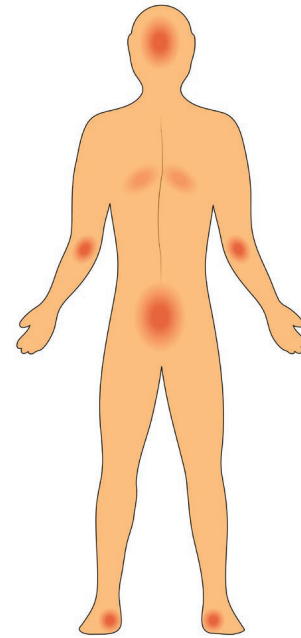


High Risk Residents with Pressure Injuries

(Long Stay)



MDS Coding Requirements

1

- Determine Deepest Anatomical Stage.
- Identify Unstageable Pressure Injuries.
- Determine "Present on Admission."
- If the pressure injury was unstageable on admission, but becomes numerically stageable later, it should be considered "present on admission."
- Note any worsening in pressure injuries since prior assessment.

Coding Tips

2

- Determine that the lesion being assessed is primarily related to pressure and that other conditions have been ruled out. If pressure is not the primary cause, do not code in M0300.
- DO NOT code skin tears, tape burns, moisture associated skin damage (MASD) or excoriation in M0300.
- When a pressure injury presents as an intact blister, examine the adjacent and surrounding area for signs of deep tissue injury. When a deep tissue injury is determined, DO NOT code as a Stage 2.

Ask These Questions

MDS

- Was the MDS coded per Resident Assessment Instrument (RAI) requirements?
- Does whoever code Section M have easy access to all wound care documentation?

Upon Admission

- Is the skin evaluated immediately upon admission and at least weekly thereafter for changes?
- Was a risk assessment completed upon admission?
- Are interventions immediately implemented for prevention and based on the risk score?
- Does your system include a 2nd nurse “head-to-toe” check within 24 hours of admission/re-admission?

Staff

- When was the last time you did interactive training with front-line staff on prevention and reporting change in skin conditions? Or is your annual training on prevention done by having staff watch a video?
- Are CNA's performing skin assessments each shift? Are they reporting their findings to the nurses?
- Are nurses implementing interventions based on any changes in skin condition?
- Does your current system include at least weekly observation of “head to toe” check by a licensed nurse?

Prevention

- Does a criteria guide exist for the type of interventions to use, and is it accessible to floor nurses?
- Are the interventions communicated to front-line staff members, does a quality rounding process exist to ensure application of devices?
- Are at-risk residents reviewed on at least a weekly basis for potential changes and care plan modifications in care and treatment?
- At what stage are most of your pressure injuries first reported to the nurse? If it's Stage 2, challenge your team to the opportunity of identifying earlier so you have time to prevent further skin breakdown.