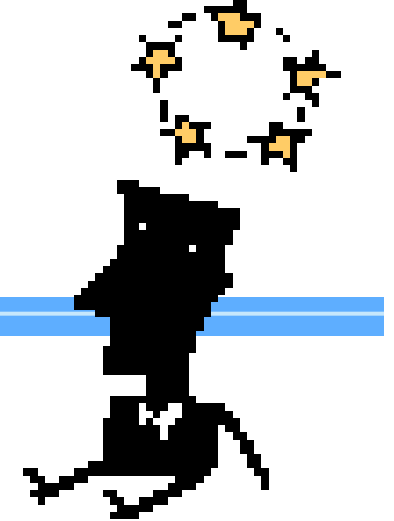# HCANJ QUALITY MEASURES

NELIA ADACI RNC, BSN, CDONA, C-NE, RAC-CT

VICE PRESIDENT, THE CHARTS GROUP

OUTLINE

What are Quality Measures?

❑4 Purposes of QM's

❑Key Definitions

❑Review the QM's

❑Managing the QM's

WHAT ARE THE QM's?

❑ Based on Resident Assessment Data: MDS 3.0

❑ Designed to assess residents'

- Physical and Clinical Conditions

- Abilities

- Preferences & Life Care Wishes

❑ Developed to provide another source of information for the consumer and the provider related to quality of care.

"**MDS data converted to QM INFORMATION**"

HISTORY OF QM'S

❑ QM's were last reported at the end of 2010 using the last of MDS 2.0 data available.

❑ QM's had to be revised and updated for MDS 3.0 items and data.

❑ Quality Indicators (QIs) no longer used as terminology by CMS

FOUR PURPOSES OF QM'S

❑ Information on Quality of Care for placement (Consumers)

❑ Information on Quality of Care for existing residents (Surveyors)

❑ Prompt for discussions with staff to improve care (Providers)

❑ Provide data to assist with future quality improvement initiatives (CMS)

QM'S FOR PUBLIC REPORTING

❑ Part of Nursing Home Quality Initiative, CMS's effort to improve quality of care in nursing homes.

❑ **SHORT-STAY QUALITY MEASURES:** 3 Clinical Areas + 8 Influenza and Pneumococcal Vaccinations

❑ **LONG-STAY QUALITY MEASURES:** 11 Clinical Areas + 8 Influenza and Pneumococcal Vaccinations

❑ Recalculated and posted quarterly

❑ **ADDITIONAL 6 QUALITY MEASURES IN APRIL 2016**

QM'S FOR FIVE STAR RATING

⭐⭐⭐⭐⭐

3 SHORT-STAY MEASURES

❑% SELF-REPORTED MODERATE TO SEVERE PAIN

❑% NEW OR WORSENED PRESSURE ULCERS

❑% RESIDENTS WHO RECEIVED AN ANTIPSYCHOTIC MED

QM'S FOR FIVE STAR RATING

8 LONG-STAY MEASURES

❑% SELF-REPORTED MODERATE TO SEVERE PAIN

❑% OF HIGH RISK PRESSURE ULCERS

❑% FALLS WITH MAJOR INJURY

❑% UTI

❑% INCREASED NEED FOR ADL HELP

❑% CATHETER INSERTED AND LEFT IN BLADDER

❑% PHYSICAL RESTRAINTS

❑% ADL DECLINE

QM'S FOR SURVEY PROCESS

❑ Indicators of possible problems, used in off-site preparation. This must be validated onsite via record review, interviews and direct observation.

- 14 Clinical QM's used for Public Reporting plus 3 additional QM's from CASPER Reports
- NO Vaccination QM's

KEY DEFINITIONS

❑ **TARGET PERIOD:** The span of time that defines a QM reporting period. This is typically a calendar quarter.

❑ **STAY VERSUS EPISODE**: An episode can have multiple stays. Key is identifying an Admission versus a Re-entry.

  - Episodes always start with an ADMISSION.

 - Stays start with an Admission or Reentry an episode during which the resident was in the facility.

KEY DEFINITIONS

☐ **CUMULATIVE DAYS IN FACILITY (CDIF) -**The Total # of Days within an episode. Only days in the facility are counted towards the CDIF.

KEY DEFINITIONS

❑ **SHORT STAY:** CDIF is LESS than or equal to 100 days at the end of the target period.

❑ **LONG STAY**: CDIF is GREATER than or equal to 101 days at the end of the target period.
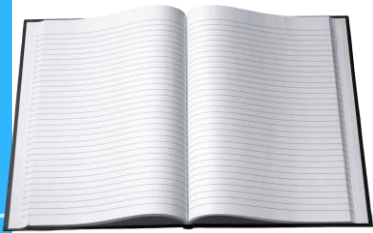
KEY DEFINITIONS

❑ **TARGET DATE**: The Event Date for an MDS Record:

- Entry Record: Entry Date (A1600)

- Discharge or Death in Facility Record: Discharge Date or Date of Death in Facility (A2000)

- All Other Records: ARD (A2300)

ASSESSMENTS USED IN CALCULATIONS: SHORT-STAY QM's

1. TARGET ASSESSMENT:

➤ Latest assessment in the <u>most recent 6 months</u> that falls within the selected episode.

2. INITIAL ASSESSMENT:

➤ First assessment after admission entry record at the beginning of selected episode.

➤ Must be an Admission OR a 5-Day or Readmission/Return OR a Discharge Assessment.

3. LOOKBACK SCAN:

➤ A scan of all assessments within the episode to see if certain QM events or conditions occurred.

ASSESSMENTS USED IN CALCULATIONS: LONG-STAY QM's

1. **TARGET ASSESSMENT:**
 ➢ Latest assessment in the episode in the most recent 3-month episode.

2. **PRIOR ASSESSMENT:**
 ➢ Latest assessment in the episode within the episode that is <u>46 to 165 days</u> prior to the target assessment.

3. LOOKBACK SCAN:
 ➢ Evaluates all assessments within in the current episode with target dates no more than 275 days prior to the target assessment.

USE OF ASSESSMENTS

❑ Software uses assessments in several different ways to calculate the QM's.

  ➢ For some, compares target assessment with a prior assessment.

  ➢ For most QM's, looks for specific information on the target assessment

  ➢ For some, compares initial assessment and subsequent assessment.

❑ The other method is to look at all assessments in the entire episode – that is the look back scan.

BASIC CALCULATION

NUMERATOR (# of actual residents who had the QM condition)

Divided by

DENOMINATOR (the # of facility residents with assessments)

x 100

= % (% of residents with the QM condition)

RISK ADJUSTMENTS

❑**EXCLUSIONS** – Residents who are not included in the numerator or denominator due to a certain diagnosis or condition.

❑**COVARIATES** – Adjust for individual resident characteristics or health conditions that are essentially out of the facility's control that may contribute to worse outcomes for a particular QM. Levels the playing field when a facility has more residents with the covariate conditions than other facilities have.

❑**STRATIFICATION** – Divides residents into HIGH RISK and LOW RISK

THE QM'S

Total of 33 QM's:

14 Clinical Measures (3 Short-Stay Measures & 11 Long-Stay Measures)

16 Vaccination Measures (8 Short-Stay Measures & 8 Long-Stay Measures)

3 Measures (3 Measures in CASPER Reports – held over from the past for Surveyors)

➢ Almost all QM's have exclusions.

➢ 3 QM's have covariates

SHORT-STAY QM'S

SHORT-STAY QM's

1. % who Self-report Moderate to Severe Pain

2. % of New or Worsened Pressure Ulcers

3. % of New Antipsychotic medication after admission

<u>VACCINATIONS</u>
1. % who were assessed and appropriately given the seasonal Influenza vaccine
2. % who Received the seasonal Influenza vaccine
3. % who were offered and declined the flu vaccine
4. % who did not receive due to Medical Contraindications the seasonal Influenza vaccine
5. % who were assessed and appropriately given the Pneumococcal Vaccine
6. % who Received the Pneumococcal Vaccine
7. % who were offered and declined the Pneumococcal Vaccine
8. % who did not receive due to Medical Contraindications the Pneumococcal Vaccine

SHORT-STAY QM: % of Self-Reported Moderate to Severe Pain

Prevalence of residents with a target assessment during the reporting period (IN THE LAST 5 DAYS)

- Who reported daily & almost constant or frequent pain with **at least one episode of moderate or severe pain intensity**, *OR*

- **Who experienced very severe/horrible pain at any frequency**

(J0400=1,2 AND J0600A=05,06,07,08,09)

OR

(J0600A=10 OR JO600B=4)

KEY: ALL BASED ON THE INTERVIEW

SHORT-STAY QM: % <u>New Or Worsened Pressure Ulcers</u>

Captures <u>any new or worsening Stage 2-4</u> pressure ulcers coded on any qualifying assessment since the beginning of the episode.

- ❑ Stage 2 (M0800A) >0 **and** M0800A$\leq$M00300B1 **OR**

- ❑ Stage 3 (M0800B) >0 **and** M0800B$\leq$M00300C1 **OR**

- ❑ Stage 4(M0800C) >0 **and** M0800C$\leq$M00300D1

SHORT-STAY QM: % <u>New Or Worsened Pressure Ulcers</u>

COVARIATES:

➤ Requiring limited or more assistance in bed mobility self-performance on the initial assessment

➤ Bowel incontinence at least occasionally on initial assessment.

➤ DM or PVD on initial assessment

➤ Low BMI (12-19) on initial assessment

➤ All covariates are missing if no initial assessment is available.

SHORT-STAY QM: % who newly received an antipsychotic medication

Indicates that an antipsychotic medication was received between the Initial Assessment and the Target Assessment.

N0410A = 1,2,3,4,5,6 or 7

EXCLUSIONS: Any of the ff. related conditions are present on ANY of the assessments:

❑Schizophrenia (I6000 = 1)

❑Tourette's Syndrome (I5350 = 1)

❑Huntington's Disease (I5250 = 1)

❑Any patient with an initial assessment indicating antipsychotic drug use.

SHORT-STAY QM: <u>INFLUENZA VACCINATIONS</u>

% who were Assessed and Appropriately Given the Seasonal Influenza Vaccine

- ❑ Received the Influenza vaccine for current or most recent flu season either in this facility or outside the facility
- ❑ Declined the vaccine when offered
- ❑ Ineligible due to medical contraindications

SHORT-STAY QM: <u>PNEUMOCOCCAL VACCINE</u>

% who were Assessed and Appropriately Given the Seasonal Influenza Vaccine

- ❏ PPV Status up to date

- ❏ Declined the vaccine when offered

- ❏ Ineligible due to medical contraindications

LONG-STAY QM'S

LONG-STAY QM's

1. % of Falls with Major Injury
2. % who Self-report Moderate to Severe Pain
3. % with Pressure Ulcers
4. % with Urinary Tract Infection
5. % who Lose Control of their Bowel or Bladder
6. % who have/had a Catheter inserted & left in their Bladder
7. % who were Physically Restrained
8. % whose Need for Help with ADLs has Increased
9. % who Lost too much Weight
10. % who have Depressive Symptoms
11. % of residents with Antipsychotic Medication

LONG-STAY QM's

OLD QM's - HELDOVER:

12.PREVALENCE OF FALLS (LONG-STAY)

13.ANTIANXIETY/HYPNOTIC USE

14.BEHAVIOR SYMPTOMS AFFECTING OTHERS

LONG-STAY QM's

VACCINATIONS:

15. % who were Assessed and Appropriately Given the Seasonal Influenza Vaccine

16. % who Received the Seasonal Influenza vaccine

- % who were offered and Declined the seasonal influenza vaccine

- % who did not receive due to medical contraindications the seasonal Influenza vaccine

- % who were assessed and appropriately given the Pneumococcal Vaccine

- % who received the Pneumococcal Vaccine

- % who were offered and Declined the Pneumococcal Vaccine

- % who did not receive due to medical contraindications the pneumococcal vaccine

LONG-STAY QM: <u>FALLS WITH MAJOR INJURY</u>

❑Identifies residents with at least on fall with a **<u>MAJOR Injury</u>** (Includes Bone Fracture; Closed Head Injury with Altered Consciousness; Subdural Hematoma)

J1900C (Major Injury)=1 or 2

LONG-STAY QM: HIGH RISK RESIDENTS WITH PRESSURE ULCERS

❑ Looks at High Risk residents and identifies the % with Stage 2-4 pressure ulcers on their latest assessment in the episode.

HIGH RISK:

➢ Either or Both of the following: Bed Mobility Self-Performance (G0110A=3, 4, 7, 8) **and/or** Transfer Self-Performance (G0110B=3, 4, 7, 8)

➢ Comatose (B0100=1)

➢ Malnutrition or **At Risk of Malnutrition** (I15600 = **Checked)**

EXCLUSIONS: Admission or PPS 5-Day or Readmission Assessment

LONG-STAY QM: <u>UTI</u>

❑ Of all long-stay residents with a qualifying target assessment in the 3-month reporting period, the proportion with UTI coded on the last qualifying assessment of the episode.

<u>UTI (I2300 checked) within the last 30 days</u>

Follow RAI Coding Instructions – **<u>4 Requirements must be met to code UTI</u>**

1. **Diagnosis from MD/NP/PA;**
2. **Signs and Symptoms Present;**
3. **Significant laboratory findings;**
4. **Treatment**

EXCLUSIONS: Admission or PPS 5-Day OR Readmission Assessment

LONG-STAY QM: CATHETER INSERTED AND LEFT IN BLADDER

❑ The proportion of residents with indwelling catheter coded in the MDS in the 3-month reporting period.

EXCLUSIONS:

➢ **NEUROGENIC BLADDER (I1550=Checked) OR**

➢ **OBSTRUCTIVE UROPATHY (I1650=Checked)**

➢ **Admission or PPS 5-Day or Readmission/Return Assessment**

COVARIATES:

➢ Frequent bowel incontinence on prior assessment (H0400=2,3)

➢ Pressure Ulcers at Stages 2,3, or 4 on prior assessment (M0300)

LONG-STAY QM: PHYSICALLY RESTRAINED

❑ Proportion of residents with daily physical restraints coded in the MDS in the reporting period

  ❑ Trunk restraint used in bed (P0100B=2) or

  ❑ Limb restraint used in bed (P0100C=2) or

  ❑ Trunk restraint used in chair or out of bed (P0100E=2) or (P0100F=2)

  ❑ Chairs prevents rising used in chair or out of bed (P0100G=2)

LONG-STAY QM: MODERATE TO SEVERE PAIN

❑ **% of Long-Stay residents**

- Who reported daily & almost constant or frequent pain with at least one episode of moderate or severe pain intensity, *OR*

- Who experienced very severe/horrible pain at any frequency

(J0400=1,2 AND J0600A=05,06,07,08,09)

OR (J0600A=10 OR JO600B=4)

EXCLUSIONS: Admission or PPS 5-Day or R/A Assessment

COVARIATES:
  ➢ Independence or Modified Independence in Daily Decision-Making on the prior assessment (C1000=0-1) **OR** BIMS Summary Score (C0500=13-15)
  ➢ Compensates for decreased self-report of pain in facilities with more cognitively impaired residents.

LONG-STAY QM: INCREASED NEED FOR ADL HELP

❏**% OF RESIDENTS WHOSE NEED FOR HELP WITH Late-Loss ADL's has increased compared to prior assessment.**

EXCLUSIONS:

1.All four of the late-loss ADL items indicate total dependence (Coded 4, 7, or 8) on prior assessment

2.3 Late-Loss ADL's indicate total dependence on prior assessment AND the 4th indicates extensive assistance (3) on prior assessment

3.Comatose (B0100 = [1, -]) on target assessment

4.Life expectancy less than 6 months (J1400 = [1, -]) on the target assessment

5.Hospice care (O0100K2 = [1, -]) on the target assessment

6.Resident is not in the numerator AND at least one of the four ADL's was dashed on prior or target assessment

LONG-STAY QM: <u>% who received an antipsychotic medication</u>

❑This measure reports the % of long-stay residents who are receiving an antipsychotic med during the target period

EXCLUSIONS:

➢**Tourette's Syndrome**

➢**Schizophrenia**

➢**Huntington's Chorea**

LONG-STAY QM: <u>LOW RISK RESIDENTS WHO LOSE CONTROL OF BOWEL OR BLADDER</u>

❑Identifies Low Risk residents by excluding High Risk. Then calculates proportion of remaining residents with frequent or always incontinent of bladder (H0300=2,3) OR bowel (H0400=2,3) on the last qualifying assessment in the 3-month reporting period.

HIGH RISK:

➢Severe Cognitive Impairment (C1000=3 AND C0700=1 OR C0500<7): <u>Severely Impaired Daily Decision-Making Skills AND Short-Term Memory Problem</u>

➢Totally Dependent in <u>Bed Mobility Self-Performance</u> (G0110A1=4,7,8); OR <u>Transfer Self-Performance </u>(G0110B1=4,7,8); <u>OR Locomotion on Unit Self-Performance</u> (G0110E=4.7,8)

LONG-STAY QM: <u>LOW RISK RESIDENTS WHO LOSE CONTROL OF BOWEL OR BLADDER</u>

EXCLUSIONS:

- ❑ Admission or PPS 5-Day or Readmission/Reentry Assessment
- ❑ H0300 dashed OR H0400 dashed
- ❑ **Residents who have any of the risk conditions**
  - ➢ Resident is COMATOSE
  - ➢ Resident has INDWELLING CATHETER
  - ➢ Resident has an OSTOMY

LONG-STAY QM: <u>WEIGHT LOSS</u>

❑Identifies residents with weight loss of 5% in the last month or 10% in the last 6 months when resident was not on a physician-prescribed weight-loss program

➢Admission, 5-day, and Readmission/Return assessments not included

EXCLUSIONS:

➢Target assessment is an OBRA admission (A0310A = [01]) OR a PPS5-day or readmission assessment (A0310B = [01, 06])

➢Weight loss item is missing on target assessment (K0300 = [-])

LONG-STAY QM: <u>RESIDENTS WITH DEPRESSIVE SYMPTOMS</u>

☐Considering all long-term residents with a target assessment **except** those coded as comatose, the proportion of residents with:

➤Little interest or pleasure in doing things 7-14 days**, <u>OR</u>**

➤Feeling or appearing down, depressed, or hopeless 7-14 days,

<u>AND</u>

➤Total Severity Score ≥ 10

LONG-STAY QM's: INFLUENZA VACCINE and PNEUMOCOCCAL VACCINE

INFLUENZA VACCINE

❑Looks at all long-stay residents with a qualifying target assessment during the most recent 3 months

➢ Except residents who were not in the facility during the current or most recent influenza season

❑Computes the percentage who:

➢ Received the influenza vaccine during current or most recent flu season either in this facility or outside this facility

➢ Declined the vaccine when offered

➢ Were ineligible due to medical contraindications

PNEUMOCOCCAL VACCINE: Similar to Short-Stay Pneumococcal Vaccine

ADDITIONAL QM's FOR SURVEY PROCESS

PREVALENCE OF FALLS

❑ Percentage of long-stay residents with a fall on any assessment in the look-back scan

EXCLUSIONS:

❑ The occurrence of falls was not assessed (J1800 = [-]) for all look-back scan assessments

ANTIANXIETY AND HYPNOTIC MEDS

❏ Long-stay residents with target assessment, except those with exclusions

EXCLUSIONS:

1. The resident did not qualify for the numerator (Received antianxiety or hypnotic medications in the last 7 days) and any of the following is true:

   ➢ N0400B = [1] OR N0400D = [-]

ANTIANXIETY AND HYPNOTIC MEDS

(CONT.) EXCLUSIONS:

2. Any of the following related conditions are present on the target assessment (unless otherwise indicated):

- Schizophrenia (I6000 = 1)
- Psychotic disorder (I5950 = 1)
- Manic depression (bipolar disease) (I5900 = 1)
- Tourette's Syndrome (I5350 =1)
- Tourette's Syndrome (I5350 =1) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available
- Huntington's Disease (I5250 = 1)
- Hallucinations (E0100A = 1)
- Delusions (E0100B = 1)
- Anxiety disorder (I5700 = 1): PSTD; PSTD on the prior assessment if this item is not active on the target assessment and if a prior assessment is available

BEHAVIOR SYMPTOMS AFFECTING OTHERS

❑All residents in the target period who were coded with physical, verbal, other behavioral symptoms directed towards others, Rejection of care or wandering (except exclusions)

E0200A=1,2,3 or E0200B=1,2,3 or E0200C=1,2,3
E0800=1,2,3 or E0900=1,2,3

EXCLUSIONS:

❑The resident is not in the numerator (Behavioral occurrence in the past 7 days)

❑The target assessment is a discharge assessment (A0310F =10 or 11)

6 NEW QM'S IN APRIL 2016
(SEE HAND-OUTS)

THE CASPER REPORTS

CASPER QM REPORTS

❑Made possible by the national analytic reporting system, the Certification and Survey Provider Enhance Reporting (CASPER) System

❑Access via CMS Welcome screen – same screen through which assessments are transmitted to QIES ASAP national database

   ❑Click MDS link, then click CASPER Reporting Online Reports link

CASPER QM REPORTS

❑ Three reports

1. Facility Quality Measure Report

2. Resident Level Quality Measure Report

3. Monthly Comparison Report

❑ Reports default to a 6-month reporting period ending with the most recently ended month

➢ Users may change the dates of the reporting period manually

CASPER QM REPORTS: FACILITY QUALITY MEASURE REPORT

❏ Displays

  ➢ Each QM

  ➢ Numerator and denominator used for the calculation for each QM

  ➢ Facility percentage

  ➢ Comparison of facility score with all facilities in state and nation

❏ Assists to identify possible areas for further emphasis in facility quality improvement activities or investigation during the survey process

CASPER QM REPORTS: RESIDENT LEVEL QUALITY MEASURE REPORT

❑ Identifies all residents, active or discharge, included in the QM calculations

➢ They are the residents in the numerator of the calculations

❑ Also indicates which QM's triggered for each resident

❑ Important tool that facilitates detailed record review of residents in the numerator of a QM for use in QA/QI activities and survey process

CASPER QM REPORTS: <u>MONTHLY COMPARISON REPORT</u>

❑ Summarizes comparison of facility's performance to state and national averages

❑ Will be made available to the public

❑ Not included

➢ Long-stay QM's with denominator ≤ 30

➢ Short-stay QM's with denominator ≤ 30

➢ High-triggered percentages

STRATEGIES FOR SUCCESS

RESIDENT CARE SYSTEMS

❑ Clinical systems that foster high quality resident care
  ➢ QIO resources
  ➢ Leadership and supervision are the keys to success
❑ Strong programs for Continuous Quality Improvement Continuous monitoring of key aspects of key systems
  ➢ Correlate related QM scores with each other for clues to causative factors
  ➢ Identify and correct problems before they become trends
  ➢ Individual accountability for key systems

MDS ACCURACY

❑ Misunderstanding about coding definitions can be disastrous

➢ QM scores are derived from MDS data

➢ Inaccurate coding can result in misleading QM scores

➢ Inaccurate MDS coding can result in inappropriate resident care

MDS ACCURACY:
COMMON CODING PITFALLS

❑ ADL's (SECTION G)

  ➢ Rule of 3, ADL algorithm

❑ PRESSURE ULCERS (SECTION M)

  ➢ No back-staging, definition of worsening pressure ulcer

❑ RESTRAINTS (SECTION P)

  ➢ Code only if the device meets the definition of daily restraint

❑ URINARY TRACT INFECTION (SECTION I)

  ➢ Definition is very specific; code only if definition is met
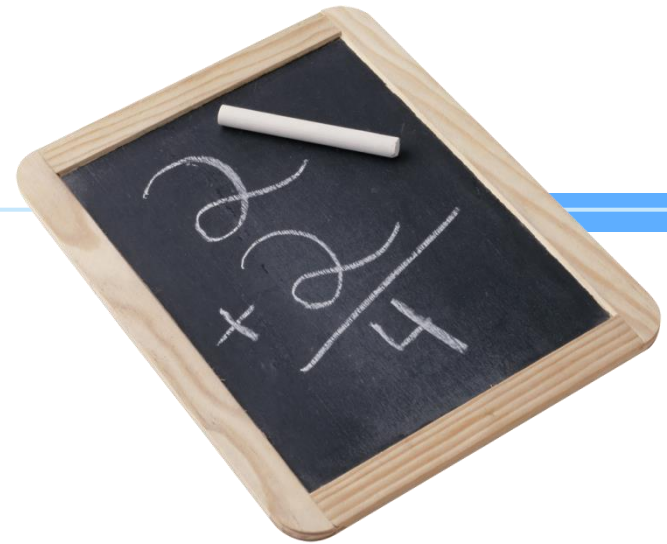
MDS ACCURACY

❑ Use most current version of the RAI User's Manual

➤ Use thoroughly and use it OFTEN

❑ Check CMS website for updates/ clarifications

OBSTACLES TO ACCURATE MDS

COMMON OBSTACLES:
- ❑ Communication
- ❑ Education
- ❑ Environment
- ❑ Time
- ❑ Documentation
- ❑ Data Collection
- ❑ Lack of Oversight and Accountability

THANK YOU!

QUESTIONS?