

Session #: W23

*Managing Quality Measures
Through Data Accuracy and
Quality Improvement
Strategies
April 29, 2014*

Contact Information

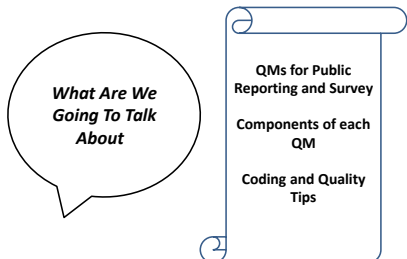
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DISCLOSURE

- I have no financial relationships to disclose
- I have no conflicts of interests to disclose
- I will not promote any commercial products or services

Objectives:

- *Identify the objectives of Quality Measures for Public Reporting*
- *Describe the components needed to calculate each Quality Measure*
- *List 4 specific Quality Measure vulnerabilities related to MDS accuracy*
- *Discuss clinical system practices needed for achieving competitive Quality Measures*



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What are QMs for Public Reporting?

- Part of the Nursing Home Quality Initiatives
- Take resident data from the MDS directly to the public via Nursing Home Compare website
- 14 QMs for clinical care areas
- 16 QMs for vaccines (influenza and pneumococcal)
- Calculated and posted every quarter
 - Folder in MDS system

What are QMs for Survey

- Guide surveyors in their off-site preparation
- Set the stage for onsite interviews, observation and record review
- Same 14 clinical QMs for public reporting plus 3 additional QMs

Defining Terms: Stay

A set of contiguous (connecting) days in a facility

- Time between a resident’s entry into a facility and either a discharge of any type or the end of a target period

Admission/Reentry



DC/Death or End of Target Period

Defining Terms: Episode

A period of time spanning one or more stays

- Begins with an Admission Entry Record and ends with a DC Return Not Anticipated, Death, DC and gone > 30days or End of the Target Period

Admission Entry Record



DCRNA, Death, DC >30d or the End of Target Period

Defining Terms: Cumulative Days in Facility (CDIF)

- Total number of days in an episode where the resident was in the facility
 - Includes the sum of the days in each stay in an episode

Short Stay vs. Long Stay

- **Short Stay** – CDIF is ≤ 100 days as of the end of the target period
- **Long Stay** – CDIF ≥ 101 days at the end of the target period

- ***NEED TO KNOW YOUR DATA!***

Defining Terms: Target Assessment

- Selected MDS for the Quality Measure
 - **Short Stay Measures:** Latest assessment in the most recent 6 months within the selected episode
 - **Long Stay Measures:** Latest assessment in most recent 3 months within the selected episode

Defining Terms: Initial Assessment

- First assessment after an admission entry record
 - Admission Assessment
 - PPS 5 day or Readmission /Return
 - Discharge Assessment

Defining Terms: Look-Back Scan

- All assessments within an episode to see if QM items are present
- Includes the target assessment and earlier
 - OBRA assessment
 - PPS **scheduled** assessment
 - Discharge assessment

Basic Calculation

- **Numerator:** The top number of the fraction; the actual number of residents who had the QM condition
 - *Divided by*
- **Denominator:** Bottom number of the fraction; the number of facility residents with assessments
 - *X 100*
- **Equals:** Percentage of residents with the QM condition

Risk Adjustments

- **Exclusions** – Residents not included in the numerator or denominator due to a condition or diagnosis
- **Covariates** – Adjust for resident characteristics that are out of the facility’s control
 - Supposed to “level the playing field”

SHORT STAY QUALITY MEASURES

Residents who Self-Report Moderate to Severe Pain

- Numerator**
 Short-stay residents with a selected target assessment where the target assessment meets either or both of the following conditions:
1. Resident reports daily pain with at least one episode of moderate/severe pain. **Both** of the following conditions must be met:
 - a. Almost constant or frequent pain (J0400=[1,2]) **and**
 - b. At least one episode of moderate to severe pain (J0600A=[05,06,07,08,09] OR J0600B=[2,3])
 2. Resident reports very severe/horrible pain of any frequency (J0600A=[10] OR J0600B=[4])

Residents who Self-Report Moderate to Severe Pain

Denominator

All short-stay residents with a selected target assessment, except those with exclusions

Exclusions

Missing or conflicting data

Residents who Self-Report Moderate to Severe Pain

• **TIPS**

- Dashes squeeze up the denominator and skew the data
- Residents only receive prn meds?
- Are their non-pharmacological interventions?
- Medicating *before and after* rehab activities
- Is everyone assessing pain with a facility standard?

New or Worsened Pressure Ulcers

Numerator

Short-stay residents for which a look-back scan indicates one or more new or worsening Stage 2-4 pressure ulcers

Where on any assessment in the look-back scan:

1. Stage 2 (M0800A) > [0] and M0800A <= M0300B1 OR
2. Stage 3 (M0800B) > [0] and M0800B <= M0300C1 OR
3. Stage 4 (M0800C) > [0] and M0800C <= M0300D1

New or Worsened Pressure Ulcers

Denominator

All residents with one or more assessments that are eligible for a look-back scan, except those with exclusions

Exclusions

Residents are excluded if none of the assessments included in the look-back scan has a usable response for M0800A, M0800B, or M0800C

- Usable assessment: One in which the number of new or worsening pressure ulcers at a particular stage is not greater than the total number of pressure ulcers present at that stage in M0300 or in which both items, M0300 and M0800, at a particular stage are skipped

New or Worsened Pressure Ulcers₄

• Covariates

- Requiring limited or more assistance in bed mobility self-performance dependence on the initial assessment:
- Bowel incontinence at least occasionally on the initial assessment:
- Diabetes or peripheral vascular disease on initial assessment (I0900). Note: PVD listed in I08000 only applies on assessments with ARDs before 4/1/12
- Low Body Mass Index on the initial assessment with range 12-19. $BMI = (weight * 703 / height^2) = (K0200B) * 703 / (K0200A2)$
- All covariates are missing if no initial assessment is available

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New or Worsened Pressure Ulcers₄

• Tips

- Pressure Ulcers that become unstageable are NOT worsened
- Pressure Ulcers that are “present on admission” are NOT worsened
- Unstageable pressure ulcers debrided for the first time are not worsened
- Debrided to unstageable to debrided
Compare previous stage to current stage to determine

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Influenza Vaccine (Short Stay)

- **Assessed and Appropriately Given the Vaccine**
- Looks at all short-stay residents with a qualifying target assessment during the most recent six months
 - Except residents who were not in the facility during the current or most recent influenza season
 - **KNOW YOUR FLU SEASON!!**

Influenza Vaccine – 1 Overall

Computes

- Received the influenza vaccine for current or most recent flu season either in this facility or outside of this facility
- Declined the vaccine when offered
- Were ineligible due to medical contraindications
- Received the influenza vaccine for current or most recent flu season either in this facility or outside of this facility
- Declined the vaccine when offered
- Were ineligible due to medical contraindications

Residents not in facility during the current or most recent flu season are excluded

Influenza Vaccine – 3 By Reason

Computes

1. Residents who received the flu vaccine during the current or most recent flu season, either in or outside of the facility
2. Residents who were offered and declined the flu vaccine
3. Residents who were ineligible due to medical contraindications

Residents not in facility during the current or most recent flu season are excluded for all 3

Pneumococcal – 1 Overall

Assessed and Appropriately Given the Vaccine

Computes

- With PPV status up to date
- Declined the vaccine when offered
- Were ineligible due to medical contraindications

Pneumococcal – 3 By Reason Code

Assessed and Appropriately Given the Vaccine

Computes

- With PPV status up to date
- Declined the vaccine when offered
- Were ineligible due to medical contraindications

Antipsychotic Medication Use

- Identifies short-stay residents who are newly started on an antipsychotic medication after the **initial** (5 day/Readmission-Return/Admission) assessment and not excluded

Antipsychotic Medication Use

- **Numerator**
- Short-stay residents for whom one or more assessments in a **look-back scan** (not including the initial assessment) indicates that an antipsychotic medication was received:
 - N0400A, Antipsychotic medication, coded 1 (checked) (for assessments with target dates on or before March 31, 2012)
 - N0410A, Antipsychotic medication, coded 1 -7 (for assessments with target date on or after April 1, 2012)

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Antipsychotic Medication Use

- **Denominator**
- All short-stay residents who do not have exclusions and who have both a target assessment and an initial assessment.
 - The target assessment and the initial assessment cannot be the same

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Antipsychotic Medication Use - Exclusions

1. The target assessment does not have psychoactive medications checked (March 31, 2012, N0400A = [-] or April 1, 2012, N0410A = [-])
2. Any of the following are checked on any assessment in the look-back scan:
 - a. Schizophrenia (I6000 = 1)
 - b. Tourette's Syndrome (I5350 = 1)
 - c. Huntington's Disease (I5250 = 1)
3. The initial assessment indicates antipsychotic medication use or use is unknown (N0400A = 1, before March 31, 2012 or N0410A = 1 - 7, after April 1, 2012, or "-")

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LONG STAY QUALITY MEASURES

Falls with Major Injury

- Major Injury
 - Bone fracture
 - Joint dislocation
 - Closed head injury with altered consciousness
 - Subdural hematoma

Falls with Major Injury

Numerator
 Long-stay residents with one or more *look-back scan* assessments that indicate one or more falls that resulted in major injury (J1900C=[1,2])

Denominator
 All long-stay residents with one or more look-back scan assessments except those with exclusions

Exclusions
 Missing MDS responses

Residents who Self-Report Moderate to Severe Pain

Numerator

Long-stay residents with a selected target assessment in where the target assessment meets either or both of the following conditions:

1. Resident reports daily pain with at least one episode of moderate/severe pain. **Both** of the following conditions must be met:
 - a. Almost constant or frequent pain (J0400=[1,2]) **and**
 - b. At least one episode of moderate to severe pain (J0600A=[05,06,07,08,09] OR J0600B=[2,3])
2. Resident reports very severe/horrible pain of any frequency (J0600A=[10] OR J0600B=[4])

Residents who Self-Report Moderate to Severe Pain

Denominator

All long-stay residents with a selected target assessment, except those with exclusions

Exclusions

- Missing or conflicting data
- Target assessment is an Admission assessment, a PPS 5-day assessment, or a PPS Readmission/Return assessment (A0310A=[01] or A0310B=[01, 06])

Residents who Self-Report Moderate to Severe Pain

Covariates

- Independence or modified independence in daily decision making on the prior assessment
 - C1000, cognitive skills for daily decision-making = 0-1 or BIMS Summary Score (C0500) = 13-15
- Compensates for decreased self-report of pain in facilities with more cognitively impaired residents
 - Could possibly raise the facility's score if a lot of cognitively impaired residents

Residents who Self-Report Moderate to Severe Pain

• **TIPS**

- Dashes squeeze up the denominator and skew the data
- Residents only receive prn meds?
- Are their non-pharmacological interventions?
- Medicating *before and after* rehab activities
- Is everyone assessing pain with a facility standard?

High Risk Residents with Pressure Ulcers

- Captures high-risk residents and identifies the percentage with Stage 2-4 pressure ulcers on their latest assessment in the episode
- High-risk = any of the following:
 - Impaired bed mobility or transfer indicated, by **either or both** of the following:
 - Bed mobility self-performance (G0110A1) = [3, 4, 7, 8]
 - Transfer self-performance (G0110B1) = [3, 4, 7, 8]
 - Comatose (B0100 = [1])
 - Malnutrition or at risk of malnutrition I5600 = checked

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High Risk Residents with Pressure Ulcers

• **Numerator**

- All residents with a selected target assessment that meets **both** of the following conditions:
 - Assessment meets the definition of high risk for pressure ulcers
 - Stage II-IV pressure ulcers are present, as indicated in M0300B1, M0300C1 and M0300D1

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High Risk Residents with Pressure Ulcers

- **Denominator**
- All residents with a selected target assessment who meet the definition of high risk, except those with exclusions
- **Exclusions**
 - Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06])
 - MDS responses in M0300 dashed [-]

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High Risk Residents with Pressure Ulcers

- **TIPS**
 - No reverse staging. Once a Stage IV, always a Stage IV
 - Can choose to do an early MDS assessment to capture a healed pressure ulcer

Influenza Vaccine (Long Stay)

- **Assessed and Appropriately Given the Vaccine**
- Looks at all short-stay residents with a qualifying target assessment during the most recent six months
 - Except residents who were not in the facility during the current or most recent influenza season
 - **KNOW YOUR FLU SEASON!!**

Influenza Vaccine – 1 Overall

Computes

- Received the influenza vaccine for current or most recent flu season either in this facility or outside of this facility
- Declined the vaccine when offered
- Were ineligible due to medical contraindications
- Received the influenza vaccine for current or most recent flu season either in this facility or outside of this facility
- Declined the vaccine when offered
- Were ineligible due to medical contraindications

Residents not in facility during the current or most recent flu season are excluded

Influenza Vaccine – 3 By Reason

Computes

1. Residents who received the flu vaccine during the current or most recent flu season, either in or outside of the facility
2. Residents who were offered and declined the flu vaccine
3. Residents who were ineligible due to medical contraindications

Residents not in facility during the current or most recent flu season are excluded for all 3

Pneumococcal – 1 Overall

Assessed and Appropriately Given the Vaccine

Computes

- With PPV status up to date
- Declined the vaccine when offered
- Were ineligible due to medical contraindications

Pneumococcal – 3 By Reason Code

Assessed and Appropriately Given the Vaccine

Computes

- With PPV status up to date
- Declined the vaccine when offered
- Were ineligible due to medical contraindications

Urinary Tract Infection

- The measure reports the percentage of long stay residents who have a urinary tract infection

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Urinary Tract Infection

- **Numerator**
- Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = checked)
- **Denominator**
- All long-stay residents with a selected target assessment, except those with exclusions
- **Exclusions**
 - Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06])
 - I2300 is missing = [-]

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Urinary Tract Infection

- **TIPS**
- Active for Urinary Tract Infection (30-day look-back rather than 7 days) – ***all of the following must be present:***
 - Diagnosis of UTI in last 30 days
 - Sign or symptom attributed to UTI
 - Significant laboratory findings
 - Current med or treatment for UTI ***in last 30 days***
- Consider early MDS assessment if UTI heals keeping in mind the 30 day look-back window

Low Risk Residents who Lose Control of Bowel or Bladder

- The measure reports the percent of long-stay residents who frequently lose control of their bowel or bladder
- ***Low Risk Residents are those who are not expected to be frequently or always incontinent***

Low Risk Residents who Lose Control of Bowel or Bladder

- Identifies low risk residents by excluding high risk
- Then calculates proportion of remaining residents with frequent or always incontinent coded on the last qualifying assessment in the three-month reporting period

Low Risk Residents who Lose Control of Bowel or Bladder

- 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])

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Low Risk Residents who Lose Control of Bowel or Bladder

- Numerator
- Target assessment that indicates frequently or always incontinence of the bladder (H0300 = [2,3]) or bowel (H0400 = [2, 3])
- Denominator
- All long-stay residents with a selected target assessment, except those with exclusions

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Low Risk Residents who Lose Control of Bowel or Bladder

- Exclusions
 - Admission (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06])
 - Resident is not in numerator and H0300 = [-] OR H0400 = [-]
 - Residents who have any of the high risk conditions
 - Resident does not qualify as high risk and cognitive status items are blank or skipped
 - Resident does not qualify as high risk and ADL items are dashed
 - Resident is comatose (B0100 = [1]) or comatose status is missing
 - Resident has indwelling catheter (H0100A = [1]) or indwelling catheter status is missing
 - Resident has an ostomy (H0100C = [1]) or ostomy status is missing

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Catheter Inserted and Left in Bladder

- This measure reports the percentage of residents who have had an indwelling catheter in the last 7 days

Catheter Inserted and Left in Bladder

- **Numerator**
- Long-stay residents with a selected target assessment that indicates the use of indwelling catheters (H0100A = [1])
- **Denominator**
- All long-stay residents with a selected target assessment, except those with exclusions

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Catheter Inserted and Left in Bladder

- **Exclusions**
- Target assessment is an admission (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 = [-])

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Catheter Inserted and Left in Bladder

• **Covariates**

- Frequent bowel incontinence on prior assessment (H0400 = [2, 3])
- Pressure ulcers at stages 2, 3 or 4 on prior assessment (M0300)
- Facilities with larger number of residents with covariate conditions may have higher scores

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Catheter Inserted and Left in Bladder

• **TIPS**

- Look at all residents with catheters who have a cerebrovascular or spinal cord diagnosis
- Look at all residents with catheters who have Benign Prostatic Hypertrophy (BPH) or Prostate Cancer diagnosis
- All of the above may have a neurogenic bladder but are missing the diagnosis
- May choose to do an early MDS assessment

Physically Restrained

- This measure reports the percent of long-stay nursing facility residents who are physically restrained on a daily basis

Physically Restrained

- 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 (P0100B = [2]), OR
 - Limb restraint used in bed (P0100C = [2]), OR
 - Trunk restraint used in chair or out of bed (P0100E = [2]), OR
 - Limb restraint used in chair or out of bed (P0100F = [2]), OR
 - Chair prevents rising used in chair or out of bed (P0100G) = [2])

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Physically Restrained

- **Numerator**
- Long-stay residents with a selected target assessment that indicates daily physical restraints

- **Denominator**
- All residents with a target assessment, except those with exclusions

- **Exclusions**
- Resident is not in numerator and any of P0100B - P0100G = [-]

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Physically Restrained

- **TIPS**
 - Know the definition of restraints -

Increased Need for ADL Help

- This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment

Increased Need for ADL Help

- Compares late-loss ADLs on the target assessment and the most recent MDS prior to that one
- Increase in need for help with ADLs is defined as:
 - An increase in two or more coding points, such as from supervision (1) to extensive (3), in **one** late-loss ADL item, or
 - One point increase, such as from limited (2) to extensive (3), in **two or more** late-loss ADL items

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Increased Need for ADL Help

- **Numerator**
- Residents meet the definition of increased need of help with late-loss ADLs
- **Denominator**
- All residents with a selected target and prior assessment except those with exclusions

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Increased Need for ADL Help

• **TIPS**

- Remember the Rule-of-Three for coding ADLs
- Self-Performance column does not participate in this QM
- With each ADL in-service, you should expect this QM to increase temporarily and then level off

Weight Loss

The measure captures the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters who were not on a physician prescribed weight-loss regimen noted in an MDS assessment

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Weight Loss

- **Physician-prescribed weight-loss regimen**
 - With care plan goal of weight reduction; weight loss is intentional
 - May employ calorie-restricted diet or other weight-loss diets and exercise
 - Includes expected weight loss due to loss of fluid with physician orders for diuretics
 - To code K0300 as 1, Yes, the expressed goal of the weight-loss diet or the expected weight loss of edema through the use of diuretics must be ordered and documented by the physician and reflected in the plan of care

Weight Loss

- **Numerator**
- Long-stay residents with a selected target assessment which indicates a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen (K0300 = [2])
-
- **Denominator**
- Long-stay residents with a selected target assessment except those with exclusions

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Weight Loss

- **Exclusions**
- Target assessment is an OBRA admission (A0310A = [01]) OR a PPS 5-day or readmission/return assessment (A0310B = [01, 06])
- Weight loss item is missing on target assessment (K0300 = [-])

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Residents with Depressive Symptoms

- The measure reports the percentage of long-stay residents who have had symptoms of depression during the 2-week period preceding the MDS 3.0 target assessment date

Residents with Depressive Symptoms

- **Numerator**
- Long-stay residents with a selected target assessment where the target assessment meets **either** of the following two conditions

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Residents with Depressive Symptoms

- **Numerator**
- **CONDITION A** (**The resident mood interview** must meet Part 1 and Part 2 below)
- **PART 1:**
 - Little interest or pleasure in doing things half or more of the days over the last two weeks is equal or greater than two (D0200A2 = [2, 3])

OR

 - Feeling down, depressed, or hopeless half or more of the days over the last two weeks (D0200B2 = [2, 3])
- **PART 2:**
- The resident interview total severity score indicates the presence of depression (D0300 ≥ [10] and D0300 ≤ [27]).

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Residents with Depressive Symptoms

- **Numerator**
- **CONDITION B:** (**The staff assessment of resident mood** must meet Part 1 and Part 2 below)
- **PART 1:**
 - Little interest or pleasure in doing things half or more of the days over the last two weeks is equal or greater than two (D0500A2 = [2, 3])

OR

 - Feeling or appearing down, depressed, or hopeless half or more of the days over the last two weeks (D0500B2 = [2, 3])
- **PART 2:**
- The staff assessment total severity score indicates the presence of depression (D0600 ≥ [10] and D0600 ≤ [30]).

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Residents with Depressive Symptoms

- **Denominator**
- All long-stay residents with a selected target assessment, except those with exclusions
- **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:
 - a. D0200A2 = [^, -] OR D0200B2 = [^, -] OR D0300=[99, -, ^]
 - b. D0500A2 = [^, -] OR D0500B2 = [^, -] OR D0600=[-, ^]

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Antipsychotic Medication Use

- Captures the percentage of long-stay residents who are receiving a antipsychotic medication in the target period.

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Antipsychotic Medication Use

- **Numerator**
- Long-stay residents who qualify for the denominator and for whom the selected target assessment indicates that antipsychotic medication was received.
 - N0400A, Antipsychotic medication, coded 1 (checked) (for assessments with target dates on or before March 31, 2012)
 - N0410A, Antipsychotic medication, coded 1 -7 (for assessments with target date on or after April 1, 2012)
-

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Antipsychotic Medication Use

- **Denominator**
- All long-stay residents who do not have a qualifying exclusion and who have a selected target assessment.

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Antipsychotic Medication Use

- **Exclusions**
 - The resident did not qualify in the numerator because the target assessment did not have psychoactive medications checked (March 31, 2012, N0400A = [-] or April 1, 2012, N0410A = [-])
 - Any of the following related conditions are present on the target assessment (unless otherwise indicated):
 - 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])

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**THREE ADDITIONAL
QUALITY MEASURES
FOR SURVEY PROCESS**

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Prevalence of Falls (Long Stay)

- This measure reports the percentage of long-stay residents who have had a fall during their episode of care

Prevalence of Falls

- **Numerator**
- Long-stay residents with one or more assessments in a **look-back scan** that indicate the occurrence of a fall (J1800 = [1])
- **Denominator**
- All long-stay residents with one or more look-back scan assessments except those with exclusions

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Prevalence of Falls

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

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Antianxiety & Hypnotic Meds

- This measure reports the 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

Antianxiety & Hypnotic Meds

- **Numerator**
- Long-stay residents with a selected target assessment where any of the following conditions are true:
 - For assessments with target dates on or before March 31, 2012:
 - Antianxiety medications received (N0400B = 1), or
 - Hypnotic medications received (N0400D = 1)
 - For assessments with target dates on or after April 1, 2012:
 - Antianxiety medications received (N0410B = 1 - 7), or
 - Hypnotic medications received (N0410D = 1 - 7)

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Antianxiety & Hypnotic Meds

- **Denominator**
- Long-stay residents with a selected target assessment, except those with exclusions

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Antianxiety & Hypnotic Meds

- **Exclusions**
- The resident did not qualify for the numerator and any of the following is true:
 - For assessments with target dates on or before 03/31/2012:
 - N0400B = [-]
 - N0400D = [-]
 - For assessments with target date on or after 04/01/2012:
 - N0410B = [1]
 - N0410D = [1]
 - Any of the following related conditions are present on the target assessment (unless otherwise indicated):
 - Schizophrenia (I6000 = 1)

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Antianxiety & Hypnotic Meds

- **Exclusions (Con't)**
- 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.

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Behavior Symptoms Affecting Others

- This measure reports the 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

Behavior Symptoms Affecting Others

- **Numerator**
- Target assessments with any of the following coded 1, 2, or 3, indicating the behavior occurred at least once
 - E0200A, physical behavioral symptoms directed at others
 - E0200B, verbal behavioral symptoms directed toward others
 - E0200C, other behavioral symptoms not directed toward others
 - E0800, rejection of care
 - E0900, wandering

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Behavior Symptoms Affecting Others

- **Denominator**
- All residents with a selected target assessment, except those with exclusions

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Behavior Symptoms Affecting Others

- **Exclusions**
 - The resident is not in the numerator and
 - The target assessment is a discharge assessment (A0310F = 10 or 11) OR
 - Any of the five numerator MDS items is coded with a dash indicating information not available or is skipped

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THE CASPER REPORTS

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CASPER QM Reports

- Certification and Survey Provider Enhance Reporting (CASPER) system

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CASPER QM Reports

- Access via CMS Welcome screen – same screen through which assessments are transmitted to QIES ASAP national database
 - Click MDS link, then
 - Click CASPER Reporting Online Reports link

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CASPER QM Reports

- Four reports
 - Facility Characteristics Report (Demographic data)
 - Facility Quality Measure Report (High level data)
 - Resident Level Quality Measure Report (Resident specific data)
 - Monthly Comparison Report?
- Reports default to a 6-month reporting period ending with the most recently ended month
 - User’s may change the dates of the reporting period manually

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Analyzing Your Data

- Begin with the **Facility Characteristics Report**
- **Proactively** look at the 60th percentile and above
- Objectively review data
 - Take yourself out of it (No “Yes butting”!)
 - Consider causes (hypothesize) and define subcommittees to look at the data

Figure 11.3. CASPER Reports Submit Page - MDS 3.0 Facility Quality Measure Report*

CASPER Report									
MDS 3.0 Facility Quality Measure Report									
Page 1 of 1									
Facility ID: ██████████		Report Period: 05/01/11 - 05/31/11							
CCN: ██████████		Comparison Group: 030711-083111							
Facility Name: ██████████		Run Date: 12/01/11							
City/State: ██████████		Report Version Number: 1.00							
Data was submitted on: 11/20/2011									
Note: Dashes represent a value that could not be computed. Note: 0 = not flag, 1 = flag flag Note: * is an indicator used to identify that the measure is flagged									
Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Group Average	Group Average	Group Average	Group Average	Group Average
Best Available Care Medication/Device Plan (1)	0876	0	4.43%	0.0%	0.0%	29.7%	29.7%	0.0%	0
Best Available Care Medication/Device Plan (2)	0877	0	1.00%	0.0%	0.0%	19.1%	19.1%	0.0%	0
High-Risk Residents with Pressure Ulcers (1)	0879	336	51%	64.0%	64.0%	16.4%	16.4%	10.2%	98*
High-Risk Residents with Pressure Ulcers (2)	0878	507	21.5%	0.0%	0.0%	2.1%	2.1%	0.0%	0
Physical Restraints (1)	0867	0	1.50%	0.0%	0.0%	0.0%	0.0%	0.0%	0
Physical Restraints (2)	0874	0	1.50%	0.0%	0.0%	2.0%	2.0%	0.0%	0
Psychotropic Medication Used in Presence of Psychiatric or Related Condition (1)	0880	0	1.50%	0.0%	0.0%	1.1%	1.1%	0.0%	0
Psychotropic Medication Used in Presence of Psychiatric or Related Condition (2)	0881	0	1.50%	0.0%	0.0%	2.0%	2.0%	0.0%	0
Resident Symptom Affecting Others (1)	0884	1	1.00%	0.0%	0.0%	16.0%	16.0%	22.0%	98*
Resident Symptom Affecting Others (2)	0885	1,500	1.00%	30.0%	30.0%	11.0%	11.0%	0.0%	98*
Urinary Tract Infection (1)	0884	0	1.00%	0.0%	0.0%	12.7%	12.7%	10.7%	0
Urinary Tract Infection (2)	0885	0	1.00%	0.0%	0.0%	12.0%	12.0%	0.0%	0
Low-Risk Residents Who Lose Scales/Bedpan Covers (1)	0880	0	1.00%	0.0%	0.0%	41.4%	41.4%	36.0%	0
Low-Risk Residents Who Lose Scales/Bedpan Covers (2)	0881	1,000	1.00%	95.7%	95.7%	17.0%	17.0%	10.0%	98*
Need to Help with ADLs (1) (Reviewed (2))	0882	0	0	0.0%	0.0%	22.0%	22.0%	0.0%	0

* Fictitious, sample data is depicted.

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Example

Self-Report Moderate to Severe Pain

- **SC-1** – Look at trends with Pain Intensity Scales and Verbal Descriptor Scales
- **SC-2** – Look at residents who are only on a prn medication. Compare Short Stay vs. Long Stay
- **SC-3** – Look at how residents are assessed for pain outside of the interview. Is it standardized? Is it similar to the interview?

SC – 1 Trends With Pain Intensity Scales

- Percentage of residents reporting 5-9 on Pain Intensity Scale or 2 or 3 on Verbal Descriptor Scale
- Percentage of residents reporting 10 on Pain Intensity Scale or 4 on Verbal Descriptor Scale

SC – 2 Residents With PRN Only and Short vs. Long Stay

- Percentage of residents with a PRN medication only
- Percentage of Residents with a PRN medication **PLUS** a long – acting medication
- Compare Short Stay vs. Long Stay measure percentages.

SC – 3 Pain Assessment

- Is pain assessed the same way as the interview?
- Is the Pain Assessment a standardized Assessment?
- Are we waiting for residents to c/o pain?
- What do the Progress notes say?

SC – 4 Non-Pharmacological Intervention

- Are residents on a non-pharmacological intervention
- Is it only **“repositioning”**?
- What are other possible interventions?
 - Consider an **restorative exercise program** for conditions where the resident needs to move e.g. Arthritis

Bring it on back!

- Bring all subcommittee data back to the QI committee for analysis and conclusions
- Begin a Performance Improvement Plan
 - Trial on one unit and work out the bugs
 - Choose **Champions** to lead new strategies
 - **Must be contagious!**
 - Utilize a **Train-the-Trainer** method for teaching and implementing new strategies

Questions and Answers