

**Session T02:**



*Five-Star -*



*Blowin' in the Wind*

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**Objectives**



- Review the history and background of the federally driven Five-Star program from the original implementation in 2008 to the present updates and additional upcoming changes
- Identify the three (3) major components that generate the overall facility Five-Star rating
- Discuss the strategies for impacting the facility's Five-Star rating

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**CMS**  
**Five-Star Rating System**



- Implemented 12/18/2008 with 3 components (survey score, staffing and quality measures)
- Quality Measure domain of the system was in "lock down" with MDS 2.0 to MDS 3.0 data late 2010
  - The other 2 domains continued to be used to calculate facility ratings
  - Froze cut points for the QM component for 2 years in from 2010 to 2012

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**CMS**  
**Five-Star Rating System**



- 9 new measures based on MDS 3.0 – July 2012
- Late 2014 – President's Executive Order to make changes and add additional quality measures to Five-Star
- Expand surveys of MDS data from 5 states to nationwide effective January 2015
- Revised scoring for the QMs and CMS established new cut points (rebased)

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**CMS**  
**Five-Star Rating System**



- Changed assignment of stars for staffing and other changes took effect on February 20, 2015
- Each measure counts equally toward total QM Five- Star rating
- Updated Five-Star Nursing Home Quality Manual posted – current version dated February 2015
- New State level cut point tables posted each month
- New Staffing level files posted March 2015

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### Primary Goal of Five Stars

- Provide residents and their families with an easy way to understand assessment of nursing home quality, making meaningful distinctions between high and low performing nursing homes
  - Enhances Nursing Home Compare website
  - Same place where Quality Measures posted

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### Overall Ratings – Trends from January 2009 to July 2014



- All 5 star levels showed gradual improvement
  - Facilities with 4 and 5 stars increased the most

Percentages of Nursing Homes					
	1 Star	2 Star	3 Star	4 Star	5 Star
Jan 09	22.7	20.7	21.5	23.4	11.8
Oct 11	15.7	20.0	21.1	27.4	25.7
Jul 14	9.3	20.5	17.3	15.9	27.3

Abt Associates Sept 2014

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### President’s Executive Orders for Five-Star



- *CMS and all States to implement nationwide MDS Focused Surveys* to enable better verification of both the staffing and quality measure information
  - 2014 pilot surveys in 5 states found deficiencies in 24 of 25 surveys. Issues found and cited: inaccurate staging and documentation of pressure ulcers, lack of knowledge regarding the classification of antipsychotic drugs, and poor coding regarding restraints. Very successful with identifying errors and deficiencies related to MDS coding and resident care, surveys expanded
    - Sample size will vary from state to state. Each state to plan on additional two (2) surveyors and will take about 2 days

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**MDS/Staffing  
Focused Surveys Update**



- CMS update released on 2/13/15:
  - Surveys will continue to assess compliance with 42 CFR 483.20 (Resident Assessment), and other applicable regulations that are identified during the investigatory process
  - Surveys will also include a review of nursing home staffing to help CMS assess how staffing levels may fluctuate throughout the year
  - Unlike the pilots, the State RAI Coordinator will not be involved in the MDS focused surveys

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**MDS/Staffing  
Focused Surveys**



- Ref: S&C 15-25-25-NH issued 2/13/15:
  - Training for focused surveys - April 2015. States to assign a minimum of 3 surveyors (e.g., two primary surveyors and one alternate) to be trained
  - Training and surveys will be rolled out in 2 phases.
  - CMS regions and States assigned to 1 of 2 groups. Each phase about 4-hours via recorded webinars
  - Deficiencies identified during the surveys will result in relevant citations and enforcement actions

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**Changes to Five Star**



- **Payroll-Based Staffing Reporting:** Implement a quarterly electronic reporting system that is **auditable back to payrolls to verify staffing information.**
  - To increase accuracy and timeliness; allow for calculation of QMs for staff turnover, retention, types of staffing, and levels of different types of staffing
  - Phase in use of e-data to begin 01/15/15? (voluntary?)
  - For Medicare & Medicaid participating nursing facilities
  - Expect national mandate by the end of 2016

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### Changes to Five Star



- **Timely and Complete Inspection Data:** CMS to strengthen requirements for States to maintain a user-friendly website and complete inspections of nursing homes in a timely and accurate manner.
  - Ensure each state is conducting and completing surveys as required by statute (12-15 months)

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### Changes to Five Star



- **Additional Quality Measures:** CMS increased number and type of QMs used in *Five-Star Rating*. The first new measures with reporting started 2/20/15 and was **antipsychotic medications** in use – a short-stay and long-stay measure.
- More QMs – probably will add in early 2016. CMS suggesting claims based rather than facility-reported
  - Re-hospitalizations
  - Return back to community

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### Changes to Five Star



- **Improved Scoring Methodology:** In 2015, CMS revised scoring methodology to calculate each facility's QM rating. CMS has noted that sources independent of self-reporting by nursing homes already are weighted higher than self-reported components in the scoring methodology

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**Five-Star Components**

- Overall Rating – ranges from one (1) to five (5) stars – cumulative rating of the below ratings:
  - Health Inspections
  - Staffing
  - Quality Measures

Each of these domains has its own star rating, too

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**What Do the Stars Mean?**

★★★★★ Much Above Average

★★★★ Above Average

★★★ Average

★★ Below Average

★ Much Below Average

5 stars = much above average quality compared to other NH in the State  
 1 star = quality much below the average in that State while still meeting Medicare's minimum requirements

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**One Bite at a Time**

Figuring up the facility score – verifying CMS' accuracy

- Survey Results
- Staffing
- Quality Measures
- Overall

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## Survey Inspections Ratings – Trends January 2009 to July 2014



- Cut points are set for distribution so percentages change very little

Percentages of Nursing Homes					
	1 Star	2 Star	3 Star	4 Star	5 Star
Jan 09	19.8	23.1	23.2	23.3	10.6
Oct 11	19.4	22.8	23.5	23.5	10.8
Jul 14	19.8	23.0	23.0	23.4	10.9

Abt Associates Sept 2014

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## Calculations Basics



- **Health inspections** are the starting point to determine overall rating and creates the **foundation**
  - Based on substantiated deficiencies from annual state inspections and complaint surveys
  - Use number, scope and severity of deficiencies during the 3 most recent annual surveys and substantiated findings from most recent 36 months of complaint investigations
  - Assigned star based on ranking in each state to achieve pre-determined distribution

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## Survey Scoring



- Each deficiency scored by scope and severity
- More points for higher scope, higher severity
  - Current and 2 prior standard (annual) surveys
  - 3 years of substantiated complaints
  - Survey revisits
- If deficiency generates a finding of substandard quality of care, additional points are assigned
- If the status is "past non-compliance" and the severity is "immediate jeopardy", then points associated with a "G" deficiency are assigned

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## Survey Scoring



- More recent surveys weighted more (weighting factor 1/2 + previous cycle period 1/3 + the third survey at 1/6). **These weighted time period scores are then summed to create the survey score for each facility**
- Life Safety deficiencies are **not** included in the calculations
- Deficiencies from Federal Comparative surveys **not** included in the calculation (nor posted on NH Compare)

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

Note: Figures in parentheses indicate points for deficiencies that are for **substandard quality of** Resident Behavior (F Tags: 221-226), Quality of Life (240-258); and Quality of Care (309-334)

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## Additional Survey Scoring



- Revisits
  - No points are assigned for first revisit
  - Points assigned for second, third and fourth revisits and are proportional to the health inspection score
  - Points from complaint deficiencies are added to health inspection score before calculating revisit points

Weights for Repeat Revisits	
Revisit Number	Noncompliance Points
First	0
Second	50 percent of health inspection score
Third	70 percent of health inspection score
Fourth	85 percent of health inspection score

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### Survey Scoring



- Facility must minimum 2 standard surveys in its history or will not have a 5-star rating (weighting factors = most recent 60% and initial survey will make up 40%)
- 5-star ratings for health inspections based on the relative performance of facilities **within a State**
- **Cut points are recalibrated each month and posted**
- Rating for a given facility is held constant unless new health inspection, new complaint information, or a 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> revisit become available; the statewide distribution changes because of surveys in other facilities, but rating for your facility will not change

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### Survey Scoring



- Substantiated complaint surveys use same weighting
  - Within most recent 12 months = 1/2
  - 13-24 months ago = 1/3
  - 25-36 months ago = 1/6
- Time period based on calendar year in which cited
- If deficiency in both annual and complaint survey
  - Counted only once if complaint survey was within 15 days of the annual
  - If scope and severity differ – highest deficiency is used

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#### Survey cut points based on health inspection scores and are set separately for each state to achieve the following distribution

2015 - No change in methodology

Top 10% (lowest survey score) within a State

Bottom 20% within a State					
					
>80th	>56.667 <sup>th</sup> & ≤80 <sup>th</sup>	>33.33 <sup>rd</sup> & ≤56.667 <sup>th</sup>	>10 <sup>th</sup> & ≤33 <sup>rd</sup>	≤ 10 <sup>th</sup>	
Percentiles					

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## March 2015 – Cut Points for Surveys



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**Cut Point Table 1**  
Star Cut Points for Health Inspection Scores - by State - (03-01-2015)

State	Number of facilities	Health Inspection Score							
		1star	2 stars		3 stars		4 stars		5 stars
			Upper	Lower	Upper	Lower	Upper	Lower	
Ohio	942	>47.333	≤ 47.333	>28.000	≤ 28.000	>16.667	≤ 16.667	>6.667	≤ 6.667

Recalibrated monthly –  
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS.html>

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## Staffing Ratings – Trends from January 2009 to July 2014



- Staffing appeared to have improved
  - Facilities with 4 and 5 stars have increased the most

	1 Star	2 Star	3 Star	4 Star	5 Star	
Jan 09	22.9	19.6	19.8	30.6	7.2	38%
Oct 11	13.6	17.4	21.1	39.0	9.1	
Jul 14	11.2	14.4	19.5	43.6	11.3	55%

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## Staffing Calculations

- Staffing star based on nursing home staffing levels
  - RN hours per resident day
  - Total staffing hours (RN + LPN + nurse aides)/resident day
  - Case mix adjusted based on the distribution of MDS 3.0 assessments by RUG-III group: more acute = more staff
  - 2-week snapshot – CMS Staffing Studies demonstrated evidence of relationship of nurse staffing to quality of care

Impacts the basic score (inspections) by adding or subtracting stars based on levels of staff

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### Staffing Data Reported

- CMS form CMS-671 (LTCF Application for Medicare and Medicaid) – RN, LPN, and nurse aide hours
  - RN hours: include RNs (F41), RN DON (F39), and nurses [RNs and LPNs] with administrative duties (MDS, too) (F40)
  - LPN hours: licensed practical nurses (F42)
  - Nurse aide hours: certified NAs (F43), aides in training (F44) and medication aides/technicians (F45)



Includes facility employees (full and part time) and individuals under an organization (agency) contract or an individual contract. Does NOT include: "private duty" nursing staff, hospice staff and feeding assistants.

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CMS-671(12/02)		FACILITY STAFFING				Only HOURS WORKED!!!				
	Tag Number	A Services Provided			B Full-Time Staff (hours)	C Part-Time Staff (hours)	D Contract (hours)			
		1	2	3						
Administration	F33									
Physician Services	F34									
Medical Director	F35									
Other Physician	F36									
Physician Extender	F37									
Nursing Services	F38									
RN Director of Nurses	F39									
Nurses with Admin. Duties	F40									
Registered Nurses	F41									
Licensed Practical/ Licensed Vocational Nurses	F42									
Certified Nurse Aides	F43									
Nurse Aides in Training	F44									
Medication Aides/Technicians	F45									

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### Excerpts: Instructions for CMS 671



**Director of Nursing** - Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. Do not additionally reflect these hours in any other category.

**Nurses with Administrative Duties** - Nurses (RN, LPN, LVN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do not perform direct care functions. Also include other nurses whose principal duties are spent conducting administrative functions. For example, the Assistant Director of Nursing is conducting educational/in-service, or other duties which are not considered to be direct care giving. Facilities with an RN waiver who do not have an RN as DON report all administrative nursing hours in this category.

**Registered Nurses** - Those persons licensed to practice as registered nurses in the State where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not physician-delegated tasks. Do not include Registered Nurses' hours reported elsewhere.

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**Excerpts: Instructions for CMS 671**

**Licensed Practical/Vocational Nurses** - Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located. Do not include those hours of LPN/LVNs reported elsewhere.

**Certified Nurse Aides** - Individuals who have completed a State approved training and competency evaluation program, or competency evaluation program approved by the State, or have been determined competent as provided in 483.150(a) and (3) and who are providing nursing or nursing-related services to residents. Do not include volunteers.

**Nurse Aides in Training** - Individuals who are in the first 4 months of employment and who are receiving training in a State approved Nurse Aide training and competency evaluation program and are providing nursing or nursing-related services for which they have been trained and are under the supervision of a licensed or registered nurse. Do not include volunteers.

**Medication Aides/Technicians** - Individuals, other than a licensed professional, who fulfill the State requirement for approval to administer medications to residents.

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**Staffing Data Reported**

- CMS form CMS-672 (Resident Census and Conditions)
  - Census (F78) = denominator of the staffing calculations
  - Total number of residents in facility and the number for whom a bed is being maintained on day survey started

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**CMS-672 Census Used in Adjusted Staffing Hours Formula**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**RESIDENT CENSUS AND CONDITIONS OF RESIDENTS**

Provider No.	Medicare	Medicaid	Other	Total Residents
	F75	F76	F77	F78
<b>ADL</b>	<b>Independent</b>	<b>Assist of One or Two Staff</b>		<b>Dependent</b>
Bathing	F79	F80		F81
Dressing	F82	F83		F84
Transferring	F85	F86		F87
Toilet Use	F88	F89		F90
Eating	F91	F92		F93

**A. Bowel/Bladder Status**      **B. Mobility**

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### Staffing Data Expected

- In determining staffing levels – CMS uses hours per patient day (HPPD).
- Hours expected to have based on the **resident acuity**:
  - Based on RUG-III (53 categories) – in other words = staffing is **case-mix adjusted**
  - Can be a composite of most recent MDS assessments for the resident (e.g., comprehensive, quarterly, PPS)

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### Case-Mix Adjusted Staffing

- Based on RUG categories
  - RUG groups for each resident are calculated on last business day of each quarter using the most recent assessment for each resident at the facility during the quarter; uses quarter in which the staffing data was collected (survey)
  - Higher acuity expected to have more staff
- Rating based on percentile (numerical) ranking compared to all other facilities nationwide

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### Case-Mix Adjusted Staffing

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>

- Calculations: Expected and Adjusted Staff Time Values Data Set (zip)

$$\text{Hours}_{\text{Adjusted}} = (\text{Hours}_{\text{Reported}} / \text{Hours}_{\text{Expected}}) * \text{Hours}_{\text{National Average}}$$

- Reported = hours reported in survey (CMS-671)
- Expected = reported hours with case mix adjustments (RUG-III) – converted by CMS (posted on web site)
- National average = mean across all facilities
  - Total nursing staff = 4.0309
  - Registered nurses = 0.7472

Have remained constant since April 2012; no change 2/15

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### Staffing Scoring Rules

- The 2 staffing measures are given equal weight. For each of RN staffing and total staffing, a 1 to 5 rating is assigned based on a percentile-based method (where percentiles are based on the distribution for freestanding facilities)

**Table 4**  
National Star Cut Points for Staffing Measures, Based on Case-Mix Adjusted Hours per Resident Day (updated April 2012)

Staff type	1 star	2 stars lower	2 stars upper	3 stars lower	3 stars upper	4 stars lower	4 stars upper	5 stars
RN	< 0.283	≥0.283	< 0.379	≥0.379	< 0.513	≥0.513	< 0.710	≥0.710
Total	< 3.262	≥3.262	< 3.661	≥3.661	< 4.173	≥4.173	< 4.418	≥4.418

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

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### Download Staffing Data



- A downloadable file that contains the *expected* and *reported* hours used in the staffing calculations is posted here:  
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>
- The file referred to as the "Expected and Adjusted Staff Time Values Data Set" contains data for both RNs and total staff for each individual nursing home

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### February 2015 – Staffing on Five-Star Report



- On the SNF Open Door Forum call 2/12/15 Director Hamilton announced that the staffing algorithm would change.
  - Previously it was possible for a facility with a 3-star rating for total nursing staff and a 3-star rating for RN to still achieve a 4-star rating for staffing
  - February 2015 forward – for a facility to achieve a 4-star in staffing there must be at least a 4-star rating for either the total nursing staff or the RN staffing

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**Five-Star Quality Measures**

Use 3 most recent quarters of MDS data

<p><u>Long stay measures (8)</u></p> <ul style="list-style-type: none"> <li>• ADL help needs have increased</li> <li>• High-risk PU</li> <li>• Long-term catheter use</li> <li>• Physical restraints</li> <li>• UTIs</li> <li>• Pain – self-report moderate to severe pain</li> <li>• Fall with major injury</li> <li>• <b>Antipsychotic medication</b></li> </ul>	<p><u>Short stay measures (3)</u></p> <ul style="list-style-type: none"> <li>• Pain – self-report moderate to severe</li> <li>• Pressure Ulcers – new or worsened</li> <li>• <b>New antipsychotic medication use</b></li> </ul>
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All 11 QMs based on national percentile ranking, with the exception of the ADL measure, which is based on State ranking

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**Received Antipsychotic Medication (LS)**

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- % of long-stay residents who are received an antipsychotic medication in the target period

**Exclusions:**

- Any of following conditions are present on the target assessment:
  - Schizophrenia
  - Tourette's Syndrome
  - Huntington's Disease



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**Newly Received Antipsychotic Medication (SS)**

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- % of residents who are receiving an antipsychotic medication during the target period but **not** on their initial assessment. Uses look-back scan not including initial MDS

**Exclusions:**

- If initial MDS indicates antipsychotic medication use
- Any of following conditions are present on any MDS in the look-back scan
  - Schizophrenia
  - Tourette's Syndrome
  - Huntington's Disease



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## QM Scoring Increased to Total 1,100 Points



- Total QM score increased 200 points – 100 each for the two (2) additional QMs
- All 11 QMs given equal weight. Points are summed for all QMs to create a total score between 220 and 1,100
- CMS reset the QM scale – in other words – “raised the bar” for quality

NOT fair to compare from January 2015 to results for February 2015 and forward. The results DID change and it does not necessarily mean the quality changed

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## Scoring for Quality Measures

National Ranges for Point Values for Non-ADL QMs (updated February 2015)

Quality Measure	# of QM Points is...	For QM values between...	and...
Moderate to Severe Pain (long-stay)	100	0.00000000	0.02115460
	80	0.02115461	0.04816983
	60	0.04816984	0.07929856
	40	0.07929857	0.12534518
	20	0.12534519	1.00000000

Example: QM report:  
LS pain = 23.5%  
Divide by 100 = 0.235

- Most QMs: facilities grouped into quintiles based on national distribution. The quintiles are 20 points (poorest performing), 100 points (best performing), and 40, 60 or 80 points for second, third and fourth quintiles respectively. QMs scored this way are LS ADL worsening, LS pressure ulcers, LS catheter, LS UTI, LS pain, LS injurious falls, and SS pain

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## QM Scoring

- Physical restraint QM, facilities with the best score are assigned 100 points (no restraints) which is about 60% of facilities or 3 quintiles. Rest of facilities divided into evenly sized groups - poorer 20 points, better performer 60 points

Physical Restraints (long-stay)	100	0.00000000	0.00000000
	60	0.00000001	0.01851848
	20	0.01851849	1.00000000

- The SS pressure ulcer. No residents trigger = 100 points; rest into 3 evenly divided groups (each about 23%) or 25, 50, 75 points

New or Worsening Pressure Ulcers (short-stay)	100	0.00000000	0.00000000
	75	0.00000001	0.00674135
	50	0.00674136	0.01477029
	25	0.01477030	1.00000000

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### Scoring for QMs

- Long stay antipsychotic: facilities divided into 5 groups based on the national distribution of the measure. Top-performing 10% of facilities receive 100 points; poorest performing 20% of facilities receive 20 points; and the middle 70% divided into 3 equally sized groups (each about 23%) and receive 40, 60 or 80 points.

Quality Measure	# of QM Points is...	For QM values between...	and...
Antipsychotic Medications (long-stay)	100	0.00000000	0.08088236
	80	0.08088237	0.14285715
	60	0.14285716	0.19642856
	40	0.19642857	0.26775956
	20	0.26775957	1.00000000

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### QM Scoring

- Short stay antipsychotic medication QM. Approximately 20% of facilities achieve the best possible score (zero % trigger the QM), these facilities all receive 100 points; the poorest performing 20% of facilities receive 20 points; and the remaining facilities are divided into 3 equally sized groups (each about 20%) and receive 40, 60, or 80 points.

Antipsychotic Medications (short-stay)	Score	From...	To...
100	0.00000000	0.00000000	0.00000000
80	0.00000001	0.01351350	0.01351350
60	0.01351351	0.02336446	0.02336446
40	0.02336447	0.03821657	0.03821657
20	0.03821658	1.00000000	1.00000000

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### Scoring

- For the ADL measure, quintiles are set on a State-specific basis using the State distribution.
  - The ADL measure is based on the within-State distribution because this measure appears to be particularly influenced by differences in state Medicaid policies governing long term care.

**Table A4. State-Specific Ranges for Point Values for ADL Decline (long-stay)**  
(Updated February 2015)

State	Ranges for each point Category on the ADL QM									
	100 points		80 points		60 points		40 points		20 points	
	From...	To...	From...	To...	From...	To...	From...	To...	From...	To...
Ohio	0.0	0.09359606	0.09359607	0.12738856	0.12738857	0.16000000	0.16000001	0.19834712	0.19834713	1.0

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## Revised Cut Points for QMs

- CMS rescaled distribution for the 11 QMs and points for each QM range from 20-100 (except 1 QM has low of 25)
- The total score range for the QMs is from 225 to 1,100

Stars	Rebased Distribution
5	25%
4	20%
3	20%
2	20%
1	15%

FYI – "Old" days  
616 = 5 stars

QM Rating	Point Range for MDS Quality Measure Summary Score (updated February 2015)
★	225 – 544
★★	545 – 629
★★★	630 – 689
★★★★	690 – 759
★★★★★	760 – 1,100

**Based on 225 to 1,100 points**

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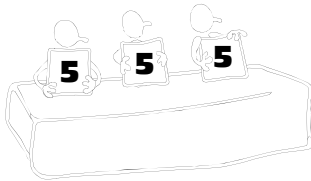
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## Overall Rating



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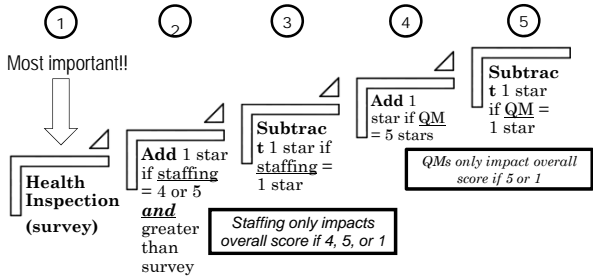
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## To Determine Overall Rating = Same 5 Steps



UNLESS.....

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## Calculating the Overall Rating (exceptions)



- If the health inspection rating is 1 star, then the Overall Quality rating cannot be upgraded by more than 1 star based on staffing and QM ratings
- If the NH is a Special Focus Facility that has not graduated, the maximum Overall rating is 3 stars

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## Impact of QM Rebasing



- 2% of facilities lost 2 stars; 1% gained 1 star
- One-third of facilities lost a rating star due simply to administrative changes
- CMS also indicating that more rebasing will occur next year – believing improvements need to continue
- Bottom line – CMS expects improvement over time. What was there in 2008 does not suffice for 2015 (P. Conway, MD, CMS deputy director)

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## Impact on Overall Ratings



		National – All Centers					
		Centers	-3 Stars	-2 Stars	-1 Star	No Change	+1 Star
Old Ratings (before CMS change)	<b>Counts of Centers</b>						
	OVERALL	15,513	-	308	4,458	10,626	121
	★	1,311	-	-	-	1,296	15
	★★	3,136	-	-	1,162	1,958	16
	★★★	2,591	-	66	915	1,579	31
	★★★★	3,984	-	147	1,258	2,520	59
	★★★★★	4,491	-	95	1,123	3,273	-
Old Ratings (before CMS change)	<b>Percent of Centers</b>						
	OVERALL	15,513	0%	2%	29%	68%	1%
	★	1,311	0%	0%	0%	99%	1%
	★★	3,136	0%	0%	37%	62%	1%
	★★★	2,591	0%	3%	35%	61%	1%
	★★★★	3,984	0%	4%	32%	63%	1%
	★★★★★	4,491	0%	2%	25%	73%	0%

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Medicare.gov | Nursing Home Compare  
The Official U.S. Government Site for Medicare

[Nursing Home Compare Home](#) | [About Nursing Home Compare](#) | [About the Data](#) | [Resources](#)

[Help](#) | [Home](#)

Make a habit of checking – need to be able to discuss your numbers with residents, families, consumers, and media

**Find a Nursing Home**

A field with an asterisk (\*) is required.

\* Location  
Example: 45802 or Lima, OH or Ohio

ZIP Code or City, State or State

Nursing Home Name  
Full or Partial Nursing Home Name

Search



[www.medicare.gov/nursinghomecompare/search.html](http://www.medicare.gov/nursinghomecompare/search.html)

NHC one of CMS' busiest website – 1.4 million views each year and 85% of customers finding NH information from it

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**Quality Measure Reporting** 

Quality Measure [?]

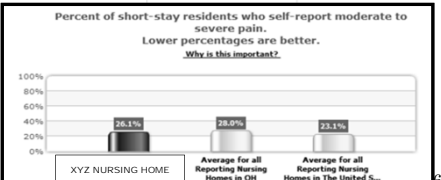
\*\*\*\*\* Above Average

View Graphs

	WESLEY GLEN HEALTH SERVICES CORP XYZ NURSING HOME	OHIO AVERAGE	NATIONAL AVERAGE
SHORT-STAY RESIDENTS Current data collection period			
Percent of short-stay residents who self-report moderate to severe pain. Lower percentages are better.	26.1%	28.0%	23.1%
Percent of short-stay residents with Pressure ulcers that are new or worsened. Lower percentages are better.	0.0%	2.0%	2.1%

**Don't FORGET!**

Percent of short-stay residents who self-report moderate to severe pain.  
Lower percentages are better.  
Why is this important?



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**Star Search** 

- Tracking:
  - New survey or complaint investigation can change rating
  - CMS-671 staffing data yearly after annual survey
  - QMs updated quarterly – mid January, April, July, October

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### Finding More Stars

- To improve star rating:
  - Achieve better survey results
    - Mock surveys
    - Use QIS critical element pathways as QA tools
  - Evaluate staffing levels, especially look at RN time – does staffing match acuity
    - Use instructions when completing the 671 and 672 forms
  - Effective Quality Assurance/Quality Improvement process to improve resident outcomes quantified by the QMs = ROOT CAUSE ANALYSIS

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### Consider

- QMs are retrospective data and methods indicate potential problems that need further review
- Concurrent methods examine actual care and clinical practices
- QMs assess performance of whole systems and parts of systems for defined episodes of care so QM efforts can be targeted

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### It's Not The Numbers - It's What You Do With Them

- Seeing the score is only the first step – QMs indicate **potential** problems
- Using the reports requires consideration of how the QM is scored, which residents were excluded and **which MDS items were used** to calculate each measurement
- MDS accuracy critical – use the correct version of the RAI Manual (**October 2014**)

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### Consider

- Analyze the underlying systems and processes and determine where redesign might reduce risk
- Identify risk areas and their potential contributions to the event
- Determine the human and other factors most directly associated with the event
- Be proactive – FIND CAUSES, NOT JUST SYMPTOMS

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### Consider

- Determine potential improvement in processes or systems that would tend to decrease likelihood of such events in the future, or decide after analysis that no improvement opportunities exist
- Include participation by managers and the individuals closely involved in the processes and systems under review
- Employees who work in the processes will know best how to improve them

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## Questions??


THANKS FOR ATTENDING

Contact Information:



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[jane.belt@plantemoran.com](mailto:jane.belt@plantemoran.com)  
614-222-9020

ENJOY THE CONVENTION



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■ Resources:

- *Five Star Nursing Home Quality Rating System Technical Users Guide* at: <http://www.cms.hhs.gov/CertificationandCompliance/downloads/usersguide.pdf>
- MDS 3.0 Quality Measures - USER'S MANUAL at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/downloads/MDS30QM-Manual.pdf>

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- Nationwide Expansion of Minimum Data Set (MDS) Focused Survey. Ref: S&C: 15-06-NH. October 31, 2014
- CMS web site: Five-Star Rating System. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>

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