

Understanding the Quality Measures & Quality Measure STAR Rating



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Presenter: Pauline Kinney, RN, MA, LNHA
Senior Director
Healthcare Quality Improvement

Pauline Kinney, RN, MA, LNHA

SENIOR DIRECTOR- HEALTHCARE QUALITY IMPROVEMENT

I am a Licensed Nursing Home Administrator and Registered Professional Nurse with several years of progressive and diverse clinical and organizational management experience in nursing home and hospital settings. My long-term care administrator leadership and knowledge includes policy and practice, quality measurement methodology, data tracking, quality and performance improvement practice. I value my front-line experience assessing the quality of current practice, shaping emerging long-term care and fostering meaningful change.

My commitments include:

- Former Partaker in the American Health Care Association Quality Award as Senior and Master Examiner
- Stakeholder in the review process of the most recent publication of the European Pressure Ulcer Advisory Panel (EPUAP), National Pressure Ulcer Advisory Panel (NPUAP) and the Pan Pacific Pressure Injury Alliance (PPPIA) International Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline (2nd and 3rd editions).
- Member of The Centers for Medicare & Medicaid Services (CMS) Technical Expert Panel (TEP) for the Development and Maintenance of Quality Measures for Skilled Nursing Facility Quality Reporting Program (SNF QRP) contributing to the direction, development, and input to the measure developer of a claims-based measure of healthcare-associated infections (HAI) in skilled nursing facilities.



“Learning never exhausts the mind”

-Leonardo da Vinci

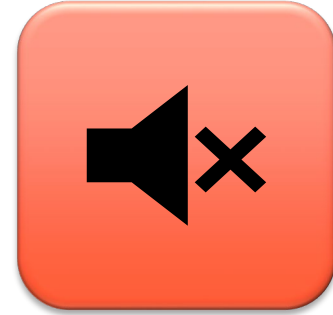
Objectives

By the end of this session, you will be able to:

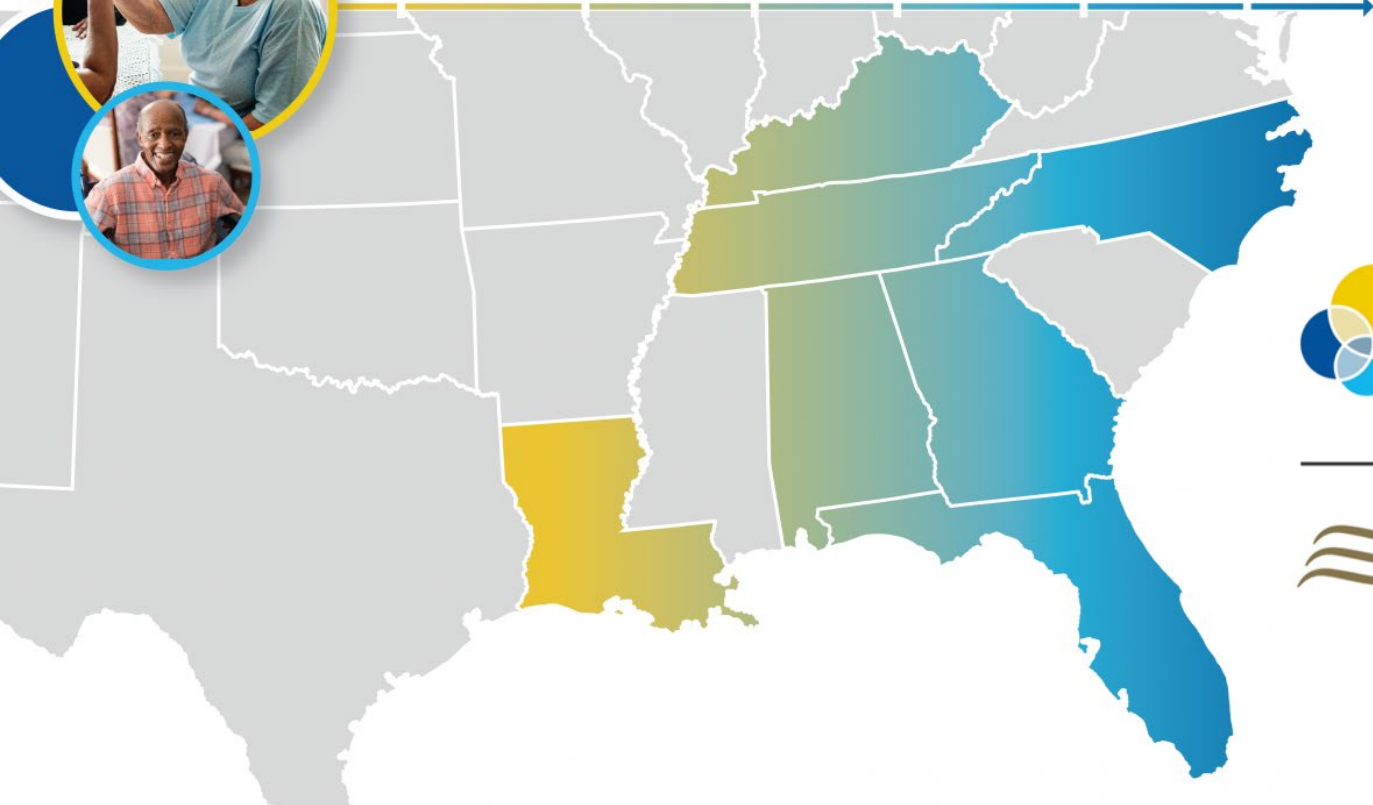
- Gain a clear understanding of the Quality Measures and Quality Measure Score
- Identify the quality measures impact on clinical outcomes
- Identify a data driven approach to monitoring quality measures

Ground Rules

- All lines are muted, so please ask your questions in chat
- Be present and actively participate



Making Health Care Better *Together*

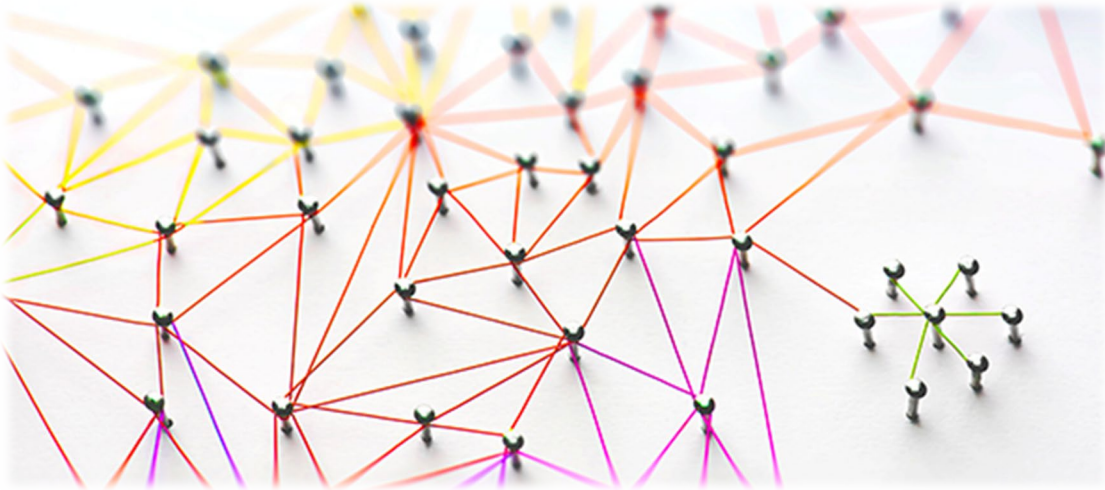


**Quality Improvement
Organizations**

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

 **ALLIANT**
QUALITY

Personal Connections



- What state are you from?
- What is your position/title?
- How familiar are you with the quality measures?

CMS Aims

Behavioral Health Outcomes and Opioid Misuse



- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

Patient Safety



- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce C. difficile in all settings

Chronic Disease Self-Management



- Increase performance on ABCS clinical quality measures (i.e. aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- Smoking cessation
- Identify patients at high-risk for developing kidney disease and improve outcomes
- Identify patients at high risk for diabetes –related complications and improve outcomes

Quality of Care Transitions



- Convene community coalitions
- Identify and promote optimal care for superutilizers
- Reduce community-based adverse drug events

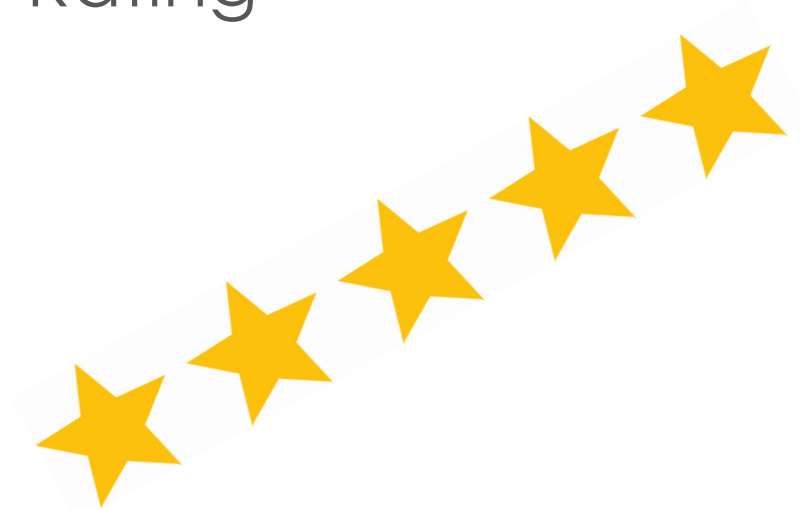
Nursing Home Quality



- Improve the mean total quality score
- Develop national baselines for healthcare related infections in nursing homes
- Reduce emergency department visits and readmissions of short stay residents

NH Compare 5 STAR Rating Total Quality Score

- Quality Measure (QM) Rating
- Survey Rating
- Staffing Rating



NH Compare 5 STAR Rating QM Total Quality Score

Long Stay Measures

Measures for Long-Stay residents derived from MDS data assessments:

- Percent of residents whose need for help with activities of daily living has increased
- Percent of residents whose ability to move independently worsened
- Percent of high-risk residents with pressure ulcers
- Percent of residents who have/had a catheter inserted and left in their bladder
- Percent of residents with a urinary tract infection
- Percent of residents experiencing one or more falls with major injury
- Percent of residents who received an antipsychotic medication

Measures for Long-Stay residents that are derived from claims data:

- Number of hospitalizations per 1,000 long-stay resident days
- Number of outpatient emergency department (ED) visits per 1,000 long-stay resident days

Short Stay Measures

Measures for Short-Stay residents derived from MDS data assessments:

- Percent of residents who made improvement in function
- Percent of SNF residents with pressure ulcers that are new or worsened
- Percent of residents who newly received an antipsychotic medication

Measures for Short-Stay residents that are derived from claims data:

- Percent of short-stay residents who were re-hospitalized after a nursing home admission
- Percent of short-stay residents who have had an outpatient emergency department visit

Ranges for Point Values for Quality Measures Using Four Quarter Average

Percent of SNF residents with UTI (long stay)

NH QM & Rate	QM Values Between:	QM Points	Facility's Points
	0.0000 to 0.0070	100	
	0.0071 to 0.0160	80	
	0.0161 to 0.0272	60	
2.8%	0.0273 to 0.0452	40	40
	0.0453 to 1.0000	20	

NH QM & Rate	QM Values Between:	QM Points	Facility's Points
	0.6495 to 1.0000	150	
	0.6044 to 0.6494	135	
	0.5682 to 0.6043	120	
56.2%	0.5332 to 0.5681	105	105
	0.4973 to 0.5331	90	
	0.4605 to 0.4972	75	
	0.4198 to 0.4604	60	
	0.3713 to 0.4197	45	
	0.3071 to 0.3712	30	
	0.0000 to 0.3070	15	

Rate of successful return to home and community from a SNF (short Stay)

Percent of residents whose need for help with of daily living has increased (long Stay)

NH QM & Rate	QM Values Between:	QM Points	Facility's Points
	0.000 to 0.0719	150	
	0.0720 to 0.0956	135	
10.5%	0.0957 to 0.1141	120	120
	0.1142 to 0.1296	105	
	0.1297 to 0.1441	90	
	0.1442 to 0.1589	75	
	0.1590 to 0.1759	60	
	0.1760 to 0.1978	45	
	0.1979 to 0.2323	30	
	0.2324 to 1.0000	15	

Point Ranges for QM Ratings October 2019

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–469	144–473	299–943
★★	470–564	474–567	944–1,132
★★★	565–644	568–653	1,133–1,298
★★★★	645–734	654–739	1,299–1,474
★★★★★	735–1,150	740 – 1,150	1,475–2,300

NH Compare 5 STAR Quality Rating Technical User's Guide October 2019

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

**Design for *Nursing Home Compare*
Five-Star Quality Rating System:**






Technical Users' Guide

October 2019



CASPER/QIES

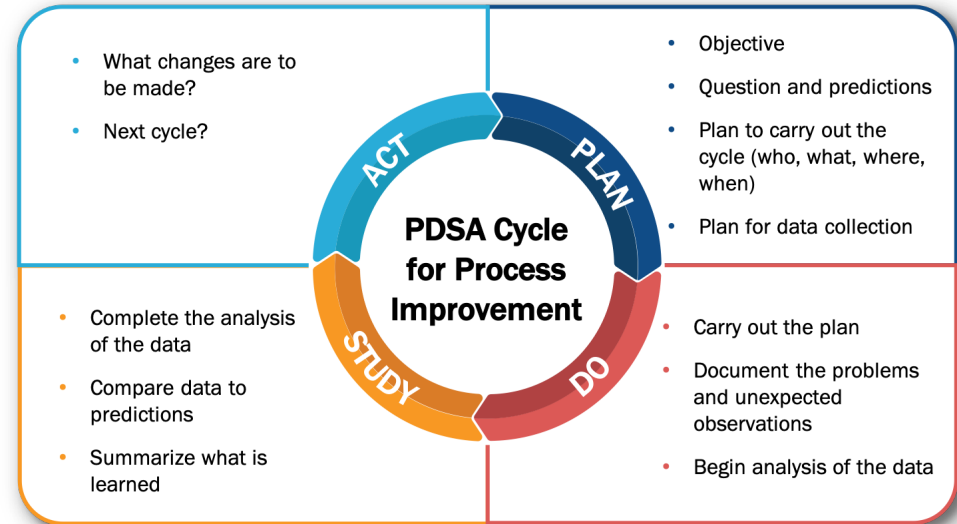
CASPER Reports Logout Folders MyLibrary Reports Queue Options Maint Home

<p> Report Categories</p> <ul style="list-style-type: none">MDS 3.0 NH Asmt MaintMDS 3.0 NH Final ValidationMDS 3.0 NH ProviderMDS 3.0 QM ReportsMDS 3.0 Submitter ValidationMDS Provider COMDS QI/QM ReportsOMR ReportsSubmitter Final Validation RptUtility Reports	<p> MDS 3.0 QM Reports</p> <ul style="list-style-type: none"> MDS 3.0 Facility Characteristics Report <ul style="list-style-type: none">MDS 3.0 Facility Characteristics Report MDS 3.0 Facility Level Quality Measure Report <ul style="list-style-type: none">MDS 3.0 Facility Level Quality Measure Report MDS 3.0 Monthly Comparison Report <ul style="list-style-type: none">MDS 3.0 Monthly Comparison Report MDS 3.0 QM Package Reports <ul style="list-style-type: none">MDS 3.0 QM Package Reports MDS 3.0 Resident Level Quality Measure Report <ul style="list-style-type: none">MDS 3.0 Resident Level Quality Measure Report <p>Pages [1]</p>
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Enter Criteria To Search For A Report: Search
(Hint: Leave blank to list all reports)

Steps to Improvement

- ✓ Review Quality Measures
- ✓ Identify Opportunities for Improvement
- ✓ Employ Evidence Based QI Practice
- ✓ Staff Education & Competencies
- ✓ Regular Data Monitoring & Analysis
- ✓ Measure Outcomes



A network diagram consisting of numerous red lines connecting various nodes. The nodes are represented by small black dots. A prominent feature is a heart shape formed by a dense cluster of these nodes and connecting lines in the center of the image. The background is white, and there is a solid blue horizontal bar at the top of the frame.

Bringing it Home

Contact Information:

Pauline Kinney RN, MA, LNHA

pkinney@ipro.org

516.209.5302

Thank you for your time!



Upcoming Events

Nursing Homes

Tuesdays, 2pm ET/1pm CT

Community Coalitions

Thursdays, 12:30 pm ET/11:30am CT

March 17, 2020: Identify High Risk Medication Use and Quality Practice(s) to Support ADE Prevention and Reduction	February 20, 2020: Introduction to the Million Hearts Initiative
April 21, 2020: Use of the Infection and Antibiotic Prescribing Data Tracking Tool in Quality Improvement	March 26, 2020: Opioid Titration/ Tapering
May 19, 2020: Reducing and Preventing ED Visits and Readmissions in the Short-stay Nursing Home Population	April 23, 2020: Medication Storage/Disposal
June 16, 2020: Assessing and Reducing Opioid Prescribing in Long-term Care	May 28, 2020: Anticoagulant Choices for Special Populations (Interim/Draft Entry)
July 21, 2020: Managing Behavioral Challenges In Long Term Care to Prevent Hospitalization	June 25, 2020: Blood glucose targets and adapting treatment goals for special populations

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