Post-Acute Care Quality Reporting
Improving Outcomes Through Quality Measures

NQF #0678: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

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The Centers for Medicare and Medicaid Services
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Development of a Cross-Setting Pressure Ulcer Quality Measure

The strategy is to concurrently pursue three aims:

- **Better Care**: Improve overall quality by making health care more patient-centered, reliable, accessible, and safe
- **Healthy People / Healthy Communities**: Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care
- **Affordable Care**: Reduce the cost of quality healthcare for individuals, families, employers and government
NQS Promotes Better Health, Better Healthcare, and Lower Costs Through:

Six Priorities

- Make care safer by reducing harm caused in the delivery of care
- Ensure that each person and family are engaged as partners in their care
- Promote effective communication and coordination of care
- Promote effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Work with communities to promote wide use of best practices to enable healthy living
- Make quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models

The Six Priorities Have Become the Goals for the CMS Quality Strategy

Making Care Safer
Strengthen person & family engagement
Promote effective communication & coordination of care
Promote effective prevention & treatment
Work with communities to promote best practices of healthy living
Make care affordable
Why a Quality Measure Addressing Pressure Ulcers/Injuries?

- Considerable evidence exists regarding the seriousness of pressure ulcers, and the relationship between pressure ulcers and pain, decreased quality of life, and increased mortality in aging populations.\textsuperscript{1,2,3,4}

- Pressure ulcer incidence rates vary considerably by clinical setting, ranging from 0.4\% to 38\% in acute care, 2.2\% to 23.9\% in SNFs and NHs, and 0\% to 17\% in home care.\textsuperscript{5}

- Using data from 2009 and 2010, severe (Stage 3 and Stage 4) pressure ulcers acquired during a hospital stay were estimated to have increased CMS payments across 90-day episodes of care by at least $18.8 million a year.\textsuperscript{6}

- This measure is intended to encourage SNFs, LTCHs, HHAs and IRFs to prevent pressure ulcer development or worsening, and to closely monitor and appropriately treat existing pressure ulcers.

NQF #0678: Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) Originally implemented in nursing home setting in 2010
  - Collected using the Minimum Data Set (MDS) 3.0 assessments of nursing home residents

- Expanded to Long-Term Care Hospitals (LTCHs) and Inpatient Rehabilitation Facilities (IRFs): data collection began in October 2012
  - Collected using the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) for IRF patients
  - Collected using the Long-Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set for LTCH patients

- Expanded to Home Health Agencies (HHAs): data collection to begin in 2017 with results reported privately to HHAs in CY2018 via their CASPER Reports.
  - Collected using the Home Health Agency Outcome and Assessment Information Set (OASIS)
  - Public reporting on these items to begin CY 2019

- LTCH CARE Data Set, OASIS and IRF-PAI data elements developed based on MDS 3.0 data elements
Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- Bipartisan bill passed on September 18, 2014 and signed into law by President Obama on October 6, 2014

- Requires Standardized Patient Assessment Data that will enable:
  - Data Element uniformity
  - Quality care and improved outcomes
  - Comparison of quality and data across post-acute care (PAC) settings
  - Improved discharge planning
  - Exchangeability of data
  - Coordinated care

**IMPACT Act:**
Measure Domains and Timelines

1. **Functional status, cognitive function, and changes in function and cognitive function**
   - SNF: October 1, 2016
   - IRF: October 1, 2016
   - LTCH: October 1, 2018
   - HHA: January 1, 2019

2. **Skin integrity and changes in skin integrity**
   - SNF: October 1, 2016
   - IRF: October 1, 2016
   - LTCH: October 1, 2018
   - HHA: January 1, 2017

3. **Medication Reconciliation**
   - HHA: January 1, 2017
   - SNF: October 1, 2018
   - IRF: October 1, 2018
   - LTCH: October 1, 2018

*The IMPACT Act requires reporting on quality measures "not later than the specified application dates" listed above. Data collection for the LTCH QRP measures addressing functional status began in April 1, 2016, concurrent with the LTCH CARE Data Set V 3.00 release.*
**IMPACT Act: Measure Domains and Timelines**

- **Incidence of Major Falls**
  - SNF: October 1, 2016
  - IRF: October 1, 2016
  - LTCH: October 1, 2016
  - HHA: January 1, 2019

- **Communicating the existence of and providing for the transfer of health information and care preferences**
  - SNF: October 1, 2018
  - IRF: October 1, 2018
  - LTCH: October 1, 2018
  - HHA: January 1, 2019

**Implementation in Satisfaction of the IMPACT Act**

- The IMPACT Act Requires reporting of quality measures using standardized assessment data by SNFs, IRFs, LTCHs, and HHAs for quality, payment, discharge planning, and other purposes.

- Required the modification of the patient/resident assessment instruments for data collection on quality measures intended to satisfy the Act.

- QM expanded to HHA QRP and SNF QRP.

- First QM using standardized data implemented into 4 provider specific QRPs via the HH CY 2016 & the SNF, IRF, IPPS/LTCH PPS FY 2016 Final Rules.
Quality Reporting: Improving Outcomes

Pressure Ulcer data became publically available on the Compare Website starting December 2016 for IRF and LTCH, and will be posted in 2018 for SNF and 2019 for HH as required under the Act.

- LTCH Compare: [https://www.medicare.gov/longtermcarehospitalcompare/](https://www.medicare.gov/longtermcarehospitalcompare/)
- IRF Compare: [https://www.medicare.gov/inpatientrehabilitationfacilitycompare/](https://www.medicare.gov/inpatientrehabilitationfacilitycompare/)

Quarterly Quality Measure Scores for (NQF #0678) for IRFs, LTCHs and SNFs

(NQF #0678) Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (short-stay) Scores by Quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>LTCH</th>
<th>IRF</th>
<th>SNF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2015 (Apr 2014 - Mar 2015)</td>
<td>1.00%</td>
<td>1.10%</td>
<td>0.84%</td>
</tr>
<tr>
<td>Q2 2015 (Jul 2014 - Jun 2015)</td>
<td>1.10%</td>
<td>1.00%</td>
<td>2.04%</td>
</tr>
<tr>
<td>Q3 2015 (Oct 2014 - Sept 2015)</td>
<td>1.99%</td>
<td>1.96%</td>
<td>1.10%</td>
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</tbody>
</table>
Measure Specifications

- **Numerator:** Number of stays (quality episodes) for which the IRF-PAI/MDS/LCDS/OASIS indicates one or more Stage 2-4 pressure ulcer(s) that are new or worsened at discharge (end of care) compared to admission.

- **Denominator:** Number of Medicare patient stays (quality episodes) with an assessment, except those that meet the exclusion criteria.

- **Exclusions:**
  - Data on new or worsened Stage 2, 3, and 4 pressure ulcers are missing
  - Patient died during the stay

Measure Information


CMS Blueprint: QM Development Lifecycle

Measures Under Consideration
MUC List: December 1, 2016

<table>
<thead>
<tr>
<th>MUC ID</th>
<th>Measure Title</th>
<th>CMS Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUC16-142</td>
<td>Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)</td>
<td>SNF QRP</td>
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<tr>
<td>MUC16-143</td>
<td>Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)</td>
<td>IRF QRP</td>
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<tr>
<td>MUC16-145</td>
<td>The Percent of Residents or Home Health Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)</td>
<td>HH QRP</td>
</tr>
</tbody>
</table>
Public Input Regarding Potential Measure Changes

- Feedback from cross-setting pressure ulcer TEP (Jun/Nov 2013):
  - Newly-acquired unstageable pressure ulcers, including sDTIs, should be captured in the quality measure for pressure ulcers
  - If a Stage 1 or 2 pressure ulcer becomes unstageable due to slough or eschar, it should be considered worsened in the quality measure for pressure ulcers
  - Based on the currently available empirical evidence, it is not possible to assign a stage to sDTIs; therefore it is important to continue to monitor the literature regarding the staging and etiology of sDTIs
  - TEP recommendations supported by technical and clinical advisors and NPUAP (Jan 2014)

- Feedback from cross-setting pressure ulcer TEP feedback (July 2016):
  - Unstageable pressure ulcers due to slough/eschar and due to nonremovable dressing/device should be captured in the quality measure, accompanied by additional guidance and training.
  - The TEP was generally supportive of including sDTIs in the quality measure.
  - The TEP supported transition to M0300/M1311 items for measure calculation to replace M0800/M1313 items.
  - Consensus for the adoption of the proposed NPUAP terminology change to replace “pressure ulcer” with “pressure injury” in the quality measure and accompanying manuals across all four settings.
Public Comment Input

- CMS held a Call for Public Comments which ran from October 17, 2016 to November 17, 2016.
- CMS invited comments on:
  - The addition of unstageable pressure ulcers due to slough or eschar, unstageable pressure ulcers due to non-removable dressing or device, and unstageable pressure ulcers presenting as deep tissue injuries in the numerator
  - The use of M0300 (M1311 OASIS) items instead of M0800 (M1313 OASIS) items to calculate the quality measure.
  - Adaptation of updated NPUAP terminology

Public Comment Input

- Support for the addition of:
  - Unstageable pressure ulcers due to slough or eschar
  - Unstageable pressure ulcers due to non-removable dressing or device
  - Deep tissue injury (DTI)
- General support for inclusion of DTIs in the quality measure with the assumption that the deep tissue injury is accurately diagnosed, with some expressed disagreement
Public Comments Continued

• Data Elements
  • Several offering support for the use of M0300/M1311 items, with some expressed disagreement for the use of M0300 items to calculate the measure

• Risk Adjustment Covariates
  • A request to add obesity as a covariate
  • A request to add severe protein/calorie malnutrition as a covariate

• Exclusion Criteria
  • Request to exclude individuals with multiple organ failure
  • Request to exclude individuals who died within a specified time (e.g. 100 days) after discharge from a PAC facility

Public Comments Continued

NPUAP Recommendations:

• General support for Staging Guidelines
  • Support for NPUAP staging guidelines
  • Some disagreement

• Terminology
  • Support for the adoption of NPUAP terminology
    • Clarity of terminology
    • Adoption of best practice
  • Disagreement to adoption of NPUAP terminology “Injury”
    • Concern pertaining to precision
    • ICD-10 misalignment
    • Costs of implementing changes across all markets
    • Association with intentionality
What are Not Coded as Pressure Ulcers in the CMS Assessment Instruments

- CMS coding instructions indicate if an ulcer arises from a combination of factors primarily caused by pressure, the ulcer should be coded under Section M of the appropriate assessment instrument as a pressure ulcer.
- There are some conditions that are not staged using the pressure ulcer system and coded in Section M including:
  - Mucosal pressure ulcers
  - Pressure ulcers surgically closed with a flap or graft
  - Patients with diabetes mellitus (DM) who have venous, arterial or diabetic neuropathic ulcers

End of Life & Pressure Ulcers

- Patients/Residents who die are excluded from the measure
- Patients/Residents on Hospice are included in the measure
- Instructions regarding the assessment of Kennedy ulcers may be found in IRF Patient Assessment Instrument (IRF-PAI) Training Manual and LTCH Quality Reporting Program (QRP) Manual.
Integument Issues: Data Collection

• MDS collects data on:
  • Number of venous and arterial ulcers present
  • Foot Problems
    • Infection of the foot (e.g., cellulitis, purulent drainage)
    • Diabetic foot ulcer(s)
    • Other open lesion(s) on the foot
  • Other Problems
    • Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion)
    • Surgical wound(s)
    • Burn(s) (second or third degree)
    • Skin tear(s)
    • Moisture Associated Skin Damage (MASD) (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage)

Avoiding Healthcare Acquired Conditions in Post-Acute Care Settings

• CDC NHSN HAI measures currently used in the IRF setting:
  • National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
  • NHSN Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)
  • NHSN Facility-Wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)

• CDC NHSN HAI measures currently used in the LTCH setting:
  • National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
  • NHSN Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)
  • NHSN Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)
  • NHSN Facility-Wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)

• Cross-Setting Quality Measure: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (NQF #0674)
• Nursing Home Quality Measure: Percent of High-Risk Residents With Pressure Ulcers (Long Stay)
Falls With *Major* Injury: Never Events

- Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain.
- **Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma
- QM data collected in IRFs, LTCHs and SNFs/NFs for public reporting

For More Information

- Sign up to receive the latest Post-Acute Care information including IMPACT Act updates - http://tinyurl.com/PACQuality
Questions and Discussion