

Quality Measure Tip Sheet:

Pressure Ulcer – Long Stay

This measure is used in the 5-star quality rating system.

Quality Measure Overview

- This measure captures the percentage of long-stay, high-risk residents with stage II–IV pressure ulcers or unstageable pressure ulcers.
- This measure will trigger if the resident presents as having a stage II, III, IV or unstageable pressure ulcer and if the resident is considered high risk for pressure ulcers (this is the numerator).
- A high-risk resident is identified as meeting one or more of the following three criteria of the target assessment (this is the denominator):
 - Impaired bed mobility or transfer indicated by either or all of the following:
 1. Bed mobility self performance (G0110A1), transfer self performance (G0110B1) [3], [4], [7], [8]
 2. Comatose (B0100)
 3. Malnutrition or at risk for malnutrition (15600) is checked
- Exclusions:
 - Target assessment is an OBRA admission assessment or a five-day PPS or a Medicare readmission/return assessment.
 - Resident does not meet the pressure ulcer conditions for the numerator, and any of the following are coded as [-] M0300B1, M0300C1, M0300D1, M0300E1, M0300F1 or M0300G1.

MDS Coding Requirements

In the MDS, refer to section M:

- Provide base assessment on highest stage of existing ulcer at its worst; do not use reverse-staging.
- Determine the resident's pressure ulcer risk.
- Document the current number of unhealed pressure ulcers and the stage of each.
- Indicate the dimensions of any unhealed stage III or IV pressure ulcers or eschar.
- Indicate the most severe tissue type (e.g., epithelial, granulation, slough, eschar or none).
- Note any worsening in pressure ulcers since prior assessment.
- Indicate if the pressure ulcers were present on admission.

Consider These Questions:

- Was the MDS coded as per the 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?

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