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Mountain-Pacific
Quality Health

UNDERSTANDING THE NEW MDS 3.0 QUALITY MEASURES

**Updated
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Disclaimer: All material in this manual is current as of May 2017

Introduction

Mountain-Pacific Quality Health is pleased to provide you with this resource manual on the CASPER Reports: **Understanding the New MDS 3.0 Quality Measures**. This manual is designed to assist you in identifying how a resident will “trigger” for a quality measure based on quality measure specifications and the coding of MDS 3.0 Resident Assessment Instrument (RAI).

Background history of the MDS 3.0:

October 2010:	The new Minimum Data Set (MDS) Version 3.0 Resident Assessment and Care Screening Instrument for Nursing Homes was released by Centers for Medicare & Medicaid Services (CMS). New Quality Measures were in development.
April 2012:	CMS released Updated <i>CASPER MDS 3.0 Quality Measure Reports</i> .
July 2012:	CMS Updated <i>Nursing Home Compare</i> .
March 2013:	Two new Quality Measures were released on CASPER MDS 3.0 Quality Measure Reports.
February 2015:	CMS Updated <i>Nursing Home Compare</i> including incorporating Short- and Long-Stay Antipsychotic Medication Quality Measures into the Five-Star Quality Rating System.
July 2016:	CMS added five new Quality Measures to the Five-Star Quality Rating System, and updated <i>Nursing Home Compare</i> which now includes 24 Quality Measures.

A snapshot definition is given for the 17 Quality Measures included on the CASPER MDS 3.0 Facility Level Quality Measure Report. We have also identified and provided snapshot definitions for other Quality Measures included on *Nursing Home Compare* that are not on the CASPER Reports.

Images provided within this manual are of the specific items on the *MDS 3.0 Resident 3.0 RAI* item set. The numerator, denominator, exclusions and covariates and descriptions provided are as defined in the *MDS 3.0 Quality Measures User’s Manual* and the *Nursing Home Compare Quality Measure Technical Specifications*.

This manual will assist you in identifying how data from your facility’s MDS 3.0 Quality Measure Reports can be used in your Quality Improvement Projects. It may be useful in your review of policies and procedures to ensure they match the current quality measures.

NOTE: MDS 3.0 software and electronic records may appear differently, but the questions and content are the same.

Special thanks to Pamela Heckman, RN, BSN, for the development of the “Understanding the New MDS 3.0 Quality Measures” Manual. To obtain additional copies or to check for UPDATED versions, go to our website: www.mpqhf.org > Quality Improvement Organization > Tools and Resources.

Percent of Short-Stay Residents Who Self-Report Moderate to Severe Pain

Quality Measure Description

This MDS 3.0 measure reflects the percent of short-stay residents who self-report daily pain with at least one episode of moderate/severe pain, or horrible/excruciating pain of any frequency **in the last 5 days**.

Rationale for Pain Quality Measure

Residents should always be checked regularly by nursing home staff to see if they are having pain. Residents (or someone on their behalf) should let staff know if they are in pain so efforts can be made to find the cause and make the resident more comfortable. Pain can cause suffering and is associated with inactivity, social withdrawal, depression, functional decline, and an overall poor quality of life. It can also interfere with participation in rehabilitation therapy. This percentage may include some residents who are getting or have been prescribed treatment for their pain, but who refuse pain medicines or choose to take less. Some residents choose to accept a certain level of pain so they can stay more alert.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if on the most recent MDS 3.0 (Target assessment) the resident self-reports **either** or **both** of the following two conditions:

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

Denominator

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

Exclusions

If the resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) **and any** of the following conditions are true:

1. The pain assessment interview was not completed (J0200 = [0,-])
2. The pain presence item was not completed (J0300=[9,-])

3. For residents with pain or hurting at any time in the last 5 days (J0300 = [1]), **any** of the following are true:
 - 3.1 The pain frequency item was not completed (J0400 = [9,-])
 - 3.2 Neither of the pain intensity items was completed (J0600A = [9,-]) and J0600B = [9,-])
 - 3.3 The numeric pain intensity item indicates no pain (J0600 = [00])

NOTE: While almost all MDS 3.0 items allow a dash (-) value to be entered, a dash indicates that an item was not assessed. This most often occurs when a resident is discharged before the item could be assessed. The use of dashes in such circumstances is appropriate and does appear in the manual, but they are not Best Practice, and are frowned upon by CMS unless used sparingly.

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to the Pain Quality Measure

J0200. Should Pain Assessment Interview be Conducted?	
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)	
Enter Code <input type="checkbox"/>	0. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. Yes → Continue to J0300, Pain Presence
Pain Assessment Interview	
J0300. Pain Presence	
Enter Code <input type="checkbox"/>	Ask resident: " Have you had pain or hurting at any time in the last 5 days? " 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0400, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0400. Pain Frequency	
Enter Code <input type="checkbox"/>	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
J0500. Pain Effect on Function	
Enter Code <input type="checkbox"/>	A. Ask resident: " Over the past 5 days, has pain made it hard for you to sleep at night? " 0. No 1. Yes 9. Unable to answer
Enter Code <input type="checkbox"/>	B. Ask resident: " Over the past 5 days, have you limited your day-to-day activities because of pain? " 0. No 1. Yes 9. Unable to answer
J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)	
Enter Rating <input type="text"/>	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 <input type="checkbox"/>	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

NOTES:

1. If a short-stay resident is unable to participate in the pain assessment interview (J0200 = [0]), then the resident will **NOT** trigger the Quality Measure. See other exclusions listed above.
2. When conducting the assessment for the MDS, you must use the wording provided in the MDS Assessment. You can show the 0-10 pain scale or the verbal descriptor scale (See below).
3. The pain screening tool provided on page 5 can be used outside of the *Assessment Reference Date* to familiarize a resident with use of the pain scale. **You can download copies of this and other pain screening tools by going to our website: www.mpqhf.org.**
4. To answer Pain Frequency (**J0400**), the frequency is not specified. From the RAI Version 3.0 Manual: *“No predetermined definitions are offered to the resident related to frequency of pain. The response should be based on the resident’s interpretation of the frequency options. Facility policy should provide standardized tools to use throughout the facility in assessing pain to ensure consistency in interpretation and documentation of the resident’s pain.”*
5. To answer Pain Intensity (**J0600**), either the Numeric Rating Scale is used or the Verbal Descriptor Scale is used. One corresponds to the other; see below*.

Numeric Scale	Verbal Descriptor Scale
0	No Pain
1	Mild Pain
2	
3	
4	
5	Moderate to Severe Pain
6	
7	
8	
9	
10	Very Severe/Horrible Pain

*Source: MDS 3.0 Quality Measures User’s Manual V11.0 Effective April 1, 2017

Pain Assessment in Advanced Dementia

PAIN AD Tool Warden, Hurley, Volicer - 2001

Very Severe/ Horrible Pain	10		0	1	2	Score
Moderate to Severe Pain	9	Breathing Independent of Vocalization	Normal	Occasional labored breathing; short period of hyperventilation	Noisy, labored breathing; long period of hyperventilation; Cheyne-stokes respirations	
	8					
	7	Negative Vocalization	None	Occasional moan or groan; low level speech with a negative or disapproving quality	Repeated, troubled calling out; loud moaning or groaning; crying	
	6					
	5					
Mild Pain	4	Facial Expressions	Smiling or inexpressive	Sad; frightened; frown	Facial grimacing	
	3	Body Language	Relaxed	Tense; distressed; pacing; fidgeting	Rigid; fists clenched; knees pulled up; pulling or pushing away; striking out	
	2					
1						
No Pain	0	Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
						TOTAL

VERY SEVERE/HORRIBLE PAIN

10 – Unbearable pain; worst pain that can be imagined (Very few people ever experience this level of pain.)

MODERATE TO SEVERE PAIN

- 9 – Excruciating pain; inability to converse; uncontrolled crying out and/or moaning
- 8 – Intense pain; physical activity is severely limited; conversing requires great effort
- 7 – Very strong pain that significantly limits the ability to perform normal, daily activities; interferes with sleep
- 6 – Strong pain that interferes with normal daily activities; it is difficult to concentrate
- 5 – Strong pain that cannot be ignored for more than a few minutes; normal daily activities can be managed.

MILD PAIN

- 4 – Pain can be ignored for a period of time but is distracting
- 3 – Pain is noticeable; it is possible to get used to it and adapt
- 2 – Pain is minor
- 1 – Pain is barely noticeable

NO PAIN

0 – No pain

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Percent of Short-Stay Residents with Pressure Ulcers* That Are New or Worsened

Quality Measure Description

This MDS 3.0 measure reflects the percent of short-stay residents with new or worsening Stage II-IV pressure ulcers.

NOTE: This is one of three **look-back scan** quality measures. *If a Short-Stay resident is eligible for a look-back scan and has a current pressure ulcer that was either **not present** on the prior assessment or **was at a lesser stage** on the prior assessment, then this resident will trigger this measure. Please see the Selection Logic and Rationale for Look-Back Scans for the Long Stay Measures and Short Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User's Manual.*

Rationale for New or Worsened Pressure Ulcers Quality Measure

Skin and soft tissue changes associated with aging, illness, small blood vessel disease, and malnutrition increase vulnerability, and can have serious consequences for the elderly. They are also costly and time consuming to treat. Facilities should initiate interventions to help identify risk and mitigate/eliminate risk factors; monitor the impact of interventions; and to modify the interventions as appropriate based on the individualized needs of the resident. Improvement in resident/patient quality of care and quality of life can be expected by following appropriate pressure ulcer prevention and treatment guidelines. Recommended reference: **2014 Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline** <http://www.npuap.org/resources/educational-and-clinical-resources/prevention-and-treatment-of-pressure-ulcers-clinical-practice-guideline/> NOTE: NPUAP is now charging for this guideline. There is also a free guide to download: **Prevention and Treatment of Pressure Ulcers: Quick Reference Guide** – a 75 page document with pictures and details.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report when a look-back scan indicates one or more new or worsening Stage II-IV pressure ulcers.

Where on any assessment in the look-back scan:

1. Stage II (M0800A) > [0] and M0800A ≤ M0300B1, OR
2. Stage III (M0800B) > [0] and M0800B ≤ M0300C1, OR
3. Stage IV (M0800C) > [0] and M0800C ≤ M0300D1.

Denominator

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

*Please note: The [clinical practice](#) nomenclature for pressure ulcers has changed to pressure injuries, but for CMS/MDS/RAI purposes, the language remains pressure ulcers.

Exclusions

Exclusions involve examining each assessment that is included in the look-back scan. See Measures Specifications for exclusion criteria for this measure in **MDS 3.0 Quality Measures User’s Manual**, most current version.

Covariates

This measure is adjusted on the MDS 3.0 Facility Quality Measure Report based on certain responses found on the resident’s **initial assessment**. Please see Measures Specifications for covariate criteria for this measure in the **MDS 3.0 Quality Measures User’s Manual**, most current version.

MDS Item Set Elements Related to the New or Worsened Pressure Ulcers Quality Measure

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage	
Enter Number <input type="text"/>	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
Enter Number <input type="text"/>	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
Enter Number <input type="text"/>	1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3
	2. Number of <u>these</u> 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: <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 8px;">Month</div> <div style="font-size: 8px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 8px;">Day</div> <div style="font-size: 8px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 8px;">Year</div> </div>
Enter Number <input type="text"/>	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
Enter Number <input type="text"/>	1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4
	2. Number of <u>these</u> 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
Enter Number <input type="text"/>	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
Enter Number <input type="text"/>	1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable: Non-removable dressing
	2. Number of <u>these</u> 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
M0800. Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or Scheduled PPS) or Last Admission/Entry or Reentry Complete only if A0310E = 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="text"/>	A. Stage 2
Enter Number <input type="text"/>	B. Stage 3
Enter Number <input type="text"/>	C. Stage 4

Percent of Short-Stay Residents Who Newly Received an Antipsychotic Medication

Quality Measure Description

This MDS 3.0 measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target period but were **not** on their initial assessment. This measure involves a look-back scan.

NOTE: This is one of three **look-back scan** quality measures. *If a short-stay resident is eligible for a look-back scan, has no exclusions, and has a new antipsychotic medication that was **not** present on the initial assessment, then this resident will trigger this measure. Please see the Selection Logic and Rationale for Look-Back Scans for the Long Stay Measures and Short Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User’s Manual.*

NOTE: A **black box warning** is the strictest **warning** put in the labeling of prescription drugs or drug products by the Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug. Residents who are taking an antipsychotic with a black box warning must have a signed consent on file that includes the actual wording of the Black Box Warning.

Rationale for this Quality Measure

Residents taking medications in this medication category and pharmacologic classes are at risk of side effects that can adversely affect health, safety and quality of life.

Quality Measure Specifications

Numerator

Short stay residents for whom one or more MDS assessments in a look-back scan (not including the initial assessment) indicate that antipsychotic medication was received: NO410A = [1, 2, 3, 4, 5, 6, or 7 (days)].

NOTE: Residents are excluded from this measure if their initial assessment indicates antipsychotic medication use **or** if antipsychotic medication use is unknown on the initial assessment (See Exclusion #3, below).

Denominator

All short-stay residents who do not have exclusions and who meet all of the following conditions:

1. The resident has a target assessment, and
2. The resident has an initial assessment, and
3. The target assessment is not the same as the initial assessment.

Exclusions

Resident is excluded if:

1. For **all** assessments in the look back scan (excluding the initial assessment), N0410A = [-].
2. **Any** of the following related conditions are present on **any** assessment in a look-back scan: Schizophrenia (I6000 = [1]), Tourette’s syndrome (I5350 = [1]), or Huntington’s Disease (I5250 = [1]). Schizoaffective disorder is also an exclusion.
3. The resident’s **initial** assessment indicates antipsychotic medication use, or medication use is unknown: N0410A = [1, 2, 3, 4, 5, 6, 7, -].

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to the Newly Received Antipsychotic Medication Quality Measure

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Neurological - Continued	
<input type="checkbox"/>	I4900. Hemiplegia or Hemiparesis
<input type="checkbox"/>	I5350. Tourette's Syndrome
Psychiatric/Mood Disorder	
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
<input type="checkbox"/>	I5250. Huntington's Disease
N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input style="width: 40px; height: 20px;" type="text"/>	A. Antipsychotic
Nutritional	
<input type="checkbox"/>	I5600. Malnutrition (protein or calorie) or at risk for malnutrition
Psychiatric/Mood Disorder	
<input type="checkbox"/>	I5700. Anxiety Disorder
<input type="checkbox"/>	I5800. Depression (other than bipolar)
<input type="checkbox"/>	I5900. Manic Depression (bipolar disease)
<input type="checkbox"/>	I5950. Psychotic Disorder (other than schizophrenia)
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)

Percent of Short-Stay Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 measure reports the percentage of short-stay residents who are given, appropriately, the influenza vaccination during the most recent influenza season. This measure is reported **only** on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment they:

1. Received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); **or**
2. Were offered but declined the influenza vaccine (O0250C = [4]); **or**
3. Were ineligible due to contraindications¹. (O0250C = [3]).

Denominator

All short-stay residents with a selected influenza vaccination assessment, except those with exclusions.

Exclusions

Resident is excluded if:

1. Age on target date of selected target assessment is 179 days or less. (Per CDC all persons over six months of age and older should receive flu vaccination annually, with some exceptions. Source: <http://www.cdc.gov/flu/keyfacts.htm>.)

Covariates

There are no covariates for this quality measure.

NOTE: This measure is only calculated once per 12-month influenza season which begins on July 1 of a given year and ends on June 30 of the subsequent year and reports data for residents who were in the facility for at least one day during the target period of October 1 through March 31.

MDS Item Set Elements Related to the Seasonal Influenza Vaccine Quality Measure

00250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period	
Enter Code <input type="checkbox"/>	<p>A. Did the resident receive the influenza vaccine <i>in this facility</i> for this year's influenza vaccination season?</p> <p>0. No → Skip to O0250C, If influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date influenza vaccine received</p>
	<p>B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?</p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year </p>
Enter Code <input type="checkbox"/>	<p>C. If influenza vaccine not received, state reason:</p> <p>1. Resident not in this facility during this year's influenza vaccination season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage 9. None of the above</p>

¹Contraindications include but are not limited to: anaphylactic hypersensitivity to eggs or other components of the vaccine; a physician order not to immunize, moderate to severe illness with or without fever, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months.

Percent of Short-Stay Residents Assessed and Appropriately Given the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 measure reports the percentage of short-stay residents whose pneumococcal vaccine status is up to date during the 12-month reporting period. This measure is reported **only** on *Nursing Home Compare*

Rationale for this Quality Measure

Pneumococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease.

Quality Measure Specifications

Numerator

A short-stay resident will be in the numerator if they meet **any** of the following criteria on the selected target assessment:

- Pneumococcal vaccine status is up to date (O0300A = [1]); or
- Were offered and declined the vaccine (O0300B = [2]); or
- Were ineligible due to medical contraindications¹ (O0300B = [1]).

Denominator

All short-stay residents with a selected target assessment.

Exclusions

Resident is excluded if the resident’s age on target date of the selected target assessment is less than 5 years (i.e., resident has not yet reached 5th birthday on target date).

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to Residents Assessed and Appropriately Given the Pneumococcal Vaccine

O0300. Pneumococcal Vaccine	
Enter Code <input type="checkbox"/>	A. Is the resident's Pneumococcal vaccination up to date? 0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. Yes → Skip to O0400, Therapies
Enter Code <input type="checkbox"/>	B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered

For up to date vaccine information from CDC, including information on PCV13 or PPSV23:

<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>

¹Examples of medical contraindications include but are not limited to: anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks. Refer to the RAI Version 3.0 Manual Chapter 3 MDS Items O for additional details.

Percent of Short-Stay Residents Who Made Improvements in Function

Quality Measure Description

This MDS 3.0 measure reports the percentage of short-stay residents who were discharged from the nursing home (return not anticipated) who gained more independence in transfer, locomotion on unit and walking in corridors during their episodes of care. This QM captures improvement in function in three mid-loss activities of daily living (Self performance in transfer, locomotion on unit and walking in corridor).

The Numerator and Denominator include all short-stay residents who have resided in the nursing home for an episode of 100 days or fewer as of the end of the target period.

Rationale for this Quality Measure

The purpose of this measure is to determine, among short-stay nursing home residents who are discharged from the nursing home, the percentage of residents who gain more independence in transfer, locomotion, and walking during their episodes of care.

NOTE: This quality measure is NEW as of April 2016 and began impacting the Five-Star Rating System for nursing homes effective July 2016. It is not being reported on the MDS 3.0 CASPER Facility Level Quality Measure Report but is being reported on *Nursing Home Compare*.

Quality Measure Specifications

Numerator:

Short stay residents who:

1. Have a valid discharge assessment (A0310F = [10]) **and** a valid preceding 5-day assessment (A0310B = [01]) **or** admission assessment (A0310A – [01]); **and**
2. Have a change in performance score that is negative ([Discharge] - [5-day or admission assessment] < [0]), using the earlier assessment if resident has both 5-day and admission assessments.

Performance is calculated as the sum of G0110B1 (transfer: self-performance), G0110E1 (locomotion on unit: self-performance), and G0110D1 (walk in corridor: self-performance), with 7's (activity occurred only once or twice) and 8's (activity did not occur) recoded to 4's (total dependence).

Denominator

Short-stay residents who meet all of the following conditions, except those with exclusions:

1. Have a valid discharge assessment (A0310F = [10]); **and**
2. Have a valid preceding 5-day assessment (A0310B = [01]) **or** admission assessment (A0310A = [01]).

Exclusions

1. Residents satisfying any of the following conditions:
 - 1.1. Comatose (B0100 = [1]) on the 5-day assessment or admission assessment, whichever was used in the QM .
 - 1.2. Life expectancy of less than 6 months (J1400 = [1]) on the 5-day or admission assessment, whichever was used in the QM.
 - 1.3. Hospice (O0100K = [2]) on the 5-day or admission assessment.
 - 1.4. Residents with G0110B1, G0110D1 or G0110E1 missing on any of the assessments used to calculate the QM (i.e., discharge assessment, and 5-day or admission assessment, whichever was used in the QM).
 - 1.5. Residents with no impairment (sum of G0110B1, G0110D1, and G0110E1 = [0]) on the 5-day or admission assessment, whichever was used in the QM.
 - 1.6. Residents with an unplanned discharge on any assessment during the care episode (A0310G = [02]).

Covariates

There are multiple covariates for this quality measure and risk-adjusted based on the 5-day assessment: age, gender, cognitive impairment, long-form ADL score, heart failure, stroke, hip fracture, other fracture, feeding/IV. *Please refer to the MDS 3.0 Quality Measures User’s Manual.*

MDS Item Set Elements Related to Short Stay Residents Who Improved Performance on Transfer, Locomotion and Walking in the Corridor Quality Measure

B0100. Comatose		
Enter Code <input type="checkbox"/>	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance	
J1400. Prognosis		
Enter Code <input type="checkbox"/>	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes	
O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	1. While NOT a Resident	2. While a Resident
↓ Check all that apply ↓		
K. Hospice care		<input type="checkbox"/>

MDS Item Set Elements Related to Short Stay Residents Who Improved Performance on Transfer, Locomotion and Walking in the Corridor Quality Measure:

G0110. Activities of Daily Living (ADL) Assistance																													
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding																													
Instructions for Rule of 3 <ul style="list-style-type: none"> ■ When an activity occurs three times at any one given level, code that level. ■ When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3). ■ When an activity occurs at various levels, but not three times at any given level, apply the following: <ul style="list-style-type: none"> ○ When there is a combination of full staff performance, and extensive assistance, code extensive assistance. ○ When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2). If none of the above are met, code supervision.																													
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 Coding: <u>Activity Occurred 3 or More Times</u> 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 <u>Activity Occurred 2 or Fewer Times</u> 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	2. ADL Support Provided Code for most support provided over all shifts; code regardless of resident's self-performance classification 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																												
	<table border="1"> <thead> <tr> <th>1. Self-Performance</th> <th>2. Support</th> </tr> <tr> <th colspan="2">Enter Codes in Boxes</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1. Self-Performance	2. Support	Enter Codes in Boxes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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																													
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)																													
C. Walk in room - how resident walks between locations in his/her room																													
D. Walk in corridor - how resident walks in corridor on unit																													
E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair																													
F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor , how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair																													
G. Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses																													
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)																													
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																													
J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)																													



NOTE:

1. A “valid preceding 5-day assessment or admission assessment” refers to the date of the earliest assessment if a resident has both 5-day (A0310B = [01]) and admission assessments (A0310A = [01]).
2. A valid “discharge assessment” refers to a discharge assessment with a date closest to the valid preceding 5-day or admission assessment where a return is not anticipated (A0310F = [10]).

NOTE: The information contained in this Quality Measure description is taken directly from the **final** version of the *Nursing Home Compare Quality Measure Technical Specifications*, prepared by Abt Associates for CMS in April 2016: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/APPENDIX-New-Claims-based-measuresTechnical-Specifications-04-05-16.pdf>

Percent of Short-Stay Residents Who Were Re-hospitalized After a Nursing Home Admission (Claims-Based)

Quality Measure Description

This Quality Measure reflects the percentage of short-stay residents who entered or reentered the nursing home from a hospital and were readmitted to a hospital for an unplanned inpatient stay or observation stay within 30 days of the start of the nursing home stay. Planned readmissions are excluded. This is a Claims-Based measure that CMS added to *Nursing Home Compare* in April 2016 and integrated into the Five-Star Quality Rating System in July 2016. This QM is reported only on *Nursing Home Compare*. This measure is calculated only for Medicare fee-for-service beneficiaries.

Rationale for 30 Day All-Cause Readmissions

Nursing homes help residents recuperate from a hospital stay and avoid going back to the hospital. Sometimes it's necessary for a resident to return to the hospital. However, if a nursing home sends many residents back to the hospital, it may indicate that the nursing home isn't properly assessing or taking care of its residents who are admitted to the nursing home from a hospital.

Quality Measure Specifications

Numerator and Denominator Window:

The numerator and denominator include stays that started over a 12 – month period. The data are updated every six months (in April and October of each year), with a lag time of nine months (i.e., the data posted in April will include stays that started 9-21 months ago).

Numerator

The numerator includes nursing home stays for beneficiaries who:

- a) Met the inclusion and exclusion criteria for the denominator; AND
- b) Were admitted to a hospital for an inpatient stay or outpatient observation stay within 30 days of entry/reentry to the nursing home, regardless of whether they were discharged from the nursing home prior to the hospital readmission. Note that inpatient hospitalizations and observation stays are identified using Medicare claims; AND
- c) The hospital readmission did not meet the definition of a planned hospital readmission (Identified using principal discharge diagnosis and procedure codes on Medicare claims for the inpatient stay.).

Denominator

Included in the measure are stays for residents who:

- a) Entered or reentered the nursing home within 1 day of discharge from an inpatient hospitalization. (Note that inpatient rehabilitation facility and long term care hospitalizations are not included). These hospitalizations are identified using Medicare Part A claims; AND
- b) Entered or reentered the nursing home within the target 12 month period.

Exclusions

Short stay residents are excluded if:

- a) The resident did not have Fee For Service Parts A and B Medicare enrollment for the entire risk period (Measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); OR
- b) The resident was ever enrolled in hospice care during their stay; OR
- c) The resident was comatose (B0100 = [01] or missing data on comatose on the first MDS assessment after the start of the stay); OR
- d) Data were missing for any of the claims or MDS items used to construct the numerator or denominator; OR
- e) The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment.

NOTE: The information contained in this Quality Measure description is taken directly from the **final** version of the *Nursing Home Compare Quality Measure Technical Specifications*, prepared by Abt Associates for CMS in April 2016: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/APPENDIX-New-Claims-based-measuresTechnical-Specifications-04-05-16.pdf>

Covariates and Risk Adjustments:

For details, see *Nursing Home Compare Quality Measure Technical Specifications* by Abt Associates.

Percent of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit (Claims-Based)

Quality Measure Description

This Quality Measure reflects the percent of short-stay residents who entered or reentered the facility from a hospital, visited an emergency department within 30 days of the start of the stay, and this visit did not result in an inpatient or outpatient stay. This is a Claims-Based measure that CMS added to *Nursing Home Compare* in April 2016 and integrated into the Five-Star Quality Rating System in July 2016. This QM is reported only on *Nursing Home Compare*. This measure is calculated only for Medicare fee-for-service beneficiaries.

Rationale for Outpatient Emergency Department Visit Quality Measure

If a Nursing home often sends many of its residents to the emergency department (ED), it may indicate that the nursing home is not properly assessing or taking care of its residents who are admitted to the nursing home from a hospital. Better preventative care and access to physicians and nurse practitioners in an emergency may reduce rates of ED visits.

Quality Measure Specifications

Numerator and Denominator Window:

The numerator and denominator include stays that started over a 12 – month period. The data are updated every six months (in April and October of each year), with a lag time of nine months (i.e., the data posted in April will include stays that started 9-21 months ago).

Numerator

The numerator includes nursing home stays for beneficiaries who:

- a) Met the inclusion and exclusion criteria for the denominator; AND
- b) Were admitted to an emergency department within 30 days of entry/reentry to the nursing home, regardless of whether they were discharged from the nursing home prior to the emergency department visit. These emergency department visits are identified using Medicare Part B claims; AND
- c) Were not admitted to a hospital for an inpatient stay or observation stay immediately after the visit to the emergency department. Inpatient and observation stays are determined using Medicare Parts A and B claims.

Denominator

Included in the measure are stays for residents who:

- a) Entered or reentered the nursing home within 1 day of discharge from an inpatient hospitalization. (Note that inpatient rehabilitation facility and long term care hospitalizations are not included). These hospitalizations are identified using Medicare Part A claims; AND
- b) Entered or reentered the nursing home within the target 12 month period

Exclusions

Short-stay residents are excluded from the denominator if:

- a) The resident did not have Fee For Service Parts A and B Medicare enrollment for the entire risk period (Measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); OR
- b) The resident was ever enrolled in hospice care during their nursing home stay; OR
- c) The resident was comatose (B0100 = [01] or missing data on comatose on the first MDS assessment after the start of the stay; OR
- d) Data were missing for any of the claims or MDS items used to construct the numerator or denominator; OR
- e) The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment.
- f) The resident was enrolled in a Medicare Advantage plan for any part of the stay.

Resources:

NOTE: The information contained in this Quality Measure description is taken directly from the **final** version of the *Nursing Home Compare Quality Measure Technical Specifications*, prepared by Abt Associates for CMS in April 2016: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/APPENDIX-New-Claims-based-measuresTechnical-Specifications-04-05-16.pdf>

Covariates and Risk Adjustments:

See *Nursing Home Compare Quality Measure Technical Specifications* by Abt Associates.

Percent of Short-Stay Residents Who Were Successfully Discharged to the Community (Claims-Based)

Quality Measure Description

This Quality Measure reflects the percentage of all new admissions to a nursing home from a hospital where the resident was discharged to the community within 100 calendar days of entry and for 30 subsequent days they were not admitted to a hospital for an unplanned inpatient stay, were not readmitted to a nursing home and did not die. This is a Claims-Based measure that CMS added to *Nursing Home Compare* in April 2016 and integrated into the Five-Star Quality Rating System in July 2016. This QM is reported only on *Nursing Home Compare*. This measure is calculated only for Medicare fee-for-service beneficiaries.

Rationale for Successful Discharges to the Community Quality Measure

Many nursing home residents enter skilled nursing facilities for rehabilitation services. For many short stay patients, return to the community is the most important outcome associated with nursing home care. If a nursing home discharges few residents back to the community successfully, it may indicate that a nursing home is not properly assessing its residents who are admitted to the nursing home from a hospital or not adequately preparing them for transition back to the community.

Quality Measure Specifications

Numerator and Denominator Window:

The numerator and denominator include stays that started over a 12 – month period. The posted data are updated every six months (in April and October of each year), with a lag time of nine months (i.e., the data posted in April will include stays that started 9-21 months ago).

Numerator

The numerator includes nursing home episodes for beneficiaries who:

- a) Met the inclusion and exclusion criteria for the denominator; AND
- b) Had a discharge assessment indicating discharge to the community (A2100 = [01] within 100 calendar days of the start of the episode; AND
- c) Were not admitted to a nursing home within 30 days of the community discharge, as determined from Medicare claims; AND
- d) Did not have an unplanned inpatient hospital stay within 30 days of the community discharge, as determined from the principal diagnosis and procedure codes on Medicare claims; AND
- e) Did not die within 30 days of the community discharge, as determined from the Medicare Enrollment Database

Denominator

Included in the measure are episodes for residents who:

- a) Entered or reentered the nursing home within 1 day of discharge from an inpatient hospitalization (Note that inpatient rehabilitation facility and long term care hospitalizations are not included). These hospitalizations are identified using Medicare Part A claims; AND
- b) Entered the nursing home within the target 12 month period.

Exclusions

Short-stay residents are excluded from the denominator if:

- a) The resident did not have Fee For Service Parts A and B Medicare enrollment for the entire risk period (Measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); OR
- b) The resident was ever enrolled in hospice care during their nursing home episode; OR
- c) The resident was comatose (B0100 = [01] or missing data on comatose on the first MDS assessment after the start of the episode; OR
- d) Data were missing for any of the claims or MDS items used to construct the numerator or denominator; OR
- e) The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment.
- f) The resident was enrolled in a Medicare Advantage plan for any part of the stay.

Resources:

NOTE: The information contained in this Quality Measure description is taken directly from the **final** version of the *Nursing Home Compare Quality Measure Technical Specifications*, prepared by ABT Associates for CMS in April 2016 <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/APPENDIX-New-Claims-based-measuresTechnical-Specifications-04-05-16.pdf>

Covariates and Risk Adjustments:

See *Nursing Home Compare Quality Measure Technical Specifications* by Abt Associates.

Percent of Long-Stay Residents Who Self-Report Moderate to Severe Pain

Quality Measure Description

This MDS 3.0 measure reports the percent of long-stay residents who self-report either almost constant or frequent pain with at least one episode of moderate/severe pain, or horrible/excruciating pain of any frequency, **in the last 5 days**.

Rationale for Pain Quality Measure

Pain can cause suffering and is associated with inactivity, social withdrawal, depression, and functional decline. It can also interfere with participation in rehabilitation therapy.

Quality Measure Specifications

Numerator

A long-stay resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if on the most recent MDS 3.0 (Target assessment) the resident self-reports **either** or **both** of the following two conditions:

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

Denominator

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

Exclusions

1. Target assessment is an admission assessment, a PPS 5-day assessment, or a PPS readmission/return assessment (A0310A = [01] or A0310B = [01, 06]).
2. The resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) **and** any of the following conditions are true:
 - a) The pain assessment interview was not completed (J0200 = [0, -])
 - b) The pain presence item was not completed (J0300=[9, -])
 - c) For any residents with pain or hurting at any time in the last 5 days (J0300 = [1]), **any** of the following are true:
 - The pain frequency item was not completed (J0400 = [9,-])
 - Neither of the pain intensity items was completed: (J0600A = [99, -]) **and** J0600B = [9, -]).
 - The numeric pain intensity item indicates no pain (J0600A = [00]).

Covariates

This long stay measure has a covariate. This quality measure is risk adjusted based on certain risk factors which are not related to quality of care, but which are related to quality measure outcomes. For information on Covariates refer to the MDS 3.0 Quality Measures User’s Manual. For QMs that have covariates, you will see a Facility Adjusted Percent recorded on the MDS 3.0 Facility Quality Measure Report from CASPER Reports.

MDS Item Set Elements Related to the Pain Quality Measure

J0200. Should Pain Assessment Interview be Conducted?	
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)	
Enter Code <input type="checkbox"/>	0. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. Yes → Continue to J0300, Pain Presence
Pain Assessment Interview	
J0300. Pain Presence	
Enter Code <input type="checkbox"/>	Ask resident: " Have you had pain or hurting at any time in the last 5 days? " 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0400, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0400. Pain Frequency	
Enter Code <input type="checkbox"/>	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
J0500. Pain Effect on Function	
Enter Code <input type="checkbox"/>	A. Ask resident: " Over the past 5 days, has pain made it hard for you to sleep at night? " 0. No 1. Yes 9. Unable to answer
Enter Code <input type="checkbox"/>	B. Ask resident: " Over the past 5 days, have you limited your day-to-day activities because of pain? " 0. No 1. Yes 9. Unable to answer
J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)	
Enter Rating <input type="text"/> <input type="text"/>	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 <input type="checkbox"/>	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

NOTES:

1. If a long-stay resident is unable to participate in the pain assessment interview (J0200 = [0]), then the resident will **NOT** trigger the Quality Measure. See other exclusions listed above.
2. When conducting the assessment for the MDS, you must use the wording provided in the MDS Assessment. You can show the 00-10 pain scale or the verbal descriptor scale (See below).
3. The pain screening tool provided on page 5 can be used outside of the *Assessment Reference Date* to familiarize a resident with use of the pain scale. **You can download copies of this and other pain screening tools from our website: www.mpqhf.org. Click on Quality Improvement Organization > Tools and Resources > Nursing Home Quality Improvement > Pain.**

<i>Numeric Scale</i>	<i>Verbal Descriptor Scale</i>
0	No Pain
1	Mild Pain
2	
3	
4	
5	Moderate to Severe Pain
6	
7	
8	
9	
10	Very Severe/Horrible Pain

*Source: MDS 3.0 Quality Measures User’s Manual V11.0 Effective April 1, 2017

Percent of Long-Stay, High-Risk Residents with Pressure Ulcers

Quality Measure Description

This MDS 3.0 measure captures the percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers.

Rationale for the High-Risk Pressure Ulcer Quality Measure

Skin and soft tissue changes associated with aging, illness, small blood vessel disease, and malnutrition increase vulnerability, and can have serious consequences for the elderly. They are also costly and time consuming to treat. Facilities should initiate interventions to help identify risk and mitigate/eliminate risk factors; monitor the impact of interventions; and to modify the interventions as appropriate based on the individualized needs of the resident. Improvement in resident/patient quality of care and quality of life can be expected by following appropriate pressure ulcer prevention and treatment guidelines. Recommended reference: **2014 Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline** <http://www.npuap.org/resources/educational-and-clinical-resources/prevention-and-treatment-of-pressure-ulcers-clinical-practice-guideline/> Note: NPUAP is now charging for this guideline. There is also a free guide to download: **Prevention and Treatment of Pressure Ulcers: Quick Reference Guide** – a 75 page document with pictures and details.

Quality Measure Specifications

Numerator

A resident will trigger this Measure on your MDS 3.0 Facility Level Quality Measure Report if they meet the high-risk definition (see denominator, below) **and** have a Stage II - IV pressure ulcer as indicated by any of the following three conditions:

M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] (Number of Stage 2 Pressure Ulcers), **or**
 M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] (Number of Stage 3 Pressure Ulcers), **or**
 M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9] (Number of Stage 4 Pressure Ulcers)

Denominator

All long-stay residents with a selected target assessment who meet the definition of high-risk, except those with exclusions.

Residents are defined as high-risk if they meet **one or more** of the following three criteria on the target assessment:

1. Impaired bed mobility or transfer indicated by **either or both** of the following:
 - a) Bed mobility, self-performance (G0110A1) = [3, 4, 7, 8]
 - b) Transfer, self-performance (G0110B1) = [3, 4, 7, 8]
2. Comatose (B0100 = [1])
3. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked)

Exclusions

Resident is excluded if:

1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]).
2. The resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) AND **any** of the following conditions are true: M0300B1= [-]; M0300C1= [-] or M0300D1= [-].

NOTE: A resident will also trigger this Measure if there is an ICD-10 code for an active diagnosis of a Stage II, III or IV ulcer listed in Section I8000 of the MDS Assessment. (I8000= [707.22, 707.23, 707.24])

Covariates

There are no covariates for this measure.

MDS Item Set Elements Related to the High-Risk Pressure Ulcer Quality Measure

G0110. Activities of Daily Living (ADL) Assistance Refer to the ADL flow chart in the RAI manual to facilitate accurate coding		
	1. Self-Performance	2. Support
	↓ Enter Codes in Boxes ↓	
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	<input type="checkbox"/>	<input type="checkbox"/>
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	<input type="checkbox"/>	<input type="checkbox"/>

B0100. Comatose	
Enter Code	Persistent vegetative state/no discernible consciousness
<input type="checkbox"/>	0. No → Continue to B0200, Hearing
	1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance

Active Diagnoses in the last 7 days - Check all that apply											
Nutritional											
<input type="checkbox"/>	I5600. Malnutrition (protein or calorie) or at risk for malnutrition										
Other											
I8000. Additional active diagnoses Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.											
A. _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
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M0300. Current Number of Unhealed Pressure Ulcers at Each Stage	
Enter Number <input type="text"/>	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
Enter Number <input type="text"/>	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 <u>these</u> 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: <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Month - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Day - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Year </div>
Enter Number <input type="text"/>	
Enter Number <input type="text"/>	
Enter Number <input type="text"/>	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 <u>these</u> 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
Enter Number <input type="text"/>	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 <u>these</u> 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
Enter Number <input type="text"/>	

Percent of Long-Stay Residents Who Were Physically Restrained

Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents who are physically restrained on a daily basis during a 7 day look-back.

The intent of RAI Manual Section P: Restraints “is to record the frequency over the 7-day look back period that the resident was restrained by any of the listed devices at any time during the day or night.” Please refer to the MDS 3.0 RAI Manual Section P for additional information.

Rationale for Physical Restraints Quality Measure

The goal for this Quality Measure is to ensure that each person attains and maintains his/her highest practicable well-being in an environment that prohibits the use of restraints for discipline or convenience and limits restraint use to circumstances in which the resident has medical symptoms that warrant the use of restraints.

Quality Measure Specifications

Numerator

A resident will trigger this measure on your CASPER Report (MDS 3.0 Facility Level Quality Measure Report) if the most recent MDS 3.0 (Target Assessment) indicates **any** daily physical restraint* use: (P0100B, P0100C, P0100E, P0100F, **or** P0100G) = [2]).

NOTE: *Bed rails may or may not constitute a restraint but in any event will not cause a resident to trigger for this quality measure.
--

Denominator

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

Exclusions

Resident is excluded if the resident is not in the numerator and **any** of the following is true: (P0100B, **or** P0100C, **or** P0100E, **or** P0100F, **or** P0100G = [-]).

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to the Residents Physically Restrained Quality Measure

Section P	Restraints
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	
<p>Coding:</p> <p>0. Not used</p> <p>1. Used less than daily</p> <p>2. Used daily</p>	↓ 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

Percent of Long-Stay Residents Experiencing One or More Falls with Major Injury

Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period. This measure involves a look-back scan.

NOTE: This is one of three **look-back scan** quality measures. *Please see the Selection Logic and Rationale for Look-Back Scans for the Long-Stay Measures and Short-Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User’s Manual.* These sections will explain why a resident who experiences even one fall with a major injury will continue to “trigger” the related quality measure for up to one year after the incident.

Rationale for the Residents Experiencing One or More Falls with Major Injury Quality Measure

Numerous studies have identified risk factors for falls within the nursing home population, including history of falls, impaired cognitive function, postural hypotension, psychotropic and cardiovascular medications, use of restraints, balance problems during transfer and ambulation, and insomnia. The identification of such risk factors suggests the potential for nursing facilities to reduce and prevent the incidence of falls among their residents. Additionally, each year, one in every three adults age 65 and older falls. One third of falls among nursing home residents results in an injury. There are many interventions that a facility can employ to prevent falls and fall-related injuries, which make falls an important health outcome to monitor in the nursing home.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if one or more of the look-back scan assessments indicate one or more falls that resulted in major injury (J1900C = [1, 2]).

Denominator

All long-stay nursing home residents with one or more look-back scan assessments, except those with exclusions.

Exclusions

Resident is excluded if one of the following is true for all of the look-back scan assessments:

- The occurrence of falls was not assessed: (J1900 = [-]) **or**
- The assessment indicates that a fall occurred (J1800 = [1]) AND the number of falls with major injury was not assessed (J1900C = [-]).

Covariates

There are no covariates for this quality measure.

MDS Item Set Elements Related to the Residents Experiencing One or More Falls with Major Injury Quality Measure

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Code <input type="checkbox"/>	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent? 0. No → Skip to K0100, Swallowing Disorder 1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)
J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Coding: 0. None 1. One 2. Two or more	↓ Enter Codes In Boxes
	<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

Percent of Long-Stay Residents Who Received an Antipsychotic Medication

Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period during a 7 day look-back.

Rationale for the Residents Who Received an Antipsychotic Medication Quality Measure

Antipsychotic drugs are an important treatment for patients with certain mental health conditions. However, the FDA has warned that antipsychotic medications are associated with an increased risk of death when used in elderly patients with dementia and the medications have side effects. Therefore, these medications must be used appropriately. Interventions that do not involve medications should be used first, if possible, and the continued use of antipsychotics should be carefully monitored. Interventions that do not require medications, such as higher staffing ratios, many and varied activities, and consistent assignment, have been shown to be successful in many cases.

NOTES:

1. This quality measure replaced the surveyor measure previously found in CASPER: *Prevalence of Psychoactive Medication Use, in the Absence of Psychotic or Related Conditions (Long-Stay)*.
2. A **black box warning** is the strictest **warning** put in the labeling of prescription drugs or drug products by the Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug. Residents who are taking an antipsychotic with a black box warning must have a signed consent on file that includes the actual wording of the Black Box Warning.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates that antipsychotic medications were received (N0410A = [1, 2, 3, 4, 5, 6, 7]).

Denominator

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

Exclusions

1. The resident did not qualify for the numerator **and** the following is true:
N0410A = [-].
2. **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]).

Covariates

There are no covariates for this quality measure.

MDS Elements Related to the Residents Who Received an Antipsychotic Medication Quality Measure

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Neurological - Continued	
<input type="checkbox"/>	I5250. Huntington's Disease
<input type="checkbox"/>	I5350. Tourette's Syndrome
Psychiatric/Mood Disorder	
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)

N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input type="text"/>	A. Antipsychotic

Percent of Long-Stay Residents Who Have Depressive Symptoms

Quality Measure Description

This MDS 3.0 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. The measure involves a Resident Mood Interview [PHQ-9] (Condition A) **or** a Staff Assessment of Resident Mood [PHQ-9-OV] (Condition B).

Rationale for the Residents Who Have Depressive Symptoms Quality Measure

Depression is a medical problem of the brain that can affect how you think, feel, and behave. Signs of depression may include fatigue, a loss of interest in normal activities, poor appetite, and problems with concentration and sleeping.

Feeling depressed can lessen your quality of life and lead to other health problems. Nursing home residents are at a high risk for developing depression and anxiety for many reasons, such as loss of a spouse, family members or friends, chronic pain and illness, difficulty adjusting to the nursing home, and frustration with memory loss. Identifying depression can be difficult in residents because the signs may be confused with the normal aging process, a side effect of medication, or the result of a medical condition. Proper treatment may include medication, therapy, or an increase in social support.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) meets **either** of the following two conditions (A **or** B):

CONDITION A: The **Resident Mood Interview** (PHQ-9) must meet Part 1 **and** Part 2 below:

<p>Part 1 <i>(Symptom Presence)</i> D0200: Resident Mood Interview Little interest or pleasure in doing things half or more of the days over the last two weeks D0200A2= [2,3] <u>OR</u> Feeling down, depressed or hopeless half or more of the days over the last two weeks D0200B2= [2,3]</p>	<p>Part 2 <i>(Symptom Frequency Total Score)</i> D0300: Total Severity Score Resident Mood Interview total severity score indicates the presence of depression (D0300 ≥ [10] and D0300 ≤ [27]) NOTE: The Symptom frequency for each of the nine symptoms is totaled and the total score must be between 10 and 27 for resident to trigger.</p>
--	---

NOTE: If the resident is not able to be interviewed, MDS Item **DO100** will be coded No, then the Staff Assessment of Resident Mood [PHQ-9-OV] (Condition B) is completed:

CONDITION B: The **Staff Assessment** of Resident Mood (PHQ-9-OV) must meet Part 1 **and** Part 2 below:

<p>Part 1 (Symptom Presence) D0500: Staff Assessment of Resident Mood Little interest or pleasure in doing things half or more of the days over the last two weeks D0500A2= [2,3] OR Feeling down, depressed or hopeless half or more of the days over the last two weeks D0500B2= [2,3]</p>	<p>Part 2 (Symptom Frequency Total Score) D0600: Total Severity Score Resident Mood Assessment total severity score indicates the presence of depression (D0600_≥ [10] and D0600_≤ [30]) NOTE: The Symptom frequency for each of ten symptoms is totaled and the total score must be between 10 and 30 for resident to trigger.</p>
--	--

Denominator

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

Exclusions

Resident is excluded if:

- Comatose or comatose status is missing (B0100 = [1, -]).
- The resident is not included in the numerator (the resident did not meet the depression symptom conditions for the numerator) AND both of the following are true:
 - D0200A2 = [-] OR D0200B2 = [-] OR D0300 = [99. -].
 - D0500A2 = [-] OR D0500B2 = [-] OR D0600 = [-].

Covariates

There are no covariates for this quality measure.

MDS Elements Related to the Residents Who Have Depressive Symptoms Quality Measure

B0100. Comatose	
Enter Code	Persistent vegetative state/no discernible consciousness
<input type="checkbox"/>	0. No → Continue to B0200, Hearing
	1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents	
Enter Code	0. No (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
<input type="checkbox"/>	1. Yes → Continue to D0200, Resident Mood Interview (PHQ-9©)

D0200. Resident Mood Interview (PHQ-9®)			
Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.			
If yes in column 1, then ask the resident: "About how often have you been bothered by this?"			
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
		↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/>	<input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/>	<input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/>	<input type="checkbox"/>
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down		<input type="checkbox"/>	<input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/>	<input type="checkbox"/>
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual		<input type="checkbox"/>	<input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		<input type="checkbox"/>	<input type="checkbox"/>
D0300. Total Severity Score			
Enter Score	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27.		
<input type="text"/>	Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).		

D0500. Staff Assessment of Resident Mood (PHQ-9-OV®)			
Do not conduct if Resident Mood Interview (D0200-D0300) was completed			
Over the last 2 weeks, did the resident have any of the following problems or behaviors?			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.			
Then move to column 2, Symptom Frequency, and indicate symptom frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day		
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
		↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling or appearing down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/>	<input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/>	<input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/>	<input type="checkbox"/>
F. Indicating that s/he feels bad about self, is a failure, or has let self or family down		<input type="checkbox"/>	<input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/>	<input type="checkbox"/>
H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual		<input type="checkbox"/>	<input type="checkbox"/>
I. States that life isn't worth living, wishes for death, or attempts to harm self		<input type="checkbox"/>	<input type="checkbox"/>
J. Being short-tempered, easily annoyed		<input type="checkbox"/>	<input type="checkbox"/>
D0600. Total Severity Score			
Enter Score	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.		
<input type="text"/>			

Percent of Long-Stay Residents with a Urinary Tract Infection

Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents who have or had a urinary tract infection within the last 30 days.

Rationale for Urinary Tract Infection Quality Measure

Urinary tract infections (UTI) are one of the most common infections in the long-term care setting. Finding the cause and getting early treatment of a UTI can prevent the infection from spreading and becoming more serious or causing complications like delirium. In addition, incorrect diagnosis of UTI can lead to inappropriate antibiotic use, causing adverse effects and increase the presence of antibiotic resistant organisms.

Quality Measure Specifications

Numerator

A resident will trigger this measure on your CASPER Report (MDS 3.0 Facility Level Quality Measure Report) if the most recent MDS 3.0 (Target Assessment) indicates urinary tract infection within **the last 30 days** (I2300 = [1]) (checked).

Denominator

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

Exclusions

A resident is excluded and will not trigger this measure if the target assessment is an admission assessment (A0310A = [01] or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]) or UTI value is missing (I2300 = [-]).

Covariates

There are no covariates for this measure.

MDS Item Set Elements Related to the Urinary Tract Infection Quality Measure

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
	Infections
<input type="checkbox"/>	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)

References:

See Coding Tips Section in CMS's RAI Version 3.0 User's Manual Chapter 3 MDS Items I

Percent of Long-Stay Residents Who Have/Had a Catheter Inserted and Left in Their Bladder

Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents who have had an indwelling catheter [at any time] in the past 7 days.

Rationale for the Catheter Inserted and Left in Bladder Quality Measure

Catheters should only be used when medically necessary. Unfortunately catheters may be used for incontinence control as a convenience rather than a medical necessity. Catheters place residents at higher risk for hospitalizations, urinary tract or blood infections, physical injury, skin problems, bladder stones or blood in the urine. When not properly maintained and monitored, indwelling catheters can cause chronic pain and/or infections leading to a greater functional decline and decreased quality of life for the resident. Toileting programs and thorough assessment of the resident can sometimes decrease or prevent the use of catheters.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates the use of indwelling catheters (H0100A = [1]) (checked).

Denominator

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

Exclusions

Resident will be excluded if any of the following are true:

1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]).
2. Target assessment indicates that indwelling catheter status is missing (H100A = [-]).
3. Target assessment indicates neurogenic bladder (I1550 = [1]) or neurogenic bladder status is missing (I1550 = [-]).
4. Target assessment indicates Obstructive Uropathy (I1650 = [1]) or Obstructive Uropathy status is missing (I1650 = [-]).

Covariates

Individual residents face different levels of risk for particular measures due to personal variations in health and functional status. An individual resident may have a predisposing health condition or characteristics (i.e. risk factors) that could increase the likelihood of that resident triggering a specific measure regardless of the quality of care provided in the nursing home. This quality measure is risk adjusted based on certain risk factors which are not related to quality of care, but which are related to quality measure outcomes.

The presence of the following indicators on a prior assessment:

1. Frequent bowel incontinence (H0400 = [2, 3])
 - Covariate = [1] if H0400 = [2, 3]
 - Covariate = [0] if H0400 = [0, 1, 9, -]
2. Pressure ulcers at stages II, III, or IV
 - Covariate = [1] if any of the following are true:
 - M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, 9], **or**
 - M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, 9], **or**
 - M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, 9]
3. All covariates are missing if no prior assessment is available.

NOTE: For a more detailed explanation of Covariates, refer to the MDS 3.0 Quality Measures User’s Manual.

MDS Item Set Elements Related to the Catheter Inserted and Left in Bladder Quality Measure

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
A0310. Type of Assessment	
Enter Code <input style="width: 20px; height: 20px;" type="text"/>	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code <input style="width: 20px; height: 20px;" type="text"/>	B. PPS Assessment PPS Scheduled Assessments for a Medicare Part A Stay 01. 5-day scheduled assessment 02. 14-day scheduled assessment
H0400. Bowel Continence	
Enter Code <input style="width: 20px; height: 20px;" type="text"/>	Bowel continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (one episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3. Always incontinent (no episodes of continent bowel movements) 9. Not rated , resident had an ostomy or did not have a bowel movement for the entire 7 days

MDS Item Set Elements Related to the Catheter Inserted and Left in Bladder Quality Measure

Active Diagnoses in the last 7 days - Check all that apply	
Genitourinary	
<input type="checkbox"/>	I1400. Benign Prostatic Hyperplasia (BPH)
<input type="checkbox"/>	I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)
<input type="checkbox"/>	I1550. Neurogenic Bladder
<input type="checkbox"/>	I1650. Obstructive Uropathy

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage	
Enter Number <input type="text"/>	<p>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</p>
Enter Number <input type="text"/>	<p>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</p> <p>1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3</p> <p>2. Number of <u>these</u> 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</p> <p>3. Date of oldest Stage 2 pressure ulcer - Enter dashes if date is unknown: <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/> Month Day Year</p>
Enter Number <input type="text"/>	<p>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</p> <p>1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4</p> <p>2. Number of <u>these</u> 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</p>
Enter Number <input type="text"/>	<p>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</p> <p>1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable: Non-removable dressing</p> <p>2. Number of <u>these</u> 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</p>

Percent of Long-Stay Low-Risk Residents Who Lose Control of Their Bowel or Bladder

Quality Measure Description

This MDS 3.0 measure reports the percent of low-risk long-stay residents who frequently lose control of their bowel or bladder during the 7-day look-back period preceding the MDS 3.0 target assessment date.

Rationale for the Lose Control of Bowel or Bladder Quality Measure

Loss of bowel or bladder control is not a normal sign of aging, has an important impact on quality of life, and can often be successfully treated.

Quality Measure Specifications

Numerator

A resident will trigger this measure on your CASPER Report (the MDS 3.0 Facility Level Quality Measure Report) if on the most recent MDS 3.0 Selected Target Assessment the following question for *Urinary Continence* (H0300) is answered with a **2 or 3** or *Bowel Continence* (H0400) is answered with a **2 or 3** and the resident is NOT considered high risk as noted in the exclusions below.

MDS Item Set Elements Related to the Lose Control of Bowel or Bladder Quality Measure

Section H	Bladder and Bowel
H0300. Urinary Continence	
Enter Code <input type="checkbox"/>	Urinary continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (less than 7 episodes of incontinence) 2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) 3. Always incontinent (no episodes of continent voiding) 9. Not rated , resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days
H0400. Bowel Continence	
Enter Code <input type="checkbox"/>	Bowel continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (one episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3. Always incontinent (no episodes of continent bowel movements) 9. Not rated , resident had an ostomy or did not have a bowel movement for the entire 7 days

Denominator

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

Exclusions

Resident will be excluded if:

1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]).
2. Resident is not in the numerator and H0300 = [-] or H0400 = [-].

3. Resident has **any** of the following high-risk conditions:
 - a) Severe cognitive impairment on the target assessment as indicated by (C1000=[3] **and** C0700 = [1]) **OR** C0500 ≤ [7])
 - b) Totally dependent in bed mobility self-performance (G0110A1 = [4, 7, 8])
 - c) Totally dependent in transfer self-performance (G0110B1 = [4, 7, 8])
 - d) Totally dependent in locomotion on unit self-performance (G0110E1 = [4, 7, 8])
4. Resident does not qualify as high risk (see #3 above) and **both** of the following two conditions are true for the target assessment:
 - a) C0500 = [99], **and**
 - b) C0700 = [-] **or** C1000 = [-]
5. Resident does not qualify as high risk (see # 3 above) and **any** of the following three conditions are true:
 - a) G0110A1 = [-]
 - b) G0110B1 = [-]
 - c) G0110E1 = [-]
6. Resident is comatose (B0100 = [1]), or comatose status is missing (B0100 = [-]) on target assessment.
7. Resident has an indwelling catheter (H0100A = [1]) or indwelling catheter status is missing (H0100A = [-]) on the target assessment.
8. Resident has an ostomy, (H0100C = [1]) **or** ostomy status is missing (H0100C = [-]) on the target assessment.

Covariates

There are no covariates for this measure.

Percent of Long-Stay Residents Who Lose Too Much Weight

Quality Measure Description

This MDS 3.0 measure reports 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 (six months) who were **not** on a physician prescribed weight-loss regimen (K0300 = [2]) noted in an MDS assessment during the selected quarter.

Rationale for this Quality Measure

Nutrients are essential for many critical metabolic processes, the maintenance and repair of cells and organs, and energy to support daily functioning. Therefore, it is important to maintain adequate nutritional status, to the extent possible. Weight can be a useful indicator of nutritional status, when evaluated within the context of the individual's personal history and overall condition. Significant unintended changes in weight (loss or gain) or insidious weight loss may indicate a nutritional problem.

Quality Measure Specification

Numerator

A resident will trigger this measure on your CASPER Report (MDS 3.0 Facility Level Quality Measure Report) if the most recent MDS 3.0 (Target Assessment) 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

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

Exclusions

Resident is excluded if:

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

Covariates

There are no covariates for this quality measure.

NOTE:

This item compares the resident’s weight in the current observation period with his or her weight at two snapshots in time:

- At a point closest to 30-days preceding the current weight
- At a point closest to 180-days preceding the current weight

Please refer to CMS Long-Term Care Facility RAI User’s Manual, Chapter 3, MDS Items [K] for additional information.

K0300. Weight Loss	
Enter Code <input type="checkbox"/>	Loss of 5% or more in the last month or loss of 10% or more in last 6 months 0. No or unknown 1. Yes, on physician-prescribed weight-loss regimen 2. Yes, not on physician-prescribed weight-loss regimen

Percent of Long-Stay Residents Whose Need for Help with Activities of Daily Living Has Increased

Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment. The four late-loss ADL items are self-performance bed mobility, self-performance transfer, self-performance eating and self-performance toileting. This measures what the resident actually did (not what he or she might be capable of doing) within each ADL category during the 7 day look-back according to a performance-based scale.

Rationale for this Quality Measure

A resident's abilities in activities of daily living should not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target assessment) and prior assessment indicate the need for help with late-loss ADLs increased when the selected assessments are compared. An increase is defined as an increase in two 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.

Residents meet the definition of increased need of help with late-loss ADLs if **either** of the following are true (NOTE: In the notation below, [t] refers to the target assessment, and [t-1] refers to the prior assessment):

1. **At least two** of the following are true, compared to the prior assessment:
 - a. Bed mobility has at least a one point increase in coding points [Level at target assessment (G0110A1[t]) – [Level at prior assessment (G0110A1[t-1])] > [0], or
 - b. Transfer has at least a one point increase in coding points [Level at target assessment (G0110B1[t]) – [Level at prior assessment (G0110B1[t-1])] > [0], or
 - c. Eating has at least a one point increase in coding points [Level at target assessment (G0110H1[t]) – [Level at prior assessment (G0110H1[t-1])] > [0], or
 - d. Toileting has at least a one point increase in coding points [Level at target assessment (G0110I1[t]) – [Level at prior assessment (G0110I1[t-1])] > [0].

At least one of the following is true, compared to the prior assessment:

- e. Bed mobility has at least a two point increase in coding points [Level at target assessment (G0110A1[t])] – [Level at prior assessment (G0110A1[t-1])] > [1], or
- f. Transfer has at least a two point increase in coding points [Level at target assessment (G0110B1[t])] – [Level at prior assessment (G0110B1[t-1])] > [1], or
- g. Eating has at least a two point increase in coding points [Level at target assessment (G0110H1[t])] – [Level at prior assessment (G0110H1[t-1])] > [1], or
- h. Toileting has at least a two point increase in coding points [Level at target assessment (G0110I1[t])] – [Level at prior assessment (G0110I1[t-1])] > [1].

Denominator

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

Exclusions

Resident is excluded if:

1. All four of the late-loss ADL items indicate total dependence on the prior assessment as indicated by:
 - Bed Mobility (G0110A1) = [4, 7, 8] AND
 - Transferring (G0110B1) = [4, 7, 8] AND
 - Eating (G0110H1) = [4, 7, 8] AND
 - Toileting (G0110I1) = [4, 7, 8].
2. Three of the late-loss ADLs indicate total dependence on the prior assessment (as in #1) AND the fourth late-loss ADL indicates extensive assistance [3] on the prior assessment.
3. Resident is comatose (B0100 = [1, -]) on the target assessment.
4. Prognosis of life expectancy is less than 6 months on the target assessment (J1400 = [1, -])
5. Hospice Care (O0100K2 = [1,-]) on the target assessment
6. The resident is not in the numerator AND there is missing data on the prior or target assessment: (G0110A1, G0110B1, G0110H1 or G0110I1) = [-].

Covariates

There are no covariates for this measure.

MDS Item Set Elements Related to the Activities of Daily Living Has Increased Quality Measure

B0100. Comatose	
Enter Code <input type="checkbox"/>	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance

G0110. Activities of Daily Living (ADL) Assistance		
	1. Self-Performance	2. Support
	↓ Enter Codes in Boxes ↓	
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	<input type="checkbox"/>	<input type="checkbox"/>
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	<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"/>

J1400. Prognosis	
Enter Code <input type="checkbox"/>	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes

O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the last 14 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the last 14 days	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>

Please refer to CMS RAI 3.0 User’s Manual, Chapter 3, Section G: Functional Status, for extensive additional details and definitions related to coding.

Percent of Long-Stay Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine

Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents who are given, appropriately, the influenza vaccination during the most recent influenza season. This measure is reported **only** on *Nursing Home Compare*.

Rationale for the Seasonal Influenza Vaccine Quality Measure

When infected with influenza, older adults and persons with underlying health problems are at higher risk for developing serious life-threatening medical complications and are more likely than the general population to require hospitalization. Influenza vaccines have been proven effective in preventing hospitalizations.

Quality Measure Specifications

Numerator

A resident will be in the numerator if on the selected influenza vaccination assessment¹ they

1. Received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) **or** outside the facility (O0250C = [2]); **or**
2. They were offered but declined the influenza vaccine (O0250C = [4]); **or**
3. They were ineligible due to contraindications² (O0250C = [3]).

Denominator

All long-stay residents with a selected influenza vaccination assessment, except those with exclusions.

Exclusions

Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

NOTE: This measure is only calculated once per 12-month influenza season which begins on July 1 of a given year and ends on June 30 of the subsequent year and reports data for residents who were in the facility for at least one day during the target period of October 1 through March 31.

Covariates

There are no covariates for this quality measure.

¹For definition of Influenza vaccination assessment, see Record Definitions in the MDS 3.0 Quality Measures User's Manual.

²Contraindications include but are not limited to: anaphylactic hypersensitivity to eggs or other components of the vaccine; a physician order not to immunize, moderate to severe illness with or without fever, history of Guillian-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months.

MDS Item Set Elements Related to the Seasonal Influenza Vaccine Quality Measure

O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period	
Enter Code <input type="checkbox"/>	<p>A. Did the resident receive the influenza vaccine <i>in this facility</i> for this year's influenza vaccination season?</p> <p>0. No → Skip to O0250C, If influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date influenza vaccine received</p>
	<p>B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?</p> <p> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year </p>
Enter Code <input type="checkbox"/>	<p>C. If influenza vaccine not received, state reason:</p> <p>1. Resident not in this facility during this year's influenza vaccination season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage 9. None of the above</p>

Percent of Long-Stay Residents Assessed and Appropriately Given the Pneumococcal Vaccine

Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents whose pneumococcal vaccine status is up to date. This measure is reported **only** on *Nursing Home Compare*.

Rationale for this Quality Measure

Pneumococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease.

Quality Measure Specifications

Numerator

Long-Stay residents will be in the numerator if they meet **any** of the following criteria on the selected target assessment:

- Pneumococcal vaccine status is up to date (O0300A = [1]); or
- Were offered and declined the vaccine (O0300B = [2]); or
- Were ineligible due to medical contraindications¹ (O0300B = [1]).

Denominator

All long-stay residents with a selected target assessment.

Exclusions

There are no exclusions for this quality measure.

Covariates

There are no covariates for this quality measure.

For up to date vaccine information from the Centers for Disease Control (CDC), including information on PCV13 or PPSV23:

<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>

¹Examples of medical contraindications include but are not limited to: anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks. Refer to the MDS 3.0 RAI Manual Chapter 3 MDS Items O for additional details.

MDS Item Set Elements Related to the Pneumococcal Vaccine Quality Measure

O0300. Pneumococcal Vaccine	
Enter Code <input type="checkbox"/>	A. Is the resident's Pneumococcal vaccination up to date? 0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. Yes → Skip to O0400, Therapies
Enter Code <input type="checkbox"/>	B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered

Percent of Long Stay Residents Who Received an Antianxiety or Hypnotic Medication As Reported on Nursing Home Compare

NOTE: This QM is a **revised** measure new to *Nursing Home Compare*; however it is not calculated in the five-star measure. Most of the previous exclusions have been removed from this NHC Quality Measure.

See page 57 for *Prevalence of Antianxiety or Hypnotic Medication Use as Reported on CASPER Reports*

Quality Measure Description

This publicly reported MDS 3.0 measure reports the percentage of long-stay residents who received an antianxiety or hypnotic medication during the target period, and has a 7 day look-back.

Rationale for this Quality Measure

Residents taking medications in these medication categories and pharmacologic classes are at risk of side effects that can adversely affect health, safety and quality of life. The purpose of this measure is to prompt nursing facilities to re-examine their prescribing patterns in order to encourage practices consistent with clinical recommendations and guidelines.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates that **either** antianxiety or hypnotic medications were received during any of the last 7 days (N0410B = [1, 2, 3, 4, 5, 6, 7]) **or** (N0410D = [1, 2, 3, 4, 5, 6, 7]).

Denominator

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

Exclusions

1. The resident did not qualify for the numerator and **any** of the following is true:
N0410B or N0410D = [-].
2. Any of the following related conditions are present (checked) on the target assessment unless otherwise indicated:

2.1.	Life expectancy of less than 6 months (J1400 = [1]).
2.2.	Hospice care while a resident (O0100K2 = [1]).

Covariates

There are no covariates for this quality measure.

MDS Elements Related to the Residents Who Received an Anti-Anxiety/Hypnotic Medication Quality Measure

N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input type="checkbox"/>	B. Antianxiety
Enter Days <input type="checkbox"/>	D. Hypnotic

Percent of Long Stay Residents Whose Ability to Move Independently Worsened

Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents who experienced a decline in independence of locomotion during the target period when compared to the prior assessment. This is a look-back measure. This is defined as a decline in their ability to move around their room and in adjacent corridors on same floor. If in wheelchair, this measure reports a decline in self-sufficiency once in chair.

Rationale for this Quality Measure

This long-stay measure evaluates the quality of nursing home care with regard to the loss of independence in locomotion among individuals who have been residents of the nursing home for more than 100 days. Loss of independence in locomotion is itself an undesirable outcome. Additionally, it increases risks of hospitalization, pressure ulcers, musculoskeletal disorders, pneumonia, circulatory problems, constipation, and reduced quality of life. Residents who have declined in independence in locomotion also require more staff time than those who are more independent.

NOTE: This quality measure is NEW as of April 2016 and began impacting the Five-Star Rating System for nursing homes effective July 2016. It is not being reported on the CASPER Report [MDS 3.0 Facility Level Quality Measure Report] but is being reported on *Nursing Home Compare*.

Quality Measure Specifications

Numerator

The number of long-stay residents with a selected target assessment and at least one qualifying prior assessment who have a decline in independence in locomotion when comparing their target assessment with the prior MDS assessment will be in the Numerator for this measure. Decline is identified by:

1. Recoding all values (G0110E1 = [7, 8]) to G0110E1 = [4].
2. An increase of one or more points on the “locomotion on unit: self-performance” item between the target assessment and prior assessment (G0110E1 on target assessment – G0110E1 on prior assessment ≥ 1).

Denominator

All long-stay residents who have a qualifying MDS 3.0 target assessment and at least one qualifying prior assessment, except those with exclusions.

Exclusions

Residents satisfying **any** of the following conditions:

1. Comatose or missing data on comatose (B0100 = [01, -]) at the prior assessment
2. Prognosis of less than 6 months at the prior assessment as indicated by:
 - 2.1. Prognosis of less than six months of life (J1400 = [1]), **or**
 - 2.2. Hospice Use (O0100K2 = [1]) **or**
 - 2.3. Neither indicator for being end-of-life at the prior assessment (J1400 ≠ [1] **and** O0100K2 ≠ [1] **and** a missing value on either indicator (J1400 = [-] **or** O0100K2 = [-]).
3. Resident totally dependent during locomotion on prior assessment (G0100E1 = [4, 7, **or** 8])
4. Missing data on locomotion on target or prior assessment (G0110E1 = [-]).
5. Prior assessment is a discharge with or without return anticipated (A0310F = [10, 11]).
6. No prior assessment is available to assess prior function.
 - 6.1. Target assessment is an admission assessment (A0310A = [01]), a PPS 5-day (A0310B = [01]), **or** the first assessment after an admission (A0310E = [01]), **or** (A0310B = [06]).

MDS Elements Related to the Residents Whose Ability to Move Independently Worsened

G0110. Activities of Daily Living (ADL) Assistance		
	1. Self-Performance	2. Support
↓ Enter Codes in Boxes ↓		
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	<input type="checkbox"/>	<input type="checkbox"/>
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	<input type="checkbox"/>	<input type="checkbox"/>
C. Walk in room - how resident walks between locations in his/her room	<input type="checkbox"/>	<input type="checkbox"/>
D. Walk in corridor - how resident walks in corridor on unit	<input type="checkbox"/>	<input type="checkbox"/>
E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	<input type="checkbox"/>	<input type="checkbox"/>

B0100. Comatose	
Enter Code <input type="checkbox"/>	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance

J1400. Prognosis	
Enter Code <input type="checkbox"/>	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes

O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
	1. While NOT a Resident	2. While a Resident
↓ Check all that apply ↓		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	<input type="checkbox"/>	<input type="checkbox"/>
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	<input type="checkbox"/>	<input type="checkbox"/>
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>

Covariates

There are several covariates that are used to risk-adjust this measure based on ADLs from prior assessment (eating, toileting, transfer, and walking in corridor). *Please refer to MDS 3.0 Quality Measures User’s Manual.*

NOTE: Some of the information contained in this Quality Measure description is taken directly from the **final** version of the *Nursing Home Compare Quality Measure Technical Specifications*, prepared by Abt Associates for CMS in April 2016: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/APPENDIX-New-Claims-based-measuresTechnical-Specifications-04-05-16.pdf>

Prevalence of Antianxiety or Hypnotic Medication Use (Long Stay)

NOTE: This QM is a SURVEYOR measure and is reported only on the MDS 3.0 CASPER Facility Level Quality Measure reports and is only available to the Surveyors and the facility.

SURVEYOR QM

Quality Measure Description

This MDS 3.0 quality measure reports the percentage of long-stay residents who received an antianxiety or hypnotic medication during the target period, and has a 7 day look-back.

Rationale for this Quality Measure

Residents taking medications in these medication categories and pharmacologic classes are at risk of side effects that can adversely affect health, safety and quality of life. The purpose of this measure is to prompt nursing facilities to re-examine their prescribing patterns in order to encourage practices consistent with clinical recommendations and guidelines.

Quality Measure Specifications

Numerator

A resident will be in the numerator for this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates that **either** antianxiety or hypnotic medications were received during any of the last 7 days (N0410B = [1, 2, 3, 4, 5, 6, 7]) **or** (N0410D = [1, 2, 3, 4, 5, 6, 7]).

Denominator

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

Exclusions

1. The resident did not qualify for the numerator and **any** of the following is true:
 - 1.1. For assessments with target dates on or before 03/31/2012: N0400B = [-] **or** N0400D = [-].
 - 1.2. For assessments with target date on or after 04/01/2012: N0410B = [-] **or** N0410D = [-].

2. **Any** of the following related conditions are present on the target assessment (unless otherwise indicated):
- 2.1. Schizophrenia (I6000 = [1]).
 - 2.2. Psychotic disorder (I5950 = [1]).
 - 2.3. Manic depression (bipolar disease) (I5900 = [1]).
 - 2.4. Tourette’s syndrome (I5350 = [1]).
 - 2.5. 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.
 - 2.6. Huntington’s disease (I5250 = [1]).
 - 2.7. Hallucinations (E0100A = [1]).
 - 2.8. Delusions (E0100B = [1]).
 - 2.9. Anxiety disorder (I5700 = [1]).
 - 2.10. Post-traumatic stress disorder (I6100 = [1]).
 - 2.11. 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.

N0410. Medications Received	
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input type="checkbox"/>	B. Antianxiety
Enter Days <input type="checkbox"/>	D. Hypnotic

Source: Appendix E, MDS 3.0 Quality Measures User’s Manual V 11.0 April 2017

Prevalence of Falls (Long Stay)

Surveyor Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents who have had a fall during their episode of care. This prevalence measure is one of 2 quality measures that are Surveyor Quality Measures and are **only** available to State Surveyors and Nursing Facilities through CMS’s CASPER Reporting System.

NOTE: This is one of the **look-back scan** quality measures. If a long-stay resident has had one or more falls reported on one or more look-back scan assessments, it will trigger the measure. “These measures trigger if the event or condition of interest occurred any time during a one year period”
Please see the Selection Logic and Rationale for Look-Back Scans for the Long Stay Measures and Short Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User’s Manual.

Rationale for the Falls Quality Measure

The intent of this Quality Measure is to ensure that the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if one or more of the look-back scan assessments indicate the occurrence of a fall (J1800 = [1]).

NOTE: The resident will still trigger the measure for up to one year after the initial fall **even if** the code for J1800 = [0] (See Table 1).

Denominator

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

Exclusions

Resident is excluded if the occurrence of falls was not assessed on any of the look-back scan assessments (J1800 = [-]).

Covariates

There are no covariates for this quality measure.

MDS Elements Related to the Prevalence of Falls Surveyor Quality Measure

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Code	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?
<input type="checkbox"/>	0. No → Skip to K0100, Swallowing Disorder
	1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

TABLE 1

The following table is an example that demonstrates how a fall will continue to trigger the Prevalence of Falls Surveyor Quality Measure for a resident several quarters after the fall.

	Admit Date (Not SNF)	Resident Fell (Without Major Injury) on	Qtrly MDS	Qtrly MDS	Qtrly MDS	Qtrly MDS	Qtrly MDS
Dates of MDS	April 15, 2013	May 13, 2013	July 15, 2013	October 15, 2013	January 15, 2014	April 15, 2014	July 15, 2014
Days since last assessment	1		91 days	92 days	92 days	91 days	91 days
Look-back days	1		91	183	275	366	457
				Triggers	Triggers	OFF	OFF
QM Report	FALL not yet triggered April thru July 15 th .						
Look-back	← MDS done 7/15/13						
Triggers QM Report until 10/15/13			7/15/13: Fall Triggers QM report through October 15 th .				
Look-back	← MDS done 10/15/13						
Triggers QM Report until 1/15/14			10/15/13: Fall Triggers QM Report through January 15 th .				
Look-back	← MDS done 1/15/14						
Triggers QM Report until 4/15/14			1/15/14: Fall triggers QM Report through April 15 th .				
Look-back	← MDS done 4/15/14						
						NO FALL TRIGGERS for QM Report April 15 through July 15.	
In this example, the fall without major injury on May 13 will “trigger” on your Facility Level Quality Measure Report for Prevalence of Falls From July 2013 thru April 2014							

Prevalence of Residents Who Have Behavior Symptoms Affecting Others

Surveyor Quality Measure Description

This MDS 3.0 measure reports the percentage of long-stay residents who have behavior symptoms that affect others during the **7 day look-back period**. This measure is one of 3 quality measures that are Surveyor Quality Measures and are **only** available to State Surveyors and Nursing Facilities through CMS CASPER Reporting System.

Rationale for the Surveyor Quality Measure Behavior Symptoms Affecting Others

This Quality Measure is intended to identify behavioral symptoms that may be distressing or disruptive to facility residents, staff members or the care environment. These behaviors may place the resident at risk for injury, isolation, and inactivity and may also indicate unrecognized needs, preferences, or illness.

From the RAI Manual, Chapter 3 MDS Items, page E- 17:

Health-related Quality of Life

- Wandering may be a pursuit of exercise or a pleasurable leisure activity, or it may be related to tension, anxiety, agitation, or searching.

Planning for Care

- It is important to assess for reason for wandering. Determine the frequency of its occurrence, and any factors that trigger the behavior or that decrease the episodes.
- Assess for underlying tension, anxiety, psychosis, drug-induced psychomotor restlessness, agitation, or unmet need (e.g., for food, fluids, toileting, exercise, pain relief, sensory or cognitive stimulation, sense of security, companionship) that may be contributing to wandering.

Please refer to the RAI Manual Chapter 3 MDS Items [E] for additional coding tips and information.

Quality Measure Specifications

Numerator

A resident will trigger this measure on the MDS 3.0 Facility Level Quality Measure Report if the most recent MDS 3.0 (Target Assessment) indicates the presence of **any one** of the following five conditions: E0200 A, B **or** C, **or** E0800, **or** E0900 are answered with a [1, 2, or 3].

Denominator

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

Exclusions

Resident is excluded if:

1. The resident is not in the numerator and **any** of the following is true:
 - a) Target assessment is a Discharge assessment (A0310F = [10, 11]).
 - b) E0200A, E0200B, E0200C, E0800, **or** E0900 = [-].

Covariates

There are no covariates for this quality measure.

MDS Elements Related to the Prevalence of Behavior Symptoms Affecting Others Surveyor Quality Measure

A0310. Type of Assessment - Continued	
Enter Code <input type="text"/>	F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above

Behavioral Symptoms	
E0200. Behavioral Symptom - Presence & Frequency	
Note presence of symptoms and their frequency	
Coding: 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily	↓ Enter Codes in Boxes <input type="checkbox"/> A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) <input type="checkbox"/> B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) <input type="checkbox"/> C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)

E0800. Rejection of Care - Presence & Frequency	
Enter Code <input type="checkbox"/>	Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals. 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily

E0900. Wandering - Presence & Frequency	
Enter Code <input type="checkbox"/>	Has the resident wandered? 0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily

National Nursing Home Quality Care Collaborative (NNHQCC)

The NNHQCC is being led by CMS and QIN-QIOs. The Collaborative brings together long-term care experts, stakeholders, providers and care teams to explore best practices and to instill quality and performance improvement practices by using evidence-based quality improvement methodologies to eliminate healthcare acquired conditions, collaborate with others, and dramatically improve staff and resident satisfaction. Specific clinical outcomes being targeted include reduced falls and decreased antipsychotic medication use.

Measuring NNHQCC Success

In the Collaborative, participating nursing homes will focus on processes that improve their systems and measure individual tests of change. Specifically, they will look at their Plan-Do-Study-Act (PDSA) improvement cycle results, clinical outcome measures, and systems of care delivery. The NNHQCC Quality Composite Measure Score is not intended to replace or supersede existing local or federal initiatives (such as the Five-Star Quality Rating System), but is intended for the sole purpose of looking at quality and measuring progress in the NNHQCC from a *systems* perspective. The quality measures used in the calculation of the Composite Score were chosen because they are timely and readily available for measuring progress in this fast-paced Collaborative.

QIN-QIOs have access to the quality measure data necessary to calculate the Composite Scores for nursing homes participating in the NNHQCC in their state and can provide it to those who may be interested in identifying their Composite Score.

The NNHQCC Quality Composite Measures

The 13 NQF¹-endorsed, long-stay quality measures that represent larger systems within the long-term care setting and used in the calculation of the Composite Score include:

1. Percentage of Residents Experiencing One or More Falls with Major Injury
2. Percentage of Residents Who Self-Report Moderate to Severe Pain
3. Percentage of High-Risk Residents with Pressure Ulcers
4. Percentage of Residents Assessed and Given, Appropriately, the Seasonal Influenza Vaccine*
5. Percentage of Residents Assessed and Given, Appropriately, the Pneumococcal Vaccine*
6. Percentage of Residents With a Urinary Tract Infection
7. Percentage of Low Risk Residents Who Lose Control of Their Bowel or Bladder
8. Percentage of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder
9. Percentage of Residents Who Were Physically Restrained
10. Percentage of Residents Whose Need for Help with Daily Activities Has Increased
11. Percentage of Residents Who Lose Too Much Weight
12. Percentage of Residents Who Have Depressive Symptoms
13. Percentage of Residents Who Received An Antipsychotic Medication

*Vaccination measures are reversed to represent the total number of residents that **have** been vaccinated.

The NNHQCC Quality Composite Measure Score**

The NNHQCC Quality Composite Measure Score is calculated by dividing the sum of the numerators and the sum of the denominators for all 13 long-stay quality measures and multiplying by 100. For influenza and pneumococcal vaccinations, the measures are reversed so that the numerators for all measures represent missed opportunities for vaccination. A lower Composite Score is better and the NNHQCC goal is to achieve a composite score at or below 6.00.

It is important to pay attention to high percentages, as these are the measures that will be driving your Composite Score higher (not desirable), while measures with low percentages will be the ones that are driving your Composite Score lower (desirable).

**Scores are calculated monthly by the QIN-QIO, with each reporting month representing a rolling six-month time period.

Source: CMS 11SOW Nursing Home Collaborative Composite Data

¹NQF: National Quality Forum

APPENDIX A

REFERENCES:

MDS 3.0 Quality Measures User's Manual (v 11.0 04-01-2017) [Effective 04-01-17]

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf>
- **Long-Term Care Facility Resident Assessment Instrument User's Manual (V 1.14) Effective: October 2016**
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
This page contains the current MDS 3.0 RAI Manual v1.14 and MDS forms, **effective October 1, 2016.**
- **Nursing Home Compare Quality Measure Technical Specifications**
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/APPENDIX-New-Claims-based-measuresTechnical-Specifications-04-05-16.pdf>
- This links to the Final CMS specifications for the new Quality Measures released April 2016

RESOURCES:

- **State Operations Manual**
Appendix P - Survey Protocol for Long Term Care Facilities – Part I (Rev. 156, 06-10-16)
www.cms.gov/manuals/Downloads/som107ap_p_ltcf.pdf

Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 157, 06-10-16)
(includes ALL regulations)
www.cms.gov/manuals/Downloads/SOM107ap_pp_Guidelines_ltcf.pdf
- **Nursing Home Compare Website**
<http://www.medicare.gov/nursinghomecompare/search.html>
- **Survey and Certification Memos from CMS**
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>
Double click the column marked "Posting Date" – to bring up the most recent Memos first.
- **Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide**
<https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/usersguide.pdf>

NOTE: Please check for the most current version. Information provided in this manual was current as of May 2017.

APPENDIX B

24 Quality Measures Reported on *Nursing Home Compare*

<http://www.medicare.gov/nursinghomecompare/search.html>

Short-Stay Quality Measures:

- + Percentage of short-stay residents who made improvements in function
- + Percentage of short-stay residents who were re-hospitalized after a nursing home admission*
- + Percentage of short-stay residents who have had an outpatient emergency department visit*
- + Percentage of short-stay residents who were successfully discharged to the community*
- Percentage of short-stay residents who self-report moderate to severe pain
- Percentage of short-stay residents with pressure ulcers that are new or worsened
- Percentage of short-stay residents assessed and given, appropriately, the seasonal influenza vaccine
- Percentage of short-stay residents assessed and given, appropriately, the pneumococcal vaccine
- Percentage of short-stay residents who newly received an antipsychotic medication

Long-Stay Quality Measures:

- Percentage of long-stay residents experiencing one or more falls with major injury
- Percentage of long-stay residents with a urinary tract infection
- Percentage of long-stay residents who self-report moderate to severe pain
- Percentage of long-stay high-risk residents with pressure ulcers
- Percentage of long-stay low-risk residents who lose control of their bowels or bladder
- Percentage of long-stay residents who have/had a catheter inserted and left in their bladder
- Percentage of long-stay residents who were physically restrained
- + Percentage of long-stay residents whose ability to move independently worsened
- Percentage of long-stay residents whose need for help with daily activities has increased
- Percentage of long-stay residents who lose too much weight
- Percentage of long-stay residents who have depressive symptoms
- + Percentage of long-stay residents who received an antianxiety or hypnotic medication
- Percentage of long-stay residents assessed and given, appropriately, the seasonal influenza vaccine
- Percentage of long-stay residents assessed and given, appropriately, the pneumococcal vaccine
- Percentage of long-stay residents who received an antipsychotic medication

*Claims Based

+New Quality Measures added to *Nursing Home Compare* in 2016

APPENDIX C

Nursing Home Quality Measures Incorporated Into the *Five-Star Quality Rating System*

The *Five-Star Quality Rating System* uses a *subset* of the 24 quality measures (QM) currently posted on Nursing Home Compare (NHC) to calculate the rating for its QM Domain. These **16** QMs were selected for incorporation into the system based on their validity, reliability, statistical performance, importance, and the extent to which a facility's practices may affect the measure. QMs are derived from clinical data reported by the nursing home. The sixteen Quality Measures used in the calculation are as follows:

Short-Stay Residents:

MDS - BASED:

- Percentage of short-stay residents with pressure ulcers that are new or worsened
- Percentage of short-stay residents who self-report moderate to severe pain
- Percentage of short-stay residents who newly received an antipsychotic medication
- Percentage of short-stay residents who made improvements in function *

CLAIMS - BASED:

- Percentage of short-stay residents who were successfully discharged to the community*
- Percentage of short-stay residents who have had an outpatient emergency department visit*
- Percentage of short-stay residents who were re-hospitalized after a nursing home admission*

Long-Stay Residents:

MDS - BASED:

- Percentage of long-stay residents whose need for help with daily activities has increased
- Percentage of long-stay, high-risk residents with pressure ulcers
- Percentage of long-stay residents who have/had a catheter inserted and left in their bladder
- Percentage of long-stay residents who were physically restrained
- Percentage of long-stay residents with a urinary tract infection
- Percentage of long-stay residents who self-report moderate to severe pain
- Percentage of long-stay residents experiencing one or more falls with major injury
- Percentage of long-stay residents who received an antipsychotic medication
- Percentage of long-stay residents whose ability to move independently worsened

For technical information on CMS's Five-Star Quality Rating System refer to:

Design for Nursing Home Compare Five-Star Quality Rating System: Technical User's Guide

APPENDIX D

17 Surveyor Quality Measures Available through the CASPER Reporting System

Short-Stay Quality Measures

Percentage of short-stay residents who self-report moderate to severe pain

Percentage of short-stay residents with pressure ulcers that are new or worsened

Percentage of short-stay residents who newly received an antipsychotic medication

Long-Stay Quality Measures

Percentage of long-stay residents experiencing one or more falls with major injury

Percentage of long-stay residents who self-report moderate to severe pain

Percentage of long-stay high-risk residents with pressure ulcers

Percentage of long-stay residents with a urinary tract infection

Percentage of long-stay low risk residents who lose control of their bowel or bladder

Percentage of long-stay residents who have/had a catheter inserted and left in their bladder

Percentage of long-stay residents who were physically restrained

Percentage of long-stay residents whose need for help with daily activities has increased

Percentage of long-stay residents who lose too much weight

Percentage of long-stay residents with depressive symptoms

Percentage of long-stay residents who received an antipsychotic medication

Prevalence of long-stay residents who received an antianxiety or hypnotic medication

Prevalence of long-stay residents with falls (available only on CASPER)

Prevalence of long-stay residents with behavior symptoms affecting others (available only on CASPER)

APPENDIX E

Crosswalk of Quality Measure and Respective Reporting Systems

Quality Measure	New Quality Measures*	CASPER Reports	Nursing Home Compare	Five-Star QM Rating	Composite Score
Short Stay Quality Measures					
Self-Report Moderate to Severe Pain		✓	✓	✓	
New or Worsened Pressure Ulcers		✓	✓	✓	
Assessed and Appropriately Given the Seasonal Influenza Vaccine			✓		
Assessed and Appropriately Given the Pneumococcal Vaccine			✓		
Newly Received Antipsychotic Medication		✓	✓	✓	
Residents Who Made Improvements in Function	✓		✓	✓	
Residents Who Were Re-Hospitalized After a Nursing Home Admission (<i>Claims Based</i>)	✓		✓	✓	
Residents Who Were Successfully Discharged to the Community (<i>Claims Based</i>)	✓		✓	✓	
Residents Who Have Had An Outpatient Emergency Department Visit (<i>Claims Based</i>)	✓		✓	✓	
Long Stay Quality Measures					
One or More Falls with Major Injury		✓	✓	✓	✓
Self-Report Moderate to Severe Pain		✓	✓	✓	✓
High-Risk Residents with Pressure Ulcers		✓	✓	✓	✓
Assessed and Appropriately Given the Seasonal Influenza Vaccine			✓		✓
Assessed and Appropriately Given the Pneumococcal Vaccine			✓		✓
Urinary Tract Infection		✓	✓	✓	✓
Low-Risk Residents who Lose Control of Bowel or Bladder		✓	✓		✓

Appendix E (Continued)

Crosswalk of Quality Measure and Respective Reporting Systems

Quality Measure	New Quality Measures*	CASPER Reports	Nursing Home Compare	Five-Star QM Rating	Composite Score
Catheter Inserted and Left in Bladder		✓	✓	✓	✓
Residents Who Were Physically Restrained		✓	✓	✓	✓
Residents Whose Need for Help with Activities of Daily Living Increased		✓	✓	✓	✓
Residents Whose Ability To Move Independently Worsened	✓		✓	✓	
Residents Who Lose Too Much Weight		✓	✓		✓
Residents Who Have Depressive Symptoms		✓	✓		✓
Residents Who Have Received An Antipsychotic Medication		✓	✓	✓	✓
Residents Who Received an Antianxiety or Hypnotic Medication +	✓		✓		
Prevalence Quality Measures (Long Stay) SURVEYOR					
Prevalence of Falls		✓			
Prevalence of Behavior Symptoms Directed Towards Others		✓			
Prevalence of Antianxiety/Hypnotic Use		✓			
Number of Quality Measures Affecting System	6	17	24	16	13

Prevalence Quality Measures = Measures Reported only on CASPER Reports

(*) One revised (+) and 5 new quality measures were added to Nursing Home Compare in July 2016

Short-Stay: 100 or fewer cumulative days in facility

Long-Stay: More than 100 cumulative days in facility