

## PACE Quality Measures Descriptions

### Measure Title: Fall Rate

**Measure Description:**  $(\text{Number of Falls} \times 1000) \div \text{Participant Days}$

PACE programs will collect the data monthly, but the data will be aggregated to a quarterly rate for reporting. The count of falls includes every documented participant fall that occurred during the month.

The target population is all participants in the PACE site census during the month, regardless of their location. That is, participants who were living at home, in long-term care, emergency rooms, hospitals, or otherwise away from home are to be included.

**Numerator Statement:** Participants in the PACE program who experienced a fall during the month.

*Fall Definition:* A participant fall is defined as a sudden, unanticipated descent in which a participant comes to rest on the floor or some other surface, person, or object, regardless of injury level, whether someone assisted the participant to the floor or another safe surface, or location of the participant at the time of the fall.

**Denominator Statement:** Total number of PACE “participant days” during the calendar month. This is calculated as the sum of the PACE site participant censuses for each day in the month. Participants who died or left PACE during the course of the month will only be included in the count of participant days for the days they were in the program.

#### Inclusion Criteria:

- All PACE participant falls occurring in any location, including their own home, long-term care facilities, assisted living facilities, emergency rooms, hospitals, outside visits to health care provider, or otherwise away from home, will be included in the count of falls.
- Participants who fall (or sink) back to a bed, chair, car seat, walker seat, or toilet are included in the count of falls.
- Participants who are assisted to the floor by a care provider (assisted fall) are to be included in the count of falls.

#### Exclusion Criteria:

- Falls by staff, visitors, or others who were not PACE participants.

**Risk Adjustment:** Initially, risk stratification will be used rather than risk adjustment. Stratification will be based on PACE site characteristics. The need and type of case mix adjustment that could be applied to these measures will be addressed at a later stage.

**Classification:**

**National Quality Strategy Priority:** Patient Safety

**Measure Type:** Outcome

**Data Source:** Electronic or paper clinical records

**Setting:** Ambulatory PACE programs

<b>Measure Title: Falls with Injury Rate</b>
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**Measure Description:** (Number of Falls with Injury of any severity x 1000) ÷ Participant Days

PACE programs will collect the data monthly, but the data will be aggregated to a quarterly rate for reporting. The Fall with Injury Rate is an incidence rate, including every participant fall with injury that occurred during the month.

The target population is all participants in the PACE site census during the month, regardless of their location. That is, participants who were living at home, in long-term care, emergency rooms, hospitals, or otherwise away from home are to be included.

**Numerator Statement:** Participants in the PACE program who experienced a fall with injury during the month.

*Fall Definition:* A participant fall is defined as a sudden, unanticipated descent in which a participant comes to rest on the floor or some other surface, person, or object, regardless of injury level, whether someone assisted the participant to the floor or another safe surface, or location of the participant at the time of the fall.

*Injury Level Definitions:* Consistent with the NQF-endorsed Falls with Injury Rate measure, injury levels should be assessed 24 hours after the fall and be categorized as:

- **None:** Participant had no injuries (no signs or symptoms) resulting from the fall; if an x-ray, CT scan, or other post-fall evaluation results in a finding of no injury.
- **Minor:** Resulted in application of dressing, cleaning wound, ice, limb evaluation, topical medication, pain, bruise, or abrasion.
- **Moderate:** Resulted in wound treatment such as suturing, skin glue, steri-strips, or splint; possible muscle or joint strain.
- **Major:** Resulted in fracture, surgery, casting, traction, or required neurological or internal injury consultation; possibly resulting in hospitalization; possibly resulting in permanent loss of function.
- **Death:** Participant died a result of injuries from the fall.

**Denominator Statement:** Total number of PACE “participant days” during the calendar month. This is calculated as the sum of the PACE site participant censuses for each day in the month. Participants who died or left PACE during the course of the month will only be included in the count of participant days for the days they were in the program.

**Inclusion Criteria:**

- All PACE participant falls with injury occurring in any location, including their own home, long-term care facilities, assisted living facilities, emergency rooms,

hospitals, outside visits to health care provider, or otherwise away from home, will be included in the count of falls.

- Participants who fall (or sink) back to a bed, chair, car seat, walker seat, or toilet are included in the count of falls.
- Participants who are assisted to the floor by a care provider (assisted fall) are to be included in the count of falls.

**Exclusion Criteria:**

- Falls by staff, visitors, or others who were not PACE participants.

**Risk Adjustment:** Initially, risk stratification will be used rather than risk adjustment. Stratification will be based on PACE site characteristics. The need and type of case mix adjustment that could be applied to these measures will be addressed at a later stage.

**Classification:**

**National Quality Strategy Priority:** Patient Safety

**Measure Type:** Outcome

**Data Source:** Electronic or paper clinical records

**Setting:** Ambulatory PACE programs

<b>Measure Title: PACE-Acquired Pressure Ulcer Rate</b>
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**Measure Description:** (Number of PACE participants who have a documented pressure ulcer of any stage \* 1000) ÷ Average Number of PACE participants

NOTE: The pressure ulcer rates are based on counts of PACE participants with pressure ulcers, **not** on counts of pressure ulcers.

The target population is all participants in the PACE site census during the month, regardless of their location. That is, participants who were living at home, in long-term care, emergency rooms, hospitals, or otherwise away from home are to be included.

**Numerator Statement:** The total number of participants that have a documented PU (of any stage) during the month, multiplied by 1,000

*Pressure Ulcer Definition:* A pressure ulcer is localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure or pressure in combination with shear.

*Pressure Ulcer Stages Definitions:* Pressure ulcers are characterized by stage.

- **Stage I:** Non-blanchable erythema. Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.
  - *Further Description.* The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. May indicate “at risk” persons. Stage I may be difficult to detect in individuals with dark skin tones.
- **Stage II:** Partial-thickness loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or serosanguineous blister.
  - *Further description:* Presents as a shiny or dry shallow ulcer without slough or bruising. This stage should not be used to describe skin tears, tape burns, perineal (incontinence associated) dermatitis, maceration, or excoriation.
- **Stage III:** Full-thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
  - *Further description:* The depth of a stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput, and malleolus do not have subcutaneous tissue, and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

- **Stage IV:** Full-thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.
  - *Further description:* The depth of a stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput, and malleolus do not have subcutaneous tissue, and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon, or joint capsule), making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.
- **Unstageable:** Full-thickness tissue loss—depth unknown. The base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed.
  - *Further description:* Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable eschar (dry, adherent, intact without erythema or fluctuance).

**Denominator Statement:** Number of PACE participants whose medical records were reviewed for evidence of PU at the end of month.

NOTE: Number should be 100% of population available for review at time of data collection.

**Risk Adjustment:** Initially, risk stratification will be used rather than risk adjustment. Stratification will be based on PACE site characteristics. The need and type of case mix adjustment that could be applied to these measures will be addressed at a later stage.

**Exclusions:**

- Do not count participants who have other kinds of skin breakdown, e.g., diabetic ulcers, or other skin breakdown that is not the result of pressure.
- Persons not enrolled in the PACE program.

**Classification:**

**National Quality Strategy Priority:** Patient Safety

**Measure Type:** Outcome

**Data Source:** Electronic or paper clinical records

**Setting:** Ambulatory PACE programs

<b>Measure Title: Pressure Ulcer Prevention</b>
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**Measure Description:** Percent of PACE participants with pressure ulcer receiving a complete prevention process.

*Calculation:* (Number of participants with pressure ulcers who had been assessed for pressure ulcer risk AND were found to be at risk of pressure ulcers AND had a plan of care ordered AND the plan of care had been implemented) ÷ Number of PACE participants who had one or more pressure ulcers

The target population is all participants in the PACE site census during the month, regardless of their location. That is, participants who were living at home, in long-term care, emergency rooms, hospitals, or otherwise away from home are to be included.

**Numerator Statement:** The numerator is calculated from the follow three variables derived from participants' clinical records:

1. Pressure ulcer risk assessment conducted in the current month or preceding month
2. For those participants who were determined to be at risk, pressure ulcer prevention was included in plan of care.
3. For those at risk and with a plan of care, pressure ulcer prevention plan of care has been implemented.

**Denominator Statement:** Number of PACE participants whose clinical records document the existence of a pressure ulcer.

**Risk Adjustment:** Risk adjustment is not appropriate for process measures.

**Exclusions:**

- Participants without pressure ulcers
- Persons who are not PACE participants

**Classification:**

**National Quality Strategy Priority:** Patient Safety

**Measure Type:** Process

**Data Source:** Electronic or paper clinical records

**Setting:** Ambulatory PACE programs

<b>Measure Title: 30-Day All-Cause Hospital Readmission Rate</b>
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**Measure Description:** Number of PACE participants who had an inpatient (hospital) discharge that was followed by an unplanned readmission for any cause within 30 days of the discharge ÷ by the number of discharges for the month.

**NOTES:**

- PACE sites will report on the number of participants with a readmission, not on the number of readmissions.
- The month of discharge is the month prior to the reporting month.

The target population is all participants in the PACE site census during the month, regardless of their location. That is, participants who were living at home, in long-term care, emergency rooms, hospitals, or otherwise away from home are to be included.

**Numerator Statement:** An unplanned hospital admission in the same or a different hospital within 30 days following a previous (index) discharge.

The index discharge shall be the first participant discharge from a hospital in the month preceding the reporting month. Readmission can be for any reason, except those indicated in the exclusion details, and to any acute care hospital. To allow a 30-day follow-up period after the index discharges, readmissions may occur during the reporting month or the preceding month.

**Denominator Statement:** Number of discharges during the month preceding the reporting month

**Numerator Exclusions:** Readmissions for the following reasons should be excluded from the count of readmissions:

- A planned readmission, which is determined by the needs of the treatment plan rather than an emergent condition. Examples of planned readmissions include, but are not limited to, regular chemotherapy sessions; elective surgery; and semi-elective procedures, such as removal of tumors.
- Initial admission with a discharge of death.
- Second (or subsequent) admission occurs less than 24 hours after the initial discharge.
- Admission to one acute hospital directly after discharge from another acute hospital.
- Readmitted to a PPS-exempt cancer hospital.
- Index discharge was against medical advice.
- Readmitted for primary psychiatric diagnoses.



- Readmitted for rehabilitation.
- Readmitted for medical treatment of cancer.
- Admitted for an observation stay
- Admitted to a long term acute care (LTAC) hospital

**Denominator Exclusions:** The following should be excluded from the count of PACE participant discharges:

- Discharge from a rehabilitation hospital
- Discharge from an LTAC hospital
- Discharge from a prospective payment-exempt payment system cancer hospital
- Discharge from a psychiatric or substance abuse hospital
- Index discharge was against medical advice (AMA)
- Observation stays

**Risk Adjustment:** Initially, risk stratification will be used rather than risk adjustment. Stratification will be based on PACE site characteristics. The need and type of case mix adjustment that could be applied to these measures will be addressed at a later stage.

**Classification:**

**National Quality Strategy Priority:** Patient Safety

**Measure Type:** Outcome

**Data Source:** Electronic or paper clinical records

**Setting:** Ambulatory PACE programs