Quality Improvement Organizations
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CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

Chronic Care High-Risk Pressure Ulcer Data Collection

Facility:_____ **Staff Member:**_____ **Collection Dates:**_____

Resident Identifier	Area or Unit	Date of Assessment	MDS 3.0 A0310.A	WC Documentation		MDS 3.0 Numerator Coding			MDS 3.0 Denominator Coding					Risk Intervention in place
			* Type of Assessment (as below)	Wound Care Documentation Etiology (pressure, other or none)	Stage	M0300 B.1 =1 or >	M0300 C.1 =1 or >	M0300 D.1 =1 or >	** Mobility (as below)		B0100 =1	*** Section I Active DX items (as below)		
									G0110.A.1	G0110B.1		I5600 checked	I8000 ICD-9 = 707.22; 707.23; 707.24	
Sample 1	*3 E*	*11/11/2014*	*02*	*pressure*	*2*	*2*	*0*	*0*	*3*	*4*	*0*	*yes*	*707.22*	*specialty mattress; turning schedule*
Sample 2	*1W*	*11/12/2014*	*03*	*none*	*na*	*0*	*0*	*0*	*0*	*0*	*0*	*yes*	*none*	*Dietary consult and supplementation*

*Long-stay residents who have been assessed with annual, quarterly, significant change or significant correction MDS 3.0 assessments (A0310.A=02, 03, 04, 05, 06) Admission and PPS assessments are excluded from Quality Measure calculations.

** Impaired in bed mobility or transfer as indicated by item G0110.A.1, Bed mobility (self-performance) or G0110B.1 Transfer (self-performance)=3(extensive assistance), 4 (total dependence), 7 (activity occurred only once or twice) or 8 (activity [or any part of the ADL was not performed by resident or staff at all over the entire 7 day period)

*** Item I5600 (Malnutrition [protein or calorie] or at risk for malnutrition) is checked or—Other—Active Diagnoses in the last 7 days I8000=ICD-9-CM codes for pressure ulcers 707.22 (Stage 2), 707.23 (Stage 3), or 707.24 (Stage 4).

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