



THIRD EDITION

POCKET GUIDE TO PRESSURE ULCERS

*How to classify, stage and document
pressure ulcers and other common
wounds.*

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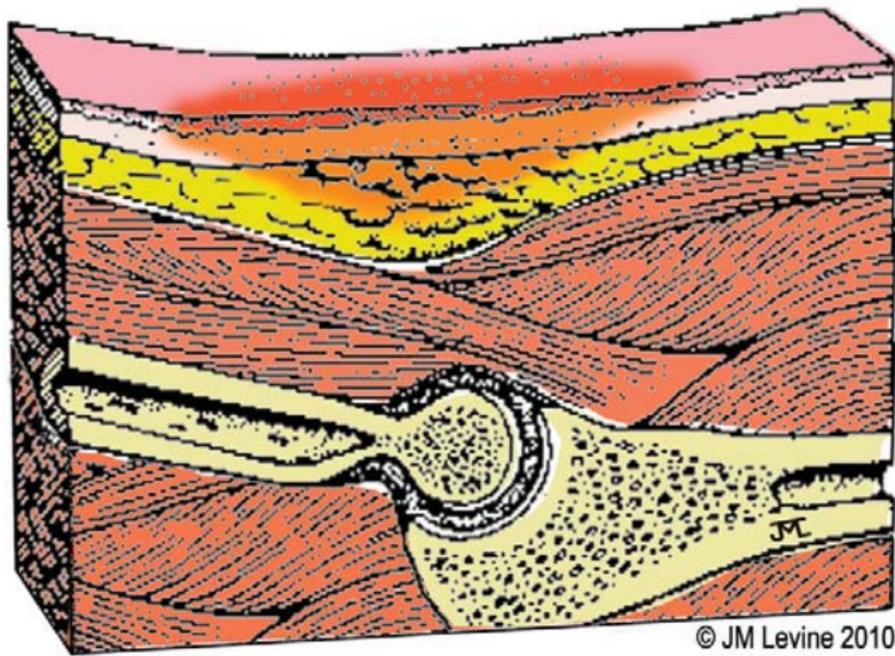
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STAGE 1 PRESSURE ULCER





This is a **Stage 1** pressure ulcer on the left hip. These ulcers do not show skin breakage but are areas of non-blanchable erythema. **Stage 1** may be difficult to identify in darkly pigmented persons when relying only on skin color changes.

HOSPITAL-ACQUIRED CONDITIONS (HAC) AND PRESENT ON ADMISSION (POA)

Section 5001(c) of the Deficit Reduction Act required the Secretary of Health and Human Services to identify, by Oct. 1, 2007, at least two conditions that:

1. Are high cost or high volume or both,
2. Result in the assignment of a case to an MS-DRG that has a higher payment when present as a secondary diagnosis, and
3. Could reasonably have been prevented through the application of evidence-based guidelines.

Stage III and IV pressure ulcers that were acquired during a hospitalization (i.e., were not present on admission) were one of the first conditions selected by CMS.

The Hospital-Acquired Conditions provision is a step toward Medicare Value-Based Purchasing for hospitals.

SKILLED NURSING FACILITY MDS 3.0, SECTION M: SKIN CONDITIONS

MDS 3.0 is the revised assessment tool required for all residents of Medicare-certified skilled nursing facilities. New, detailed requirements revolutionize the process of skin assessment, recognizing that pressure ulcers and other wounds severely impact on health-related quality of life. The reader is advised to consult the CMS Web site to download the form, the RAI User's Manual, Section M, and educational resources for complete details. Compliance with requirements for MDS 3.0, Section M requires education, planning, and human resources. The cornerstone is accurate wound staging, classification, and measurement as covered in this Guide.

CMS has adapted the NPUAP staging definitions using Arabic numbers, and facilities must follow the CMS staging recommendations as described in the RAI User's Manual. Staging should be supplemented with description in a narrative note. Ulcer reporting includes the number of ulcers and wound characteristics and emphasizes ulcers with the highest stage, as well as changes in size and stage over time. Facilities must record whether the ulcer was present on admission, and reverse staging is prohibited. Therefore, once an ulcer reaches a high numeric stage, it remains that stage even as it heals.

INPATIENT REHABILITATION FACILITY QUALITY REPORTING PROGRAM: PRESSURE ULCERS

Section 3004 of the Affordable Care Act requires inpatient rehabilitation facilities and units to submit quality data in a form, manner, and time specified by the federal government. In the fiscal year 2012 IRF prospective payment system rule, two quality measures were selected for use in the IRF Quality Reporting Program. During the first year, IRFs are required to report data related to: (1) Pressure ulcers that are new or have worsened since admission; and (2) CAUTI – Catheter-associated urinary tract infections. Additional quality measures will be required and communicated through the rulemaking process. Public reporting of these measures is also required; CMS must announce a date for public reporting to begin.

Beginning Oct. 1, 2013, (federal fiscal year 2014) and every year thereafter, an IRF that fails to submit required quality data will experience a 2 percentage point reduction in its annual increase factor for Medicare payments made for discharges occurring during that fiscal year.

LONG TERM CARE HOSPITAL QUALITY REPORTING PROGRAM: PRESSURE ULCERS

Section 3004 of the Affordable Care Act requires long term care hospitals (LTCHs) to submit quality data in a form, manner and time specified by the federal government. The Centers for Medicare and Medicaid Services has finalized three quality measures for LTCHs: (1) Percentage of patients with pressure ulcers that are new or have worsened (2) CAUTI - Catheter-associated urinary tract infections, and (3) CLABSI – Central line-associated bloodstream infections. Public reporting of these measures is also required; CMS must announce a date for public reporting to begin.

The pressure ulcer measure includes:

- Percentage of patients with pressure ulcers that are new or have worsened
- Percentage of patients who have one or more Stage 2 through 4 pressure ulcers that are new or have worsened from the time of the admission assessment.

LTCHs will be required to encode and transmit (or submit) patient-level assessment data known as the LTCH CARE Data Set. The LTCH CARE Data Set must be

HOME HEALTH – OASIS-C INTEGUMENTARY STATUS AND PUBLICLY REPORTED PRESSURE ULCER QUALITY MEASURES

The Outcome Assessment & Information Set (OASIS-C) is the mandatory federal assessment tool for Medicare-certified home health agencies. Detailed questions focus on the process of skin assessment and recognize that pressure ulcers and other wounds have a significant impact on quality of life. The reader is advised to consult the Centers for Medicare and Medicaid Services Web site to download the OASIS-C data sets, the User's Manual, and educational and quality measure resources for complete details. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASISC.html>

Compliance with OASIS–C requires education, planning and human resources. Keys to compliance are accurate wound staging, classification, and measurement as covered in this Guide.

CMS has adapted the NPUAP staging definitions, and agencies must follow the CMS staging recommendations as described in the OASIS-C User's Manual. The specific OASIS-C Integumentary Status data items include:

HOSPICE QUALITY REPORTING PROGRAM: PRESSURE ULCERS

Section 3004 of the Affordable Care Act authorized the Secretary of Health and Human Services to establish a quality reporting program for hospices. Beginning with federal fiscal year 2014 any hospice that does not comply with the requirements of the program will have its annual payment update reduced by 2 percent.

The Hospice Quality Data Submission Form was created by CMS for hospices to collect specified quality data and submit it to CMS. Internet data submission using the form will begin during the reporting period Oct. 1, 2012, through Dec. 31, 2012. Thereafter, hospice quality data collection shall begin on Jan. 1 and end on Dec. 31 each year. Hospices will submit data through the CMS Web site. Updated information concerning the data entry Web site will be available at <http://www.cms.gov/Hospice-Quality-Reporting>

For FY 2014 Hospices will report two measures:

- **Structural/QAPI measure.** The structural measure is “Participation in a Quality Assessment and Performance Improvement (QAPI) Program that Includes at Least Three Quality Indicators Related to Patient Care.” Hospices must provide details about their patient care-related QAPI indicators in use beginning with the

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