

Session #: T38
*Connecting the Dots:
 MDS, Quality Measures
 and 5-Star Rating*

Your Name:

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Objectives:

- *Describe and understand what QM's are used to determine a facility's 5-Star rating and how they relate to a facility's 5-Star rating*
- *Identify coding criteria on the MDS that leads to "triggering" with QM's*
- *Describe how QM scores, staffing and survey performance are converted into points and stars for the 5-Star rating*
- *Identify processes for successful management of QM's/5-Star rating*

5-STAR REPORTS

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5-Star Report

- 5-Star Report
 - Created by CMS in 2008 to help consumers compare nursing homes
 - Nursing Home Compare
 - “The primary goal of this rating system is to 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”

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Nursing Home Compare

Overall Rating	Health Inspections	Staffing	Quality Measures
☆☆☆☆☆ Average	☆☆☆☆☆ Below Average	☆☆☆☆☆ Average	☆☆☆☆☆ Much Above Average
☆☆☆☆☆ Above Average	☆☆☆☆☆ Average	☆☆☆☆☆ Much Above Average	☆☆☆☆☆ Above Average

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Nursing Home Compare

Much Above Average
 Above Average
 Average
 Below Average
 Much Below Average

Nursing Home Compare

Percent of long-stay residents experiencing one or more falls with major injury <i>Lower percentages are better</i>	6.8%	3.5%	3.2%
Percent of long-stay residents with a urinary tract infection <i>Lower percentages are better</i>	9.3%	6.5%	6.4%
Percent of long-stay residents who self-report moderate to severe pain <i>Lower percentages are better</i>	5.9%	8.9%	8.5%
Percent of long-stay high-risk residents with pressure ulcers <i>Lower percentages are better</i>	3.1%	6.8%	6.2%

5-Star Report

- 5-Star Report
 - Each nursing home receives a rating of between 1 and 5 Stars
 - One “Overall” 5-Star rating and separate Star rating for each of the following sources of information:
 - Health Inspections
 - Staffing (Total and RN)
 - Quality Measures

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5-Star Report

- Updated and posted Quarterly
- Preview of ratings
 - Typically generated in CASPER on the third Thursday of each month
 - Notices are posted when available

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INSPECTION DOMAIN

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5-Star Report

- Inspection Domain
 - Based on outcomes from annual health inspections and complaint investigations
 - Most important dimension in determining rating
 - Based on performance within a state
 - Cut points are recalculated every month
 - Data for survey is included in calculation of rating as soon as there is a complete survey package that becomes part of the CMS database

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5-Star Report

- Events that could change the health inspection score:
 - A new health inspection survey
 - New complaint information
 - 2nd, 3rd, or 4th re-visit
 - Resolution of an Informal Dispute Resolution (IDR) resulting in changes to scope and/or severity
 - "Aging" of complaint deficiencies

5-Star Report

- Inspection Domain (cont.)
 - Number, scope and severity of deficiencies
 - 3 most recent annual inspections
 - 36 months of complaint investigations
 - Most recent surveys are weighted more heavily
 - Most recent = 1/2
 - 2nd recent = 1/3
 - 3rd recent = 1/6

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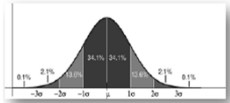
5-Star Report

- Inspection Domain (cont.)
 - Most recent Complaint surveys are weighted more heavily also
 - Within 12 months = 1/2
 - Within 13-24 months = 1/3
 - Within 25-36 months = 1/6
 - Facilities needing more than one re-visit will have points added pushing the rating down
 - Deficiencies from Life Safety Code and Federal Comparative Surveys are not used in calculations

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5-Star Report

- Health Inspection Star Rating Distribution Within a State:
 - 5 Stars = 10%
 - 2, 3, or 4 Stars = 70%
 - Equal number at each Star rating (23.33%)
 - 1 Star = 20%



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5-Star Report

- Inspection Domain (cont.)

Nursing Home Statement(s) of Deficiencies (CMS 2567) for your nursing home will be posted for surveys that took place on the following date(s). This includes both standard surveys and complaints. Dates of surveys without deficiencies are not listed.

- May 20, 2011
- July 27, 2012
- February 11, 2013
- February 25, 2014

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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 minimal harm that is not immediate jeopardy	D 4 points	E 8 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 point	B 0 points	C 0 points

5-Star Report

- Inspection Domain

Table 2
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

Note: The health inspection score includes points from deficiencies cited on either the standard annual survey or complaint surveys during a given survey cycle.

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5-Star Report

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

State	Number of facilities	Health Inspection Score									
		1 star		2 stars		3 stars		4 stars		5 stars	
		Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower
Indiana	516	>68.667	<=68.667	>44.667	<=44.667	>30.667	<=30.667	>11.333	<=11.333		

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5-Star Report

- TLC Nursing Home
 - 2013 - Annual survey with 4 D tags, 1 E tag and 1 D from complaint survey with tags cleared on first follow-up
 - = 28 points (1/2 of score)
 - 2012 - Annual survey with 3 D tags and 4 E tags
 - = 44 points (1/3 of score)
 - 2011 - Annual survey with 6 D tags, 4 E tags and 2 F tags
 - = 72 points (1/6 of score)

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5-Star Report

- TLC Nursing Home
 - Do the survey math:
 - 28 points X .50 = 14
 - 44 points X .33 = 14.5
 - 72 points X .167 = 12
 - For a Grand Total of 40.5 points or a 3 Star rating

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STAFFING DOMAIN

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5-Star Report

- Staffing Domain
 - "a clear association between nurse staffing ratios and nursing home quality of care"
 - 2 equally weighted case-mix adjusted measures
 - Total RN hours (RNs, DON, SDC, ADON, Nurses with Administrative duties)
 - Total nursing hours (RN, LPN, CNA's, aides in training, QMAs)
 - Source data for staffing is CMS-671 from survey
 - Resident census from CMS-672

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5-Star Report

	Tag Number	FACILITY STAFFING										
		A			B			C		D		
		Services Provided			Full-Time Staff (hours)			Part-Time Staff (hours)		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											
Pharmacists	F46											
Dietary Services	F47											
Dietitians	F48											
Food Service Workers	F49											

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5-Star Report

- Staffing Domain
 - Uses facility’s reported hours and is case-mix adjusted based on distribution of MDS assessments by RUG score
 - RUG data is based on RUG groups from quarter in which staffing data was collected
 - Uses 53 grouper version of RUG-III

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5-Star Report

- Staffing Domain
 - New data for staffing is added to the facility approximately annually
 - Rating is held constant until new staff data collected
 - To receive a 5-star rating – must meet or exceed 5-star levels for both staffing categories
 - 4.418 ppd for total nursing hours (aides, RNs, LPNs)
 - 0.710 ppd for RN hours

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5-Star Report

Adjusted Hrs. = $\frac{\text{Reported Hrs.}}{\text{Expected Hrs.}}$ X National Ave.

Expected Hours = Distribution of residents by RUG group in the quarter closest to the date of the most recent standard survey
 National Average = Mean across all facilities for a given staff type
 Reported Hours = Hours reported on Form 671 of most recent survey

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5-Star Report

- Expected Hours:
 - Sum of nursing times (from CMS Time Study) connected to each RUG category across all residents in the category and across all categories
 - Collected on last business day of the last month of each quarter
 - Active resident
 - Most recent assessment (Comprehensive, PPS, Quarterly)
 - Divide hours by the number of resident reported through the MDS data for the time period

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5-Star Report

Table A1 RUG Based Case-Mix Adjusted Nurse and Aide Staffing Minute Estimates 1995-1997 Time Study Average Times (Minutes)					
RUG-53 Group	Resident Specific Time + Non-Resident Specific Time Minutes				Total Minutes All Staff Types
	RN	LPN	Nurse Total	AIDE	
EXTENSIVE					
SE3	143.56	101.33	244.89	193.50	438.39
SE2	108.52	86.06	194.58	163.54	358.12
SE1	80.79	57.68	138.47	191.79	330.26
SPECIAL					
SSC	72.9	64.3	137.20	184.1	321.30
SSB	70.9	55.0	125.90	172.4	298.30
SSA	91.7	41.7	133.40	130.4	263.80
CLINICALLY COMPLEX					
CC2	85.2	42.50	127.70	191.1	318.80
CC1	55.7	57.70	113.40	176.9	290.30
CB2	61.5	41.80	103.30	159.0	262.30
CB1	59.0	36.20	95.20	147.3	242.50
CA2	58.6	43.30	102.10	130.3	232.40
CA1	59.7	37.60	97.30	103.3	200.60

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5-Star Report

- Reported Hours:

	Tag Number	FACILITY STAFFING			
		Services Provided 1 2 3	Full-Time Staff (hours)	Part-Time Staff (hours)	Contract (hours)
Administration	333				
Physician Services	334				
Medical Director	335				
Other Physician	336				
Physician Assistant	337				
Nursing Services	338				
RN Director of Nurses	339				
Nurses with Admin Licenses	340				
Registered Nurses	341				
Licensed Practical Licensed Vocational Nurses	342				
Certified Nurse Aides	343				
Nurse Aides in Training	344				
Medication Aides/Technicians	345				
Pharmacists	346				
Dietary Services	347				
Dietician	348				
Food Service Workers	349				

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5-Star Report

- National Average:

Table 3.

National average hours per resident day used in calculation of adjusted staffing (as of April 2012)

Type of staff	National average hours per resident per day
Total nursing staff (Aides + LPNs + RNs)	4.0309
Registered nurses	0.7472

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5-Star Report

- Staffing Domain

Table 5

Staffing Points and Rating (updated February 2015)

RN rating and hours	Total nurse staffing rating and hours (RN, LPN and nurse aide)				
	1 <3.262	2 3.262 – 3.660	3 3.661 – 4.172	4 4.173 – 4.417	5 ≥4.418
1 <0.283	★	★	★★	★★	★★★
2 0.283 – 0.378	★	★★	★★★	★★★★	★★★★
3 0.379 – 0.512	★★	★★★	★★★★	★★★★★	★★★★★
4 0.513 – 0.709	★★	★★★	★★★★	★★★★★	★★★★★
5 ≥0.710	★★★	★★★	★★★★	★★★★★	★★★★★

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

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5-Star Report

- Information for facility staffing (updated January, 2015) is posted at:

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

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5-Star Report

Reported Hours Per Resident Per Day				
Aides	LPNs	RNs	Total Licensed	Total Nursing
2.37609	1.04891	0.78152	1.83043	4.20652
2.72671	1.1137	1.20548	2.31918	5.04589
3.23111	1.05111	0.8	1.85111	5.08222
2.74405	1.0869	0.94167	2.02857	4.77262

Expected Hours Per Resident Per Day				
exp_aide	exp_LPN	exp_RN	exp_nurse	exp_all
2.45340461	0.599521631	0.874660993	1.474182624	3.927587234
2.147393987	0.570508821	0.908640733	1.479149554	3.626543541
2.591173593	0.658451472	0.933095643	1.591547115	4.182720708
2.450399156	0.624420042	0.885145911	1.509565953	3.959965109

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5-Star Report

Adjusted Hours Per Resident Per Day				
adj_aide	adj_lpn	adj_rn	adj_nurse	adj_total
2.376376081	1.452149939	0.667632087	1.958466469	4.317169921
3.115650117	1.620257156	0.991299007	2.473071506	5.608502358
3.059684858	1.324959145	0.640620289	1.834539346	4.89775006
2.74774641	1.444743825	0.79491507	2.119591697	4.858111985

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5-Star Report

- IMPACT (Improving Medicare Post-Acute Care Transformation) Act
 - Development of a national electronic quarterly system for payroll-based staffing data for all Medicare and Medicaid participating facilities
 - Track staffing levels throughout the year
 - Will help CMS create “measures of turnover and retention”
 - Voluntary in 2015
 - National mandate in 2016

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QUALITY MEASURE DOMAIN

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5-Star Report

- Quality Measure Domain
 - Based on a sub-set of the 18 QM's that are posted on the Nursing Home Compare site
 - 11 MDS-based Quality Measures
 - 3 short-stay measures
 - 8 long-stay measures
 - Rating offers information on 11 different physical and clinical measures for nursing home residents
 - QM's offer information about how well nursing homes are caring for their residents

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5-Star Report

- Quality Measure Domain (cont.)
 - Ratings calculated using the 3 most recent quarters for which data is available
 - Long-stay – At least 30 resident assessments
 - Short-stay – At least 20 resident assessments
 - Each QM is weighted and given equal value
 - For each measure, 20 to 100 points are assigned based on facility performance
 - National percentile ranking with exception of ADL measure (which is based on state ranking)

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5-Star Report

- Quality Measure Domain (cont.)
 - Scores can range from 225 – 1100 (the higher the better)
 - Tables for point values are in the 5-Star User’s Guide in Tables A3 – A4

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5-Star Report

- Calculation of QM Points:
 - Quintile Groups
 - Long stay ADL worsening, pressure ulcers, catheter, UTI’s, pain, and injurious falls
 - Short stay pain
 - 100, 80, 60, 40, 20 points depending on performance

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5-Star Report

- Calculation of QM Points:
 - Restraints
 - Low prevalence
 - 100 for best possible score (60% of facilities)
 - Remaining divided evenly at 60 or 20 points
 - Short-stay Pressure Ulcer
 - 100 points for best possible score (1/3 of facilities)
 - Remaining divided evenly at 75, 50, or 25 points

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5-Star Report

- Calculation of QM Points:
 - Long-stay Antipsychotic Medication Use
 - Top 10% get 100 points
 - Poorest performing 20% get 20 points
 - Middle 70% divided evenly at 40, 60 and 80 points
 - Short-stay Antipsychotic Medication Use
 - Top 20% get 100 points
 - Poorest performing 20% get 20 points
 - Remaining divided evenly at 40, 60 and 80 points

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5-Star Report

- Missing Information
 - Data for at least 4 of the 8 long-stay measures
 - Missing values are based on state-wide average
 - Data on 2 of the 3 short stay measures
 - Missing values are based on state-wide average
 - Data for 3 or fewer long-stay measures
 - QM is based on short-stay measures only
 - Data on 0 or 1 short-stay measures
 - QM score is based on long-stay measures only

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5-Star Report

- Facilities will receive a QM rating if:
 - They have points for all QM's
 - They have points for only the 8 long-stay QM's
 - They have points for only the 3 short-stay QM's

5-Star Report

- Missing Information
 - No values are imputed for facilities with data on fewer the 4 long-stay QMs and fewer than 2 short-stay QMs
 - No QM rating

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5-Star Report

- Missing Information
 - If a facility has data for only the 3 short-stay measures (total of 300 possible points), its score is multiplied by 1100/300
 Example: $200 \times 1100/300 = 733$
 - If a facility has data for only the 8 long-stay measures (total of 800 points), its score is multiplied by 1100/800
 Example: $500 \times 1100/800 = 688$

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5-Star Report

- Ratings
 - Thresholds set so facilities would be:
 - 5-Star = 25%
 - 4-Star = 20%
 - 3-Star = 20%
 - 2-Star = 20%
 - 1-Star = 15%
 - Cut points will be held constant for a period of one year

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5-Star Report

- Quality Measure Cut-Points

Table 7
Star Cut-points for MDS Quality Measure Summary Score (updated February 2015)

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

MDS 2 Quality Measure for Provider	Part of Rating*	Provider				National Average
		Q1 2014	Q2 2014	Q3 2014	3-quarter average	
Long-Term Residents						
% of residents assessed and appropriately given the seasonal influenza vaccine	No	43.3%	50.0%	28.6%	43.8%	84.6%
% of residents assessed and appropriately given the pneumococcal vaccine	No	83.3%	50.0%	58.1%	60.4%	84.1%
% of residents experiencing one or more falls with major injury	Yes	3.2%	5.9%	3.5%	4.2%	3.2%
% of residents who have moderate to severe pain [†]	Yes	0.0%	0.0%	0.0%	0.0%	7.6%
% of high-risk residents who have pressure sores	Yes	3.1%	0.9%	9.8%	6.5%	6.0%
% of residents who had a urinary tract infection	Yes	9.9%	15.0%	7.1%	9.7%	8.7%
% of low-risk residents who lose control of their bowels or bladder	No	58.5%	58.1%	62.2%	60.0%	44.4%
% of residents who have had a catheter inserted and left in place	Yes	3.0%	3.2%	3.0%	3.1%	3.1%
% of residents who were physically restrained	Yes	0.0%	0.0%	0.0%	0.0%	1.1%
% of residents whose need for help with daily activities has increased	Yes	29.7%	29.6%	44.3%	34.4%	19.4%
% of residents who lose too much weight	No	0.9%	0.0%	6.4%	9.2%	7.1%
% of residents who are more depressed or anxious	No	0.0%	1.3%	1.3%	0.8%	6.1%
% of residents who received an antipsychotic medication	Yes	25.3%	29.6%	27.1%	27.3%	19.8%
Short-Term Residents						
% of residents assessed and appropriately given the seasonal influenza vaccine	No	49.3%	63.1%	52.9%	54.4%	84.1%
% of residents assessed and appropriately given the pneumococcal vaccine	No	55.5%	60.2%	60.9%	58.9%	82.6%
% of residents who had moderate to severe pain	Yes	16.7%	15.5%	14.5%	14.0%	15.5%
% of residents with pressure ulcers that are new or worsened	Yes	0.0%	2.9%	2.3%	1.7%	1.0%
% of residents who newly received an antipsychotic medication	Yes	4.3%	4.4%	2.0%	3.5%	2.4%

Detailed descriptions and specifications for all the QMs can be found here: <http://www.governors.org/quality/quality-measures>.
*This measure is risk-adjusted.
[†]These measures are risk-adjusted.
††These measures are not available for this measure. Values are not disclosed for the long-term measure if there are fewer than 30 eligible resident assessments and are not disclosed for the short-term measure if there are fewer than 20 eligible resident assessments. A 3-quarter average measure will be shown if there are at least the number of eligible resident assessments summed across all three quarters.

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5-Star Report

- Long-Stay Measures
 - Percent of residents:
 - Whose need for help with ADLs has increased
 - Who are high risk residents with pressure ulcers
 - Who have/had a catheter inserted and left in their bladder
 - Who were physically restrained
 - With a urinary tract infection
 - Who self-report moderate to severe pain
 - Experiencing one for more falls with major injury
 - Who received an antipsychotic medication

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5-Star Report

- 2 long-stay measures are risk-adjusted
 - Long-stay residents who had a catheter inserted and left in the bladder
 - Frequent bowel incontinence or pressure ulcers (II, III, IV) on prior assessment
 - Long-stay residents who self-report moderate to severe pain
 - Independence or modified independence in daily decision making on prior assessment

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5-Star Report

- Short-Stay Measures
 - Percent of residents:
 - With pressure ulcers that are new or worsened
 - Who self-report moderate to severe pain
 - Who newly received an antipsychotic medication

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5-Star Report

- 1 short-stay measure is risk-adjusted
 - Short-stay residents with pressure ulcers that are new or worsened
 - Limited or more assistance in bed mobility on initial assessment
 - Bowel incontinence at least occasionally on initial assessment
 - Diabetes or peripheral vascular disease on initial assessment
 - Indicator of low body mass index on initial assessment

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Short Stay – Self Report Moderate to Severe Pain

- Uses pain interview from target assessment
- Looks at pain frequency/intensity
 - Captures the percentage of residents with at least one episode of moderate/severe pain
 - Or horrible/excruciating pain of any frequency in the last 5 days

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Short Stay – Self Report Moderate to Severe Pain

- MDS Items (must meet either or both of the following)
 - Daily pain with at least one episode of moderate/severe pain
 - J0400 = (1 or 2) and J0600A = 05,06,07,08,09 or J0600B = 2 or 3 OR
 - Severe/horrible pain of any frequency
 - J0600A = 10 or J0600B = 4

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Short Stay – Self Report Moderate to Severe Pain

J0400. Pain Frequency

Enter Code

Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?"

1. Almost constantly
2. Frequently
3. Occasionally
4. Rarely
9. Unable to answer

J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)

Enter Rating

A. Numeric Rating Scale (00-10)
Ask resident: "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00-10 pain scale)
Enter two-digit responses. Enter 99 if unable to answer.

Enter Code

B. Verbal Descriptor Scale
Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale)

1. Mild
2. Moderate
3. Severe
4. Very severe, horrible
9. Unable to answer

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Short Stay – Self Report Moderate to Severe Pain

- Exclusions
 - Pain interview not completed (J0200)
 - Pain presence (J0300) not completed
 - Pain presence (J0300) completed but:
 - Pain frequency not completed (J0400 = 9,-, ^)
 - Neither pain intensity was completed (J0600A or J0600B)
 - Numeric pain intensity indicates no pain (J0600A = 00)

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Short Stay – Self Report Moderate to Severe Pain

- Managing Pain interviews:
 - Ensure staff is trained
 - Periodic evaluation of interviewers
 - Per RAI manual
 - MDS form instructs attempt on all residents
 - Conduct close to end of observation period – ARD or day before – schedule with resident
 - Introduce interview
 - Set the stage on admission

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Short Stay – Self Report Moderate to Severe Pain

- Managing Pain interviews:
 - Don't switch pain scales back and forth
 - Do not fight resident answers
 - Follow-up

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Long Stay – Self Report Moderate to Severe Pain

- Uses pain interview from target assessment
 - Risk adjusted by covariates of decision making or BIMS from prior assessment
- MDS Items (must meet either or both of the following)
 - Daily pain with at least one episode of moderate/severe pain
 - J0400 = (1 or 2) and J0600A = 05,06,07,08,09 or J0600B = 2 or 3 OR
 - Severe/horrible pain of any frequency
 - J0600A = 10 or J0600B =4

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Long Stay – Self Report Moderate to Severe Pain

J0400. Pain Frequency	
Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?"	
Enter Code	<ol style="list-style-type: none"> 1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer

J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)	
A. Numeric Rating Scale (00-10) Ask resident: "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00 - 10 pain scale) Enter two-digit response. Enter 99 if unable to answer.	
Enter Code	<ol style="list-style-type: none"> 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer

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Long Stay – Self Report Moderate to Severe Pain

- Exclusions
 - Target assessment is an Admission or PPS 5-day assessment
 - Pain interview not completed (J0200)
 - Pain presence (J0300) not completed
 - Pain presence (J0300) completed but:
 - Pain frequency not completed (J0400 = 9, -, ^)
 - Neither pain intensity was completed (J0600A or J0600B)
 - Numeric pain intensity indicates no pain (J0600A = 00)

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Long Stay – High Risk with Pressure Ulcers

- Uses information from target assessment
- High risk residents are those that are impaired in bed mobility or transfers, comatose or who suffer from malnutrition

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Long Stay – High Risk with Pressure Ulcers

- MDS items (must meet both of the following)
 - Must be high risk for pressure ulcers by meeting at least one of the following:
 - Comatose (B0100 =1)
 - Malnutrition or at risk for malnutrition (I5600 is checked)
 - Impaired bed mobility or transfer (G0110A1 = 3, 4, 7, 8) and/or G011B1 = 3, 4, 7, 8)
 - Stage II-IV pressure ulcers are present
 - M0300B1 = at least 1
 - M0300C1 = at least 1
 - M0300D1 = at least 1

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Long Stay – High Risk with Pressure Ulcers

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage

A. Number of Stage 1 pressure ulcers
Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues

B. Stage 2. Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

1. Number of Stage 2 pressure ulcers - if 0 → Skip to M0300C, Stage 3

2. Number of Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

3. Date of oldest Stage 2 pressure ulcer. Enter dashes if date is unknown:

Month Day Year

C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

1. Number of Stage 3 pressure ulcers - if 0 → Skip to M0300D, Stage 4

2. Number of Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling

1. Number of Stage 4 pressure ulcers - if 0 → Skip to M0300E, Unstageable; Non-removable dressing

2. Number of Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

67

Long Stay – High Risk with Pressure Ulcers

- Exclusions
 - Target assessment is an Admission assessment or PPS 5-day assessment
 - Resident did not meet conditions in numerator and the following were not assessed:
 - M0300B1 = (-)
 - M0300C1 = (-)
 - M0300D1 = (-)

68

Short Stay – New or Worsened Pressure Ulcers

- Captures short stay residents who develop or have a worsening of pressure ulcer
- Uses look back scan
- Risk-adjusted by covariates of bed mobility, bowel incontinence, low body mass index or diagnoses of DM or PVD from initial assessment
- MDS Items (any assessment in look back scan)
 - Stage II (M0800A) > 0 and < or = to M0300B1
 - Stage III (M0800B) > 0 and < or = to M0300C1
 - Stage IV (M0800C) > 0 and < or = to M0300D1

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Short Stay – New or Worsened Pressure Ulcers

- Exclusions
 - Assessments are only excluded if they do not have a usable response in M0800A, M0800B or M0800C

M0800. Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or Scheduled PPS) or Last Admission/Entry or Reentry
 Complete only if AG310E = 0

Indicate the number of current pressure ulcers that were **not present or were at a lesser stage** on prior assessment (OBRA or scheduled PPS) or last entry. If no current pressure ulcer at a given stage, enter 0.

Enter Number	<input type="checkbox"/>	A. Stage 2
Enter Number	<input type="checkbox"/>	B. Stage 3
Enter Number	<input type="checkbox"/>	C. Stage 4

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Long Stay – Physically Restrained Residents

- Reports the percent of residents who are physically restrained on a daily basis
- Uses target assessment
- MDS Items (indicates daily physical restraint use)
 - Trunk restraint used in bed (P0100B = 2)
 - Limb restraint used in bed (P0100C = 2)
 - Trunk restraint in chair or out of bed (P0100E = 2)
 - Limb restrain in chair or out of bed (P0100F = 2)
 - Chair prevent rising out of bed (P0100G = 2)

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Long Stay – Physically Restrained Residents

- Exclusions
 - Any of the above items are not assessed and have a value of (-) on the MDS

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Long Stay – Physically Restrained Residents

P0100. Physical Restraints	
Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body	
Coding: 0. Not used 1. Used less than daily 2. Used daily	Enter Codes in Boxes
	Used in Bed
	<input type="checkbox"/> A. Bed rail
	<input type="checkbox"/> B. Trunk restraint
	<input type="checkbox"/> C. Limb-restraint
	<input type="checkbox"/> D. Other
	Used in Chair or Out of Bed
	<input type="checkbox"/> E. Trunk restraint
	<input type="checkbox"/> F. Limb restraint
	<input type="checkbox"/> G. Chair prevents rising
	<input type="checkbox"/> H. Other

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Long Stay – Physically Restrained Residents

- Be sure and apply the definition of “Physical Restraints” when coding these responses in Section P:
 - Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident’s body that the individual cannot remove easily, which restricts freedom of movement or normal access to one’s body
- Determine the effect of the device on the resident

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Long Stay – Falls with Major Injury

- Reports the percent of residents who have experienced one or more falls with a major injury in the last 12 months
- Uses look back scan of 275 days
- MDS Items
 - Major injury at J1900 = 1 or 2
- Exclusions
 - Occurrence of falls not assessed (J1800 = -) OR
 - Assessment indicates fall occurred (J1800 = 1) but number of falls with injury was not assessed (J1900C = -)

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Long Stay – Falls with Major Injury

- Major injury:
 - Bone fractures
 - Joint dislocations
 - Closed head injuries with altered consciousness
 - Subdural hematoma

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
↓ Enter Codes in Boxes	
Coding: 0. None 1. One 2. Two or more	<input type="checkbox"/> A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
	<input type="checkbox"/> B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	<input type="checkbox"/> C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Long Stay – Urinary Tract Infections (UTIs)

- Reports percent of residents that have had a UTI in the last 30 days
- Uses target assessment
- MDS Items
 - UTI in last 30 days is indicated (I2300 is checked)
- Exclusions
 - Target assessment is an Admission assessment or PPS 5-day assessment

Infections	
<input type="checkbox"/>	I1700. Multidrug-Resistant Organism (MDRO)
<input type="checkbox"/>	I2000. Pneumonia
<input type="checkbox"/>	I2100. Septicemia
<input type="checkbox"/>	I2200. Tuberculosis
<input type="checkbox"/>	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)
<input type="checkbox"/>	I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
<input type="checkbox"/>	I2500. Wound Infection (other than foot)

Long Stay – Urinary Tract Infections (UTIs)

- Uses a 30-day look-back for active disease
 - Watch out for systems that pull answers forward
 - All 4 qualifiers must be present to code on the MDS:
 - Diagnosis of UTI
 - Current medication or treatment in last 30 days
 - Signs and symptoms attributed to UTI
 - Burning, frequency, flank tenderness, cloudy urine, urine odor, confusion, change in mental status, etc.
 - Significant lab findings as determined by the attending physician

Long Stay – Catheter Inserted and Left in Bladder

- Reports the percent of residents that had an indwelling catheter in the last 7 days
- Uses target assessment
- Risk adjusted by covariates of bowel incontinence or pressure ulcers (stage 2-4) from prior assessment
- MDS Item
 - Indwelling catheter indicated (H0100A is checked)

Section H		Bladder and Bowel
H0100. Appliances		
↓ Check all that apply		
<input type="checkbox"/>	A.	Indwelling catheter (including suprapubic catheter and nephrostomy tube)
<input type="checkbox"/>	B.	External catheter
<input type="checkbox"/>	C.	Ostomy (including urostomy, ileostomy, and colostomy)
<input type="checkbox"/>	D.	Intermittent catheterization
<input type="checkbox"/>	Z.	None of the above

Long Stay – Catheter Inserted and Left in Bladder

- Exclusions
 - Target assessment is an Admission or a PPS 5-day assessment
 - Indwelling catheter status is missing on target assessment
 - Neurogenic bladder (I1550 is checked) on target assessment
 - Obstructive uropathy (I1650 is checked) on target assessment

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Long Stay – Need for Help with Activities of Daily Living Has Increased

- Reports the percent of residents whose need for help with late-loss ADL's has increased when compared to a prior assessment
- Uses target assessment that is compared to the prior assessment
- MDS Items
 - Uses 4 late-loss ADL's – bed mobility, transfers, eating and toileting (self performance) in Section G of the MDS
 - Increase in 2 or more coding points in one late-loss ADL item or
 - One point increase in coding points in two or more late-loss ADL items

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Long Stay – Need for Help with Activities of Daily Living Has Increased

1. ADL Self-Performance Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time	2. ADL Support Provided Code for most support provided over all shifts; code regardless of resident's self-performance classification	
Coding: Activity Occurred 3 or More Times 0. Independent - no help or staff oversight at any time 1. Supervision - oversight, encouragement or cueing 2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 3. Extensive assistance - resident involved in activity; staff provide weight-bearing support 4. Total dependence - full staff performance every time during entire 7-day period Activity Occurred 2 or Fewer Times 7. Activity occurred only once or twice - activity did occur but only once or twice 8. Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period	Coding: 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two persons physical assist 8. ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period	
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	Self-Performance <input type="checkbox"/>	Support <input type="checkbox"/>
B. Transfer - how resident moves between surfaces including to or from bed, chair, wheelchair, standing position (includes to/from bathroom)	<input type="checkbox"/>	<input type="checkbox"/>
H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	<input type="checkbox"/>	<input type="checkbox"/>
I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal (transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	<input type="checkbox"/>	<input type="checkbox"/>

Long Stay – Need for Help with Activities of Daily Living Has Increased

- Exclusions
 - All 4 late-loss ADL items indicate total dependence on prior assessment
 - Resident is comatose (B0100 = 1)
 - Prognosis of life expectancy is less than 6 months (J1400 = 1)
 - Hospice care indicated on target assessment (O0100K2 is checked)
 - Late-loss ADL items are not assessed on target or prior assessment

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Long Stay – Need for Help with Activities of Daily Living Has Increased

- Management of ADLs
 - Train, Train, Train!!!!
 - Monitor during assessment period
 - Observe staff during assessment periods
 - Watch auto-populate
 - Quality Improvement/Assurance plans

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Short Stay – Newly Received Antipsychotic Medication

- Reports the percent of short-stay residents who are receiving an antipsychotic medication during the target period but not on their initial assessment
 - Uses look back scan (not including the initial assessment)
 - MDS Items
 - Antipsychotic use (N0410A is 1 or greater)

85

Short Stay – Newly Received Antipsychotic Medication

- Exclusions
 - Initial assessment indicates antipsychotic use (N0410A) is 1 or greater
 - Diagnosis of the following on any assessment in look-back scan
 - Schizophrenia (I16000 is checked)
 - Tourette's Syndrome (I5350 is checked)
 - Huntington's Disease (I5250 is checked)

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Long Stay – Received Antipsychotic Medication

- Reports the percentage of long-stay residents who are receiving antipsychotic medications
 - Uses target assessment
 - MDS Items
 - Antipsychotic medication received (N0410A is greater than 1)
 - Exclusions
 - Diagnoses of the following on target assessment
 - Schizophrenia (I6000 is checked)
 - Tourette's Syndrome (I5350 is checked) on target or prior assessment
 - Huntington's Disease (I5250 is checked)

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5-Star Report

- Calculation of QM Rating
 - Tables for point values are in the 5-Star User's Guide Appendix in Tables A3 – A4
 - Updated quarterly
 - Mid – January, April, July and October

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5-Star Report

- Quality Measure Cut-Points

Table 7
Star Cut-points for MDS Quality Measure Summary Score (updated February 2015)

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

5-Star Report

- Point values for ADL decline

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...
Indiana	0.0	0.11688313	0.11688314	0.15517238	0.15517239	0.19607843	0.19607844	0.23437500	0.23437501	1.0

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Table A3
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
High Risk Pressure Ulcers (long-stay)	100	0.00000000	0.02659575
	80	0.02659576	0.04489800
	60	0.04489801	0.06372548
	40	0.06372549	0.08949414
	20	0.08949415	1.00000000

Catheter (long-stay)	100	0.00000000	0.01041907
	80	0.01041908	0.02108049
	60	0.02108050	0.03237411
	40	0.03237412	0.04785475
	20	0.04785476	1.00000000
Urinary Tract Infection (long-stay)	100	0.00000000	0.02127661
	80	0.02127662	0.04050634
	60	0.04050635	0.06083648
	40	0.06083649	0.08982036
	20	0.08982037	1.00000000
Physical Restraints (long-stay)	100	0.00000000	0.00000000
	60	0.00000001	0.01851848
	20	0.01851849	1.00000000

Injurious Falls (long-stay)	100	0.00000000	0.01142857
	80	0.01142858	0.02259883
	60	0.02259884	0.03424656
	40	0.03424657	0.05000000
	20	0.05000001	1.00000000
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

Moderate to Severe Pain (short-stay)	100	0.00000000	0.08333332
	80	0.08333333	0.14634145
	60	0.14634146	0.20720723
	40	0.20720724	0.28215770
	20	0.28215771	1.00000000
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
Antipsychotic Medications (short-stay)	100	0.00000000	0.00000000
	80	0.00000001	0.01351350
	60	0.01351351	0.02336446
	40	0.02336447	0.03821657
	20	0.03821658	1.00000000

QM Calculation	
Long stay pain = 13.0%	ADL decline = 9.2%
LS Pressure ulcer = 17.4%	Short stay pain = 19.1%
Fall with injury = 5.1%	SS Pressure ulcer = 1.5%
Indwelling catheter = 4.7%	LS Antipsychotic = 27.3%
UTI = 7.8%	SS Antipsychotic = 3.5%
Restraints = 0%	

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QM Calculation	
Long stay pain = 20	ADL decline = 100
LS Pressure ulcer = 20	Short stay pain = 60
Fall with injury = 20	SS Pressure ulcer = 25
Indwelling catheter = 20	LS Antipsychotic = 20
UTI = 40	SS Antipsychotic = 40
Restraints = 100	505

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QM Calculation

Long stay pain = 6.0%	ADL decline = 10.5%
LS Pressure ulcer = 4.7%	Short stay pain = 32.4%
Fall with injury = 5.2%	SS Pressure ulcer = 0.0%
Indwelling catheter = 1.4%	LS Antipsychotic = 18.1%
UTI = 2.1%	SS Antipsychotic = 1.4%
Restraints = 0%	

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QM Calculation

Long stay pain = 60	ADL decline = 100
LS Pressure ulcer = 60	Short stay pain = 20
Fall with injury = 20	SS Pressure ulcer = 100
Indwelling catheter = 80	LS Antipsychotic = 60
UTI = 100	SS Antipsychotic = 60
Restraints = 100	<u>760</u>

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5-Star Report

- Forthcoming QM's
 - SNF re-hospitalization
 - Successful discharge to community
 - Staffing turnover and retention
 - Short-stay "functional status improvement"
 - Delirium
 - Incontinence
 - UTI's

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OVERALL 5-STAR RATING

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5-Star Report

- “Overall” Rating
 - Inspection is considered the most important dimension
 - Change in one domain can change entire rating

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5-Star Report

- Overall Rating
 - Health Inspection rating
 - Add one star if staffing rating is 4 or 5 stars and greater than the Health Inspection rating – subtract one star if staffing is 1 star
 - Add one star if Quality Measure rating is 5 stars but subtract 1 star if the rating is a 1 star

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5-Star Report

Step 1	Step 2	Step 3	Overall Rating
Health Inspection Rating	Staffing Rating	Quality Measures Rating (QMs)	
Start with Health Inspection Rating	Add 1 star for 4 or 5-Star Staffing	Add 1 star for 5-Star QMs	
	Subtract 1 star for 1-Star Staffing	Subtract 1 star for 1-Star QMs	

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5-Star Report

- Overall Rating (cont.)
 - If Health Inspection is 1 star, then the "Overall" rating cannot be upgraded more than 1 star based on the staffing and QM ratings
 - If the nursing home is a Special Focus Facility (SFF) that has not graduated, the maximum "Overall" rating is 3 stars

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5-Star Report

- "Overall" Rating Example #1

Health Inspection	Staffing Rating	Quality Measures	Overall Rating
			

Calculation:

 +  + 0 = 

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5-Star Report

- “Overall” Rating Example #2

Health Inspection	Staffing Rating	Quality Measures	Overall Rating
☆☆☆	★	☆☆☆	
<i>Calculation:</i>			
☆☆☆	-	★	+ 0 =
			☆☆

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5-Star Report

- “Overall” Rating Example #3

Health Inspection	Staffing Rating	Quality Measures	Overall Rating
☆☆☆	★	★	
<i>Calculation:</i>			
☆☆☆	-	★	-
			★

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KEYS TO SUCCESS

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5-Star Report

- Keys for Success with QM's and 5-Star Report
 - Take time to become familiar with the QM (v8.0) and 5-Star (February, 2015) User Manuals
 - Know where you are
 - Facility Characteristic Report
 - Facility Level QM Report
 - Resident Level QM Report
 - MDS 3.0 Monthly Comparison Report
 - 5-Star report
 - Know the criteria for triggering a measure

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Facility Characteristic Report

CASPER Report Page 1 of 1
MDS 3.0 Facility Characteristics Report

Facility ID: [REDACTED] Report Period: 03/01/11-09/31/11
 CCN: [REDACTED] Comparison Group: 07/01/11-12/31/11
 Facility Name: [REDACTED] Run Date: 06/10/12
 City/State: [REDACTED] Report Version Number: 1.00
 Data was calculated on: 03/02/2012

	Facility		Comparison Group	
	Num	Denom	Observed Percent	State Average National Average
Gender				
Male	190	202	48.1%	34.2% 34.2%
Female	112	202	51.9%	59.8% 64.0%
Age				
<25 years old	1	202	0.4%	0.1% 1.2%
25-50 years old	63	202	18.8%	7.2% 5.6%
50-64 years old	68	202	24.0%	12.1% 13.0%
65-74 years old	61	202	21.6%	25.5% 21.0%
75-84 years old	67	202	22.2%	21.8% 24.4%
85+ years old	41	202	18.9%	33.4% 34.4%
Diagnostic Characteristics				
Psychiatric Diagnosis	190	202	93.2%	43.1% 48.2%
Intellectual or Developmental Disability	2	202	0.7%	0.1% 1.6%
Hipoxia	6	202	0.5%	0.5% 4.6%
Prognosis				
Life expectancy of less than 6 months	7	202	2.5%	6.7% 4.2%
Discharge Plan				
Not already occurring	157	202	55.7%	81.7% 64.2%
Already occurring	126	202	42.6%	14.6% 31.7%

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

Facility ID: [REDACTED] Report Period: 12/01/13-06/30/14
 CCN: [REDACTED] Comparison Group: 10/01/13-03/31/14
 Facility Name: [REDACTED] Run Date: 05/09/14
 City/State: [REDACTED] Report Version Number: 2.00
 Data was calculated on: 05/09/2014

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

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group		Comparison Group National Percentile
							State Average	National Average	
SR Mod/Severe Pain (S)	N001.01		13	58	22.4%	22.4%	21.1%	18.9%	64
SR Mod/Severe Pain (L)	N014.01		5	61	4.2%	4.7%	8.3%	8.0%	53
Hi-Risk Pres User (L)	N016.01		5	78	6.4%	6.4%	7.2%	6.8%	53
New/Severe Pres User (S)	N002.01		1	66	1.5%	1.2%	1.3%	1.1%	72
Phys restraints (L)	N027.01		2	89	2.2%	2.2%	0.9%	1.2%	82*
Falls (L)	N022.01		62	89	69.7%	69.7%	49.1%	44.2%	99*
Falls w/Inj Injury (L)	N013.01		6	89	6.7%	6.7%	3.6%	3.3%	89*
Antipsych Med (S)	N011.01		0	49	0.0%	0.0%	2.6%	2.7%	0
Antipsych Med (L)	N011.02		13	66	15.1%	15.1%	19.6%	19.9%	38
Antianxiety/hypnotic (L)	N033.01		4	50	8.0%	8.0%	9.2%	10.3%	48
Behav Dis Affect Others (L)	N024.01		25	94	29.8%	29.8%	14.0%	24.5%	69
Depress Dx (L)	N030.01		0	84	0.0%	0.0%	5.7%	6.5%	0
UTI (L)	N024.01		8	88	9.1%	9.1%	6.1%	6.1%	77*
Cath Insert/Left Bladder (L)	N026.01		2	79	2.5%	2.5%	3.6%	3.8%	42
Lo-Risk Lose Bib Con (L)	N025.01		15	31	48.4%	48.4%	47.5%	44.2%	58
Excess Wt Loss (S)	N029.01		6	89	6.8%	6.8%	9.3%	9.2%	43
Short ADL Help (L)	N028.01		17	83	20.5%	20.5%	18.0%	16.5%	71

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

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Facility ID: ██████████
 Facility Name: ██████████
 CCK: ██████████
 City/State: ██████████

Report Period: 12/01/13 - 05/31/14
 Run Date: 05/01/14
 Report Version Number: 2.00

Data was calculated on: 05/09/2014
 Note: S = short stay, L = long stay, X = triggered, b = not triggered or excluded.
 C = complete, data available for all days selected, I = incomplete, data not available for all days selected

Resident Name	Resident ID	AD310A/B/F	Quality Measure Count																	Quality Measure Count	
			SR Mod/Severe Pain (B)	SR Mod/Severe Pain (L)	H-risk Pres Ulcer (L)	New/worse Pres Ulcer (B)	Falls (L)	Falls w/falls Injry (L)	Antipsych Med (B)	Antipsych Med (L)	Behav Sx affect Others (L)	Depress Sx (L)	UTI (L)	Call Invert/LFT Bladder (B)	Lo-Risk Lose B/S Con (L)	Excess Wt Loss (L)	INCF/ADL HEP (L)				
			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
Active Residents																					
██████████	30132914	029999					X					X									2
██████████	332894	029999											X								1
██████████	28179803	039999									X	X									2
██████████	83561946	049999					X														1
██████████	821812	039999					X				X										4
██████████	18056980	029999					X				X										3
██████████	10222038	060299	X																		1
██████████	5655487	029999					X														1
██████████	321300	039999					X														2
██████████	341795	039999																			8
██████████	22649194	029999																			6
██████████	22189202	029999					X							X							2
██████████	24156141	029999					X														1
██████████	441823	029999		X			X														3

This report may contain privacy protected data and should not be released to the public.

CASPER Report
MDS 3.0 Quality Measure Monthly Comparison Report

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Facility ID: ██████████
 Facility Name: ██████████
 City/State: ██████████

Report Period: 07/01/11 - 12/31/11
 Run Date: 03/05/13
 Report Version Number: 2.00

Note: S = short stay, L = long stay
 Note: I = incomplete, data not available for all days selected
 Note: N/A represents a value that could not be computed
 Long Stay Measure (Sample size = 79)
 Short Stay Measure (Sample size = 53)

MSB ID	Date	Measure Description	Facility Percent	State Percent	National Percent
N01.01		SR Mod/Severe Pain (B)	51.1%	34.0%	27.5%
N014.01		SR Mod/Severe Pain (L)	39.2%	53.8%	29.2%
N015.01		H-risk Pres Ulcer (L)	8.1%	12.1%	11.8%
N02.01		New/worse Pres Ulcer (B)	5.8%	1.9%	1.8%
N027.01		Pain restraints (L)	0.0%	0.5%	1.1%
N032.01		Falls (L)	42.9%	41.2%	35.1%
N013.01		Falls w/falls Injry (L)	6.0%	1.7%	2.5%
N011.01	I	Antipsych Med (B)	N/A	0.0%	0.0%
N011.02	I	Antipsych Med (L)	N/A	16.9%	14.6%
N033.01		Antipsych/Hypnotic (L)	15.2%	16.9%	15.1%
N034.01		Behav Sx affect Others (L)	17.2%	10.0%	20.0%
N039.01		Depress Sx (L)	4.3%	7.4%	9.1%
N024.01		UTI (L)	4.4%	5.8%	9.2%
N028.01		Call's Invert/LFT Bladder (B)	6.5%	8.2%	6.0%
N025.01		Lo-Risk Lose B/S Con (L)	N/A	27.3%	29.9%
N029.01		Excess Wt Loss (L)	2.9%	9.3%	14.2%
N029.01		INCF/ADL HEP (L)	6.5%	16.8%	23.7%

5-Star Report

- Keys for Success (cont.)
 - Know the exclusions, risk groups or covariates for each measure
 - Target MDS coding
 - Understand what assessments are in play – target assessment or look-back scan
 - Examine facility QI/QM processes if coding is accurate
 - Root cause analysis
 - Monitor Missing Assessment Report
 - Limit use of dashes (-)

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5-Star Report

- Keys for Success (cont.)
 - Interview Processes
 - Active rehab and restorative programs
 - Monitor and adjust staffing to census and acuity
 - Proper use of definitions for falls and restraints
 - Section M and documentation of pressure ulcers
 - Effective Fall, Restraint and Pressure Ulcer prevention/reduction programs
 - Reliable medication reference
 - Appendix PP (page 431)

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Quality Measures

- Keys for Success (cont.)
 - Use 5-Star QM's as a starting point for more immediate impact
 - Up-to-date RAI manual
 - Ensure coordinators are trained
 - Internal or external audits
 - ADL coding and the "Rule of 3"
 - Software "pre-population"

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THANK YOU!!!

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