

Peer Coaching: Leaders of Change

Part 3 – Understanding CASPER Reports



Disclaimer

Nursing homes should always use:

- Resident Assessment Instrument User's Manual (RAI)
- MDS 3.0 Quality Measures User's Manual (QM)
- Quality Measure Identification Number by CMS Reporting Module (QMID)
- Five-Star Quality Rating System Technical Users' Guide

Resources

Five-Star Quality Rating System Technical Users' Guide:
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>

MDS 3.0 RAI Manual:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

QM & QMID Manuals:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

Subject to change in location and manual content

What Is CASPER Data?

- CASPER = Certification and Survey Provider Enhanced Reporting
- Reported through Centers for Medicaid & Medicare Services Quality Improvement and Evaluation System (QIES)
- Each nursing home using Minimum Data Set (MDS) 3.0 submits data to be grouped into quality measures (QMs)

MDS 3.0 Overview

- Assessment Tool
 - Identifies resident care problems
 - Medicare reimbursement system
 - Medicaid reimbursement system
 - Quality of care monitoring

MDS 3.0 Data → Quality Measures Basic QM Calculation

$$\frac{\text{Numerator (residents with problem)}}{\text{Denominator (all residents who could have problem)}} \times 100 = \%$$

Who Uses QMs?

- Developed by National Quality Forum & CMS
- CMS CASPER uses 17
- CMS Nursing Home Compare uses 18
- Five-Star Quality Rating System uses 10
- Survey process
- NNHQCC Quality Composite Measure Score measure uses 13

Survey Process & QM Reports

Facility QM Report:

- High % rankings (75th) = potential problem areas

Resident Level QM Report:

- Select appropriate resident samples for investigation of potential concerns

New guidance in Appendix P release 9/2012 & 5/2013

NNHQCC Quality Composite Measure Score

Composite score comprised of 13 NQF-endorsed, long-stay quality measures:

1. Percent of residents who self-report moderate to severe pain
2. Percent of high-risk residents with pressure ulcer
3. Percent of residents physically restrained
4. Percent of residents with one or more falls with major injury
5. Percent of residents who received antipsychotic medications
6. Percent of residents who have depressive symptoms
7. Percent of residents with a UTI
8. Percent of residents with catheter inserted or left in bladder
9. Percent of low-risk residents with loss of bowels or bladder
10. Percent of residents who lose too much weight
11. Percent of residents whose need for help with ADL has increased
12. Percent of residents assessed and appropriately given flu vaccine*
13. Percent of residents assessed and appropriately given Pneumococcal vaccine*

Five-Star Quality Rating System

Long-Stay Residents:

- Percent of residents who self-report moderate to severe pain
- Percent of residents experiencing one or more falls with major injury
- Percent of high-risk residents with pressure sores
- Percent of residents who were physically restrained
- Percent of residents with a urinary tract infection
- Percent of residents who have/had a catheter inserted and left in their bladder
- Percent of residents whose need for help with activities of daily living has increased
- Percentage of residents who receive an antipsychotic medication

Short-Stay Residents:

- Percent of residents who self-report moderate to severe pain
- Percent of residents with pressure ulcers (sores) that are new or worsened

Five-Star Quality Rating System Technical Users' Guide, February 2015

CASPER QMs (17)

- Self-reported moderate/severe pain (S)
- Self-reported moderate/severe pain (L)
- High-risk pressure ulcers (L)
- New/worsened pressure ulcers (S)
- Physical restraints (L)
- Falls (L)
- Falls with major injury (L)
- Antipsychotic Medication (S)

CASPER QMs (17)

- Antipsychotic Medication (L)
- Antianxiety/hypnotic med (L)
- Behavior symptoms affecting others (L)
- Depressive symptoms (L)
- Urinary tract infection (L)
- Catheter inserted and left in bladder (L)
- Lose control of bowels or bladder (L)
- Excessive weight loss (L)
- Need for increased ADL help (L)

Short Stay vs. Long Stay Measures

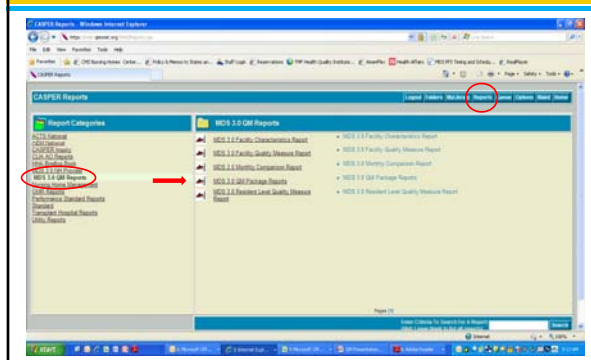
- Cumulative days in facility (CDIF) includes discharges and re-admits, but only days actually in the facility count
(Hospitalized days or days at home are not included.)
- Short stay = CDIF < 100 days
- Long stay = CDIF > 101 days
- Mutually exclusive

Detailed Resources for Quality Measures

Webinar vignettes for each quality measure may be found at:

<http://www.tmfqin.org/Networks/Nursing-Home-Quality-Improvement/Quality-Measures-Video-Series>

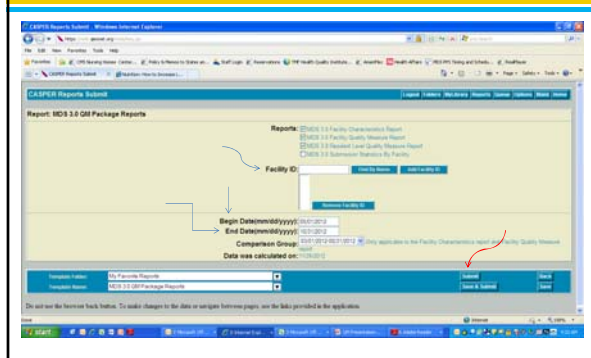
CASPER QM Report Page



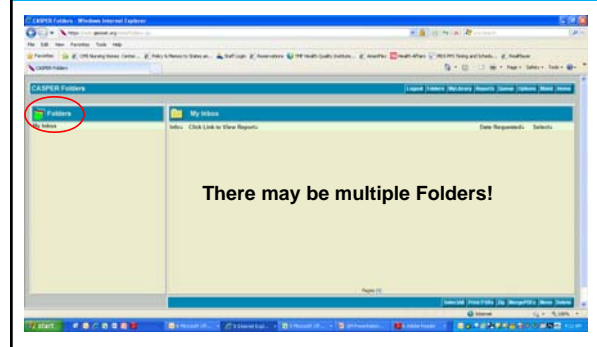
Available CASPER QM Reports

- MDS 3.0 Facility Characteristics Report
- MDS 3.0 Facility QM Report
- MDS 3.0 Resident Level QM Report
- MDS 3.0 Submission Statistics

Select the QM Reports, Facility ID and Date Range – Submit



Reports go to Folders



Resident Level Report

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

Facility ID: XXXX Report Period: 11/01/12 - 04/30/13
 Facility Name: XXXXXXXXXXXXXXXXXXXX Run Date: 05/07/13
 CCN: XXXXXX Report Version Number: 2.00
 City/State: XXXXXXXXXXXX
 Data was calculated on: 05/06/2013

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	AD312A/B/F	01 Medication/Screen Part (B)	02 Information/Screen Part (L)	03 Mobility/Screen Part (L)	04 Risk: Pressure Ulcer (L)	05 Nutrition/Screen Part (B)	06 Physical Exam (L)	07 Falls (L)	08 Falls: w/No Injury (L)	09 Anaphylaxis (B)	10 Anaphylaxis: Medication (L)	11 Anaphylaxis: Symptoms (L)	12 Behavior: Affect Others (L)	13 Depression (B)	14 DPH (B)	15 Care: Insertion/Removal (L)	16 Lo-Risk: Leak: B/R Cont. (L)	17 Exclusion: W/ Leak (L)	18 Inc. ACL: Heps (L)	19 Quality Measure Count	
Active Residents																						
RESIDENT A1	XXXXXX	02/01/99	B	B	B	B	B	B	X	B	B	X	X	B	B	B	B	B	B	B	B	3
RESIDENT B1	XXXXXX	02/09/99	B	B	X	B	B	X	B	B	B	X	X	B	B	B	B	B	B	B	B	3
RESIDENT C1	XXXXXX	02/04/99	B	B	X	B	B	X	B	B	X	X	X	B	B	B	B	B	B	B	B	3

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A0310 A/B/F

A0310 Type of Assessment

- A – Federal OBRA Reason for Assessment
- B – PPS Assessment
- F – Federal OBRA & PPS Entry/Discharge Reporting

Facility Characteristics Report

CASPER Report
MDS 3.0 Facility Characteristics Report

Page 1 of 1

Facility ID: XXXX Report Period: 06/01/12 - 11/30/12
 CCN: XXXXXX Comparison Group: 04/01/12 - 09/30/12
 Facility Name: XXXXXXXXXXXXXXXXXXXX Run Date: 12/03/12
 City/State: XXXXXXXXXXXX Report Version Number: 1.00
 Data was calculated on: 12/03/2012

	Facility			Comparison Group	
	Num	Denom	Observed Percent	State Average	National Average
Gender					
Male	45	116	38.8%	36.7%	35.3%
Female	71	116	61.2%	63.3%	64.7%
Age					
<25 years old	0	116	0.0%	0.3%	0.4%
25-54 years old	9	116	7.8%	6.5%	5.9%
55-64 years old	17	116	14.7%	10.5%	9.6%
65-74 years old	32	116	27.6%	17.6%	16.6%
75-84 years old	34	116	29.3%	29.0%	28.7%

To analyze...

1. Go to the Quality Measures User's Manual (QM)
 - Identify Measure Specifications
2. Go to the RAI Manual for the MDS Items
 - Identify if coding is accurate
 - ✓ Point and click error
 - ✓ Those coding MDS items understanding all aspects of the MDS items and the ARD (Assessment Reference Date)
3. Determine if there is a QI opportunity

What MDS is Used in QMs?

- The initial MDS is excluded in all QMs
- Target MDS – depends upon:
 - The resident's status as a long stay or short stay
 - Individual QM Selection Specifications

Exclusions

- Residents' MDSs are excluded from the denominator, and therefore the numerator, if a QM exclusion exists.
- All QMs have exclusions except the pneumonia measures.

Covariates

- Found to increase risks of an outcome
- Only three QMs are adjusted using resident level covariates:
 - Percent of Residents With Pressure Ulcers That Are New or Worsened (S)
 - Percent of Residents Who Self-Report Moderate to Severe Pain (L)
 - Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (L)

Opportunities

- Identify what might be a problem
- Search for correlations
- Understand the impact of a single click
- Appreciate how the world views you
- ***But – this is all retrospective!***

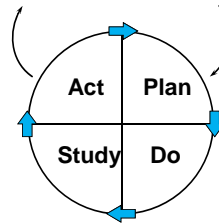
Search for Root Cause

- Most fundamental reason problem occurred
- When performance does not meet expectations



Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in an improvement?



Questions?

Contact our Peer Coaching Coordinator:

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