

Quality Reporting Program Provider Training



Case Study

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Acronyms in This Presentation

- Deep Tissue Injury (DTI)
- Gastrostomy Tube (G-tube)
- Inpatient Rehabilitation Facility (IRF)
- Long-Term Care Hospital (LTCH)
- Nothing By Mouth (NPO)
- Post-Acute Care (PAC)
- Quality Reporting Program (QRP)



Objective

- Apply knowledge acquired during the training to accurately code a clinical patient scenario



Meet Mrs. S

- 78-year-old female
- Admitted to acute care hospital with respiratory distress and right hip pain following a fall
- Upon hospital admission, noted to have:
 - Respiratory failure
 - Right proximal femoral fracture
 - Deep tissue injury (DTI) on the right lateral malleolus



Meet Mrs. S (cont.)

- After 3 weeks of acute care hospitalization, her clinical status improves:
 - Weaned off ventilator
 - Tracheostomy plugged
 - Oxygen at 2 liters per minute via nasal cannula
- Mrs. S was transferred to post-acute care (PAC) on December 1 for respiratory and physical rehabilitation



Case Study Instructions

- Please work in groups at your table
- Use the following documents in your folder to code a subset of Admission and (Planned) Discharge items:
 - Long-Term Care Hospital (LTCH)/Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Training Case Study
 - LTCH/IRF QRP Case Study Coding Sheet
- We will debrief in 25 to 30 minutes



Admission Items to Code

- **GG0130.** Self-Care (subset of items only)
- **GG0170.** Mobility (subset of items only)
- **M0210.** Unhealed Pressure Ulcers/Injuries
- **M0300.** Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
- **N2001.** Drug Regimen Review
- **N2003.** Medication Follow-up



(Planned) Discharge Items to Code

- **GG0130.** Self-Care (subset of items only)
- **GG0170.** Mobility (subset of items only)
- **M0210.** Unhealed Pressure Ulcers/Injuries
- **M0300.** Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
- **N2005.** Medication Intervention



Case Study Instructions

- Please work in groups at your table
- Use the following documents in your folder to code a subset of Admission and (Planned) Discharge items:
 - LTCH/IRF QRP Training Case Study
 - LTCH/IRF QRP Case Study Coding Sheet
- We will debrief in 25 to 30 minutes



Admission Assessment

Subset of GG0130. Self-Care

GG0130. Self-Care (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0130A. Eating		
GG0130B. Oral hygiene		
GG0130C. Toileting hygiene		

GG0130. Self-Care (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0130A. Eating	88, Not attempted due to medical condition or safety concerns	
GG0130B. Oral hygiene		
GG0130C. Toileting hygiene		

GG0130. Self-Care (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0130A. Eating	88, Not attempted due to medical condition or safety concerns	06, Independent
GG0130B. Oral hygiene		
GG0130C. Toileting hygiene		

GG0130A. Eating

- **Admission Performance Coding:** 88, Not attempted due to medical condition or safety concerns
- **Rationale:** Mrs. S was NPO (nothing by mouth) and receiving nutrition via gastrostomy tube (G-tube) at admission
- **Discharge Goal:** 06, Independent
- **Rationale:** It is anticipated that oral nutrition will be reintroduced during the patient's PAC stay, with the goal of having her eating and drinking without any type of assistance by discharge

GG0130. Self-Care (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0130A. Eating	88, Not attempted due to medical condition or safety concerns	06, Independent
GG0130B. Oral hygiene		
GG0130C. Toileting hygiene		

GG0130. Self-Care (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0130A. Eating	88, Not attempted due to medical condition or safety concerns	06, Independent
GG0130B. Oral hygiene	05, Setup or clean-up assistance	
GG0130C. Toileting hygiene		

GG0130. Self-Care (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0130A. Eating	88, Not attempted due to medical condition or safety concerns	06, Independent
GG0130B. Oral hygiene	05, Setup or clean-up assistance	06, Independent
GG0130C. Toileting hygiene		

GG0130B. Oral Hygiene

- **Admission Performance Coding:** 05, Setup or clean-up assistance
- **Rationale:** Mrs. S brushes her teeth when a helper sets up her bedside table with her oral hygiene items and puts them away after she completes the activity
- **Discharge Goal:** 06, Independent
- **Rationale:** It is anticipated that Mrs. S will not need any type of assistance with oral hygiene by discharge

GG0130. Self-Care (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0130A. Eating	88, Not attempted due to medical condition or safety concerns	06, Independent
GG0130B. Oral hygiene	05, Setup or clean-up assistance	06, Independent
GG0130C. Toileting hygiene		

GG0130. Self-Care (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0130A. Eating	88, Not attempted due to medical condition or safety concerns	06, Independent
GG0130B. Oral hygiene	05, Setup or clean-up assistance	06, Independent
GG0130C. Toileting hygiene	04, Supervision or touching assistance	

GG0130. Self-Care (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0130A. Eating	88, Not attempted due to medical condition or safety concerns	06, Independent
GG0130B. Oral hygiene	05, Setup or clean-up assistance	06, Independent
GG0130C. Toileting hygiene	04, Supervision or touching assistance	06, Independent

GG0130C. Toileting Hygiene

- **Admission Performance Coding:** 04, Supervision or touching assistance
- **Rationale:** Mrs. S requires steadying assistance from one helper while she stands and adjusts her underwear and slacks. After she finishes voiding on the commode, she wipes herself and adjusts her underwear and slacks with contact guard assistance from a helper
- **Discharge Goal:** 06, Independent
- **Rationale:** The occupational therapist anticipates that Mrs. S will not need any type of assistance from a helper with toilet hygiene by discharge

Admission Assessment

Subset of GG0170. Mobility

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer		
GG0170I. Walk 10 feet		
GG0170J. Walk 50 feet with two turns		
GG0170K. Walk 150 feet		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	
GG0170I. Walk 10 feet		
GG0170J. Walk 50 feet with two turns		
GG0170K. Walk 150 feet		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet		
GG0170J. Walk 50 feet with two turns		
GG0170K. Walk 150 feet		

GG0170F. Toilet Transfer

- **Admission Performance Coding:** 03, Partial/moderate assistance
- **Rationale:** Mrs. S required the assistance of one helper providing less than half the effort to transfer on and off the bedside commode
- **Discharge Goal:** 06, Independent
- **Rationale:** The occupational therapist anticipates that Mrs. S will not require any type of assistance to perform toilet transfers using a standard toilet with raised toilet seat by discharge

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet		
GG0170J. Walk 50 feet with two turns		
GG0170K. Walk 150 feet		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet	03, Partial/moderate assistance	
GG0170J. Walk 50 feet with two turns		
GG0170K. Walk 150 feet		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet	03, Partial/moderate assistance	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns		
GG0170K. Walk 150 feet		

GG1070I. Walk 10 Feet

- **Admission Performance Coding:** 03, Partial/moderate assistance
- **Rationale:** Mrs. S walked 10 feet with a rollator walker and the assistance of one helper providing less than half the effort. The use of assistive devices to complete an activity should not affect the coding of an activity
- **Discharge Goal:** 04, Supervision or touching assistance
- **Rationale:** The physical therapist anticipates that the patient will walk 10 feet with a helper providing supervision assistance, using a rollator walker

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet	03, Partial/moderate assistance	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns		
GG0170K. Walk 150 feet		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet	03, Partial/moderate assistance	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	88, Not attempted due to medical condition or safety concerns	
GG0170K. Walk 150 feet		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet	03, Partial/moderate assistance	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	88, Not attempted due to medical condition or safety concerns	04, Supervision or touching assistance
GG0170K. Walk 150 feet		

GG0170J. Walk 50 Feet With Two Turns

- **Admission Performance Coding:** 88, Not attempted due to medical condition or safety concerns
- **Rationale:** This activity was not performed at admission due to the patient's fatigue and decreased endurance
- **Discharge Goal:** 04, Supervision or touching assistance
- **Rationale:** Based on her prior mobility status, comorbidities, current functional performance, and motivation to improve, the physical therapist anticipates that Mrs. S will require contact guard assistance when walking 50 feet and making two turns by discharge using a rollator walker

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet	03, Partial/moderate assistance	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	88, Not attempted due to medical condition or safety concerns	04, Supervision or touching assistance
GG0170K. Walk 150 feet		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet	03, Partial/moderate assistance	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	88, Not attempted due to medical condition or safety concerns	04, Supervision or touching assistance
GG0170K. Walk 150 feet	09, Not applicable	

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170F. Toilet transfer	03, Partial/moderate assistance	06, Independent
GG0170I. Walk 10 feet	03, Partial/moderate assistance	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	88, Not attempted due to medical condition or safety concerns	04, Supervision or touching assistance
GG0170K. Walk 150 feet	09, Not applicable	09, Not applicable

GG0170K. Walk 150 Feet

- **Admission Performance Coding:** 09, Not applicable
- **Rationale:** This activity was not attempted during the 3-day assessment period, and Mrs. S was not walking 150 feet prior to her current injury
- **Discharge Goal:** 09, Not applicable
- **Rationale:** The physical therapist does not expect Mrs. S to perform this activity by discharge. She could not perform the activity prior to her current injury, and the maximum distance walked by the patient prior to her current illness was up to 60 feet; therefore, this activity goal is not applicable

GG0170Q1. Does the patient use a wheelchair and/or scooter?

A. 0, No

B. 1, Yes

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GG0170Q1. Does the patient use a wheelchair and/or scooter?

A. 0, No

✓ B. 1, Yes

Join at
slido.com
#Econometrica



Rationale: The patient uses a manual wheelchair for self-mobilizing on the unit and during the therapy evaluation.

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170R. Wheel 50 feet with two turns		
GG0170RR1. Indicate the type of wheelchair or scooter used		
GG0170S. Wheel 150 feet		
GG0170SS1. Indicate the type of wheelchair or scooter used		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170R. Wheel 50 feet with two turns	02, Substantial/maximal assistance	
GG0170RR1. Indicate the type of wheelchair or scooter used		
GG0170S. Wheel 150 feet		
GG0170SS1. Indicate the type of wheelchair or scooter used		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170R. Wheel 50 feet with two turns	02, Substantial/maximal assistance	06, Independent
GG0170RR1. Indicate the type of wheelchair or scooter used		
GG0170S. Wheel 150 feet		
GG0170SS1. Indicate the type of wheelchair or scooter used		

GG0170R. Wheel 50 Feet With Two Turns

- **Admission Performance Coding:** 02, Substantial/maximal assistance
- **Rationale:** Once seated in her manual wheelchair, Mrs. S propelled herself 20 feet and required some assistance to complete a turn, and then required a helper to mobilize her for 30 feet to complete the activity
- **Discharge Goal:** 06, Independent
- **Rationale:** The physical therapist anticipates that Mrs. S will increase her level of endurance and complete self-mobilizing 50 feet in a manual wheelchair with two turns without any type of assistance at discharge

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170R. Wheel 50 feet with two turns	02, Substantial/maximal assistance	06, Independent
GG0170RR1. Indicate the type of wheelchair or scooter used		
GG0170S. Wheel 150 feet		
GG0170SS1. Indicate the type of wheelchair or scooter used		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170R. Wheel 50 feet with two turns	02, Substantial/maximal assistance	06, Independent
GG0170RR1. Indicate the type of wheelchair or scooter used	1, Manual	
GG0170S. Wheel 150 feet		
GG0170SS1. Indicate the type of wheelchair or scooter used		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170R. Wheel 50 feet with two turns	02, Substantial/maximal assistance	06, Independent
GG0170RR1. Indicate the type of wheelchair or scooter used	1, Manual	
GG0170S. Wheel 150 feet	02, Substantial/maximal assistance	
GG0170SS1. Indicate the type of wheelchair or scooter used		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170R. Wheel 50 feet with two turns	02, Substantial/maximal assistance	06, Independent
GG0170RR1. Indicate the type of wheelchair or scooter used	1, Manual	
GG0170S. Wheel 150 feet	02, Substantial/maximal assistance	02, Substantial/maximal assistance.
GG0170SS1. Indicate the type of wheelchair or scooter used		

GG0170S. Wheel 150 Feet

- **Admission Performance Coding:** 02, Substantial/maximal assistance
- **Rationale:** After propelling herself 20 feet, Mrs. S became fatigued and a helper had to propel her the remaining 130 feet distance to complete this activity
- **Discharge Goal:** 02, Substantial/maximal assistance
- **Rationale:** The physical therapist anticipates that beyond approximately 70 feet, Mrs. S will be propelled by a helper for the remaining distance to complete this activity, based on her prior level of function

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170R. Wheel 50 feet with two turns	02, Substantial/maximal assistance	06, Independent
GG0170RR1. Indicate the type of wheelchair or scooter used	1, Manual	
GG0170S. Wheel 150 feet	02, Substantial/maximal assistance	02, Substantial/maximal assistance.
GG0170SS1. Indicate the type of wheelchair or scooter used		

GG0170. Mobility (subset)

Item	1. Admission Performance	2. Discharge Goal
GG0170R. Wheel 50 feet with two turns	02, Substantial/maximal assistance	06, Independent
GG0170RR1. Indicate the type of wheelchair or scooter used	1, Manual	
GG0170S. Wheel 150 feet	02, Substantial/maximal assistance	02, Substantial/maximal assistance.
GG0170SS1. Indicate the type of wheelchair or scooter used	1, Manual	

Admission Assessment

Section M: Skin Conditions

How would you code M0210 on the Admission Assessment?

Does this patient have one or more unhealed pressure ulcers/injuries?

A. 0. No

B. 1. Yes

C. Enter a **dash** (–)



How would you code M0210 on the Admission Assessment?

Does this patient have one or more unhealed pressure ulcers/injuries?

A. 0. No

✓ B. 1. Yes

C. Enter a dash (–)



M0210. Unhealed Pressure Ulcers/Injuries

- **Coding:** 1. Yes. *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage*
- **Rationale:**
 - Upon admission to the PAC setting, Mrs. S has a pressure ulcer on her coccyx and a DTI on her right lateral malleolus

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment
M0300A1. Number of Stage 1 pressure injuries	
M0300B1. Number of Stage 2 pressure ulcers	
M0300C1. Number of Stage 3 pressure ulcers	
M0300D1. Number of Stage 4 pressure ulcers	
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	
M0300G1. Number of unstageable pressure injuries with deep tissue injury	

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	
M0300C1. Number of Stage 3 pressure ulcers	
M0300D1. Number of Stage 4 pressure ulcers	
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	
M0300G1. Number of unstageable pressure injuries with deep tissue injury	

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0
M0300C1. Number of Stage 3 pressure ulcers	
M0300D1. Number of Stage 4 pressure ulcers	
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	
M0300G1. Number of unstageable pressure injuries with deep tissue injury	

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0
M0300C1. Number of Stage 3 pressure ulcers	Code as 0
M0300D1. Number of Stage 4 pressure ulcers	
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	
M0300G1. Number of unstageable pressure injuries with deep tissue injury	

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0
M0300C1. Number of Stage 3 pressure ulcers	Code as 0
M0300D1. Number of Stage 4 pressure ulcers	Code as 1
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	
M0300G1. Number of unstageable pressure injuries with deep tissue injury	

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0
M0300C1. Number of Stage 3 pressure ulcers	Code as 0
M0300D1. Number of Stage 4 pressure ulcers	Code as 1
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	
M0300G1. Number of unstageable pressure injuries with deep tissue injury	

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0
M0300C1. Number of Stage 3 pressure ulcers	Code as 0
M0300D1. Number of Stage 4 pressure ulcers	Code as 1
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	Code as 0
M0300G1. Number of unstageable pressure injuries with deep tissue injury	

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0
M0300C1. Number of Stage 3 pressure ulcers	Code as 0
M0300D1. Number of Stage 4 pressure ulcers	Code as 1
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	Code as 0
M0300G1. Number of unstageable pressure injuries with deep tissue injury	Code as 1

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 1)

- **Rationale:**
 - Upon admission to the PAC setting, Mrs. S has a pressure ulcer on her coccyx and a DTI on her right lateral malleolus
 - To accurately stage these wounds, the nurse reviews the history of these pressure ulcers in the patient's medical record

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 2)

- **Rationale (continued):**
 - Although the coccyx pressure ulcer has evidence of improvement and decrease in size upon PAC admission assessment, the acute care medical record classified it as a Stage 4
 - Therefore, it should continue to be classified at that numerical stage until healed

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 3)

- **Rationale (continued):**
 - The pressure ulcer on the right lateral malleolus is assessed as a DTI. This is confirmed upon review of the patient's acute care medical record
 - The surgical site would not be coded in M0300, as it is not a pressure ulcer or injury; it is a surgical wound

Admission Assessment

Section N: Medications

How would you code N2001 on the Admission Assessment?

Did a complete drug regimen review identify potential clinically significant medication issues?

- A. **0. No** – No issues found during review
- B. **1. Yes** – Issues found during review
- C. **9. NA** – Patient is not taking any medications
- D. Enter a **dash (–)**



How would you code N2001 on the Admission Assessment?

Did a complete drug regimen review identify potential clinically significant medication issues?

- A. **0. No** – No issues found during review
- ✓ B. **1. Yes** – Issues found during review
- C. **9. NA** – Patient is not taking any medications
- D. Enter a **dash (–)**



N2001. Drug Regimen Review

- **Coding:** 1. Yes – Issues found during review
- **Rationale:**
 - The pharmacist identified that two different doses of the same medication to address mild pain were ordered. The combined dosage could exceed the maximum daily dosage for ibuprofen
 - The pharmacist considered this duplicate therapy a clinically significant medication issue

How would you code N2003 on the Admission Assessment?

Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

- A. 0. No
- B. 1. Yes
- C. Enter a dash (–)



How would you code N2003 on the Admission Assessment?

Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

- A. 0. No
- ✓ B. 1. Yes
- C. Enter a dash (–)



N2003. Medication Follow-Up

- **Coding:** 1. Yes
- **Rationale:**
 - On the day of admission, the pharmacist identified a significant medication issue and contacted the admitting physician and left a message to discuss the medication orders
 - One hour later, the admitting physician returned the pharmacist's phone call to clarify and change the order. That evening, the charge nurse noted and implemented the order

(Planned) Discharge Assessment

Subset of GG0130. Self-Care

GG0130. Self-Care (subset)

Item	3. Discharge Performance
GG0130A. Eating	
GG0130B. Oral hygiene	
GG0130C. Toileting hygiene	

GG0130. Self-Care (subset)

Item	3. Discharge Performance
GG0130A. Eating	06, Independent
GG0130B. Oral hygiene	
GG0130C. Toileting hygiene	

GG0130A. Eating

- **Discharge Performance Coding:** 06, Independent
- **Rationale:**
 - Mrs. S self-feeds and -drinks liquids without assistance. She also requires additional nutrition with supplemental G-tube feedings
 - She opens containers and uses utensils and a cup/glass to self-feed and -drink liquids without any assistance
 - Tube-feeding is not considered when coding GG0130A. Eating activity

GG0130. Self-Care (subset)

Item	3. Discharge Performance
GG0130A. Eating	06, Independent
GG0130B. Oral hygiene	
GG0130C. Toileting hygiene	

GG0130. Self-Care (subset)

Item	3. Discharge Performance
GG0130A. Eating	06, Independent
GG0130B. Oral hygiene	06, Independent
GG0130C. Toileting hygiene	

GG0130B. Oral Hygiene

- **Discharge Performance Coding: 06, Independent**
- **Rationale:**
 - Mrs. S completes all tasks included in the oral hygiene activity without any type of assistance

GG0130. Self-Care (subset)

Item	3. Discharge Performance
GG0130A. Eating	06, Independent
GG0130B. Oral hygiene	06, Independent
GG0130C. Toileting hygiene	

GG0130. Self-Care (subset)

Item	3. Discharge Performance
GG0130A. Eating	06, Independent
GG0130B. Oral hygiene	06, Independent
GG0130C. Toileting hygiene	06, Independent

GG0130B. Toileting Hygiene

- **Discharge Performance Coding: 06, Independent**
- **Rationale:**
 - Mrs. S manages her toilet hygiene without any type of assistance

(Planned) Discharge Assessment

Subset of GG0170. Mobility

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170F. Toilet transfer	
GG0170I. Walk 10 feet	
GG0170J. Walk 50 feet with two turns	
GG0170K. Walk 150 feet	

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170F. Toilet transfer	06, Independent
GG0170I. Walk 10 feet	
GG0170J. Walk 50 feet with two turns	
GG0170K. Walk 150 feet	

GG0170F. Toilet Transfer

- **Discharge Performance Coding: 06, Independent**
- **Rationale:**
 - Mrs. S completes this activity without any type of assistance

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170F. Toilet transfer	06, Independent
GG0170I. Walk 10 feet	
GG0170J. Walk 50 feet with two turns	
GG0170K. Walk 150 feet	

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170F. Toilet transfer	06, Independent
GG0170I. Walk 10 feet	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	
GG0170K. Walk 150 feet	

GG0170I. Walk 10 Feet

- **Discharge Performance Coding:** 04, Supervision or touching assistance
- **Rationale:**
 - Mrs. S walks 10 feet using a rollator walker with supervision from one helper. The use of assistive devices to complete an activity should not affect the coding of an activity

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170F. Toilet transfer	06, Independent
GG0170I. Walk 10 feet	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	
GG0170K. Walk 150 feet	

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170F. Toilet transfer	06, Independent
GG0170I. Walk 10 feet	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	04, Supervision or touching assistance
GG0170K. Walk 150 feet	

GG0170J. Walk 50 Feet With Two Turns

- **Discharge Performance Coding:** 04, Supervision or touching assistance
- **Rationale:**
 - Mrs. S walks 50 feet with two turns using a rollator walker and contact guard assistance. The use of assistive devices to complete an activity should not affect the coding of an activity

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170F. Toilet transfer	06, Independent
GG0170I. Walk 10 feet	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	04, Supervision or touching assistance
GG0170K. Walk 150 feet	

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170F. Toilet transfer	06, Independent
GG0170I. Walk 10 feet	04, Supervision or touching assistance
GG0170J. Walk 50 feet with two turns	04, Supervision or touching assistance
GG0170K. Walk 150 feet	09, Not applicable

GG0170K. Walk 150 Feet

- **Discharge Performance Coding:** 09, Not applicable
- **Rationale:**
 - This activity was not attempted, and Mrs. S was not walking 150 feet prior to her current injury

GG0170Q3. Does the patient use a wheelchair and/or scooter?

A. 0, No

B. 1, Yes



GG0170Q3. Does the patient use a wheelchair and/or scooter?

A. 0, No

✓ B. 1, Yes

Rationale: Mrs. S uses a manual wheelchair



GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170R. Wheel 50 feet with two turns	
GG0170RR3. Indicate the type of wheelchair or scooter used	
GG0170S. Wheel 150 feet	
GG0170SS3. Indicate the type of wheelchair or scooter used	

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170R. Wheel 50 feet with two turns	06, Independent
GG0170RR3. Indicate the type of wheelchair or scooter used	
GG0170S. Wheel 150 feet	
GG0170SS3. Indicate the type of wheelchair or scooter used	

GG0170R. Wheel 50 Feet With Two Turns

- **Discharge Performance Coding:** 06, Independent
- **Rationale:**
 - Mrs. S wheels herself approximately 60 feet and completes two turns without any type of assistance

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170R. Wheel 50 feet with two turns	06, Independent
GG0170RR3. Indicate the type of wheelchair or scooter used	
GG0170S. Wheel 150 feet	
GG0170SS3. Indicate the type of wheelchair or scooter used	

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170R. Wheel 50 feet with two turns	06, Independent
GG0170RR3. Indicate the type of wheelchair or scooter used	1, Manual
GG0170S. Wheel 150 feet	
GG0170SS3. Indicate the type of wheelchair or scooter used	

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170R. Wheel 50 feet with two turns	06, Independent
GG0170RR3. Indicate the type of wheelchair or scooter used	1, Manual
GG0170S. Wheel 150 feet	02, Substantial/maximal assistance
GG0170SS3. Indicate the type of wheelchair or scooter used	

GG0170S. Wheel 150 Feet

- **Discharge Performance Coding:** 02, Substantial/maximal assistance
- **Rationale:**
 - Mrs. S wheels herself 60 feet, which is nearly her prior level of function. A helper is needed to propel her wheelchair the remaining 150 feet. The helper does more than half of the effort to complete this activity

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170R. Wheel 50 feet with two turns	06, Independent
GG0170RR3. Indicate the type of wheelchair or scooter used	1, Manual
GG0170S. Wheel 150 feet	02, Substantial/maximal assistance
GG0170SS3. Indicate the type of wheelchair or scooter used	

GG0170. Mobility (subset)

Item	3. Discharge Performance
GG0170R. Wheel 50 feet with two turns	06, Independent
GG0170RR3. Indicate the type of wheelchair or scooter used	1, Manual
GG0170S. Wheel 150 feet	02, Substantial/maximal assistance
GG0170SS3. Indicate the type of wheelchair or scooter used	1, Manual

(Planned) Discharge Assessment

Section M: Skin Conditions

How would you code M0210 on the Planned Discharge Assessment?

Does this patient have one or more unhealed pressure ulcers/injuries?

A. 0. No

B. 1. Yes

C. Enter a **dash** (–)



How would you code M0210 on the Planned Discharge Assessment?

Does this patient have one or more unhealed pressure ulcers/injuries?

A. 0. No

✓ B. 1. Yes

C. Enter a dash (–)



M0210. Unhealed Pressure Ulcers/Injuries

- **Coding:** 1. Yes. *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage*
- **Rationale:** At discharge, Mrs. S has one unstageable pressure ulcer on her right lateral malleolus

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0	
M0300B1. Number of Stage 2 pressure ulcers	Code as 0	
M0300B2. Number of these Stage 2 pressure ulcers that were present upon admission		
M0300C1. Number of Stage 3 pressure ulcers	Code as 0	
M0300C2. Number of these Stage 3 pressure ulcers that were present upon admission		
M0300D1. Number of Stage 4 pressure ulcers	Code as 1	
M0300D2. Number of these Stage 4 pressure ulcers that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0	
M0300B2. Number of these Stage 2 pressure ulcers that were present upon admission		
M0300C1. Number of Stage 3 pressure ulcers	Code as 0	
M0300C2. Number of these Stage 3 pressure ulcers that were present upon admission		
M0300D1. Number of Stage 4 pressure ulcers	Code as 1	
M0300D2. Number of these Stage 4 pressure ulcers that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0	Code as 0
M0300B2. Number of these Stage 2 pressure ulcers that were present upon admission		
M0300C1. Number of Stage 3 pressure ulcers	Code as 0	
M0300C2. Number of these Stage 3 pressure ulcers that were present upon admission		
M0300D1. Number of Stage 4 pressure ulcers	Code as 1	
M0300D2. Number of these Stage 4 pressure ulcers that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0	Code as 0
M0300B2. Number of these Stage 2 pressure ulcers that were present upon admission		Skip
M0300C1. Number of Stage 3 pressure ulcers	Code as 0	
M0300C2. Number of these Stage 3 pressure ulcers that were present upon admission		
M0300D1. Number of Stage 4 pressure ulcers	Code as 1	
M0300D2. Number of these Stage 4 pressure ulcers that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0	Code as 0
M0300B2. Number of these Stage 2 pressure ulcers that were present upon admission		Skip
M0300C1. Number of Stage 3 pressure ulcers	Code as 0	Code as 0
M0300C2. Number of these Stage 3 pressure ulcers that were present upon admission		
M0300D1. Number of Stage 4 pressure ulcers	Code as 1	
M0300D2. Number of these Stage 4 pressure ulcers that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0	Code as 0
M0300B2. Number of these Stage 2 pressure ulcers that were present upon admission		Skip
M0300C1. Number of Stage 3 pressure ulcers	Code as 0	Code as 0
M0300C2. Number of these Stage 3 pressure ulcers that were present upon admission		Skip
M0300D1. Number of Stage 4 pressure ulcers	Code as 1	
M0300D2. Number of these Stage 4 pressure ulcers that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0	Code as 0
M0300B2. Number of these Stage 2 pressure ulcers that were present upon admission		Skip
M0300C1. Number of Stage 3 pressure ulcers	Code as 0	Code as 0
M0300C2. Number of these Stage 3 pressure ulcers that were present upon admission		Skip
M0300D1. Number of Stage 4 pressure ulcers	Code as 1	Code as 0
M0300D2. Number of these Stage 4 pressure ulcers that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300A1. Number of Stage 1 pressure injuries	Code as 0	Code as 0
M0300B1. Number of Stage 2 pressure ulcers	Code as 0	Code as 0
M0300B2. Number of these Stage 2 pressure ulcers that were present upon admission		Skip
M0300C1. Number of Stage 3 pressure ulcers	Code as 0	Code as 0
M0300C2. Number of these Stage 3 pressure ulcers that were present upon admission		Skip
M0300D1. Number of Stage 4 pressure ulcers	Code as 1	Code as 0
M0300D2. Number of these Stage 4 pressure ulcers that were present upon admission		Skip

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0	
M0300E2. Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	Code as 0	
M0300F2. Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission		
M0300G1. Number of unstageable pressure injuries with deep tissue injury	Code as 1	
M0300G2. Number of these unstageable pressure injuries with deep tissue injury that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0	Code as 0
M0300E2. Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	Code as 0	
M0300F2. Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission		
M0300G1. Number of unstageable pressure injuries with deep tissue injury	Code as 1	
M0300G2. Number of these unstageable pressure injuries with deep tissue injury that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0	Code as 0
M0300E2. Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		Skip
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	Code as 0	
M0300F2. Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission		
M0300G1. Number of unstageable pressure injuries with deep tissue injury	Code as 1	
M0300G2. Number of these unstageable pressure injuries with deep tissue injury that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0	Code as 0
M0300E2. Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		Skip
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	Code as 0	Code as 1
M0300F2. Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission		
M0300G1. Number of unstageable pressure injuries with deep tissue injury	Code as 1	
M0300G2. Number of these unstageable pressure injuries with deep tissue injury that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0	Code as 0
M0300E2. Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		Skip
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	Code as 0	Code as 1
M0300F2. Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission		Code as 0
M0300G1. Number of unstageable pressure injuries with deep tissue injury	Code as 1	
M0300G2. Number of these unstageable pressure injuries with deep tissue injury that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0	Code as 0
M0300E2. Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		Skip
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	Code as 0	Code as 1
M0300F2. Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission		Code as 0
M0300G1. Number of unstageable pressure injuries with deep tissue injury	Code as 1	Code as 0
M0300G2. Number of these unstageable pressure injuries with deep tissue injury that were present upon admission		

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage

Item	Admission Assessment	Discharge Assessment
M0300E1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	Code as 0	Code as 0
M0300E2. Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		Skip
M0300F1. Number of unstageable pressure ulcers due to slough/eschar	Code as 0	Code as 1
M0300F2. Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission		Code as 0
M0300G1. Number of unstageable pressure injuries with deep tissue injury	Code as 1	Code as 0
M0300G2. Number of these unstageable pressure injuries with deep tissue injury that were present upon admission		Skip

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 1)

- **Rationale:**

- Mrs. S has an unstageable pressure ulcer due to slough and/or eschar on her right lateral malleolus. This pressure ulcer was identified as a DTI at admission
- During the patient's PAC stay, it presented as a Stage 4. However, at discharge, this pressure ulcer was completely covered by slough, preventing visualization of the wound bed. Therefore, it is considered not present on admission

M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage (cont. 2)

- **Rationale (continued):**
 - The Stage 4 pressure ulcer that was on the coccyx has closed and would not be coded in M0300 on the Discharge Assessment

(Planned) Discharge Assessment

Section N: Medications

How would you code N2005 on the Planned Discharge Assessment?

Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

- A. 0. No
- B. 1. Yes
- C. 9. NA
- D. Enter a **dash (–)**



How would you code N2005 on the Planned Discharge Assessment?

Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

A. 0. No

✓ B. 1. Yes

C. 9. NA

D. Enter a dash (–)



N2005. Medication Intervention

- **Coding:** 1. Yes
- **Rationale:**
 - The clinically significant medication issue identified by the pharmacist on the day of admission was communicated to the physician and the physician's recommended actions were completed by midnight of the next calendar day



N2005. Medication Intervention (cont.)

- **Rationale (continued):**
 - On day 10, Mrs. S had a clinically significant medication issue related to hydrocodone
 - A physician was immediately contacted, and the physician's recommended actions of administering naloxone and discontinuing hydrocodone were completed by midnight of the next calendar day
 - No other clinically significant medication issues were identified during the patient's PAC stay

Quality Measure Application

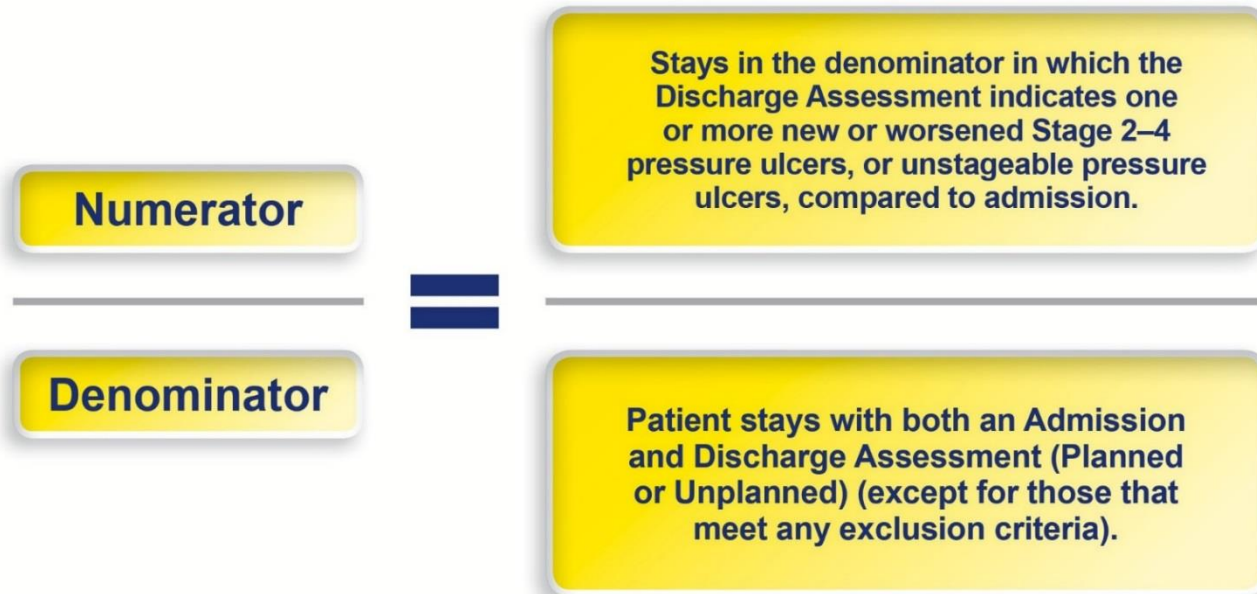
IRF-PAI v2.0

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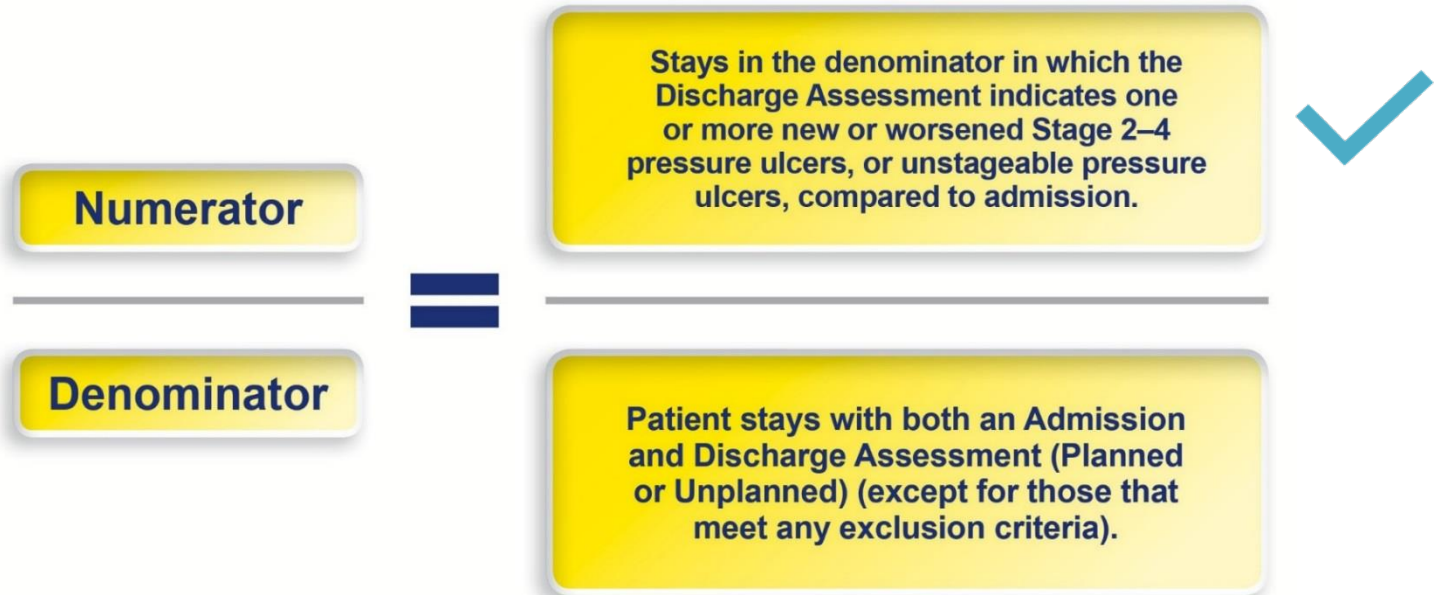
Pressure Ulcer Quality Measure

Does Mrs. S meet the inclusion criteria for the *Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury* Quality Measure?



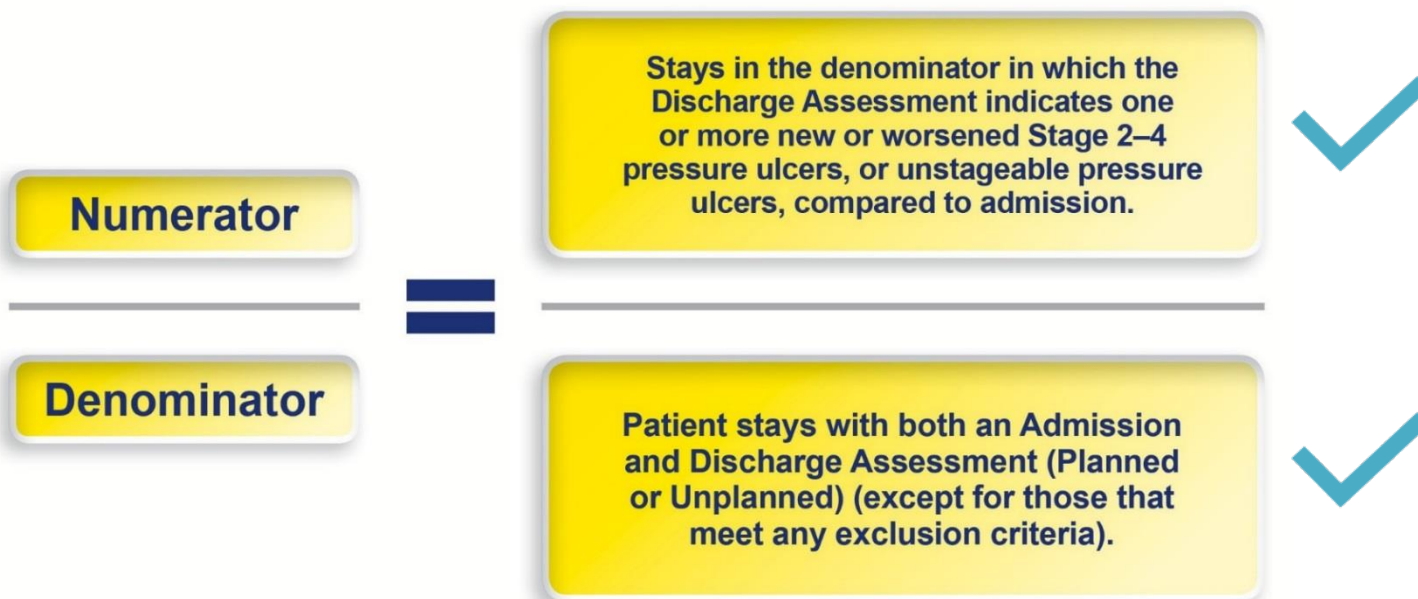
Pressure Ulcer Quality Measure (cont. 1)

Does Mrs. S meet the inclusion criteria for the *Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury* Quality Measure?



Pressure Ulcer Quality Measure (cont. 2)

Does Mrs. S meet the inclusion criteria for the *Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury* Quality Measure?

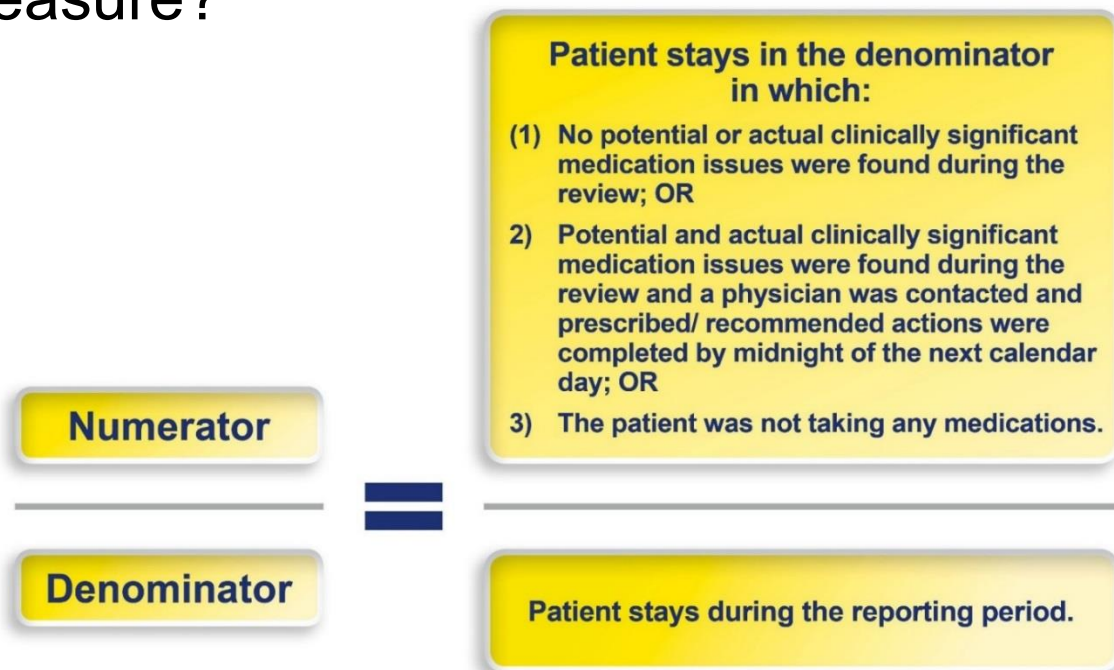


Pressure Ulcer Quality Measure (cont. 3)

- **Answer:** Mrs. S would be included in both the numerator and the denominator of the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury Quality Measure
- **Rationale:**
 - Numerator: Mrs. S' stay would be included because she had one worsened pressure ulcer since admission. The unstageable pressure ulcer due to slough and/or eschar on her right lateral malleolus would be coded on the Discharge Assessment as not present on admission (M0300F2 = 0) and would be considered worsened
 - Denominator: Mrs. S had both an Admission and Discharge Assessment completed for her stay

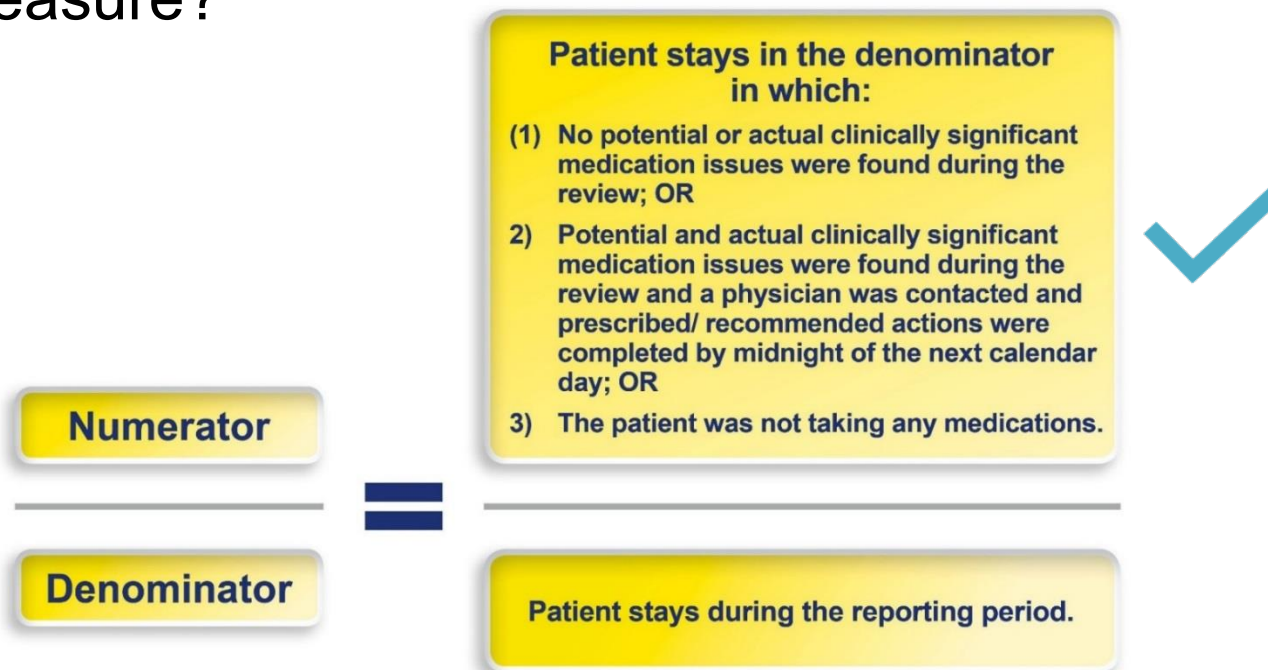
Drug Regimen Quality Measure

Does Mrs. S meet the inclusion criteria for the *Drug Regimen Review Conducted with Follow-Up for Identified Issues* Quality Measure?



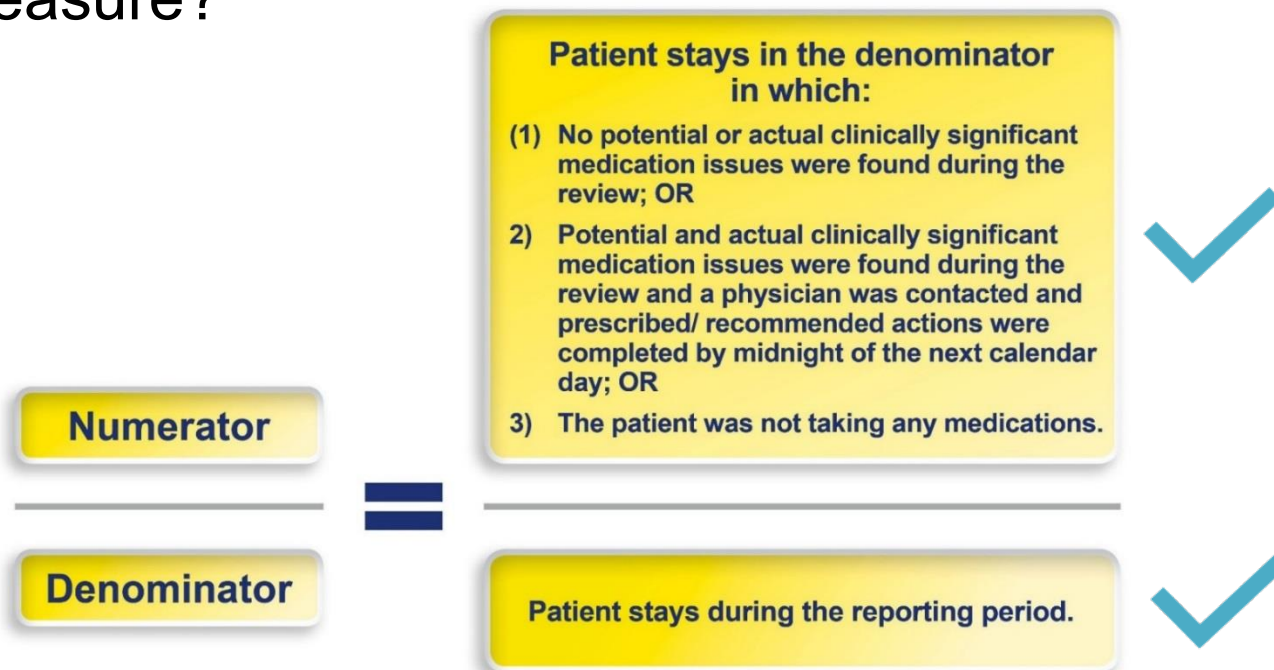
Drug Regimen Quality Measure (cont. 1)

Does Mrs. S meet the inclusion criteria for the *Drug Regimen Review Conducted with Follow-Up for Identified Issues* Quality Measure?



Drug Regimen Quality Measure (cont. 2)

Does Mrs. S meet the inclusion criteria for the *Drug Regimen Review Conducted with Follow-Up for Identified Issues* Quality Measure?



Drug Regimen Quality Measure (cont. 3)

- **Answer:** Mrs. S would be included in the numerator and denominator counts of the *Drug Regimen Review Conducted with Follow-Up for Identified Issues* Quality Measure
- **Rationale:**
 - Numerator: The pharmacist conducted a drug regimen review for Mrs. S upon admission. Each time a clinically significant medication issue was identified, the physician was contacted and recommended actions were completed by midnight of the next calendar day
 - Denominator: All patient stays during the reporting period are included. This measure has no denominator exclusions

Summary of Quality Measures

Achieved Numerator and Denominator

Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

Drug Regimen Review Conducted with Follow-Up for Identified Issues.



Questions?