Pressure Injury Prevalence Study Instructions

EQIC hospitals that do not participate in the National Database of Nursing Quality Indicators will need to manually submit pressure injury prevalence study data into the EQIC portal. This guidance answers commonly asked questions on the manual data submission process for those hospitals.

What is a prevalence study?

A prevalence study, or a cross-sectional count of the number of cases in a population, measures the total number of patients with a hospital-acquired pressure injury — also referred to as a HAPI — in a hospital/hospital unit on the day of the PI study. The study is conducted one day every month or every quarter on your selected sample population and includes a count of *the total number of patients who have a HAPI,* **not** *the total number of PI*.

For a small hospital, this may be all patients in the hospital on the day of the study; for a large hospital, it may be select a unit(s). The key is to be consistent in your measurement approach and ensure staff understand how to accurately and consistently stage each HAPI present and document **who** has a pressure injury and **when** it developed.

When conducting your prevalence study, the origin of the PI must be determined (e.g., hospital, hospital/unit or community-acquired) by reviewing the patient record for evidence of a PI on admission. If there is no record of a PI present on admission, it is a HAPI.

What are the PI measures requiring manual entry into the EQIC portal?

- **Prevalence** rate of hospital-acquired (nosocomial) category/stage II or greater pressure injury per 100 patients
  - Data source: NDNQI/EQIC data portal
  - Specifications/definitions: NQF #0201

- **Percent** of patients with documentation of a pressure injury risk assessment within 24 hours of admission
  - Data source: NDNQI/EQIC data portal
  - Specifications/definitions: NDNQI

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What is the difference between incidence, prevalence and HAPI rates?

- The incidence rate counts all patients who developed a new PI during a sequentially defined period (week/month/quarter) after admission.

- Prevalence counts the number of patients with a PI at a specific point in time (i.e., point prevalence) and it can also include a prolonged period, such as the entire hospital stay (i.e., period prevalence). Both rates (point and period) include patients admitted to your hospital with a PI (present on admission) and those who developed a new PI between admission and the time of the study.

- The HAPI rate measures the number of patients at a specific point in time who acquired PI within your hospital. This rate only counts the number of patients who developed a new PI after admission and is intended to differentiate HAPIs from those acquired in the community.

What are the numerators and denominators for these PI measures?

PREVALENCE RATE (outcome measure):

- The **numerator** is the number of patients identified in your prevalence study with a hospital-acquired category/stage II or greater PI, including unstageable.

- The **denominator** is the number of patients included in the prevalence study.

RISK ASSESSMENT (process measure):

- The **numerator** is the number of patients identified in the prevalence study with a stage II or greater PI, including unstageable, who had a risk assessment completed within 24 hours of admission.

- The **denominator** is the number of patients included in the prevalence study (on your unit) with a hospital-acquired category/stage II or greater PI, including unstageable. *Note: This number should match the numerator of your PI prevalence rate.*

Should swing beds be included?

Some hospitals may use inpatient beds interchangeably for either acute or post-acute care status (e.g., rural/Critical Access Hospital) according to CMS guidelines, and these swing beds *can be counted in your prevalence study*.

If the patients are all on one unit with one staff, facilities typically count swing bed patients. The key is to be **consistent** in your collection approach for reporting and comparison purposes.

Are emergency department patients included?

No, the emergency department is excluded.

Are there exclusions to the PI prevalence study?

Exclusions include:

- patients who refuse to be assessed;

- patients who are off the unit at the time of the prevalence measurement, i.e., surgery, x-ray, physical therapy, etc.;

- patients who are medically unstable at the time of the measurement for whom assessment would be contraindicated at the time of

the measurement, i.e., unstable blood pressure, uncontrolled pain or fracture waiting repair; and

- end-of-life patients where PI prevention is no longer a treatment goal.

Where can I find additional information about how to manually enter the data in the EQIC data portal?

For data portal access support, refer to the *EQIC Data Portal Hospital User Guide*. Please note, you will have the option to select **monthly** or **quarterly submission** for PI data. Once submission frequency is selected, data must be entered at the same frequency going forward.

For further technical assistance, contact your EQIC Project Manager.

Where can I find more information on definitions for all EQIC measures, including PIs?

Refer to the *EQIC Data Methodology Guide*.

Additional resources

NDNQI Pressure Injury Training v 8.0

Agency for Healthcare Research and Quality — Preventing Pressure Ulcers in Hospitals toolkit

NPIAP Pressure Injury Stages