

Report Your Pressure Ulcer Rate and Pain Rate to www.roadtoexcellence.org

We remind our members that one of the simple but important tasks of the **Road to Excellence** quality initiative is reporting your most recent pressure ulcer - high risk rate and chronic care pain rate on the campaign's Web site at www.roadtoexcellence.org. **Those rates should be reported by the end of May** so that your first quarter results can be reported by the end of August. This will enable the associations to proactively use the cumulative data during the upcoming fall election campaigns, one of the goals of the initiative.

What actual data should you report on the Road to Excellence Web site?

Facilities are targeting ALL pressure sores and ALL pain in the quality assurance efforts, but are only reporting "Pressure Ulcers – High Risk" and "Chronic Care Pain" (or the equivalent data on short stay residents) on the **Road to Excellence** Web site.

How do you find out your current scores?

When your facility registers on the STAR (Setting Targets Achieving Results) Web site at www.nhqi-star.org, you are told your current percentages for Pressure Ulcers – High Risk and for Chronic Pain. When you find those current percentages – you do two things:

- 1) Set a target on the STAR site for reducing Pressure Ulcers – High Risk and Chronic Pain for the next three months, and
- 2) Report your **current percentages** (not your goals for the next three months) from the STAR Web site to our Web site at www.roadtoexcellence.org.

What is the Pressure Ulcer – High Risk, as opposed to any pressure ulcer?

It is that percentage of residents with the highest risk of acquiring a pressure ulcer. According to the Quality Measures standards, the high risk resident population is defined as those residents who have any one of the following three conditions from the MDS:

- Impaired in bed mobility or transfer – G1a(A) = 3, 4 or 8 OR G1b(A) = 3, 4 or 8;
- Comatose – B1 = 1; or
- Malnutrition – I3a through I3e = 260, 261, 262, 263.0, 263.1, 263.2, 263.8 or 263.9.

While the emphasis on **Road to Excellence** is on preventing and reducing **all** pressure

ulcers, it is the current percentage of pressure ulcer - **high risk** residents obtained from the STAR Web site that we are reporting at the www.roadtoexcellence.org.

Everyone else who is not at “high risk” for developing a pressure ulcer is considered to be “low risk,” but are equally important in their own way. A pressure ulcer developing on a “low risk” resident is an automatic sentinel event, which draws the immediate attention of surveyors.

Does “Chronic Care Pain” include all pain?

No, chronic care pain is not all pain. The percentages for chronic pain that show up on the STAR Web site are based on MDS scoring of **moderate pain at least daily** (J2a = 2 and J2b = 2), or **horrible/excruciating pain at any frequency** (J2b = 3).

It should be noted that while mild pain (J2b = 1) at any frequency and moderate pain (J2b = 2) less than daily (J2a = 1) are NOT reported on the STAR Web site as chronic pain, they are still part of an effective pain management program. They are, in fact, an important and successful goal for reducing a resident’s pain. You will have successfully reduced the resident’s pain – and these lower scores are still reimbursed at the same rate on the Medicaid reimbursement system as the higher levels of pain. A facility can achieve effective results in reducing resident pain and still be reimbursed in the pain category.

Where do I report my baseline data on Pressure Ulcer – High Risk and Chronic Care Pain?

Report your current baseline data for pressure ulcers and pain from **STAR** to the campaign Web site www.roadtoexcellence.org in the “**Members Only**” section. The data you report is password protected and the user name and password to enter the Members Only section are:

User Name: excellence
Password: quality

Very few facilities have reported their baseline data so far. We need your help and it only takes a few minutes.

On a facility level, the **Road to Excellence** quality initiative is intended to complement and support existing facility efforts in preventing pressures ulcers, managing chronic pain, and improving customer satisfaction. These areas are already a priority quality assurance focus of most facilities.

On a statewide level, the **Road to Excellence** is designed to highlight in an organized, measurable and unified way the overall success of care efforts of individual facilities statewide, working together. The data and success stories of the initiative will be spotlighted during the fall election campaigns as evidence of the profession’s commitment to care improvement and effective stewardship of increased funding.

We all contribute and benefit from our efforts together on the **Road to Excellence**.