Comagine Health
Formerly Qualis Health and HealthInsight

Quality Measure Tip Sheet:

Pressure Ulcers — Long Stay

Quality Measure Overview

This measure captures the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers.

Numerator: All long-stay residents with a selected target assessment that meet the following conditions:

1. Stage II-IV or unstageable pressure ulcers are present, as indicated by ***any*** of the following six conditions:
   - 1.1. (M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) ***or***
   - 1.2. (M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) ***or***
   - 1.3. (M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) ***or***
   - 1.4. (M0300E1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) ***or***
   - 1.5. (M0300F1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) ***or***
   - 1.6. (M0300G1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]).

Denominator: All long-stay residents with a selected target assessment who meet the definition of high-risk, except those with exclusions. Residents are defined as high-risk if they meet ***one or more*** of the following three criteria on the target assessment:

1. Impaired bed mobility or transfer 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).

Exclusions:

1. Target assessment is an OBRA Admission assessment (A0310A = [01] ***or*** a PPS 5-Day assessment (AO310B = [0]).
2. If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) ***and any*** of the following conditions are true:
   - 2.1. (M0300B1 = [-]).
   - 2.2. (M0300C1 = [-]).
   - 2.3. (M0300D1 = [-]).
   - 2.4. (M0300E1 = [-]).
   - 2.5. (M0300F1 = [-]).
   - 2.6. (M0300G1 = [-]).

MDS Coding Requirements

In the MDS:

- Provide base assessment on highest stage of existing ulcer/injury 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 staging.
- 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.
- Known pressure ulcers/injuries covered by a non- removeable dressing or device should be coded as unstageable.

Adapted by Comagine Health, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho, Nevada, New Mexico, Oregon, Utah and Washington, from materials provided by Tellligen, and prepared under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

- If a pressure ulcer is surgically closed with a flap or graft, it should be coded as a surgical wound and nota as a pressure ulcer. If a flap or graft fails, continue to code it as a surgical wound until healed.

Ask These Questions

- Was the MDS coded per Resident Assessment Instrument (RAI) requirements?
- Are risk assessments completed per policy (usually on admission, quarterly, and after a change in condition); and, based on the score, are interventions implemented for prevention?
- Is the skin evaluated immediately upon admission and at least weekly thereafter for changes?
- Are interventions immediately implemented based on the risk score?
- Does a criteria guide exist for the type of interventions to use, and is it accessible to floor nurses?
- Are the interventions communicated to front-line staff members, does a quality-rounding process exist to ensure application of devices?
- Are nurses evaluated for competency in wound evaluation?
- Are certified nursing assistants evaluated for competency in positioning and transfers?
- Are at-risk residents reviewed on at least a weekly basis for potential changes and care plan modifications in care and treatment?