

**\*\*NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR NURSING-SENSITIVE CARE PERFORMANCE MEASURES\*\***

**Measure Information Form**

**Measure Set:** Nursing-Sensitive Care

**Performance Measure ID:** NSC-2

<b>Set Measure ID#</b>	<b>Performance Measure Name</b>
NSC-2a	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence study – <b>All Units – overall rate (NSC-2b, c, d, e, f and g)</b>
NSC-2b	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence study by Type of Unit – <b>Critical Care - adult</b>
NSC-2c	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence study by Type of Unit – <b>Step-down - adult</b>
NSC-2d	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence study by Type of Unit – <b>Medical - adult</b>
NSC-2e	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence study by Type of Unit – <b>Surgical - adult</b>
NSC-2f	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence study by Type of Unit – <b>Med-Surg Combined - adult</b>
NSC-2g	Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence study by Type of Unit – <b>Mixed Acuity - adult</b>

**Performance Measure Name:** Pressure Ulcer Prevalence (Hospital-Acquired)

**Description:** The total number of patients that have hospital-acquired (nosocomial) category/stage II or greater pressure ulcers on the day of the prevalence study.

**Rationale:** The incidence of hospitalized patients developing pressure ulcers has been reported to range from 2.7 percent (Gerson, 1975) to 29.5 percent (Clarke and Kadhon, 1988). Certain circumstances (e.g., immobility, incontinence, impaired nutritional status, critical illness, etc.) further increase the risk for selected patients. The development of hospital acquired pressure ulcers (HAPU) places the patient at risk for other adverse events and may lead to increased lengths of stay. HAPUs also increase resource consumption and costs. Recommendations from the guideline *Pressure Ulcers in Adults: Prediction and Prevention* (AHCPR, 1992) include the identification of

individuals at risk and early intervention with a goal of maintaining and improving tissue tolerance in order to prevent injury. In most vulnerable patients, reducing risk factors and implementing preventive/treatment measures will reduce the incidence of new pressure ulcer development and prevent the worsening of existing ulcers. Nurses and nursing-care interventions play an important role in pressure ulcer prevention and management. The use of this prevalence measure allows organizations to monitor this important patient outcome at points in time and examine institutional processes.

**Type of Measure:** Outcome

**Improvement Noted as:** Decrease in rate

**Numerator Statement:** Patients that have at least one category/stage II or greater hospital-acquired pressure ulcer on the day of the prevalence study.

**Included Populations:**

- Hospital-acquired pressure ulcers (ulcers discovered or documented after the first 24 hours from the time of inpatient admission)
- Category/stage II or greater pressure ulcers
- Unstageable/unclassified pressure ulcers
- Suspected deep tissue injury

**Excluded Populations:**

- None

**Data Elements:**

- *Observed Pressure Ulcer*
- *Observed Pressure Ulcer – Hospital-Acquired*
- *Observed Pressure Ulcer – Category/stage*

**Denominator Statement:**

All patients surveyed for the study.

**Included Populations:** Patients 18 years or older who are admitted to all eligible units that are surveyed for the study.

**Excluded Populations:**

- Patients less than 18 years of age
- Patients who refuse to be assessed
- Patients who are off the unit at the time of the prevalence study, i.e. surgery, x-ray, physical therapy, etc.
- Patients who are medically unstable at the time of the study for whom assessment would be contraindicated at the time of the study, i.e. unstable blood pressure, uncontrolled pain, or fracture waiting repair.

- Patients who are actively dying and pressure ulcer prevention is no longer a treatment goal.

**Data Elements:**

- *Admission Date*
- *Birthdate*
- *Sex*
- *Type of Unit*
- *Prevalence Study Date*

**Risk Adjustment:** by stratification

**Data Collection Approach:** Concurrent for required data elements

**Data Accuracy:**

- Review and follow the Prevalence Study Methodology (see Appendix E).
- Review and follow International NPUAP-EPUAP Pressure Ulcer Guidelines (see Appendix D).
- For the purposes of this measure, and to maximize reliability across organizations, hospital-acquired ulcers (discovered or documented after the first 24 hours from the time of inpatient admission) category/stage II or greater ulcers are included in the numerator.
- The patient observation/exam and the medical record review must be conducted on the same day.
- An ulcer of category/stage II or greater observed after the first 24 hours from the time of inpatient admission AND for which there is **no documentation** in the record indicating the date of first discovery; should be considered as hospital-acquired.
- Skin breakdown due to arterial occlusion, venous insufficiency, diabetes related neuropathy, or incontinence dermatitis are not pressure ulcers.
- The terms “actively dying” and “medically unstable” are terms used to characterize patients who cannot safely be turned for physiological reasons. Active dying is considered the last few days of life when blood flow to organs (e.g., brain, heart, kidneys) is decreasing, respiratory distress is increasing, and physiological instability is apparent, making turning unrealistic. “Medically unstable” people may have poor hemodynamic profiles or distress so severe that they cannot safely be turned for examination of the back, sacrum scapula, ischea, back of head, etc. The nature of the instability will vary e.g., some will require upright position to breathe, others cannot tolerate movement because of changes in hemodynamics (reduction) or intracranial pressure (increase).
- Eligible reporting units for this measure are defined by the allowable values for the data element, *Type of Unit*.

**Measure Analysis Suggestions:**

Facilities may also choose to collect data on additional unit types such as pediatric, psychiatric or rehabilitation.

**Sampling:** No

**Data Reported as:** Aggregate rate generated from count data reported as a proportion

**Selected References:**

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**Performance Measure Source / Developer:**

Collaborative Alliance for Nursing Outcomes (CALNOC)

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**Measure Information Form**

**Measure Set:** Nursing-Sensitive Care (NSC)

**Performance Measure ID:** NSC-3

<b>Set Measure ID#</b>	<b>Performance Measure by Type of Unit</b>
NSC-3a	Patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study – <b>All Units – overall rate</b> (NSC-3b, c, d, e, f and g)
NSC-3b	Patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study by Type of Unit – <b>Critical Care - adult</b>
NSC-3c	Patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study by Type of Unit – <b>Step-down - adult</b>
NSC-3d	Patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study by Type of Unit – <b>Medical - adult</b>
NSC-3e	Patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study by Type of Unit – <b>Surgical - adult</b>
NSC-3f	Patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study by Type of Unit – <b>Med-Surg Combined - adult</b>
NSC-3g	Patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study by Type of Unit – <b>Mixed Acuity - adult</b>

**Performance Measure Name:** Restraint Prevalence (vest and limb)

**Description:** Total number of patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence study.

**Rationale:**

The utilization of physical restraints in the acute care setting has increasingly been the subject of interest by healthcare researchers, practitioners, regulatory, and accrediting bodies. Restraint use has the potential to produce serious consequences including physical and psychological harm. Potential physical complications can include the development of pressure ulcers, nerve and joint injuries, and even death from strangulation. Clinical practice guidelines suggest that the incidence and/or prevalence of restraint use should be monitored and that a range of effective prevention strategies and alternative therapies be implemented. The use of physical restraints to prevent falls