

MDS Alert

Quality Indicators: Get Ready To Implement The New Set Of Quality Indicators/Measures

Learn what makes the QIs/QMs tick before the clock runs out.

Surveyors may soon be arriving for inspections with a new set of quality indicators that include pain and the other **Nursing Home Quality Initiative** quality measures. And if you don't get on top of the new QIs/QMs now, your upcoming surveys may be laden with F tags.

The **Centers for Medicare & Medicaid Services** had, at press time, set July 17 as the tentative implementation date for QIs/QMs that encompass the chronic-care quality measures and three post-acute QMs.

"Yet, instead of separating the QIs and QMs as CMS has been doing until now, the agency is shuffling them together in the reporting process, which makes it a bit confusing [to understand] at first," cautions **Rena Shephard, RN, MHA, FACDONA**, president of **RRS Healthcare Consulting** in San Diego. Until the new reporting goes into effect, the quality measures appear only on the Nursing Home Compare Web site.

The new set of QIs/QMs will encompass post-acute residents for the first time, which is a different population than the chronic care residents, observes **Nancy Augustine, MSN, RN**, a consultant with **LTCQ Inc.** in Lexington, MA.

"A resident who has both a 5-day and a 14-day Medicare assessment will have one OBRA assessment and thus appear in the QI/QMs," Augustine adds.

Review the QIs/QMs and the specifications at www.qtso.com/download/mds/MDS_QIQM_Tech_Specs.pdf.

Home in on These Changes

Where a QI and QM were very similar, CMS replaced the QI with a QM, says Shephard. For example, CMS is replacing QI 4 (the prevalence of symptoms of depression) with the quality measure for depression, which is an incidence-based measure. The latter utilizes the Mood Scale that nursing home providers first saw as part of the enhanced QMs in January 2004.

If the resident shows an increase in the number of mood and anxiety indicators, she will trigger on the QM. "That approach provides more clinically meaningful information than a prevalence-based measure," notes **Diane Brown**, CEO of **Brown LTC Consultants**, Newton, MA.

CMS has retained the QI looking at symptoms of depression without antidepressant therapy, which remains a prevalence-based measure.

The new set of QIs/QMs includes pain coded in Section J2a and J2b of the MDS, which means surveyors will be looking at residents triggering on this quality measure.

Get Your Team on the Case

What is the best way for facilities to approach the new QIs/QMs as they come on line? "Get your interdisciplinary staff to look at the QIs/QMs as a team - and identify and address any questions as they arise," advises **Cathy Sargee, RN**, an MDS specialist and consultant with **The Broussard & Company** in Lake Charles, LA. "For example, ask CMS or the state RAI manager for clarification."

Develop an organized, systematic approach to coding and documentation related to the QIs, Sorgee suggests. For example, you may find one nurse is coding a patient's pain as moderate and another as severe or horrible even if staff uses a standardized Likert pain scale. "Staff have to know the numeric or other identified range for mild, moderate and severe pain," she says.

Using a Likert pain scale of 0 to 10, mild pain would be a 1, 2 or 3. Moderate pain is a 4, 5 or 6; and severe or horrible pain, a 7 or greater, suggests **Regina Fink, RN, PhD, AOCN**, with the **University of Colorado Hospital** in Denver, in a **Centers for Medicare & Medicaid Services'** Webcast on improving MDS accuracy in Sections I, J and O.

Know How to Access Reports

Make sure your facility knows how to access the QI/QM information because CMS is upgrading the system for accessing the reports, which will be available on the CASPER system, advises Shephard.

Resource: CMS has provided a PowerPoint presentation providing step-by-step instructions for how to access the QI/QM reports once they go into effect.

Download the presentation at the following Web address:

www.qtso.com/download/mds/MdsQiQmRptAccessFacility.ppt.