

Pressure Ulcers High-Risk Stratification Quality Measure Sheet

MDS Assessment Used

OBRA Full (AA8a): 2, 3, 4 assessments or a quarterly assessment 5 or 10. It is the latest assessment with assessment reference date (A3a) within the CASPER QI/QM Report six-month default target period. (*Admission assessments are excluded.*) *Target period:* the target assessment for chronic-care quality measures is the most recent full or quarterly assessment with the assessment reference date in the **six-month default target period**.

High-Risk Numerator

Residents meeting high-risk criteria (see below) with pressure ulcers (stages 1–4) on target assessment, or an active diagnosis of a pressure ulcer (707.xx). Residents with pressure ulcers must meet at least one of the high-risk criteria to be included in this measure.

High-Risk Denominator

All residents with a valid target assessment after exclusions are applied and with any one of the following high-risk inclusion criteria.

High-Risk Criteria: G1a: ADL self-performance measures what the resident **actually did** (not what he or she might be capable of doing) for bed mobility and transfer.

- ❑ **Impaired in bed mobility or transfers on the target assessment as indicated by G1a (A) = 3, 4, or 8; or G1b (A) = 3, 4, or 8**

G1a(A) Bed Mobility—How the resident (consider all three for self-performance):

- 1) Moves to and from a lying position
- 2) Turns from side to side
- 3) 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)

Coding:

3: Extensive assistance—While the resident performed part of the activity over the 7-day look-back period, help of the following type(s) was/were provided three or more times:

Weight-bearing support—any physical weight-bearing support provided by staff such as supporting an elbow, assisting with standing, completely lifting a limb or body section, or repositioning.

Full staff performance—during part (three or more times), but not all of the 7-day look-back period.

4: Total dependence—Full staff performance of activity during the entire 7-day look-back period.

8: Activity did not occur during the entire 7-day look-back period

- ❑ Comatose on the target assessment as indicated by B1 = 1
- ❑ Suffer malnutrition on the target assessment as indicated by I3a through I3e = (ICD 9 codes) 260, 261, 262, 263.0, 263.1, 263.2, 263.8 or 263.9

Exclusions

- ❑ The target assessment is an admission.
- ❑ The resident is not included in numerator (no pressure ulcer), or the value of M2a is missing on the target assessment.
- ❑ The resident does not qualify as high risk.
- ❑ The resident does not qualify as high risk, and the value of B1 is missing on the target assessment.

Common Coding Errors

- ❑ Failure to recognize self-performance may vary from day to day, shift to shift, and within a shift.
The total picture of ADL self-performance over the complete 24-hour, 7-day look-back period must be considered. Gather self-performance information from all shifts/all days including weekends.
- ❑ Failure to code to a resident's actually used level of staff support or recognize it.
It only takes three instances of higher levels of support to trigger the higher rating (i.e., limited assistance to extensive assistance).
- ❑ Coding what a resident is capable of performing instead of what he or she actually performed. Do not record the type and level of assistance the resident "should" be receiving. Record the type and level of assistance the resident **actually** received.
- ❑ Failure to have adequate documentation in the clinical record to support self-performance coding.
You may be coding to a more independent level of self-performance than what actually occurred because of lack of documentation.
- ❑ Overlapping self-performance into different categories.
Each category is intended to be exclusive, without overlap consideration into other categories.

- ❑ Considering only one component in the bed mobility category for coding.
With bed mobility, all three activities listed above must be considered to correctly code self-performance. Three or more instances of additional support for any/all of the activities within the 7-day look-back period would require coding at the higher level of staff support.
- ❑ Considering only one component in the transfer category.
With the transfer category, movement to/from a bed, chair, wheelchair, or to/from standing must all be considered. A minimum of three instances of greater staff support within the 7-day look-back period would require coding at the higher level for staff support.

Examples

- A. **Bed Mobility:** Two staff members must physically lift and reposition the resident toward the head of the bed. The resident assists by bending knees and pushing with legs per staff verbal cues (self-performance score = 3 [extensive assistance]).
- B. **Bed Mobility:** The resident is unable to physically turn, sit up, or lie down in bed. Two staff members physically turn the resident every two hours. The resident must be physically supported to a seated position in bed when reading (self-performance = 4 [total dependence]).
- C. **Transfer:** The resident always has a difficult time standing from a chair. One staff member has to partially physically lift and support the resident upon standing (self-performance = 3 [extensive assistance]).
- D. **Transfer:** The resident is physically debilitated and requires two staff members to physically support and transfer to a recliner chair daily. The resident is unable to assist (self-performance = 4 [total dependence]).

Best Practices for Capturing Good ADL MDS Assessment Information

- A. Educate and ensure competency on the ADL coding rules by all staff members involved in coding Section G.
 - a. Coding is based on the number of times an activity occurred. If staff support occurred three or more times within the 7-day look-back period, code at the higher level of dependency or support.
 - b. The difference between “limited assistance” and “extensive assistance” is non-weight-bearing versus weight-bearing support provided by staff.
- B. Code each column of G1 separately to foster improved accuracy. Complete column (A), ADL self-performance, first and then go back and complete column (B), ADL support provided.
- C. Ensure coding is based on the complete 24-hour, 7-day look-back period and include all shifts and all disciplines. ADL documentation tools should include descriptive language that is easily understood by all multi-disciplinary staff, including CNAs.