

# 5-Star / Care Compare Refreshed and Revised

What changes with the January refresh/revisions – What it means for my Facility – Looking ahead

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# Agenda

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1. October 2020 Updates – A Review
2. Looking Ahead – Future Updates and QRP
3. Recent Reminders – Regulatory Synergy
4. User's Guide Revisions and Care Compare Refresh
5. Your Care Compare 5-Star Profile, Proactivity
6. Q&A

# October Review

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- **Beginning with the October 2020 refresh, CMS will publicly display on the Care Compare website six new MDS based measures:**
  - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: S038.02)
  - Drug Regimen Review Conducted with Follow-Up for Identified Issues (CMS ID: S007.02)
  - SNF Functional Outcome Measure: Change in Self-Care Score for Skilled Nursing Facility Residents (CMS ID: S022.03)
  - SNF Functional Outcome Measure: Change in Mobility Score for Skilled Nursing Facility Residents (CMS ID: S023.03)
  - SNF Functional Outcome Measure: Discharge Self-Care Score for Skilled Nursing Facility Residents (CMS ID: S024.03)
  - SNF Functional Outcome Measure: Discharge Mobility Score for Skilled Nursing Facility Residents (CMS ID: S025.03)

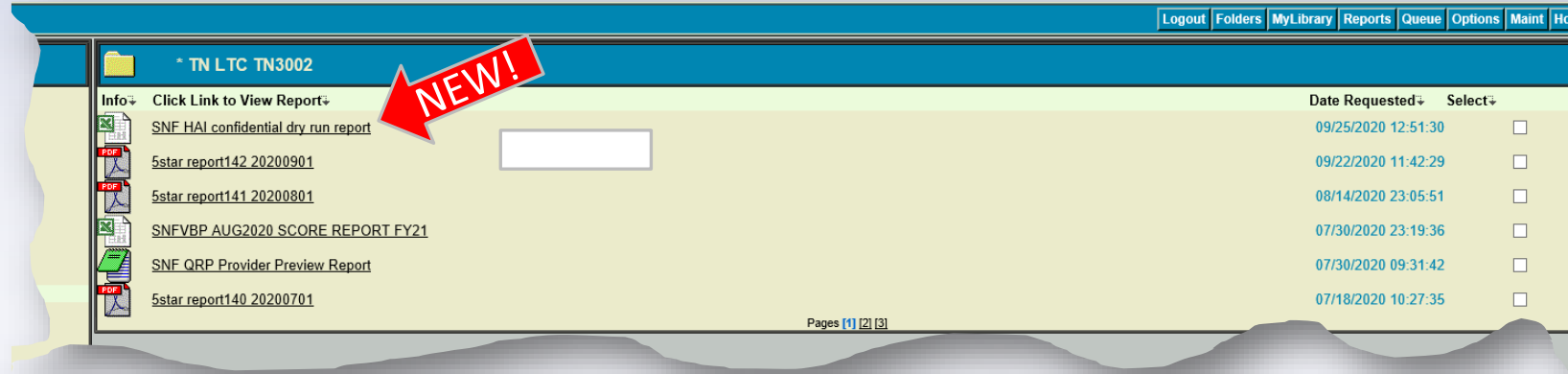
# A Look Ahead

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- CMS is continuing to align newly adopted measures across programs whenever possible with the goal of moving payment toward value, improving outcomes for patients and reducing regulatory burden for providers through focusing their efforts on the same quality areas. CMS is accomplishing this through the [Meaningful Measures Framework](#). This initiative is aimed at identifying the highest priority areas for quality measurement and quality improvement to assess the core areas most vital to patient outcome improvement.
- **New Project:** Development of the [Skilled Nursing Facility \(SNF\) Healthcare-Associated Infections \(HAIs\) Requiring Hospitalizations Measure for the Skilled Nursing Facility Quality Reporting Program \(SNF QRP\)](#). New measure is being developed as a healthcare-associated infections quality measure for the SNF QRP under the [Meaningful Measure domain](#): Making Care Safer by Reducing Harm Caused in the Delivery of Care.
- **Measure specifications:** this new measure, “...will estimate the risk-standardized rate of HAIs that are acquired during SNF care and result in hospitalization. SNF HAIs that are acquired during SNF care and result in hospitalization will be identified using the principal diagnosis on the Medicare hospital claims for SNF residents, during the time window beginning on day four after SNF admission and within day three after SNF discharge. The measure is risk adjusted to “level the playing field” to allow comparison based on residents with similar characteristics between SNFs.” ([Public Comments](#))

# A Look Ahead

- **SNF HAI Confidential dry run report:** The purpose of the provider report is to inform SNFs of their performance in comparison to their peers. It is important to recognize that HAIs in SNFs are not considered “never-events.” The goal of this risk-adjusted measure is to identify SNFs that have notably higher rates of HAIs and to statistically distinguish between SNFs that are either better than or worse than their peers in infection prevention and in infection management.



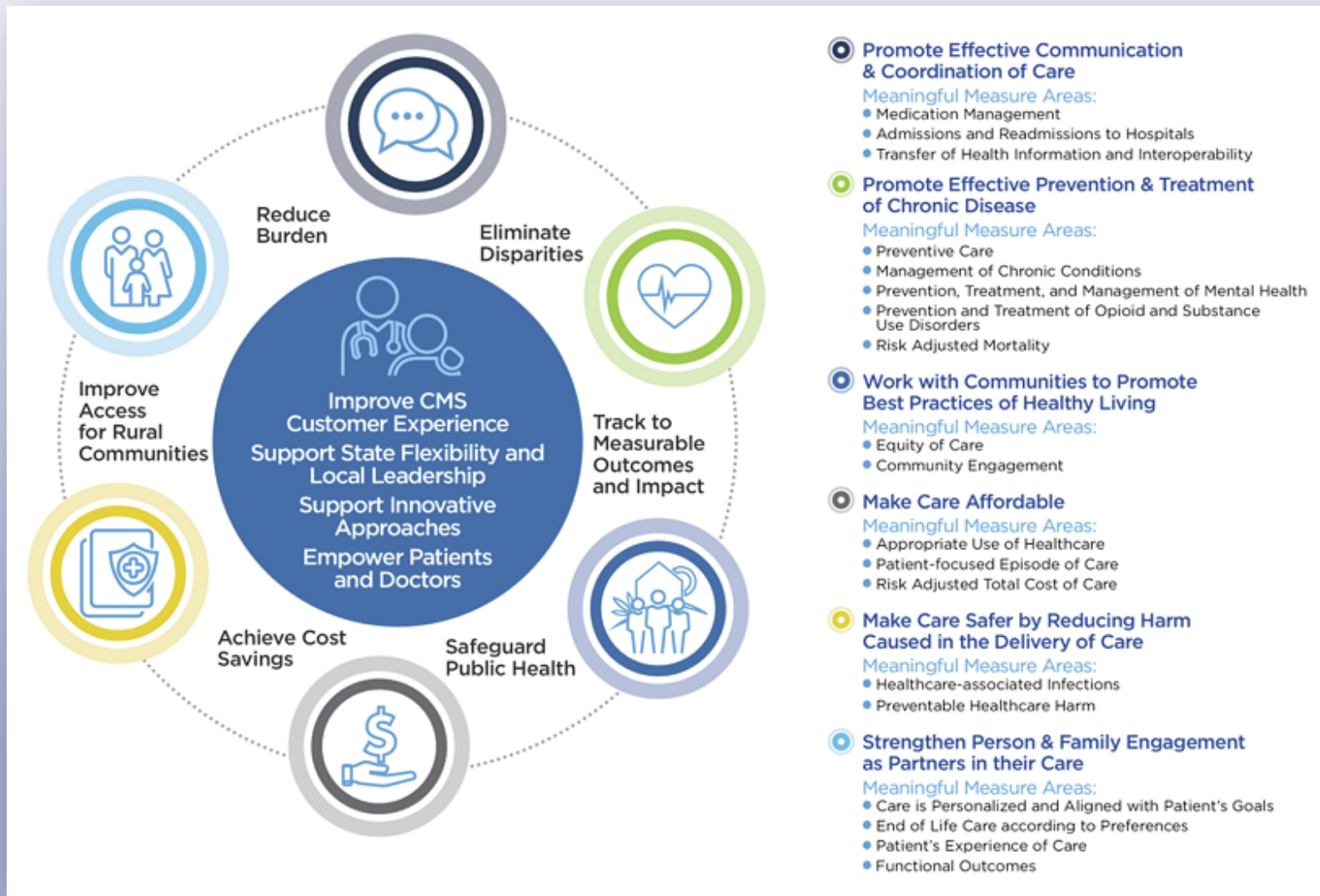
## HAI Performance Report

Provider	Facility ID	State	Performance Year	Data Collection Period	# of Stays	# of HAI Cases	Observed HAI Rate	Risk Adjusted HAI Rate	95% CI Lower Bound	95% CI Upper Bound	Comparative Performance Category	Observed National Average	# of Providers Better than National Average	# of Providers No Different than National Average	# of Providers Worse than National Average	# of Providers Too Small to Report
XXXXX	XXXXXXXXXX	XX	FY2018	10/01/2017-09/30/2018	158	14	8.86%	7.25%	4.63%	10.35%	No Different than National Average	5.96%	294	12,185	770	1,790
XXXXX	XXXXXXXXXX	XX	FY2019	10/01/2018-09/30/2019	170	18	10.59%	9.27%	6.02%	13.42%	Worse than National Average	5.68%	292	12,175	650	1,983

# A Look Ahead

- In the final days of 2020, CMS posted a list of Measures Under Consideration or MUCs. CMS is required by statute to do this every December as a pre rulemaking process. This pre rulemaking process provides CMS with the vehicle to hear from stakeholders for early consideration of measures. It lists the measures that CMS is considering adopting for certain Medicare quality programs in the forthcoming year's rulemaking cycle.

MUC ID	Measure Title	Description	Measure Type	Measure Steward	CMS Program(s)
MUC20-0002	Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization	This measure will estimate the risk-adjusted rate of healthcare-associated infections (HAIs) that are acquired during skilled nursing facility (SNF) care and result in hospitalizations. The measure is risk adjusted to "level the playing field" and to allow comparison of measure performance based on residents with similar characteristics between SNFs. It is important to recognize that HAIs in SNFs are not considered "never-events." The goal of this risk-adjusted measure is to identify SNFs that have notably higher rates of HAIs that are acquired during SNF care and result in hospitalization, when compared to their peers.	Outcome	Centers for Medicare & Medicaid Services	SNF QRP
MUC20-0044	SARS-CoV-2 Vaccination Coverage among Healthcare Personnel	This measure tracks SARS-CoV-2 vaccination coverage among healthcare personnel (HCP) in IPPS hospitals, inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), inpatient psychiatric facilities, ESRD facilities, ambulatory surgical centers, hospital outpatient departments, skilled nursing facilities, and PPS-exempt cancer hospitals.	Process	Centers for Disease Control & Prevention	ASCQR; ESRD QIP; Hospital IQR Program; Hospital OQR Program; IPFQR; IRF QRP; LTCH QRP; PCHQR; SNF QRP



# Meaningful Measure Framework

# Meaningful Measures

## Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Area	Definition	Relevancy	Measure Examples
Healthcare-Associated Infections	Measures in this area focus on infections associated with the delivery of health care. Examples include MRSA, C-diff, central line-associated bloodstream infections, catheter-associated urinary tract infections, ventilator-associated pneumonia, and surgical site infections."	On any given day, about one in 25 hospital patients has at least one healthcare-associated infection. Prevent healthcare-associated infections that occur in all healthcare settings.	<ul style="list-style-type: none"><li>– <b>Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections:</b> Used in the MIPS Program; NQF#2726.</li><li>– <b>National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure:</b> Used in the HACRP, Hospital Compare, HVBP, IRF QRP, LTCH QRP, and PCHQR; NQF#1717.</li><li>– <b>Percent of Residents with a Urinary Tract Infection (Long Stay):</b> Used in the Nursing Home Quality Initiative; NQF#0684.</li><li>– <b>Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate:</b> Used in the MIPS Program; NQF#0130.</li><li>– <b>Pediatric Central Line-Associated Bloodstream Infections:</b> Used in the Medicaid and CHIP Child Core Set; NQF #0139.</li></ul>



# Meaningful Measures

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Meaningful Measure Area	Definition	Relevancy	Measure Examples
Preventable Healthcare Harm	<p>This area focuses on unintended adverse events caused or influenced by the delivery of health care that could be prevented by avoiding errors and following accepted standards of care. Examples include pressure ulcers, falls, acute kidney injury. [Note: Healthcare-Associated Infections (HAIs) and medication errors are not included here since they are covered in separate measure areas.]</p>	<p>Each year, 2.8 million people are treated in emergency departments for fall injuries, with associated costs of \$31 billion. Avoid non-infectious harms like falls and complications like bed sores; harm that occurs during care is a leading cause of significant morbidity and <u>mortality</u>, and occurs in both inpatient and outpatient settings.</p>	<ul style="list-style-type: none"><li>– <b>Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury:</b> Used in the LTCH, IRF, SNF, and HH QRPs.</li><li>– <b>Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay):</b> Used in the LTCH, IRF, SNF, and HH QRPs; NQF #0674.</li><li>– <b>Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure:</b> Used in the MIPS Program; NQF#0114.</li><li>– <b>Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant:</b> Used in the ASCQR Program and Hospital Compare.</li></ul>

# Recent Reminders

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- On January 4<sup>th</sup>, CMS posted a revision to memo [QSO-20-31-All](#) that updated the criteria could trigger a focused infection control survey. CMS makes a special note related to these surveys indicating that, “When conducting FIC surveys, long-term care (LTC) facility surveyors should be alert to, and investigate any concerns related to residents who have had a significant decline in their condition (e.g., weight loss, mobility) during the PHE.”
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# Patient Identification and Skilled Rehab

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*Monitoring significant decline in their condition (e.g., weight loss, mobility) during the PHE*

- **To ensure resident needs are met throughout the facility with various systems in place to identify resident needs for therapy services.**
- **Those systems include a systematic approach and schedule of screening of residents, routine provision of education on therapy services to facility staff, walking rounds, tools for patient identification and ensuring facility referral process is in place.**
- **Ensure Clinicians Understand the Geriatric Treatment Model which includes: Restoration, Compensation & Adaptation**
- **Critical Element Pathways are useful tool for reference- Consider SKILL and ROOT CAUSE for change**

## FORMAL SCREENING & IDENTIFYING POTENTIAL REASONS for SKILLED CARE

### • Physical Therapy

- Gait, shuffling
- Gait, unsteady
- Increased falls
- Pain
- Open wound
- Swelling
- Getting in/out of bed
- Walking

### • Transfers

- Contractures
- Range of motion
- Maneuvering wheelchair
- Leg splints causing redness
- Restraint needs
- Endurance
- Strength/Weakness

### • Occupational Therapy

- Contractures
- Dressing
- Vision problems
- Restraint needs
- Grooming
- Range of motion
- Following directions
- Problem solving skills
- Getting on or off the toilet
- Using hands in tasks
- Hand/wrist splint causing redness
- Memory
- Endurance
- Feeding
- Positioning
- Strength/weakness
- Dexterity
- Falls

### • Swallowing

- Coughing, throat clearing, watery eyes and/or runny nose at meals
- Oral intake
- Dehydration risk?
- Weight
- Time to complete meals
- SOB, decreased O2 stats w/meals
- Eating habits, sometimes refusing to eat
- Swallowing skills (complaints of pain)
- Regurgitation after or during meals
- Eating only certain foods/textures at mealtime

## Nutrition Critical Element Pathway

Use this pathway for a resident who is not maintaining acceptable parameters of nutritional status or is at risk for impaired nutrition to determine if facility practices are in place to identify, evaluate, and intervene to prevent, maintain, or improve the resident's nutritional status, unless the resident's clinical status demonstrates that this is not possible, or resident preferences indicate otherwise.

### Review the Following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, D – Mood, G – Functional Status-eating ability (G0110H), K – Swallowing/Nutritional Status, L – Oral/Dental Status, and O – Special Treatment/Proc/Prog-SLP (O0400A) and OT (O0400B).
- ☐ Physician's orders (e.g., food allergies/intolerances and preferences, nutritional interventions [e.g., supplements], assistance with meals, type of diet [e.g., mechanically altered], therapeutic diet [e.g., low sodium diet], weight monitoring, meds [e.g., psychotropic meds, diuretics], and labs).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., nutritional interventions, assistance with meals, assistive devices needed to eat, type of diet, therapeutic diet, food preferences, or pertinent labs).

### Observations:

- ☐ Observe the resident at a minimum of two meals:
  - Are the resident's hands cleaned before the meal if assisted by staff;
  - Is the diet followed (texture, therapeutic, and preferences);
  - Are proper portion sizes given (e.g., small or double portions);
  - Is the resident assisted (with set-up and eating, positioning, supervision, etc.), cued, and encouraged as needed;
  - Are assistive devices in place and used correctly (e.g., plate guard, modified utensils, sippy cups);
  - If the resident isn't eating or refuses: What does staff do (e.g., offer substitutes, encourage, or assist the resident); and
  - How is the dignity of the resident maintained?
- ☐ Does the resident's physical appearance indicate the potential for an altered nutritional status (e.g., cachectic, dental problems, edema, no muscle mass or body fat, decreased ROM, or coordination in the arms/hands)?
- ☐ How physically active is the resident (e.g., pacing or wandering)?
- ☐ Are supplements provided and consumed at times that don't interfere with meal intake (e.g., supplement given right before the meal and the resident doesn't eat the meal)?
- ☐ Are snacks given and consumed as care planned?
- ☐ Is the resident receiving OT, SLP, or restorative therapy services? If so, are staff following their instructions (e.g., head position or food placement to improve swallowing)?
- ☐ Is there any indication that the resident could benefit from therapy



## Activities of Daily Living (ADL) Critical Element Pathway

Use this pathway for a resident who requires assistance with or is unable to perform ADLs (Hygiene – bathing, dressing, grooming, and oral care; Elimination – toileting; Dining – eating, including meals and snacks; and Communication including – speech, language, and other functional communication systems) to determine if facility practices are in place to identify, evaluate, and intervene, to maintain, improve, or prevent an avoidable decline in ADLs. Refer to the Positioning/Mobility/ROM pathway, for concerns related to mobility (transfer, ambulation, walking), positioning, contractures, or ROM.

### Review the Following in Advance to Guide Observations and Interviews:

- ☐ Review the most current comprehensive assessment and most recent quarterly (if the comprehensive isn't the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E – Behavior - E0500 (Impact on Resident) and E0800 (Rejection of Care), F – Preferences for Customary Routine and Activities, G – Functional Status, J – Health Conditions - Pain, O – Special Treatment/Proc/Prog – SLP (O0400A), OT (O0400B), PT (O0400C) and Restorative Nursing Program (O0500).
- ☐ Physician's orders (e.g., therapy, restorative, and ADL needs).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., ADL assistance, specific care interventions staff will provide, premedication prior to ADLs, environmental approaches and devices used to maximize independence, therapy interventions, or restorative approach).

### Observations Across Shifts:

- ☐ Ensure ADLs are provided in accordance with accepted standards of practice, the care plan, and the resident's choices and preferences.
- ☐ For a resident **receiving assistance with ADLs** observe the following: If concerns are identified, describe.
  - Observe for the provision of ADL's (e.g., teeth clean, hair clean and brushed, nails clean and trimmed, bathing, based upon preferences whether shaving is provided or female facial hair removed, appropriate hygiene including toileting and continence care, and dressed per resident's preference)?
  - Did staff explain all procedures to the resident prior to providing the care? Does the resident require special communication
- ☐ For a resident **who is unable to carry out ADLs** observe for the following: If concerns are identified, describe.
  - Observe for the provision of ADL's (e.g., teeth clean, hair clean and brushed, nails clean and trimmed, bathing, based upon preferences whether shaving is provided or female facial hair removed, appropriate hygiene including toileting and continence care, and dressed per resident's preference)?
  - Did staff explain all procedures to the resident prior to providing the care?
  - If the resident refuses the care, how does staff respond?
  - Is assistance with ADL's provided within a timely manner and

# Clinical Reminder

## COVID-19: Risk Factors for Severe Disease (CDC)

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COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults** and **people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

•Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

- People 65 years and older
- People who live in a nursing home or long-term care facility**
- People of all ages with underlying medical conditions, particularly if not well controlled, including
- People with chronic lung disease or moderate to severe asthma**
- People who have serious heart conditions**

- People who are immunocompromised
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

# Clinical Reminder

## Post Intensive Care Syndrome (PICS)

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- *Post-intensive care syndrome*, or PICS, is made up of health problems that remain after critical illness. They are present when the patient is in the ICU and may persist after the patient returns home.
- These problems can involve the patient's body, thoughts, feelings, or mind and may affect the family.
- PICS may show up as an easily noticed **drawn-out muscle weakness**, known as *ICU-acquired weakness*; as problems with thinking and judgment, called *cognitive (brain) dysfunction*; and as other mental health problems



# NEW Research:

## Risk Factors Associated With All-Cause 30-Day Mortality in Nursing Home Residents With COVID-19

- Two comorbidities were associated with mortality: diabetes (OR, 1.21 [95%CI, 1.05-1.40]) and chronic kidney disease (OR, 1.33 [95%, 1.11-1.61]).
- Fever (OR, 1.66 [95%CI, 1.41-1.96]), shortness of breath (OR, 2.52 [95%CI, 2.00-3.16]), tachycardia (OR, 1.31 [95%CI, 1.04-1.64]), and hypoxia (OR, 2.05 [95%CI, 1.68-2.50]) were also associated with increased risk of 30-day mortality.
- **Compared with cognitively intact residents, the odds of death among residents with moderate cognitive impairment were 2.09 (95%CI, 1.68-2.59) times higher, and the odds of death among residents with severe cognitive impairment were 2.79 (95%CI, 2.14-3.66) times higher.**
- **Compared with residents with no or limited impairment in physical function, the odds of death among residents with moderate impairment were 1.49 (95%CI, 1.18-1.88) times higher, and the odds of death among residents with severe impairment were 1.64 (95%CI, 1.30-2.08) times higher**

# Practically Speaking

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- CMS has finalized the Nursing Home Compare overhaul by launching a planned consolidated site called [Care Compare](#). The CMS press release may be found [here](#). This new site aggregates information about nursing homes, home health services, inpatient rehabilitation facilities, long-term acute care hospitals, dialysis providers, and hospitals. According to the press release, *“With just one click, patients can find information that is easy to understand about doctors, hospitals, nursing homes, and other health care services instead of searching through multiple tools.”* This new system will eventually replace the legacy systems like Nursing Home Compare.

# Care Compare

Find & compare doctors, hospitals  
& other providers near you.

[Learn more about the types of providers listed here](#)

MY LOCATION

PROVIDER TYPE


KEYWORDS (OPTIONAL)


ZIP code or city


Select one ▼


Search


Or, select a provider type to learn more:


  
Doctors & clinicians


  
Hospitals


  
Nursing homes including  
rehab services

  
Home health services

  
Hospice care

  
Inpatient rehabilitation  
facilities

  
Long-term care hospitals

  
Dialysis facilities

Looking for medical supplies and equipment? [Visit the Supplier Directory](#)

# 5-Star User's Guide/Care Compare

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## Timeline:

- In early December, CMS posted a memo [QSO 21-06-NH](#) that reversed a prior decision by the agency to postpone substantial refreshes to the 5-star ratings until the COVID waiver data freeze had a chance to catch up. This memo indicated a restart of the health inspection and quality measure portions of the 5-star rating starting with the January Care Compare Refresh. ([See BRR Dec. 8 Blog](#))
- On Friday January 15<sup>th</sup>, as promised in the December memo, CMS posted the revised 5-Star User's guide with full details of what to expect with the January refresh of Care Compare.
- On Tuesday January 19<sup>th</sup>, CMS posted 5-Star preview reports in facility CASPER folders in QIES.
- Care Compare will be refreshed with this updated data on or around January 27<sup>th</sup>.

# 5-Star User's Guide/Care Compare

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## What Changed?:

### • **Health Inspections Rating**

- Beginning with the January 2021 refresh, CMS will resume calculating the health inspection rating domain that will use results from surveys that occurred after March 3, 2020.
- Additionally, focused infection control surveys are included in the rating calculation, with citations from these surveys counting towards the total weighted health inspection score (similar to how complaint survey citations are counted).
- These changes will result in updates to the Special Focus Facility (SFF) program, including updates to SFF candidates, and facilities' status for receiving an icon for noncompliance related to abuse.
- Specifically, updates to the health inspection data due to the incorporation of surveys occurring after March 3, 2020 and the updating of the complaint periods means that the abuse icon will be removed for facilities that no longer meet the abuse icon criteria based on more recent survey findings.
- Once facilities no longer meet criteria for the abuse icon, their health inspection rating will no longer be capped at two stars. More information on the abuse icon is found in the Health Inspection section of this document.

# 5-Star User's Guide/Care Compare

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## What Changed? (cont.):

- **Staffing Rating**

- Beginning with the January 2021 refresh, facilities that did not report staffing for the November 14, 2020 deadline or that reported four or more days in the quarter with no registered nurse will have their staffing ratings suppressed.
- Their staffing ratings will show “Not Available” with the January, February, and March refreshes.
- Starting with the April 2021 refresh of Care Compare, when staffing data submitted by the February 14, 2021 deadline will be reported and used for the five-star ratings, nursing homes that do not report staffing data for October – December 2020 or that report four or more days in the quarter with no registered nurse will have their staffing ratings reduced to one star.

# 5-Star User's Guide/Care Compare

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## What Changed? (cont.):

- **Quality Measure Rating**

- Quarterly updates of most of the quality measures (QMs) posted on Care Compare and used in the Five-Star Quality Rating System will resume with the January 2021 refresh.
- For the January 2021 update, CMS used data for July 2019- June 2020 for all of the measures that were updated.
- The two QMs that are part of the Skilled Nursing Facility Quality Reporting Program (Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened and Rate of successful return to home and community from a SNF) will not be updated in January 2021. Data used for these two measures will be as follows
  - Rate of successful return to home and community from a SNF – 10/01/17 – 09/30/19
  - Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened, now Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury – 01/01/19 – 12/31/19

# Managing Your 5-Star QMs

## List of Residents Triggering Publicly Reported Quality Measures For Quarter 3, 2020

Long Stay Quality Measures (except flu) July 2020 - September 2020  
Short Stay Quality Measures (except flu) April 2020 - September 2020  
SNF Pressure Ulcer/Injury Measure October 2019 - September 2020  
Flu Measures for the Flu Season October 2019 - March 2020

Facility Name:  
CN:  
State:  
Facility Identifier (FACID):  
Facility Internal ID:

LONG STAY QUALITY MEASURE:  
Residents Whose Need for Help with Activities of Daily Living  
Has Increased (CMS ID N028.02)

Resident Name	Most Recent Assessment Ref Date	A0310A/ A0310B/ A0310F	Discharged In Report Period?
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Residents triggered this measure

## REVIEW OF QUALITY MEASURE SCORES FOR QUARTER 3, 2020

Long Stay Quality Measures (except flu) July 2020 - September 2020  
Short Stay Quality Measures (except flu) April 2020 - September 2020  
SNF Pressure Ulcer/Injury Measure October 2019 - September 2020  
Flu Measures for the Flu Season October 2019 - March 2020

CN:  
City:  
State:  
Facility ID:

LONG STAY QUALITY MEASURES	CMS ID	Numerator	Denominator	Reported %
Residents Whose Need for Help with Activities of Daily Living Has Increased	N028.02	5	73	7
High-Risk Residents With Pressure Ulcers	N015.03	0	57	0
Residents With Excessive Weight Loss	N029.02	7	63	11
Low-Risk Residents Who Lose Bowel/Bladder Control	N025.02	14	31	45
Residents Who Have/Had a Catheter Inserted and Left in Their Bladder	N026.03	0	56	0
Residents With a Urinary Tract Infection	N024.02	5	67	7
Residents Who Have Depressive Symptoms	N030.02	10	75	13
Residents Who Were Physically Restrained	N027.02	0	77	0
Residents Experiencing One or More Falls with Major Injury	N013.02	3	77	4
Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine	N016.03	90	90	100



Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L) ★	N015.03	C	2	48	4.2%	4.2%	9.9%	9.1%	23
Phys restraints (L)	N027.02	C	0	68	0.0%	0.0%	0.2%	0.2%	0
Falls (L)	N032.02	C	34	68	50.0%	50.0%	45.8%	46.3%	58
Falls w/Maj Injury (L) ★	N013.02	C	4	68	5.9%	5.9%	3.5%	3.6%	81 *
Antipsych Med (S) ★	N011.02	C	0	15	0.0%	0.0%	2.2%	2.2%	0
Antipsych Med (L) ★	N031.03	C	16	63	25.4%	25.4%	14.9%	14.4%	89 *
Antianxiety/Hypnotic Prev (L)	N033.02	C	1	21	4.8%	4.8%	8.1%	6.3%	51
Antianxiety/Hypnotic % (L)	N036.02	C	20	64	31.3%	31.3%	31.7%	19.7%	86 *
Behav Sx affect Others (L)	N034.02	C	10	57	17.5%	17.5%	20.1%	20.6%	51
Depress Sx (L)	N030.02	C	5	54	9.3%	9.3%	9.0%	7.5%	78 *
UTI (L) ★	N024.02	C	3	56	5.4%	5.4%	3.9%	2.8%	83 *
Cath Insert/Left Bladder (L) ★	N026.03	C	1	54	1.9%	1.6%	2.0%	2.1%	54
Lo-Risk Lose B/B Con (L)	N025.02	C	8	16	50.0%	50.0%	51.6%	47.3%	58
Excess Wt Loss (L)	N029.02	C	4	52	7.7%	7.7%	11.0%	8.5%	51
Incr ADL Help (L) ★	N028.02	C	9	64	14.1%	14.1%	20.3%	17.2%	40
Move Indep Worsens (L) ★	N035.03	C	8	30	26.7%	31.0%	36.0%	27.2%	63
Improvement in Function (S) ★	N037.03	C	8	18	44.4%	49.1%	70.3%	70.8%	11 *

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury <sup>1</sup> SNF QRP ★	S038.02	5	41	12.2%	10.7%	2.9%

<sup>1</sup> The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (S038.02) measure is calculated using the SNF QRP measure specifications v3.0 addendum and is based on 12 months of data (01/01/2020 - 12/31/2020).

# Managing Your 5-Star QMs

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## Care Compare Five-Star Ratings of Nursing Homes Provider Rating Report for January 2021

Ratings for <b>Home Sweet Home (012345)</b> Hometown, TN				
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 January 27, 2021. The health inspection rating incorporates data reported through December 31, 2020. 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 third calendar quarter of 2020.*

# Managing 5-Star QMs

Resident	Identifier	Date
<b>Section M</b>	<b>Skin Conditions \$\$ CATs QMs ★ QRP</b>	
<b>M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued \$\$ CATs QMs ★ QRP</b>		
Enter Number	<b>E. Unstageable - Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device 1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar <b>CAA: *12, *16, N015.03 ★, S038.02</b> 2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry <b>S038.02</b>	
Enter Number	<b>F. Unstageable - Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar 1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable - Deep tissue injury <b>CAA: *12, *16, N015.03 ★, S038.02</b> 2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry <b>S038.02</b>	
Enter Number	<b>G. Unstageable - Deep tissue injury:</b> 1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers <b>CAA: *12, *16, N015.03 ★, S038.02</b> 2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry <b>S038.02</b>	
Enter Number		
Enter Number		
<b>M1030. Number of Venous and Arterial Ulcers \$\$</b>		

## Care Area Assessment Key / Quality Measures / QRP Key

### Care Area Assessments Key:

- AA 1 - Delirium
- AA 2 - Cognitive Loss/Dementia
- AA 3 - Visual Function
- AA 4 - Communication
- AA 5 - Activity of Daily Living (ADL) Functional / Rehabilitation Potential
- AA 6 - Urinary Incontinence and Indwelling Catheter
- AA 7 - Psychosocial Well-Being
- AA 8 - Mood State
- AA 9 - Behavioral Symptoms
- AA 10 - Activities
- AA 11 - Falls
- AA 12 - Nutritional Status
- AA 13 - Feeding Tubes
- AA 14 - Dehydration/Fluid Maintenance
- AA 15 - Dental Care
- AA 16 - Pressure Ulcer
- AA 17 - Psychotropic Medication Use
- AA 18 - Physical Restraints
- AA 19 - Pain
- AA 20 - Return to Community Referral

### Long Stay QMs (cont.)

- N024.02 (C) (N) ★ - Percent of residents with a urinary tract Infection
- N025.02 (C) (N) - Percent of low risk residents who lose control of their bowel or bladder (Still on CASPER and NHC, withdrawn from NQF submission)
- N026.03 (C) (N) ★ - Percent of residents who have/had a catheter inserted and left in their bladder
- N027.02 (C) (N) - Percent of residents who were physically restrained
- N028.02 (C) (N) ★ - Percent of residents whose need for help with activities of daily living has increased
- N029.02 (C) (N) - Percent of residents who lose too much weight
- N030.02 (C) (N) - Percent of residents who have depressive symptoms (Still on CASPER and NHC, withdrawn from NQF submission)
- N031.03 (C) (N) ★ - Percent of residents who received an antipsychotic medication
- N035.03 (C) (N) ★ - Percent of Residents Whose Ability to Move Independently Worsened
- N036.02 (C) (N) - Percent of Residents Who Used Antianxiety or Hypnotic Medication
- Claims (N) ★ - Number of Hospitalizations per 1,000 Long-Stay Resident Days
- Claims (N) ★ - Number of ED visits per 1,000 Long-Stay Resident Days

### Quality Measures Key

#### Short Stay QMs:

- I003.03 (N) - Percent of residents who were assessed and appropriately given the seasonal influenza vaccine
- I004.03 - Percent of residents who received the seasonal influenza vaccine
- I005.03 - Percent of residents who were offered and declined the seasonal influenza vaccine
- I006.03 - Percent of residents who did not receive, due to medical contraindications, the seasonal influenza vaccine
- I007.02 (N) - Percent of residents assessed and appropriately given the pneumococcal vaccine (Still on NHC, withdrawn from NQF submission)
- I011.02 (C) (N) ★ - Percent of residents who newly received an antipsychotic medication
- I032.03 (C) (N) ★ - Percent of Residents Who Made Improvements in function
- Claims (N) ★ - Percentage of residents who were rehospitalized after a nursing home admission
- Claims (N) ★ - Percentage of residents who have had an outpatient emergency department visit

#### Long Stay QMs:

- I013.02 (C) (N) ★ - Percent of residents experiencing one or more falls with major injury
- I015.03 (C) (N) ★ - Percent of high risk residents with pressure ulcers
- I016.03 (N) - Percent of residents who were assessed and appropriately given the seasonal influenza vaccine
- I017.03 - Percent of residents who received the seasonal influenza vaccine
- I018.03 - Percent of residents who were offered and declined the seasonal influenza vaccine
- I019.03 - Percent of residents who did not receive, due to medical contraindications, the seasonal influenza vaccine
- I020.02 (N) - Percent of residents assessed and appropriately given the pneumococcal vaccine (Still on NHC, withdrawn from NQF submission)

### Additional Survey QMs:

- N032.02 (C) - Prevalence of falls (Long Stay)
- N033.02 (C) - Prevalence of antianxiety/hypnotic use (Long Stay)
- N034.02 (C) - Prevalence of behavior symptoms affecting others (Long Stay)

### SNF Quality Reporting Program (SNF QRP) QMs:

- S001.03 (Q) (N) - Application of Percent of Long-Term Care Hospital Patient with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- S007.02 (Q) (N) - Drug Regimen Review Conducted with Follow-Up for Identified Issues
- S013.02 (Q) (N) - Application of Percent of Residents Experiencing One or More Falls with Major Injury
- S022.03(Q) (N) - SNF Functional Outcome Measure: Change in Self-Care Score for Nursing Facility Residents
- S023.03 (Q) (N) - SNF Functional Outcome Measure: Change in Mobility Score for Nursing Facility Residents
- S024.03 (Q) (N) - SNF Functional Outcome Measure: Discharge Self-Care Score for Nursing Facility Residents
- S025.03 (Q) (N) - SNF Functional Outcome Measure: Discharge Mobility Score for Nursing Facility Residents
- S038.02 (C) (Q) (N) ★ - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- Claims S009.01 (Q) (N) - Potentially Preventable 30-Day Post-Discharge Readmission Measure - SNF QRP
- Claims S005.02 (Q) (N) ★ - Discharge to Community - PAC SNF QRP
- Claims S006.01 (Q) (N) - Medicare Spending per Beneficiary - PAC SNF QRP

### Key:

- (C) = CASPER Report QMs
- (N) = Nursing Home Compare
- ★ = 5-Star Rating QMs
- (Q) = SNF Quality Reporting Program QRP



# Want to Know More?

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- CASPER Demo / Doc Nav Update Demo
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- Sign up for our Blog [www.broadriverrehab.com](http://www.broadriverrehab.com)
- Ask an Expert <https://www.broadriverrehab.com/expert/>
- [Broad River Rehab Reflections](#) are the third Thursday of each month. February 2021 topic - Part I of Series: Introduction to Quality Measurement

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# QUESTIONS?