



Quality Measure Tip Sheet: Weight Loss – Long Stay

Quality Measure Overview

Numerator:

- This measure reports the percentage of long-stay residents who lose too much weight.
- This measure captures the percentage of long-stay residents who lost five percent or more of their weight in the last month or 10 percent or more in the last six months and who were not on a physician-prescribed weight-loss regimen noted in a Minimum Data Set (MDS) assessment during the selected quarter.

Denominator:

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

Exclusions:

- Target assessment is a Federal Nursing Home Reform Act (OBRA) admission assessment or a Prospective Payment System (PPS) five-day or readmission/return assessment.
- Weight loss item is missing on target assessment.

MDS Coding Requirements

In the MDS:

- Include look-back period to assess residents with five percent weight loss in 30 days and 10 percent or more weight loss in 180 days.
- Indicate whether a care plan was ordered by the physician with the goal of weight reduction that employed a calorie-restricted diet or other weight-loss tactics, including planned diuresis.
 - It is important that weight loss is intentional.

Resource: <https://downloads.cms.gov/files/MDS-30-RAI-Manual-v114-Replacement-Manual-Pages-and-Change-Tables-October-2016.pdf>

Ask These Questions...

- Was the MDS coded per *Resident Assessment Instrument* (RAI) requirements, comparing the resident's weight in the current observation period to his/her weight in the observation period of 30 or 180 days?
- Does the dietician understand the RAI coding definition if he/she is coding this section in the MDS?
- Is the resident on a planned weight-reduction program by physicians order, and does documentation support this? Is there an order to treat the condition and a specific care plan?
- Is there a designated staff member to perform weigh-ins who is educated on policy/procedure to obtain weight measures?
- Is the staff member informed on how to subtract wheelchair weight?
- Is the staff member aware of the need to remove adaptive devices (e.g., prosthetics, pressure reduction cushions, etc.) each time weight is obtained?
- Does the staff member use the same type of scale every time?
- Is the staff member aware of how to calibrate the scale before weighing the resident?
- Is the resident weighed in the same position every time?
- Is the resident weighed at the same time of day every time, paying attention to surrounding circumstances, e.g., a large meal? Reweigh if change is significant.
- Is attention paid to blankets, pillows, clothing types, etc.? These should be consistent.
- Does the maintenance crew calibrate the scales monthly for accuracy?
- Are new weigh-ins performed for discrepancies before coding in MDS?
- Are staff members checked for proficiency in performing weigh-ins?
- Are at-risk residents reviewed at least weekly for appropriate interventions?
- Is there a restorative eating program in place to restore or maintain the resident's current level of function?
- Are there adequate staff members to assist with meals, or is there an "all hands-on" dining program in place?
- Have staff members tried placing only one or two items on the resident's high-contrast plate? If the resident has dementia, too many options can cause confusion.
- Are the resident's food and dining preferences known?

In Alaska, contact:

Leiza Johnson, RN, BSN
ejohnson@mpqhf.org

In Hawaii, contact:

Joy Yadao, RN
jyadao@mpqhf.org

In Montana, contact:

Pamela Longmire, RT, BAS
plongmire@mpqhf.org

In Wyoming, contact:

Carol Cutler, RN
ccutler@mpqhf.org