

# A QM Refresher: Understanding the Definitions



Date: 02/26/2026



# APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 1.5 contact hours.

# APPROVAL STATEMENT DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

# SUCCESSFUL COMPLETION REQUIREMENTS

- **Live, virtual Presentation**
  - In order to obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.

# DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 1 week

# Learning Objectives

- Understand how to use the QM user's Manual
- Recognize the specific definitions driving QM construction
- Identify where these definitions are in the quality measure specifications
- Apply knowledge to facility specific quality measure data

# Resources



[MDS 3.0 v20.1](#)



[MDS 3.0 QM User's Manual v18.0](#)





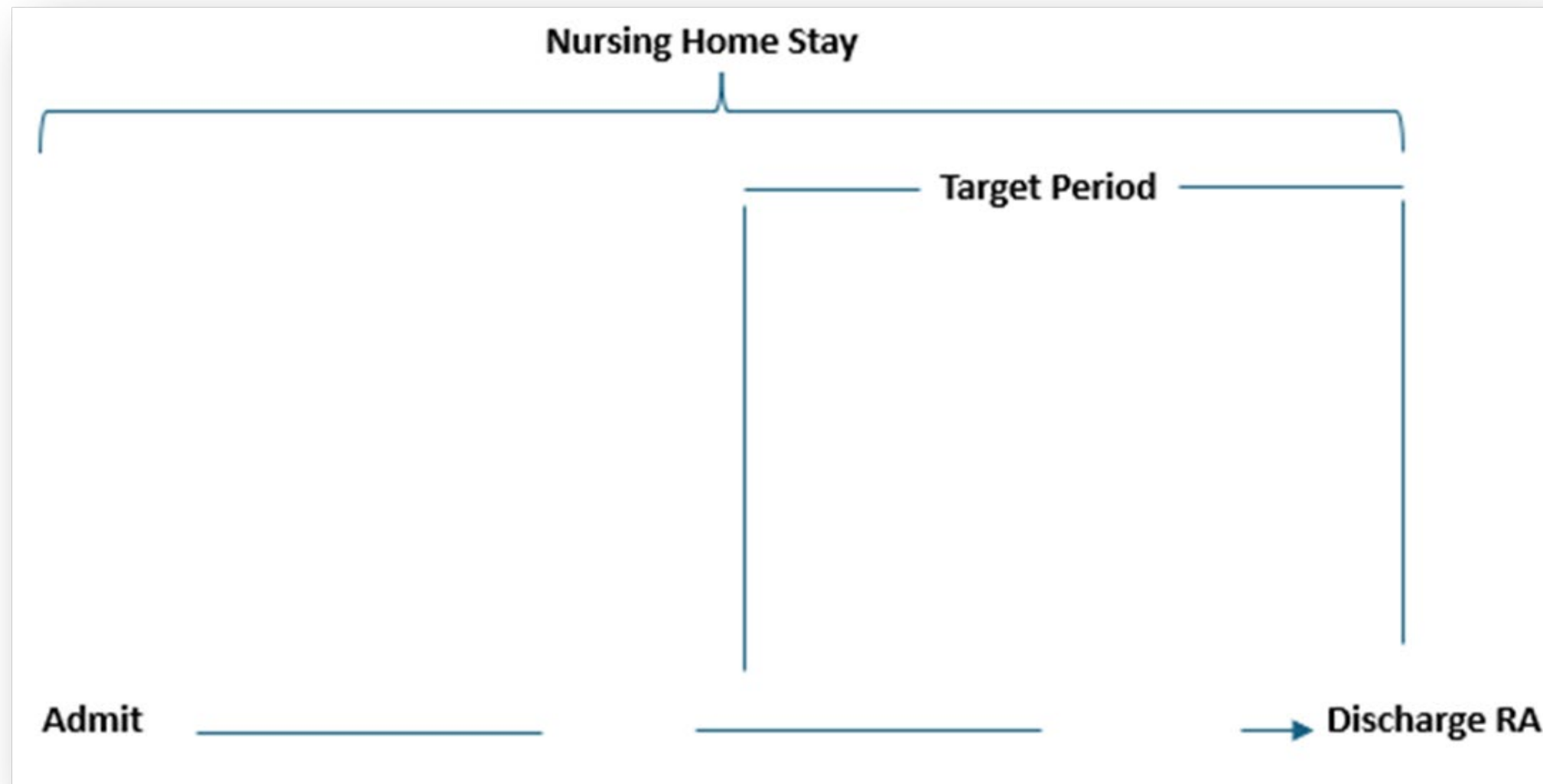
# Quality Measures.

- ▶ Metrics used to monitor, report, and improve the care provided in skilled nursing facilities, and are essential for ensuring nursing homes meet regulatory standards and provide high-quality care.

# Stay

- The period of time between a resident's entry into a facility and *either*
  - (a) a discharge *or*
  - (b) the end of the target period, whichever comes first.
- A stay, thus defined, may include interrupted stays lasting 3 calendar days or less.
- The start of a stay is either:
  - An admission entry (A0310F = [01] and A1700 = [1]) *or*
  - A reentry (A0310F = [01] and A1700 = [2]).
- The end of a stay is the earliest of the following:
  - Any discharge assessment (A0310F = [10, 11]), or
  - A death in facility tracking record (A0310F = [12]), or
  - The end of the target period.

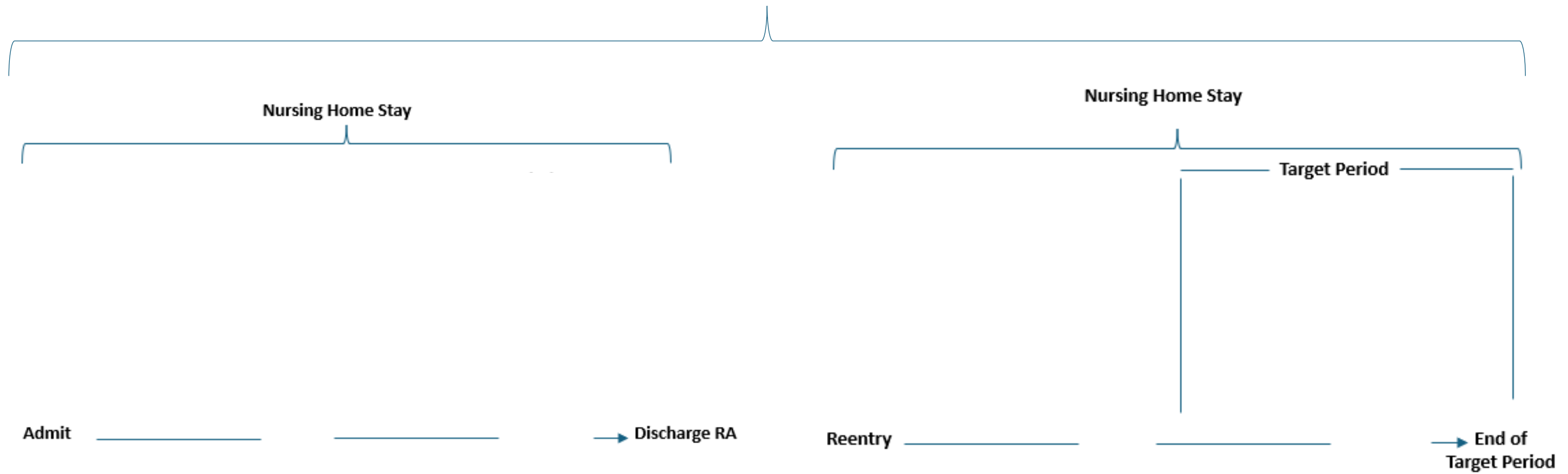
# Stay



# Episode

- A period of time spanning one or more stays.
- An **episode begins** with an admission (defined below) and ends with either
  - (a) a discharge, *or*
  - (b) the end of the target period, whichever comes first.
- An **episode starts with**:
  - An admission entry (A0310F = [01] and A1700 = [1]).
- The **end of an episode is** the earliest of the following:
  - A discharge assessment with return not anticipated (A0310F = [10]), *or*
  - A discharge assessment with return anticipated (A0310F = [11]) but the resident did not return within 30 days of discharge, *or*
  - A death in facility tracking record (A0310F = [12]), *or*
  - The end of the target period.

# Episode

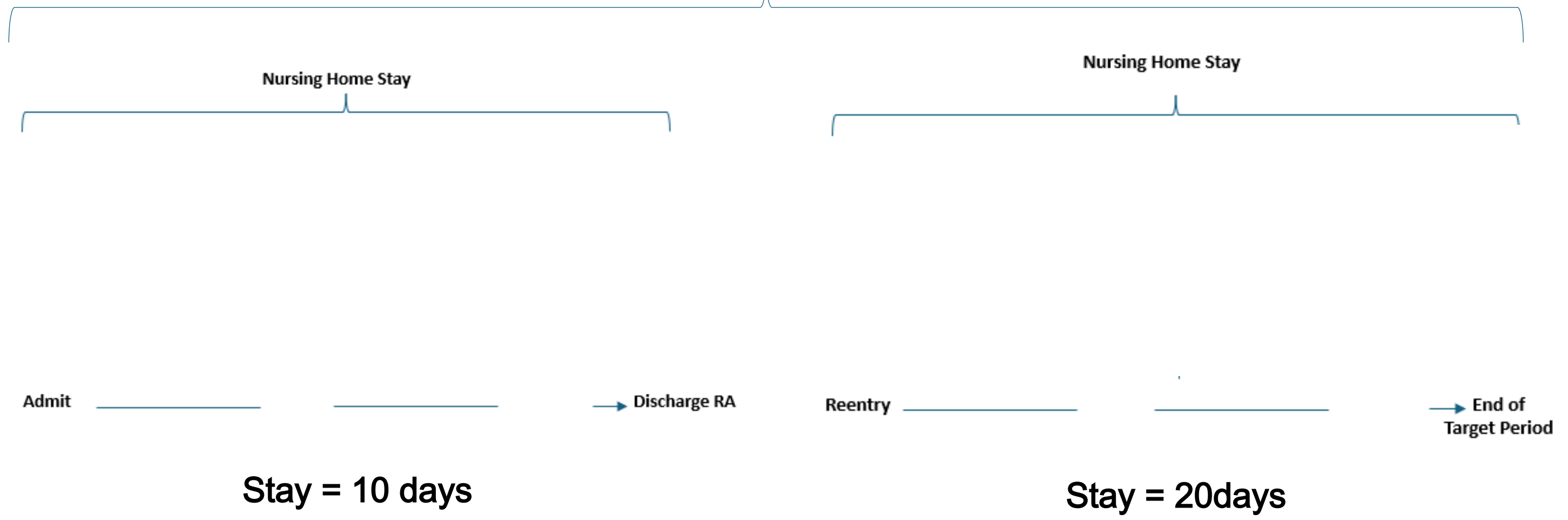


# Cumulative Days in the Facility (CDIF)

- The total number of days within an episode during which the resident was in the facility.
- It is the sum of the number of days within each stay included in an episode.
- If an episode consists of more than one stay separated by periods of time outside the facility (e.g., hospitalizations), and/or one or more stays with interruptions lasting 3 calendar days or less, only those days within the facility would count towards CDIF.
- Any days outside of the facility (e.g., hospital, home, etc.) would not count towards the CDIF total.

# Cumulative Days in the Facility (CDIF)

## Episode



**CDIF = 30 days**

# CDIF Rules:

1. When counting the number of days until the end of the episode, counting stops with the last record in the target period if that record is

- (a) a discharge assessment (A0310F = [10, 11])
- (b) the last record in the target period if that record is a death in facility (A0310F = [12]), *or*
- (c) the end of the target period is reached, whichever is earlier.

2. When counting the duration of each stay within an episode, include the day of entry (A1600) but not the day of discharge (A2000) unless the entry and discharge occurred on the same day in which case the number of days in the stay is equal to 1.

- For example: if a resident is admitted on Monday and discharged the following day (Tuesday), the duration of that episode would be 1 day.

# CDIF Rules:

3. While death in facility records (A0310F = [12]) end CDIF counting, these records are not used as target records because they contain only tracking information and do not include clinical information necessary for QM calculation.

# CDIF Rules:

4. **Special rules for influenza vaccination measures** Influenza vaccination measures are calculated only once per 12-month influenza season, which begins July 1 of a given year and ends on June 30 of the subsequent year.

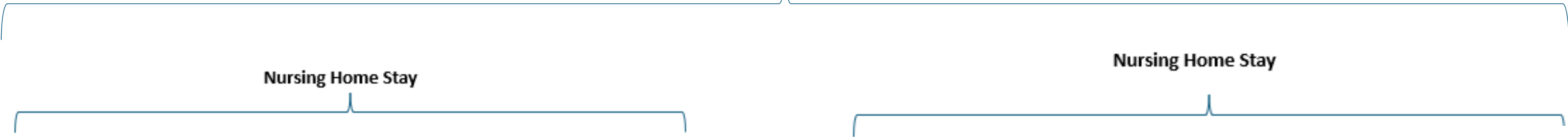
- **Influenza Season:** Influenza season is July 1 of the current year to June 30 of the following year (e.g., July 1, 2025 through June 30, 2026 for the 2025 – 2026 influenza season).
- For these measures, the **target period** begins on October 1 and ends on March 31.
- This means that the end-of-episode date will be March 31 for an episode that is ongoing at the end of the influenza season and that March 31 should be used as the end date when computing CDIF and for classifying stays as long or short for the influenza vaccination measures.
  - **Note, the target period** (i.e., October 1–March 31) is different than the **selection period**, which begins October 1 and ends June 30 of the following year.

# Short Stay

An episode with CDIF less than or equal to 100 days as of the end of the target period. Short stays may include one or more interruptions, indicated by Interrupted Stay (A0310G1 = [1]).

# Short Stay

## Episode



Admit \_\_\_\_\_ → Discharge RA      Reentry \_\_\_\_\_ → End of Target Period

Stay = 10 days

Stay = 20days

CDIF = 30 days

# Long Stay

An episode with CDIF greater than or equal to 101 days as of the end of the target period. Long stays may include one or more interruptions, indicated by Interrupted Stay (A0310G1 = [1]).

# Long Stay

## Episode



**CDIF = 105 days**

# Admission

An admission entry record (A0310F = [01] and A1700 = [1]) is required when any one of the following occurs:

- Resident has never been admitted to this facility before; *or*
- Resident has been in this facility previously and was discharged return not anticipated; *or*
- Resident has been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

# Reentry

A reentry record (A0310F = [01] and A1700 = [2]) is required when all of the following occurred prior to this entry; the resident was:

- Discharged return anticipated, *and*
- Returned to facility within 30 days of discharge.

# Interrupted Stay

- During a stay, the resident had an **interruption** in their stay and **resumed** the same stay within three consecutive calendar days.
- Interrupted stays apply only to Medicare -covered stays and pertain to **both short - and long-stay resident episodes.**

# Target Period

The **span of time** that defines the QM reporting period (e.g., a calendar quarter).

# Target Date

The event date for an MDS record, defined as follows:

- For an **entry record** (A0310F = [01]), the target date is equal to the entry date (A1600).
- For a **discharge record** (A0310F = [10, 11]) or death in facility record (A0310F = [12]), the target date is equal to the discharge date (A2000).
- For **all other records**, the target date is equal to the Assessment Reference Date (ARD, A2300).

# Risk Adjustment

**Risk adjustment** refines raw QM scores to better reflect the prevalence of problems that facilities should be able to address. Two complementary approaches to risk adjustment are applied to the QMs.

- **Exclusions:**

- One approach involves exclusion of residents whose outcomes are not under nursing facility control (e.g., outcome is evidenced on admission to the facility) *or*
- The outcome may be unavoidable (e.g., the resident has end-stage disease or is comatose).
- All of the QMs, except the vaccination LS pneumococcal vaccination QMs, are shaped by one or more exclusions.
- For each QM, the prevalence of the outcome across all residents in a nursing facility, after exclusions, is the facility-level observed QM score.

# Risk Adjustment

- **Covariates:**
  - A second approach involves adjusting QM scores directly, using logistic regression. This method of adjustment employs **resident-level covariates** that are found to increase the risks of an outcome.
  - Only six QMs are adjusted using resident-level covariates for public reporting:
    - **S038.02:** Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
    - **S042.03:** Discharge Function Score
    - **N026.03:** Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
    - **N035.06:** Percent of Residents Whose Ability to Move Independently Worsened (Long Stay)
    - **N045.02:** Percent of Residents with Pressure Ulcers (Long Stay)
    - **N046.02:** Percent of Residents With New or Worsened Bowel or Bladder Incontinence (Long Stay).

# Sample Selection

**Two resident samples are selected for computing the QMs: a short-stay sample and a long stay sample. These samples are selected using the following steps:**

- Select all residents whose latest episode either ends during the target period or is ongoing at the end of the target period. This latest episode is selected for QM calculation.
- For each episode that is selected, compute the CDIF.
- If the CDIF is less than or equal to 100 days, the resident is included in the short-stay sample.
- If the CDIF is greater than or equal to 101 days, the resident is included in the long-stay sample.
- **Note** that all residents who are selected as above will be placed in either the short - or long-stay sample and that the two samples are mutually exclusive. If a resident has multiple episodes within the target period, only the latest episode is used.

# Sample Selection: Short Stay

## Target Assessment

Selection period	Most recent 6 months (the short-stay target period)
Qualifying RFAs <sup>3</sup>	A0310A = [01, 02, 03, 04, 05, 06] <i>or</i> A0310B = [01] <i>or</i> A0310F = [10, 11]
Selection logic	Latest assessment that meets the following criteria: (a) it is contained within the resident's selected episode, (b) it has a qualifying RFA, and (c) its target date is no more than 120 days <sup>4</sup> before the end of the episode.
Rationale	Records with a qualifying RFA contain all of the items needed to define the QMs. The target assessment need not have a target date within the target period, but it must occur within 120 days before the end of the resident's selected episode (either the target date of a discharge assessment or death in facility record that is the last record in the target period or the end of the target period if the episode is ongoing). 120 days allows 93 days between quarterly assessments plus an additional 27 days to allow for late assessments. The target assessment represents the resident's status at the end of the episode.

# Sample Selection: Short Stay

## Initial Assessment

Selection period	First assessment following the admission entry record at the beginning of the resident's selected episode.
Qualifying RFAs	A0310A = [01] <i>or</i> A0310B = [01] <i>or</i> A0310F = [10, 11]
Selection logic	Earliest assessment that meets the following criteria: (a) it is contained within the resident's selected episode, (b) it has a qualifying RFA, (c) it has the earliest target date that is greater than or equal to the admission entry date starting the episode, and (d) its target date is no more than 130 days prior to the target date of the target record. The initial assessment cannot be the same as the target assessment. If the same assessment qualifies as both the initial and target assessments, it is used as the target assessment and the initial assessment is considered to be missing.

# Sample Selection: Short Stay

## Initial Assessment (Cont.)

### Rationale

Records with a qualifying RFA contain all of the items needed to define the QMs. The initial assessment need not have a target date within the target period. The initial assessment represents the resident's status as soon as possible after the admission that marks the beginning of the episode. If the initial assessment is more than 130 days prior to the target assessment, it is not used and the initial record is considered to be missing. This prevents the use of an initial assessment for a short stay in which a large portion of the resident's episode was spent outside the facility. 130 days allows for as many as 30 days of a 100-day stay to occur outside of the facility.

# Sample Selection: Short Stay

## Look-back Scan (Cont.)

Selection period	Scan all qualifying RFAs within the current episode.
Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] <i>or</i> A0310B = [01] <i>or</i> A0310F = [10, 11]
Selection logic	Include the target assessment and qualifying earlier assessments in the scan. Include an earlier assessment in the scan if it meets all of the following conditions: (a) it is contained within the resident's episode, (b) it has a qualifying RFA, and (c) its target date is on or before the target date for the target assessment. The target assessment and qualifying earlier assessments are scanned to determine whether certain events or conditions occurred during the look-back period. These events and conditions are specified in the definitions of measures that utilize the look-back scan.

# Sample Selection: Short Stay

## Look-back Scan (Cont.)

### Rationale

Some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed. The purpose of the look-back scan is to determine whether such events or conditions occurred during the look-back period. All qualifying RFAs with target dates within the episode are examined to determine whether the event or condition of interest occurred at any time during the episode.

# Sample Selection: Long Stay

## Target Assessment

**Selection period** Most recent 3 months (the long-stay target period).

**Qualifying RFAs** A0310A = [01, 02, 03, 04, 05, 06] *or*  
A0310B = [01] *or*  
A0310F = [10, 11]

**Selection logic** Latest assessment that meets the following criteria: (a) it is contained within the resident's selected episode, (b) it has a qualifying RFA, and (c) its target date is no more than 120 before the end of the episode.

# Sample Selection: Long Stay

## Target Assessment (Cont.)

### Rationale

Records with a qualifying RFA contain all of the items needed to define the QMs. The target assessment need not have a target date within the target period, but it must occur within 120 days of the end of the resident's episode (either the last discharge in the target period or the end of the target period if the episode is ongoing). 120 days allows 93 days between quarterly assessments plus an additional 27 days to allow for late assessments. The target assessment represents the resident's status at the end of the episode.

# Sample Selection: Long Stay

## Prior Assessment

Selection period	Latest assessment that is 46 to 165 days before the target assessment.
Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] <i>or</i> A0310B = [01] <i>or</i> A0310F = [10, 11]
Selection logic	Latest assessment that meets the following criteria: (a) it is contained within the resident's episode, (b) it has a qualifying RFA, and (c) its target date is contained in the window that is 46 days to 165 days preceding the target date of the target assessment. If no qualifying assessment exists, the prior assessment is considered missing.

# Sample Selection: Long Stay

## Prior Assessment (Cont.)

### Rationale

Records with a qualifying RFA contain all of the items needed to define the QMs. The prior assessment need not have a target date within the target period, but it must occur within the defined window. The window covers 120 days, which allows 93 days between quarterly assessments plus an additional 27 days to allow for late assessments. Requiring a 45-day gap between the prior assessment and the target assessment insures that the gap between the prior and target assessment will not be small (gaps of 45 days or less are excluded).

# Sample Selection: Long Stay

## Look-Back Scan

Selection period	Scan all qualifying RFAs within the current episode that have target dates no more than 275 days prior to the target assessment.
Qualifying RFAs	A0310A = [01, 02, 03, 04, 05, 06] <i>or</i> A0310B = [01] <i>or</i> A0310F = [10, 11]
Selection logic	Include the target assessment and all qualifying earlier assessments in the scan. Include an earlier assessment in the scan, if it meets all of the following conditions: (a) it is contained within the resident's episode, (b) it has a qualifying RFA, (c) its target date is on or before the target date for the target assessment, and (d) its target date is no more than 275 days prior to the target date of the target assessment. The target assessment and qualifying earlier assessments are scanned to determine whether certain events or conditions occurred during the look-back period. These events and conditions are specified in the definitions of measures that utilize the look-back scan.

# Sample Selection: Long Stay

## Look-Back Scan (Cont.)

### Rationale

Some measures utilize MDS items that record events or conditions that occurred since the prior assessment was performed. The purpose of the look-back scan is to determine whether such events or conditions occurred during the look-back period. These measures trigger if the event or condition of interest occurred any time during a one year period. A 275-day time period is used to include up to three quarterly OBRA assessments. The earliest of these assessments would have a look-back period of up to 93 days, which would cover a total of about one year. All qualifying RFAs with target dates in this time period are examined to determine whether the event or condition of interest occurred at any time during the time interval.

# Sample Selection: Short and Long Stay

## Influenza Vaccination Assessment

Selection period<sup>6</sup> All assessments with target dates on or after October 1 of the most recently completed influenza season (i.e., the target date must be on or between October 1 of the current year and June 30 of the following year).

The selection period uses a June 30<sup>th</sup> end date to ensure residents who are vaccinated between October 1 and March 31, but do not have an assessment completed until after March 31, are captured in the measure sample.

Qualifying RFAs A0310A = [01, 02, 03, 04, 05, 06] *or*  
A0310B = [01] *or*  
A0310F = [10, 11]

# Sample Selection: Short and Long Stay

## Influenza Vaccination Assessment

**Selection logic**      Select the record with the latest target date that meets all of the following conditions:

- b) It has a qualifying RFA, *and*
- c) Target date is 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), *and*
- d) A1600 (entry date) is on or before March 31 of the most recently completed influenza season.

**Rationale**      The selection logic defined above is intended to identify the latest assessment that reports the influenza vaccine status for a resident who was in the facility for at least one day from October 1 through March 31.

# Short Stay Example QM

## Percent of Residents Who Newly Received an Antipsychotic Medication CMS ID: N011.03

### 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. This condition is defined as follows:

1. For assessments with target dates on or after 10/01/2023: (N0415A1 = [1]).<sup>10</sup>

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).

# Short Stay Example QM

## Percent of Residents Who Newly Received an Antipsychotic Medication CMS ID: N011.03

### *Denominator*

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

- The resident has a target assessment, *and*
- The resident has an initial assessment, *and*
- The target assessment is not the same as the initial assessment.

### *Exclusions*

The following is true for *all* assessments in the look-back scan (excluding the initial assessment):

For assessments with target dates on or after 10/01/2023: (N0415A1 = [-]).<sup>10</sup>

*Any* of the following related conditions are present on *any* assessment in a look-back scan:

- Schizophrenia (I6000 = [1]).
- Tourette's syndrome (I5350 = [1]).
- Huntington's disease (I5250 = [1]).

# Short Stay Example QM

## Percent of Residents Who Newly Received an Antipsychotic Medication CMS ID: N011.03

Covariates

Not applicable

# Short Stay Example QM

## iQIES Report

### MDS 3.0 Facility-Level Quality Measure (QM) Report



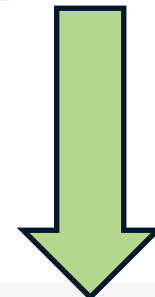
Report Period: 08/01/2025 - 01/31/2026  
 Comparison Group: 06/01/2025 - 11/30/2025

Report Run Date: 02/23/2026  
 Data Calculation Date: 02/23/2026  
 Report Version Number: 3.06

#### Legend

Note: Dashes represent a value that could not be computed  
 Note: S = short stay, L = long stay  
 Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected  
 Note: \* is an indicator used to identify that the measure is flagged

Facility ID: Facility Name: CCN: City/State:



#### MDS Measures

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
Pressure Ulcers (L)	N045.02	C	3	57	5.3%	3.2%	6.1%	5.7%	30
Phys restraints (L)	N027.02	C	0	57	0.0%	0.0%	0.1%	0.1%	0
Falls (L)	N032.02	C	30	57	52.6%	52.6%	44.0%	44.2%	72
Falls w/Maj Injury (L)	N013.02	C	3	57	5.3%	5.3%	3.4%	3.4%	78*
Antipsych Med (S)	N011.03	C	1	44	2.3%	2.3%	1.8%	1.8%	78*

# Short Stay Example QM

Resident Name	Resident ID	A0310A/B/F	Pressure Ulcers (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic % (L)	Behav Sx affect Others (L)	Depress Sx (L)	UTI (L)	Cath In ser/Lef Bladder (L)	New or Worsened B/B (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Quality Measure Count
██████████	██████	██████	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
██████████	██████	██████	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
██████████	██████	██████	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	1

# Long Stay Example QM

## Percent of Residents With Pressure Ulcers CMS ID: N045.02

### Measure Description

This measure captures the percentage of long-stay residents with Stage II-IV or unstageable pressure ulcers.

### Measure Specifications

#### *Numerator*

All long-stay residents with a selected target assessment that meet the following condition:

1. Stage II-IV or unstageable pressure ulcers are present, as indicated by *any* of the following six conditions:
  - 1.1. (M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or*
  - 1.2. (M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or*
  - 1.3. (M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or*
  - 1.4. (M0300E1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or*
  - 1.5. (M0300F1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or*
  - 1.6. (M0300G1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]).

# Long Stay Example QM

## Percent of Residents With Pressure Ulcers CMS ID: N045.02

### *Denominator*

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

### *Exclusions*

1. Target assessment is an OBRA Admission assessment (A0310A = [01]) or a PPS 5-Day assessment (A0310B = [01]).
2. If the resident is not included in the numerator and any of the following conditions are true:
  - 2.1 (M0300B1 = [-]) or
  - 2.2 (M0300C1 = [-]) or
  - 2.3 (M0300D1 = [-]) or
  - 2.4 (M0300E1 = [-]) or
  - 2.5 (M0300F1 = [-]) or
  - 2.6 (M0300G1 = [-]).
3. Selected assessments with target dates before 10/01/2023.

# Long Stay Example QM

## Percent of Residents With Pressure Ulcers CMS ID: N045.02

### Covariates

Covariates used to risk-adjust this measure include:

1. Impaired Functional Mobility: Lying to Sitting on Side of Bed on target assessment.<sup>25</sup>
  - 1.1 Covariate = [1] if GG0170C = [01, 02, 07, 09, 10, 88].
  - 1.2 Covariate = [0] if GG0170C = [03, 04, 05, 06, -].
2. Bowel Incontinence on target assessment.
  - 2.1 Covariate = [1] if H0400 = [1, 2, 3].
  - 2.2 Covariate = [0] if H0400 = [0, 9, -].
3. Peripheral Vascular Disease or Peripheral Arterial Disease, or Diabetes Mellitus on target assessment.
  - 3.1 Covariate = [1] if I0900 = [1] or I2900 = [1], else covariate = [0].
4. Indicator of low body mass index based on height (K0200A) and weight (K0200B) on target assessment.
  - 4.1 Covariate = [1] if BMI  $\geq$  [12.0] and BMI  $\leq$  [19.0].
  - 4.2 Covariate = [0] if BMI > [19.0].
  - 4.3 If Covariate has not been set to [1] or [0] based on logic in 4.1 and 4.2, then Covariate = [0].


# Long Stay Example QM

## Percent of Residents With Pressure Ulcers CMS ID: N045.02


5. Malnutrition or at risk of malnutrition on target assessment.
  - 5.1 Covariate = [1] if I5600 = [1], else covariate = [0].
6. Dehydrated on target assessment.
  - 6.1 Covariate = [1] if J1550C = [1], else covariate = [0].
7. Infections: Multidrug-Resistant Organism (MDRO), Pneumonia, Septicemia, or Urinary Tract Infection on target assessment.
  - 7.1 Covariate = [1] if I1700 = [1] or I2000 = [1] or I2100 = [1] or I2300 = [1], else covariate = [0].
8. Moisture Associated Skin Damage on target assessment.
  - 8.1 Covariate = [1] if M1040H = [1], else covariate = [0].
9. Hospice Care on target assessment.
  - 9.1 Covariate = [1] if O0110K1b = [1], else covariate = [0].

# Long Stay Example QM

## Percent of Residents With Pressure Ulcers CMS ID: N045.02

 iQIES Report

**MDS 3.0 Facility-Level Quality Measure (QM) Report**



Report Period: 08/01/2025 - 01/31/2026  
Comparison Group: 06/01/2025 - 11/30/2025

Report Run Date: 02/23/2026  
Data Calculation Date: 02/23/2026  
Report Version Number: 3.06

**Legend**

Note: Dashes represent a value that could not be computed  
Note: S = short stay, L = long stay  
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected  
Note: \* is an indicator used to identify that the measure is flagged

Facility ID:                      Facility Name:                      CCN:                      City/State:

**MDS Measures**

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
Pressure Ulcers (L)	N045.02	C	3	57	5.3%	3.2%	6.1%	5.7%	30

# Long Stay Example QM

## Percent of Residents With Pressure Ulcers CMS ID: N045.02

Resident Name	Resident ID	A0310A/B/F	Pressure Ulcers (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic % (L)	Behav Sx affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	New or Worsened B/B (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Quality Measure Count
			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
██████████	██████	██████	b	b	b	b	b	b	b	b	b	b	b	b	b	X	b	1
██████████	██████	██████	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	1
██████████	██████	██████	X	b	X	b	b	b	b	b	b	b	b	b	b	b	b	2

# Next Steps

- **Interpreting Quality Measures is an active process.**
- **Interpreting Quality Measures is an IDT process.**
- **Understanding the definitions that drive the technical specifications is a must.**
- **Having the latest information available is critical including the current RAI Manual and QM manuals.**
- **Reviewing the quality measures frequently and regularly should be incorporated into the facility meeting footprint.**
- **Working toward understanding the data and acting on it is a critical step in quality improvement activity.**
- **Quality measure data doesn't change spontaneously. It requires effort.**

# Questions



# Thank you!

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