Welcome – the webinar will begin shortly!

Nursing Home Quality Measures - Achieving 5 Stars

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

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?

- Mandatory in the future - nationally???

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, 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.
Facility Report

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!

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

Survey Process & QM Reports

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

CMS Appendix P
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.

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?

Data = a Person
QI Question: How many low-risk residents are there?

Possible low-risk residents: 78-52 = 23 (long-stay ONLY)

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.

QMs Impacted by Nutrition

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

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.

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

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
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

5 Elements of QAPI

- Design & scope
- Systematic analysis & systemic action
- Governance & leadership
- Performance improvement projects
- Feedback, data systems & monitoring

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”

Polling Question

Have you written your QAPI plan?
- Yes
- No
- Don’t know

QAPI and 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

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.
Work Out = 45 minutes
Commute to Office = 45 minutes
Work at Desk = 4 hours
Lunch = 45 minutes
Work at Desk = 4 hours
Commute Home = 45 minutes
Dinner = 1 hour
Watch Television/Read = 4 hours

11 p.m.
30 min/Sx/wk? Recommended Exercise
Opportunities to Sit
Sitting/lying down
99% of awake time?

Resources

- Five-Star Quality Rating System Technical Users’ Guide
  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html
- MDS 3.0 RAI Manual

- QM & QMID Manuals
- QIO Program
  Interactive Map
  http://qioprogram.org/contact-zones?map=qin

***Manuals are subject to change in location and content***
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