QRP? Five-Star? Quality Measures? How in the World Do We Keep All This Straight?

October 7th, 2020

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SNF QRP

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IMPACT Act History

- Several domains are covered under the IMPACT Act:

IMPACT Act History

- The data will be frozen 4.5 months (15th day of the 5th month) after the end of each quarter (data submission deadline), which allows for corrections
- What happens if a facility does not submit the required measure data?

How to Monitor your QRP Compliance

- CMS posts the Review and Correct report on the CASPER site
- Data is updated each Monday based on submitted data
- These reports are available:
  - Facility level (quarterly data prior to submission deadline and cumulative quarterly data)
  - Resident level (specific indicators to show if a resident triggered a QM)

QRP- Function

Application of Percent of Long-Term Hospital Residents with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631)

- Function Quality Measure:
  - Percent of residents with an admission and a discharge functional assessment AND a treatment goal that addresses function
- Requires the collection of admission and discharge functional data
  - Self-care activities
  - Mobility activities

Quality Measure (NQF #2631)

- Documentation of a goal for **one** of the function items reflects that the resident's care plan addresses function
  - Functional goal is recorded at admission for a least one of the standardized self-care or mobility items
  - After the admission assessment, goal setting, and establishment of a care plan to achieve the goal…….the next step occurs at the time of discharge:
    - Re-assessment of the same areas using the same scale

Calculation of the Quality Measure

Denominator	Numerator	"Complete Stays"
The number of Medicare Part A covered resident stays	The number of resident stays with functional assessment data for each self-care and mobility activity and at least **one** self-care or mobility goal	All residents not meeting the criteria for incomplete stays will be considered complete stays

Calculation of the Quality Measure

- Residents who have "incomplete stays" are defined as:
  - Experience medical emergencies and transfer back to acute setting
  - Leave the facility against medical advice
  - Medicare stays less than 3 days
  - Expire

Quality Measure Included Items

- How is your facility/organization gathering this assessment data upon admission and at discharge?
- Is it an interdisciplinary process involving qualified clinicians?
- Does it involve resident/resident representative input?
- Is it solely therapy driven?

Quality Measure Rating Scale

- Risk adjustment
  - This quality measure is NOT risk adjusted
  - Completion of a functional assessment is not affected by the medical and functional complexity of the resident
  - You can report that an activity was not attempted due to a medical condition or safety concern

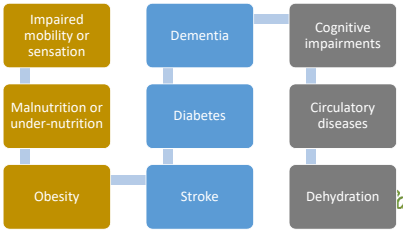
Quality Measure Rating Scale

- Risk adjustment
  - The complexity of the resident is also considered when you are setting goals
  - Residents may have acute events that trigger unplanned discharges, and this measure does not require a functional assessment to be completed in those circumstances
  - The measure has skip patterns built into account for resident complexity

QRP- Skin Changes

Quality Measure Purpose/Rationale

- Elderly individuals have a wide range of impairments or medical conditions that increase their risk of developing pressure ulcers



Changes in Skin Integrity: Pressure Ulcer/Injury

- Reports the % of Medicare Part A SNF Stays with Stage 2-4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that are new or worsened since admission
- Compares the skin data on the discharge MDS to the skin data upon admission and looks for new areas or worsened areas
- If the resident had multiple stays during the 12-month reporting period, all stays are included in the measure
- Exclusions:
  - Data is (-) filled on the Discharge MDS
  - DIF

Changes in Skin Integrity: Pressure Ulcer/Injury

- Risk adjustment covariates
  - Each resident has covariate values assigned, either (0) for covariate condition not present or (1) for covariate condition present
    - Reported on the initial assessment
  - Indicator of requiring Dependent or Substantial/Maximal Assistance in Lying to Sitting on Side of Bed at Admission= (1)
  - Indicator of bowel incontinence at least occasionally = (1)
  - Have diabetes or peripheral vascular disease (PVD)
    - Active PVD or peripheral arterial disease (PAD) in the last 7 days = (1)
    - Active diabetes mellitus (DM) in the last 7 days = (1)

Changes in Skin Integrity: Pressure Ulcer/Injury

- Risk adjustment covariates
  - Indicator of Low Body Mass Index (BMI), based on Height and Weight on the initial assessment

BMI >= 12.0 and BMI <= 19.0 = (1)

BMI >= 19.0 = (0)

Changes in Skin Integrity: Pressure Ulcer/Injury

- The item used to indicate the functional limitation covariate has changed
- For the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.01) measure, GG0170C (Lying to Sitting on Side of Bed) at admission is used to determine the functional limitation covariate for each Medicare Part A SNF stay

QRP- Falls

Application of Percent of Residents Experiencing One of More Falls with Major Injury (NQF #0674)

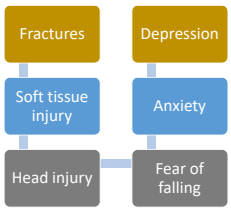
- Percentage of residents who experience one or more falls with major injury during the stay
- What is the timeframe to recognize an injury from a fall?
  - Short period of time (RAI manual J-32)

Application of Percent of Residents Experiencing One of More Falls with Major Injury (NQF #0674)

- Based on data reported for two items
  - (J1800) is a gateway item that asks if the resident experienced any falls since admission/entry (or re-entry or prior assessment)
  - If the answer is "yes", J1900 will ask for the number of falls with:
    - No injury
    - Injury (except major) defined as: skin tears, abrasions, lacerations, superficial bruises, hematomas, sprains, complaints of pain following the fall
    - Major injury

Quality Measure (NQF #0674) Purpose/Rationale

- In addition to death, falls can lead to:



- Approximately 75% of residents fall at least once a year

Calculation of the Quality Measure

- Denominator
  - Number of stays in the selected time window for residents with a PPS Part A Discharge Assessment (A0301H)
    - Except those who meet the exclusion criteria
  - Stay is defined as the time period from resident admission or reentry to the facility (5-day PPS assessment) till discharge

- Denominator exclusions
  - If none of the assessments that are included in the scan has a usable response (-) for items indicating the presence of a fall with major injury

Calculation of the Quality Measure,

- Numerator
  - Number of Medicare Part A covered resident stays where the resident experienced one or more falls that resulted in major injury
  - Assessments eligible for inclusion in the look-back scan include:
    - All OBRA
    - All scheduled PPS
    - Discharge with or without return anticipated
    - SNF Part A Discharge

- Because the measure includes assessments occurring between admission to the facility and discharge, the MDS items ask providers to identify falls since admission/entry or reentry or prior assessment, whichever is most recent

Quality Measure Included Items

- Items used for this measure collect data that indicates whether or not a fall took place, and if so, the number of falls in each of the following

Injury Related to Fall	Injury (Except Major)	Major Injury
Any documented injury that occurred as a result of, or was recognized within a short period of time (e.g., hours to a few days) after the fall and was attributed to the fall	Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, sprains, or any fall-related injury that causes a complaint of pain	Bone fracture, joint dislocation, closed-head injury with altered consciousness, subdural hematoma

QRP- Self Care, Discharge

Discharge Self-Care Score

- Estimates the percentage of Medicare stays that meet or exceed an expected discharge self-care score
  - GG0130A3. Eating
  - GG0130B3. Oral hygiene
  - GG0130C3. Toileting hygiene
  - GG0130E3. Shower/bathe self
  - GG0130F3. Upper body dressing
  - GG0130G3. Lower body dressing
  - GG0130H3. Putting on/taking off footwear
- If code is between 01 and 06, then use code as the score
- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the score
- If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the score
- Scores can range from 7 to 42, with a higher score indicating greater independence

Discharge Self-Care Score *Exclusions

- The Medicare Part A SNF Stay is an incomplete stay:
  - Length of stay is less than 3 days
  - Discharged against medical advice coded as an Unplanned Discharge (A0310G = [2])
  - Died while in SNF (A2100 = [08]); or A0310F = [12];
  - Discharged unexpectedly (short-stay acute hospital: A0310G = [2] or A2100 = [03]; inpatient psychiatric facility: A0310G = [2] or A2100 = [04]; long-term care hospital: A0310G = [2] or A2100 = [09])

Discharge Self-Care Score *Exclusions

- The resident has the following medical conditions:
  - Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain
  - The medical conditions are identified by: B0100 (Comatose) = 1 and ICD-10 codes
  - The resident is younger than age 21
  - The resident is discharged to hospice or received hospice while a resident
  - The resident did not receive PT or OT services

Discharge Self-Care Score

Age group	Prior mobility device use
Admission self-care score – continuous score	Stage 2 pressure ulcer
Admission self-care score – squared form	Stage 3, 4, or unstageable pressure ulcer/injury
Primary medical condition category	Cognitive abilities
Interaction between primary medical condition category and admission self-care score	Communication Impairment
Prior surgery	Communication Impairment
Prior functioning: self-care	Bowel Continence
Prior functioning: indoor mobility (ambulation)	Tube feeding or total parenteral nutrition
	Comorbidities

QRP- Mobility, Discharge

Discharge Mobility Score

- Estimates the percentage of Medicare stays that meet or exceed an expected discharge mobility score
  - GG0170A3. Roll left and right
  - GG0170B3. Sit to lying
  - GG0170C3. Lying to sitting on side of bed
  - GG0170D3. Sit to stand
  - GG0170E3. Chair/bed-to-chair transfer
  - GG0170F3. Toilet transfer
  - GG0170G3. Car transfer
  - GG0170I3. Walk 10 feet
  - GG0170J3. Walk 50 feet with two turns
  - GG0170K3. Walk 150 feet
  - GG0170L3. Walking 10 feet on uneven surfaces
  - GG0170M3. 1 step (curb)
  - GG0170N3. 4 steps
  - GG0170O3. 12 steps
  - GG0170P3. Picking up object

Discharge Mobility Score

- Scoring identical to Self-Care QM
- Scores can range from 15 to 90, with a higher score indicating greater independence
- Same exclusions as Self-Care QM
- Covariates VERY similar to Self-Care QM except "self-care" is replaced with "mobility" in some areas and History of Falls was added

QRP- Self Care, Change

Change in Self-Care Score

- Estimates the risk-adjusted mean change in self-care score between admission and discharge for Medicare stays
- Same Self-Care items as previously discussed, along with scoring rules
- Same exclusions regarding incomplete MCR stays
- Excluded if all seven self-care items are coded as a 6 upon admission
- Same medical condition, age, hospice, and did not receive PT or OT exclusions
- Same covariates

QRP- Mobility, Change

Change in Mobility Score

- Estimates the risk-adjusted mean change in mobility score between admission and discharge for Medicare stays
- Same Mobility items as previously discussed, along with scoring rules
- Same exclusions regarding incomplete MCR stays
- Excluded if all fifteen items are coded as a 6 upon admission
- Same medical condition, age, hospice, and did not receive PT or OT exclusions
- Same covariates

QRP- Drug Regimen Review

Drug Regimen Review Conducted with Follow-Up for Identified Issues

- Percentage of Medicare stays in which a DRR was conducted at the time of admission and timely follow-up with a physician occurred each time potential clinically significant medication issues were identified throughout the stay.

Drug Regimen Review Conducted with Follow-Up for Identified Issues

- Numerator meets each of the following **2** criteria:
  - The facility conducted a drug regimen review on admission which resulted in one of the three following scenarios:
  1. No potential and actual clinically significant medication issues were found during the review (N2001 = [0]); OR
  2. Potential and actual clinically significant medication issues were found during the review (N2001 = [1]) and then a physician (or physician-designee) was contacted, and prescribed/recommended actions were completed by midnight of the next calendar day (N2003 = [1]); OR
  3. The resident was not taking any medications (N2001 = [9])

Drug Regimen Review Conducted with Follow-Up for Identified Issues

- Appropriate follow-up occurred each time a potential or actual clinically significant medication issue was identified during the stay (N2005 = [1]);
- Or no potential or actual clinically significant medications issues were identified since the admission or resident was not taking any medications (N2005 = [9])
- *No exclusions or covariates for this measure
- *Only answered for 5 day and End of MCR Stay assessment

Why You Should Care About Quality Measures

- **Publicly reported data that represents your facility**
  - Utilized by Nursing Home Compare for consumer use
  - ACOs (Accountable Care Organizations) will use this data as they look to partner with providers
- Used in nearly every area of healthcare for benchmarking
- Drives the survey process by guiding surveyors in their off-site preparation
- Drives facility QAPI process and survey prep
- Key component to the 5-Star system

QMs Used in Public Reporting

- Nursing Home Compare posts 27 total measures, 5 Short Stay measures and 14 Long Stay measures, and 8 Claims based measures
  - Payer source is not a factor in the CDIF count

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QMs Used in Public Reporting

- Of the 27 posted measures, 15 are utilized by Nursing Home Compare for the facility star rating
  - 3 Short Stay/7 Long Stay/5 Claims based
- Ratings for QMs are calculated using the 4 most recent quarters for which data is available
  - What challenge does this bring to impact your facility data?
- 85-90 day delay before MDSs are used to calculate QMs. This allows for late assessments and modifications. After that point, the assessments are considered closed for QM purposes and modifications will no longer impact QM data.

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QM Terms

QMs are linked to MDS assessments through the assessment selection process

Target Assessment

- Short Stay Measure: Latest assessment in the most recent **6** months within the selected episode
- Long Stay Measure: Latest assessment in the most recent **3** months within the selected episode

Initial Assessment

- First MDS assessment after an admission entry record
  - Admission, 5 day PPS, or Discharge

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QM Terms

Look-Back Scan

- All assessments within an episode to see if a QM item is present
- Includes the target assessment and earlier
  - OBRA assessments, PPS scheduled (5, 14, 30, 60, 90) assessments, and Discharge assessments
- For Long Stay QMs, evaluates all assessments in the current episode with target dates no more than 275 days prior to the target assessment

QM Terms

Factors that impact the Quality Measure calculation:

Exclusions

- Only apply to the Denominator
- Many exclusions are related to missing data
- All QMs have 1 or more exclusions, except vaccinations

Covariates

- Clinical characteristics
- Increases the risks of an outcome for a resident

QM Terms

Factors that impact the Quality Measure calculation:

Stratification

- Divides residents into High and Low risk

Logistic Regression

- Adjusts for potential differences in residents between facilities (facility level adjusted score)
- Uses covariates and also compares a facility's observed rate to an expected rate

5 Star Calculation

- Step 1, Survey outcome
- Step 2, Staffing (RN and overall)
- Step 3, Quality Measures
- Step 4, Overall star rating

Survey

5 Star Calculation – Survey

- Step 1, Survey outcome
  - Foundation for the final rating and carries the most weight
  - Three most recent annual surveys
  - 36 months of complaint surveys
  - Each deficiency scored by scope and severity
  - More points for higher scope, higher severity

5 Star Calculation – Survey

- Step 1, Survey outcome
  - Additional points are assigned for second, third, and fourth survey revisits and are proportional to the health inspection score for the survey cycle
  - If a deficiency generates a finding of substandard quality of care, additional points are assigned
  - If the status is "past non-compliance" and the severity is "immediate jeopardy", then points associated with a "G" deficiency are assigned

Survey Deficiency Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 35 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than min. harm that is not IJ	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for min. harm	A 0 point	B 0 points	C 0 points

Figures in parentheses = points for cites for substandard quality of care.
* If the status of the deficiency is "past non-compliance" and the severity is Immediate Jeopardy, then points associated with a 'G-level" deficiency (i.e., 20 points) are assigned.

5 Star Calculation – Survey

More recent survey weighted more:

1. Most recent survey (cycle 1) weighting factor of **1/2**
2. Previous cycle period (cycle 2) weighting factor of **1/3**
3. Second prior period (cycle 3) weighting factor of **1/6**

These weighted time period scores are then summed to create the survey score for each facility

- Life Safety deficiencies are **not** included in the calculations
- Deficiencies from Federal Comparative surveys **not** included in the calculation (nor posted on NH Compare)

5 Star Calculation – Survey

- No points are assigned for first revisit
- Points assigned for second, third and fourth revisits and are proportional to the health inspection score
  - Each additional visit has more impact than the last
- Points from complaint deficiencies are added to health inspection score before calculating revisit points

5 Star Calculation – Survey

- Substantiated complaint surveys are assigned to the time period based on the 12-month period in which the complaint survey occurred
  - Most recent 12 months have weighting factor of 1/2
  - From 13-24 months ago have weighting factor of 1/3
  - From 25-36 months ago have weight factor of 1/6
- If deficiency occurs in both annual and complaint survey
- Counted only once if complaint survey was within 15 days of the recertification (either prior to or after the survey)
- If scope and severity differ – highest deficiency is used

5 Star Calculation – Survey

- Five-Star ratings for health inspections based on the relative performance of facilities within state
- Cut points are recalibrated each month and posted
- Rating for a given facility is held constant unless there is a change in the facility's weighted health inspection score, regardless of changes in the statewide distribution

5 Star Calculation – Survey

- Reasons for a facility star rating to change:
  - A new health inspection
  - A complaint investigation that results in one or more deficiency citations
  - A second, third, or fourth revisit
  - Resolution of Informal Dispute Resolutions (IDR) or Independent Informal Dispute Resolutions (IIDR) resulting in changes to the scope and/or severity of deficiencies
  - The "aging" of complaint deficiencies

5 Star Calculation – Survey

- State distribution is based on performance:
  - Top 10% with lowest deficiencies = 5 Star
  - Middle 70% divided equally with 2, 3, 4 Stars
  - Bottom 20% with highest deficiencies = 1 Star
- A facility's rating does not change unless there is a change in their health inspection score

Staffing

5 Star Calculation – Staffing

- Calculation is made up of facility staffing, census, and expected staffing
- Staffing:
  - RN staffing hours per resident day
  - Total nursing hours (RN+LPN+CNA) per resident day
    - Based on submitted PBJ job code data each quarter for FT, PT, contracted staff
    - Does not include hospice, family paid private duty, feeding assistants

5 Star Calculation – Staffing

- Job codes:
  - RN DON (5)
  - RNs with Administrative duties (6)
  - RNs (7)
  - LPN (8)
  - LVN (9)
  - CNA (10)
  - Aides in training(11)
  - Med tech (12)

5 Star Calculation – Staffing

RN staffing requirements:

- CMS requirement (42 CFR §483.35 (b)) that an RN be onsite 8 hours a day, 7 days a week
- Studies found clear association between nurse staffing ratios and quality of care
- With the April 2019 revisions, staffing rating thresholds changed. Focus is on importance of RN staffing
- Nursing homes reporting 4 or more days in a quarter with no RN hours (job codes 5-7) and there were 1 or more residents, will receive a one-star rating for overall staffing and RN staffing for the quarter

5 Star Calculation – Staffing

- The hours reported through PBJ are reported quarterly and are due 45 days after the end of each reporting period
- Data summed across the quarterly reporting period
- The aggregated reported hours are divided by the aggregate resident census to establish the quarterly reported nurse staffing hours per resident day

5 Star Calculation – Staffing

- Staffing is a calculation of the sum of staffing hours reported (PBJ), divided by the census (MDS)
  - Census is driven by the MDS process, with Entry Trackers and Discharge MDSs adding or removing residents to the mix
  - Timely Discharge MDSs are critical to show the accurate daily census
  - MDSs are pulled for 1 year prior to the reporting period
    - If a Discharge MDS is found, with no subsequent MDS, the resident is assumed to be discharged and not counted in the census for that particular day

5 Star Calculation – Staffing

- Expected staffing is based on acuity of the residents
- How is that determined?
  - Based on RUG IV data from submitted MDSs
  - STRIVE study calculated the amount of staff time that is expected to take care of a resident at each of the 66 RUG groups
  - The higher the acuity level, the more staff time is expected to take care of the resident

5 Star Calculation – Staffing

- Case mix adjusted hours:
  - Hours Reported = hours reported in PBJ divided by
  - Hours Case-Mix = hours based on acuity (case-mix adjustments using RUG-IV methodology – posted on Data.Medicare.gov as "reported", "case-mix", and "adjusted" Staff Averages Download)
  - Multiplied by National Average Hours = updated each quarter

5 Star Calculation – Staffing

- Providers that fail to submit any staffing data by the required deadline will receive a 1 Star rating for overall staffing and RN staffing for the quarter
- CMS conducts audits of nursing homes to verify data and ensure accuracy
  - Facility must respond to audit
- If no response to audit or audit finds significant discrepancies between reported and verified hours the facility will receive a 1 Star rating for overall staffing and RN staffing for three months

Quality Measures

5 Star Calculation – QMs

- Uses 4 quarters worth of QM data to determine 5 star QM ratings
- MDS based QMs require a minimum denominator of 20 MDSs summed across the 4 quarters
- Claims based QMs require a minimum denominator of 20-25 nursing home stays over the course of the year
  - Successful Return to Home =25 stays, all other require 20 stays

5 Star Calculation – QMs

- Highest performing decile receives 150 points
- Lowest performing decile receives 15 points
- Points are increased in 15-point intervals for each decile
  - Long Stay QM= ADL worsening, Antipsychotic med, Mobility declined
  - Short Stay QM= Functional improvement
  - Long Stay Claim based= Number of hospitalizations, Number of ED visits
  - Short Stay Claim based= Return to hospital, Outpatient ED visit

5 Star Calculation – QMs

- Highest performing quintile receives 100 points
- Lowest performing quintile receives 20 points
- Points are increased in 20-point intervals for each quintile
  - Long Stay QM= Pain, PU, Catheter, UTI, Falls
  - Short Stay QM= Pain, PU, Antipsychotic med

5 Star Calculation – QMs

- QM Star rating point threshold continues to change, as providers perform better
  - CMS raises the bar as we show we can meet the expectations
  - Cut point thresholds rise and push providers for improved outcomes
  - CMS plans a continual improvement process approximately every 6 months, with QM thresholds increasing 50% of the average rate of improvement

5 Star Calculation – QMs

- QM Star rating cut point calculation:
  - Points are summed across all QMs based on scoring rules to create a facility total score
- Total possible QM score ranges:
  - Long Stay, 155-1150
  - Adjusted Short Stay, 144-1150
  - Total overall QM score, 299-2300

5 Star Calculation – QMs

Point Ranges for the QM Ratings (as of October 2019)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–469	144-473	299–943
★★	470–564	474–567	944–1,132
★★★	565–644	568–653	1,133–1,298
★★★★	645–734	654–739	1,299–1,474
★★★★★	735–1,150	740 – 1,150	1,475–2,300

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Overall

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5 Star Calculation – Overall

- 5 Star overall calculation methodology
  - **Start with the Health Inspection score first!**
  - This score can be raised by **1 star** if the staffing is rated at a **4 or 5** (and better than the survey star) or lower by **1 star** if the staffing is a **1 star**
  - This score can be raised by **1 star** is the QM rating is a **5** or lowered by **1 star** if the QM rating is a **1 star**
  - If the Health Inspection score is a **1 star**, the Staffing and QM stars can not raise it more than **1 additional star**

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New or Worsened Pressure Ulcers

- Look-back scan indicating 1 or more new or worsening Stage II-IV pressure ulcers

IDT Approach to New or Worsened Pressure Ulcers

- STNA:
  - Complete full skin sweeps with each shower/bath and report findings immediately to the nurse
    - Don't assume it has been reported previously
  - Ensure changes in resident positioning throughout the day
  - Pressure relief is the first line of defense against skin breakdown
  - Make sure all ordered devices are in place to
  - aid pressure relief
  - Timely and proper post-incontinence care

IDT Approach to New or Worsened Pressure Ulcers

- Nurse:
  - Head to toe skin assessment must be completed **AND** documented during initial intake assessment
  - Verifying "admitted with" skin issues with keep you from owning them
  - Complete the skin risk assessment during initial intake and ensure that proper devices/interventions are put in place immediately
  - Consistent and accurate wound measurements are critical when determining if treatments are effective
  - Seek a second opinion for difficult or non-healing wounds

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IDT Approach to New or Worsened Pressure Ulcers

- Dietitian:
  - Review weekly skin reports to ensure that each resident has proper nutritional interventions and supplements to aid wound healing
  - Monitor weight changes in the facility, specifically those residents at or below ideal body weight
  - Recommend and monitor lab results on high risk residents
  - Closely watch both the meal and fluid intake on high-risk residents

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Newly-Received Antipsychotic Medication

- Newly started on an antipsychotic medication after the initial assessment (Admission and 5 day) and are **not** excluded
  - Compares the target assessment to the initial assessment
  - Exclusions include:
    - Schizophrenia
    - Tourette's Syndrome
    - Huntington's Disease

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IDT Approach to Newly-Received Antipsychotic Medication

- Nurse:
  - Communicate with the Physician/NP/PA to obtain accurate medical diagnosis, which may include one of the excluded diagnoses
  - Monitor for worsening or improving behaviors related to the reason for the medication
  - Report any changes in behaviors to Physician/NP/PA and Social Services
  - Consult with Pharmacist for mediation review and dose reductions

IDT Approach to Newly-Received Antipsychotic Medication

- Social Services:
  - Ensure that all antipsychotic medications are properly care planned
  - Communicate with consulting services including: Psychologist, Psychiatrist, Behavioral specialists, etc.
  - Engage in 1:1 time with the resident as needed, especially during heightened behavioral episodes
  - Communicate with care givers any specific approaches for deescalating episodes

Made Improvement in Function

- Gained more independence in transfer, locomotion, and walking during their episodes of care
  - Compares Discharge (RNA) assessment to a preceding 5 day or Admission MDS, whichever is earliest
  - Performance is measured by summing the ADL coding from the section G Self-Performance column in:
    - Transfer
    - Locomotion on Unit
    - Walking in Corridor

IDT Approach to Made Improvement in Function

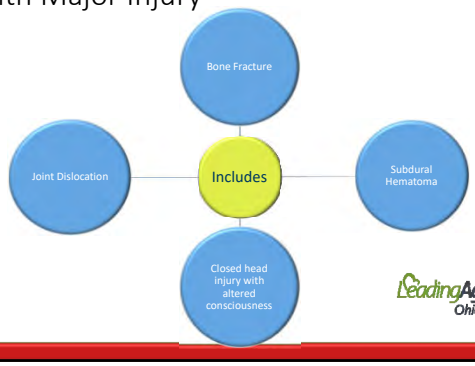
- STNA:
  - Accurate documentation of the resident's Self-Performance in these ADLs
  - Ensure delivery of all Restorative Nursing Programs
  - Encourage participation in skilled Therapy services
- Nurse:
  - Provide oversight to STNA care delivery documentation
  - Monitor for declines in resident performance and refer to PT, therapy and/or RNP

IDT Approach to Made Improvement in Function

- MDS:
  - Validate accurate documentation of the resident's Self-Performance in these ADLs by nursing and STNA
  - Ensure all data sources are utilized for accurate section G coding, including:
    - STNA
    - Nurse
    - Therapy
    - Observation/Interview

Long Stay Quality Measures within the 5-Star program

Resident Experiencing 1 or More Falls with Major Injury



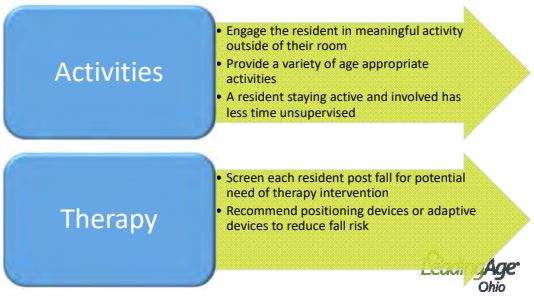
Resident Experiencing 1 or More Falls with Major Injury

- Look-back scan that indicates 1 or more falls that resulted in major injury in J1900C
- Reminder that *look-back scans* cover **275** days from the target assessment, so this data remains on QMs for up to a year once you add the 92 day maximum until the next MDS

IDT Approach to Falls with Major Injury

- STNA:
  - Give feedback to nursing regarding fall interventions or techniques that work best for each individual resident
    - You are the eyes and ears on the floors
  - Ensure that ordered safety interventions are present and being utilized appropriately
  - Falls are typically the result of basic human needs: hunger, thirst, pain, or the need to toilet

IDT Approach to Falls with Major Injury



High-Risk Residents with Pressure Ulcers

- Captures "high-risk" residents and identifies the % with Stage II-IV pressure ulcers on their latest assessment in the episode
- "High-risk" = **any** of the following:
  - Impaired Bed Mobility or Transfers indicated as:
    - Extensive Assistance
    - Total Dependence
    - Activity Did Not Occur or Occurred only 1-2 times
  - Comatose
  - Malnutrition or at risk of malnutrition coded in I5600

IDT Approach to High-Risk Residents with Pressure Ulcers

- STNA:
  - Complete full skin sweeps with each shower/bath and report findings immediately to the nurse
    - Don't assume it has been reported previously
  - Ensure changes in resident positioning throughout the day
  - Pressure relief is the first line of defense against skin breakdown
  - Make sure all recommended devices are in place to aid pressure relief
  - Timely and proper post-incontinence care

IDT Approach to High-Risk Residents with Pressure Ulcers

- Nurse:
  - Head to toe skin assessment must be completed AND documented during weekly skin assessment
  - Complete the skin risk assessment quarterly or with the discovery of any new areas to ensure that proper devices/interventions are put in place immediately
  - Consistent and accurate wound measurements are critical when determining if treatments are effective
  - Seek a second opinion for difficult or non-healing wounds

IDT Approach to High-Risk Residents with Pressure Ulcers

- Dietitian:
  - Review weekly skin reports to ensure that each resident has the proper nutritional interventions and supplements to aid wound healing
  - Monitor weight changes in the facility, specifically those residents at or below their ideal body weight
  - Recommend and monitor lab results on high risk residents
  - Closely watch both the meal and fluid intake on high risk residents

IDT Approach to High-Risk Residents with Pressure Ulcers

- MDS:
  - Can chose to complete an early MDS to capture the healed pressure ulcer
    - This may impact Case Mix score however
  - Verify ADL coding for Bed Mobility and Transfers to ensure a resident is not captured as “high risk” when they shouldn’t be

Urinary Tract Infection

- Measures the % of residents who have a UTI within the last 30 days, when I2300 is coded on a target assessment
  - **All of the following must be present**:
    - Diagnosis by a Physician in the last 30 days
    - It was determined that the resident had a UTI using evidence-based criteria such as McGeer, NHSN, or Loeb in the last 30 days

IDT Approach to UTIs

- STNA:
  - Encourage fluid intake with all residents, especially during warmer months (unless contraindicated by fluid restriction order)
  - Practice proper peri care techniques to prevent the spread of bacteria

IDT Approach to UTIs

- Nurse:
  - Supportive documentation should include specific signs and symptoms of a UTI
  - Teach proper peri care techniques to those that are independent in toileting and hygiene
  - Discuss with the Physician/NP/PA the use of prophylactic medications for residents with chronic UTIs
  - Explore OTC supplements to help prevent UTIs, such as UTI-Stat or others

IDT Approach to UTIs

- MDS:
  - Verify that both of the required criteria are supported in the medical record before UTI is coded. A resident may be receiving treatment for a UTI based on a urine dip, but unless the medical record indicates each both indicators, UTI should not be coded
  - Consider completing an early MDS once the UTI is resolved AND you have past the 30-day look-back period
    - This may impact Case Mix score however

Catheter Inserted and Left in Bladder

- Reports the % of residents who have had an indwelling catheter in the last 7 days, also includes: Suprapubic catheters and Nephrostomy tubes
- Exclusions include the following diagnosis:
  - Neurogenic bladder (I1550)
  - Obstructive Uropathy (I1650)

IDT Approach to Catheter Inserted and Left in Bladder

- Nurse:
  - Review all residents with catheters who have a cerebrovascular or spinal cord diagnosis
  - Review all residents with Benign Prostatic Hypertrophy (BPH) or Prostate Ca diagnosis
    - All of the above MAY have a neurogenic bladder but are missing the diagnosis

IDT Approach to Catheter Inserted and Left in Bladder

- MDS:
  - May chose to complete an early MDS assessment once supportive diagnosis obtained or catheter removed
    - This may impact Case Mix score however

Increased Need for ADL Help

- Reports the % of residents whose need for help with late loss ADLs has increased, compared to prior assessment
- Late loss ADLs: Bed Mobility, Transfers, Eating, Toileting
- Increase in 2 or more coding points in one late loss ADL item

OR

- 1 point increase in two or more late loss ADL items

IDT Approach to Increased Need for ADL Help

- STNA:
  - Document as soon after care delivery as possible so that information is fresh
  - Avoid copy-cat charting so that the true picture of the resident is represented
  - Scheduled/frequent ADL in-servicing is key
  - ADL training should also be included in new employee orientation
- Therapy:
  - Screen residents that are currently triggering for possible skilled therapy or restorative programming

IDT Approach to Increased Need for ADL Help

- MDS:
  - Always review the "rule of 3" while coding section G of the MDS
    - the facility must first note which ADL activities occurred, how many times each ADL activity occurred, what type and what level of support was required for each ADL activity over the entire 7-day look-back period
  - The number of staff support provided for these ADLs do **not** figure in the QM
  - Staff ADL training typically leads to a shift in ADL coding and a possible increase in this QM
  - Scrutinize the care giver ADL coding for accuracy
  - MDS can be coded based on interview of the caregivers or witnessed care, as long as this is documented to support the coding decision
  - Lead in-servicing of ADLs for current staff and during new employee orientation

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Antipsychotic Medication Use

- Captures the % of residents who are receiving an antipsychotic medication in N0400A
  - Exclusions include the following diagnoses:
    - Schizophrenia
    - Tourette's Syndrome
    - Huntington's Disease

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IDT Approach to Antipsychotic Medication Use

- Nurse:
  - Communicate with the Physician/NP/PA to obtain accurate medical diagnosis, which may include one of the excluded diagnosis
  - Monitor for worsening or improving behaviors related to the reason for the medication
  - Report any changes in behaviors to Physician/NP/PA and Social Services
  - Consult with Pharmacist for mediation review and dose reductions

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IDT Approach to Antipsychotic Medication Use

- Social Services:
  - Ensure that all antipsychotic medications are properly care planned
  - Communicate with consulting services including: Psychologist, Psychiatrist, Behavioral specialists, etc.
  - Engage in 1:1 time with the resident as needed, especially during heightened behavioral episodes
  - Communicate to care givers the specific approaches for deescalating episodes

Long-stay Residents Whose Ability to Move Independently Worsened

- Decline in ability to move around their room and in adjacent corridor
  - Walking or in a w/c
- Change of 1 or more points since prior MDS assessment
- Uses section G for: locomotion on unit, self-performance

IDT Approach to Ability to Move Independently Worsened

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Analyzing Your Data

Analyzing Your Data

- CASPER reports obtained via CMS Welcome screen
- Begin with the Facility Characteristics Report
- Understand the global picture that your residents present
  - Note residents that are 65 or younger
  - Ensure you have activities geared toward this population
  - Have your consultant Pharmacist review these residents to ensure proper medication dosage for this age group

Analyzing Your Data

- Life expectancy of less than 6 months:
  - Is this care planned?
  - Does the Physician documentation support this?
- Diagnostic Characteristics:
  - High % of psychiatric diagnosis?
  - High % of Hospice
    - Does this line up with "Life expectancy" numbers?

Analyzing Your Data

- Review the Facility QM Report
  - Proactively look at the 50th percentile or higher
  - Objectively review your data
    - Take yourself out of it
    - Consider causes and define IDT subcommittees to look at the data
- Next, use the Resident Level QM Report
  - This reports will indicate which active and discharged resident contributed to the QM
  - Drill down by resident utilizing hypothesized, root-cause analysis

Time for Team Discussion and QAPI

- Bring your data back to the QA committee for analysis and conclusions
  - Is it an MDS coding issue?
  - Is it a facility procedure or practice failure?
  - Is it the type of resident that you market to or receive?
  - Is it a combination of all three?
- Begin a Performance Improvement plan
  - Trial on one unit or hall to work out any bugs
  - Choose a champion to lead new strategies
  - Utilize a Train-The-Trainer method for teaching and implementing new strategies


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