

# LTCH and IRF Quality Reporting Program (QRP) Training Case Study Coding Sheet

## Admission Assessment

### Subset of “GG0130. Self-Care” Items

GG0130. Self-Care (3-day assessment period)		
Admission Performance	Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
<input type="text"/>	<input type="text"/>	<b>B. Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	<input type="text"/>	<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

### Subset of “GG0170. Mobility” Items

GG0170. Mobility (3-day assessment period)		
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	<input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk 50 feet and make two turns.

GG0170. Mobility (3-day assessment period) - Continued		
<input type="text"/>	<input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.
		<input type="checkbox"/> <b>Q1. Does the patient use a wheelchair and/or scooter?</b> <b>0. No → Skip to H0350, Bladder Continence</b> <b>1. Yes → Continue to GG0170R, Wheel 50 feet with two turns</b>
<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/> <b>RR1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>
<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/> <b>SS1. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>

# LTCH and IRF Quality Reporting Program (QRP) Training Case Study Coding Sheet

## M0210. Unhealed Pressure Ulcers/Injuries

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

Section M		Skin Conditions	
<b>Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage.</b>			
<b>M0210. Unhealed Pressure Ulcers/Injuries</b>			
Enter Code <input type="checkbox"/>	<b>Does this patient have one or more unhealed pressure ulcers/injuries?</b> 0. <b>No</b> → Skip to N2001, Drug Regimen Review 1. <b>Yes</b> → Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage		
<b>M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage</b>			
Enter Number <input type="checkbox"/>	<b>A. Stage 1:</b> Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues 1. <b>Number of Stage 1 pressure injuries</b>		
Enter Number <input type="checkbox"/>	<b>B. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister 1. <b>Number of Stage 2 pressure ulcers</b>		
Enter Number <input type="checkbox"/>	<b>C. 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 1. <b>Number of Stage 3 pressure ulcers</b>		
Enter Number <input type="checkbox"/>	<b>D. 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 1. <b>Number of Stage 4 pressure ulcers</b>		
Enter Number <input type="checkbox"/>	<b>E. Unstageable - Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device 1. <b>Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b>		
Enter Number <input type="checkbox"/>	<b>F. Unstageable - Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar 1. <b>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b>		
Enter Number <input type="checkbox"/>	<b>G. Unstageable - Deep tissue injury</b> 1. <b>Number of unstageable pressure injuries presenting as deep tissue injury</b>		

# LTCH and IRF Quality Reporting Program (QRP) Training Case Study Coding Sheet

## N2001. Drug Regimen Review

## N2003. Medication Follow-Up

Section N		Medications
<b>N2001. Drug Regimen Review</b>		
Enter Code <input type="checkbox"/>	<b>Did a complete drug regimen review identify potential clinically significant medication issues?</b> 0. <b>No - No issues found during review</b> → Skip to O0100, Special Treatments, Procedures, and Programs 1. <b>Yes - Issues found during review</b> → Continue to N2003, Medication Follow-up 9. <b>NA - Patient is not taking any medications</b> → Skip to O0100, Special Treatments, Procedures, and Programs	
<b>N2003. Medication Follow-up</b>		
Enter Code <input type="checkbox"/>	<b>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?</b> 0. <b>No</b> 1. <b>Yes</b>	

# LTCH and IRF Quality Reporting Program (QRP) Training Case Study Coding Sheet

## Discharge Assessment

### Subset of “GG0130. Self-Care” Items

GG0130. Self-Care (3-day assessment period)	
3. Discharge Performance	
↓ Enter Codes in Boxes	
<input type="text"/>	A. <b>Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
<input type="text"/>	B. <b>Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	C. <b>Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

### Subset of “GG0170. Mobility” Items

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
↓ Enter Codes in Boxes	
<input type="text"/>	F. <b>Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/>	I. <b>Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170Q3, Does the patient use a wheelchair and/or scooter?</i>
<input type="text"/>	J. <b>Walk 50 feet with two turns:</b> Once standing, the ability to walk 50 feet and make two turns.

GG0170. Mobility (3-day assessment period) - Continued	
3. Discharge Performance	
↓ Enter Codes in Boxes	
<input type="text"/>	K. <b>Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="text"/>	Q3. <b>Does the patient use a wheelchair and/or scooter?</b> 0. No → Skip to H0350, Bladder Continence 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	R. <b>Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="text"/>	RR3. <b>Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	S. <b>Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	SS3. <b>Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

# LTCH and IRF Quality Reporting Program (QRP) Training Case Study Coding Sheet

## M0210. Unhealed Pressure Ulcers/Injuries

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

Section M		Skin Conditions	
<b>Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage.</b>			
<b>M0210. Unhealed Pressure Ulcers/Injuries</b>			
Enter Code <input type="checkbox"/>	<b>Does this patient have one or more unhealed pressure ulcers/injuries?</b> 0. <b>No</b> → Skip to N2005, Medication Intervention 1. <b>Yes</b> → Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage		
<b>M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage</b>			
Enter Number <input type="checkbox"/>	<b>A. Stage 1:</b> Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues 1. <b>Number of Stage 1 pressure injuries</b>		
Enter Number <input type="checkbox"/>	<b>B. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister 1. <b>Number of Stage 2 pressure ulcers</b> - If 0 → Skip to M0300C, Stage 3 2. <b>Number of these Stage 2 pressure ulcers that were present upon admission</b> - enter how many were noted at the time of admission		
Enter Number <input type="checkbox"/>	<b>C. 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 1. <b>Number of Stage 3 pressure ulcers</b> - If 0 → Skip to M0300D, Stage 4 2. <b>Number of these Stage 3 pressure ulcers that were present upon admission</b> - enter how many were noted at the time of admission		
Enter Number <input type="checkbox"/>	<b>D. 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 1. <b>Number of Stage 4 pressure ulcers</b> - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device 2. <b>Number of these Stage 4 pressure ulcers that were present upon admission</b> - enter how many were noted at the time of admission		
Enter Number <input type="checkbox"/>	<b>E. Unstageable - Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device 1. <b>Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b> - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar 2. <b>Number of these unstageable pressure ulcers/injuries that were present upon admission</b> - enter how many were noted at the time of admission		
Enter Number <input type="checkbox"/>	<b>F. Unstageable - Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar 1. <b>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b> If 0 → Skip to M0300G, Unstageable - Deep tissue injury 2. <b>Number of these unstageable pressure ulcers that were present upon admission</b> - enter how many were noted at the time of admission		
Enter Number <input type="checkbox"/>	<b>G. Unstageable - Deep tissue injury</b> 1. <b>Number of unstageable pressure injuries presenting as deep tissue injury</b> - If 0 → Skip to N2005, Medication Intervention 2. <b>Number of these unstageable pressure injuries that were present upon admission</b> - enter how many were noted at the time of admission		

# LTCH and IRF Quality Reporting Program (QRP) Training Case Study Coding Sheet

## N2005. Medication Intervention

Section N	Medications
<b>N2005. Medication Intervention</b>	
Enter Code <input type="text"/>	<p><b>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?</b></p> <p>0. No            1. Yes            9. NA - There were no potential clinically significant medication issues identified since admission or patient is not taking any medications</p>