

PRESSURE ULCER QUALITY INDICATORS, DATA SOURCES, ELIGIBILITY, AND SCORING RULES

(by: the RAND Corporation)

QUALITY INDICATORS: IF a Nursing Home resident:	ELIGIBILITY*, DATA SOURCE†, & SCORING RULES	Pass	Fail
1. Is unable to reposition him or herself, or has limited ability to do so, THEN perform risk assessment with a standardized scale on admission & <u>weekly for first 4 weeks.</u>	Scoring Rules: Pass (original indicator) = documentation of risk assessment within 1 week of admission & then weekly during the first four weeks. Pass (revised indicator) = documentation of risk assessment within 1 week of admission. Risk assessment scales include the Braden Scale ¹¹ , the Norton scale ¹⁶ , or a facility-created scale with at least 3 risk factors.		
2a. Is identified as “at risk” for PUs‡, THEN address: 2 hour repositioning, pressure reduction, & nutritional status unless not needed or tolerated.	Scoring Rules: Pass = nurse aide flow sheets, licensed provider notes, physician’s orders, or the care plan note the 3 interventions. Nurse aide flow sheets with a check-off box for repositioning which include frequency are acceptable. Any nutritional assessment is acceptable.		
2b. Is identified as “at risk” for PU development, THEN implement pressure reduction.	Data Source: Direct Observation Scoring Rules: Pass = observed on pressure reduction (e.g., low air loss bed, foam, air, or gel wheelchair or mattress overlays) on any 1 hourly observation from 7am—7pm.		
3. Is found with a PU, THEN assess nutritional status within 1 week.	Eligible: Resident with presence or history of PUs‡ Scoring Rules: Pass = any nutritional assessment if within 1 week of first recorded notice of the PU.		
4. Is found to have a PU, THEN	Eligible: Resident with presence or history of PUs		

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<p>assess the PU for: 1) location, 2) depth/stage, 3) size, & 4) necrotic tissue.</p>	<p>Scoring Rules: Pass = Licensed provider admission assessment, progress notes, or treatment records note all 4 wound characteristics.</p>		
<p>5. Has a PU, THEN a topical antiseptic should not be used on the wound.</p>	<p>Eligible: Resident with presence or history of PU (stage II-IV). Scoring Rules: Pass = physician's orders or licensed nurse treatment records or weekly summary indicate no topical antiseptic used on the wound.</p>		
<p>6. Has a clean full-thickness or a partial thickness PU, THEN a moist wound healing environment should be provided with topical dressings.</p>	<p>Eligible: Resident with presence or history of clean PU (stage II-IV). Scoring Rules: Pass = physician's orders or licensed nurse treatment records or weekly summary indicate a moist wound dressing was applied.</p>		
<p>7. Has a full thickness PU with no improvement in 4 weeks, or a partial thickness PU with no improvement in 2 weeks, THEN re-assess the treatment plan and stage III/IV PU for cellulitis or osteomyelitis.</p>	<p>Eligible: Resident with presence or history of PU with no improvement in 2 weeks (stage II) or 4 weeks (stage III-IV). Scoring Rules: Pass = physician's orders or notes, or licensed nurse treatment records or weekly summary indicate a treatment change or assessment for cellulitis or osteomyelitis.</p>		

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<p>8. Has a full thickness, trunkal PU covered with necrotic tissue, THEN debridement interventions should be instituted within 3 days of diagnosis.</p>	<p>Scoring Rules: Pass = physician's orders or progress notes, or licensed nurse treatment records or weekly summary indicate debridement.</p>		
<p>9. Has a full thickness PU covered with necrotic tissue and systemic infection, THEN sharp debridement, blood cultures, initiation of antibiotic therapy, and resident and wound assessment should be done by primary care provider.</p>	<p>Scoring Rules: Pass = physician's orders or progress notes indicate any one of the following: evaluation of the resident and PU, blood cultures ordered, or antibiotics prescribed, and any type of debridement in progress.</p>		

† All indicators should be scored with medical record data unless otherwise indicated.

‡= If multiple PUs are present, evaluate the highest stage PU.