

Special Open Door Forum

Update on the CMS Quality Reporting Program for Inpatient Rehabilitation Facilities*

Thursday, September 20, 2012

1:00 p.m. – 2:30 p.m. (ET)

*Patient Protection and Affordable Care Act, Section 3004(a)



Goals of this Special Open Door Forum

By the end of this Open Door Forum, participants will be able to:

- Understand the requirements of the IRF quality reporting program (Section 3004 of the Affordable Care Act)
- Understand how to successfully submit accurate data.
- Describe resources available for assistance with the ACA Section 3004 IRF Quality Reporting Program



Legislative Mandate

- Section 3004 of the Patient Protection and Affordable Care Act (PPACA), was passed in March, 2010
- For rate year 2014, and each subsequent year thereafter, failure to submit required quality data to CMS shall result in a 2 percentage point reduction to the annual increase factor for payments made for discharges occurring during that fiscal year



Quality Measures

IRFs must begin to collect and/or submit their quality measure data on October 1, 2012 for the following quality measures:

- New or Worsened Pressure Ulcers
- Catheter-Associated Urinary Tract Infections (CAUTIs)



IRF Quality Measure #1

Pressure Ulcers that Are New or Worsened
Since Admission
(Short Stay)
(NQF#0678)



Updates to the IRF-PAI

- An updated version of the IRF-PAI will be used for patients that are discharged on or after October 1, 2012.
- The updated IRF-PAI has new pressure ulcer items (48A through 50D)
- Failure to complete these new pressure ulcer items (items 48A through 50D) starting on and after October 1, 2012, will result in payment reduction of two percentage points starting in Fiscal Year 2014.



New IRF-PAI Pressure Ulcer Items

Pressure Ulcers

Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage.

48A. Stage 2: 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.

Number of Stage 2 pressure ulcers
Admission Discharge

48B. 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.

Number of Stage 3 pressure ulcers
Admission Discharge

48C. 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.

Number of Stage 4 pressure ulcers
Admission Discharge



New IRF-PAI Pressure Ulcer Items

Worsening in Pressure Ulcer Status Since Admission

Indicate the number of current pressure ulcers that were not present or were at a lesser stage at admission. If no current pressure ulcer at a given stage, enter 0.

49A. Stage 2. Enter Number: _____

49B. Stage 3. Enter Number: _____

49C. Stage 4. Enter Number: _____

Healed Pressure Ulcers.

50A. Were pressure ulcers present on admission? _____
(0 – No; 1 – Yes)

Indicate the number of pressure ulcers that were noted on admission that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since admission, enter 0.

(Code only if item 50A is 1 – yes)

50B. Stage 2 Enter Number _____

50C. Stage 3 Enter Number _____

50D. Stage 4 Enter Number _____



Some Frequently Asked Questions: Pressure Ulcers and IRF-PAI Data Submission



Use of the Updated IRF-PAI Form

- **Question:** When should the updated version of the IRF-PAI be used?
- **Answer:** Beginning on October 1, 2012, CMS will accept only the updated IRF-PAI form. IRFs will need to submit the updated IRF-PAI form for any patients that are discharged on or after October 1, 2012.



Use of a Dash

- **Question:** Can I use a “dash” (-) on the quality reporting items on the IRF-PAI at discharge if the patient has a medical emergency and leaves the IRF?
- **Answer:** A dash is allowed for the pressure ulcer items when a skin assessment has not been completed. CMS expects that this will be a rare occurrence. Some circumstances where CMS expects dashes to be utilized are as follows:



Dash Usage Examples

- A patient is admitted to the IRF and discharged before the facility has completed the admission skin assessment
- A patient is discharged unexpectedly and the clinicians do not complete a discharge skin assessment
- Also a patient that is admitted prior to October 1, 2012 and discharged after October 1, 2012. In this situation, a “dash (-) may be used for the admission pressure ulcer items



Stage 1 Pressure Ulcers

- **Question:** If a patient enters the IRF with a Stage 1 pressure ulcer, and during the IRF stay that worsens to a Stage 2, can the facility code the stage 1 pressure ulcer?
- **Answer:** No. The IRF-PAI does not collect data on Stage 1 pressure ulcers. If the patient has no other pressure ulcers, the IRF-PAI would be coded as follows:

Stage 1 Pressure Ulcers

Pressure Ulcers

Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage.

48A. Stage 2: 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.

Number of Stage 2 pressure ulcers 0 1
Admission Discharge

48B. 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.

Number of Stage 3 pressure ulcers 0 0
Admission Discharge

48C. 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.

Number of Stage 4 pressure ulcers 0 0
Admission Discharge

Stage 1 Pressure Ulcers

Worsening in Pressure Ulcer Status Since Admission

Indicate the number of current pressure ulcers that were not present or were at a lesser stage at admission. If no current pressure ulcer at a given stage, enter 0.

49A. Stage 2. Enter Number:

49B. Stage 3. Enter Number:

49C. Stage 4. Enter Number:

Healed Pressure Ulcers.

50A. Were pressure ulcers present on admission?
(0 – No; 1 – Yes)

Indicate the number of pressure ulcers that were noted on admission that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since admission, enter 0.

(Code only if item 50A is 1 – yes)

50B. Stage 2 Enter Number

50C. Stage 3 Enter Number

50D. Stage 4 Enter Number

Pressure Ulcer Staging

- **Question:** What types of clinical personnel can stage pressure ulcers and report the pressure ulcer items on the IRF-PAI?
- **Answer:** Patient assessments are to be done in compliance with facility, State and Federal requirements. State laws provide guidance on who may complete assessments of patients.

Unstageable Pressure Ulcers

- **Question:** If an unstageable pressure ulcer is debrided and is determined to be a Stage 4, is this considered worsened?
- **Answer:** No. If an unstageable pressure ulcer becomes numerically stageable, it is considered present on admission at the stage at which it first appeared to be stageable. This is not considered worsened.

Worsening Pressure Ulcers

Other Examples of Worsening Pressure Ulcers:

- A Stage 2 on admission that becomes a Stage 3 by discharge
- An unstageable on admission that is debrided to a Stage 3, then evolves to a Stage 4
- A Stage 3 on admission that becomes a Stage 4 by the third day
- Intact skin on admission that becomes a Stage 2 by discharge
- A Stage 1 on admission that becomes a Stage 2 by discharge

Healing Pressure Ulcers

- **Question:** If a pressure ulcer is a Stage 3 on admission, but by discharge has improved and now has the characteristics of a Stage 2, how would it be staged at discharge?
- **Answer:** Do NOT reverse stage. A Stage 3 pressure ulcer remains a Stage 3 pressure ulcer until it is completely epithelialized (healed) or worsens to a deeper stage. The IRF-PAI would be coded as follows:

Healing Pressure Ulcers

Pressure Ulcers

Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage.

48A. Stage 2: 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.

Number of Stage 2 pressure ulcers $\frac{0}{\text{Admission}}$ $\frac{0}{\text{Discharge}}$

48B. 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.

Number of Stage 3 pressure ulcers $\frac{1}{\text{Admission}}$ $\frac{1}{\text{Discharge}}$

48C. 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.

Number of Stage 4 pressure ulcers $\frac{0}{\text{Admission}}$ $\frac{0}{\text{Discharge}}$

Healing Pressure Ulcers

Worsening in Pressure Ulcer Status Since Admission

Indicate the number of current pressure ulcers that were not present or were at a lesser stage at admission. If no current pressure ulcer at a given stage, enter 0.

49A. Stage 2.	Enter Number:	<input type="text" value="0"/>
49B. Stage 3.	Enter Number:	<input type="text" value="0"/>
49C. Stage 4.	Enter Number:	<input type="text" value="0"/>

Healed Pressure Ulcers.

50A. Were pressure ulcers present on admission?
(0 – No; 1 – Yes)

Indicate the number of pressure ulcers that were noted on admission that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since admission, enter 0.

(Code only if item 50A is 1 – yes)

50B. Stage 2	Enter Number	<input type="text" value="0"/>
50C. Stage 3	Enter Number	<input type="text" value="0"/>
50D. Stage 4	Enter Number	<input type="text" value="0"/>

Healing and Worsened Pressure Ulcers

- **Question:** If a stage 2 pressure ulcer worsens during the stay, but heals before discharge, how is that recorded on the IRF-PAI?
- **Answer:** The stage of the pressure ulcer is recorded on admission and again at discharge. Any changes that occur between admission and discharge should be entered into the patient's medical record, but are not recorded on the IRF-PAI.

Healing Pressure Ulcers

Worsening in Pressure Ulcer Status Since Admission

Indicate the number of current pressure ulcers that were not present or were at a lesser stage at admission. If no current pressure ulcer at a given stage, enter 0.

49A. Stage 2. Enter Number:

49B. Stage 3. Enter Number:

49C. Stage 4. Enter Number:

Healed Pressure Ulcers.

50A. Were pressure ulcers present on admission?
(0 – No; 1 – Yes)

Indicate the number of pressure ulcers that were noted on admission that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since admission, enter 0.

(Code only if item 50A is 1 – yes)

50B. Stage 2 Enter Number

50C. Stage 3 Enter Number

50D. Stage 4 Enter Number

Pressure Ulcer Data Submission: IRF-PAI

- Updated IRF-PAI assessment collection software (jIRVEN) has been made available by CMS to support the 10/01/2012 IRF-PAI release.
- jIRVEN 1.0.0 is available to download at <https://www.qtso.com/irven.html>
- The IRF-PAI submission process will not change.



jIRVEN Technical Training

- Inpatient Rehabilitation Validation and Entry system (jIRVEN) is the free CMS software for IRF-PAI data submission.
- Four recorded WebEx training videos are available that review key areas of the jIRVEN tool:



jIRVEN Technical Training (Cont'd)

- <https://www.qtso.com/irven.html>
 - jIRVEN Login - How to login into the tool & how to add facility and user information
 - jIRVEN Patient/Assessment – How to create patient and assessment information
 - jIRVEN Import/Export – How to import and export assessments.
 - jIRVEN Reports – Review of the reports available within the jIRVEN tool.

Demonstration jIRVEN 1.0.0

- A demonstration, or training, version of the jIRVEN tool is available for download
- <https://www.qtso.com/irven.html>
 - For practice and training purposes only
 - Will not allow you to export any of the assessment data
 - Will not allow you to import any data
 - Certain edits will be disabled

IRF ASAP and CASPER Reports

- 2 recorded WebEx training videos, are now available, which review key areas of the Submission System:
 - IRF Assessment Submission Process: How to submit the IRF-PAI to CMS ASAP
 - CASPER Reports – IRF-PAI Reports: How to access facility validation report and other reports

Upcoming Open Door Forums

Thursday October 18, 2012

1:00 p.m. – 2:30 p.m.

Eastern Time



Help Desks

- IRF-PAI data coding or IRF-PAI Data submission:
Phone: 1-800-339-9313 or email: help@qtso.com
- CAUTI data or submission or NHSN registration:
Email: NHSN@cdc.gov
- Quality measure calculation, data submission deadlines, the new pressure ulcer items:
Email: IRF.questions@cms.hhs.gov



