Current Measure: Percent of Residents Who Made	GG Equivalent Measure: Discharge Function Score
Improvements in Function (SS) (CMS ID: N037.03)	(CMS ID: S042.02)
<b>Measure Description:</b> This measure reports the percentage of short- stay residents who were discharged from the nursing home that gained more independence in transfer, locomotion, and walking during their episodes of care.	<b>Measure Description:</b> This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.
Numerator	Numerator
<ul> <li>Short-stay residents who:</li> <li>1. Have a change in performance score that is negative ([valid discharge assessment] - [valid preceding PPS 5-Day assessment or</li> </ul>	The total number of Medicare Part A SNF stays (Type 1 SNF Stays only) in the denominator, except those that meet the exclusion criteria, with an observed discharge function score that is equal to or greater
OBRA Admission assessment] < [0]). Performance is calculated as the sum of G0110B1 (transfer: self-	than the calculated expected discharge function score.
performance), G0110E1 (locomotion on unit: self-performance), and	<u>Denominator</u>
G0110D1 (walk in corridor: self-performance), with 7's (activity	The total number of Medicare Part A SNF stays (Type 1 SNF Stays
occurred only once or twice) and 8's (activity did not occur) recoded to 4's (total dependence).	only), except those that meet the exclusion criteria.
	GG Function items used for discharge function score calculations:
Denominator	• GG0130A3. Eating
Short-stay residents who:	<ul> <li>GG0130B3. Oral hygiene</li> </ul>
Meet all of the following conditions, except those with exclusions:	<ul> <li>GG0130C3. Toileting hygiene</li> </ul>
<ol> <li>Have a valid discharge assessment (A0310F = [10]), and</li> </ol>	<ul> <li>GG0170A3. Roll left and right</li> </ul>
Have a valid preceding PPS 5-Day assessment (A0310B = [01]) or	<ul> <li>GG0170C3. Lying to sitting on side of bed</li> </ul>
OBRA Admission assessment (A0310A = [01]).	<ul> <li>GG0170D3. Sit to stand</li> </ul>
	<ul> <li>GG0170E3. Chair/bed-to-chair transfer</li> </ul>
	<ul> <li>GG0170F3. Toilet transfer</li> </ul>
	• GG0170I3: Walk 10 Feet*
	<ul> <li>GG0170J3: Walk 50 Feet with 2 Turns*</li> </ul>
	<ul> <li>GG0170R3. Wheel 50 feet with 2 Turns*</li> </ul>
<u>Exclusions</u>	Exclusions
Residents satisfying any of the following conditions:	Medicare Part A SNF stays are excluded if:
1.1. <u>Comatose</u> (B0100 = [1]) on the PPS 5-Day assessment or OBRA	<ol> <li>The Medicare Part A SNF stay is an incomplete stay:</li> </ol>
Admission assessment, whichever was used in the QM.	Unplanned discharge - Discharge to acute hospital, psychiatric
<b>1.2</b> Life expectancy of less than 6 months (J1400 = [1]) on the PPS 5-	hospital, long-term care hospital indicated - SNF PPS Part A stay less
Day assessment or OBRA Admission assessment, whichever was used	than 3 days - The resident died during the SNF stay
in the QM.	2. The resident has any of the following medical conditions at the
<b>1.3</b> <u>Hospice</u> (O0100K2 = [1]) on the PPS 5-Day assessment or OBRA	time of admission (i.e., on the 5-Day PPS assessment): Coma,
Admission assessment, whichever was used in the QM.	persistent vegetative state, complete tetraplegia, severe brain

<ul> <li>1.4 Information on Transfer: self-performance, walk in corridor: self-performance, or locomotion on unit: self-performance is missing on any of the assessments used to calculate the QM (G0110B1, G0110D1, or G0110E1 = [-]) (i.e., valid discharge assessment, and PPS 5-Day assessment or OBRA Admission assessment, whichever was used in the QM).</li> <li>1.5 Residents with no impairment (sum of G0110B1, G0110D1 and G0110E1 = [0]) on the PPS 5-Day assessment or OBRA Admission assessment, whichever was used in the QM.</li> <li>1.6. Residents with an unplanned discharge on any assessment during the care episode (A0310G = [2])</li> </ul>	<ul> <li>damage, locked-in syndrome, or severe anoxic brain damage, cerebral edema or compression of brain.</li> <li><b>3.</b> The resident is younger than age 18:</li> <li><b>4.</b> The resident is discharged to hospice or received hospice while a resident:</li> </ul>
Covariates         1. Age on the PPS 5-Day assessment         2. Gender         3. Severe cognitive impairment         4. Long Form ADL (LFADL) Scale (G0110A1 + G0110B1 + G0110E1 + G0110G1 + G0110I1 + G0110J1). If any (G0110A1, G0110B1, G0110E1, G0110E1, G0110E1, G0110H1, G0110I1, G0110J1) = [7, 8], recode the item to equal [4].	Covariates1. Age group2. Admission function – continuous form3. Admission function – squared form4. Primary medical condition category5. Interaction between admission function and primary medical condition category6. Prior surgery7. Prior functioning: self-care8. Prior functioning: indoor mobility (ambulation)9. Prior functioning: functional cognition11. Prior mobility device use12. Stage 2 pressure ulcer/injury13. Stage 3, 4, or unstageable pressure ulcer/injury14. Cognitive abilities15. Communication impairment16. Urinary Continence17. Bowel Continence18. History of falls19. Nutritional approaches20. High BMI21. Low BMI22. Comorbidities23. No physical or occupational therapy at the time of admission

Current Massure, Dercent of Decidents Where Ability	CC Equivalant Massure, Dereast of Decidents Wheee
Current Measure: Percent of Residents Whose Ability	GG Equivalent Measure: Percent of Residents Whose
to Move Independently Worsened (LS) (CMS ID:	Ability to Walk Independently Worsened (LS) (CMS
N035.03)	ID: N035.05)
Measure Description: This measure reports the percent of long-stay	Measure Description: This measure reports the percent of long-stay
residents who experienced a decline in independence of locomotion	residents who experienced a decline in independence of locomotion
during the target period.	during the target period.
<u>Numerator</u>	Numerator
Long-stay residents with a selected target assessment and at least one	Long-stay residents with a selected target assessment and at least one
qualifying prior assessment who have a decline in locomotion when	qualifying prior assessment who have a decline in locomotion when
comparing their target assessment with the prior assessment. Decline	comparing their target assessment with the prior assessment. Decline
identified by:	identified by:
<b>1.</b> Recoding all values (G0110E1 = [7, 8]) to (G0110E1 = [4]).	<b>1.</b> Recoding all values (GG0170I = [07, 09, 10, 88]) to (GG0170I = [01]).
<b>2.</b> An increase of one or more points on the "locomotion on unit: self-	2. A decrease of one or more points on the "Walk 10 feet" item
performance" item between the target assessment and prior	between the target assessment and prior assessment (GG0170I on
assessment (G0110E1 on target assessment – G0110E1 on prior	target assessment – GG0170I on prior assessment ≤ -1)
assessment ≥1)	
Denominator	Denominator
Long-stay residents who have a qualifying MDS 3.0 target assessment	Long-stay residents who have a qualifying target assessment and at
and at least one qualifying prior assessment, except those with	least one qualifying prior assessment, except those with exclusions.
exclusions.	
Exclusions (Any of the following)	Exclusions (Any of the following)
<b>1.</b> Comatose or missing data on comatose at the prior assessment.	<b>1.</b> Comatose or missing data on comatose at the prior assessment.
2. Prognosis of less than 6 months at the prior assessment as	2. Prognosis of less than 6 months at the prior assessment
3. Resident totally dependent during locomotion on prior assessment	3. Resident dependent or activity was not attempted during
<ol> <li>Missing data on locomotion on target or prior assessment</li> </ol>	locomotion on prior assessment
5. Prior assessment is a discharge with or without return anticipated	<ol> <li>Missing data on locomotion on target or prior assessment</li> </ol>
<b>6.</b> No prior assessment is available to assess prior function.	<b>5.</b> Prior assessment is a discharge with or without return anticipated
	<b>6.</b> No prior assessment is available to assess prior function.
	<ol> <li>Prior or target assessment dates before 10/01/2023</li> </ol>
Covariates	Covariates
1. Eating (self-performance) from prior assessment	1. Eating from prior assessment
2. Toileting (self-performance) from prior assessment	2. Toilet Transfer from prior assessment
<b>3.</b> Transfer (self-performance) from prior assessment	3. Sit to Stand from prior assessment
<b>4.</b> Walking in Corridor (self-performance) from prior assessment	4. Walk 10 Feet from prior assessment
5. Severe cognitive impairment from prior assessment	5. Severe cognitive impairment from prior assessment
6. Linear Age	6. Linear Age

7. Gender	7. Gender.
8. Vision	8. Vision.
9. Oxygen use	9. Oxygen use.
<b>10.</b> All covariates are missing if no prior assessment is available.	<b>10.</b> All covariates are missing if no prior assessment is available.

Current Measure: Percent of Residents Whose Need	GG Equivalent Measure: Percent of Residents Whose
for Help with Activities of Daily Living Has Increased	Need for Help with Activities of Daily Living Has
(LS) (CMS ID: N028.02)	Increased (LS) (CMS ID: N028.04)
Measure Description: This measure reports the percent of long-stay	Measure Description: This measure reports the percent of long-stay
residents whose need for help with late-loss Activities of Daily Living	residents whose need for help with late-loss Activities of Daily Living
(ADLs) has increased when compared to the prior assessment.	(ADLs) has increased when compared to the prior assessment.
Numerator	Numerator
Long-stay residents with selected target and prior assessments that	Long-stay residents with selected target and prior assessments that
indicate the need for help with late-loss Activities of Daily Living	indicate the need for help with late-loss Activities of Daily Living
(ADLs) has increased when the selected assessments are compared.	(ADLs) has increased when the selected assessments are compared.
The four late-loss ADL items are self-performance bed mobility	The four late-loss ADL items are Sit to Lying (GG0170B), Sit to Stand
(G0110A1), self-performance transfer (G0110B1), self-performance	(GG0170D), Eating (GG0130A), and Toilet Transfer (GG0170F).
eating (G0110H1), and self-performance toileting (G0110I1).	
An increase is defined as:	An increase in need for help is defined as:
- an increase in two or more coding points in one late-loss ADL item or	- a decrease 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	- one point decrease in coding points in two or more late-loss ADL
items.	items.
<b>Note</b> that for each of these four ADL items, if the value is equal to [7,	Note that for each of these four ADL items, if the value is equal to [07,
8] on either the target or prior assessment, then recode the item to	09, 10, 88] on either the target or prior assessment, then recode the
equal [4] to allow appropriate comparison.	item to equal [01] to allow appropriate comparison.
Denominator	Denominator
All long-stay residents with a selected target and prior assessment,	All long-stay residents with a selected target and prior assessment,
except those with exclusions.	except those with exclusions.
Exclusions	Exclusions
<b>1.</b> All four of the late-loss ADL items indicate total dependence,	<b>1.</b> All four of the late-loss ADL items indicate dependence or activity
activity occurred only once or twice, or activity did not occur on the	was not attempted on the prior assessment
prior assessment	<b>2.</b> Three of the late-loss ADLs indicate dependence or activity was not
<b>2.</b> Three of the late-loss ADLs indicate total dependence on the prior	attempted on the prior assessment, as in exclusion 1 AND the fourth
assessment, as in #1 AND the fourth late-loss ADL indicates extensive	late-loss ADL indicates substantial/maximal assistance on the prior
assistance on the prior assessment.	assessment.
<b>3.</b> If resident is comatose missing data on comatose on the target	<b>3.</b> Comatose or missing data on comatose (B0100 = [1, -]) on the
assessment.	target assessment.

<b>4.</b> Prognosis of life expectancy is less than 6 months on the target	<b>4.</b> Prognosis of life expectancy is less than 6 months on the target
assessment.	assessment.
5. Hospice care on the target assessment.	5. Hospice care on the target assessment.
6. The resident is not in the numerator and data is missing for the four	6. The resident is not in the numerator and data is missing for the four
late loss ADLs on the prior or target assessment.	late loss ADLs on the prior or target assessment.
	7. No prior assessment is available to assess prior function.
	8. Prior or target assessment date before 10/01/2023.18
<u>Covariates:</u>	Covariates:
Not Applicable	Not Applicable

Current Measure: Percent of High-Risk Residents With	GG Equivalent Measure: Percent of Residents With
	-
Pressure Ulcers (LS)24 (CMS ID: N015.03)	Pressure Ulcers (LS) (CMS ID: N045.02)
Measure Description: This measure captures the percentage of long-	Measure Description: This measure captures the percentage of long-
stay, high-risk residents with Stage II-IV or unstageable pressure ulcers	stay residents with Stage II-IV or unstageable pressure ulcers.
Numerator	Numerator
All long-stay residents with a selected target assessment that	All long-stay residents with a selected target assessment that
indicates Stage II-IV or unstageable pressure ulcers are present.	indicates Stage II-IV or unstageable pressure ulcers are present.
<u>Denominator</u>	<u>Denominator</u>
All long-stay residents with a selected target assessment that meet	All long-stay residents with a selected target assessment except those
the definition of high risk, except those with exclusions.	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	
2. Comatose	
<b>3.</b> Malnutrition or at risk of malnutrition	
Exclusions	Exclusions
1. Target assessment is an OBRA Admission assessment (A0310A =	1. Target assessment is an ORBA Admission assessment (A0310A =
[01]) or a PPS 5-Day assessment (A0310B = [01])	[01]) or a PPS 5-Day assessment (A0310B = [01])
<b>2.</b> If the resident is not included in the numerator (the resident did	<b>2.</b> If the resident is not included in the numerator and no data is
not meet the pressure ulcer conditions for the numerator) and no	available for the Stage II-IV or unstageable pressure ulcers items on
data is available for the Stage II-IV or unstageable pressure ulcers	the target assessment
items on the target assessment	<b>3.</b> Assessments with target dates before 10/01/2023.
<u>Covariates:</u>	<u>Covariates</u>
Not Applicable	<b>1.</b> Impaired Functional Mobility: Lying to Sitting on Side of Bed on
	target assessment
	2. Bowel Incontinence on target assessment.
	<b>3.</b> Diabetes Mellitus, Peripheral Vascular Disease or Peripheral Arterial
	Disease on target assessment.
	<b>2.</b> Indicator of low body mass index based on height (K0200A) and
	weight (K0200B) on target assessment.
	<b>3.</b> Malnutrition or at risk of malnutrition on target assessment.
	4. Dehydrated on target assessment.
	5. Infections: Septicemia, Pneumonia, Urinary Tract Infection or
	Multidrug-Resistant Organism on target assessment.
	6. Moisture Associated Skin Damage on target assessment.

7. Hospice Care on target assessment.

Current Measure: Percent of Low-Risk Residents Who	GG Equivalent Measure: Percent of Residents With
Lose Control of Their Bowel or Bladder (LS)	New or Worsened Bowel or Bladder Incontinence
(CMS ID: N025.02)	(LS) (CMS ID: N046.02)
Measure Description: The measure reports the percent of long-stay	Measure Description: This measure reports the percent of long-stay
residents who frequently lose control of their bowel or bladder.	residents with new or worsened bowel or bladder incontinence
	between the prior assessment and target assessment.
Numerator	Numerator
Long-stay residents with a selected target assessment that indicates	Long-stay residents with selected target and prior assessments that
frequently or always incontinence of the bladder	indicate a new or worsened case of bowel or bladder incontinence
	has occurred when the selected assessments are compared.
Denominator	
All long-stay residents with a selected target assessment, except those with exclusions.	Residents meet the definition of new or worsened bowel or bladder incontinence if any of the following conditions are true:
	<b>Condition A:</b> A new case of bowel incontinence is defined as an increase in one or more coding points on the bowel continence item (H0400) from always continent to either occasionally, frequently, or always incontinent.
	<b>Condition B:</b> A worsened case of bowel incontinence is defined as an increase in one or two coding points on the bowel continence item (H0400) from occasionally incontinent to frequently or always incontinent or from frequently incontinent to always incontinent.
	<b>Condition C:</b> A new case of bladder incontinence is defined as an increase in one or more coding points on the bladder continence item from always continent or occasionally incontinent to frequently or always incontinent.
	<b>Condition D:</b> A worsened case of bladder incontinence is defined as an increase in one coding point on the bladder continence item (H0300) from frequently incontinent to always incontinent.

	Denominator
	All long-stay residents with a selected target and prior assessment,
	except those with exclusions.
Exclusions	Exclusions
<b>1.</b> Target assessment is an admission assessment or a PPS 5-Day assessment	1. Target assessment is an admission assessment or a PPS 5-Day assessment
<b>2.</b> Resident is not in numerator and data is missing for the	2. Resident is not in numerator and data is missing for the
incontinence items.	incontinence items on the prior assessment or on the target
<b>3.</b> Residents who have any of the following high-risk conditions:	assessment.
3.1. Severe cognitive impairment on the target assessment	3. Resident is comatose or comatose status is missing on the prior
3.2. Totally dependent in bed mobility self-performance	assessment, or on the target assessment.
3.3. Totally dependent in transfer self-performance	4. Resident has an indwelling catheter or indwelling catheter status is
3.4. Totally dependent in locomotion on unit self-performance	missing on the prior assessment, or on the target assessment.
<b>4.</b> Resident does not qualify as high risk and both of the following two	5. Resident has an ostomy or ostomy status is missing on the prior
conditions are true for the target assessment:	assessment, or on the target assessment.
4.1. BIMS summary score is missing and	6. No prior assessment is available to assess prior function.
4.2. Short term memory data is missing	7. Prior or target assessments with dates before 10/01/2023.
<b>5.</b> Resident does not qualify as high risk and any of the following three	
conditions are true:	
5.1. Data for bed mobility is missing	
5.2. Data for transfers is missing	
5.3. Data for locomotion on unit is missing	
6. Resident is comatose or comatose status is missing on the target	
assessment.	
7. Resident has an indwelling catheter or indwelling catheter status is	
missing on the target assessment.	
8. Resident has an ostomy or ostomy status is missing on the target	
assessment.	
Covariates	Covariates
Not Applicable	1. Severe cognitive impairment on target assessment.
	2. Sit to Lying on prior assessment.
	3. Sit to Stand on prior assessment.