

Welcome – the webinar will begin shortly!



## Nursing Home Quality Measures - Achieving 5 Stars

Audio for this presentation is being broadcast, so if you have not already done so, please enable the sound on your computer.

If you prefer to use your phone, please dial:  
1-650-479-3207 // Passcode: 667 399 396

While we're waiting to begin, please tell us in the Chat section where you are located today. {city/state}

## Nursing Home Quality Measures Achieving 5 Stars

Melody Malone, PT, CPHQ, MHA  
*Moving Up With Malone*



### Disclaimer



I am not representing TMF Health Quality Institute nor the CMS QIN/QIO program.

### Objectives



After this webinar, the learner will be able to:

- Discuss the current CMS Quality Measures as well as the proposed changes to the Long Term Care (LTC) Quality Measures in the near future.
- Explain how medical nutrition can help to impact the Quality Measures in LTC facilities.

### CMS Initiatives



- Pay for performance
  - Accountable Care Organizations (ACO)
    - 1 payment to the network
  - Readmissions
    - Currently effects hospital payment
    - Coming to LTC soon
- Cross-setting measures
  - Mobility\* New MDS Section GG
  - Pressure Ulcers
  - LTACH, Rehab Hospitals and Nursing Homes

### CMS Initiatives



- Joint Replacement Bundle
  - 1 payment for all services
- Public Reporting & Increased Transparency
  - Mandatory satisfaction survey requirement coming

## CMS Initiatives



- National Healthcare Safety Network (NHSN)
  - Healthcare-Associated Infection (HAI) tracking system
  - Started with hospitals
  - Provides local, state, and national HAI trends
  - Currently ~12,000 hospitals reporting
  - LTC component – poorly utilized at this time
    - Mandatory in the future - nationally???
    - Does your state currently have mandatory reporting?

## CMS Initiatives



- QIN-QIO project
    - QIN: Quality Innovation Network (14)
    - QIO: Quality Improvement Organization
  - LTC Goals:
    - Achieve a score of six or less on the Nursing Home Quality Composite Measure Score
    - Improve the mobility of long-stay residents\*
    - Decrease unnecessary use of antipsychotic medications
    - Decrease healthcare-associated infections (HAIs) and other healthcare-acquired conditions (HACs)
    - Decrease potentially avoidable hospitalizations
- Engagement: 75%/75%**

## NNHQCC Quality Composite Measure Score



Comprised of 13 *long-stay* QMs:

1. Percent of residents who self-report moderate to severe pain
2. **Percent of high-risk residents with pressure ulcer**
3. Percent of residents physically restrained
4. **Percent of residents with one or more falls with major injury**
5. Percent of residents who received antipsychotic medications
6. Percent of residents who have depressive symptoms
7. **Percent of residents with a UTI**
8. Percent of residents with catheter inserted or left in bladder
9. **Percent of low-risk residents with loss of bowels or bladder**
10. **Percent of residents who lose too much weight**
11. **Percent of residents whose need for help with ADL has increased**
12. Percent of residents assessed and appropriately given flu vaccine\*
13. Percent of residents assessed and appropriately given Pneumococcal vaccine\*

## LTC Regulatory Requirements



- Survey Compliance with both State *Licensure* & Federal/State *Conditions of Participation*
  - Medicare
  - Medicaid
- MDS
- Quality Measures

**ALL feed into public reporting!**

## CMS Appendix PP



- **F272 Resident Assessment**
  - *Minimum Data Set (MDS)*
- **Comprehensive Assessments must include:**
  - *Disease diagnosis and health conditions*
  - *Dental and nutritional status*
  - *Skin Conditions*

## F272 Resident Assessment



- **Comprehensive Care Plans:** *The care plan must describe the following:*
  - *The services that are to be furnished to attain or maintain the resident's highest practicable:*
    - *physical,*
    - *mental, and*
    - *psychosocial well-being*

**F314 Pressure Ulcers**

- *The facility must ensure that:*
  - *a resident does not develop pressure sores unless they were unavoidable, and*
  - *receives necessary treatment and services to:*
    - *promote healing*
    - *prevent infection*
    - *prevent new sores from developing.*

**F314 Pressure Ulcer**

**“Avoidable”** the facility did **not** do **one** or more of the following:

- evaluate the resident’s clinical condition and pressure ulcer risk factors;
- define and implement interventions that are consistent with resident needs, resident goals, and recognized standards of practice;
- monitor and evaluate the impact of the interventions;
- or revise the interventions as appropriate.

**F314 Pressure Ulcer**

**“Unavoidable”** even though the facility had:

- evaluated the resident’s clinical condition and pressure ulcer risk factors;
- defined and implemented interventions that are consistent with resident needs, goals, and recognized standards of practice;
- monitored and evaluated the impact of the interventions;
- and revised the approaches as appropriate.

**F315 Urinary Incontinence**

- *A resident is **not catheterized** unless the resident’s clinical condition demonstrates that catheterization was necessary, and*
- *An **incontinent resident** receives appropriate treatment and services:*
  - *to prevent urinary tract infections, and*
  - *to restore as much normal bladder function as possible.*

**F325 Nutrition**

The facility must ensure that a resident:

- Maintains acceptable parameters of nutritional status, such as:
  - body weight
  - protein levels, and
  - receives a therapeutic diet when there is a nutritional problem.

**Catch All Tag**

**F309 Quality of Care** the facility must:


- *provide the necessary care and services*
- *attain or maintain the highest practicable physical, mental, and psychosocial well-being*
- *in accordance with the comprehensive assessment (MDS), and*
- *plan of care.*

**CASPER Report** Page 1 of 1  
**MDS 3.0 Facility Level Quality Measure Report**

Facility ID: XXXX Report Period: 11/01/12 - 04/30/13  
 CCN: XXXXXXXX Comparison Group: 09/01/12 - 02/28/13  
 Facility Name: XXXXXXXXXXXX Run Date: 05/18/13  
 City/State: XXXXXXXXXXXX Report Version Number: 2.00  
 Data was calculated on: 05/13/2013

Note: Dashes represent a value that could not be computed  
 Note: S = short stay, L = long stay  
 Note: I = incomplete; data not available for all days selected  
 Note: \* is an indicator used to identify that the measure is flagged


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
SR Mod/Severe Pain (S)	N001.01	4	13	30.80%	30.80%	19.70%	19.90%	80 *	
SR Mod/Severe Pain (L)	N014.01	10	33	30.30%	19.00%	10.10%	9.20%	89 *	
<b>Husk Pres Ulcer (L)</b>	<b>N015.01</b>	<b>0</b>	<b>32</b>	<b>0.00%</b>	<b>11.50%</b>	<b>7.90%</b>	<b>7.10%</b>	<b>83 *</b>	
New/worse Pres Ulcer (S)	N002.01	0	34	0.00%	0.00%	1.30%	1.40%	0	



### Polling Question


Which Quality Measure is your biggest issue today?

1. Pain
2. Pressure ulcer
3. Falls &/or those with major injury
4. Antipsychotic medications
5. Antianxiety/Hypnotics
6. Behaviors symptoms affecting others
7. Depressive symptoms
8. UTI
9. Catheter inserted or left in bladder
10. Low-risk residents with loss of bowels or bladder
11. Decline in ADLs
12. I don't know
13. I'm not a nursing home.



### Quality Measures (QMs)

- MDS generated
  - Standardized set of questions (RAI Manual)
  - Concern: reliability
- Measure Specifications
  - Consistency across the country (Users Manual)
  - Every NH measured the same
  - Feeds state and federal public reporting
  - *Ties back into CMS Initiatives*
  - *QMs developed by the National Quality Forum & CMS*



### How are the QMs used?

- State's Quality Reporting Systems (??)
- CMS CASPER uses 17 QMs
- CMS Nursing Home Compare uses 18 QMs
- Five-Star Quality Rating System uses 11 QMs
- NNHQCC Quality Composite Measure Score uses 13 QMs (Long-stay only)
- Survey process
- Payment increases/penalties – soon!

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### Five-Star Quality Rating System

**Long-Stay Residents:**


- Percent of residents who self-report moderate to severe pain
- Percent of residents experiencing one or more falls with major injury
- Percent of high-risk residents with pressure sores
- Percent of residents who were physically restrained
- Percent of residents with a urinary tract infection
- Percent of residents who have/had a catheter inserted and left in their bladder
- Percent of residents whose need for help with activities of daily living has increased
- Percent of residents who received antipsychotic medications

**Short-stay residents:**

- Percent of residents who self-report moderate to severe pain
- Percent of residents with pressure ulcers (sores) that are new or worsened
- Percent of residents who newly received an antipsychotic medication

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Five-Star Quality Rating System Technical Users' Guide, Feb 2015




### Survey Process & QM Reports

- **Facility QM Report:**  
High % rankings (75<sup>th</sup>) = potential problem areas
- **Resident Level QM Report:**  
Select appropriate resident samples for investigation of potential concerns

CMS Appendix P

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### Short-stay vs. Long-stay resident



- Short stay = CDIF ≤ 100 days
- Long stay = CDIF ≥ 101 days
- ✓ Mutually exclusive

*Cumulative days in facility (CDIF) includes discharges and re-admits, but only days actually in the facility count.*

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### CASPER Report

#### MDS 3.0 Facility Level Quality Measure Report

Page 1 of 1


Facility ID: XXXX  
 CCN: XXXXXX  
 Facility Name: XXXXXXXXXXXX  
 City/State: XXXXXXXXXXXX  
 Data was calculated on: 05/13/2013

Report Period: 11/01/12 - 04/30/13  
 Comparison Group: 09/01/12 - 02/28/13  
 Run Date: 05/16/13  
 Report Version Number: 2.00

Note: Dashes represent a value that could not be computed  
 Note: S = short stay, L = long stay  
 Note: I = incomplete; data not available for all days selected  
 Note: \* is an indicator used to identify that the measure is flagged

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
SR Mod Severe Pain (S)	N01.01		4	13	30.80%	30.80%	19.70%	19.90%	80 *
SR Mod Severe Pain (L)	N014.01		10	33	30.30%	19.00%	10.10%	9.20%	89 *
<b>High Risk Pres Ulcer (L)</b>	<b>N015.01</b>		<b>6</b>	<b>52</b>	<b>11.50%</b>	<b>11.50%</b>	<b>2.90%</b>	<b>2.10%</b>	<b>83 *</b>
New/worse Pres Ulcer (S)	N002.01		0	34	0.00%	0.00%	1.30%	1.40%	0

### To analyze you need to...





- Go to the: QM User's Manual
  - Identify Measure Specifications, then
- Go to the: RAI Manual
  - Identify if coding is accurate
    - Point-and-click error
    - Those who code MDS items understand all aspects of the items and the ARD, then
- Determine: Do we have a Quality Improvement (QI) opportunity?

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### MDS 3.0 Measure: Percent of High-Risk Residents With Pressure Ulcers (Long Stay)

MEASURE DESCRIPTION	MEASURE SPECIFICATIONS	COVARIATES
<b>CMS: N015.01</b> <b>NQF: 0479</b> This measure captures the percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers.	<b>Numerator</b> All long-stay residents with a selected target assessment that meets both of the following conditions: 1. Condition #1: There is a high risk for pressure ulcers, where "high-risk" is defined in the denominator definition below. 2. Condition #2: Stage II-IV pressure ulcers are present, as indicated by any of the following three conditions: 2.1 M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] or 2.2 M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] or 2.3 M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]. <b>Denominator</b> All long-stay residents with a selected target assessment who meet the definition of high risk, <u>except those with exclusions</u> . Residents are defined as high-risk if they meet <u>one or more</u> of the following three criteria on the target assessment: 1.1. Impaired bed mobility or transfer indicated, by either or both of the following: 1.1. Bed mobility, self-performance (G0110A1) = [3, 4, 7, 8] 1.2. Transfer, self-performance (G0110B1) = [3, 4, 7, 8] 2. Continence (B0100 = [1]) 3. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked). <b>Exclusions</b> 1. Target assessment is an admission assessment (A0310A = [0]) or a PPS 5-day or readmission/return assessment (A0310B = [0], [06]). 2. If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) AND any of the following conditions are true: a. M0300B1 = [-] b. M0300C1 = [-] c. M0300D1 = [-]	Not applicable.

### Data = a Person

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### CASPER Report


#### MDS 3.0 Resident Level Quality Measure Report

Facility ID: XXXX  
 Facility Name: XXXXXXXXXXXX  
 CCN: XXXXXX  
 City/State: XXXXXXXXXXXX  
 Data was calculated on: 05/06/2013

Report Period: 11/01/12 - 04/30/13  
 Run Date: 05/07/13  
 Report Version Number: 2.00

Note: S = short stay, L = long stay, X = triggered, b = not triggered or excluded  
 C = complete; data available for all days selected, I = incomplete; data not available for all days selected

Resident Name	Resident ID	A0310A/B/F	S/R Moderate/Severe Pain (S)	S/R Moderate/Severe Pain (L)	High Risk Pressure Ulcer (L)	New/Worse Pres Ulcer (S)	Phys Restraints (L)	Falls w/Inj (L)	Falls (L)	Any psych Med (S)	Any psych Med (L)	Antibiotic/Tricyclics Med (L)	Behavior Six Areas Others (L)	Depress. Six (L)	UTI (L)	Cath Insert/Left Header (L)	Lo-Risk Lower BBE Com (L)	Excessive W/Loss (L)	In. ACL Help (L)	Quality Measure Count	
Active Residents																					
RESIDENT A1	XXXXXX	02/9/99	b	b	b	b	X	b	b	X	b	X	b	b	b	b	b	b	b	b	3
RESIDENT B1	XXXXXX	02/9/99	b	b	b	b	X	b	X	b	b	X	b	b	b	b	b	b	b	b	3
RESIDENT C1	XXXXXX	02/4/99	b	b	b	b	X	b	X	b	b	X	b	b	b	b	b	b	b	b	3
RESIDENT D1	XXXXXX	02/9/99	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	b	2
RESIDENT E1	XXXXXX	02/9/99	b	X	b	b	b	b	b	X	b	b	b	b	b	X	b	b	b	b	4
RESIDENT F1	XXXXXX	02/9/99	b	X	b	b	X	b	b	X	b	b	b	b	b	b	b	b	b	X	4
RESIDENT G1	XXXXXX	02/9/99	b	b	b	b	X	b	X	b	b	X	b	b	b	b	b	b	b	b	2
RESIDENT H1	XXXXXX	02/9/99	b	X	b	b	b	b	b	b	b	X	b	X	b	X	b	b	b	b	4
RESIDENT I1	XXXXXX	04/9/99	b	b	b	b	X	X	b	X	b	X	b	b	b	b	b	b	X	b	4




### QI Question: How many low-risk residents are there?

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
SR Mod/Severe Pain (S)	N014.01	4	13	30.80%	30.80%	19.70%	19.90%	89 *
SR Mod/Severe Pain (L)	N014.01	10	33	30.30%	19.00%	10.10%	9.20%	89 *
<b>High Pains/Ulcer (A)</b>	N015.01	6	52	11.50%	11.50%	7.90%	7.10%	83 *
New/worse Pains/Ulcer (S)	N022.01	0	34	0.00%	0.00%	1.30%	1.40%	0
Phys restraints (L)	N027.01	0	75	0.00%	0.00%	1.30%	1.70%	0
Falls (A)	N032.01	36	75	48.00%	48.00%	42.00%	44.40%	56

Possible low-risk residents: 75-52 = 23 (long-stay ONLY!)

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### Low-risk PU Residents

- Opportunity for nutritional interventions?
  - Malnutrition *Diagnosis*

OR

- Risk of Malnutrition *Diagnosis*

Key Point: 1. *Diagnosis* is on the MDS  
2. *Intervention* is timely






### Unplanned Weight Loss Residents

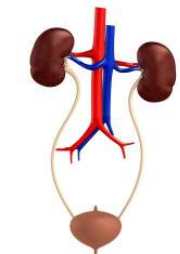
- Opportunity for nutritional interventions?
  - Low BMI: *On the Initial MDS*
  - 5% loss in 1 month
  - 10% loss in 6 months

Key Point: Intervention when *eating patterns & or movement patterns* have changed




### UTI

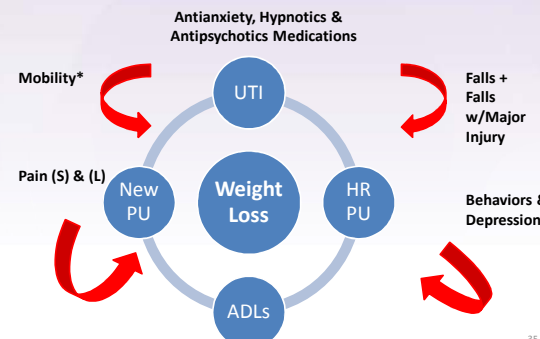
- MDS Definition (Page: I-8 )
- Coding Tips for MDS Item I2300 Urinary Tract Infection (UTI)
- The UTI has a look-back period of 30 days for active disease instead of seven days.



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CMS RAI Manual Version 3.0 v1.11, 1 October 2013



### QMs Impacted by Nutrition



Antianxiety, Hypnotics & Antipsychotics Medications

Mobility\*

Pain (S) & (L)

New PU

Weight Loss


HR PU

ADLs

Falls + Falls w/Major Injury

Behaviors & Depression

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### Why focus on Quality Improvement?

- Is causing harm to someone *OK*?
- Healthcare-associated infections (HAIs) and
- Healthcare acquired conditions (HACs)
- Who should pay for healthcare harm?

### Quality Improvement & Preventing harm



- A learning organization moves from creating errors, to
- Learning what caused them, and
- Developing systems tight enough to prevent harm.

### QA & A F520 Current Regulation



- A facility must maintain a Quality Assessment and Assurance committee consisting of:
  - The director of nursing services
  - A physician designated by the facility
  - At least three other members of the facility's staff
- The quality assessment and assurance (QA & A) committee:
  - Meets at least quarterly to identify issues with respect to which QA & A activities are necessary
  - Develops and implements appropriate plans of action to correct identified quality deficiencies

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### QA & A F520 Current Regulation



- The state or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.
- ***Good faith*** attempts by the committee to identify and correct quality deficiencies **will not be used** as a basis for sanctions.

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### QAPI Plan Status



- Regulation was out for comment the last 2 months
- Comment period was extended!
- No reason to wait to write your plan

### QA + PI = QAPI



QAPI is:

- Quality Assurance Performance Improvement
- Data-driven
- Proactive approach
- Involves members at all levels of the organization

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### QA + PI = QAPI



- Identify opportunities for improvement
- Address gaps in systems or processes
- Develop and implement an improvement or corrective plan
- Continuously monitor effectiveness of interventions

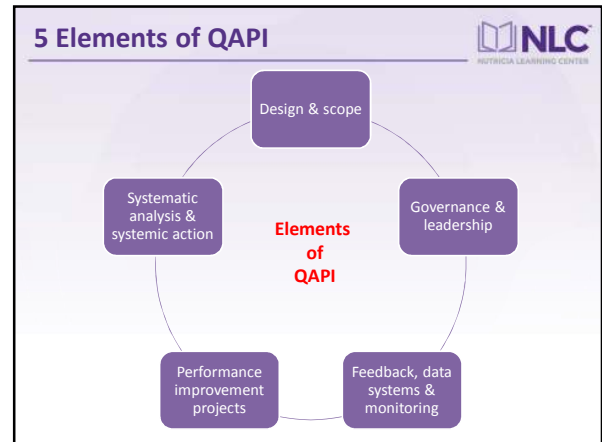
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### QAPI Plan Components




- Mission, Vision (And Values)
- Purpose Statement for QAPI
- Guiding Principles
- 5 Elements
- Communication Plan for QAPI
- Evaluation of QAPI Effectiveness
- Plan Start Date

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### Adverse Events (Element 3)



- Healthcare-associated infections (HAIs)
  - UTI
  - C-Diff
  - Pneumonia
  - Septicemia
- Healthcare-acquired conditions (HACs)
  - Facility acquired pressure ulcers
  - Falls resulting in major injury
  - Avoidable mental & physical decline (ADLS)
- Medication Errors
- *“An estimated 22 percent of Medicare SNF residents experienced adverse events during their SNF stays”*


Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries (OEI-06-11-00370), OIG Report February 2014

### Polling Question




Have you have written your QAPI plan?

- Yes
- No
- Don't know




## QAPI and Medical Nutrition Protocol




### Potential Dashboard Measures – Medical Nutrition Protocol

- Pressure Ulcer (prevention & healing) (2 QMs)
- Weight Loss
- UTI
- Composite Score



**Potential Dashboard Measures – Medical Nutrition Protocol** 


- Effectiveness of the facility's routine monitoring via weekly team meeting
- Use of the "24 hour report" system for early warning of changes of condition
- Identification of low BMI on admission
- CNA/Dietary Aide/Housekeeper early warning system


**Potential Dashboard Measures – Medical Nutrition Protocol** 

- Advanced care planning
- Readmissions to the acute hospital
  - Interact 4 Tools
    - SBAR
      - Situation
      - Background
      - Assessment (RN) OR Appearance (LPN)
      - Request/Recommendation
    - Stop and Watch

**STOP and WATCH**

- Seems different than usual
- Talks or communicates less
- Overall needs more help
- Pain – new or worsening; Participated less in activities
- Ate less
- No bowel movement in 3 days; or diarrhea
- Drank less
- Weight change
- Agitated or nervous more than usual
- Tired, weak, confused, or drowsy
- Change in skin color or condition
- Help with walking, transferring, toileting more than usual

**Our Resident** 




7 a.m. 11 p.m.

30 min/5x/wk? Recommended Exercise


Opportunities to Sit

Sitting/lying down 99% of awake time?


Source: Too Little Exercise and Too Much Sitting: Inactivity Physiology and the Need for New Recommendations on Sedentary Behavior. Mary T. Hamblin, PhD, et al., Cardiovasc Risk Rep. 2008 Jul; 2(1): 294-298. doi: 10.1001/arrh.2008.1014

**Resources** 

- [Five-Star Quality Rating System Technical Users' Guide](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html)  
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html
- [MDS 3.0 RAI Manual](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html)  
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

**Resources** 


- [QM & QMID Manuals](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html)  
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html  
\*\*\*Manuals are subject to change in location and content\*\*\*
- QIO Program  
[Interactive Map](http://qioprogram.org/contact-zones?map=qin)  
http://qioprogram.org/contact-zones?map=qin

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**Melody Malone, PT, CPHQ, MHA**  
***Moving Up With Malone***  
***My Mission:***  
***Equipping Others for their Mission***

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Questions?



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**CEU Instructions**

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RDs & RNs –  
To receive your Continuing Education Certificate:

- Go to [www.NutriciaLearningCenter.com](http://www.NutriciaLearningCenter.com)
- Click on “CE Credit Request” in the middle of the page
- Enter code: **EWNHQ3**
- Certificate will be visible for download on your NLC personalized dashboard

Please note: Dietitians cannot claim credit for recorded events beyond one year from live event date.

