**Adjusted High Risk Pressure Ulcer Calculator Instructions**

Periodically the Adjusted High Risk Pressure Ulcer Calculator will need to be completed and submitted to the LNHA Peer review committee. Soon you will asked to submit this data and it will be kept confidential by the committee and only a compilation of the data will be released to LDH and LSU Health Sciences Center in Shreveport to gain knowledge of trends occurring in our state and training opportunities. Your facility may wish to complete this data internally on a more routine basis in order to become familiar with the form, your numbers, and make it a part of your QAPI projects.

You will need two reports from the CASPER reports in the QIES system. The two reports are CMS MDS 3.0 Facility Level Quality Measure Report and the CMS MDS 3.0 Resident Level Quality Measure Report. For these reports you will want 6 months (or 2 complete quarters) of data. Examples for the Report date and reporting period are seen below.

January 15 Reporting Period: July 1 – December 31

April 15 Reporting Period: October 1 – March 31

July 15 Reporting Period: January 1 – June 30

October 15 Reporting Period: April 1 – September 30

From the CASPER report titled MDS 3.0 Facility Level Quality Measure Report, you will utilize the:

Hi-risk Pres Ulcer (L) Casper Numerator \_\_\_\_\_\_\_\_ Casper Denominator\_\_\_\_\_\_\_\_

See the sample report on Page 3 of this document. The sample shows 7 in the Numerator and 63 in the denominator. Next, using the Casper Report Data (MDS 3.0 Resident Level Quality Measure Report) identify residents that are triggered (x) in the High Risk Pressure Ulcer (L) category.

For the residents that have an X, determine if the resident have one of the following criteria:

1.) On hospice services in the reporting period and/or

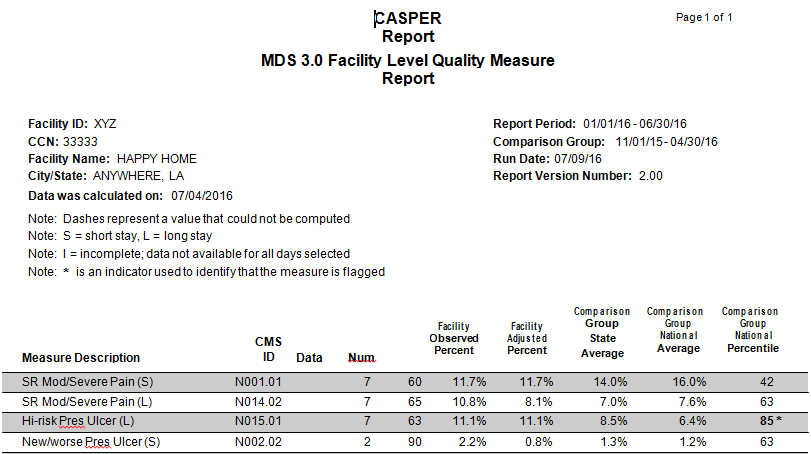
2.) Pressure ulcers that meet RAI criteria for “present on admission” for ≤ 6 months in the reporting period

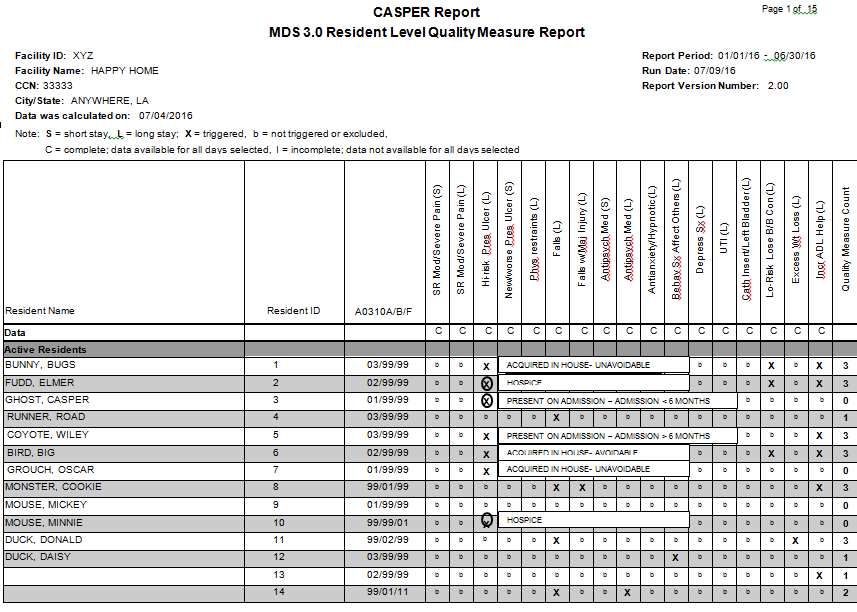
3.) Residents with unavoidable pressure ulcers using CMS definition in the reporting period

In the Sample report on page 3, in the example 2 residents were identified as being on Hospice during the reporting period, 1 resident was admitted with a pressure ulcer and was admitted less than 6 months ago in the reporting period, 2 residents had pressure ulcers that were deemed unavoidable by CMS definition.

Subtract the total residents identified above from the Casper numerator and Casper denominator. This will essentially allow insight to wounds that are developing or not healing in the nursing home setting in comparison to the current measure.

For example, the number in the numerator on hospice is 2, the number in the numerator with pressure ulcers present on admit and less than 6 months since admission is 1 resident and the number of residents with unavoidable pressure ulcers by CMS definition is 2 residents which is a total of 5. Subtract the total from the Casper numerator of 7 to give the adjusted numerator a 2. Then subtract the same number from the denominator 63 - 5 to give the adjusted denominator of 58. The adjusted numerator divided by the adjusted denominator x 100 will give you the adjusted facility observed percent. This changes the percentage from 11.11% to the adjusted percentage of 3.45% The form will do the math for you when you input the data in the questions with a “box”

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