

# **Quality Measures Are My Friends**



Advantage Home Health Services | AdvantageCare Rehabilitation

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# Objectives

1. Learn the impact of Quality Measures on the 5-star rating.
2. Learn some definitions needed to understand the Quality Measure.
3. Learn each quality measure's meaning, scoring process (exclusions), results, and common coding errors that place a resident in a quality measure unnecessarily.
4. Learn which therapy clinical programs can support the facility's Quality Measures scores.

# QM and the 5-star Quality Rating System

- **QMs – Measures based on MDS and claims-based quality measures**
- Facility ratings for the quality measures are based on performance on 16 of the 24 QMs that are currently posted on the Nursing Home Compare web site, and that are based on MDS 3.0 assessments as well as hospital and emergency department claims.
  - Nursing Home Compare displays information on facility ratings for each of the 3 domains [Health inspections, staffing (RN and total staffing hours (RN+LPN+CNA hours), and QMs]

# QM and the 5-star Quality Rating System

- Quality Measure Domain
- The facility rating for the QM domain is based on its performance on a subset of 13 (out of 24) of the MDS-based QMs and three MDS and Medicare claims based measures currently posted on Nursing Home Compare
  - **Percent of residents whose need for help with ADL has increased (LS)**
  - **Percent of residents whose ability to move independently worsened (LS)**

# ADL Coding – QM based on CNA ADL Documentation

- ▶ Independent (0)
  - ▶ I don't have to watch the resident. He/she does the task alone.
- ▶ Supervision (1)
  - ▶ I must watch and/or talk to the resident to do the task. I do not touch him/her.
- ▶ Limited Assist (2)
  - ▶ I touch or guide the resident to do the task. I don't push, pull or lift the resident.
- ▶ Extensive Assist (3)
  - ▶ I use my muscle to help the resident do the task.
- ▶ Complete Assist (4)
  - ▶ I do everything for the resident to do the task.

# QM and the 5-star Quality Rating System

- Quality Measure Domain – Long Stay
  - Percent of high risk residents with PU
  - Percent of residents who have/had a catheter inserted and left in their bladder
  - Percent of residents who were physically restrained
  - Percent of residents with a UTI
  - Percent of residents who self-report moderate to severe pain
  - Percent of residents experiencing one or more falls with major injury
  - Percent of residents who received an antipsychotic medication

# QM and the 5-star Quality Rating System

- Quality Measure Domain – Short Stay
  - Percent of residents whose physical function improves from admission to discharge
  - Percent of residents with PU that are new or worsened
  - Percent of residents who self-report moderate to severe pain
  - Percent of residents who newly received an antipsychotic medication

# QM and the 5-star Quality Rating System

- Claims based QMs used in the 5-star QRS
  - Percent of short-stay residents who were successfully discharged to the community
  - Percent of short-stay residents who have had an outpatient emergency department visit
  - Percent of short-stay residents who were re-hospitalized after a nursing home admission

# Definitions:

- **Cumulative days in facility (CDIF).**
  - The total number of days within an episode during which the resident was in the facility.
  - It is the sum of the number of days within each stay included in an episode.
  - If an episode consists of more than one stay separated by periods of time outside the facility (e.g., hospitalizations), only those days within the facility would count towards CDIF. Any days outside of the facility (e.g., hospital, home, etc.) would not count towards the CDIF total.

# Definitions:

- **Short Stay**
  - Confusing because of multiple meanings of short stay
    - Short Stay MDS
    - Short Stay Resident
    - Short Stay QM
  - Short Stay QM is an episode where the resident is physically in the bed at the SNF overnight for less than or equal to 100 days
  - A short stay QM can span more than 100 calendar days because days outside of the facility are not counted in defining a 100-day or less short stay episode.
- **Long Stay**
  - Long Stay QM is an episode where the resident is physically in the bed at the SNF overnight for 100 days or more

# Definitions:

- **Special rules for influenza vaccination measures.**
  - Influenza vaccination measures are calculated only once per 12-month influenza season, which begins July 1 of a given year and ends on June 30 of the subsequent year. For these measures, the target period begins on October 1 and ends on March 31. This means that the end-of-episode date will be March 31 for an episode that is ongoing at the end of the influenza season and that March 31 should be used as the end date when computing CDIF and for classifying stays as long or short for the influenza vaccination measures.

# Definitions:

- Entry tracking form (MDS form)
  - Complete this MDS tracker every time :
    - The resident has never been admitted to the facility (a new admission)
    - or
    - The resident was in the facility prior to the entry date and
      - The last MDS assessment was a Discharge return not anticipated assessment  
Or
      - The last assessment was a Discharge return anticipated assessment but the resident was out of the facility more than 30 days
  - This tracking form is important to the count of the number of days the resident has been in your facility (short stay (less than or equal to 100 days) / long stay (greater than 100 days) for QM purposes)

# Therapy's Role

- ▶ Strong clinical programs, outcomes tracking, and frequent audits
- ▶ Achieve resident's optimal physical, mental, and psychosocial functioning
- ▶ Promotes quality of life
- ▶ Clinical Programming starts with a LTC Advocacy philosophy
- ▶ Education, training, and implementing an IDT communication and referral system
  - ▶ Nursing ↔ Therapy
  - ▶ All SNF departments

# Therapy's Role

- ▶ Core Programs
  - ▶ LTC Advocacy
  - ▶ Care Intensity
  - ▶ Documentation
  - ▶ “Jimmo” Skilled Maintenance

# LTC Advocacy Program

## Patient ID Methods:

- ▶ ADL Index Reports
- ▶ Program Champions
- ▶ QI/QM (CASPER & 5 Star) Reports
- ▶ 24 Hour Report
- ▶ Incident Reports
- ▶ Weight Loss Reports
- ▶ RNA / RNP Communication
- ▶ Activities Communication
- ▶ Walking Rounds (Dining Room, Activities)
- ▶ Facility Referral Program – Advocacy Philosophy
- ▶ Ongoing Clinical Program Implementation, E&T, and Auditing

# LTC Advocacy Program

- ▶ OBRA mandates that we provide every resident the “necessary services to attain or maintain the highest practicable physical, mental and psychosocial well being.”
- ▶ Jimmo v Sebelius

# LTC Advocacy Program

- ▶ If a resident is reported to have had a fall, change in socialization, change in eating pattern, skin breakdown, mobility change, or ADL participation, etc., there is a change/decline that therapy needs to address
- ▶ Remember, every resident deserves the chance to maintain or return to their PLOF through skilled therapy intervention. We need to complete a thorough evaluation to determine how therapy can assist

# LTC Advocacy Program

## Therapy Screen Request

Patient name and room #: \_\_\_\_\_

- o Needs help to walk/knees buckle
- o Tires easily/unable to complete task|
- o Needs help to transfer
- o Loses balance/complaints of dizziness
- o Loss of joint motion
- o Falling
- o Needs help using wheelchair
- o Leaning/sliding out of wheelchair
- o Not safe alone in room
- o Easily distracted
- o Not following directions
- o Confused
- o Losing weight
- o Drooling or coughing during meals
- o Problem using utensils/self-feeding
- o Problem with dressing
- o Problem with bathing
- o Problem with toileting
- o Problem with coordination
- o Can't understand resident's speech
- o Complains of pain
- o Getting weaker

- with dementia and residents

# Therapy Clinical Programs

- ▶ Functional Treatments
- ▶ Person-centered PLOF / DC
- ▶ ADLs
- ▶ Cognition / Dementia
- ▶ Physical Agent Modalities
- ▶ Restraint Reduction
- ▶ Wound Care
- ▶ Falls Prevention
- ▶ Pain Management
- ▶ RNPs
- ▶ Wellness
- ▶ B & B / Incontinence
- ▶ Dining
- ▶ Seating & Positioning
- ▶ Behavior Management
- ▶ Dysphagia
- ▶ Contracture Management / Splinting
- ▶ Aug / Alt Communication
- ▶ Low Vision

# Best Practices

- ▶ IDT Communication / Collaboration
- ▶ Quarterly Screens / Rounds
- ▶ Nursing → Therapy Referral System
- ▶ Comprehensive therapy evaluation including standardized tests & measures
- ▶ Quarterly in-services – All Shifts
- ▶ Resident / family / nursing E &T (carryover)
- ▶ Flexible therapy schedules / Extended hours
- ▶ Person-centered care / Preferences
- ▶ Home Exercise Programs
- ▶ Wellness Programs
- ▶ Functional Outcomes & Clinical Program Audits

# 5 Star Long-Stay QMs

<b>Percentage of long-stay residents experiencing one or more falls with major injury.</b> <i>Lower percentages are better.</i>	1.6%	3.3%	3.3%
<b>Percentage of long-stay residents with a urinary tract infection.</b> <i>Lower percentages are better.</i>	3.5%	4.0%	4.4%
<b>Percentage of long-stay residents who self-report moderate to severe pain.</b> <i>Lower percentages are better.</i>	7.6%	7.5%	7.3%
<b>Percentage of long-stay high-risk residents with pressure ulcers.</b> <i>Lower percentages are better.</i>	6.2%	5.1%	5.7%
<b>Percentage of long-stay low-risk residents who lose control of their bowels or bladder.</b> <i>Lower percentages are better.</i>	70.0%	56.7%	47.0%
<b>Percentage of long-stay residents who have/had a catheter inserted and left in their bladder.</b> <i>Lower percentages are better.</i>	3.3%	2.6%	2.6%
<b>Percentage of long-stay residents who were physically restrained.</b> <i>Lower percentages are better.</i>	2.4%	0.5%	0.7%
<b>Percentage of long-stay residents whose ability to move independently worsened.</b> <i>Lower percentages are better.</i>	22.7%	19.9%	18.1%

# Quality Measure

- ▶ **Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)**
  - ▶ This Quality Measure is calculated as the percentage of residents with decline in late-loss activities of daily living (ADL) self-performance, referred to as an increased need for help with these ADLs, by comparing the target and prior assessments. An increase in need for help with ADLs is defined as an increase in two or more coding points, such as from Supervision to Extensive; in one late-loss ADL item, or one point increase, such as from Limited to Extensive, in two or more late-loss ADL items.
  - ▶ The late-loss ADLs—bed mobility, eating, transfers, and toilet use—have been selected for this measure because they are the ones that tend to be lost last. As a result, functional decline in these areas provides significant information about the resident's status.

# Quality Measure

- ▶ Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)
- ▶ **Exclusions**
  - ▶ All four of the late-loss ADL items indicate total dependence on the prior assessment, as indicated by:
    - ▶ Bed mobility (G0110A1) = [4, 7, 8] *and*
    - ▶ Transferring (G0110B1) = [4, 7, 8] *and*
    - ▶ Eating (G0110H1) = [4, 7, 8] *and*
    - ▶ Toilet use (G0110I1) = [4, 7, 8]
  - ▶ Three of the late-loss ADLs indicate total dependence on the prior assessment, as in #1, *and* the fourth late-loss ADL indicates extensive assistance (value 3) on the prior assessment
    - ▶ If resident is comatose (B0100 = [1, - ]) on the target assessment
    - ▶ Prognosis of life expectancy is less than 6 months (J1400 = [1, - ]) on the target assessment
    - ▶ Hospice care (O0100K2 = [1, - ]) on the target assessment
    - ▶ Bed mobility (G0110A1) = [ - ] on the prior or target assessment, *or*
    - ▶ Transferring (G0110B1) = [ - ] on the prior or target assessment, *or*
    - ▶ Eating (G0110H1) = [ - ] on the prior or target assessment, *or*
    - ▶ Toilet use (G0110I1) = [ - ] on the prior or target assessment

# Quality Measure

- ▶ Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)
- ▶ Result
  - ▶ When one of the four ADLs is coded 7 or 8 (activity occurred only once or twice or not at all by resident or staff), the code is converted to 4 (total dependence) for calculating this QM. Increased need for help with ADLs is identified when:
    - ▶ The result is greater than 0 for two or more of the four late-loss ADLs, indicating at least a one-level decline in two areas; or
    - ▶ When the result is greater than 1 for any one of the four late-loss ADLs, indicating at least a two-level decline in one area.

# Quality Measure

- ▶ Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay).
- ▶ **Common Coding Errors**
  - ▶ Accuracy in section G is of the utmost importance. With the heavy assessment schedule that MDS nurses face each day, it is difficult to meet deadlines without being rushed.
  - ▶ While the rise in electronic software systems has helped to increase efficiency and accuracy, such as with auto filling in the case of care charting, it is still necessary to validate information through other means. Talking to staff and observing the resident in different settings give the MDS nurse an opportunity to obtain more specific information as well as validate what is (or is not) in the software.

# Therapy Program examples

- ▶ Functional-based treatments
- ▶ ADLs
- ▶ PAM
- ▶ Contracture Management

# Quality Measure

- ▶ **Percent of Residents Who Improved Performance on Transfer, Locomotion, and Walking in the Corridor (Short Stay)**
  - ▶ This QM identifies short-stay residents who were discharged from the nursing facility and gained more independence in transfer, locomotion, and walking during their episodes of care, where the resident had a negative mid-loss activities of daily living (MLADL) change in score. The score is defined as the sum of *Transfer* (Self-Performance), *Locomotion on unit* (Self-Performance), and *Walk in corridor* (Self-Performance).
  - ▶ Short-stay residents frequently have limitations in their physical functioning because of factors including but not limited to illness, hospitalization, or surgery. This measure assesses the percentage of short-stay nursing facility residents of all ages with improved independence in these mobility functions (i.e., *Transfer* [Self-Performance], *Locomotion on unit* [Self-Performance], *Walk in corridor* [Self-Performance]) from the earliest initial assessment (Admission or 5-day assessment) to the Discharge assessment (specifically, the Discharge assessment when return to the nursing home is not anticipated).

# Quality Measure

- ▶ Percent of Residents Who Improved Performance on Transfer, Locomotion, and Walking in the Corridor (Short Stay)
- ▶ **Exclusions**
  - ▶ Comatose (B0100 = [1]) on the 5-day or Admission assessment, whichever was used in the QM
  - ▶ Life expectancy of less than 6 months (J1400 = [1]) on the 5-day or Admission assessment, whichever was used in the QM
  - ▶ Hospice (O0100K2 = [1]) on the 5-day or Admission assessment
  - ▶ Residents with G0110B1, G0110D1, or G0110E1 missing on any of the assessments used to calculate the QM (i.e., Discharge assessment *and* 5-day or Admission assessment, whichever was used in the QM)
  - ▶ Residents with no impairment (sum of G0110B1, G0110D1, and G0110E1 = [0]) on the 5-day or Admission assessment, whichever was used in the QM
  - ▶ Residents with an unplanned discharge on any assessment during the care episode (A0310G = [2])

# Quality Measure

- ▶ Percent of Residents Who Improved Performance on Transfer, Locomotion, and Walking in the Corridor (Short Stay)
- ▶ **Result**
  - ▶ Mid-loss activities of daily living (MLADL) improvement is identified for the numerator through a comparison of MDS results of the Discharge assessment—return not anticipated to the 5-day or Admission assessment.
  - ▶ The sum of the MLADLs on the Discharge assessment must be less than the score on the 5-day or Admission assessment (whichever is earlier).
  - ▶ Assessments are excluded from the calculation when Comatose (B0100), Life expectancy of less than six months (J1400), and/or Hospice (O0100K2) is indicated on the 5-day or Admission assessment.

# Quality Measure

- ▶ Percent of Residents Who Improved Performance on Transfer, Locomotion, and Walking in the Corridor (Short Stay)
- ▶ **Common Coding Errors**
  - ▶ While many of the Quality Measures capture negative outcomes, this measure does not. It allows nursing facilities to actually show progress in ADLs from admission to discharge. Accuracy in coding the ADLs becomes even more important to enabling a successful outcome. Misunderstandings about coding definitions can be disastrous.
  - ▶ Since a number of diagnoses can affect the covariates for this QM, accuracy in section I, “Active Diagnoses,” is a must.

# Quality Measure

- ▶ **Percent of Residents Who Declined in Independence in Locomotion (Long Stay)**
  - ▶ This QM identifies long-stay residents who experienced a decline in independence of locomotion during the target period and then looks to see if Comatose (B0100), Life expectancy of less than 6 months (J1400), and/or Hospice care while a resident (O0100K2) is coded on the target assessment. If one or more of those items is not found, the resident's assessment will increase the score for this QM.

# Quality Measure

- ▶ Percent of Residents Who Declined in Independence in Locomotion (Long Stay)
- ▶ Exclusion
  - ▶ Comatose or missing data on comatose (B0100 = [1, -]) at the prior assessment
  - ▶ Prognosis of less than 6 months at the prior assessment as indicated by:
    - ▶ Prognosis of less than six months of life (J1400 = [1]), or
    - ▶ Hospice use (O0100K2 = [1]), or
    - ▶ Neither indicator for being end-of-life at the prior assessment ( $J1400 \neq [1]$  and  $O0100K2 \neq [1]$ ) and a missing value on either indicator ( $J1400 = [-]$  or  $O0100K2 = [-]$ )
  - ▶ Resident totally dependent during locomotion on prior assessment ( $G0110E1 = [4, 7, \text{ or } 8]$ )
  - ▶ Missing data on locomotion on target or prior assessment ( $G0110E1 = [-]$ )
  - ▶ Prior assessment is a discharge with or without return anticipated ( $A0310F = [10, 11]$ )
  - ▶ No prior assessment is available to assess prior function
  - ▶ Target assessment is an Admission assessment ( $A0310A = [01]$ ), a PPS 5-day ( $A0310B = [01]$ ), or the first assessment after an admission ( $A0310E = [01]$ ), or ( $A0310B = [06]$ )

# Quality Measure

- ▶ **Percent of Residents Who Declined in Independence in Locomotion (Long Stay)**
- ▶ **Result**
  - ▶ A decline is measured by an increase of one or more points in G0100E, comparing the prior assessment to the target assessment.
  - ▶ Assessments are excluded from the calculation when Comatose (B0100), Life expectancy of less than six months (J1400), and/or Hospice (O0100K2) is indicated on the prior assessment.
  - ▶ The long-stay locomotion measure evaluates the quality of nursing facility care with regard to the loss of independence in locomotion among individuals who have been residents of the nursing facility for more than 100 days.
  - ▶ Loss of independence in locomotion is itself an undesirable outcome.
  - ▶ Additionally, it increases risks of hospitalization, pressure ulcers, musculoskeletal disorders, pneumonia, circulatory problems, constipation, and reduced quality of life.
  - ▶ Residents who have declined in independence in locomotion also require more staff time than those who are more independent.

# Quality Measure

- ▶ Percent of Residents Who Declined in Independence in Locomotion (Long Stay)
- ▶ Common Coding Errors
  - ▶ Accuracy in coding *Locomotion on unit* (G0110E) is imperative.
  - ▶ Front-line staff must be educated about the fact that this item includes what occurs in the resident's room.
  - ▶ It is easy to read into the item that the activity is occurring only on the unit outside the resident's room, leading to inaccurate coding. So it is up to the nursing facility leadership to ensure that staff members understand the actual definition of *Locomotion on unit* and how to appropriately code it..

# Therapy Program examples

- ▶ Functional-based treatments
- ▶ RNPs
- ▶ Falls Prevention
- ▶ Wellness

# Quality Measure

- ▶ **Percent of Residents Who Have Depressive Symptoms (Long Stay)**
  - ▶ The focus of this QM is the presence of two specific symptoms of depression from the Resident Mood Interview or Staff Assessment of Mood at least half of the time during the two-week look-back period plus a Total Severity Score that indicates at least moderate depression.

# Quality Measure

- ▶ Percent of Residents Who Have Depressive Symptoms (Long Stay)
- ▶ Exclusions
  - ▶ Resident is comatose or comatose status is missing (B0100 = [1, - ])
  - ▶ Resident is not included in the numerator (the resident did not meet the depression symptom conditions for the numerator) *and* both of the following are true:
    - ▶ D0200A2 = [^, -] *or* D0200B2 = [^, -] *or* D0300 = [99, -, ^]
    - ▶ D0500A2 = [^, -] *or* D0500B2 = [^, -] *or* D0600 = [-, ^]

# Quality Measure

- ▶ Percent of Residents Who Have Depressive Symptoms (Long Stay)
- ▶ Result
  - ▶ Considering all long-stay residents with a target assessment except those coded as comatose, the proportion of residents with either little interest or pleasure in doing things 7–14 days or feeling or appearing down, depressed, or hopeless 7–14 days and a Total Severity Score  $\geq 10$ .

# Quality Measure

- ▶ **Percent of Residents Who Have Depressive Symptoms (Long Stay)**
- ▶ Common Coding Errors
  - ▶ This item uses only the first two questions on the PHQ-9 or the PHQ-9-OV:
  - ▶ Little interest or pleasure in doing things
  - ▶ Feeling down, depressed, or hopeless
  - ▶ If the resident is interviewable, it is crucial for the assessor to use appropriate interview techniques to obtain information that reflects the resident's responses to these mood items. The information must come directly from the resident regardless of what facility staff may believe about the resident's responses
  - ▶ When completing the staff assessment, it is critical to ensure that education is provided to all CNAs and staff, so that they understand the definition of all the items. The information collected must be consistently reported so that mood indicators are not missed. Assessors should interview staff from all shifts who know the resident best.

# Quality Measure

- ▶ **Prevalence of Behavior Symptoms Affecting Others (Long Stay)**
- ▶ This QM identifies all residents in the target period who were coded with physical, verbal, or other behavioral symptoms directed toward others as a proportion of all facility residents with a target assessment (except exclusions).
  - ▶ E0200A, physical behavioral symptoms directed toward others, coded 1–3, indicating behavior occurred at least once
  - ▶ E0200B, verbal behavioral symptoms directed toward others, coded 1–3, indicating behavior occurred at least once
  - ▶ E0200C, other behavioral symptoms not directed toward others, coded 1–3, indicating behavior occurred at least once
  - ▶ E0800, rejection of care, coded 1–3, indicating behavior occurred at least once
  - ▶ E0900, wandering, coded 1–3, indicating behavior occurred at least once

# Quality Measure

- ▶ Prevalence of Behavior Symptoms Affecting Others (Long Stay)
- ▶ Exclusions
  - ▶ The target assessment is a discharge assessment (A0310F = 10 or 11) or
  - ▶ Any of the five MDS items above is coded with a dash, indicating information not available or is skipped

# Quality Measure

- ▶ Prevalence of Behavior Symptoms Affecting Others (Long Stay)
- ▶ Result
  - ▶ Percentage of long-stay residents who have behavior symptoms that affect others during the target period.

# Quality Measure

- ▶ Prevalence of Behavior Symptoms Affecting Others (Long Stay)
- ▶ Common Coding Errors
  - ▶ Facility staff may want to analyze this outcome for patterns of behaviors through a quality assurance and performance improvement (QAPI) process, keeping in mind that this QM does not take into consideration E0500, Impact on Resident; or E0600, Impact on Others.
  - ▶ The QM, however, does use all behaviors in E0200, Behavioral Symptoms; E0800, Rejection of Care; and E0900, Wandering, even if the behavior occurred only one time

# Therapy Program examples

- ▶ Wellness
- ▶ Pain Management
- ▶ Behavior Management
- ▶ Activities

# Quality Measure

- ▶ **Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)**
  - ▶ This QM identifies low-risk residents by excluding high-risk conditions and then calculating the proportion of remaining residents with Frequently or Always incontinent coded on the last qualifying assessment in the three-month reporting period.

# Quality Measure

- ▶ Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)
- ▶ **Exclusions**

- ▶ Admission assessment (A0310A = [01]) or a PPS 5-day or Readmission/Return\* assessment (A0310B = [01, 06]).
- ▶ Resident is not in numerator and H0300 = [-] or H0400 = [-].

High risk:

- ▶ Severe cognitive impairment on the target assessment as indicated by (C1000 = [3] and C0700 = [1]) or (C0500 ≤ [7]).
- ▶ Totally dependent in bed mobility self-performance (G0110A1 = [4, 7, 8]).
- ▶ Totally dependent in transfer self-performance (G0110B1 = [4, 7, 8]).
- ▶ Totally dependent in locomotion on unit self-performance (G0110E1 = [4, 7, 8]).
- ▶ Resident does not qualify as high risk (see #3 above) and *both* of the following two conditions are true for the target assessment:
- ▶ C0500 = [99, ^, -], and C0700 = [^, -] or C1000 = [^, -].

# Quality Measure

- ▶ Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)
- ▶ Exclusions
- ▶ Resident does not qualify as high risk (see #3 above) and *any* of the following three conditions are true:
  - ▶ G0110A1 = [-]
  - ▶ G0110B1 = [-]
  - ▶ G0110E1 = [-]
  - ▶ Resident is comatose (B0100 = [1]) or comatose status is missing (B0100 = [-]) on the target assessment.
  - ▶ Resident has an indwelling catheter (H0100A = [1]) or indwelling catheter status is missing (H0100A = [-]) on the target assessment.
  - ▶ Resident has an ostomy (H0100C = [1]) or ostomy status is missing (H0100C = [-]) on the target assessment..

# Quality Measure

- ▶ **Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)**
- ▶ Result
  - ▶ The QM looks at all long-stay residents with a qualifying assessment in the three-month reporting period except residents who are classified as high risk. Those are residents with severe cognitive impairment and/or total dependence in bed mobility, transfer, or locomotion self-performance; and residents who are comatose, have an indwelling catheter, or have an ostomy. Assessments with missing data needed to calculate the QM also are excluded. Of the residents remaining, the QM calculates the proportion that have assessments with Frequently or Always incontinent of bladder or bowel coded on them.

# Quality Measure

- ▶ **Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)**
- ▶ **Common Coding Errors**
  - ▶ Residents considered low risk for this measure are those who are not expected to have the conditions defined in the QM. Since cognitive impairment and ADL dependency can lead to incontinence, this QM measures the proportion of residents without these high-risk conditions who are incontinent. If this QM is high, systems for managing incontinence should be evaluated. Be sure that toileting programs such as scheduled toileting, and prompted toileting, are in place and being used appropriately. Evaluate whether residents are routinely assessed for potential underlying conditions that can precipitate incontinence (e.g., medications, environment). It is also important that episodes of incontinence be documented, as opposed to a single entry made per shift, to accurately capture those residents who are frequently or always incontinent.

# Quality Measure

- ▶ **Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)**
  - ▶ This QM addresses prevalence of residents with indwelling catheters and utilizes both exclusions and covariates.

# Quality Measure

- ▶ Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
- ▶ *Exclusions*
  - ▶ Target assessment is an Admission assessment (A0310A = [01]) or a PPS 5-day or Readmission/Return\* assessment (A0310B = [01, 06])
  - ▶ Target assessment indicates that indwelling catheter status is missing (H0100A = [-])
  - ▶ Target assessment indicates **neurogenic bladder** (I1550 = [1]) or neurogenic bladder status is missing (I1550 = [-])
  - ▶ Target assessment indicates **obstructive uropathy** (I1650 = [1]) or obstructive uropathy status is missing (I1650 = [-])

# Quality Measure

- ▶ **Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)**
- ▶ **Result**
  - ▶ Considering all long-stay residents with a qualifying target assessment in the three-month reporting period that does not include neurogenic bladder or obstructive uropathy, the proportion of those residents with indwelling catheter coded on the MDS is calculated. Admission, 5-day, and Readmission/Return\* assessments are not included.
  - ▶ If you find an error and Obstructive Uropathy was not checked, you need to find the documentation within 30 days of every MDS for the past year and modify them all to remove this item from the QM.

# Quality Measure

- ▶ **Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)**
- ▶ **Common Coding Errors**
  - ▶ Residents can be admitted with catheters that were managed in the hospital. Unless there is an underlying, documented condition that necessitates continuing the catheter, an attempt should be made to remove it for a trial period to evaluate bladder function. Under physician guidance, other long-term residents who have catheters may also benefit from a trial removal period. A common pitfall is a missing diagnosis on the MDS in section I. Additionally, it may be worthwhile to review residents with either a cerebral or spinal diagnosis, such as cerebrovascular accident (CVA), multiple sclerosis (MS), or stenosis, as they may have a neurogenic bladder but are missing the diagnosis in section I. Also, review residents with benign prostatic hyperplasia (BPH) and/or prostate or bladder cancer, as they may have obstructive uropathy but, again, are missing the diagnosis.

# Quality Measure

- ▶ **Percent of Residents with a Urinary Tract Infection (Long Stay)**
  - ▶ This QM focuses on residents with a urinary tract infection on their last qualifying assessment in the reporting period.

# Quality Measure

- ▶ Percent of Residents with a Urinary Tract Infection (Long Stay)
- ▶ Exclusions
  - ▶ Target assessment is an Admission assessment (A0310A = [01]) or a PPS 5-day or Readmission/Return\* assessment (A0310B = [01, 06])
  - ▶ Missing data

# Quality Measure

- ▶ Percent of Residents with a Urinary Tract Infection (Long Stay)
- ▶ Result
  - ▶ Of all long-stay residents with a qualifying target assessment in the three-month reporting period, the proportion of them with Urinary Tract Infection coded on the last qualifying assessment of their episodes.

# Quality Measure

- ▶ Percent of Residents with a Urinary Tract Infection (Long Stay)
- ▶ Common Coding Errors
  - ▶ A common pitfall with the UTI QM is over-coding.
  - ▶ This occurs when all four criteria for capturing UTI are not met (diagnosis, sign/symptom of UTI, significant laboratory findings determined by the physician, and treatment in the last 30 days), but UTI is checked on I2300, resulting in a higher percentage than is perhaps warranted.
  - ▶ A resident may actually have been diagnosed with a urinary tract infection and treated by the physician during the look-back period without all four criteria being met. If all four criteria were not met, UTI should not be coded on the MDS.

# Therapy Program examples

- ▶ RNPs
- ▶ Incontinence
- ▶ Wellness
- ▶ PAM

# Quality Measure

- ▶ **Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)**
  - ▶ This QM identifies short-stay residents who self-reported a high level of pain based on intensity and/or frequency.

# Quality Measure

- ▶ **Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)**
- ▶ This QM identifies short-stay residents who self-reported a high level of pain based on intensity and/or frequency.
  - ▶ J0400 coded 1 or 2, indicating almost constant or frequent pain
  - ▶ J0600A coded 05–10 on the Numeric Rating Scale
  - ▶ J0600B coded 2–4 on the Verbal Descriptor Scale

# Quality Measure

- ▶ Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
- ▶ *Exclusions*
  - ▶ Missing or conflicting data

# Quality Measure

- ▶ Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
- ▶ Result
  - ▶ Prevalence of residents with a target assessment during the reporting period who reported daily, almost constant, or frequent pain with at least one episode of moderate or severe intensity or who experienced very severe/horrible pain at any frequency

# Quality Measure

- ▶ Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
- ▶ Common Coding Errors
  - ▶ None that I could identify.

# Quality Measure

- ▶ **Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)**
- ▶ This QM identifies long-stay residents who self-reported a high frequency of daily pain with at least one episode of at least moderate-intensity pain or who reported severe/horrible pain at any frequency. Admission, 5-day, and Readmission/Return\* assessments are not included.
  - ▶ J0400, Pain Frequency, coded 1 or 2, indicating almost constant or frequent pain
  - ▶ J0600A, *Numeric Rating Scale*, coded 05–10
  - ▶ J0600B, *Verbal Descriptor Scale*, coded 2–4
  - ▶ C0500, BIMS Summary Score, coded 13–15, indicating cognitively intact (covariate)
  - ▶ C1000, Cognitive Skills for Daily Decision Making, coded 0 or 1, indicating Independent or Modified independence (covariate)

# Quality Measure

- ▶ Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
- ▶ *Exclusions*
  - ▶ Target assessment is an Admission assessment, a PPS 5-day assessment, or a PPS Readmission/Return\* assessment (A0310A = [01] or A0310B = [01, 06])
  - ▶ Resident did not qualify for the numerator and key pain self-report items were not completed

# Quality Measure

- ▶ Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
- ▶ Result
  - ▶ Proportion of long-stay residents who reported almost constant or frequent moderate to severe pain or very severe/horrible pain at any frequency on the last qualifying assessment completed during the episode in the three-month reporting period.

# Quality Measure

- ▶ Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
- ▶ Common Coding Errors
  - ▶ Long stay allows the facility staff an opportunity to develop a plan for a resident initially admitted with pain prior to the QM's being calculated.
  - ▶ The short-stay pain measure does not exclude the 5-day or Admission assessment. Since short-stay residents are typically more acute and can have higher levels of pain, the facility's short-stay observed percentile score may be higher than the facility's long-stay QM score.
  - ▶ I have observed residents stating they have a high pain scale even when there is no evidence of that. This could be the result of fear of losing their pain meds or an addiction. We could be proactive and have a conversation with the residents in the weeks leading up to the pain interview.

# Therapy Program examples

- ▶ PAM
- ▶ Functional-based treatments
- ▶ Wellness

# Quality Measure

- ▶ **Prevalence of Falls (Long Stay)**
  - ▶ This QM focuses on the percentage of residents who fell during the episode.

# Quality Measure

- ▶ Prevalence of Falls (Long Stay)
- ▶ *Exclusions*
  - ▶ The occurrence of falls was not assessed (J1800 = [-]) for all look-back scan assessments

# Quality Measure

- ▶ Prevalence of Falls (Long Stay)
- ▶ Result
  - ▶ Percentage of long-stay residents who have had a fall on any assessment in the look-back scan.

# Quality Measure

- ▶ Prevalence of Falls (Long Stay)
- ▶ Common Coding Errors
  - ▶ This measure includes any fall that occurred since admission/entry or reentry or since the prior assessment (OBRA or scheduled PPS) and includes all falls regardless of where they occurred.
  - ▶ However, since it utilizes the look-back scan, it will capture all falls indicated on all qualifying assessments completed, with a target date going back 275 days. Consequently, information is not just collected on the most recent assessment in the past three months.

# Quality Measure

- ▶ **Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)**
  - ▶ Identifies residents with at least one fall with an injury classified as major, which includes bone fracture, joint dislocation, closed head injury with altered consciousness, subdural hematoma
  - ▶ J1900C, number of falls with major injury

# Quality Measure

- ▶ Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)
- ▶ *Exclusions*
  - ▶ Missing MDS responses

# Quality Measure

- ▶ Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)
- ▶ Result
  - ▶ Proportion of residents with one or more qualifying assessments during the current episode, which may span more than one stay, who have at least one assessment indicating a fall with major injury.

# Quality Measure

- ▶ Percent of Residents Experiencing One or More Falls With Major Injury (Long Stay)
- ▶ Common Coding Errors
  - ▶ This QM includes a look-back scan, which means it is not capturing a single target assessment. It can be a difficult QM to analyze and manage for residents who fall frequently but don't always have an injury. It is important to understand the definition of *major injury* according to the MDS criteria.

# Therapy Program examples

- ▶ Falls Prevention
- ▶ RNPs
- ▶ Wellness
- ▶ Low Vision
- ▶ Vestibular Rehab

# Quality Measure

- ▶ **Percent of Residents Who Lose Too Much Weight**
  - ▶ This QM identifies residents with a weight loss of 5% in the last month or 10% in the last six months when the resident was not on a physician-prescribed weight-loss program. Admission, 5-day, and Readmission/Return assessments are not included.
  - ▶ K0300 coded 2, indicating weight loss of 5% or more in the last month or 10% in the last six months and the resident was not on a physician-prescribed weight-loss program.

# Quality Measure

- ▶ Percent of Residents Who Lose Too Much Weight
- ▶ *Exclusions*
  - ▶ Target assessment is an OBRA Admission assessment (A0310A = [01]) or a PPS 5-day or Readmission/Return\* assessment (A0310B = [01, 06])
  - ▶ Weight loss item is missing on target assessment (K0300 = [-])

# Quality Measure

- ▶ **Percent of Residents Who Lose Too Much Weight**
- ▶ **Result**
  - ▶ Of all qualifying target assessments in the three-month reporting period, the QM calculates the percentage that meet the criteria for weight loss as described in the numerator above.

# Quality Measure

- ▶ Percent of Residents Who Lose Too Much Weight
- ▶ Common Coding Errors
  - ▶ Ensuring the accuracy of resident weights can be challenging. Some residents are weighed on a chair scale, for example. If care is not consistently taken to note whether weights are recorded with leg rests on or off the wheelchair, the measurements can be skewed month to month.
  - ▶ Additionally, weight-loss calculations must be done using the actual values including decimals, as opposed to what is reported on the MDS, which uses only whole numbers.

# Therapy Program examples

- ▶ Dining
- ▶ Dysphagia
- ▶ RNPs

# Quality Measure

- ▶ **Percent of Residents With Pressure Ulcers That Are New or Worsened**
- ▶ This Quality Measure captures any new or worsening Stage 2–4 pressure ulcers coded on any qualifying assessment since the beginning of the target episode.
  - ▶ M0300B(1), C(1), D(1), number of Stage 2, 3, and 4 unhealed pressure ulcers
  - ▶ M0800A, B, C, number of Stage 2, 3, and 4 pressure ulcers that were new or worsened since prior assessment
  - ▶ G0110A(1), *Bed mobility* (Self-Performance) (covariate)
  - ▶ H0400, Bowel Continence (covariate)
  - ▶ I0900, Peripheral Vascular Disease (PWD) or Peripheral Arterial Disease (PAD) (covariate)
  - ▶ I2900, Diabetes Mellitus (covariate)
  - ▶ I8000A through I8000J indicating peripheral vascular disease (covariate)
  - ▶ K0200A, *Height* (as component of calculation of body mass index [BMI]) (covariate)
  - ▶ K0200B, *Weight* (as component of calculation of body mass index [BMI]) (covariate)

# Quality Measure

- ▶ Percent of Residents With Pressure Ulcers That Are New or Worsened
- ▶ *Exclusions*
  - ▶ Residents are excluded if none of the assessments included in the look-back scan has a usable response for M0800A, M0800B, or M0800C.

# Quality Measure

- ▶ Percent of Residents With Pressure Ulcers That Are New or Worsened
- ▶ Result
  - ▶ Proportion of residents with one or more qualifying assessments during the current episode that have one or more new or worsening Stage 2–4 pressure ulcers on any of the qualifying assessments.

# Quality Measure

- ▶ **Percent of Residents With Pressure Ulcers That Are New or Worsened**
- ▶ **Common Coding Errors**
  - ▶ This short-stay measure takes into consideration only Stage 2–4 pressure ulcers and does not include unstageable ulcers. Since most unstageable pressure ulcers are covered with slough and/or eschar, it is not possible to assess the level of tissue damage to determine whether a pressure ulcer has worsened. Here are some tips to help with accurate coding:
  - ▶ Pressure ulcers that become unstageable are NOT worsened and should not be coded in M0800.
  - ▶ Pressure ulcers that are “present on admission” are NOT worsened and should not be coded in M0800.
  - ▶ Unstageable pressure ulcers debrided for the first time are not worsened.
  - ▶ If a pressure ulcer was numerically staged and becomes unstageable, and is subsequently debrided sufficiently to be numerically staged, compare its numerical stage before and after it was unstageable. If the pressure ulcer’s current numerical stage has increased, consider this pressure ulcer as worsened. Code these pressure ulcers in M0800.

# Therapy Program examples

- ▶ Wound Care / Prevention
- ▶ Seating & Positioning
- ▶ PAM
- ▶ Dysphagia

# Quality Measure

- ▶ **Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication (Short Stay)**
  - ▶ This QM identifies short-stay residents who newly started on an antipsychotic medication after the initial assessment and who do not have any of the exclusion diagnoses.

# Quality Measure

- ▶ Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication (Short Stay)
- ▶ **Exclusions**
- ▶ ***Excludes initial assessment – we have some time to assess and remove medication if possible***
  - ▶ N0410A, Antipsychotic medication, coded (-) (dash)
  - ▶ Any of the following related conditions are present on any assessment in a lookback scan:
    - ▶ Schizophrenia (**I6000 = 1**)
    - ▶ Tourette's Syndrome (**I5350 = 1**)
    - ▶ Huntington's Disease (**I5250 = 1**)
  - ▶ The resident's initial assessment indicates antipsychotic medication use or antipsychotic medication use is unknown:
  - ▶ N0410A, Antipsychotic medication, coded 1–7

# Quality Measure

- ▶ Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication (Short Stay)
- ▶ Result
  - ▶ Proportion of facility short-stay residents who received an antipsychotic medication on a target assessment but not on the initial assessment.

# Quality Measure

- ▶ Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication (Short Stay)
- ▶ Common Coding Errors
  - ▶ This short-stay QM focuses solely on “newly” received antipsychotic medication by comparing medications on the initial assessment to all subsequent assessments in the look-back scan. Antipsychotic medications are a major focus in surveys, including traditional surveys, Quality Indicator Survey (QIS), Dementia Focused Surveys, MDS/Staffing Focused Surveys, and Medication Management Focused Surveys. Careful attention must be given when coding N0410A, Antipsychotic.

# Quality Measure

- ▶ **Prevalence of Antianxiety/Hypnotic Use (Long Stay)**
  - ▶ This QM identifies residents receiving antianxiety or hypnotic drugs and then looks for particular diagnoses indicating psychosis or related conditions. If such a diagnosis is not found, the resident's assessment will increase the score for this QM. This QM is not to be confused with the QM used for public reporting, which has the same name but does not have the covariant applied.

# Quality Measure

- ▶ Prevalence of Antianxiety/Hypnotic Use (Long Stay)
- ▶ Exclusions

- ▶ N0410B = [1], N0410D = [-]
- ▶ Any of the following related conditions are present on the target assessment (unless otherwise indicated):
  - ▶ Schizophrenia (I6000 = 1)
  - ▶ Psychotic disorder (I5950 = 1)
  - ▶ Manic depression (bipolar disease) (I5900 = 1)
  - ▶ Tourette's Syndrome (I5350 = 1)
  - ▶ Tourette's Syndrome (I5350 = 1) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available
  - ▶ Huntington's Disease (I5250 = 1)
  - ▶ Hallucinations (E0100A = 1)
  - ▶ Delusions (E0100B = 1)
  - ▶ Anxiety disorder (I5700 = 1)
    - ▶ Post traumatic stress disorder (I6100 = 1)
    - ▶ Post traumatic stress disorder (I6100 = 1) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available

# Quality Measure

- ▶ Prevalence of Antianxiety/Hypnotic Use (Long Stay)
- ▶ Result
  - ▶ Percentage of long-stay residents who are receiving antianxiety medications or hypnotics but do not have evidence of psychotic or related conditions in the target period.

# Quality Measure

- ▶ Prevalence of Antianxiety/Hypnotic Use (Long Stay)
- ▶ Common Coding Errors
  - ▶ This long-stay QM has a generous list of exclusions consisting mostly of diagnoses that can contribute to anxiety. One such diagnosis is delusions (E0100B), which are often overlooked by the assessor when they are due to dementia.
  - ▶ Residents who chronically experience delusions or hallucinations may have documentation missing from their clinical record, as facility staff can become “desensitized” to these behaviors.
  - ▶ Since N0410 requires coding medications according to the medication’s therapeutic category and/or pharmacological classification rather than how it is used, having a resource to find the correct classification is crucial.

# Quality Measure

- ▶ **Percent of Long-Stay Residents Who Received an Antipsychotic Medication**
  - ▶ This QM identifies residents receiving antipsychotic drugs and then looks for particular diagnoses indicating psychosis or related conditions. If such a diagnosis is not found, the resident's assessment will increase the score for this QM.

# Quality Measure

- ▶ Percent of Long-Stay Residents Who Received an Antipsychotic Medication
- ▶ **Exclusions**
  - ▶ N0410A, Antipsychotic medication, coded (-) (dash)
  - ▶ Any of the following related conditions are present on any assessment in a lookback scan:
    - ▶ Schizophrenia (I6000 = 1)
    - ▶ Tourette's Syndrome (I5350 = 1)
    - ▶ Tourette's Syndrome (I5350 = 1) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available
    - ▶ Huntington's Disease (I5250 = 1)

# Quality Measure

- ▶ Percent of Long-Stay Residents Who Received an Antipsychotic Medication
- ▶ Result
  - ▶ Proportion of facility long-stay residents who received an antipsychotic medication on a target assessment.

# Quality Measure

- ▶ **Percent of Long-Stay Residents Who Received an Antipsychotic Medication**
- ▶ Common Coding Errors
  - ▶ This long-stay QM has an exclusion list that is limited to a small number of diagnoses in section I of the MDS. Diagnoses listed in item I8000 are not considered as exclusions. So if a resident has a diagnosis of Huntington's disease and it is coded in I8000 instead of I5250, the resident will not be excluded in the numerator or denominator. Antipsychotic medications are a major focus in surveys, including traditional surveys, Quality Indicator Survey (QIS), Dementia Focused Surveys, MDS/Staffing Focused Surveys, and Medication Management Focused Surveys. Careful attention must be given when coding N0410A, Antipsychotic

# Therapy Program examples

- ▶ Cognition
- ▶ Dementia
- ▶ Behavior Management

# Quality Measure

- ▶ **Percent of Residents Who Were Physically Restrained**
  - ▶ This Quality Measure focuses on the prevalence of daily physical restraints.

# Quality Measure

- ▶ Percent of Residents Who Were Physically Restrained
- ▶ *Exclusions*
  - ▶ trunk restraint used in bed (P0100B = [-]), or
  - ▶ limb restraint used in bed (P0100C = [-]), or
  - ▶ trunk restraint used in chair or out of bed (P0100E = [-]), or
  - ▶ limb restraint used in chair or out of bed (P0100F = [-]), or
  - ▶ chair prevents rising used in chair or out of bed (P0100G = [-])

# Quality Measure

- ▶ Percent of Residents Who Were Physically Restrained
- ▶ Result
  - ▶ Of all long-stay residents with qualifying assessment in the reporting period, the QM computes the proportion with daily physical restraints: trunk restraint used in bed, chair, or out of bed; limb restraint used in bed, chair, or out of bed; and chair prevents rising used in chair or out of bed.

# Quality Measure

- ▶ **Percent of Residents Who Were Physically Restrained**
- ▶ **Common Coding Errors**
  - ▶ This long-stay QM is triggered only if a device is coded 2, Used daily, in P0100. Additionally, P0100A, *Bed rail*, is not considered when this measure is calculated. It can't be overstated that the key factors in coding P0100, Restraints, are understanding the definition of a restraint and knowing the effect a device has on a resident. Here are some additional tips to consider:
  - ▶ For a resident with no voluntary or involuntary movement, a Geri Chair does not meet the definition and should not be coded in P0100.
  - ▶ A chair with an unlocked lap board could be included as Chair Prevents Rising if the resident cannot easily remove the lap board.
  - ▶ Side rails are not restraints for a resident who has no movement; this resident probably should not have side rails up.
  - ▶ A Merry Walker may be a restraint if the resident is unable to exit by removing a tray or by opening a gate, bar, strap, latch, etc.

# Therapy Program examples

- ▶ Restraint Reduction
- ▶ Behavior Management
- ▶ Falls Prevention
- ▶ Seating & Positioning

# Quality Measure

## ► VACCINATION Quality Measures

- The list of Quality Measures includes 16 that relate to vaccinations, 8 short-stay and 8 long-stay. Higher scores are more desirable for these measures, because they indicate a higher proportion of residents received the vaccinations. **Vaccination measures are excluded from the CASPER Facility Quality Measure Report but are included on the Nursing Home Compare website.**

# VACCINATION Quality Measures

- ▶ Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
- ▶ Percent of Residents Who Received the Seasonal Influenza Vaccine (Short Stay)
- ▶ Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Short Stay)
- ▶ Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Short Stay)
- ▶ Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay)
- ▶ Percent of Residents Who Received the Pneumococcal Vaccine (Short Stay)
- ▶ Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine (Short Stay)
- ▶ Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine (Short Stay)

# VACCINATION Quality Measures

- ▶ Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
- ▶ Percent of Residents Who Received the Seasonal Influenza Vaccine (Long Stay)
- ▶ Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (Long Stay)
- ▶ Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Long Stay)
- ▶ Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)
- ▶ Percent of Residents Who Received the Pneumococcal Vaccine (Long Stay)
- ▶ Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine (Long Stay)
- ▶ Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine (Long Stay)

# Questions?

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# Thank you!

## References:

**Five-Star Quality Rating System Technical Users' Guide**  
**Quality Measure Manual**  
**AANAC QM RAC-CT course**

**Note – The full presentation includes the numerators, denominators and covariates (approximately an 8 hour presentation)**