



Quality Measure Tip Sheet: Pressure Injuries – Long Stay

Quality Measure Overview

Numerator:

- This measure captures the percentage of long-stay, high-risk residents with Stage II through IV pressure injuries.
- This measure will trigger if the resident presents as having a Stage II, III or IV pressure injury and if the resident is considered high-risk for pressure injuries.
- A high-risk resident is identified as meeting one or more of the following three criteria of the target assessment:
 1. Impaired bed mobility or transfer indicated by either or both of the following = [3], [4], [7], [8]:
 - Bed mobility self performance (G0110A1)
 - Transfer self performance (G0110B1)
 2. Comatose (B0100)
 3. Malnutrition or at risk for malnutrition (I5600) is checked

Denominator:

- All long-stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions

Exclusions:

- Target assessment is an admission assessment or a PPS 5-day or readmission/return assessment.
- Resident does not meet pressure injury conditions for the numerator and any of the following coded as [-]: M0300B1, M0300C1 or M0300D1.

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 change in condition), and based on the identified risk factors, 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 identified risk factors?
- Has the resident's bed, cushions and other positioning products been evaluated?
- Does a criteria guide exist for the type of interventions to use, and is it accessible to floor nurses?
- Are the interventions communicated to frontline staff?
- Does a quality rounding process exist to ensure application of devices and other prevention interventions?
- Are nurses evaluated for competency in wound assessment?
- 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 prevention/treatment modifications?

MDS Coding Requirements

In the Minimum Data Set (MDS):

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

Resource: <https://downloads.cms.gov/files/MDS-30-RAI-Manual-v114-Replacement-Manual-Pages-and-Change-Tables-October-2016.pdf>



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