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<td>PICU Admission Time (hh:mm, military)</td>
<td>PICU Discharge or Transfer Date (mm/dd/yyyy)</td>
<td>PICU Discharge or Transfer Time (hh:mm, military)</td>
<td>Evidence of standardized pressure ulcer risk assessment tool (Yes -1/No -2)</td>
<td>Date of standardized pressure ulcer risk assessment tool was administered (mm/dd/yyyy)</td>
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<td>Description</td>
<td>The measure will be a chart review measure or an eMeasure performed to determine the proportion of patients for whom an initial risk assessment for development of an immobility-related pressure ulcer is performed. The immobility-related pressure ulcer assessment is to be performed within the first 24 hours of admission to the pediatric intensive care unit (PICU) with the use of a standardized pressure ulcer risk assessment tool designated as appropriate by the institution. The results of the assessment must be documented in the patient's chart upon completion.</td>
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<td>Disclaimer</td>
<td>These performance Measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. THE MEASURES AND SPECIFICATIONS ARE PROVIDED &quot;AS IS&quot; WITHOUT WARRANTY OF ANY KIND.</td>
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<td>Rationale</td>
<td>Relationship to desired outcome: The desired outcome is reduced incidence of stage II, III, stage IV, and Unstageable immobility-related pressure ulcers and deep tissue injury in critically ill and injured children. Early assessment of risk has been shown to be important in prevention of immobility-related pressure ulcer development (Brandeis et al, 2001; Butler 2006; Quigley and Curley, 1996; Sims and McDonald, 2003). The Braden Q is the only validated immobility-related pressure ulcer risk assessment tool available for use with critically ill children (Curley et al, 2003). Opportunity for Improvement: * Identification of patients at risk is a key step in preventing development of pressure ulcers in critically ill and injured children * Targeted implementation of prevention strategies requires identification of children at risk in order to prevent the development of pressure ulcers in critically ill and injured children IOM Domains of Health Care Quality Addressed: * Safe * Effective * Patient-centered * Timely * Equitable Harmonization with Existing Measures: This measure strives to harmonize to the extent possible with all other existing pediatric measures such that the process of care expected of healthcare providers does not contradict what may be expected of them across the full spectrum of patient care in a Pediatric Intensive Care Unit (PICU). The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure: Baharestani, M.M. &amp; Ratliff, C.R. (2007). Pressure ulcers in neonates and children: An NPUAP white paper. Advances in Skin &amp; Wound Care, 20(4), 208-220. On admission, all neonates and children should have a documented comprehensive examination, including a skin assessment and a risk assessment for pressure ulcers. Boynton, P. R., &amp; Paustian, C. (1996). Wound assessment and decision making options. Critical Care Nursing Clinics of North America, 8(2), 125-139. The increasing presence of multiple, chronic disease states among critically ill patients compounds care of their acute conditions, presenting significant challenges. The Braden Q and other validated risk assessment tools are essential tools in the prevention of immobility-related pressure ulcers in critically ill and injured children.</td>
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</tbody>
</table>
A risk assessment tool is essential for accurate, prompt identification of at-risk patients and timely implementation of a skin assessment (to detect existing pressure ulcers). These two assessments should be thought of as a single event.

The admission assessment should include both a risk assessment (to evaluate risk of developing a pressure ulcer) and a skin assessment (to detect existing pressure ulcers). Accurate assessment, documentation, prevention, and treatment are all key factors to effective pressure ulcer prevention.

The collaborative QI model was effective at reducing PUs in the PICU. Pediatric patients, particularly neonates, are at increased risk for pressure ulcers. The researchers use the Braden Q risk assessment. Use of reliable risk assessment tool associated with better care outcomes.

Increased risk factors for developing pressure ulcers in infants and children include the following: significant prematurity; critical illness; neurologic impairments (including myelomeningocele and spinal cord injury); nutritional deficits; poor tissue perfusion or oxygenation; and exposure to prolonged pressure from hospital apparatus or tubes. This article emphasizes the importance of assessment of risk. The Neonatal/Infant Braden Q Risk Assessment Scale has also been identified and is currently being studied for validity and reliability.

The Braden Q was used to evaluate at-risk patients in the PICU. The presence of edema, increasing length of stay, patients on increasing positive-end expiratory pressure, not turning the patient, use of a specialty bed in the turning mode, and weight loss are associated with the increased risk of development of pressure ulcers in patients in the PICU.

Cites a 3-pronged approach for pressure ulcer prevention and management, which decreases unnecessary variation in practice surrounding the prevention and care of pressure ulcers in acutely ill children. One of the key recommendations was the use of the Braden Q for pediatric risk assessment.

The article evaluates the key risk factors in children who develop pressure ulcers in the pediatric intensive care unit. The researchers use the Braden Q risk assessment. Use of reliable risk assessment tool associated with better outcomes.

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Improvement Notation

Reference

Definition
Standardized pressure ulcer assessment tool:
Assessment tool should be applied in a standardized basis to each patient admitted to the PICU and should be based on an immobility-related pressure ulcer risk assessment tool which has been validated for the majority of the institutions' PICU patients.

Currently, the Braden Q is the only validated immobility-related pressure ulcer risk assessment tool available for critically ill and injured children. Other validated risk assessment tools are acceptable, if available.

Guidance
None

Transmission Format
TDB

Initial Population
All patients admitted to the PICU with an admission ending during the reporting period.

Denominator
All patients admitted to the PICU for at least 24 hours during a monthly or quarterly reporting period.

Denominator Exclusions
None

Numerator
Number of PICU patients for whom an assessment of immobility-related pressure ulcer risk using a standardized pressure ulcer risk assessment tool was documented within 24 hours of admission.

Numerator Exclusions
None

Denominator Exclusions
None

Measure Population
Not applicable

Measure Population Exclusions
Not applicable

Measure Observations
Not applicable

Supplemental Data Elements
For every patient evaluated by this measure also identify payer, race, ethnicity and gender.

Table of Contents
- Population criteria
- Data Criteria (QDM Variables)
- Data criteria (QDM Data Elements)
- Supplemental Data Elements
- Risk Adjustment Variables

Population criteria

- **Initial Population** =
  # All patients admitted to the PICU for at least 24 hours during a monthly or quarterly reporting period.
  - AND: Intersection of:
    - "Occurrence A of Encounter, Performed: PICU Admission or Transfer" >= 24 hour(s) during "Measurement Period"

- **Denominator** =
  - AND: Initial Population
    - # Same as initial population
  - AND: Intersection of:
    - "Occurrence A of Encounter, Performed: PICU Admission or Transfer" >= 24 hour(s) during "Measurement Period"

- **Denominator Exclusions** =
  - None

- **Numerator** =
  # Number of PICU patients for whom an assessment of immobility-related pressure ulcer risk using a standardized pressure ulcer risk assessment tool was documented within 24 hours of admission.
  - AND: Intersection of:
    - Union of:
      - Intersection of:
        - "Occurrence A of Risk Category Assessment: Standardized Pressure Ulcer Risk Assessment Tool" between "Time Interval A of Measurement Period Start" and "Time Interval A of Measurement Period End"
### Numerator Exclusions
- None

### Denominator Exceptions
- None

### Stratification
- None

#### Data Criteria (QDM Variables)
- None

#### Data criteria (QDM Data Elements)
- "Encounter, Performed: Occurrence A of PICU Admission or Transfer" using "Occurrence A of PICU Admission or Transfer User Defined QDM Value Set (1.1.1.1)"
- "Risk Category Assessment: Occurrence A of Standardized Pressure Ulcer Risk Assessment Tool (Braden Q)" using "Occurrence A of Standardized Pressure Ulcer Risk Assessment Tool (Braden Q) User Defined QDM Value Set (1.1.1.1)"
- "Risk Category Assessment: Occurrence A of Standardized Pressure Ulcer Risk Assessment Tool (Other)" using "Occurrence A of Standardized Pressure Ulcer Risk Assessment Tool (Other) User Defined QDM Value Set (1.1.1.1)"

#### Supplemental Data Elements
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDCREC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer SOP Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDCREC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex AdministrativeSex Value Set (2.16.840.1.113762.1.4.1)"

#### Risk Adjustment Variables
- None

| Measure Set | Not applicable |