Prevalence of high risk residents with pressure ulcers

(12.1 on QM/QI report)

Numerator: Residents with pressure sores (Stage 1-4) [M2a > 0 or I3a-e = 707.0]

Denominator: All residents at high risk with target assessment, except those with exclusions

Exclusions: Residents satisfying any of the following conditions:

1. Admission assessment (AA8a = 01)

2. QM not triggered and missing pressure ulcer data (M2a is missing)

3. Missing data for high risk stratification data

- **a.** Mobility or transfer [G1a(A) or G1b(A) missing]
- **b.** Comatose (B1 missing)

Covariates: NA

NOTE: This measure is stratified into high and low risk. **High Risk** defined as residents with any of following:

- **a.** Impaired transfer or bed mobility G1a(A) or G1b(A) = 3, 4, or 8
- **b.** Comatose (B1 = 1)
- **c.** Malnutrition on I3a-e = 260, 261, 262, 263.0, 263.1, 263.2, 263.8, or 263.9

SECTION M. SKIN CONDITION

2.	TYPE OF ULCER	**(For each type of ulcer, code for the highest stage in the last 7 days using scale in item M1**—i.e., 0=none; stages 1,2,3,4) **a.** Pressure ulcer—any lesion caused by pressure resulting in damage of underlying tissue **B.** Stasis ulcer—open lesion caused by poor circulation in the lower extremities

SECTION I. DISEASE DIAGNOSES

3.	OTHER CURRENT OR MORE DETAILED DIAGNOSES AND ICD-9 CODES	a. b. c. d. e.

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

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)

0. No setup or physical help from staff
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) SELF-PERF	(B) SUPPORT
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)		

SECTION B. COGNITIVE PATTERNS

1.	COMATOSE	(Persistent vegetative state/no discernible conciousness) 0. NO 1. Yes **(If yes, skip to Section G)**

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