

Quality Measures

- The development or worsening of a pressure ulcer while at your facility affects your quality measures.
- This can impact your overall 5-Star rating.
- The national three quarter average of pressure ulcers in high risk patients is 6.0% for long-stay residents, 1.1% for short-stay residents.

Quality of Care

- More than \$9.1 billion is spent annually on pressure ulcer treatment in long-term care and hospital settings.
- It has been estimated that treating the cost of pressure ulcers is 2.5 times the cost of preventing them. Add your information, graphs and images to this section. ²
- Pressure ulcers in long-term care facilities cost on average between \$1,284 and \$4,647 per ulcer, per resident, to treat. For example, in a 100-bed facility housing 500 residents per year, PU treatment costs can exceed \$300,000 annually. ³
- Reduce risk of infection and pain

What is Tissue Tolerance?

- Tissue tolerance is the tissue's ability to resist the effects of pressure without injury.
- When tissue tolerance is limited, injury in areas of pressure can occur in an abbreviated amount of time the tissue's ability to resist the effects of pressure without injury.



Testing and Regulations

- F314 explains that facilities must prove that there are resident specific
- interventions provided for pressure relief.
- The Guidance to Surveyors for Long Term Care Facilities F Tag 314 indicates that when assessing pressure ulcer risk, the resident's skin integrity and tissue tolerance are to be observed after pressure over bony prominences is relieved. ⁶

Documenting Bill for the Test

- Nursing will update care plan for patient based on therapist recommendation for a positioning schedule.
- Currently we use CPT code 87530 as our billing code due to the test being based on positioning of the patient.

ABI Testing

- Ankle-Brachial Index: a quick, noninvasive way to check a resident's risk of peripheral artery disease (PAD).
- The screening of ABI may identify residents of long-term care facilities who had no previous diagnosis of PAD. ⁴
- Indication of wound healing potential in order to plan better patient-specific care
- Create greater collaboration between nursing, therapy, and providers. Add your information, graphs and images to this section

Why Therapy and Not Nursing?

- Both nursing and therapy can perform the testing.
- Documentation from therapy presents an IDT approach to pressure relief.
- SKILLED SERVICE... Therapy can bill for their time!!!

Impact

- Earlier assessment or identification of pressure area or ulcer formation risk factors.
- Earlier referral to physicians for disease management.
- Development of individualized POC and interventions to reduce resident risk for skin breakdown.
- Reimbursable skilled therapy service, help build Medicare Part B caseload for therapy revenue.
- Increase case mix reimbursement.
- Improve quality measurers.
- HAPPIER RESIDENTS!

References

- Oot-Giromini B, Bidwell FC, Heller N B et al. Pressure ulcer prevention versus treatment, comparative product cost study. *Decubitus*. 1989; 2(3):52-4.
<http://www.isisicor.com/cpsum/PreventingPressureUlcerInLongTermCareFacilities.html> (2014).
- Carter, Cleve DPT, PT; Martinez, Mirna DPT, PT; Purnell, Gentry DPT, PT; Chesbro, Steven B. PT, DPT, EdD, GCS. Screening for peripheral artery disease in a long-term care setting: considerations for clinical practice. (2013). doi: 10.1097/TGR.0b013e31828aef76.
- Grenon SM, Gagnon J, Hsling J. Ankle-brachial index for assessment of peripheral arterial disease. *N Engl J Med*. 2009;361:e40.
- Rapp, M P, Cron, S G, Li, J, Bergstrom, N. Tissue tolerance testing and the braden scale: a comparison of methods to reduce pressure ulcer risk. *Journal of the American Medical Directors Association*. Volume 12, Issue 3, Page B27, March 2011.