Quality Measures and the Five-Star Quality Rating System

The Pennsylvania Association of Nurse Assessment Coordinators

Presented by
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Senior Living Services Consulting
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Five-Star Quality Rating System

- Created by The Centers for Medicare & Medicaid Services (CMS) in December 2008 to enhance the Nursing Home Compare public reporting site.
- In February 2015 CMS strengthened the rating system by adding two additional Quality Measures and improving the staffing level calculations.
- The goal of the rating system is to provide residents and families an easy way to compare between a high and low performing nursing homes.
- The system features a five-star rating based on three types of performance measures, each of which has its own five-star rating.
Five-Star Quality Rating System

- Three performance ratings:
  - Health Inspections – Measures based on outcomes from State Health inspections;
  - Staffing – Measures based on nursing home staffing levels; and
  - QM’s – Measures based on certain MDS Quality Measures.

Quality Measures
Quality Measures

- Developed from MDS-based indicators to describe the quality of care provided in nursing homes.
- The measures address the resident’s functioning and health status in multiple areas.
- A subset of 11 (out of 18) are used in the five-star rating:
  - 8 Long-Stay resident measures; and
    - Cumulative days in the facility greater than or equal to 101 days as of the end of the target period.
  - 3 Short-Stay resident measures.
    - Cumulative days in the facility less than or equal to 100 days as of the end of the target period.

Quality Measures

Long-Stay Residents:
- Percent of residents whose need for help with activities of daily living (ADL) has increased.
- Percent of high risk residents with pressure ulcers (sores).
- Percent of residents who have/had a catheter inserted and left in bladder.
- Percent of residents who are physically restrained.
<table>
<thead>
<tr>
<th>Quality Measures</th>
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<tr>
<td><strong>Long-Stay Residents:</strong></td>
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<tr>
<td>• Percent of residents with a urinary tract infection.</td>
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<td>• Percent of residents who self-report moderate to severe pain.</td>
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<tr>
<td>• Percent of residents experiencing one or more falls with major injury.</td>
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<td>• Percent of residents who newly received an antipsychotic medication.</td>
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</table>
The MDS 3.0 Items Used

The MDS Items

Long-Stay Measure
- **QM** - Percent of residents whose need for help with ADLs has increased.
  - Reports when the need for assistance in the late-loss ADLs have increased when compared to the prior assessment.
    - MDS Section G - Functional Status.
    - Worsening performance on at least two late loss ADLS by one functional level or one late loss ADL by more than one functional level.
      - Late Loss ADLs: bed mobility, transfers, eating, toileting.
The MDS Items

Long-Stay Measure
- **QM - Percent of high-risk residents with pressure ulcers.**
  - Residents are both high-risk and have a Stage II–IV pressure ulcer.
  - High risk includes impaired bed mobility or transfer, comatose, or who suffer from malnutrition.
  - MDS Section M - Skin Conditions.
  - MDS Section G - Functional Status
  - MDS Section B - Hearing, Speech, Vision (Comatose)
  - MDS Section I – Active Diagnosis (Malnutrition)

The MDS Items

Long-Stay Measure
- **QM - Percent of residents who have/had a catheter inserted and left in the bladder.**
  - Residents with an indwelling catheter in the last 7 days.
  - MDS Section H – Bladder and Bowel
The MDS Items

Long-Stay Measure

• **QM - Percent of residents who were physically restrained.**
  • Includes residents who are physically restrained on a daily basis.
  • MDS Section P – Physical Restraints

The MDS Items

Long-Stay Measure

• **QM - Percent of residents with a urinary tract infection (UTI).**
  • Residents with a urinary tract infection within the last 30 days.
  • MDS Section I – Active Diagnosis (UTI)
    • Coding instructions, all must be met:
      • Active written diagnosis within the last 30 days; AND
      • Signs or symptoms of a UTI; ABD
      • Significant laboratory findings; AND
      • Current medication or treatment in the last 30 days.
The MDS Items

Long-Stay Measure
- **QM - Percent of residents who self-report moderate to severe pain.**
  - Includes residents who report almost constant or frequent moderate to severe pain in the last five days; or
  - Residents who reported very severe/horrible pain in the last five days.
- **MDS Section J - Health Conditions**
  - Pain interview – “How much of the time have you experienced pain or hurting over the last 5 days”
  - Pain intensity – Verbal/Numeric scale.

The MDS Items

Long-Stay Measure
- **QM - Percent of residents experiencing one or more falls with a major injury.**
  - Includes residents with a fall with a major injury within the last 12 months.
- **MDS Section J - Health Conditions**
The MDS Items

Long-Stay Measure
• QM – Percent of residents who received an antipsychotic medication.
  • Includes residents who are receiving antipsychotic drugs in the target period except those with exclusions.
  • MDS Section N – Medications
  • Exclusions include: (MDS Section I)
    • Schizophrenia; and/or
    • Tourette’s Syndrome; and/or
    • Huntingtons’s Disease.

The MDS Items

Short-Stay Measure
• QM - Percent of residents with pressure ulcers that are new or worsened.
  • Includes short-stay residents with a new or worsening Stage II to Stage IV pressure ulcer.
  • MDS Section M – Skin Conditions
    • Worsening in Pressure Ulcer Status Since Prior Assessment.
### The MDS Items

#### Short-Stay Measure

- **QM** - Percent of residents who self report moderate to severe pain.
  - Includes residents who have one episode of moderate/severe pain or horrible/excruciating pain or any frequency in the last 5 days.
  - MDS Section J - Health Conditions.

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#### Short-Stay Measure

- **QM** - Percent of residents who newly received an antipsychotic medication.
  - Includes residents who are receiving an antipsychotic medication during the target period but not on their initial assessment.
  - MDS Section N - Medications
  - MDS Section I – Active Diagnosis
Quality Measure 5-Star Scoring Rules

- Long-stay measures must have at least 30 resident assessments summed across three quarters to be included in the measure.
- Short-stay measures will be included if data is available for at least 20 resident assessments.
- 20 to 100 points are assigned to each measure based on facility performance.
- The total score can range from 220 - 1100.
- The stars are assigned based on the Star cut points for the Quality Measure Summary Score.
Scoring Rules

• Missing data
  • Facility does not have enough assessments to calculate the QM.
    • The percentile for the QM is automatically calculated at the average statewide percentage for the particular measure.
      • Facilities have data for at least four out of eight long-stay QMs.
      • Facilities have data for two out of the three short-stay QMs.

Scoring Rules

• Missing data (cont’d)
  • Points are rescaled when the facility does not have enough data to have percentages for the eight long-stay and/or the three short stay measures.
QMs and 5-Star Rating

Scoring Rules

• Rating
  • The QM domain is calculated using the three most recent quarters of data available.
  • The values for three QMs are risk adjusted (catheter, long-stay pain measure, and the short-stay pressure ulcers).
    • See the Quality Measure Users Manual
  • The Quality Measure (QM) corresponds to the QM value for the three most recent quarters and the denominator (D) is the number of eligible residents for the particular QM.
Scoring Rules

• Rating (cont’d)
  • All facilities are scored on the same 1100 point scale, points are rescaled for long and short-stay facilities.
    • If the facility has data for only the three short-stay measures (total of 300 possible points), its score is multiplied by 1100/300.
    • If the facility has data for only the eight long-stay measures (total of 800 possible points), its score is multiplied by 1100/800.

Scoring Rules

• Rating (cont’d)
  • After the summary QM score is computed, the five-star QM rating is assigned.
  • The thresholds were set so that the overall proportion of nursing homes would be approximately 25 percent 5-star; 20 percent for each of 2, 3, and 4-stars; and 15 percent 1 star, in February when the antipsychotic QMs are first included.
  • The cut points will hold constant for a period of one year, allowing the QM rating distribution to change over time.
### Scoring Rules

- **Star Cut Points:**

<table>
<thead>
<tr>
<th>QM Rating</th>
<th>Point Range for MDS Quality Measure Summary Score*</th>
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<tbody>
<tr>
<td>★</td>
<td>225 - 544</td>
</tr>
<tr>
<td>★★</td>
<td>545 - 629</td>
</tr>
<tr>
<td>★★★</td>
<td>630 - 689</td>
</tr>
<tr>
<td>★★★★</td>
<td>690 - 759</td>
</tr>
<tr>
<td>★★★★★</td>
<td>760 – 1,100</td>
</tr>
</tbody>
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* Updated February 2015

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Five Star in 2015
2015

- Nationwide Focused Survey Inspections
- Payroll-Based Staffing Reporting
- Additional Quality Measures
- Timely and Complete Inspection Data
- Improved Scoring Methodology

Steps Towards Accurate Quality Measures
Steps to Take

- Review the Quality Measures on a regular basis.
- Use reports from CASPER.
- Accurate MDS Coding.
- Analyze the data to verify the coding on the MDS is correct.
- Compare the MDS coding that feeds into the Quality Measures to the clinical record documentation.

Steps to Take

- Completion of the correct assessments at discharge.
- Discharge assessment versus Death in Facility.
- Utilize the MDS 3.0 Quality Measures User’s Manual available from CMS.
- Educate the interdisciplinary team.
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