

Quality Reporting Program Provider Training



Case Study

Karen Prior-Topalis, Mount Sinai Rehabilitation
Hospital

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Acronyms in This Presentation

- CHF – Congestive Heart Failure
- CNA – Certified Nursing Assistant
- DTI – Deep Tissue Injury
- IRF – Inpatient Rehabilitation Facility
- OT – Occupational Therapist
- PT – Physical Therapist
- QRP – Quality Reporting Program

CHF CNA QRP
OT DTI PT

Objective

- Apply knowledge acquired during the 2-day training to accurately code a clinical patient scenario.



Meet Mr. K

- 76-year-old male.
- Admitted to acute care hospital on March 10 with congestive heart failure (CHF) and right hip pain following a fall.
- Admission diagnoses:
 - Right proximal femoral fracture.
 - Exacerbation of CHF.
 - Deep tissue injury (DTI) on the right lateral malleolus.



Meet Mr. K (cont.)

- Past medical history includes hypertension, CHF, and depression.
- Mr. K underwent total hip arthroplasty surgery on March 11 to repair his femoral fracture, requiring post-operative diuresis and supplemental oxygen due to CHF.
- His postoperative status stabilized, but progress with inpatient physical therapy was slower than anticipated.
- Mr. K was transferred to the inpatient rehabilitation facility (IRF) on March 20 for ongoing 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 Discharge items:
 - IRF Quality Reporting Program (QRP) Training Case Study.
 - IRF QRP Case Study Coding Sheet.
- We will debrief in 25 to 30 minutes.

Admission Assessment Items to Code

- **GG0100.** Prior Functioning: Everyday Activities.
- **GG0110.** Prior Device Use.
- **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.

Discharge Assessment 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.
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Admission Assessment

GG0100. Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities: Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

Coding:

3. Independent – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.

2. Needed Some Help – Patient needed partial assistance from another person to complete activities.

1. Dependent – A helper completed the activities for the patient.

8. Unknown

9. Not Applicable

↓ Enter Codes in Boxes

<input type="text"/>	A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
<input type="text"/>	B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
<input type="text"/>	C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
<input type="text"/>	D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

Admission Assessment

GG0110. Prior Functioning: Prior Device Use

GG0110. Prior Device Use

GG0110. Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.

↓ Check all that apply

<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

Admission Assessment

Subset of GG0130. Self-Care

GG0130. Self-Care (subset)

GG0130. Self-Care (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	A. Eating: 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"/>	<input type="text"/> <input type="text"/>	B. Oral Hygiene: 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"/>	<input type="text"/> <input type="text"/>	C. Toileting Hygiene: 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.

Admission Assessment

Subset of GG0170. Mobility

GG0170. Mobility

GG0170. Mobility (3-day assessment period)		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	I. Walk 10 feet: 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 GG0170M, 1 step (curb)</i>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

GG0170. Mobility (cont. 8)

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

Q₁

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

A. 0, No.

B. 1, Yes.



Admission Assessment

Section M: Skin Conditions

M0210: Does this patient have one or more unhealed pressure ulcers/injuries?

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



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 coverage of wound bed by slough and/or eschar.	
M0300G1. Number of unstageable pressure injuries presenting as deep tissue injury.	

Admission Assessment

Section N: Medications

N2001: 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 (–).



Q₄

N2003: 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 (–).

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Discharge Assessment

Subset of GG0130. Self-Care

GG0130. Self-Care (subset) Discharge

GG0130. Self-Care (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text"/> <input type="text"/>	A. Eating: 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. Oral Hygiene: 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"/>	C. Toileting Hygiene: 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.

Discharge Assessment

Subset of GG0170. Mobility

GG0170. Mobility (subset) Discharge

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text"/> <input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	I. Walk 10 feet: 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 GG0170M, 1 step (curb)</i>
<input type="text"/> <input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.



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

- A. 0, No.
- B. 1, Yes.



GG0170. Mobility (subset) Discharge (cont. 8)

GG0170. Mobility (3-day assessment period) - Continued		
3. Discharge Performance		
↓ Enter Codes in Boxes		
	<input type="checkbox"/>	Q3. Does the patient use a wheelchair and/or scooter? 0. No → Skip to J1800, Any Falls Since Admission 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/> <input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
	<input type="checkbox"/>	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/> <input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
	<input type="checkbox"/>	SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

Discharge Assessment

Section M: Skin Conditions



M0210: Does this patient have one or more unhealed pressure ulcers/injuries?

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



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 (cont. 8)

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.		

Discharge Assessment

Section N: Medications

Q7

N2005: 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 (—).

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Questions?

