

# Home Health

## Quality Reporting Program Provider Training



**Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened and Associated OASIS-C2 Items: M1311 and M1313**

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# Objectives

- Upon completion of the training, participants will be able to:
  - Define the following terminology associated with the quality measure (QM):
    - Numerator.
    - Denominator.
    - Denominator exclusions.
    - Measure time window.
    - QM calculation algorithm.
    - Risk adjustment.

# Objectives

- Demonstrate a working knowledge of Items M1311 and M1313.
  - Describe the intent of M1311 and M1313.
  - Interpret the response options for M1311 and M1313.
  - Apply instructions in order to accurately respond to practice scenarios.
  - Discuss how to resolve the common stumbling blocks encountered in coding these items.

# Acronyms in This Presentation

- Body Mass Index (BMI)
- Calendar Year (CY)
- Centers for Medicare & Medicaid Services (CMS)
- Certification and Survey Provider Enhanced Reports (CASPER)
- Discharge (DC)
- Follow-Up (FU)
- Home Health (HH)
- Home Health Agency (HHA)
- Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014



# Acronyms in This Presentation

- International Classification of Diseases (ICD)
- National Pressure Ulcer Advisory Panel (NPUAP)
- Outcome and Assessment Information Set (OASIS)
- Prospective Payment System (PPS)
- Quality Improvement and Evaluation System (QIES)
- QIES Technical Support Office (QTSO)
- Quality Measure (QM)
- Resumption of Care (ROC)
- Start of Care (SOC)
- Suspected Deep Tissue Injury (sDTI)

# Terminology

- The terms “**Code**” or “**Coding**” used during this training refer to responding or scoring the Outcome and Assessment Information Set (OASIS) assessment items.
  - Not to be confused with the International Classification of Diseases (ICD)-10 coding.

# **Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened**

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

- This QM has been finalized as a cross-setting quality measure to meet the requirements of the IMPACT Act addressing the domain of skin integrity and changes in skin integrity.
- This quality measure is intended to encourage home health agencies (HHAs) to prevent pressure ulcer development or worsening, and to closely monitor and appropriately treat existing pressure ulcers.



# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

- **Quality Measure Description**

- Reports the percent of quality episodes in which the patient has one or more Stage 2–4 pressure ulcers present at discharge that are new or worsened since the beginning of the quality episode.
- Quality episodes are defined by pairing a Start or Resumption of Care assessment with an End of Care assessment.
- The measure is calculated using data from the OASIS.

# Scavenger Hunt



Use the *Home Health Quality Reporting Program: Specifications for the Cross-Setting Quality Measure CY 2016 Final HH PPS Rule* to fill in the blanks about the QM.

- There are **eight** blanks to fill in.
- We will debrief in 10 minutes.

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{The number of _____ quality episodes for patients whose assessment at the end of care indicates one or more new or worsened Stage 2–4 pressure ulcers compared to the start or resumption of care assessment.}}{\text{The number of quality episodes, except those that meet the exclusion criteria. HH quality episodes are defined by pairing assessments completed at the start or resumption of care with assessments completed at the end of care.}}$$

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

- **New or worsened pressure ulcers** are determined based on examination of all assessments in a patient's quality episode for reports of Stage 2–4 pressure ulcers that were not present or were at a lesser stage on the SOC/ROC as evidenced by:
  - Stage 2 (M1313a) > 0, OR
  - Stage 3 (M1313b) > 0, OR
  - Stage 4 (M1313b) > 0.

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

- **Denominator Exclusions:**

1. Episodes that end in a \_\_\_\_\_ are excluded from this measure as the Death at Home assessment does not contain the items needed to compute this measure.
2. Episodes without an assessment completed at the start or resumption of care and an assessment completed at the end of care are excluded.
3. Episodes are excluded if the discharge assessment does not have a usable response for M1313a, M1313b, or M1313c.

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

- **Measure Time Window:**

- Calculated \_\_\_\_\_ using rolling 12 months of data.
- All complete quality episodes, except those that meet the exclusion criteria, during the 12 months will be included in the denominator and are eligible for inclusion in the numerator.
- For patients with multiple episodes during the 12-month time window, each episode is eligible for inclusion in the measure.

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

- This measure will be risk-adjusted based on an evaluation of potential risk factors and their statistically significant impact on the outcome.
- Patients with characteristics or conditions that put them at increased risk for skin breakdown or impact their ability to heal are treated differently in the measure's calculation.
- Risk adjustment is used to account for the medical and functional complexity of the patients.

# Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened

- **Risk Adjustment Factors:**

1. Indicator of supervision/touching assistance or more at SOC/ROC for functional mobility item \_\_\_\_\_ (GG0170C).
2. Indicator of bowel incontinence at least occasionally on the initial assessment (M1620).
3. Have diabetes mellitus, \_\_\_\_\_ or peripheral arterial disease (M1028).
4. Indicator of Low Body Mass Index (BMI), based on Height (M1060a) and Weight (M1060b) on the SOC/ROC assessment.



# Quality Measure Calculation Algorithm

***Calculate the agency observed score  
(Steps 1 through 3).***

## **Step 1:**

- Calculate the denominator count:
  - Calculate the total number of quality episodes with a selected target OASIS assessment in the measure time window that do not meet the exclusion criteria.

# Quality Measure Calculation Algorithm

## Step 2:

- Calculate the numerator count:
  - Calculate the total number of quality episodes in the denominator whose OASIS assessments indicates one or more new or worsened pressure ulcers at discharge compared to start or resumption of care.

## Step 3:

- Calculate the agency's \_\_\_\_\_:
  - Divide the agency's numerator count by its denominator count to obtain the agency's observed rate; that is, divide the result of Step 2 by the result of Step 1.

# Quality Measure Calculation Algorithm

***Calculate the predicted rate for each quality episode (Step 4).***

## **Step 4:**

- Determine presence or absence of the pressure ulcer \_\_\_\_\_ for each patient.

# Quality Measure Calculation Algorithm

***Calculate the predicted rate for each quality episode (Step 5).***

## **Step 5:**

- Use patient-level covariates in a logistic regression model to calculate the episode-level predicted QM rate (the probability that the patient will experience an ulcer, given the presence or absence of risk characteristics measured by the covariates).

# Quality Measure Calculation Algorithm

***Calculate the agency predicted rate  
(Step 6).***

## **Step 6:**

- Once a predicted QM rate has been calculated for all quality episodes, calculate the mean agency-level \_\_\_\_\_ QM rate by averaging all episode-level predicted values for that agency.

# Quality Measure Calculation Algorithm

## *Calculate national predicted rate (Step 7).*

### **Step 7:**

- Calculate the national predicted rate:

Once a predicted QM value has been calculated for all episodes, calculate the mean national-level predicted QM rate by averaging all episode-level predicted values. Note that the sample will include only those quality episodes with non-missing data for the component covariates.

# Quality Measure Calculation Algorithm

***Calculate the agency's risk-adjusted rate (Step 8).***

## **Step 8:**

- Calculate the agency-level risk-adjusted rate based on the:
  - Agency-level observed QM rate (step 3),
  - Agency-level average predicted QM rate (step 6), and
  - National average predicted QM rate (step 7), using the following formula:

**Agency Risk Adjusted Rate Equals:**

**Agency Observed Rate + National Predicted Rate – Agency Predicted Rate**

# Updates to QM Specifications

- Updates regarding Quality Measure Specifications are provided on the Home Health **Spotlight** page on CMS' website:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQISpotlight.html>

The screenshot shows the CMS.gov website with the Home Health Quality Initiative Spotlight page. The page header includes the CMS.gov logo and navigation links. The main content area features a sidebar with links to various resources and a main section titled 'Spotlight' with a description of the page's purpose and recent updates.

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**Spotlight**

**About this Page**

The Spotlight page provides recent news and updates pertinent to the Home Health Quality Initiative. On this page you will find announcements about posting of resource guides and fact sheets, the availability of Q&A documents, information about Home Health Care, among other notifications.

**Updates to Home Health Compare (HH Compare) Coming in 2017**

**March 01, 2017**

The Public Comment Summary Report for the Home Health Functional Status Process Measure is now available on the [Home Health Quality Measures](#) webpage in the download section. This cross-setting function quality measure is an application of the quality measure Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631).

**February 24, 2017**

**Spotlight Announcement**



# Select OASIS-C2 Items

M1311. Current Number of Unhealed  
Pressure Ulcers at Each Stage

M1313. Worsening in Pressure Ulcer  
Status since SOC/ROC

# Intent

- Document the number, stage, and status of pressure ulcers.

## **PRESSURE ULCER:**

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 and/or friction.

# Overarching Principles

- Staging definitions are adapted from 2007 National Pressure Ulcer Advisory Panel (NPUAP) clinical practice guidelines.
- OASIS-C2 does not preclude home health agencies (HHAs) from providing complete and ongoing skin assessment using accepted clinical practice and guidelines in the clinical record.
- Identify and evaluate risk, and determine the etiology of all skin ulcers, wounds, and lesions to ensure appropriate treatment.

# M1311

## Current Number of Unhealed Pressure Ulcers at Each Stage

# OASIS-C2 Revisions

The following item has been revised in OASIS-C2, effective January 1, 2017.

OASIS-C1 Item:	OASIS-C2 Item:
<b>M1308.</b> Current Number of Unhealed Pressure Ulcers at Each Stage or Unstageable	<b>M1311.</b> Current Number of Unhealed Pressure Ulcers at Each Stage

# OASIS-C1 M1308

**(M1308) Current Number of Unhealed Pressure Ulcers at Each Stage or Unstageable:**  
(Enter “0” if none; Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)

Stage Descriptions—unhealed pressure ulcers	Number Currently Present
a. <b>Stage II:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.	—
b. <b>Stage III:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.	—
c. <b>Stage IV:</b> Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.	—
d.1 Unstageable: Known or likely but Unstageable due to non-removable dressing or device	—
d.2 Unstageable: Known or likely but Unstageable due to coverage of wound bed by slough and/or eschar.	—
d.3 Unstageable: Suspected deep tissue injury in evolution.	—

# OASIS-C2 M1311

(M1311) Current Number of Unhealed Pressure Ulcers at Each Stage	Enter Number
<b>A1. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured blister. <b>Number of Stage 2 pressure ulcers</b> [If 0 at FU/DC Go to M1311B1]	<input type="checkbox"/>
<b>A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
<b>B1. Stage 3:</b> 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. <b>Number of Stage 3 pressure ulcers</b> [If 0 at FU/DC Go to M1311C1]	<input type="checkbox"/>
<b>B2. Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
<b>C1. Stage 4:</b> 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. <b>Number of Stage 4 pressure ulcers</b> [If 0 at FU/DC Go to M1311D1]	<input type="checkbox"/>
<b>C2. Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
<b>D1. Unstageable: Non-removable dressing:</b> Known but not stageable due to non-removable dressing/device <b>Number of unstageable pressure ulcers due to non-removable dressing/device</b> [If 0 at FU/DC Go to M1311E1]	<input type="checkbox"/>
<b>D2. Number of <u>these</u> unstageable pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
<b>E1. Unstageable: Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar <b>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b> [If 0 at FU/DC Go to M1311F1]	<input type="checkbox"/>
<b>E2. Number of <u>these</u> unstageable pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
<b>F1. Unstageable: Deep tissue injury:</b> Suspected deep tissue injury in evolution <b>Number of unstageable pressure ulcers with suspected deep tissue injury in evolution</b> [ If 0 - Go to M1322 (at Follow up), Go to M1313 (at Discharge)]	<input type="checkbox"/>
<b>F2. Number of <u>these</u> unstageable pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
[Omit "A2, B2, C2, D2, E2 and F2" on SOC/ROC]	

# M1311 Item Intent

- Identifies the number of Stage 2 or higher pressure ulcers at each stage present at the time of the assessment.
- Stage 1 pressure ulcers and pressure ulcers that have healed are not reported in this item.



# M1311 Time Points Completed

- Start of Care (SOC).
- Resumption of Care (ROC).
- Follow-Up (FU).
- Discharge From Agency (Not to Inpatient Facility)

# M1311 Response-Specific Instructions

- Terminology referring to “healed” vs. “unhealed” ulcers refers to whether the ulcer is “closed” vs. “open.”
- Stage 1 pressure ulcers and Suspected Deep Tissue Injury (sDTI), although closed (intact skin), would not be considered healed.
- Unstageable pressure ulcers, whether covered with a non-removable dressing, eschar, or slough, would not be considered healed.

# M1311 and Determining “Present on Admission”

- “Present on Admission” = “Present at SOC/ROC.”
- For each pressure ulcer, determine whether the pressure ulcer was present at the time of the most recent SOC/ROC and did not develop during this home health quality episode.

# M1311 and Determining “Present on Admission”

- Patient assessments are completed as close to the actual time of the SOC/ROC as possible.
- If a pressure ulcer that is identified on the SOC date increases in numerical stage (worsens) within the assessment time frame, the initial stage of the pressure ulcer would be reported in M1311 at the SOC.

# M1311 Response-Specific Instructions: SOC/ROC

- At SOC/ROC, enter a response for rows A1, B1, C1, D1, E1, F1.
  - **Enter the number** of pressure ulcers that are currently present.
  - **Enter 0** if no pressure ulcers are present.
- A2–F2 are omitted on SOC/ROC.

# M1311 Response-Specific Instructions: Follow-Up/Discharge

- At **Follow-Up** and **Discharge**, enter a response for each row of this item: A1, A2, B1, B2, C1, C2, D1, D2, E1, E2, F1, F2.
  - **A1–F1: Enter the number** of pressure ulcers that are currently present. **Enter 0** if no pressure ulcers are present.
  - **A2–F2: Enter the number** of these pressure ulcers that were present on admission (SOC/ROC). **Enter 0** if no pressure ulcers were noted at the time of admission.

# M1311A: Stage 2 Pressure Ulcers

**A1. Stage 2:** Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured blister.

(M1311) Current Number of Unhealed Pressure Ulcers at Each Stage	Enter Number
<b>A1. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured blister. <b>Number of Stage 2 pressure ulcers</b> [If 0 at FU/DC Go to M1311B1]	<input type="text"/>
<b>A2. Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>B1. Stage 3:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough is not present but does not ensure the presence of Stage 3.	

# M1311A: Stage 2 Pressure Ulcers

- 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 blister.



# M1311B: Stage 3 Pressure Ulcers

**B1. Stage 3:** 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.

(M1311) Current Number of Unhealed Pressure Ulcers at Each Stage	Enter Number
<b>B1. Stage 3:</b> 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. <b>Number of Stage 3 pressure ulcers</b> [If 0 at FU/DC Go to M1311C1]	<input type="text"/>
<b>B2. Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>C1. Stage 4:</b> Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar	

# M1311B: Stage 3 Pressure Ulcers

- 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 or tunneling.

# M1311C: Stage 4 Pressure Ulcers

**C1. Stage 4:** 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.

(M1311) Current Number of Unhealed Pressure Ulcers at Each Stage	Enter Number
<b>C1. Stage 4:</b> 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. <b>Number of Stage 4 pressure ulcers</b> [If 0 at FU/DC Go to M1311D1]	<input type="text"/>
<b>C2. Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>D1. Unstageable: Non-removable dressing</b> Known but not stageable due to non-removable dressing	

# M1311C: Stage 4 Pressure Ulcers

- 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.
- If any bone, tendon, muscle, or joint capsule (Stage 4 structures) is visible, the pressure ulcer should be reported as a Stage 4 pressure ulcer, regardless of the presence or absence of slough and/or eschar in the wound bed.

# M1311D: Unstageable: Non-Removable Dressing/Device

**D1. Unstageable: Non-removable dressing:** Known but not stageable due to non-removable dressing/device

(M1311) Current Number of Unhealed Pressure Ulcers at Each Stage	Enter Number
<b>D1. Unstageable: Non-removable dressing:</b> Known but not stageable due to non-removable dressing/device <b>Number of unstageable pressure ulcers due to non-removable dressing/device</b> [If 0 at FU/DC Go to M1311E1]	<input type="text"/>
<b>D2. Number of <u>these</u> unstageable pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>
<b>E1. Unstageable: Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar	

# M1311D: Unstageable: Non-Removable Dressing/Device

- Known to be present but are Unstageable due to a dressing/device, such as a cast that cannot be removed to assess the skin underneath.
  - Every effort should be made to assess the wound if possible, unless there is clear direction that the dressing/device should not be removed.
- Non-removable dressing/device includes, for example, a primary surgical dressing that cannot be removed, an orthopedic device, or cast.

# M1311E: Unstageable: Slough and/or Eschar

**E1. Unstageable: Slough and/or eschar:** Known but not stageable due to coverage of wound bed by slough and/or eschar

(M1311) Current Number of Unhealed Pressure Ulcers at Each Stage	Enter Number
<b>E1. Unstageable: Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar [If 0 at FU/DC Go to M1311F1]	<input type="checkbox"/>
<b>E2. Number of <u>these</u> unstageable pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="checkbox"/>
<b>F1. Unstageable: Deep tissue injury:</b> Suspected deep tissue injury in evolution	

# M1311E: Unstageable: Slough and/or Eschar

The true anatomic depth of soft tissue damage (and therefore stage) cannot be determined. The pressure ulcer stage can be determined only when enough slough and/or eschar is removed to expose the anatomic depth of soft tissue damage.

- **Slough:** Non-viable yellow, tan, gray, green, or brown tissue; usually moist, can be soft, stringy, and mucinous in texture. Slough may be adherent to the base of the wound or present in clumps throughout the wound bed.
- **Eschar:** Dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab-like. Necrotic tissue and eschar are usually firmly adherent to the base of the wound and often the sides/edges of the wound.



# M1311F: Unstageable: Suspected Deep Tissue Injury

**F1. Unstageable: Deep tissue injury:** Suspected deep tissue injury in evolution

(M1311) Current Number of Unhealed Pressure Ulcers at Each Stage	Enter Number
<b>F1. Unstageable: Deep tissue injury:</b> Suspected deep tissue injury in evolution Number of unstageable pressure ulcers with suspected deep tissue injury in evolution [ If 0 - Go to M1322 (at Follow up), Go to M1313 (at Discharge)]	<input type="text"/>
<b>F2. Number of <u>these</u> unstageable pressure ulcers that were present at most recent SOC/ROC</b> – enter how many were noted at the time of most recent SOC/ROC	<input type="text"/>

# M1311F: Unstageable: Suspected Deep Tissue Injury

- **Suspected Deep Tissue Injury:**
  - Purple or maroon area of discolored intact skin due to damage of underlying soft tissue.
  - The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler than adjacent tissue.

# Check Your Understanding

- At SOC, the assessing clinician determines that Mr. T has an unstageable pressure ulcer due to coverage of the wound bed by slough.
- The next day, the pressure ulcer is debrided and assessed as Stage 3.

# Check Your Understanding

- At SOC, Mrs. P is noted to have three clear fluid-filled blisters on her mid-abdomen. Her skin is otherwise dry and intact.
- After reviewing her medical history, the assessing clinician notes that Mrs. P has the following diagnoses: congestive heart failure, chronic obstructive pulmonary disease, and epidermolysis bullosa.

# M1311 Data Sources/Resources

- Patient/caregiver interview.
- Observation.
- Physical assessment.
- Clinical record.
- Referral documentation.
- Physician.
- See references/resources in Chapter 5 of the OASIS Guidance Manual.

# M1311 Tips

- A previously closed Stage 3 or Stage 4 pressure ulcer that is currently open again should be reported at its worst stage.
- If the patient has been in an inpatient setting for some time, it is conceivable that the wound has already started to granulate, thus making it challenging to know the stage of the wound at its worst. The clinician should make every effort to contact previous providers (including patient's physician) to determine the stage of the wound at its worst. An ulcer's stage can worsen, and this item should be answered using the worst stage if this occurs.

# Reverse Staging

- We always consider the historical information of pressure ulcers when we perform the skin assessment and **do not reverse stage**.
- Reverse staging is clinically inappropriate because pressure ulcers do not heal in a reverse sequence.
  - The body does not replace the types and layers of tissue (e.g., muscle, fat, and dermis) that were lost during pressure ulcer development.
- Improvement/healing can be captured in *M1320. Status of the Most Problematic Pressure Ulcer that is Observable*, as well as narratively in the clinical record.

# M1311 Tips

- A muscle flap, skin advancement flap, or rotational flap performed to surgically replace a pressure ulcer is a surgical wound. It should not be reported as a pressure ulcer on M1311.
- A pressure ulcer treated with a skin graft should not be reported as a pressure ulcer and, until the graft edges completely heal, should be reported as a surgical wound on M1340.
- A pressure ulcer that has been surgically debrided remains a pressure ulcer and should not be reported as a surgical wound on M1340.



# M1311

## Practice Scenarios

# M1311 Practice Scenario (1)

- At the SOC, the patient has three small Stage 2 pressure ulcers in her sacral area.
- Upon discharge, the sacrum is assessed.
- Two of the Stage 2 pressure ulcers have merged, and the third ulcer has increased to Stage 3.

# M1311 Practice Scenario (1)

Item	SOC/ROC	Discharge
<b>M1311A1.</b> Number of Stage 2 pressure ulcers		
<b>M1311A2.</b> Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC		
<b>M1311B1.</b> Number of Stage 3 pressure ulcers		
<b>M1311B2.</b> Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC		

# M1311 Practice Scenario (2)

- At the SOC, Mrs. J is admitted with four Stage 2 pressure ulcers and one Stage 3 pressure ulcer.
- During Mrs. J's home health quality episode, three of the Stage 2 pressure ulcers healed. However, Mrs. J develops an additional Stage 3 pressure ulcer.

# M1311 Practice Scenario (2)

Item	SOC/ROC	Discharge
<b>M1311A1.</b> Number of Stage 2 pressure ulcers		
<b>M1311A2.</b> Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC		
<b>M1311B1.</b> Number of Stage 3 pressure ulcers		
<b>M1311B2.</b> Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC		

# M1311 Practice Scenario (3)

- At the SOC, Ms. P was admitted with a diagnosis of cerebrovascular accident with right hemiparesis and assessed to have a 1 cm x 1 cm x < 0.1 cm Stage 2 pressure ulcer on her coccyx.
- Ms. P continued to decline at home, with decreased appetite, frequent transient ischemic attacks, and a wish not to be hospitalized again. After a palliative care consult, the patient and family agreed to hospice care.
- Upon discharge from home care, Ms. P was noted to have a pressure ulcer completely covered with eschar on her left heel and a Stage 3 pressure ulcer 3 cm x 2 cm x 0.4 cm on her coccyx.

# M1311 Practice Scenario (3)

Item	SOC/ROC	Discharge
<b>M1311A1.</b> Number of Stage 2 pressure ulcers		
<b>M1311A2.</b> Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC		
<b>M1311B1.</b> Number of Stage 3 pressure ulcers		
<b>M1311B2.</b> Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC		
<b>M1311C1.</b> Number of Stage 4 pressure ulcers		
<b>M1311C2.</b> Number of these Stage 4 pressure ulcers that were present at most recent SOC/ROC		
<b>M1311D1.</b> Number of Unstageable pressure ulcers: Non-removable dressing		
<b>M1311D2.</b> Number of these unstageable pressure ulcers that were present at most recent SOC/ROC		
<b>M1311E1.</b> Number of Unstageable pressure ulcers: Slough and/or eschar		
<b>M1311E2.</b> Number of these unstageable pressure ulcers that were present at most recent SOC/ROC		
<b>M1311F1.</b> Number of Unstageable pressure ulcers: Deep tissue injury		
<b>M1311F2.</b> Number of these unstageable pressure ulcers that were present at most recent SOC/ROC		

# M1313

## Worsening in Pressure Ulcer Status since SOC/ROC



# OASIS-C2 Revisions

The following item has been revised in OASIS-C2, effective January 1, 2017.

OASIS-C1 Item:	OASIS-C2 Item:
<b>M1309.</b> Worsening in Pressure Ulcer Status since SOC/ROC	<b>M1313.</b> Worsening in Pressure Ulcer Status since SOC/ROC

# OASIS-C1 M1309

## (M1309) Worsening in Pressure Ulcer Status since SOC/ROC:

<b>Instructions for a – c:</b> For Stage II, III and IV pressure ulcers, report the number that are new or have increased in numerical stage since the most recent SOC/ROC	
	Enter Number (Enter “0” if there are no current Stage II, III or IV pressure ulcers OR if all current Stage II, III or IV pressure ulcers existed at the same numerical stage at most recent SOC/ROC)
a. Stage II	_____
b. Stage III	_____
c. Stage IV	_____
<b>Instructions for d:</b> For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.	
	Enter Number (Enter “0” if there are no Unstageable pressure ulcers at discharge OR if all current Unstageable pressure ulcers were Stage III or IV or were Unstageable at most recent SOC/ROC)
d. Unstageable due to coverage of wound bed by slough or eschar	_____

# OASIS-C2 M1313

## (M1313) Worsening in Pressure Ulcer Status since SOC/ROC:

**Instructions for a-c:** Indicate the number of current pressure ulcers that were **not present or were at a lesser stage** at the most recent SOC/ROC. If no current pressure ulcer at a given stage, enter 0.

	Enter Number
a. Stage 2	<input type="text"/>
b. Stage 3	<input type="text"/>
c. Stage 4	<input type="text"/>

**Instructions for e:** For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were at a Stage 1 or 2 at the most recent SOC/ROC.

d. Unstageable – Known or likely but Unstageable due to non-removable dressing.	<input type="text"/>
e. Unstageable – Known or likely but Unstageable due to coverage of wound bed by slough and/or eschar.	<input type="text"/>
f. Unstageable – Suspected deep tissue injury in evolution.	<input type="text"/>

# M1313 Item Intent

- Documents the number of pressure ulcers present at Discharge that were not present (are new) or have “worsened” (increased in numerical stage) since the most recent Start or Resumption of Care Assessment.

# M1313 Time Points Completed

## Discharge

- Within 2 calendar days of the date of discharge.

# M1313 Steps for Assessment

1. Review the history of each current pressure ulcer.
2. Compare the current stage at Discharge to past stages to determine whether any pressure ulcer currently present is new or at an increased numerical stage (worsened) when compared to the most recent SOC/ROC.
3. Then, for each current stage, count the number of current pressure ulcers that are new or have increased in numerical stage since the last SOC/ROC was completed.





# M1313 Response-Specific Instructions

- For pressure ulcers that are currently Stage 2, 3, or 4 (rows a, b, and c):
  - Mark a response for each row of this item: a, b, and c.
  - If at Discharge there are currently NO ulcers at a given stage, enter “0” for that stage/row.
  - Report the number of current pressure ulcers at each stage that are new or have worsened since the most recent SOC/ROC assessment.

# M1313 Reporting Algorithm: Stage 2

## OASIS ITEM

### Reporting algorithm for M1313




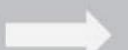
CURRENT STAGE at Discharge	Look back to most recent SOC/ROC	PRIOR STAGE at most recent SOC/ROC		REPORT AS NEW OR WORSENE?
a. Stage 2 at Discharge	If same pressure ulcer at most recent SOC/ROC was:	<ul style="list-style-type: none"> <li>Not present</li> <li>Stage 1</li> <li>Covered with a non-removable dressing/device, then documented as a Stage 1 at any home visit or Follow-Up assessment(s)</li> </ul>		YES
		<ul style="list-style-type: none"> <li>Stage 2</li> </ul>		NO
		<ul style="list-style-type: none"> <li>Stage 3</li> <li>Stage 4</li> </ul>		NA (Stage 3 or 4 could not become a Stage 2)
		<ul style="list-style-type: none"> <li>Covered with a non-removable dressing/device and remains Unstageable until assessed as a Stage 2 at Discharge</li> </ul>		NO



# M1313 Reporting Algorithm: Stage 3

## OASIS ITEM



### Reporting algorithm for M1313

CURRENT STAGE at Discharge	Look back to most recent SOC/ROC	PRIOR STAGE at most recent SOC/ROC		REPORT AS NEW OR WORSENE?
b. Stage 3 at Discharge	If same pressure ulcer at most recent SOC/ROC was:	<ul style="list-style-type: none"> <li>Not present</li> <li>Stage 1</li> <li>Stage 2</li> <li>Unstageable with documented Stage 1 and/or 2 at any home visit or Follow-Up assessment(s)</li> </ul>		YES
		<ul style="list-style-type: none"> <li>Stage 3</li> </ul>		NO
		<ul style="list-style-type: none"> <li>Stage 4</li> </ul>		NA (Stage 4 could not become a Stage 3)
		<ul style="list-style-type: none"> <li>Unstageable until assessed as a Stage 3 at Discharge</li> </ul>		NO

# M1313 Reporting Algorithm: Stage 4

## OASIS ITEM



### Reporting algorithm for M1313

CURRENT STAGE <i>at Discharge</i>	<i>Look back to most recent SOC/ROC</i>	PRIOR STAGE <i>at most recent SOC/ROC</i>		REPORT AS NEW OR WORSENER?
c. Stage 4 <i>at Discharge</i>	<i>If same pressure ulcer at most recent SOC/ROC was:</i>	<ul style="list-style-type: none"> <li>Not present</li> <li>Stage 1</li> <li>Stage 2</li> <li>Stage 3</li> <li>Unstageable with documented Stage 1, 2, and/or 3 at any home visit or Follow-Up assessment(s)</li> </ul>		YES
		<ul style="list-style-type: none"> <li>Stage 4</li> <li>Unstageable until assessed as a Stage 4 at Discharge</li> </ul>		NO

# M1313 Reporting Algorithm: Unstageable Due to Non-Removable Dressing

## OASIS ITEM



### Reporting algorithm for M1313

CURRENT STAGE <i>at Discharge</i>	<i>Look back to most recent SOC/ROC</i>	PRIOR STAGE <i>at most recent SOC/ROC</i>		REPORT AS NEW OR WORSENER?
d. Unstageable due to non- removable dressing <i>at Discharge</i>	<i>If same pressure ulcer at most recent SOC/ROC was:</i>	▪ Not present		YES
		<ul style="list-style-type: none"> <li>▪ Stage 1</li> <li>▪ Stage 2</li> <li>▪ Stage 3</li> <li>▪ Stage 4</li> <li>▪ Unstageable</li> </ul>		NO

# M1313 Reporting Algorithm: Unstageable Due to Slough and/or Eschar

## OASIS ITEM

### Reporting algorithm for M1313

CURRENT STAGE <i>at Discharge</i>	Look back to <i>most recent</i> SOC/ROC	PRIOR STAGE <i>at most recent SOC/ROC</i>		REPORT AS NEW OR WORSENER?
e. Unstageable due to slough and/or eschar <i>at Discharge</i>	<i>If same pressure ulcer at most recent SOC/ROC was:</i>	<ul style="list-style-type: none"> <li>▪ Not present</li> <li>▪ Stage 1</li> <li>▪ Stage 2</li> </ul>		YES
		<ul style="list-style-type: none"> <li>▪ Stage 3</li> <li>▪ Stage 4</li> <li>▪ Unstageable</li> </ul>		NO

# M1313 Reporting Algorithm: Unstageable – Suspected Deep Tissue Injury

## OASIS ITEM

### Reporting algorithm for M1313

CURRENT STAGE <i>at Discharge</i>	Look back to most recent SOC/ROC	PRIOR STAGE <i>at most recent SOC/ROC</i>		REPORT AS NEW OR WORSENER?
f. Unstageable – suspected deep tissue injury <i>at Discharge</i>	<i>If same pressure ulcer at most recent SOC/ROC was:</i>	<ul style="list-style-type: none"> <li>Not present</li> <li>Stage 1</li> <li>Stage 2 (intact blister)</li> </ul>	➡	YES
		<ul style="list-style-type: none"> <li>Stage 3</li> <li>Stage 4</li> <li>Unstageable due to slough and/or eschar</li> </ul>	➡	NA (Full thickness pressure ulcer could not become a sDTI)
		<ul style="list-style-type: none"> <li>Unstageable – Suspected DTI or due to a non-removable dressing/device</li> </ul>	➡	NO

# M1313 Use of a Dash

- A dash (–) value is a valid response for this item.
- A dash (–) value indicates that no information is available and/or an item could not be assessed.
- This most often occurs when the patient is unexpectedly transferred, discharged, or dies before assessment of the item could be completed.
- CMS expects dash use to be a rare occurrence.

# M1313 Tips

- Do not “reverse stage” pressure ulcers as a way to document healing, as it does not accurately characterize what is physiologically occurring as the ulcer heals.
- Once the pressure ulcer has fully granulated and the wound surface is completely covered with new epithelial tissue, the wound is considered healed and should no longer be reported as an unhealed pressure ulcer.

# M1313 Tips

- A previously closed Stage 3 or Stage 4 pressure ulcer that breaks down again should be staged at its worst stage.
- If the pressure ulcer was unstageable for any reason at the most recent SOC/ROC, do not consider it new or worsened if at some point between SOC/ROC and Discharge it became stageable and remained at that same stage at Discharge.
- If the pressure ulcer was unstageable at SOC/ROC, then was stageable on a routine visit and/or Follow-Up assessment, and by Discharge the pressure ulcer had increased in numerical stage since the routine visit and/or Follow-Up assessment, it should be considered worsened at Discharge.



# M1313 Tips

- If a previously stageable pressure ulcer becomes unstageable, then was debrided sufficiently to be restaged by Discharge, compare its stage before and after it was deemed unstageable. If the pressure ulcer's stage has increased in numerical staging, report this as worsened.
- Pressure ulcers that are Unstageable at Discharge due to a dressing/device, such as a cast that cannot be removed to assess the skin underneath, cannot be reported as new or worsened unless no pressure ulcer existed at that site at the most recent SOC/ROC.

# Data Sources/Resources

- Patient/caregiver interview.
- Observation.
- Physical assessment.
- Clinical record.
- Referral documentation.
- Physician.
- See references/resources in Chapter 5 of the OASIS Guidance Manual.

# M1311 & M1313

## Practice Scenarios

# M1311 & M1313 Practice Scenario (1)

- A patient was admitted to home care from the acute care hospital with two Stage 2 pressure ulcers with clear fluid-filled blisters, one on each heel.
- After a few days, the left heel Stage 2 blister had ruptured and presented as a shallow ulcer with a pink wound bed. The right heel continued to evolve, having a blood-filled blister, and matured in color from red to a maroon/purple color, with the area surrounding the blister being boggy, painful, and warm.
- The patient stated she was moving and going to stay with her daughter who lives 2 hours away. She was discharged to another provider.
- Upon discharge, the left heel had a shallow ulcer with a pink wound bed. The right heel was covered in firm dark eschar with slight bogginess around the eschar.

# M1311 & M1313 Practice Scenario (1)

Item	SOC/ROC	Discharge
<b>M1311A1.</b> Number of Stage 2 pressure ulcers		
<b>M1311A2.</b> Number of these Stage 2 pressure ulcers present at most recent SOC/ROC		
<b>M1311B1.</b> Number of Stage 3 pressure ulcers		
<b>M1311B2.</b> Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC		
<b>M1313A.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Stage 2		
<b>M1313B.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Stage 3		
<b>M1313C.</b> Worsening in Pressure Ulcer Status Since SOC/ROC– Stage 4		
<b>M1313D.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Unstageable - Non-removable dressing		
<b>M1313E.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Unstageable - Slough and/or Eschar		
<b>M1313F.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Unstageable - Deep tissue injury		

# M1311 & M1313 Practice Scenario (2)

- At SOC, Mr. Y is noted to have a Stage 3 pressure ulcer on his right hip.
- During the home health quality episode, the pressure ulcer identified at SOC closes, but Mr. Y develops a new Stage 3 pressure ulcer on his left hip.
- At discharge, Mr. Y has one Stage 3 pressure ulcer on the left hip.

# M1311 & M1313 Practice Scenario (2)

Item	SOC/ROC	Discharge
<b>M1311A1.</b> Number of Stage 2 pressure ulcers		
<b>M1311A2.</b> Number of these Stage 2 pressure ulcers present at most recent SOC/ROC		
<b>M1311B1.</b> Number of Stage 3 pressure ulcers		
<b>M1311B2.</b> Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC		
<b>M1313A.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Stage 2		
<b>M1313B.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Stage 3		
<b>M1313C.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Stage 4		
<b>M1313D.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Unstageable - Non-removable dressing		
<b>M1313E.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Unstageable - Slough and/or Eschar		
<b>M1313F.</b> Worsening in Pressure Ulcer Status Since SOC/ROC – Unstageable - Deep tissue injury		

# M1311 & M1313 Practice Scenario (2)

## Takeaway:

- The agency has to determine whether the Stage 3 pressure ulcer identified at discharge is the same Stage 3 pressure ulcer that was present at SOC.
- It is important to track each unique pressure ulcer rather than tracking the overall total number of pressure ulcers at each stage.



# M1311 & M1313 Practice Scenario (3)

- A patient was admitted to home care with two Stage 2 pressure ulcers.
- A mutual decision was made to transition the patient to hospice care.
- By the time of discharge, the two pressure ulcers had merged and increased to Stage 3.

# M1311 & M1313 Practice Scenario (4)

- A patient developed a Stage 3 pressure ulcer during their home health quality episode.
- The wound bed was subsequently covered with slough; hence, the pressure ulcer became unstageable.
- The patient record indicates that wound debridement was performed on the Stage 3 pressure ulcer 2 weeks prior to discharge.
- During the discharge assessment, the wound bed was observed and numerically staged as a Stage 3.

# Summary

- The Quality Measure (QM) for Pressure Ulcers That Are New or Worsened has multiple covariates for risk adjustment.
  - GG0170C. Lying to Sitting on Side of Bed
  - M1620. Bowel Incontinence
  - M1028. Active Diagnoses
  - M1060. Height & Weight
- It is important to understand how M1313 is used in the calculation of the QM.
- OASIS-C2 Changes:
  - Roman numerals replaced by Arabic numerals.
  - Each M1311 response now has two parts.
  - Two additional unstageable categories were added to M1313.

# Action Plan

- Ensure that agency processes include tracking of all pressure ulcers and changes in pressure ulcer status in the patient record.
- Review current way you are documenting pressure ulcers at all OASIS time points.
- Review/update your tracking processes to include the three unstageable pressure ulcer categories:
  - Non-removable dressing.
  - Slough and/or eschar.
  - Suspected deep tissue injury.
- Practice a variety of scenarios with staff.

# Resources

- OASIS Educational Coordinators:
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/downloads/OASISeducationalcoordinators.pdf>
- Quality Measures: Home Health Quality Reporting Program
  - [HomeHealthQualityQuestions@cms.hhs.gov](mailto:HomeHealthQualityQuestions@cms.hhs.gov)
- OASIS Items & Payment Policy: Home Health Policy Mailbox
  - [HomehealthPolicy@cms.hhs.gov](mailto:HomehealthPolicy@cms.hhs.gov)
- Data Submission & CASPER: QTSO Help Desk
  - Telephone: (800) 339-9313
  - Email: [help@qtso.com](mailto:help@qtso.com)
  - Website: <https://www.qtso.com/index.php>



# Questions?