QUALITY MEASURE TIP SHEET:
Pressure Ulcer/Injury—Long Stay

Quality Measure Overview

- This measure captures the percentage of long-stay, high-risk residents with Stage II–IV or unstageable pressure ulcers/injuries.
- This measure will trigger with a selected target assessment that meets both of the following criteria and is coded in section M0300 on the MDS:
  1. There is a high risk for pressure ulcers/injuries
  2. Stage II-IV or unstageable pressure ulcers/injuries are present.
- Exclusions include the following:
  1. Target assessment is an OBRA Admission assessment or a 5-day PPS or a Medicare readmission/return assessment.
  2. A dash (-) is documented on the MDS indicating the number of stage II-IV and unstageable pressure ulcers/injuries was not assessed.

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-removable dressing or device should be coded as unstageable.

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?

FOR GUIDANCE ON QUALITY MEASURES, PLEASE REACH OUT TO A TELLIGEN NURSING HOME QUALITY IMPROVEMENT FACILITATOR

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, 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. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. 11SOW-QIN-C2-03/21-3313

www.TelligenQINQIO.com