

# Long-Term Care Survey Alert

## Quality Measures: CMS SELECTS QUALITY MEASURES FOR NATIONAL REPORTING

The **Centers for Medicare & Medicaid Services** has selected chronic and post-acute quality measures for public reporting in the national Nursing Home National Quality Initiative rollout this fall. The QMs essentially mirror those used in the pilot quality initiative minus the weight loss measure, which researchers recently found to be invalid (see article 5).

Based on research findings, CMS has also decided to risk adjust three of the QMs based on a facility's admission profile or FAP. CMS will calculate the FAP using a facility's admission assessment data for the preceding year for the group of residents covered by the indicator (chronic or post-acute). CMS will use the assessments to determine the prevalence rate of certain conditions upon admission and to develop an "expected" quality measure score for the facility. The actual rate reported will be adjusted to reflect the difference between the facility's actual rate and the expected rate based on their admission profile.

The quality measures and their risk adjustment are as follows:

Chronic Care (These are residents who typically enter the facility because they cannot care for themselves at home and who tend to stay for months or years. The resident must have a full or quarterly assessment, e.g., a significant change, quarterly or an annual assessment):

1. Late-loss activities of daily living worsening;
2. Pressure ulcers;
3. Pressure ulcers (with facility admission profile risk adjustment or FAP);
4. Residents with pain;
5. Physical restraints used daily;
6. Infections (pneumonia, respiratory infection, septicemia, UTI, viral hepatitis, wound infection, fever, recurrent lung aspiration).

Short-Stay or Post Acute (patients who are typically admitted following an acute-care stay and remain in the facility less than 30 days or so. The resident must have both a PPS 5-day and PPS 14-day MDS):

7. Failure to improve and manage delirium in short-stay residents;
8. Failure to improve and manage delirium in short-stay residents (with FAP);

9. Short-stay residents with pain;

10. Short-stay residents with improvement in walking from the 5-day to 14-day assessment (with FAP).