1

Objectives

- Identify the impact of the pandemic on Quality Measures (QM) in Long-Term Care (LTC) settings
- Explain publicly reported QMs on Care Compare that impact nursing homes
- Describe how using QAPI strategies can lead your team to implement interventions and determine QM improvement
- Choose at least one QM to improve

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Care Compare Medicare.gov

Publicly reported QM data on Care Compare

3

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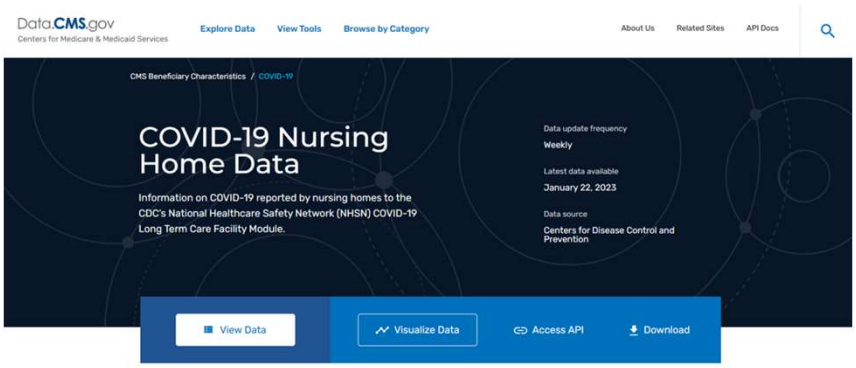
COVID-19 Nursing Home Data

- Updated weekly
- Can download data spreadsheet



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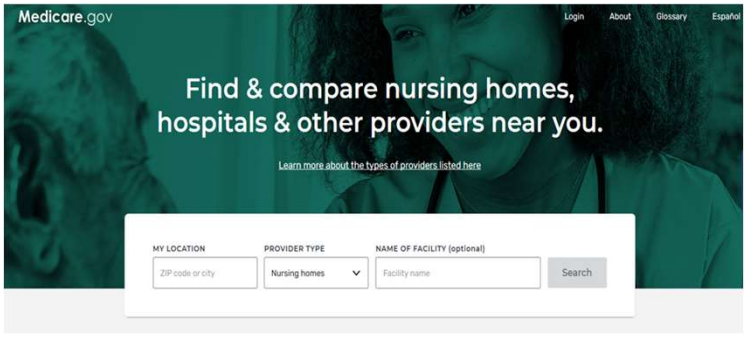
Publicly Reported Data - Care Compare



Care Compare website: https://www.medicare.gov/care-compare

Find out why the Quality Measures are important: https://data.cms.gov/provider-data/topics/nursing-homes/quality-of-resident-care/#short-stay-quality-of-resident-care-measures

5

COVID-19 Data Reported – Care Compare

Residents who completed primary vaccination series ↑ Higher percentages are better	80% National average: 85.6% Illinois average: 87.7%
Residents who are up-to-date on their vaccines ↑ Higher percentages are better	25% National average: 52.2% Illinois average: 59.6%
Staff who completed primary vaccination series ↑ Higher percentages are better	97.9% National average: 86.4% Illinois average: 87.2%
Staff who are up-to-date on their vaccines ↑ Higher percentages are better	10.3% National average: 22.6% Illinois average: 30.6%

- COVID-19 vaccinations
- Note: CMS initiative improving bivalent booster residents up to date rates
- Note: CMS refers nursing homes with resident up to date booster rates of 50% or less to the QIN-QIO in each state

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Publicly Reported: Care Compare

Why should we care about Care Compare?

- Improved resident outcomes
- Improved 5-star ratings
- Hospital SNF referrals
- Improve reimbursement rates
- Membership with Accountability Care Organization (ACO)
- Decision-making tool for the public to select a nursing home/skilled nursing facility

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Five-Star Rating

Quality Measure Domain

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Overall Rating

Health Inspection Rating	Staffing Rating	Quality Measures Rating
• Measures based on outcomes from state health inspections – annual surveys, revisits • Number, scope and severity of deficiencies • Standard and substantiated complaint surveys	• Data: PBJ, RUGs Case Mix, MDS measures based on nursing home staffing levels – RN hours, total nursing hours = RN, LPN, CNA • Nurse and RN turnover • Administrator turnover	• Use a subset of publicly reported QMs on Care Compare • Data: MDS and Medicare Claims

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Overall Nursing Home Rating

Step 1	Step 2	Step 3
• Start with the health inspection rating **Note: If the health inspection rating is one star, then the overall rating cannot be upgraded by more than one star based on the staffing and quality measure ratings**	• Add one star to the Step 1 result if the staffing rating is five stars • Subtract one star if the staffing rating is one star	• Add one star to the Step 2 result if the quality measure rating is five stars • Subtract one star if the quality measure rating is one star

The overall rating cannot be more than five stars or less than one star

Nursing homes that receive the abuse icon have their health inspection rating capped at a maximum of two stars

https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/usersguide.pdf

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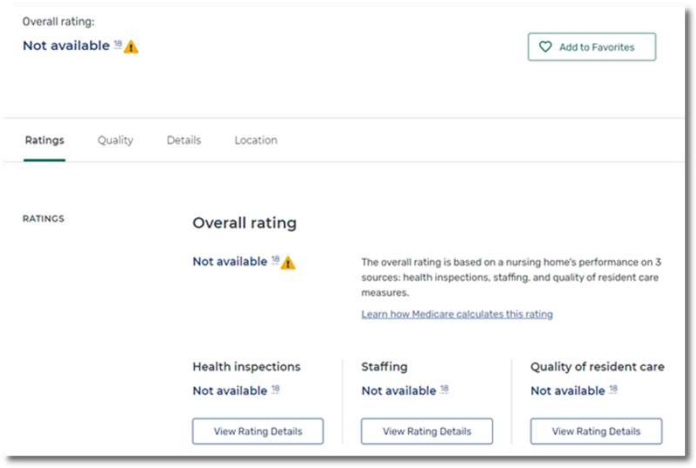
No Data on Care Compare

- Not rated: history of serious quality issues and included in the special focus facility (SFF) program
  - Frequent inspections
  - Escalating penalties
  - Potential termination from Medicare and Medicaid
- If no health inspection rating, then overall rating is not assigned



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https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/nhs

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15 Quality Measures in the Five-Star rating

Long Stay (>100 days)	Short- Stay (< 100 days)
% whose need for help with ADLs has increased	% who improved in their ability to move around on their own
% whose ability to move independently worsened	% of SNF residents with pressure ulcers/injuries that are new or worsened
% of high-risk residents with pressure ulcers	% who got an antipsychotic for the first time
% who have had a catheter inserted and left in the bladder	**Medicare Claims-Based**
% with a urinary tract infection	% who were re-hospitalized after a NH admission
% of residents experiencing one or more falls with a major injury	% who have had an outpatient ED visit
% who got an Antipsychotic medication	Rate of successful return to home and community from a SNF
Medicare Claims-Based	
# of hospitalizations per 1,000 long-stay resident days	
# of outpatient ED visits per 1,000 long stay resident days	

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Illinois Quality Measures Data Since The Pandemic

Data bar graphs illustrating Quality Measures that have worsened since the pandemic

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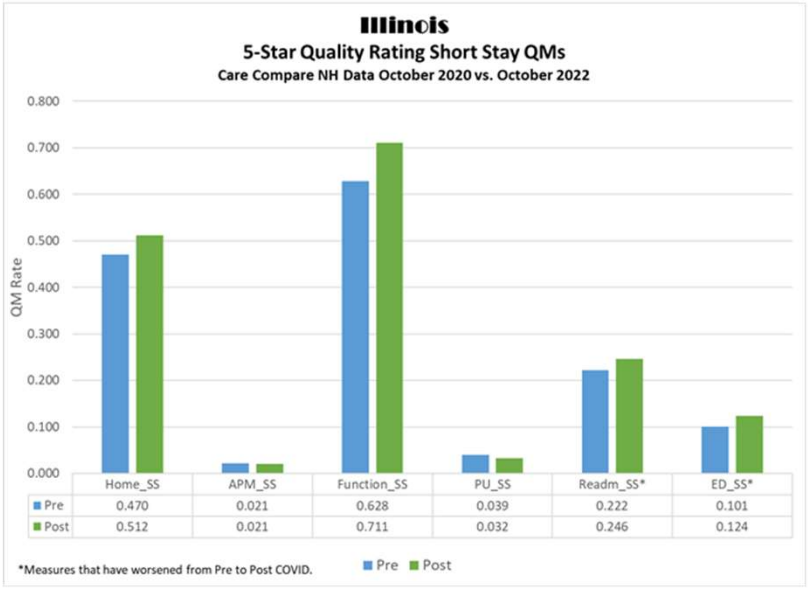

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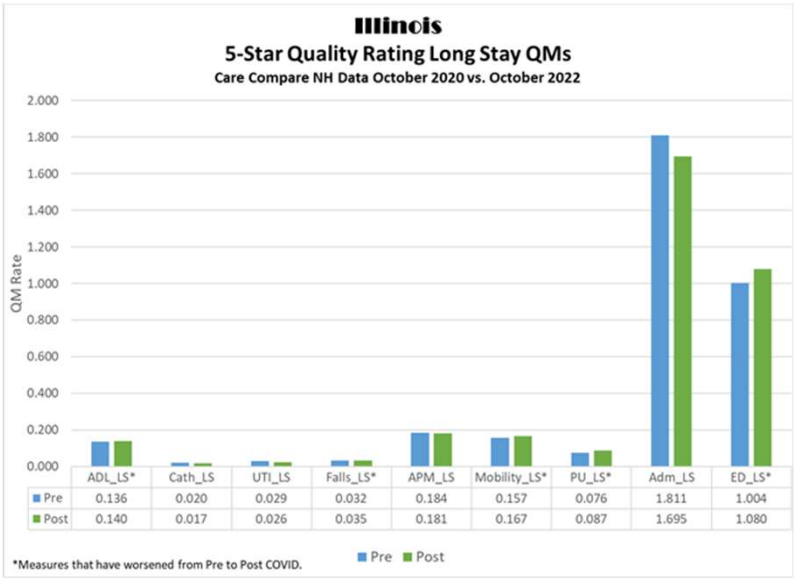
Posted on Care Compare

- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
  - National average: 22.1%
  - Illinois average: 24.6%
  - Lower percentages are better
- Percentage of short-stay residents who have had an outpatient emergency department visit
  - National average: 11.8%
  - Illinois average: 12.9%
  - Lower percentages are better

15



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Posted on Care Compare

- Percentage of long-stay residents whose need for help with daily activities has increased
  - National average: 14.8%
  - Illinois average: 13.8%
  - Lower percentages are better
- Percentage of long-stay residents experiencing one or more falls with major injury
  - National average: 3.4%
  - Illinois average: 3.5%
  - Lower percentages are better
- Percentage of long-stay residents whose ability to move independently worsened
  - National average: 16.2%
  - Illinois average: 15.7%
  - Lower percentages are better

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Posted on Care Compare

- Percentage of long-stay high-risk residents with pressure ulcers
  - National average: 8.1%
  - Illinois average: 8.8%
  - Lower percentages are better
- Number of outpatient emergency department visits per 1,000 long-stay resident days
  - National average: 1.02
  - Illinois average: 1.16
  - Lower numbers are better

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Let's Review and Collaborate

Select at least one Quality Measure to improve

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Now What?

- Begin the Improvement Process
- Gather a team
- Determine what measure to focus on
- Complete Root Cause Analysis (RCA)
- Identify a change strategy/intervention using Plan-Do-Study-Act (PDSA)

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Person who submits Minimum Data Set (MDS) is a critical member of the improvement team

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Two Vital Roles Assigned Before Meeting Begins

Facilitator

- Guides the discussion during meeting
- Ensures that all team members have an opportunity to contribute
- Keeps the team on track
- Maintains schedule timeframe

Scribe/Note Taker/Recorder

- Write responses during the meeting
- Ask for clarification if needed to confirm accurate record
- Collects documents from the meeting
- Create final document from template

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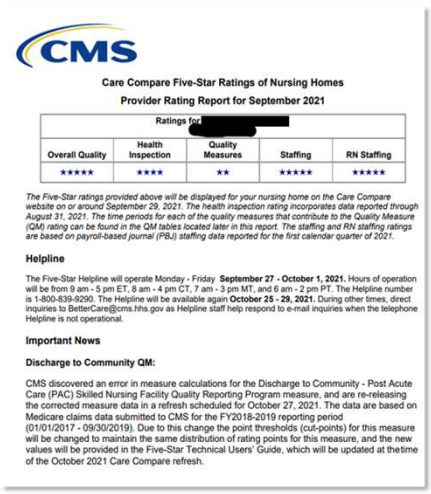
Critical Resource: Five-Star Provider Rating Report



CMS

Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for September 2021

Ratings for [redacted]				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★★	★★★★	★★	★★★★★	★★★★★

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around September 29, 2021. The health inspection rating incorporates data reported through August 31, 2021. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The staffing and RN staffing ratings are based on payroll-based journal (PBJ) staffing data reported for the first calendar quarter of 2021.

Helpline

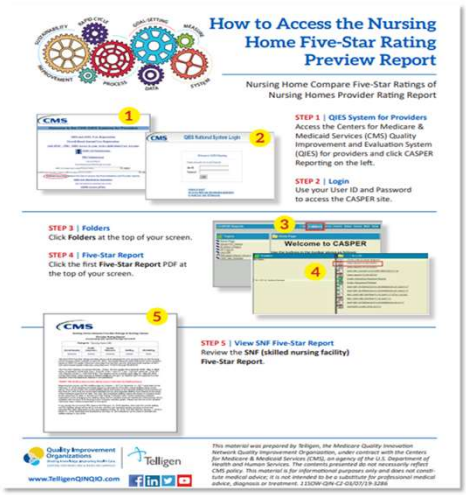
The Five-Star Helpline will operate Monday - Friday **September 27 - October 1, 2021.** Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **October 25 - 29, 2021.** During other times, direct inquiries to BetterCare@cms.hhs.gov as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

Important News

Discharge to Community QM:

CMS discovered an error in measure calculations for the Discharge to Community - Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program measure, and are re-releasing the corrected measure data in a refresh scheduled for October 27, 2021. The data are based on Medicare claims data submitted to CMS for the FY2018-2019 reporting period (01/01/2017 - 09/30/2019). Due to this change the point thresholds (cut-points) for this measure will be changed to maintain the same distribution of rating points for this measure, and the new values will be provided in the Five-Star Technical Users' Guide, which will be updated at the time of the October 2021 Care Compare refresh.

CMS QIES Systems for Providers: https://web.qiesnet.org/qiesmds/mds_home.html
QIES Technical Support Office: https://qtso.cms.gov



How to Access the Nursing Home Compare Five-Star Rating Preview Report

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This ⚠ symbol indicates Special Focus Facilities (SFF).

A. True
B. False

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Revisions to Special Focus Facility (SFF) Program

- Changes to address facilities remaining in the SFF program for too long
- Changes to facilities with "yo-yo" noncompliance after graduating
- CMS informs SFF candidates of their inclusion on the SFF candidate list in the monthly preview of the Five-Star Quality Rating report

Download and review the Five-Star Provider Rating Report sent to each nursing from CMS every month. If SFF, contact Telligen nursing home team, NursingHome@telligen.com

https://www.cms.gov/files/document/qso-23-01-nh.pdf

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Minimum Data Set (MDS): Schizophrenia Coding

- CMS conducts audits of schizophrenia coding in the MDS
  - Facilities that have coding inaccuracies have their QM ratings adjusted as follows:
    - The overall QM and long-stay QM ratings are downgraded to one star for six months
    - For months 7-12, facility receives minimum number of points for the long-stay antipsychotic QM
    - The short-stay QM rating is suppressed for six months
    - The long-stay antipsychotic QM is suppressed for 12 months
- Lifting of downgrade and/or suppression subject to CMS verifying the issues have been corrected
- CMS will consider facilities that admit miscoding prior to start of the audit
  - Lesser action related to their star ratings
  - Possible suppression of the QM ratings rather than downgrade

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MDS 3.0 Quality Measures User's Manual

- Describes Measure
- Identifies the MDS type and items in assessment used to calculate the measure
- Lists exclusions

Timely and accurate MDS submission is critical!

https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/nhqiqualitymeasures

Table 2-10
Percent of Residents Who Newly Received an Antipsychotic Medication (SS)[20]
(CMS ID: N011.02) (NQF: None)

Measure Description

This measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target period but not on their initial assessment.

Measure Specifications

Numerator

Short-stay residents for whom one or more assessments in a look-back scan (*not including* the initial assessment) indicates that antipsychotic medication was received:

1. N0410A = [1, 2, 3, 4, 5, 6, 7].

Note that 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

1. The following is true for ***all*** assessments in the look-back scan (excluding the initial assessment):
   1.1. For assessments with target dates on or after 04/01/2012: (N0410A = [-]).
2. ***Any*** of the following related conditions are present on ***any*** assessment in a look-back scan:
   2.1. Schizophrenia (I6000 = [1]).
   2.2. Tourette's syndrome (I5350 = [1]).
   2.3. Huntington's disease (I5250 = [1]).

[20] This measure is used in the Five-Star Quality Rating System

Measure Specifications Continued

3. The resident's initial assessment indicates antipsychotic medication use or antipsychotic medication use is unknown:
   3.1. For initial assessments with target dates on or after 04/01/2012: (N0410A = [1, 2, 3, 4, 5, 6, 7, -]).

Covariates

Not applicable

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Percentage of short-stay residents who received antipsychotic medication for the first time

- National average: 1.7%
- Illinois average: 2.1%

Is your nursing home's rate above the national or state rate? If yes, consider selecting this QM for improvement.

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Percentage of long-stay residents who received an antipsychotic medication

- National average: 14.5%
- Illinois average: 17.8%

Is your nursing home's rate above the national or state rate?

If yes, consider selecting this QM for improvement.

Do You have Residents with MDS Assessments Coded for Schizophrenia?

Is there a chance CMS will conduct an audit of schizophrenia coding in the MDS submitted from your facility?

If yes or unsure, perhaps this is a QM that should be considered for improvement.

MDS 3.0 Quality Measures User's Manual

Table 2-15
Percent of Residents Who Received the Seasonal Influenza Vaccine (LS)
(CMS ID: N017.03) (NQF #0681A)

Measure Description
The measure reports the percent of long-stay residents who received the influenza vaccination during the most recent influenza season.
Measure Specifications
Numerator Residents meeting the following criteria on the selected influenza vaccination assessment: 1. Resident received the influenza vaccine during the most recent influenza season, either in the facility (O0250A = [1]) ***or*** outside the facility (O0250C = [2]). ***Denominator*** All long-stay residents with a selected influenza vaccination assessment. This includes all residents who have an entry date (A1600) on or before March 31 of the most recently completed influenza season and have an assessment with a target date on or after October 1 of the most recently completed influenza season (i.e., the target date must fall on or between October 1 and June 30), except those with exclusions. ***Exclusions*** Resident's age on target date of selected influenza vaccination assessment is 179 days or less. ***Notes*** 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
Not applicable.

https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/nhqiqualitymeasures

MDS 3.0 Quality Measures User's Manual

Minimum Data Set (MDS) coding for SECTION A: IDENTIFICATION INFORMATION

A1600–A1800: Most Recent Admission/Entry or Reentry into this Facility

Most Recent Admission/Entry or Reentry into this Facility	
A1600. Entry Date	
	☐☐ - ☐☐ - ☐☐☐☐ (Month - Day - Year)
A1700. Type of Entry	
Enter Code ☐	1. **Admission** 2. **Reentry**
A1800. Entered From	
Enter Code ☐☐	01. **Community** (private home/apt., board/care, assisted living, group home) 02. **Another nursing home or swing bed** 03. **Acute hospital** 04. **Psychiatric hospital** 05. **Inpatient rehabilitation facility** 06. **ID/DD facility** 07. **Hospice** 09. **Long Term Care Hospital** (LTCH) 99. **Other**

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual

MDS 3.0 Quality Measures User's Manual

Minimum Data Set (MDS) coding for O0250A

(SECTION O: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS)

O0250: Influenza Vaccine

O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period

Enter Code ☐

A. Did the **resident receive the influenza vaccine *in this facility*** for this year's influenza vaccination season?
0. **No** → Skip to O0250C, If influenza vaccine not received, state reason
1. **Yes** → Continue to O0250B, Date influenza vaccine received

B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?
☐☐ – ☐☐ – ☐☐☐☐ (Month – Day – Year)

Enter Code ☐

C. If influenza vaccine not received, state reason:
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**

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual

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Should Influenza QM Be Improved?

- Influenza rate not included in five-star calculations
- It is publicly posted and possible to achieve 100%
- Rate is only calculated once each year

Will current influenza rate for your facility be 100%? If no, or not sure, consider selecting this QM for improvement.

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Should Your Team Select the Influenza QM?

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.

Do you have a process to be sure an accurate MDS is submitted for each resident who was in your facility for even one day from October 1, 2022, through March 31, 2023?

If no or not sure, perhaps this is the QM your team should focus on improving.

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How to Select QMs to Improve

- Review Five-Star Provider Rating Report and discuss QMs for which rating points are low
- Determine if nursing home on Special Focus Facilities (SFF) list
- Review Five-Star Provider Rating Report sent from CMS to each CMS certified nursing home every month
- Use Telligen Five-Star QM Rating Calculation Tool to calculate Five-Star QM Score and plan which resident to target for improvement
- Select which QM to improve by team consensus

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Telligen's Five-Star QM Rating Calculation Tool

Benefits

- Calculates Five-Star QM Score
- Interactive
- Teams see how each QM score impacts overall score
- Staff buy-in
- Supports prioritizations for improvement
- Data driven
- Time saver

https://www.telligenqiconnect.com/resource/five-star-quality-measure-rating-calculation-tool

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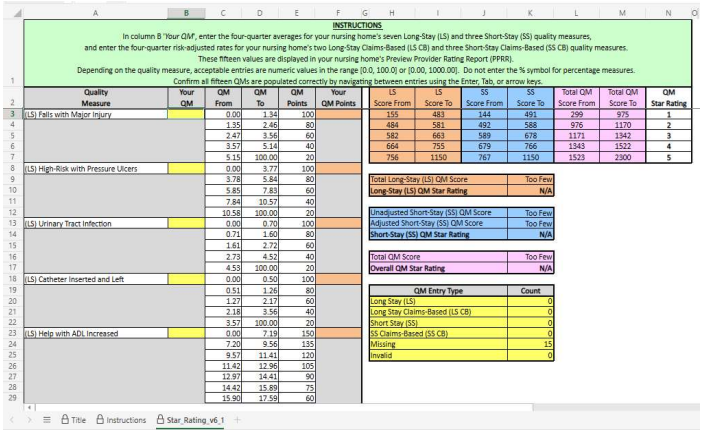
Using Five-Star Quality Measure Rating Calculation Tool

- Download CASPER data and/or Provider Preview Report
- Enter each current facility rate in "Your QM"
- Helps team select QM for improvement



INSTRUCTIONS

In column B 'Your QM', enter the four-quarter averages for your nursing home's seven Long-Stay (LS) and three Short-Stay (SS) quality measures, and enter the four-quarter risk-adjusted rates for your nursing home's two Long-Stay Claims-Based (LS CB) and three Short-Stay Claims-Based (SS CB) quality measures. These fifteen values are displayed in your nursing home's Preview Provider Rating Report (PPRR). Depending on the quality measure, acceptable entries are numeric values in the range [0.0, 100.0) or [0.00, 1000.00). Do not enter the % symbol for percentage measures. Confirm all fifteen QMs are populated correctly by navigating between entries using the Enter, Tab, or arrow keys.

Quality Measure	Your QM	QM From	QM To	QM Points	Your QM Points
(LS) Falls with Major Injury		0.00	1.34	100	
		1.35	2.46	80	
		2.47	3.56	60	
		3.57	5.14	40	
		5.15	100.00	20	
(LS) High-Risk with Pressure Ulcers		0.00	3.77	100	
		3.78	5.84	80	
		5.85	7.83	60	
		7.84	10.57	40	
		10.58	100.00	20	
(LS) Urinary Tract Infection		0.00	0.70	100	
		0.71	1.60	80	
		1.61	2.72	60	
		2.73	4.52	40	
		4.53	100.00	20	
(LS) Catheter Inserted and Left		0.00	0.50	100	
		0.51	1.26	80	
		1.27	2.17	60	
		2.18	3.56	40	
		3.57	100.00	20	
(LS) Help with ADL Increased		0.00	7.19	150	
		7.20	9.56	135	
		9.57	11.41	120	
		11.42	12.96	105	
		12.97	14.41	90	
		14.42	15.89	75	
		15.90	17.59	60	

LS Score From	LS Score To	SS Score From	SS Score To	Total QM Score From	Total QM Score To	QM Star Rating
155	483	144	491	299	975	1
484	581	492	588	976	1170	2
582	663	589	678	1171	1342	3
664	755	679	766	1343	1522	4
756	1150	767	1150	1523	2300	5

Total Long-Stay (LS) QM Score	Too Few
Long-Stay (LS) QM Star Rating	N/A
Unadjusted Short-Stay (SS) QM Score	Too Few
Adjusted Short-Stay (SS) QM Score	Too Few
Short-Stay (SS) QM Star Rating	N/A
Total QM Score	Too Few
Overall QM Star Rating	N/A

QM Entry Type	Count
Long Stay (LS)	0
Long Stay Claims-Based (LS CB)	0
Short Stay (SS)	0
SS Claims-Based (SS CB)	0
Missing	15
Invalid	0

Title | Instructions | Star_Rating_v6.1

https://www.telligenqiconnect.com/resource/five-star-quality-measure-rating-calculation-tool

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QAPI Process Tools Are Important and Help Make QAPI Processes work

QAPI at a Glance & Tools and Resources on Telligen QI Connect™ website

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483.75 Quality assurance and performance improvement

- Data-driven program that focuses on indicators of the outcomes of care and quality of life
- Systems and reports demonstrating systematic identification, reporting, investigation, analysis and prevention of adverse events
- Documentation demonstrating the development, implementation and evaluation of corrective actions or performance improvement activities

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.75

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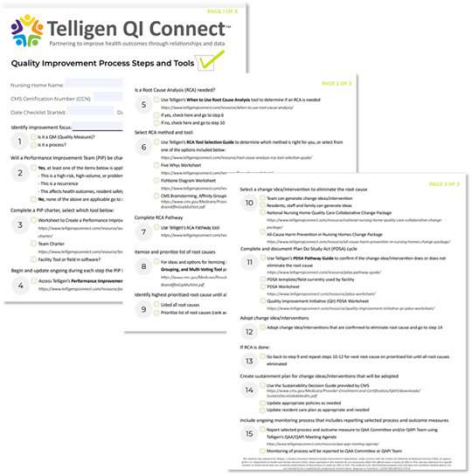
Quality Improvement Process Steps

- Applicable for all improvements and activities
- Include skills all staff are expected to possess
- Involve all staff, in all departments, in all services
- RCA and PDSA are essential skills
- Data review and analysis is critical



https://www.telligenqiconnect.com/resource/quality-improvement-process-steps-and-tools

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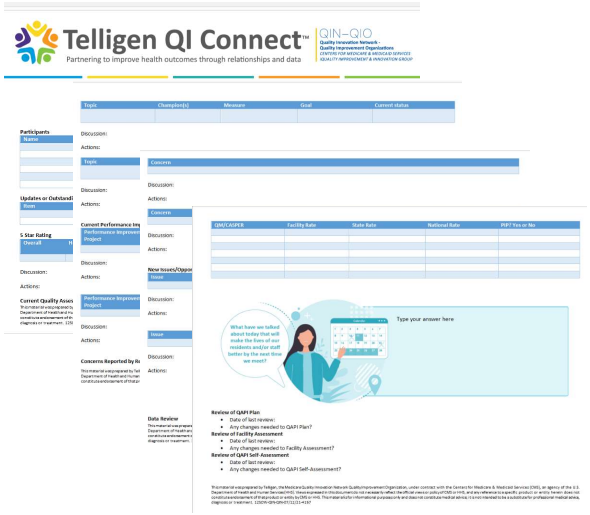
QAA/QAPI Meeting Agenda

- Editable
- Progressive



https://www.telligenqiconnect.com/resource/qaa-qapi-meeting-agenda

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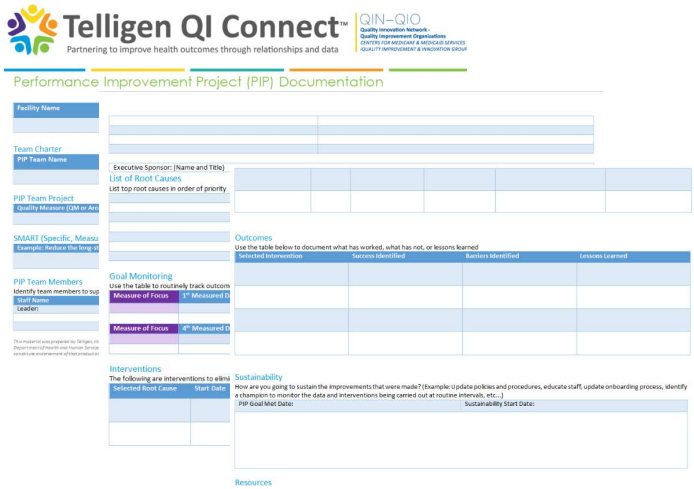
Performance Improvement Project (PIP) Documentation

- Summary of PIP activity
- Report for team meetings


Telligen QI Connect™ | QIN-QIO
Partnering to improve health outcomes through relationships and data
Performance Improvement Project (PIP) Documentation
Facility Name
Team Charter
PIP Team Name
PIP Team Project
SMART (Specific, Measu
PIP Team Members
Executive Sponsor: (Name and Title)
List of Root Causes
List top root causes in order of priority
Outcomes
Use the table below to document what has worked, what has not, or lessons learned
Selected Intervention | Success Identified | Barriers Identified | Lessons Learned
Goal Monitoring
Use the table to routinely track outcom
Measure of Focus
Interventions
Selected Root Cause | Start Date
Sustainability
How are you going to sustain the improvements that were made? (Example: Update policies and procedures, educate staff, update onboarding process, identify a champion to monitor the data and interventions being carried out at routine intervals, etc...)
PIP Goal Met Date:
Sustainability Start Date:
Resources

https://www.telligenqiconnect.com/resource/performance-improvement-project-pip-documentation/

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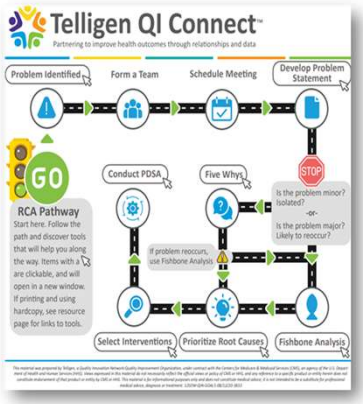
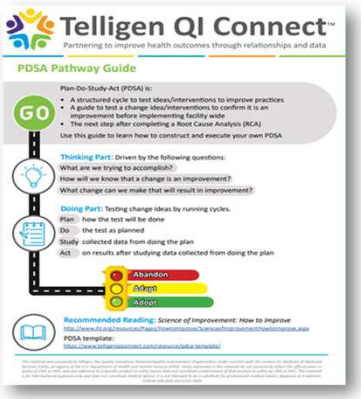
Root Cause Analysis (RCA) and Plan Do Study Act (PDSA) Cycles



https://www.telligenqiconnect.com/wp-content/uploads/2022/02/RCA-Pathway.pdf



https://www.telligenqiconnect.com/wp-content/uploads/2022/02/PDSA-Pathway-Guide_FINAL.pdf

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"A bad system will beat a good person every time."

W. Edwards Deming

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Recap and Questions

- Explain publicly reported QMs on Care Compare that impact nursing homes
- Identify the impact of the pandemic on Quality Measures (QM) in Long-Term Care (LTC) settings
- Describe how using QAPI strategies can lead your team to implement interventions and determine QM improvement
- Options for choosing at least one QM to improve

Questions?

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Resources

- Care Compare: www.medicare.gov/care-compare
- Five-Star Quality Rating System: https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/fsqrs
- Quality Measures: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/nhqiqualitymeasures
- Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual
- QSO-23-5-NH memo: https://www.cms.gov/files/document/qso-23-05-nh.pdf
- CMS State Operations Manual: https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf
- Telligen Five-Star Rating Calculation Tool: https://www.telligenqiconnect.com/resource/five-star-quality-measure-rating-calculation-tool
- QI Process Steps: https://www.telligenqiconnect.com/resource/quality-improvement-process-steps-and-tools/

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Renaissance Schaumburg
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