Following this presentation participants will be able to:

Recognize and explain data sources used to support quality improvement efforts:

- Five-Star Rating System & Implications of the 2015 Updates to the Rating System
- Examine CASPER reports
- Understand the Quality Measure Composite Score

Utilize the 5-Star Rating, CASPER reports, and the Composite Measure Score to support quality improvement efforts.
What is the 5-Star Rating System?

- Centers for Medicaid and Medicare (CMS) created 5-Star system in 2008
  - Help residents, their families, and caregivers compare and assess nursing home quality more easily
  - Make a distinction between high- and low-performing nursing homes
  - Provide incentive for nursing homes to improve their performance

How are Ratings Determined?

- Health Inspections
- Quality Measures
- Staffing
Health Inspections

Performance in State Health Inspections

Quality Measures

Quality of Care
   • Selected 11 quality measures
   • Based on 3 most recent quarters of available data
   • Reported by the nursing home based on their assessment of residents

Staffing Rating

Staffing Levels
   – Nursing staff
     • Registered nurse hours per resident day
     • Total staffing hours (RN + LPN + Nurse aide hours) per resident day
   – Case-mix adjusted
Overall Rating

Overall Nursing Home Rating (Composite Measure)

- Health Inspection Rating
- Staffing Rating
- Quality Measures Rating

Overall 5-Star Rating

2015 Rating System Changes

- Addition of 2 QMs for antipsychotic medication use
  - Short stay residents
  - Long stay residents
- Raised performance expectations for QMs
- Adjustments to staffing algorithms

2015 Rating System Changes

- Expanded Target Surveys
  - Conduct specialized, onsite surveys of a sample of nursing homes across the U.S.
Impact on Star Ratings

How will the 2015 changes affect nursing home ratings?
  - Some decline in rating, however does not necessarily represent a sudden decline in quality

Distribution of Overall Star Ratings Over Time

Future Changes

• Payroll-based Staffing Reporting
  - Quarterly electronic reporting to
    • Increase accuracy
    • Improve data timeliness
    • Allow for calculation of staff turnover, retention, staffing levels
NHC Five-Star Quality Rating System: Technical User’s Guide


Design for Nursing Home Compare
Five-Star Quality Rating System:
Technical Users’ Guide
February 2015

CASPER Reports
Using CASPER MDS 3.0 NH Provider and QM Reports for QAPI

What is CASPER?

- CMS’s reporting application
- Certification And Survey Provider Enhanced Reports
- MDS nursing home (NH) and swing bed (SB) providers access the CASPER Reporting application via their Welcome to the CMS Systems for Providers page, by selecting the CASPER Reporting link
- Log-in required
Detailed CASPER Instructions Available


CASPER Home Page

Report Categories
MDS 0003D/0004D Package Reports

- Providers history profile presents current survey information, including all deficiencies, for the current year
- Provider full profile presents provider profile and current survey information, including deficiencies, for the current year

MDS 3.0 Activity

- Lists the accepted assessments, tracking records, and inactivation requests
- Use to determine if records were submitted and to assess workload (do you have enough staff)

MDS 3.0 Admission/Reentry

- Lists the residents who were admitted to or reentered a facility during a specified timeframe
  - Use to compare to facility roster to ensure each new resident has an entry accepted in the database
MDS 3.0 Assessments With Error Number XXXX

- Lists the assessments submitted with a specified error for a facility during a specified timeframe. In addition to selecting date ranges for this report, you must also select at least one error number, and can select up to five error numbers. The report will then detail the assessments submitted during the specified timeframe that encountered the specified error:
  - Use to identify assessments with certain fatal errors that were submitted that need to be corrected and resubmitted
  - Use to determine which assessments were not completed under CMS timing rules
  - Use to identify a pattern with coding or an area in need of training
  - Use to identify software-related errors

MDS 3.0 Assessments with Error Number Report

MDS 3.0 Discharges

- Lists the residents discharged from a facility during a specified timeframe:
  - When a discharged resident appears on the MDS 3.0 Roster Report, use this report to determine if discharge was accepted in the database
  - Use to derive a list of all residents' discharged since the last survey or other time period
MDS 3.0 Error Detail by Facility

• Details the errors encountered in successful submissions
  – Use to determine which errors occurred, use in QA to track timeliness or sequence of record submission

MDS 3.0 Error Number Summary by Facility by Vendor

• Summarizes the errors encountered on assessments submitted
• Use to determine vendor specific issues

MDS 3.0 Errors by Field by Facility

• Lists the errors encountered in the fields of successful submissions
• Use to determine training needs within the organization and use to identify potential software issues
MDS 3.0 Missing Assessment

• Lists the residents in selected facilities for whom the target date of the most recent OBRA assessment (other than discharge or death record) is more than 138 days prior to the report run date
• Also lists residents for whom no OBRA record was submitted for a current episode that began more than 60 days prior to the report run date
• Use as a QA tool to ensure all assessments have been successfully submitted

MDS 3.0 Missing Assessment

Figure 6-20. MDS 3.0 Missing OBRA Assessment

MDS 3.0 NH Assessment Print

• Details the most recent assessment items submitted for a select Assessment ID
  – Can be used to problem solve
MDS 3.0 RFA Statistics

- Summarizes for a facility the reasons for assessment for accepted assessments submitted during a specified timeframe
- Use to monitor/evaluate workload during an identified timeframe

MDS 3.0 Roster

- Lists residents of selected facilities for whom the latest accepted, federally required assessment is not a discharge assessment and the target date is less than 36 months prior to the report run date
- Use to determine current list of residents (e.g., at time of survey)
- Use as a QA tool to ensure all current residents have an entry record and all discharge residents have a discharge record in the database
MDS 3.0 Roster

Figure 6-26. MDS 3.0 Roster Report

MDS 3.0 Submission Statistics by Facility

- Summarizes the submissions made by or on behalf of a facility during a specified timeframe
- Use to determine workload during a specified timeframe
MDS 3.0 Vendor List

- Lists all current vendors for selected states
- Use to determine active vendors within a state

Report Category: MDS 3.0 QM Reports

CASPER MDS 3.0 QM Reports

- The CASPER Reporting User’s Guide explains the information that is presented in the MDS 3.0 Quality Measure (QM) reports in addition to how to access these reports.
  - It does not provide a full explanation of either the ways in which the resident samples are selected to produce the reports or the calculation logic that is used for each of the QMs.
  - Consult the MDS 3.0 Quality Measures User’s Manual in order to understand these reports:
MDS 3.0 Facility Characteristics Report

- Provides facility demographic information and includes comparison state and national percentages for a specified timeframe
- Identifies potential areas for further emphasis or review as part of a survey or a facility's QA and PI processes

MDS 3.0 Facility Level Quality Measures Report

- For each QM, this report shows the facility percentage and how the facility compares with other facilities in their state and in the nation
- Includes the facility's observed and adjusted triggered percentages as well as state and national average percentage comparisons and a national ranking for each measure
  - The national percentile column ranks facilities relative to other facilities in the nation on each measure
  - For example, if the facility is at the 85th percentile for a measure, it means that 85% of the facilities in the nation have an observed (or adjusted) percentage that is at or below (better than) the facility's percentage
- Use to identify possible areas for QI
Facility Level QM Report

- Identifies the residents (active and discharged) that were included in the calculations for the facility and period that were used to produce the MDS 3.0 Facility Level QM Report
- Lists the residents by name and indicates the measures, if triggered by each
- Note: QM data are calculated weekly for the assessments submitted since the previous week’s data calculation.
- Used to identify residents that trigger a particular QM (scan the column of interest for resident’s with an X) and used to identify residents who trigger multiple QMs. Such residents may merit special consideration or review.
Resident Level QM Report

MDS 3.0 QM Report Package

- Facility Characteristics
- Resident Level QM
- Facility Level QM

CASPER MDS 3.0 QM Reports & Nursing Home Compare: Why are results different?

- Measures Included. NHC includes some QMs that CASPER does not
- Timing. NHC data are run once a quarter; CASPER MDS 3.0 QM data are updated more frequently. The assessment database changes between the time the NHC measures are calculated and the time CASPER measures are calculated
- Reporting Periods. Every QM is based upon the selection of a target assessment. For NHC, the target assessment must have a reference date within the most recent 3 months for long-stay measures and the most recent 6 months for short-stay measures. If the selection periods you select are different from those used for NHC, the results may differ
• **Averaging Across Quarters.** The results on NHC are averaged across several calendar quarters while the results on CASPER reports are for only a single reporting period.

• **Risk Adjustment.** One of the factors used in the risk adjustment calculations is the national average for the QM at the time of calculation. Since the calculations are usually performed at different times for the two systems, the national means may differ.

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**Summary**

• CASPER reports are a great data resource for QAPI  
• Provider reports can help you assess and enhance processes to conduct, submit, and review MDS assessments  
• QM reports can help to identify potential quality topic focus areas or residents meriting additional review
What is meant by the term Composite?

- Merriam-Webster defines composite as “made of different parts or elements”
- Vocabulary.com defines composite as “consisting of separate interconnected parts”
- Composite comes from the Latin for “putting together”
The Quality Measure Composite Score is comprised of 13 publicly reported, long-stay quality measures. Why a composite? The measures represent processes and interrelated systems of care within the long term care setting.

QMs: Percent of Residents

- With one or more falls with major injury
- With a urinary tract infection (UTI)
- With moderate to severe pain
- With pressure ulcer (high risk)
- Who lose control of their bowels or bladder (low risk)
- With catheter inserted or left in bladder
- Physically restrained
- Whose need for help with Activities of Daily Living (ADL) has increased
- Who lose too much weight
- Who have depressive symptoms
- Who received antipsychotic medications
- Assessed and appropriately given the seasonal influenza vaccine
- Assessed and appropriately given the pneumococcal vaccine

Data Source

- Facility-level quality measure numerators, denominators, and rates derived from MDS 3.0
- Data extracted for rolling six month time periods on a monthly basis
  - > 2 month delay in data
  - Example: Data for Sept through Feb would be extracted in May
Quality Measure Composite Score Calculation

- Numerators (N) and Denominators (D) are summed across all 13 quality measures to determine the composite N and D
- The composite N is then divided by the composite D and multiplied by 100 to obtain the Composite Score
- Before Ns and Ds can be summed, the direction of the two vaccine measures must be reversed because they are directionally opposite of the others

Quality Measure Composite Score Goal

- The Composite Score is interpreted as the lower, the better
  - Goal is 6.00 or lower

Facility Specific Trended Composite Measure Score Data
Facility Specific Trended Composite Measure Score Data

National Trends: Quality Measure Composite Score

National Distribution of Quality Measure Composite Scores (for 6-month period ending Jan 2015)
Using the Composite Measure Score

- Use as opportunity to brainstorm with your team about processes/practices that impact the measures
  - Consistent Assignment
  - Staffing: Retention
- Identify specific opportunities for improvement
  - Using data to identify opportunities for Performance Improvement Projects (PIPs)
- Track your nursing home’s progress over time, compare with other homes in the NNHQCC

Thank You

Thank you for participating in this webinar!

For additional information please contact your
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