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**ELECTRONIC CLINICAL QUALITY MEASURE:  
HOSPITAL HARM-PRESSURE INJURY (HH-PI)**

Michele Deppisch PT, CWS, FACCWS  
NPIAP President Elect  
NPIAP eCQM Task Force Leader



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**DISCLOSURE OF FINANCIAL RELATIONSHIPS**

I do not have any relevant relationships to disclose.



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### LEARNING OBJECTIVES

**The attendee will be able to:**

- 1) List the inclusion metrics for the Performance Rate Calculation in the Clinical Quality Measure Hospital Harm-Pressure Injury (HH-PI)
- 2) List the exclusion metrics for the Performance Rate Calculation in the Clinical Quality Measure, HH-PI
- 3) Describe the necessary elements to create a facility protocol for the Clinical Quality Measure, HH-PI



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### Who has started to implement CMS 826v3 – Hospital Harm-Pressure Injury at their facility?

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### NEWS UPDATE:

**DATA COLLECTION PERIOD**

- HH-PI data is mandatory for submission:
  - **January 1, 2028 to December 31, 2028**
  - Hospital financial reimbursement will be based on the submitted data and will occur in 2030
  - CY 2028 - FY 2030

**START OF THE ENCOUNTER (as of 5/8/2026)**

- The Start of the encounter is admission to the Emergency Room or Observation Area.



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### WHAT IS AN eCQM?

- **Electronic clinical quality measures (eCQMs) are standardized performance measures derived solely for use in EHRs.**
- **Current CMS policy classifies eCQMs into the CMS Quality Strategy domains:**
  - Clinical Processes / Effectiveness
  - Care Coordination
  - Patient and Family Engagement
  - Population and Public Health
  - Patient Safety
  - Efficient Use of Healthcare Resources



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### INTEROPERABILITY

**CMS is Promoting Change in Data Sharing:**

- Interoperability in healthcare means that different systems and devices can easily share and use patient data, ensuring seamless communication between hospitals, clinics, labs, and pharmacies.
- This enables healthcare providers to access accurate information promptly, thereby enhancing patient care and minimizing errors.
- Reduce labor data entry time, reduce paper errors, and expand information availability



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**CMS REPORTED:**

- Prevalence rate of 12.8% for hospital-acquired pressure injuries<sup>1</sup>
- Incidence rate of 5.4% per 10,000 patient days<sup>1</sup>
- 8.4% rate for hospital-acquired pressure injuries<sup>1</sup>
- Over 50% of reported hospital-acquired pressure injuries were Stage 2 or higher<sup>2</sup>

1. Li, Z., Lin, F., Thibbi, L., & Chaboyer, W. (2020). Global prevalence and incidence of pressure injuries in hospitalized adult patients: A systematic review and meta-analysis. *International Journal of Nursing Studies*, Vol. 105. <https://doi.org/10.1016/j.ijnurstu.2020.103316>  
2. Atienza, A., Argente, M., & Tostoff, S. (2004). Pressure sores in a nonoperative laboratorial analgesia. *Anesthesia and analgesia*, 98(6), 1783-1784. <https://doi.org/10.1023/B:ANES.000116928.80605.D6>



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**WHAT IS IPPS?**

- The Inpatient Prospective Payment System (IPPS) is how Medicare pays a hospital for inpatient stays.
- Complying with CMS regulations is crucial for an eligible hospital because it leads to financial incentives and helps it avoid penalties while improving patient care quality.
- Non-compliance can lead to significant financial penalties – some hospitals have seen a 9% reduction in reimbursement.<sup>3</sup>
- CMS regularly updates IPPS rules, including Quality Reporting and Promoting Interoperability (PI) requirements

3. 2025 IPPS Compliance: Understanding PI and eQDM Requirements for Healthcare Success, Azalea Health Solutions



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**WHY REPORT QUALITY MEASURES? FOR THE \$\$\$**

- CMS reimburses acute care hospitals for the care rendered to its patients under the Inpatient Prospective Payment System (IPPS)
- IPPS has a base payment rate based on the patient's diagnosis, the services or treatment provided, and the severity of illness.
- Hospitals that **successfully participate** in the Hospital Inpatient Quality Reporting (IQR) program and are **meaningful electronic health record (EHR) users** under the Medicare Promoting Interoperability Program have a net increase of 2.4%, called the Market Basket Adjustment. <sup>4</sup>

4. Federal Register 4.30.2020; 42 CFR Parts 412,413,495,512



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### ELIGIBLE HOSPITAL

**What Does It Mean?**

- **CMS defines an Eligible Hospital** as a hospital that is an institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services.
- **CMS defines a Critical Access Hospital as:** a hospital that is located in a State that has established a State Medicare Rural Hospital Flexibility Program;
  - Located in a rural area or an area that is treated as rural, more than 35 miles from the nearest hospital
  - Maintains no more than 25 inpatient beds that can be used for either inpatient or swing-bed services;
  - Maintains an annual average length of stay of 96 hours or less per patient for acute inpatient care
  - Provides 24-hour emergency care services 7 days a week
  - May have a 10-bed psychiatric and a 10-bed rehab unit




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### QUALITY MEASURE REPORTING

**Its Not New**

- For financial gain, Hospitals currently report quarterly to annually on these 5 Quality Measure Programs:
  - Hospital Inpatient Quality Reporting (IQR) Program
  - Hospital Value-Based Purchasing (VBP) Program
  - Promoting Interoperability Program
  - Hospital-Acquired Condition Reduction Program (HACRP)
  - Hospital Readmissions Reduction Program (HRRP)

**Our focus is on the Inpatient Quality Reporting (IQR) Measure**




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### QUALITY MEASURE REPORTING

- Each of the 5 Quality Measures is scored for the financial % payment above the requested reimbursement to CMS submitted through the Discharge Summary Form
- The 5 Quality measures together also create a score that ranks the hospital for financial payment
- Your focus is the **Hospital Inpatient Quality Reporting (IQR) program**
  - correct etiological diagnosis
    - Is it a pressure injury?




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## WHAT QUALITY MEASURES HOSPITALS REPORT

Resource Document	Overview	Location
Hospital IQR Program Measures	Lists the measures included in the Hospital IQR Program, the data source, where data are submitted, and a link to the measure specifications	Hospital IQR Program Measures
Acute Care Hospital Quality Improvement Program Measures	Lists the measures in the Hospital Quality Reporting programs and the measurement period, including publicly reported measures	
Hospital IQR Program Quick Reference Guide: Fiscal Year 2027 Web-Based Measures	Provides guidance and helpful tips to submit the Maternal Morbidity, Age-Friendly Hospital, and Patient Safety Structural Measures and the Data Accuracy and Completeness Acknowledgement	
Attestation Guide for the Maternal Morbidity Structural Measure		Web-Based Data Collection
Patient Safety Structural Measure Specifications and Attestation Guide	Provides information and examples to assist and support hospital responses to the statements included in each of the measures	
Age-Friendly Hospital Measure Specifications and Attestation Guide		
Hospital IQR Program Guide	Outlines the Hospital IQR Program participation requirements, including validation, and information about measures, data submission, and public reporting	Participation
Important Dates and Deadlines	Provides the upcoming submission deadlines	
Notice of Participation (NOP) Quick Reference Guide	Explains the NOP requirement and how to complete the form	Notice of Participation
Hospital IQR Program Summary of Fiscal Year 2026 Inpatient Prospective Payment System (IPPS) Final Rule Changes	Provides a high-level overview of the proposed changes that were finalized in the fiscal year 2026 IPPS final rule.	Resources
Submission Requirements and Accessing and Using Your Provider Participation Report (PPR)	Provides step-by-step guidance on how to access and navigate through the Hospital IQR Program submissions dashboard and the PPR	Tools and Resources
Quick Support Reference Card	Provides the different resources that are available for the Hospital IQR Program	
CMS Quality Reporting & Payment Program Overview	Provides a high-level summary of the different CMS Hospital Quality Reporting and Pay-for-Performance Programs	

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## QUALITY MEASURES THAT HOSPITALS REPORT: URLS

- Hospital IQR Program Measures
  - <https://qualitynet.cms.gov/inpatient/iqr/measures>
- Web-Based Data Collection
  - <https://qualitynet.cms.gov/inpatient/iqr/measures#tab2>
- Participation
  - <https://qualitynet.cms.gov/inpatient/iqr/participation>
- Notice of Participation
  - <https://qualitynet.cms.gov/inpatient/iqr/participation#tab2>
- Resources
  - <https://qualitynet.cms.gov/inpatient/iqr/resources#tab2>
- Tools and Resources
  - <https://www.qualityreportingcenter.com/en/inpatient-quality-reporting-programs/hospital-inpatient-quality-reporting-iqr-program/resources-and-tools2/>



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## WHO ARE THE STAKEHOLDERS?



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## THE STAKEHOLDERS


**Eligible Providers**

- Physicians
- Nurse practitioners
- Physician Assistants

**Information Technology Staff**

**Nurses**

- Inpatient Nurses
- Emergency Room Nurses
- Perioperative Nurses
- WOC Nurses




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## WHAT DID CMS USE TO BUILD HH-PI?


2015 Clinical Guidelines from the American College of Physicians<sup>5</sup>  
 2019 EPUAP, NPIAP, PPIA Clinical Practice Guideline<sup>6</sup>

- Risk Assessment
- Skin and Tissue Assessment
- Preventive Skin Care
- Nutrition Screening
- Repositioning & Early Mobilization

- Heel Pressure Injury
- Device-Related Pressure Injury
- Implementing Best Practices
- Health Professional Education

5. Qaseem A, Hurlburt L, Pollock M, et al. Treatment of pressure ulcers: A clinical practice guideline from the American College of Physicians. Ann Intern Med. 2015;162(2):129-137. doi:10.7554/ajph.2014.028565

6. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Heister (Ed.). EPUAP/NPIAP/PPPIA; 2015.




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**The eQOM for Hospital Inpatient Quality Reporting, HH-PI, tracks which stages of pressure injuries?**

ⓘ The Slido app must be installed on every computer you're presenting from


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**eCQM: HOSPITAL HARM – PRESSURE INJURY**

**What are the metrics for HH-PI?**

The measure assesses the number of inpatient hospitalizations for patients aged 18 and older who suffered the harm of developing a **New**:

- Stage 2
- Stage 3
- Stage 4
- Unstageable Pressure Injury
- Deep Tissue Pressure Injury



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**eCQM: HOSPITAL HARM – PRESSURE INJURY**

**Metrics Continued:**

- An episode of care is defined as a hospitalization/encounter that ends during the measurement period (January 1 to December 31).
- Encounters/hospitalizations include the time spent in the Emergency Department and Observation area when the transition to the inpatient hospital is within an hour
- The encounter begins with admission to the ER/Observation Area
- **Only 1 harm (new qualifying pressure injury) is counted per hospitalization/encounter**



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**KEY FACTS**

- **The severity of the NEW Hospital Acquired Pressure Injury is irrelevant.**
- It is the fact that a Pressure Injury  $\geq$  Stage 2 occurred!
- CMS has concluded that a pressure injury is indicative of poor quality of care



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**YOUR FACILITY PERFORMANCE MATTERS**

- The benchmark is not set as yet
- Practice submitting data now!
- This is a Proportion Measure
  - (Numerator ÷ Denominator) 100 = Performance Rate %
  - The Performance Rate is calculated as a percentage, and the lower the number, the better the performance



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**WHEN DOES THE ENCOUNTER START?**

**The Great Debate is Over!**

**The Encounter begins when the patient is admitted to the Emergency Department / Observation Area**

– CMS Statement April 2026



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### WHEN DOES THE ENCOUNTER START?

- At this point, it begins with admission to the Emergency Department / Observation Area
- The Provider may or may not include a skin assessment in the first evaluation of the patient,
- There needs to be an initial skin assessment to identify any PIs present on admission (POA) as soon as possible, for the time allowances
- CMS allows 24 hours from the admission date/time for Stage 2, Stage 3, Stage 4, and Unstageable pressure injuries to evolve for visual identification, thereby being classed as POA<sup>7</sup>
- CMS allows 72 hours from the admission date/time for Deep Tissue Pressure Injuries to evolve for visual identification, thereby being classed as POA<sup>7</sup>

7. Teicher AN, Thompson SL, McCormack HE, et al. A Retrospective, Descriptive Analysis of Hospital-acquired Deep Tissue Injuries. Ostomy Wound Manage. 2018;64(11):30-41.



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### DISCUSSION WITH EPIC

- How will the Admission Date & Time to the ED or Observation Areas be visible to the Inpatient Provider and nurse for pressure injury qualification of the 24hr and 72hr evolution and recognition?
- There have been questions raised about the correct mapping of POA for coding. Is this resolved at EPIC or at the local IT Clinical Quality Language level?
- When the first Hospital Acquired Pressure Injury (HAPI) occurs, how will the EHR recognize that and notify the WOC Nurse for internal calculation purposes?
- Will the system be able to recognize exclusions and run a denominator report?
- Can EPIC separate a patient's multiple encounters within a measurement period to meet the CMS requirement for separate encounter submission?



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### WHAT CREATES THE NUMERATOR?

**Patients 18 years and older who have sustained hospital harm:**

- A diagnosis of Stage 2, 3, 4, Unstageable, or Deep Tissue Pressure Injury, with the pressure injury NOT present on admission
- A Deep Tissue Pressure Injury (DTPi) that was found on exam, greater than 72 hours after the start of the encounter
- A Stage 2, 3, 4, or Unstageable Pressure Injury that was found on exam, greater than 24 hours after the start of the encounter.



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### WHAT CREATES THE NUMERATOR?

**Continued:**

- Patients are **not excluded** if they are diagnosed as having:
  - COVID-19
  - Skin Failure
  - Kennedy Terminal Ulcer
  - Medical Device Related Injury
  - Hospice Care
  - Terminally Ill
  - Diabetic Foot Ulcer identified as a pressure injury
- REMEMBER IT IS NOT THE STAGE OF THE NEW PI, IT IS THE FACT THAT A PI OCCURRED!




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### WHAT CREATES THE DENOMINATOR?

**The Denominator:**

- The Denominator is equal to the initial population (all patients discharged) in the measurement period (January 1 – December 31).
  - The initial population is the inpatient hospitalizations that end during the measurement period for patients aged 18 and older

**Exclusions for the Denominator:**

- Patients with a Stage 2, 3, 4, Unstageable pressure injury or DTPI diagnosis POA-Y
- Patients with a DTPI found on exam **72 hours or less** after the start of the encounter.
- Patients with a Stage 2, 3, 4, or Unstageable Pressure Injury found on exam **24 hours or less** after the start of the encounter.




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### PERFORMANCE RATE EXAMPLE

**Numerator Inclusions**

- A. DTPI not POA or not found on exam within 72 hours of encounter start
- PLUS**
- B. Stage 2, 3, 4, or Unstageable PIs not POA or not found on exam within 24 hours of encounter start

**Denominator Exclusions**

- C. Number of inpatient hospitalizations(age 18 and older) discharged during the Measurement period
- Minus**
- D. Number of DTPI documented as POA-Y or found on exam within 72 hours
- E. Number of Stage 2, 3, 4, or Unstageable PIs documented as POA or found on exam within 24 hours

$$\frac{(A+B)}{C - (D+E)} \times 100 = \text{Your Performance Rate}$$




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### PERFORMANCE RATE EXAMPLE

250-Bed Acute Care Hospital

$$\frac{38 + 86}{4200 - (19 + 50)} \rightarrow \frac{124}{4131} \rightarrow 0.0300 \times 100 = 3.00\%$$


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### Are there any patient diagnosis exclusions in the Numerator?

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### CAN YOU SAY NO TO REPORTING?

- Hospitals that do not complete the IQR's eCQM requirements will incur a penalty of 25%.
- This will apply to reimbursement for all Medicare claims in a given year and compounds over time.

**EXAMPLE**

- The hospital had \$110M in annual Medicare claims revenue
- The 2025 Performance Rate for Pls is 3.4%\*
- The 3.4% translates to a possible \$3,190,000 increase in payment
- For not reporting, there could be a 25% penalty
- The resultant financial loss would be ~\$935,000



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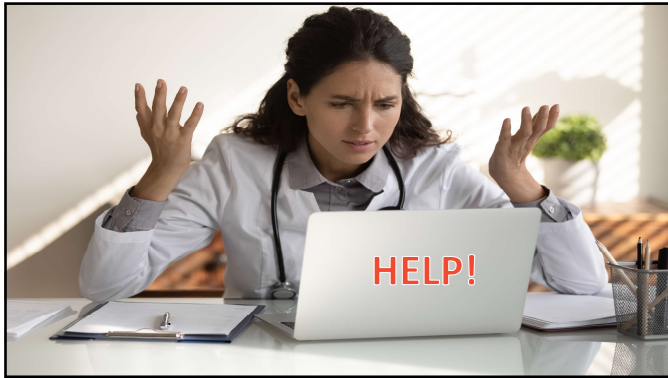
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**Call To Action**

- **Emergency & Observation Department**
  - PI Education
  - Resources to prevent pressure injuries during boarding
- **Perioperative Department**
  - This department has Perioperative Guidelines for the prevention of PI as developed by AORN
  - Complete a comparative review of the Facility Guidelines with the Peri-Op Guidelines to ensure they agree
  - Review pressure injury prevention equipment for the three Perioperative areas



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**Call To Action**

- **Staff Education Focus**
  - Skin Assessment Accuracy
    - Patients' clothes must be removed in the ER/Observation Areas at admission
  - Consider other etiologies
 

Skin Tear	MARSI
Venous Stasis Ulcer	Diabetic/Neuropathic Ulcer
Calciphylaxis	Irritant Contact Dermatitis
Friction Blister	Tension Blister
Fracture Blister	



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**Call To Action**

- **Stage 2 Skin Appearance**
  - Serum-filled blister
  - Blood-filled blister without surrounding purple, maroon, or erythema
  - Blister may be intact or ruptured
- **Skin Assessment of the Darkly Pigmented Individual**
  - Palpation of skin over bony prominences
  - Moisten the skin to see a color change
  - Use a pen light or similar at a slanted angle to see color and edema in an area

NPIAP has developed a Task Force to investigate the new science surrounding the histology of Stage 2 - more to come!



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**Call To Action**

- **EHR Documentation Format**
  - Review the pressure injury charting screen data with the IT department
  - Review the CMS Quality Data Model
  - The IT Department has been reporting Quality Measures since 2013. The EHR platform must be considered "Certified" by CMS; it probably is
  - Information about constructing language that will correctly communicate with the CMS system is the Health Level Seven International (HL7) Quality Reporting Document
  - Architecture (QRDA) EHR should be using SNOMED CT and LOINC, which are medical coding systems



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**What should be at the top of your Call-to-Action list?**



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**QUESTIONS & ANSWERS FROM CMS**

- What should the Provider document in the initial assessment?
  - There is a Clinical Quality Language format in the EHR, but it has been recommended that they use the verbiage of the Medical Coding Indicators
  - POA indicator of Y = Yes (Dx was present at time of inpatient admission)
  - POA indicator of N = No (Dx was not present at time of inpatient admission)
  - POA indicator of W = Clinically Undetermined
  - POA indicator of U = documentation insufficient to determine if the condition was present at the time of inpatient admission



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**QUESTIONS & ANSWERS FROM CMS**

**Q - What are the criteria for "assessment results"? Does this include physician AND nursing assessment documentation? Conflicting documentation?**

**A -** This eCQM pulls from patient data entered in a hospital's electronic health record (EHR) system, including diagnosis codes, test and assessment results, and present on admission (POA) indicators from both the Provider (Physician, Nurse Practitioner, Physician Assistant) and the Nurse. A conflict in staging is not relevant only that the PI occurred. A conflict in differential diagnosis, e.g., Stage 2 vs. MASD, can be corrected in the documentation.

[Per CMS: "We recommend that each hospital work with its EHR vendor to determine the specific data sources that are being used for eCQM reporting."](#)



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### QUESTIONS & ANSWERS FROM CMS

**Q - If a Stage 1 pressure injury is POA =Y and it worsens to a Stage 2 during admission, then is it counted in the numerator?**

A - Yes, it does not exclude inpatient hospitalizations/encounters for patients with a stage 1 pressure injury present on admission. Therefore, if the patient's Stage 1 pressure injury worsens to a Stage 2 pressure injury during the hospitalization /encounter period, the inpatient hospitalization for this patient may meet the numerator criteria, as this would be considered a new Stage 2 pressure injury and would become part of the numerator. If the patient has more than one PI or DTPI POA, and they worsen, it does not remove the patient from the exclusions and place them in the numerator.



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### QUESTIONS & ANSWERS FROM CMS

**Q: How will PI from a medical device be treated?**

A: The measure assesses the number of inpatient hospitalizations for patients aged 18 and older who suffer the harm of developing a new Stage 2, Stage 3, Stage 4, deep tissue, or unstageable pressure injury. This includes pressure injuries developed as a result of a medical device, as most medical device-related pressure injuries are preventable with appropriate care per CMS.



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### QUESTIONS & ANSWERS FROM CMS

**Q: If only one harm is counted per encounter, how does it determine which one to use? For example, if a Stage 2 and an unstageable are found, which one would be selected for the harm?**

A: This measure's logic only confirms whether a new deep tissue pressure injury or Stage 2, 3, 4, or unstageable pressure injury developed during an inpatient hospitalization (and was not present on admission); the specific diagnosis code is not returned. For this measure, only one new pressure injury is counted per inpatient hospitalization. If two new pressure injuries develop during a hospitalization, either will qualify the inpatient encounter for the numerator population, and the measure would not evaluate the other pressure injury. However, we recommend that each hospital work with its electronic health record (EHR) vendor to determine which pressure injury diagnosis is identified as the qualifying harm in an encounter where the patient develops multiple hospital-acquired pressure injuries during a hospitalization.



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### QUESTIONS & ANSWERS FROM CMS

**Q: When will the data pulls occur? (i.e., is there a set date of the month that data is pulled, only after patient discharge, etc.)**

A: Please reference the 2025 CMS QRDA I Implementation Guide for Hospital Quality Reporting for more information on data reporting requirements: <https://ecqi.healthit.gov/qrda/versions>.



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### QUESTIONS & ANSWERS FROM CMS

**Q: What about thermal imaging devices and identification of signs and symptoms of DTPI present on admission? What happens if those S/S are present but visual changes don't occur until 14 days later?**

A: Deep tissue pressure injuries (DTPIs) are typically visible via skin changes between 24 and 72 hours after a precipitating pressure event. The presentation of a DTPI that is detected by skin exam 72 hours or less after the start of the inpatient hospitalization would qualify the encounter for the measure's denominator exclusion criteria, as this would indicate that the precipitating pressure event for the DTPI occurred before the start of the inpatient hospitalization. While it is unlikely that a DTPI would present via skin changes 14 days after detection from a thermal imaging device, a DTPI detected via thermal imaging *could* progress to a Stage 2, 3, 4, or unstageable pressure injury days or weeks later in a hospitalization. However, early detection of the signs and symptoms of DTPIs through thermal imaging can facilitate timely intervention, such as pressure relief and specialized wound care, which can prevent the progression of a DTPI to a Stage 2, 3, 4, or unstageable pressure injury later in a patient's hospitalization.

**Q: If thermal imaging shows signs and symptoms (S/S) of DTPI within 24h of admission but no visual changes present until days later, can you mark this as POA-Y?**

A: Clinical and coding teams primarily use a patient's medical record, which includes physician notes and results of past physical exams, to record a Present on Admission (POA) indicator status for a particular diagnosis. We recommend that each hospital team works internally to determine what documentation is used to determine POA indicator statuses.



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### Simple Overview of POA Coding



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### CMS AUDIT OF eCQMs

- The data validation scoring system combines 2 validation scores:
  - 1 for clinical processes of care (CPoC) measures = 50%
  - 1 for eCQMs = 50%
  - Hospitals must achieve passing scores in both measure types to secure the full annual payment update.
- Hospitals that undergo audits moving forward will have their eCQMs assessed for data accuracy, with a minimum acceptable accuracy threshold set at 75%.
- The current annual hospital validation list includes 400 hospitals that have been selected to validate their Inpatient Quality Reporting



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### RESOURCES

- **eCQI Resource Center** <https://ecqi.healthit.gov/>
- **Eligible Hospital/Critical Access Hospital eCQM Resources** [https://ecqi.healthit.gov/eh-cah?qt-tabs\\_eh=0](https://ecqi.healthit.gov/eh-cah?qt-tabs_eh=0)
- **CMS EH Measures** <https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-eCQMs>
- **Get Started with eCQMs** [https://ecqi.healthit.gov/ecqms?qt-tabs\\_ecqm=education](https://ecqi.healthit.gov/ecqms?qt-tabs_ecqm=education)
- **Teach Me Clinical Quality Language (CQL) Video Series** [https://ecqi.healthit.gov/cql?qt-tabs\\_cql=2](https://ecqi.healthit.gov/cql?qt-tabs_cql=2)
- **Hospitalization with Observation** [https://www.youtube.com/watch?v=3yqwOU2XcZM&ab\\_channel=CMS%2FHS.gov](https://www.youtube.com/watch?v=3yqwOU2XcZM&ab_channel=CMS%2FHS.gov)



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## RESOURCES

- What is a Value Set <https://register.gotowebinar.com/recording/4766956164118938369>
- Value Set Authority Center (VSAC) Support <https://www.nlm.nih.gov/vsac/support/index.html>
- Pioneers In Quality <https://www.jointcommission.org/measurement/pioneers-in-quality/>
- Expert to Expert <https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/>
- ASTP/ONC Issue Tracking System <https://oncprojecttracking.healthit.gov/>
- National Pressure Injury Advisory Panel Website section eCQM <https://npiap.com/page/ecqm>



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2. Alfirevic, A., Argalious, M., & Tetzlaff, J.E. (2004). Pressure sore as a complication of labor epidural analgesia. *Anesthesia and analgesia*, 98(6), 1783–1784. <https://doi.org/10.1213/01.ANE.0000116928.80605.D6>.
3. 2025 IPPS Compliance: Understanding PI and eCQM Requirements for Healthcare Success. Azalea Health Solutions



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4. Federal Register 4.30.2025; 42 CFR Parts 412,413,495,512
5. Qaseem A, Humphrey L, Forciea MA et al. Treatment of pressure ulcers: A clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2015;162(5):370-379. doi:10.7326/M14-1568.
6. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel, and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019.
7. Tescher AN, Thompson SL, McCormack HE, et al. A Retrospective, Descriptive Analysis of Hospital-acquired Deep Tissue Injuries. *Ostomy Wound Manage*. 2018;64(11):30-41.



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### Documentation by Clinicians Other than the Patient's Provider

- Code assignment is based on the documentation by the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions when code assignment may be based on medical record documentation from clinicians who are not the patient's provider
- These exceptions include codes for Pressure Ulcer Stage
- If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's provider should be queried for clarification.

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### Timeframe for POA Identification and Documentation

- There is no required timeframe as to when a provider (per the definition of "provider" used in these guidelines) must identify or document a condition to be present on admission.
- In some clinical situations, it may not be possible for a provider to make a definitive diagnosis, or a condition may not be recognized or reported by the patient for a period of time after admission. In some cases, it may be several days before the provider arrives at a definitive diagnosis.
- This does not mean that the condition was not present on admission. Determination of whether the condition was present on admission or not will be based on the applicable POA guideline as identified in this document, or on the provider's best clinical judgment.
- If, at the time of code assignment, the documentation is unclear as to whether a condition was present on admission or not, it is appropriate to query the provider for clarification.

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### Documentation continued

- Conditions diagnosed during the admission but clearly present before admission. Assign "Y" for conditions diagnosed during the admission that were clearly present but not diagnosed until after admission occurred.
- Diagnoses subsequently confirmed after admission are considered present on admission if, at the time of admission, they are documented as suspected, possible, rule out, differential diagnosis, or constitute an underlying cause of a symptom that is present at the time of admission.
- Conditions documented as possible, probable, suspected, or rule out at the time of discharge. If the final diagnosis contains a possible, probable, suspected, or rule-out diagnosis, and this diagnosis was based on signs, symptoms, or clinical findings suspected at the time of inpatient admission, assign "Y."

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