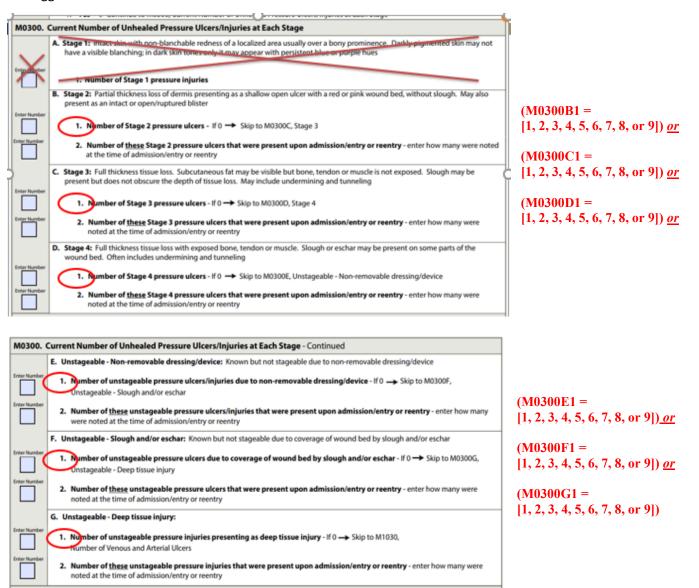
High-Risk Pressure Ulcers (Long-Stay) Quality Measure (QM) MDS Coding Tip Sheet

Quality Measure Overview

This measure reports the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers. If a high-risk resident currently has any number of pressure ulcers/injuries that are Stage II-IV or unstageable, it will trigger the measure, unless there is an exclusion. The definition of high-risk resident for this QM includes those individuals with one or more of the following:

- 1. Impaired bed mobility or transfer, as indicated by either or both of the following:
 - 1.1. Bed mobility, self-performance (G0110A1 = [3, 4, 7, 8]).
 - 1.2. Transfer, self-performance (G0110B1 = [3, 4, 7, 8]).
- 2. Comatose (B0100 = [1]).
- 3. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked).

MDS measures that will trigger the Hi-Risk Pressure Ulcer – Long-stay (L) Quality Measure are any number of Stage 2, 3, 4, & unstageable pressure ulcers/injuries, as noted in graphic below. Stage 1 pressure ulcers/injuries will not trigger this QM.



Code for pressure ulcers only. If pressure is not the primary cause, do not code the wound as a pressure ulcer. When completing the MDS:

- Provide base assessment on the highest stage of existing ulcer at its worst; do not use reverse-staging.
- Determine the resident's pressure ulcer/injury risk.
- Document the current number of unhealed pressure ulcers/injuries and the stage of each
- Visualization of the wound bed is necessary for accurate stage
- If after careful cleansing, pressure ulcer/injury anatomical tissues remain obscured, the pressure ulcer/injury is considered unstageable
- A pressure ulcer/injury with intact skin that is a deep-tissue injury should be coded as unstageable
- Know pressure ulcers/injuries covered by a non-removable dressing or device should be coded as unstageable

For more guidance on completing the MDS appropriately, refer to the RAI Manual Section M

This measure is used in the Five Star Quality Rating System

Exclusions:

- 1. Target assessment is an admissions assessment (A0310A = [01]) or a PPS 5-Day assessment (A0310B = [01]).
- **2.** Resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) *and any* of the items M0300B1-M0300G1 are dashed.

To explore QAPI opportunities at the system-wide, <u>facility</u> level:

Review the Hi-Risk Residents with Pressure Ulcers (L) QM with the Inter-Disciplinary Team monthly, keeping alert for improvement opportunities.

Pay special attention to those QMs that are starred in the far-right column, labeled Comparison Group National Percentile on the CASPER Facility Level report. The star indicates that the facility's rate for the Quality Measure, in this instance, Hi-risk Residents with Pressure Ulcers (L) QM is greater than 75% of the skilled facilities in the United States. In other words, 75% of the nursing homes in the nation are doing better in this measure than your facility and therefore, you should work on to improve this QM.

Also, on the CASPER Facility Level Report, the Comparison State and National Average Rates columns is where you can see how your rates compare on a state and national level. If your rates are higher than state and national rates, this might indicate an area in need of improvement.

Provide for education for nursing staff, and even certification for wound nurses within your facility to stay on top of assessments and treatments and provide for frequent front-line staff education.

Consider using a Pressure Ulcer Tracking Tool to track skin & risk assessments, acquisition, prevention & healing of wounds, and pain management for residents with pressure injuries or skin failure. Use this tool to trend facility-wide patterns that can then be addressed as a <u>Performance Improvement Project</u>.

To explore QAPI opportunities at the <u>resident</u> level:

Review the CASPER Resident Level Reports monthly. Do the reports match up with your tracking of pressure ulcers/injuries? If not, code there be a coding error, such as a resident being marked as high-risk incorrectly in Section B, G, or I? Or any of the special circumstances pressure ulcers/injuries as noted in M being coded incorrectly?

FOCUS on PREVENTION. There are many evidence-based resources and tools available on the <u>National Pressure Injury</u> Advisory Panel (NPIAP) website, including free resources and materials.

Provide education to support critical thinking in nursing staff regarding individualized interventions for resident's related to his/her specific risks.

Assure staff have adequate tools to document and communicate skin changes to the wound nurse and charge nurse and to all shifts to provide consistent care, for example:

Licensed Nurse Weekly Skin Assessment

CNA Shower Skin Review

Refer to the current MDS 3.0 Quality Measures User's Manual (v. 14) for additional details:

For guidance on quality measures and support in making improvements, please contact a member of our nursing home team; visit the Who We Are page for a listing of team members and contact information.

- Quality Measure Tip Sheet information and resources up to date as of August 2021





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