

**Importance:** According to AHRQ Partnership For Patients' Program, pressure injuries are the second most common adverse event behind drug events. Thus, having a usable metric for this patient safety event is imperative. It needs to be stressed this is an important "replacement metric" closing an important patient safety measurement "gap," since the impact of the current PSI-90 pressure injury metric (PSI 03) has been mitigated due to concerns regarding its use of administrative data and its validity.

Pressure Injury should be viewed as 100% preventable and aggressive preventative strategies should be implemented in all at-risk patients, not just those showing signs of impending ulcers. These include, mattress cushions, turning the patient every 2 hours and preemptively padding areas which are prone to form ulcers. Thus, whether or not a Stage I injury is present, prompt preventative strategies on all at-risk patients should prevent progression in the vast majority of patients.

**Advantages of the Replacement Metric:** One of the major advantages of the proposed metric is that it utilizes EMR and not Administrative Billing Data. The latter has long been held by the industry as having a low validity. In addition, the definition of the metric has been changed. It now measures injury with any skin breakdown (Stage II, III, and IV pressure injuries), avoiding a subjective judgement on the depth of the ulcer. Thus, when drainage is observed or when there is lack of skin integrity an event will be captured. (Note: Stage I injury is a discoloration of skin without skin breakdown).

The current PSI 03 metric only reports Stage III and IV pressure injuries, which when entering data into the EMR requires a subjective judgement on depth in the differentiation of Stage II and Stage III. Such a judgement would be expected to require additional training and the metric would be expected to have decreased validity and reliability. In addition, it does not measure all pressure ulcers, since Stage 2 ulcers are not captured.

**Burden:** There should be little burden on the facility, since the EMR systems can be used to capture the events. Thus, the burden should be similar to that of the original PSI 03 metric.

**Disparities:** Disparities is an important issue. In pressure injuries, healthcare resources and socioeconomic factors are of paramount importance and should not be mathematically negated but instead corrected. Stage II, III and IV pressure ulcers which are present on or develop within 24 hours of admission are captured. The 24 hour grace period will allow for identification of latent pressure injury. This should correct for preadmission ulcer formation caused by access and socioeconomic disparities. In a study of nursing home residents, Park Lee, et al, in a NCHS Data Brief reviewed over 159,000 nursing home residents and found that "Pressure ulcer prevalence varied by age, sex, and length of time since admission to the nursing home, but not by race." <https://www.cdc.gov/nchs/data/databriefs/db14.pdf>