

MDS Quality Measure

CRYSTAL PLANK, BSN, RN, RAC-CTA, IP

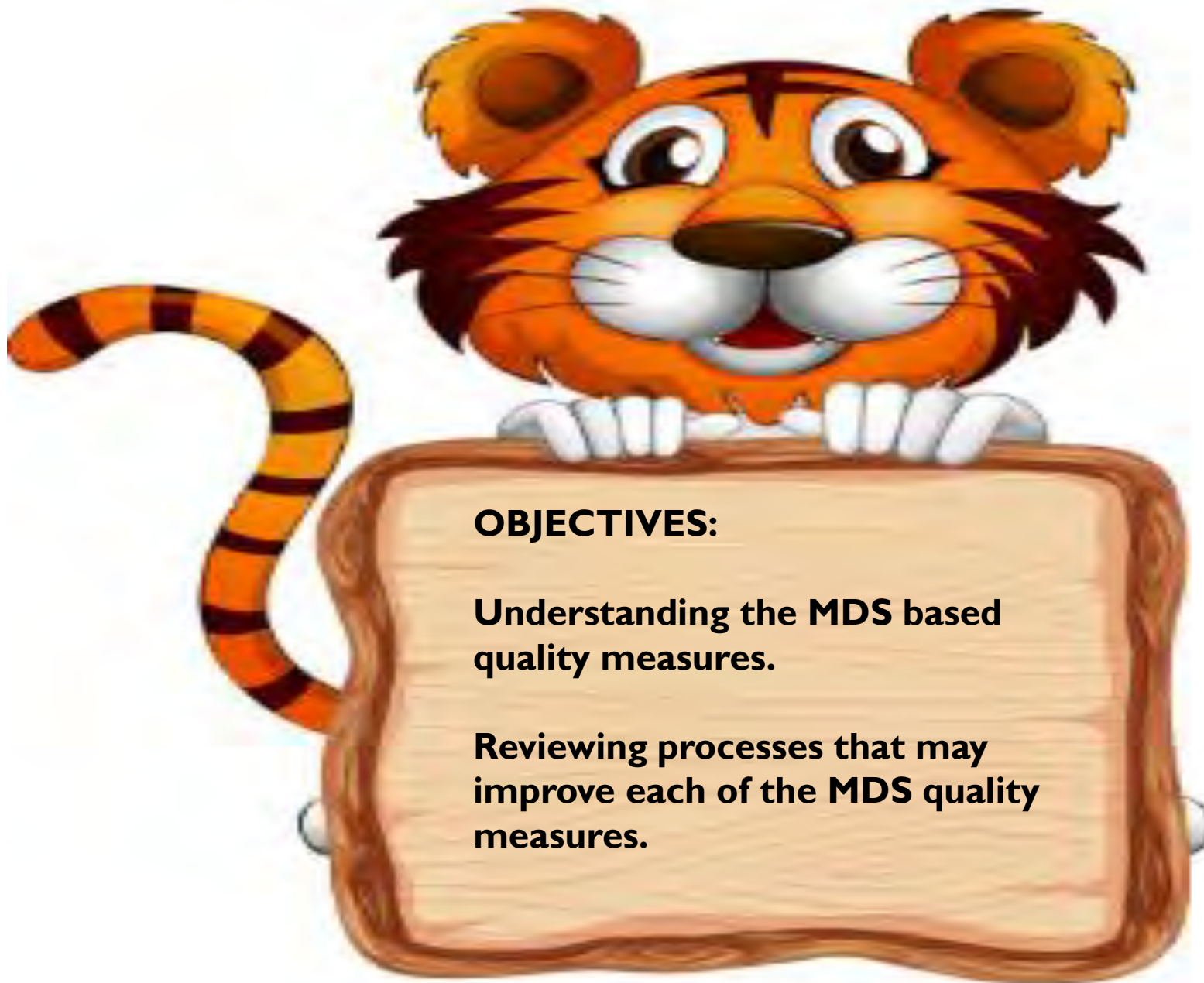
Clinical Consultant/Quality Educator

Sinclair School of Nursing

QIPMO

plankcl@missouri.edu

Cell: 573-819-0173



OBJECTIVES:

Understanding the MDS based quality measures.

Reviewing processes that may improve each of the MDS quality measures.



WHY ARE QUALITY MEASURES IMPORTANT?

What is Affected:

Impacts quality measure portion of the 5 star

Used by consumers on Care Compare to make informed decisions about where to seek care

Compares SNF to the State and National benchmarks

Quantifies healthcare processes, outcomes and will reward better care (better the measures)

- Casper report
- Nursing Home Care Compare



FIVE STAR RATING

Applies to **ALL** measures

If an area is dashed it will exclude it from the measure.

Caution: CMS does not expect dashes to be used except in extreme situations

Long Stay Residents (LS)

Short Stay Residents (SS)

Definitions

Target period: The span of time that defines the QM reporting period (e.g., a calendar quarter).

Target date: Equals the ARD of the MDS assessment.

Admission: An admission entry record (A0310F = [01] **and** A1700 = [1]) is required when **any one** of the following occurs:

Resident has never been admitted to this facility before; **or**

Resident has been in this facility previously and was discharged return not anticipated; **or**

Resident has been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

Reentry: A reentry record (A0310F = [01] and A1700 = [2]) is required when **all of the following** occurred prior to this entry; the resident was:

Discharged return anticipated, **and**

Returned to facility within 30 days of discharge.

CASPER QM PACKAGE

1. FACILITY CHARACTERISTICS REPORT
2. FACILITY LEVEL QUALITY MEASURE REPORT
3. RESIDENT LEVEL QUALITY MEASURE REPORT

Facility ID: [REDACTED]
CCN: [REDACTED]
Facility Name: [REDACTED]
City/State: [REDACTED]

Report Period: 01/01/2020 - 06/30/2020
Comparison Group: 01/01/2020 - 06/30/2020
Report Run Date: 06/01/2020
Data Calculation Date: 10/02/2020
Report Version Number: 1.01

	Facility			Comparison Group	
	Num	Denom	Observed Percent	State Average	National Average
<u>Gender</u>					
Male	898	1,796	50.0%	50.0%	71.5%
Female	898	1,796	50.0%	50.0%	28.5%
<u>Age</u>					
<25 years old	5	1,796	0.3%	0.3%	2.2%
25-54 years old	12	1,796	0.7%	0.7%	0.2%
55-64 years old	57	1,796	3.2%	3.2%	13.5%
65-74 years old	1,558	1,796	86.7%	86.7%	56.8%
75-84 years old	147	1,796	8.2%	8.2%	27.0%
85+ years old	17	1,796	0.9%	0.9%	0.2%
<u>Diagnostic Characteristics</u>					
Psychiatric diagnosis	6	1,785	0.3%	0.3%	3.0%
Intellectual or Developmental Disability	371	371	100.0%	100.0%	75.0%
Hospice	3	1,788	0.2%	0.2%	0.0%
<u>Prognosis</u>					
Life expectancy of less than 6 months	3	1,788	0.2%	0.2%	0.0%
<u>Discharge Plan</u>					
Not already occurring	0	1,796	0.0%	0.0%	25.0%
Already occurring	1,796	1,796	100.0%	100.0%	75.0%
<u>Referral</u>					
Not needed	0	1,796	0.0%	0.0%	25.0%
Is or may be needed but not yet made	0	1,796	0.0%	0.0%	0.0%
Has been made	1,796	1,796	100.0%	100.0%	75.0%
<u>Type of Entry</u>					
Admission	1,795	1,796	99.9%	99.9%	100.0%
Reentry	1	1,796	0.1%	0.1%	0.0%
<u>Entered Facility From</u>					
Community	1,796	1,796	100.0%	100.0%	89.7%
Another nursing home	0	1,796	0.0%	0.0%	1.5%
Acute Hospital	0	1,796	0.0%	0.0%	0.0%
Psychiatric Hospital	0	1,796	0.0%	0.0%	0.0%
Inpatient Rehabilitation Facility	0	1,796	0.0%	0.0%	0.0%
ID/DD facility	0	1,796	0.0%	0.0%	0.0%
Hospice	0	1,796	0.0%	0.0%	0.0%
Long Term Care Hospital	0	1,796	0.0%	0.0%	8.8%
Other	0	1,796	0.0%	0.0%	0.0%

**This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.**

iQIES Report

MDS 3.0 Facility-Level Quality Measure (QM) Report



Report Period: 03/01/2023 - 08/31/2023
Comparison Group: 01/01/2023 - 06/30/2023

Report Run Date: 09/18/2023
Data Calculation Date: 09/18/2023
Report Version Number: 3.03

Legend

Note: Dashes represent a value that could not be computed.
Note: S = short stay, L = long stay.
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected.
Note: * is an indicator used to identify that the measure is flagged.
Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better).

Facility ID: Facility Name: CCN: City/State:

MDS Measures

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	6	71	7.0%	7.0%	9.4%	8.8%	42
Phys restraints (L)	N027.02	C	0	108	0.0%	0.0%	0.1%	0.1%	0
Falls (L)	N032.02	C	57	108	52.0%	62.0%	47.5%	43.7%	91*
Falls w/Maj Injury (L)	N013.02	C	6	108	5.6%	5.6%	4.2%	3.6%	80*
Antipsych Med (S)	N011.02	C	2	91	2.2%	2.2%	3.0%	1.9%	75*
Antipsych Med (L)	N031.03	C	8	104	7.7%	7.7%	21.1%	14.8%	25
Anxiolytic/Hypnotic Prev (L)	N033.02	C	2	59	3.4%	3.4%	8.5%	6.9%	36
Anxiolytic/Hypnotic % (L)	N036.02	C	10	84	11.9%	11.9%	23.8%	19.5%	24
Behav Sx affect Others (L)	N034.02	C	17	99	17.2%	17.2%	19.1%	18.8%	96
Depress Sx (L)	N030.02	C	2	96	2.1%	2.1%	7.8%	9.1%	45
UTI (L)	N024.02	C	2	107	1.9%	1.9%	3.4%	2.4%	58
Cath Insert/Left Bladder (L)	N026.03	C	0	93	0.0%	0.0%	2.1%	1.6%	0
Lo-Risk Lose B/B Con (L)	N025.02	C	31	50	52.5%	52.5%	32.5%	48.8%	57
Excess Wt Loss (L)	N029.02	C	3	83	3.6%	3.6%	5.7%	6.3%	33
Incr AGL Help (L)	N028.02	C	21	83	25.3%	25.3%	17.0%	14.5%	88*
Move Indep Worsens (L)	N035.03	C	16	70	22.9%	18.9%	17.6%	17.3%	61
Improvement in Function (S)	N037.03	C	50	76	65.8%	75.1%	70.7%	75.6%	38

SNF Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury ¹	S038.02	3	108	2.8%	2.9%	2.7%

¹ The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (S038.02) measure is calculated using the SNF QRP measure specifications and is based on 12 months of data (10/01/2022 - 09/30/2023).

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	6	71	7.0%	7.0%	9.4%	8.8%	42
Phys restraints (L)	N027.02	C	0	108	0.0%	0.0%	0.1%	0.1%	0
Falls (L)	N032.02	C	57	108	52.0%	62.0%	47.5%	43.7%	91*
Falls w/Maj Injury (L)	N013.02	C	6	108	5.6%	5.6%	4.2%	3.6%	80*
Antipsych Med (S)	N011.02	C	2	91	2.2%	2.2%	3.0%	1.9%	75*
Antipsych Med (L)	N031.03	C	8	104	7.7%	7.7%	21.1%	14.8%	25
Anxiolytic/Hypnotic Prev (L)	N033.02	C	2	59	3.4%	3.4%	8.5%	6.9%	36
Anxiolytic/Hypnotic % (L)	N036.02	C	10	84	11.9%	11.9%	23.8%	19.5%	24
Behav Sx affect Others (L)	N034.02	C	17	99	17.2%	17.2%	19.1%	18.8%	96
Depress Sx (L)	N030.02	C	2	96	2.1%	2.1%	7.8%	9.1%	45
UTI (L)	N024.02	C	2	107	1.9%	1.9%	3.4%	2.4%	58
Cath Insert/Left Bladder (L)	N026.03	C	0	93	0.0%	0.0%	2.1%	1.6%	0
Lo-Risk Lose B/B Con (L)	N025.02	C	31	50	52.5%	52.5%	32.5%	48.8%	57
Excess Wt Loss (L)	N029.02	C	3	83	3.6%	3.6%	5.7%	6.3%	33
Incr AGL Help (L)	N028.02	C	21	83	25.3%	25.3%	17.0%	14.5%	88*
Move Indep Worsens (L)	N035.03	C	16	70	22.9%	18.9%	17.6%	17.3%	61
Improvement in Function (S)	N037.03	C	50	76	65.8%	75.1%	70.7%	75.6%	38

SNF Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury ¹	S038.02	3	108	2.8%	2.9%	2.7%

Facility ID:
Facility Name:
CCN:
City/State:

Report Period:	01/01/2023 - 06/30/2023
Report Run Date:	07/05/2023
Data Calculation Date:	07/03/2023
Report Version Number:	3.03

MDS 3.0 Resident-Level Quality Measure (QM) Report

IQIES Report

Reference page 2 of this report to locate the Table Legend.

[illegible]

Percent of Residents With Pressure Ulcers

Long Stay

This measure captures the percentage of long-stay residents with Stage 2-4 or unstageable pressure ulcers

Numerator:

Stage II-IV or unstageable pressure ulcers (M0300BI, CI,DI,EI,FI, or GI)

Denominator:

All long stay residents with a selected target assessment (except those with exclusions)

Exclusions:

Target assessment is an OBRA Admission assessment or a 5-day assessment

Numerator items are dashed

Percent of Residents With Pressure Ulcers

Covariates- risk adjust measure

Impaired Functional Mobility (Lying to Sitting on Side of Bed)

Bowel incontinence

DM, PVD, PAD

Indicator of low BMI based on height & weight

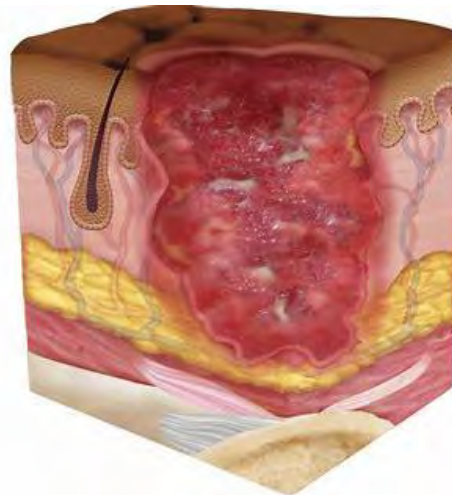
Malnutrition or at risk for Malnutrition

Dehydration

Infections: Septicemia, Pneumonia, UTI, or Multidrug-Resistant Organism

MASD

Hospice



Percent of Residents With Pressure Ulcers

What can we do to improve this measure?

Admission Assessment (identifying and prevention)
Utilizing Risk Assessments (Braden, Norton)
Education for CNA/Nurse regarding ADLs
Wound Nurse is trained for identifying different types of wounds, pressure injury, diabetic, venous, arterial, MASD
MDS Coordinators trained on GG coding of the MDS
*Restorative Programming
Therapy: Part A/B, quarterly therapy screens
Dietary/Dietician assessment
Weight management program
Prevention of Pressure Ulcers

Percent of Residents Who Were Physically Restrained

Long Stay

Percent of long-stay residents who are physically restrained on a daily basis

Numerator:

Trunk restraint used in bed, used in chair or out of bed

Limb restraint used in bed, used in chair or out of bed

Chair prevents rising used in chair or out of bed

Denominator:

All long stay resident with target Ax except those with exceptions

Exclusions:

Restraints dashed

Percent of Residents Who Were Physically Restrained

What can we do to improve this measure?

- Person-centered activities
- Individualized assessment for restraints
- IDT Care Planning
- Behavioral training
- Alternate options verses restraints
- Individual Restraint reduction



Prevalence of Falls

Long Stay

Percentage of long-stay residents who have had a fall during their episode of care

Numerator:

Long stay resident with an occurrence of a fall

Denominator:

Long stay residents with one or more falls except those with exclusions

Exclusions:

Falls are dashed

Percent of Residents Experiencing One or More Falls with Major Injury Long Stay

Long stay residents who have experienced one or more falls with major injury.

Numerator:

Fall that results in a major injury

Denominator:

All long stay residents except those with exclusions

Exclusions:

Falls with major injury was dashed



Percent of Residents Experiencing One or More Falls with Major Injury

What can we do to improve this measure?

Education for the MDS Coordinator regarding major injury such as bone fractures, subdural hematomas, joint dislocations, closed head traumas with altered consciousness.

Fall programming

Nursing Assessments of resident's fall risk

Nursing Assessment of resident's clinical condition

Care Plan process, interventions, evaluating changes

Increased rounding with All staff rounds

Restorative Programs/Walk to dine programs

Toileting programs

Person- Centered Activities Program

Antipsychotic/Psychotropic medication reduction

Therapy screenings/ treatment

Percent of Residents Who Newly Received an Antipsychotic Medication Short Stay

Percent of short stay residents who are receiving an antipsychotic medication but not on their initial assessment

Numerator:

Antipsychotic Medication Received

(Look at resident with target Ax AND has an initial Admission Ax and the target Ax is NOT the same as the initial assessment)

Exclusions:

Schizophrenia

Tourette's

Huntington's

Initial Ax indicates antipsychotic medication use or is unknown

Percent of Residents Who Received an Antipsychotic Medication

Long Stay

Long stay resident who are receiving antipsychotic drugs

Numerator:

Use of an antipsychotic medication

Denominator:

Long stay residents with target Ax except with exclusions

Exclusions:

Schizophrenia

Tourette's syndrome

Huntington's disease

Tourette's syndrome (on the prior Ax if not marked active on the target Ax and if a prior Ax is available)

Antipsychotic

What can we do to improve this measure?

Assure antipsychotic medications are coded appropriately

Code according to therapeutic/pharmacological classification

Assure physicians are diagnosing residents appropriately for use of antipsychotic medications

Gradual dose reductions

Non-pharmacological interventions before antipsychotic medications are introduced

Non-pharmacological interventions once established resident, and caregivers to know triggers for behaviors

Meet unmet needs

Percentage of Antianxiety or Hypnotic Medication Use

Long stay

Numerator:

Long stay resident that received antianxiety or hypnotic medication

Denominator:

Long stay residents with a selected target Ax except those with exclusions

Exclusions:

Life expectancy of less than 6 months

Hospice care while a resident

Dashed areas

Antianxiety or Hypnotic Use

What can we do to improve this measure?

Indication of use/Appropriate diagnosis

Accurate MDS coding of exclusions Hospice/Less than 6 months to life & diagnosis

Person-Centered Activities

Non-pharmacological interventions

Assess for PTSD that may cause anxiety or difficulty sleeping

Psychological Services

Unmet needs

Prevalence of Behavior Symptoms Affecting Others

Long Stay

Percentage of long stay residents who have behaviors symptoms that affect others

Numerator:

Presence of physical behavioral symptoms directed towards others

Presence of verbal behavioral symptoms directed towards others

Presence of other behavioral symptoms NOT directed towards others

Rejection of care

Wandering

Denominator:

All residents with targeted Ax except with exclusions

Exclusions:

The target assessment is a discharge

Areas above are dashed

Behavior Symptoms Affecting Others

What can we do to improve this measure?

Person-Centered Activities

Non-pharmacological interventions

Psychological Services

Unmet needs

Behavioral documentation

Refusals verses preference/choice

Assess past behaviors, history and interventions

MDS training for coding of the MDS

Involve Family if appropriate



Percent of Residents Who Have Depressive Symptoms

Long Stay

Percentage of long stay residents who have had symptoms of depression during the 2 weeks period preceding the MDS target Ax

Numerator:

Condition A (Mood interview or Staff assessment: Part 1 & 2 must be met):

Part 1: Little interest or pleasure in doing things half or more of the days over the last 2 weeks **OR**

Feeling down, depressed, or hopeless half or more of the days over the last 2 weeks

Part 2: Severity Score indicates the presence of depression (score greater than 10)

Denominator:

Target Ax except those with exclusions

Exclusions:

Comatose

Did not meet the criteria under the numerator

*See Behaviors for interventions to help this measure



Percent of Residents with a Urinary Tract Infection

Long Stay

Percentage of long stay residents who have a UTI

Numerator:

UTI within the last 30 days

Denominator:

All long-stay residents with a target Ax, except those with exclusions

Exclusions:

Target Assessment is an Admission AX or a PPS 5-Day Assessment

UTI is dashed or blank

What can we do to improve this measure?

MDS Coordinator understands section I (particularly coding UTI appropriately)

Evidence Base Criteria: McGeer's, Loeb's, NHSN

Handwashing Audits/Check offs

Documentation of Signs and Symptoms of UTI

Infection Preventionist training/tracking

Nursing Assessment training for observation/Assessments

Assessing toileting abilities

Foods that have high water content: melons, lettuce, berries, grapes

Proactive actions: increase fluids, IV fluids, cranberry, fluid rounds etc..

Antibiotic Stewardship

Peri care Audits/Check offs

Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder

Long Stay

Percentage of residents who have had an indwelling catheter in the last 7 days

Numerator:

Long Stay residents with use of an indwelling catheter

Denominator:

All long stay residents except exclusions

Exclusions:

Target Ax is an Admission Ax or a 5-day assessment

Neurogenic bladder

Obstructive uropathy

Covariates:

Frequently/Always bowel incontinence verse Always continent/Occasionally/Not rated

Pressure ulcers stage 2,3,4 verse no pressure ulcers

No prior assessment is available

CATHETER INSERTED AND LEFT IN THEIR BLADDER

What can we do to improve this measure?

Verify diagnosis of obstructive uropathy and neurogenic bladder

Education in appropriate uses for catheters

Open discussions with physician/ family regarding risks for catheter without dx

Verify coding of catheter, diagnosis, and covariates on the MDS (pressure injury and urinary continence status)

Diagnostic testing for reason for indwelling catheter need or opportunity for discontinuation of catheter (Bladder scan for retention or urodynamic testing)

Upon admission, obtain records related to catheter use. Identify ASAP and pull as soon as possible (before it must be coded on the MDS)

Restorative toileting program

Medications Review (may cause retention)

Percent of Residents with New or Worsened Bowel or Bladder Incontinence Long Stay

Percent of residents with new or worsened bowel or bladder incontinence

Numerator:

Long stay residents that indicates frequently or always incontinence of the bladder (prior Ax compared to current assessment).

A: A new case of bowel incontinence increased in one or more coding points from always continent to either occasionally, frequently or always incontinent.

B: Worsened bowel incontinence increase in one or two coding points from occasionally incontinent to frequently or always incontinent or from frequently incontinent to always incontinent.

C: A new case of bladder incontinence increased in one or more coding points from always continent to either occasionally, frequently or always incontinent.

D: Worsened bowel incontinence increase in one or two coding points from occasionally incontinent to frequently or always incontinent or from frequently incontinent to always incontinent.



Percent of Residents with New or Worsened Bowel or Bladder Incontinence (Continued)

Denominator:

Selected target Ax, except those with exclusions

Exclusions:

Target Ax is an admission Ax or 5-day assessment

Bowel & Bladder are dashed

Comatose

Indwelling catheter

Ostomy

No prior assessment is available to assess prior B&B function

Dashes

Covariates:

Decisions regarding tasks of daily life is severely impaired AND has short term memory OR BIMS summary score is equal or less than 7 versus decisions regarding tasks of daily life is independent, modified, or moderately impaired or short-term memory is intact AND BIMS summary is greater than 7 or not assessed.

Percent of Residents with New or Worsened Bowel or Bladder Incontinence (Continued)

Covariates:

*Sit to Lying on prior assessment is dependent, Refused, N/A, N/A due to environment or medical condition/safety verses substantial/max assist, partial/mod assist, supervision/touching, setup/clean-up, independent or dashed.

*Sit to Stand on prior assessment is dependent, Refused, N/A, N/A due to environment or medical condition/safety verses substantial/max assist, partial/mod assist, supervision/touching, setup/clean-up, independent or dashed.

Walk 10 Feet or Wheel 50 feet with two turns on prior assessment, depending on resident's w/c use:

For residents who do not use a w/c

GG0170Q1 Does the resident use a w/c and/or scooter? =No AND GG0170I Walk 10 feet = dependent, refused, N/A, N/A due to environment or medical/safety concerns verses GG0170Q = no w/c or scooter.

For residents who use a w/c.

GG0170Q1 is yes AND GG0170R (wheel 50 feet with 2 turns) is dependent, refused, N/A, N/A due to environment or medical/safety concerns verses (wheel 50 feet with 2 turns) substantial/max, partial/mod, supervision/touching, setup/cleanup, independent or dashed.

*All GG items- If it is an Admission Ax or 5-day Ax use Admission items use Admission Performance item (GG0170B1)

If it is a D/C RA/RNA or Part A D/C use Discharge items (GG0170B3)

If it is a Quarterly/Annual/Significant Change/Significant change to prior Quarterly/Comprehensive and not a PPS assessment use the OBRA/Interim items (GG0170B5)

Percent of Residents Who Lose Too Much Weight

Long Stay

Percentage of long stay resident who had a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen

Numerator:

Percentage of long stay resident who had a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen

Denominator:

Long stay resident with selected target Ax except those with exclusions

Exclusions:

Target Ax is an Admission Ax or 5-Day Ax

Prognosis of life expectancy is less than 6 months

Hospice Care

Dashes

Percent of Residents Who Lose Too Much Weight

What can we do to improve this measure?

Routine Dietician visits

Consistent weighing program including heights annually

Re-weights (sooner versus later)

Tracking system for weights

Weekly weight review for high-risk residents not just those that have weight loss

History of weight loss, hospice, difficulty swallowing/chewing, SLP tx

Assess for poor fitting dentures, mouth pain and swallowing/chewing difficulty

Mechanical altered diet/Liquids

Eating with adaptive equipment

Lists of likes and dislikes

Snack availability and access

Activities with food/drink items

Preventative measures with enhanced supplements and foods of choice

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increase

Long Stay

Percent of long stay resident whose need for help with late loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment. The four late-loss ADL items are Sit to Lying, Sit to Stand, Eating, Toilet Transfer.

Numerator:

*An increase in need for help is defined as a decrease in two or more coding points in one late-loss ADL item or one point decrease in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [07, 09, 10, 88] on either the target or prior assessment, then recode the item to equal [01] to allow appropriate comparison.

At least two are true compared to the prior assessment:

Sit to Lying, Sit to Stand, Eating, Toilet Transfer (one functional level)

At least one is true compared to the prior assessment:

Sit to Lying, Sit to Stand, Eating, Toilet Transfer (by more than one functional level)

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increase

Denominator

All long stay residents with a target and prior assessment except those with exclusions.

Exclusions

All four late-loss ADL on prior assessment were coded dependent or activity was not attempted.

Three of the four late-loss ADLs on the prior assessment was coded depended or N/A and the fourth ADL was substantial/max assistance.

Comatose

Prognosis of life expectancy is less than 6 months

Hospice care

Dashed items

Prior target assessment date before October 1, 2023 (See QM Manual V. 15)

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increase

What can we do to improve this measure?

Education for the MDS Coordinator for the coding of section GG for Sit to Lying, Sit to Stand, Eating, Toilet Transfer

Education for the MDS Coordinators on the exclusions

Front line staff education on coding of section GG for Sit to Lying, Sit to Stand, Eating, Toilet Transfer

Documentation/chart audits

Presence of documentation & coding accurate

Restorative Programs: Bed mobility, Transfers, Eating, Toileting, ROM

Assistive device needs

Therapy Screens

Percent of Residents Whose Ability to Walk Independently Worsened Long Stay

Long stay residents who experienced a decline in independence of locomotion

Numerator:

Compares prior Ax to current Ax:

Walk 10 feet- a decrease of one or more points

Denominator:

Long-stay resident who have target Ax and at least 1 qualifying prior Ax except those with exclusions.

Exclusion and Covariates (next 2 slide)

Percent of Residents Whose Ability to Walk Independently Worsened (Continued) Long Stay

Exclusion:

Comatose

Prognosis of less than 6 months

Hospice

Not end of end-of-life or hospice on prior assessment AND either are dashed

*Dependent or activity not attempted during locomotion (walk 10 feet) on prior assessment.

Walking 10 feet (Locomotion) dashed

Prior assessment is a discharge with or without return anticipated

No prior assessment to assess locomotion (walk 10 feet)

Admission assessment, 5-day or the first assessment since admission

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

Covariates (risk-adjusted)

From prior assessment

Eating/Toilet Transfer/Sit to Stand:

Needs Help (1)- Substantial/Max, Partial/Mod, Sup/touching assist AND (0) Dashed, Dependent, Setup/Cleanup, Independent, Refused, N/A, N/A due to environment/medical/safety.

Dependence (1)- Dependent, Refused, N/A, N/A due to environment/medical/safety AND (0) dashed, Sub/Max, Partial/Mod, Sup/touching assist, Independent.

Walk 10 feet

Independence (1)-Independent, Setup/cleanup AND (0) dash, dependent, Sub/Max, Partial/mod, Sup/touching, refused, N/A, N/A environmental/medical/safety.

Some Help (1)-Partial/mod, Sup/touching AND (0) dash, , dependent, Sub/Max independent, refused, N/A, N/A environmental/medical/safety.

Needs More Help-(1) Sub/Max AND (0) dash, dependent, Partial/mod, Sup/touching, Setup/Cleanup, Independent, refused, N/A, N/A environmental/medical/safety.

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

Covariates (risk-adjusted)

Prior assessment

Severe cognitive impairment

(1) Make decision regarding task of daily life = Severely impaired AND Short-term memory OR BIMS summary score is ≤ 7

(0) Make decision regarding task of daily life = Independent, Modified or Moderately impaired or Short-term memory is intact or dashed and BIMS summary is > 7 , dashed or N/A.

OR

BIMS is > 7 and made decisions regarding tasks of daily life is independent, modified, or moderately impaired or Short-term memory is intact, dashed or N/A.

If none of the severe cognitive impairment apply then the Covariate will be 0.

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

Covariates (risk-adjusted)

Linear Age

If (MONTH(ARD) > MONTH(DOB)) or (MONTH(ARD) = MONTH(DOB) and DAY(ARD) >= DAY(DOB)) then Linear Age = YEAR(ARD)-YEAR(DOB), else Linear Age = YEAR(ARD)-YEAR(DOB)-1

Gender

(1) Female

(0) Male

Vision

(1) Ability to see in adequate light change score greater than 0 and no change from prior assessment.

(0) If either are true:

Ability to see in adequate light change score has not changed from prior assessment.

Ability to see in adequate light is not dashed on the prior assessment but is missing on the current assessment and no intermediate assessment has a dash.

If it is not set at 1 or 0 then covariate is 0.

Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

Covariates (risk-adjusted)

Oxygen Use

(1) Prior assessment was no, current yes

(0) Current assessment is no

If not yes or no defaults to 0

All covariates are missing if no prior assessment is available.



Percent of Residents Whose Ability to Walk Independently Worsened (Continued)

What Can We Do to Improve this Measure?

MDS Coordinator to know coding for walking 10 feet

Front line staff to know coding for walking 10 feet

Education/documentation regarding the covariates and exclusions

Restorative program: ROM, Ambulation (walk to dine)

Therapy screens

Encourage use of assistive devices for safe ambulation verse no ambulation

Reminding staff to allow resident to walk even short distance (f/u with w/c after walking as needed)

Discharge Function Score

Short Stay (QRP measure)

Description

Estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score. If multiple Medicare Part A SNF stays during the target 12 months, all stays are included.

Function items included:

Section GG Eating, Oral hygiene, Toileting hygiene, Roll left and right, Lying to sitting on side of bed, Sit to stand, Chair/bed-to-chair transfer, Toilet transfer, Walk 10 ft, Walk 50 feet with 2 turns, Wheel 50 ft with 2 turns.

Lots of statistical imputation page 77

Discharge Function Score

Exclusions:

Incomplete stays

- Unplanned discharge (includes AMA)

- Discharge to acute hospital, psychiatric hospital, long-term care hospital

- SNF PPS Part A stay less than 3 days

- Resident died during the SNF stay

Medical Conditions

- Coma

- Persistent vegetative state, complete tetraplegia, severe brain damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain (comatose-marked or ICD 10 code)

- Younger than 18

Discharge Function Score

Covariates

Age group

Admission function

Primary medical condition category

Interaction between admission function and primary medical condition category

Prior surgery

Prior function: self care

Prior function: indoor mobility (ambulation)

Prior function: stairs

Prior function: functional cognition

Prior mobility device use

Stage 2, 3,4, or unstageable PI

Cognitive abilities

Communication impairment

Urinary Continence

Bowel Continence

Hx of falls

Nutritional approaches

High BMI

Low BMI

Comorbidities



Discharge Function Score

What Can We Do to Improve this Measure?

Skilled therapy

Education on section GG coding for MDS Coordinator & front-line staff

Oral hygiene, Toileting hygiene, Roll left and right, Lying to sitting on side of bed, Sit to stand, Chair/bed-to-chair transfer, Toilet transfer, Walk 10 ft, Walk 50 feet with 2 turns, Wheel 50 ft with 2 turns

Education on exclusion and covariates

Communication with therapy for individual's therapy care, goals, discharge plan

Changes in Skin Integrity Post- Acute Care: Pressure Ulcer/Injury

Percentage of Med A residents with Stage 2-4 PU, or unstageable due to slough/eschar, non-removable dressing/device or DTI that are new or worsened since admission. This information is pulled from the discharge assessment that were not present or were at a lesser stage at the time of admission.

This looks at all stays in a target 12-month period.

Denominator:

Medicare Part A SNF stays in the selected time window and ending during the selected time window except those in exclusions

Exclusions:

Section M PU dashed

Resident expired during SNF stay

Changes in Skin Integrity Post- Acute Care: Pressure Ulcer/Injury (SS)

Functional Mobility Admission Performance for Lying to Sitting on Side of Bed (at admission):

Dependent/Substantial/Maximal/Refusal/Not applicable/Not attempted due to environmental limitations or Not attempted due to medical condition or safety concerns verses Partial/moderate/Supervision/touching/Set-up/clean-up/Independent or is dashed

Bowel Incontinence at admission

Occasionally/Frequently/Always incontinent verses Always continent, not rated, dashed

Peripheral Vascular Disease/Peripheral Arterial Disease or Diabetes Mellitus (last 7 days)

Low body mass index (based on HT/WT)

BMI greater than 12 AND less than 19

BMI less than 12 OR BMI greater than 19

No weight or height or is dashed

*round up to one decimal place



*See What can we do to improve this measure with Percent of Residents With Pressure Ulcers

References

QM Measure Manual v 16.0 (10/01/23)
SNF QRP QM User Manual v5 (10/1/23)

IMPORTANT – CEU INFORMATION

TODAY'S WEBINAR HAS BEEN APPROVED FOR CEU HOUR(S)

IN ORDER FOR MO LNHAS TO GET CREDIT:

- **It is **REQUIRED** that you complete a brief survey/evaluation via:**
 - ✓ A pop-up at the end of the webinar, or
 - ✓ An automated email from GoToWebinar that will be sent to attendees
 - ✓ *You only need to complete it once (either via the pop-up or the email)*
- **It is **REQUIRED** that you answer the question asking for your LNHA number.**

Please note: the certificate that will be linked in GoToWebinar's automated "thank you for attending" email is **NOT YOUR CEU CERTIFICATE. Your official certificate will be sent out by QIPMO staff in approximately 2 weeks.**

**The amount of your credit will be adjusted based on time spent on the webinar.*

SAMPLE EMAIL FROM GoToWEBINAR



Partnering With You to Promote Quality

We hope you enjoyed our webinar.

Please send your questions, comments and feedback to: musonqipmo@missouri.edu.

Please take the following survey:

[QIPMO Webinar Survey](#)

Your certificate is available here:

[My Certificate](#)

←-- this is NOT your CEU certificate;
←-- it's just a participation certificate
that GTW emails automatically.

CLINICAL EDUCATION NURSES

www.nursinghomehelp.org/qipmo-program

musonqipmo@missouri.edu



Wendy Boren
borenw@missouri.edu
Region 2



TBA
tba@missouri.edu
Region 1



Katy Nguyen
nguyenk@missouri.edu
Regions 3, 4



Crystal Plank
plankc@missouri.edu
Regions 5, 6



Debbie Pool
poold@missouri.edu
Region 7

INFECTION CONTROL TEAM

www.nursinghomehelp.org/icar-project
musonicarproject@missouri.edu



Carolyn Gasser

gasserc@missouri.edu

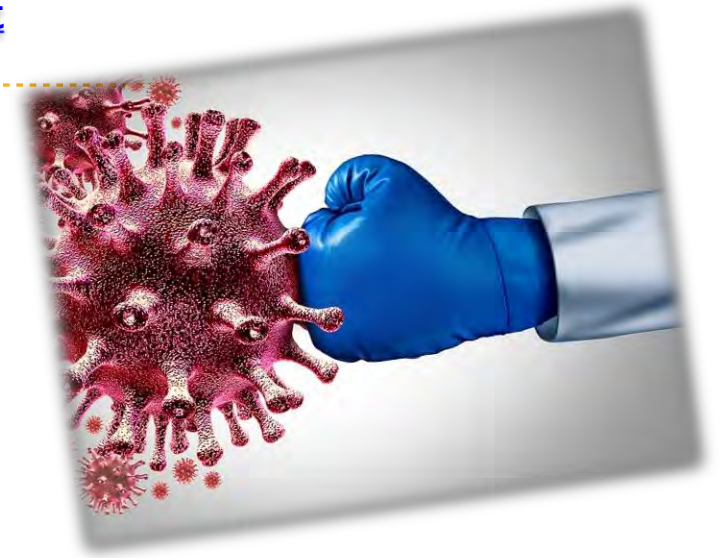
Region 3, 4



Linda Hagler-Reid

haglerreidl@missouri.edu

Region 1



Shari Kist

kistse@missouri.edu

Regions 5, 6



Nicky Martin

martincaro@missouri.edu

Region 2 SNFs



Sue Shumate

shumatese@missouri.edu

Region 2 (ALFs/RCFs), 7 (all)

LEADERSHIP COACHES AND ADMIN TEAM

www.nursinghomehelp.org/leadership-coaching
musonqipmo@missouri.edu



Mark Francis
francismd@missouri.edu
Regions 1, 3



Penny Kampeter
kampeterp@missouri.edu
Region 7



Nicky Martin
martincaro@missouri.edu
Region 2



Libby Youse
youseme@missouri.edu
Regions 4, 5, 6



Marilyn Rantz
Project Director



Jessica Mueller
Sr. Project Coordinator
muellerjes@missouri.edu



Ronda Cramer
Business Support Specialist
cramerr@missouri.edu

