



Complete Summary

TITLE

Pressure ulcers: percentage of patients with a pressure ulcer or pressure ulcer risk with documented periodic assessment for specific risk factors.

SOURCE(S)

American Medical Directors Association. Tool kit for implementation of the clinical practice guidelines for pressure ulcers [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2004. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with pressure ulcer or pressure ulcer risk factors with documented periodic assessment for specific risk factors.

RATIONALE

In the institutional setting, the prevalence of patients with pressure ulcers is between 2.5% and 24%, with an average of 1.6 to 2.5 wounds per patient. The incidence of pressure ulcers in nursing facilities is 0.20 to 0.56/1000 patient-days, which may increase to 14/1000 patient-days among those at high risk. The aged are most susceptible, with 70% of pressure ulcers occurring in patients over age 70. The most commonly affected sites, comprising approximately 80% of wounds, are the pelvic girdle (including ischium, sacrum, coccyx, and trochanters)

and heels. A patient with a pressure ulcer has a 2 to 6 times greater mortality risk than one with intact skin.

While pressure ulcers sometimes develop in spite of the best efforts of nursing staff and other multidisciplinary team members, many of these ulcers can be healed if detected promptly and treated at an early stage. Other pressure ulcers are not preventable or may be slow to heal because of patient factors that cannot be changed.

This is one of American Medical Directors Association's (AMDA) twelve suggested quantitative process or clinical outcomes measures related to implementation of pressure ulcer clinical practice guidelines (CPGs) in a long-term care facility. These measures are based on the four components of the AMDA pressure ulcers management process: Recognition, Assessment, Treatment, and Monitoring.

PRIMARY CLINICAL COMPONENT

Pressure ulcer; assessment for risk factors

DENOMINATOR DESCRIPTION

All patients who have a pressure ulcer or pressure ulcer risk

NUMERATOR DESCRIPTION

Number who have pressure ulcer or pressure ulcer risk with documented periodic assessment for specific risk factors

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Calabrese B. (Director of Research, Clinical Nurse Manager, AMDA Foundation. Columbia, MD). Personal communication. 2005 Oct 3. 2 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Long-term Care Facilities

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Allied Health Personnel
Dietitians
Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Rationale" field.

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

- Pressure ulcers can increase nursing time up to 50%, and are very costly in time and resources.
- Every year, pressure ulcers affect more than one million acute care and nursing facility patients. Costs associated with treatment exceed one billion dollars annually. Within this total, more than 355 million dollars is spent on pressure ulcer treatment in long-term care settings. Lawsuit claims per occupied bed have increased at an annual rate of 14 percent, while the average court settlement has risen 250,000 dollars.

EVIDENCE FOR COSTS

American Medical Directors Association. Tool kit for implementation of the clinical practice guidelines for pressure ulcers [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2004. various p.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients in the facility who have a pressure ulcer or pressure ulcer risk

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients who have a pressure ulcer or pressure ulcer risk

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

Number who have pressure ulcer or pressure ulcer risk with documented* periodic assessment for specific risk factors

***Note:** "Documentation" refers to whether a procedure/discussion was indicated/done or not indicated/not done.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Percentage of patients with a pressure ulcer or pressure ulcer risk with documented periodic assessment for specific risk factors.

MEASURE COLLECTION

[Pressure Ulcer Measures](#)

MEASURE SET NAME

[Assessment](#)

DEVELOPER

American Medical Directors Association

FUNDING SOURCE(S)

There was no funding for the development of the measures. However, Ross Products Division of Abbott Laboratories did provide funding for the Pain Management Guideline Implementation Tool Kit.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Medical Directors, Physicians, Pharmacists, Registered Nurses, Advanced Practitioners, Nursing Home Administrators, Registered Dieticians, Wound Care Specialist

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Medical Directors Association. Tool kit for implementation of the clinical practice guidelines for pressure ulcers [binder]. Columbia (MD): American Medical Directors Association (AMDA); 2004. various p.

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with a pressure ulcer or pressure ulcer risk with documented periodic assessment for specific risk factors," is published in "Tool Kit for Implementation of the Clinical Practice Guideline for Pressure Ulcers." This tool kit can be ordered from the [American Medical Directors Association \(AMDA\) Web site](#).

For more information, contact American Medical Directors Association (AMDA), 10480 Little Patuxent Parkway, Suite 76, Columbia, MD 21044; phone: (800) 876-2632 or (410) 740-9743; fax: (410) 740-4572; Web site: www.amda.com.

NQMC STATUS

This NQMC summary was completed by ECRI on June 27, 2005.

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