

# Quality Reporting Program Provider Training



## Case Study

Karen Prior-Topalis, Mount Sinai Rehabilitation  
Hospital

May 10, 2019

# 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 L QRP  
CNA R PT  
OT DTI

# 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.
- 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

# 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="checkbox"/>	<b>A. Self Care:</b> 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="checkbox"/>	<b>B. Indoor Mobility (Ambulation):</b> 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="checkbox"/>	<b>C. Stairs:</b> 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="checkbox"/>	<b>D. Functional Cognition:</b> 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"/>	<b>A. Manual wheelchair</b>
<input type="checkbox"/>	<b>B. Motorized wheelchair and/or scooter</b>
<input type="checkbox"/>	<b>C. Mechanical lift</b>
<input type="checkbox"/>	<b>D. Walker</b>
<input type="checkbox"/>	<b>E. Orthotics/Prosthetics</b>
<input type="checkbox"/>	<b>Z. None of the above</b>

# 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"/>	<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.

# Admission Assessment

## Subset of GG0170. Mobility

# GG0170. Mobility

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

# GG0170. Mobility (cont. 8)

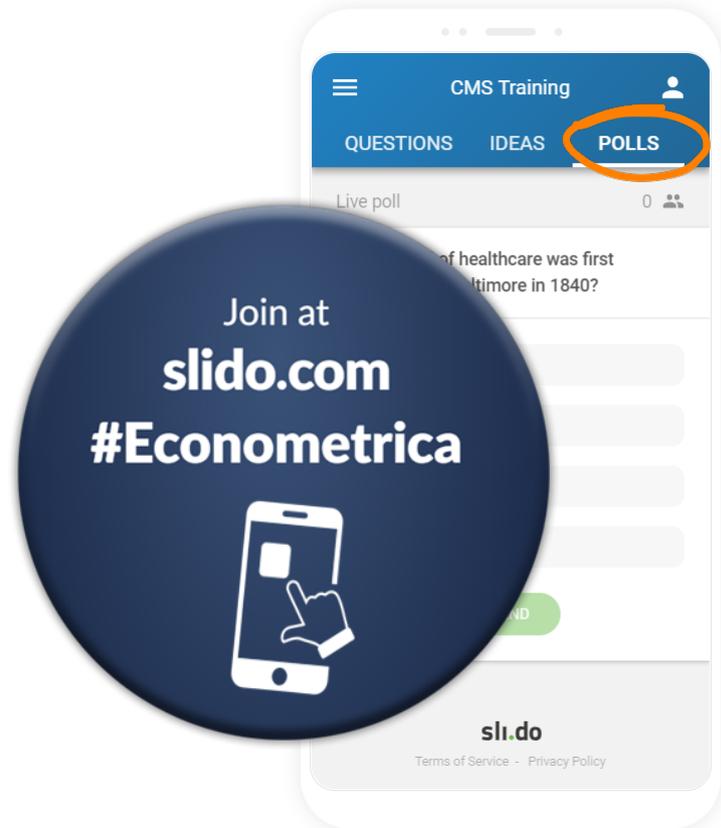
1. Admission Performance		2. Discharge Goal	
↓ Enter Codes in Boxes ↓			
		<input type="checkbox"/>	<b>Q1. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to H0350, Bladder Continence <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/>	<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"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/>	<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>

Q<sub>1</sub>

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

A. 0, No.

B. 1, Yes.

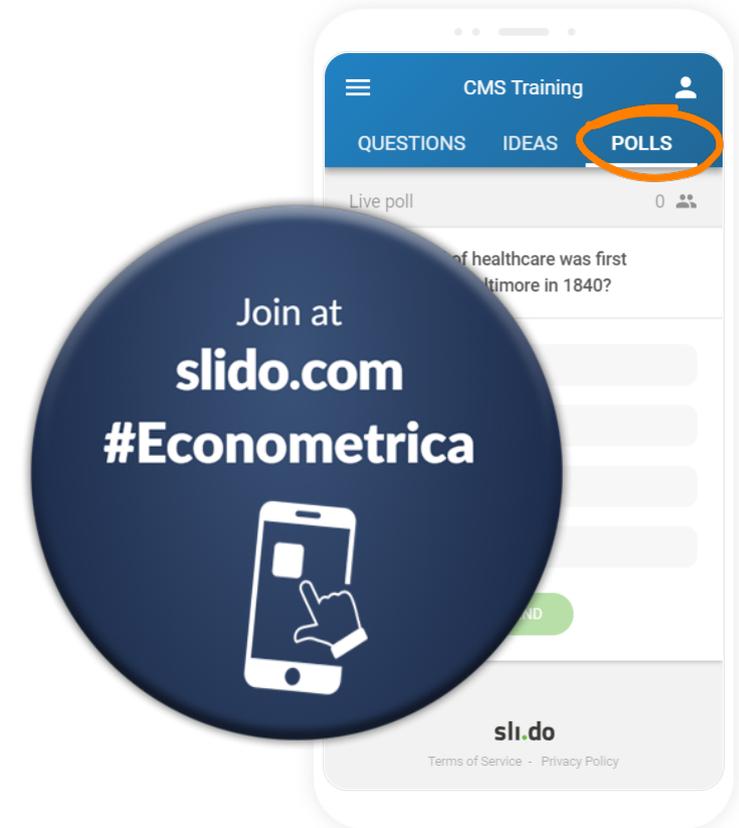


# Admission Assessment

## 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
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	
<b>M0300F1.</b> Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.	
<b>M0300G1.</b> Number of unstageable pressure injuries presenting as deep tissue injury.	

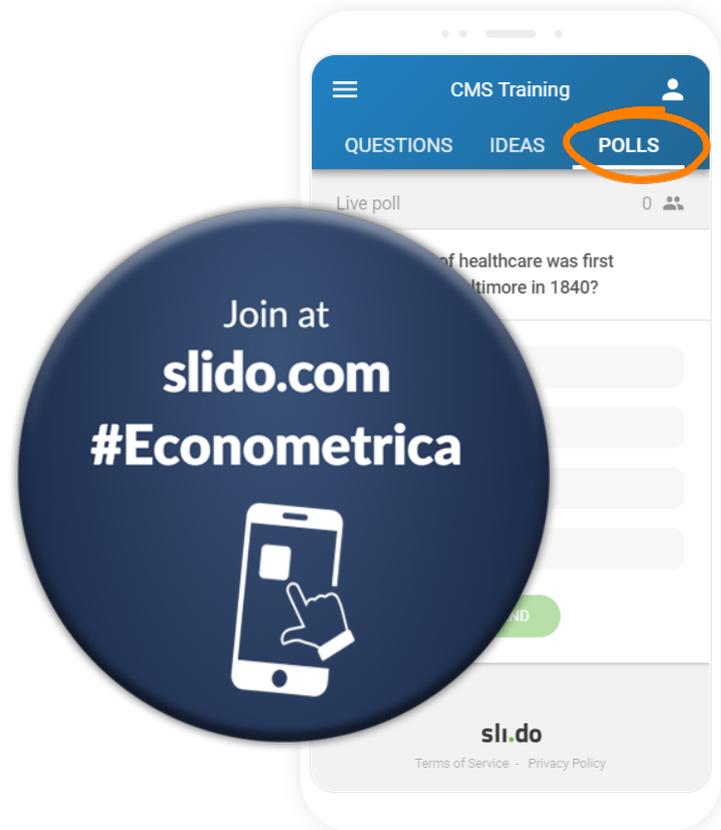
# Admission Assessment

## 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 (–).



# Discharge Assessment

## Subset of GG0130. Self-Care

# GG0130. Self-Care (subset) Discharge

GG0130. Self-Care (3-day assessment period)	
<b>3. Discharge Performance</b>	
<b>Enter Codes in Boxes</b>	
<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.

# Discharge Assessment

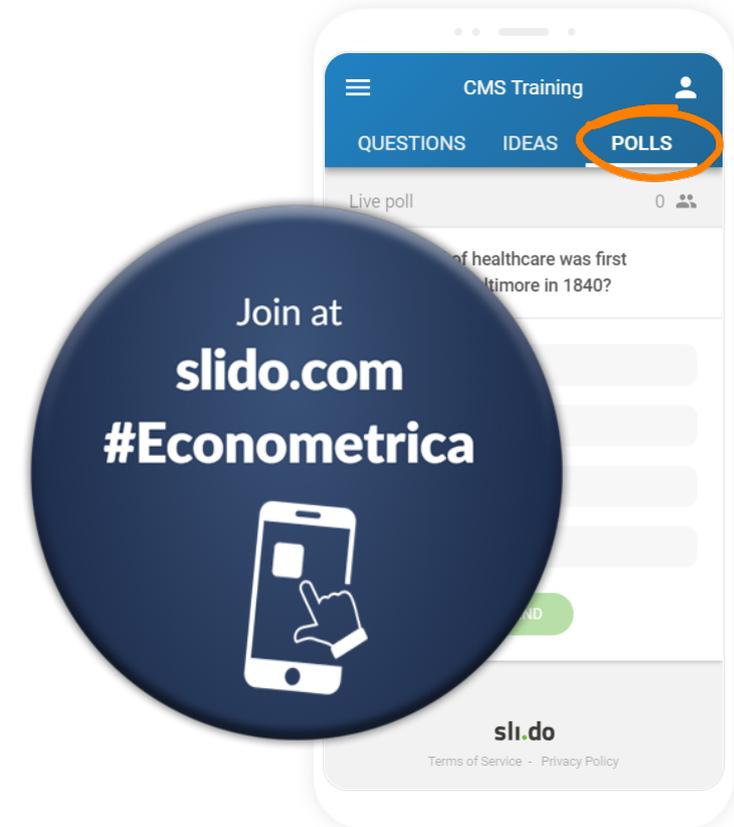
## Subset of GG0170. Mobility

# GG0170. Mobility (subset) Discharge

GG0170. Mobility (3-day assessment period)	
3. Discharge Performance	
Enter Codes in Boxes	
<input type="text"/> <input type="text"/>	<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 discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)</i>
<input type="text"/> <input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<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.

# 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		
<b>3. Discharge Performance</b>		
↓ <b>Enter Codes in Boxes</b>		
<input type="checkbox"/>	<b>Q3. Does the patient use a wheelchair and/or scooter?</b> <b>0. No</b> → Skip to J1800, Any Falls Since Admission <b>1. Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns	
<input type="checkbox"/> <input type="checkbox"/>	<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>RR3. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>	
<input type="checkbox"/> <input type="checkbox"/>	<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>SS3. Indicate the type of wheelchair or scooter used.</b> <b>1. Manual</b> <b>2. Motorized</b>	

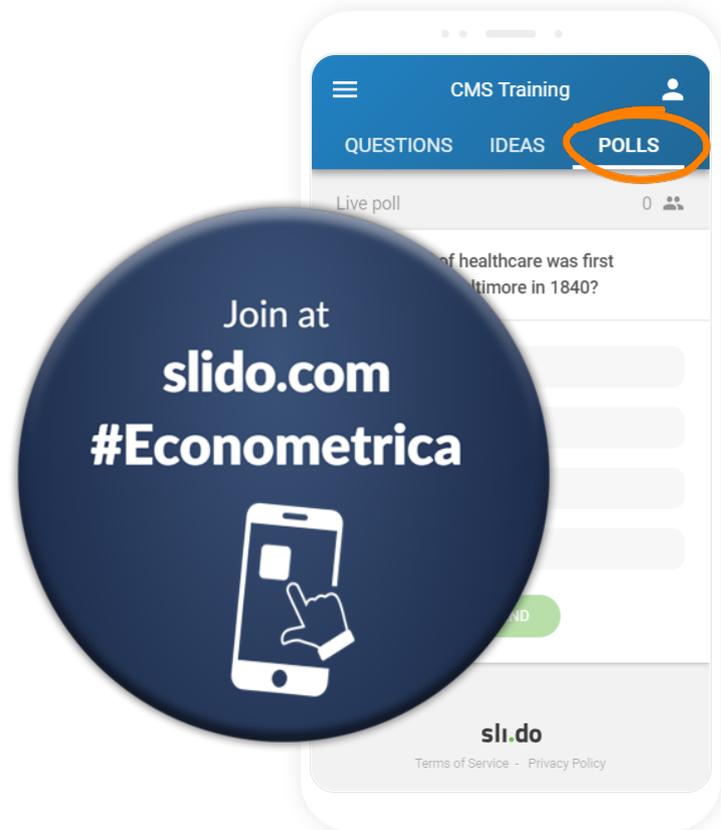
# Discharge Assessment

## 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
<b>M0300A1.</b> Number of Stage 1 pressure injuries.	<b>Code as 0.</b>	
<b>M0300B1.</b> Number of Stage 2 pressure ulcers.	<b>Code as 0.</b>	
<b>M0300B2.</b> Number of these Stage 2 pressure ulcers that were present upon admission.		
<b>M0300C1.</b> Number of Stage 3 pressure ulcers.	<b>Code as 0.</b>	
<b>M0300C2.</b> Number of these Stage 3 pressure ulcers that were present upon admission.		
<b>M0300D1.</b> Number of Stage 4 pressure ulcers.	<b>Code as 1.</b>	
<b>M0300D2.</b> 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
<b>M0300E1.</b> Number of unstageable pressure ulcers/injuries due to non-removable dressing/device.	<b>Code as 0.</b>	
<b>M0300E2.</b> Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission.		
<b>M0300F1.</b> Number of unstageable pressure ulcers due to slough/eschar.	<b>Code as 0.</b>	
<b>M0300F2.</b> Number of these unstageable pressure ulcers due to slough/eschar that were present upon admission.		
<b>M0300G1.</b> Number of unstageable pressure injuries with deep tissue injury.	<b>Code as 1.</b>	
<b>M0300G2.</b> 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 (–).



# Record Your Action Plan Ideas



Join at  
**slido.com**  
**#Econometrica**



# Questions?

