



Oklahoma  
State  
Department  
of Health

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*Oklahoma State  
Department of Health*

**Quality Improvement  
& Evaluation Service**

*James Joslin,  
Service Director*

# MDS

## News You Can Use

### Tips for QAPI Skin Care Program

Section M on the MDS is to assist in identifying skin conditions that may lead to further complications for the resident. The first item in Section M is to determine the risk factors of each resident for developing a pressure ulcer.

To have an effective Quality Assurance Performance Improvement (QAPI) program for skin

care, prevention must be your key focus. Addressing each resident's risk factors is the first place to start and will give you key information on developing a baseline care plan on admission.

To identify risk factors, look at the history of the resident and determine if he/she had a previous Stage 2 or greater pres-

sure ulcer. If so, this area will need to be included on the CNA's care plan, as well as the main clinical care plan, because the area will break down much faster and need to be assessed more closely.

You can also use a formal assessment tool, such as the Braden or Norton Scale.

*(Continued on Page 3)*

### SNF QRP Pressure Ulcer Measure

The first CMS letter of non-compliance with the SNF Quality Reporting Program (QRP) have been mailed. If your facility received one of these letters, you have been busy identifying PPS 5-day and/or PPS Discharge assessments that may not have been submitted, or that contained coding errors which required modifications.

The Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (short-stay) is one of the SNF-QRP measures used to determine compliance with the requirements.

To understand how this measure is calculated, you must know three key points: 1) the timeframe being considered; 2) which stage of pressure ulcers are

included; and 3) what data is used to determine the numerator of this quality measure.

The timeframe and stages of pressure ulcers include Medicare Part A stays for residents with Stage 2-4 pressure ulcers that are new or worsened since admission.

*(Continued on Page 2)*

# SNF QRP Pressure Ulcer Measure

(Continued from page 1)

This will be identified on the stand-alone Part A PPS Discharge, or Part A Discharge combined with an OBRA Discharge Assessment.

The numerator is determined by looking at the number of Medicare Part A stays that occurred in the 12 month period. A “stay” is defined as having an admission and a discharge. If you have a resident who goes in and out of your facility to the hospital and back, then this resident will have multiple Medicare Part A stays included in the 12 month target period, and each of these stays will be included in the numerator.

The denominator is defined as a complete resident Medicare Part A Stay, and includes a 5-day PPS assessment and a discharge assessment. If a resident stay is missing data (dash-filled) at discharge for any of the MDS items M0300B1 through M0300D2, then the stay would be excluded from the calculation of the quality measure.

Incomplete or missing data may result in non-compliance with the SNF-QRP requirements. If you do not have enough data (80%) submitted at the end of the 12 month period to calculate the measure, then this could result in a 2% reduction in your annual payment update (APU) at the end of the reporting period.

To learn more about the SNF-QRP quality measures, go to <https://QTSO.com> or call the QIES Help Desk at 405-271-5278.

*“Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being....”*

CODE OF FEDERAL REGULATION  
42 FR 483.25

## Pressure Ulcer Q&A

**Question:** A resident leaves the facility with an acquired DTI (Deep Tissue Injury) to the hospital, returns from the hospital with the area open with eschar, and is unstageable. How should it be coded? Is hospital or facility acquired?

**Response:** According to the coding instructions on page M-7 of the RAI Manual, present on admission depends upon whether or not the ulcer was present at the time of the resident’s admission/entry or reentry to the facility, and whether or not the pressure ulcer increased in numerical stage during a hospitalization. In the example provided, the resident had an unstageable Deep Tissue Injury that was facility acquired; the resident was hospitalized and during the hospitalization the same unstageable Deep Tissue Injury became an unstageable pressure ulcer due to eschar. The change of the pressure ulcer from an unstageable deep tissue injury to unstageable due to slough and/or eschar, does not change the ulcer from not present on admission to present on admission, as the ulcer did not increase in numerical stage. The correct coding is unstageable due to slough and/or eschar, NOT present on admission.

## Section M: Tips for QAPI Skin Care Program

(continued from page 1)

Although, CMS does not require these tools, but they can be very helpful in identifying risk factors.

We received a provider question regarding the use of the Braden scale, and CMS provided clarification:

**Q.** Do you accept a Braden that was done within the quarter or does it have to be completed during the ARD look-back?

**A.** Since the instructions for coding M0100 do not identify an alternate look-back period the standard 7-day look-back period applies. Therefore, in order to

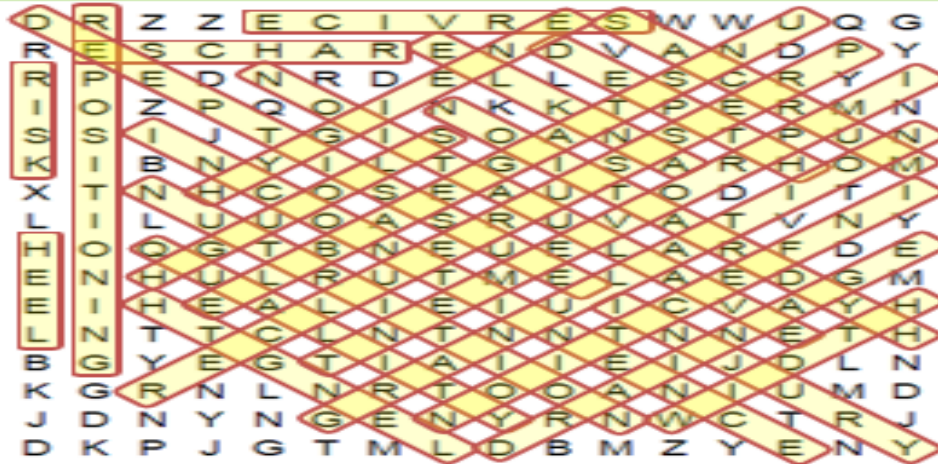
check M0100B Formal assessment tool, the Braden or Norton Scale must have been completed during the 7-day look-back period of that particular assessment.

Careful review of the resident's diagnosis will also provide you with critical risk factors for skin breakdown. This is one area where clinicians forget to look when addressing risk factors. Identify if your resident has CHF or COPD, as these decrease oxygenation to the skin, which means the tissue is not receiving the amount of nutrients needed,

and puts the resident at risk for developing pressure ulcers. Other contributing factors include diabetes, impaired mobility, incontinence, and inadequate nutrition. Obtain lab results to determine albumin levels, which is an indication of insufficient protein.

If the resident does develop a pressure ulcer despite best efforts, go back and review the risk factors to help determine the root cause of why the pressure ulcer developed. Following these steps will help ensure you have an effective pressure ulcer prevention program.

### QIES HELP DESK Word Find Puzzle



**Ankle**  
**Deep Tissue Injury**  
**Depth**  
**Drainage**  
**Eschar**  
**Evaluation**  
**Granulation**  
**Heel**  
**Hydration**  
**Hygiene**  
**Incontinence**  
**Improvement**

**Infection**  
**Length**  
**Nutrition**  
**Pressure Ulcer**  
**Quality**  
**Repositioning**  
**Risk**  
**Sacrum**  
**Service**  
**Slough**  
**Unstageable**  
**Width**

Visit the [QIES Help Desk website](http://QIES.Help.Desk.website) for the solution to this puzzle at::

[Mds.health.ok.gov](http://Mds.health.ok.gov)

Choose **Educational Resources**, then scroll down to **Newsletters** for the current publication.

**Answer Key**

**MDS NEWS YOU CAN USE**

**MARK YOUR  
CALENDAR**

**UPCOMING TRAINING**

*Overview of MDS Updates and QAPI information in conjunction with OFMQ*

*4 October dates*

*Visit [OFMQ.com](http://OFMQ.com) for registration*

**MDS 2-Day**

**Clinical & Updates**

**November 16-17, 2017**

**Shawnee, OK**

Sign up for MDS trainings using our QR Code:



# New Review & Correct Reports

The Skilled Nursing Facilities (SNF) Review and Correct Report allows Nursing Homes to review their Quality Measure (QM) data to identify if there are any corrections or changes necessary prior to the quarter data submission deadline, which is 4.5 months after the end of the quarter.

Correction periods for each quarter end as follows:

- Q1.** (1/1-3/31) – August 15
- Q2.** (4/1-6/30) – November 15
- Q3.** (7/1-9/30) – February 15
- Q4.** (10/1-12/31) – May 15



The SNF Review and Correct Report provides a breakdown, by measure and by quarter, of the facilities QM data for four rolling quarters. This report also identifies the open/closed status of each quarter's data correction period as of the report run date. **NOTE:** Quality Measure calculations are performed weekly and on the first day of each quarter. This report is located in CASPER under the SNF Quality Reporting Program Report Category. Be aware that these reports are automatically purged from your facility folders after 60 days.

Source CASPER Reporting User's Guide for MDS Providers (May 2017).

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# Quality Measure Manuals

A new MDS 3.0 Quality Measure (QM) User's Manual has been released effective April 1, 2017. Also, a new Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual (SNF QRM) was released on



May 22, 2017. The SNF QRM manual contains information related to claims based measures, selection logic, calculation logic, and the new Review and Correct Report information. The new SNF QRM manual is a first release. Both manuals can be downloaded by doing a search with the above referenced Manual names, or by visiting [qtso.com](http://qtso.com).

**Automation Tip**

The upcoming October 1, 2017 version of the new MDS manual will be released in August or September. Be aware that some early information you may have received may not be correct. CMS cautions RAI Coordinators not to train on MDS updates until the new RAI Manual is actually posted.



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