

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.

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	
Enter Number <input type="checkbox"/>	<p>A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues</p> <p>1. Number of Stage 1 pressure injuries</p>
Enter Number <input type="checkbox"/>	<p>B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister</p> <p>1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3</p> <p>2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>
Enter Number <input type="checkbox"/>	<p>C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling</p> <p>1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4</p> <p>2. Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>
Enter Number <input type="checkbox"/>	<p>D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling</p> <p>1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device</p> <p>2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>

(M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) or

(M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) or

(M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) or

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued	
Enter Number <input type="checkbox"/>	<p>E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device</p> <p>1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar</p> <p>2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>
Enter Number <input type="checkbox"/>	<p>F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar</p> <p>1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable - Deep tissue injury</p> <p>2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>
Enter Number <input type="checkbox"/>	<p>G. Unstageable - Deep tissue injury:</p> <p>1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers</p> <p>2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry</p>

(M0300E1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) or

(M0300F1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) or

(M0300G1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9])

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, facility 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 [Performance Improvement Project](#).

To explore QAPI opportunities at the resident 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 [National Pressure Injury 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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