

Utilizing the QI/QM Report and Common MDS PrU Coding Errors

**HSAG Pressure Ulcer (PrU) Collaborative
Learning Session 6
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Objective

Identify and prevent common MDS coding errors to improve reporting accuracy for the pressure ulcer quality measure.

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Common Coding Errors

Common conditions often misconstrued as pressure ulcers include:

- Diabetic ulcers
- Venous ulcers
- Skin tears
- Arterial ulcers
- Perineal dermatitis
- Friction
- Maceration
- Shear

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Pressure Ulcer Look-A-Likes

Is it a Pressure Ulcer, or is it something else?

Different wound types and skin injuries can commonly be misdiagnosed and documented as pressure ulcers. Differentiating wounds is very important for identifying appropriate wound treatment.

Common conditions often misconstrued as pressure ulcers include:

- Skin tears
- Arterial Ulcers
- Diabetic Ulcers
- Venous Ulcers
- Perineal Dermatitis
- Friction
- Maceration
- Shear

Examples:



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01: Admission Assessments Not Calculated into Pressure Ulcer Quality Measure

AA8a Code	Type of MDS Assessment
01	Admission
02	Annual
03	Significant change in status assessment
04	Significant correction of prior full assessment
05	Quarterly review assessment
10	Significant correction of prior quarterly assessment

Resident Int Id	Resident Name	AA8a	Pressure Ulcers	Hi	Lo
Active Residents					
999999	DOE, JANE	02			
999999	DOE, JANE	05	X		
999999	DOE, JANE	05			
999999	DOE, JANE	03			
999999	DOE, JANE	02			
999999	DOE, JANE	05			
999999	DOE, JANE	01	X		
999999	DOE, JANE	01			
999999	DOE, JANE	01			
999999	DOE, JANE	01	X		
999999	DOE, JANE	01	X		

Information for Health Care Improvement

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QM/QI Reports: Technical Specifications

Skin Care	
<p>12.1 High-risk residents with pressure ulcers</p> <p>Source: QM CPRU02</p> <p>QI Replaced: QI24 High Risk</p>	<p>Numerator: Residents with pressure sores (Stage 1-4) on target assessment (M2a >0 OR I3a-I3e = ICD-9 707.0*) who are defined as high risk (see denominator definition).</p> <p>Denominator: All residents with a valid target assessment and any one of the following high-risk criteria:</p> <ol style="list-style-type: none"> 1. Impaired in bed mobility or transfer on the target assessment as indicated by G1aA = 3, 4, or 8 OR G1bA = 3, 4, or 8. 2. Comatose on the target assessment as indicated by B1 = 1. 3. Suffer malnutrition on the target assessment as indicated by I3a through I3e = 260, 261, 262, 263.0, 263.1, 263.2, 263.8, or 263.9. <p>Exclusions: Residents satisfying any of the following conditions are excluded:</p> <ol style="list-style-type: none"> 1. The target assessment is an admission (AA8a = 01) assessment. 2. The QM did not trigger (resident is not included in the QM numerator) AND the value of M2a is missing on the target assessment.

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Ensure the Denominator for High-Risk Pressure Ulcers is Correct

- Residents are identified as high-risk through the MDS 2.0 ADL questions G1a(A) and G1b(A):
 - **G1a(A) Bed Mobility**—How the resident (consider all three):
 - Moves to and from a lying position.
 - Turns from side to side.
 - Positions his or her body while in bed, in a recliner, or in other types of furniture the resident sleeps in, rather than a bed.
 - **G1b(A) Transfer**—How the resident moves between surfaces: to/from a bed, chair, wheelchair, or to/from standing (exclude to/from bath or toilet).

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SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS

1. (A) ADL SELF-PERFORMANCE—(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days—Not including setup)			
	0. INDEPENDENT—No help or oversight —OR— Help/oversight provided only 1 or 2 times during last 7 days		
	1. SUPERVISION—Oversight, encouragement or cueing provided 3 or more times during last 7 days —OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days		
	2. LIMITED ASSISTANCE—Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times —OR—More help provided only 1 or 2 times during last 7 days		
	3. EXTENSIVE ASSISTANCE—While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: —Weight-bearing support — Full staff performance during part (but not all) of last 7 days		
	4. TOTAL DEPENDENCE—Full staff performance of activity during entire 7 days		
	8. ACTIVITY DID NOT OCCUR during entire 7 days		
(B) ADL SUPPORT PROVIDED—(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		(A)	(B)
	0. No setup or physical help from staff	SELF-PERF	SUPPORT
	1. Setup help only		
	2. One person physical assist		
	3. Two+ persons physical assist		
	8. ADL activity itself did not occur during entire 7 days		
a.	BED MOBILITY—How resident moves to and from lying position, turns side to side, and positions body while in bed		
b.	TRANSFER—How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)		

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Significant Change of Condition

- A “significant change” is a decline or improvement in a resident’s status that:
 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not “self-limiting.”
 2. Impacts more than one area of the resident’s health status.
 3. Requires interdisciplinary review and/or revision of the care plan.

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Questions



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Source

Revised Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual Version 2.0. December 2002 (revised December 2008).

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Contact Information

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Utilizing QI/QM Reports and Common MDS Coding Errors

Over 1 million drug-related injuries occur every year in health care settings. The Institute of Medicine estimates that at least a quarter of these injuries are preventable.

**To find out how to prevent medication errors, go to
http://www.hsag.com/az_drugsafety.**



www.hsag.com

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