure ulcers and deep tissue injuries (DTI).

EXCEPTIONS: *NONE*

RATIONALE:

Pressure ulcers affect at least 1.8% of Medicare beneficiaries and the associated costs are staggering. Healing rates as publicly reported by most wound centers are misleading. The most optimistic healing rate for pressure ulcers is likely 40% based on prospective trials data but could be 30% at 12 weeks based on real-world patient data. It is necessary to stratify pressure ulcers by risk category in order to establish benchmark healing rate data. The USWR has developed and validated a risk stratification for pressure ulcers. Reporting pressure ulcer outcome by WHI (as well as by NPUAP stage) will for the first time establish a national benchmark rate for pressure ulcer healing. It will then be possible (for the first

time) to determine whether specific interventions are able to impact pressure ulcer healing rate, something not possible now when healing rates are falsely inflated. This measure represents the first time that real world pressure ulcer outcomes have been reported using a validated risk stratification method.

EVIDENCE:

1. Nussbaum SR, Carter MJ, Fife CE, DaVanzo J, Haight R, Nusgart M, Cartwright D. An Economic Evaluation of the Impact, Cost, and Medicare Policy Implications of Chronic Nonhealing Wounds Value Health. 21(1): 27-32, 2017