

# New Quality Measures Will Soon Impact Nursing Home Compare and the 5-Star Rating System: What providers need to know

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# Today's Objectives

- Provide brief history of CMS' 5-Star Rating System
- Review definitions of a resident stay, episode, and short-stay and long-stay sample
- Define and describe important aspects of each of the six new Quality Measures (QMs)
- Provide overview of free Quality Metrics tools that are available through LeadingAge
- Q&A

# 5-Star Rating System

- 2008, CMS enhanced Nursing Home Compare website by implementing the 5-Star Rating system
  - 5-Star Rating system consists of three components : health inspections, staffing and quality measures
- March 2011 to July 2012, QM component of 5-Star was held constant due to transition from MDS 2.0 to 3.0
- July 2012, new MDS 3.0 QMs publicly reported and subset incorporated into 5-Star quality rating system
- 2014, executive order to make changes to the system
- February 2015
  - Revised **staffing** scoring algorithm
  - Re-scaled the cut points for each star level so it now takes more total points to achieve a 5-Star **QM** rating
  - Added two antipsychotic measures (long-stay and short-stay)

# Impact of 2015 changes: National 5-star analysis

5 Star Overall		For Profit	Government	Non Profit	Total
1	Current	19.6%	10.4%	7.9%	16.2%
	Previous	10.5%	5.1%	3.5%	8.5%
2	Current	22.0%	17.0%	13.4%	19.6%
	Previous	23.0%	16.8%	13.1%	20.2%
3	Current	19.5%	17.5%	18.3%	19.0%
	Previous	17.7%	15.5%	14.0%	16.7%
4	Current	21.2%	30.3%	27.2%	23.2%
	Previous	24.3%	30.1%	28.5%	25.7%
5	Current	17.7%	24.7%	33.2%	21.9%
	Previous	24.6%	32.4%	40.8%	28.9%

5 Star QM		For Profit	Government	Non Profit	Total
1	Current	13.8%	16.0%	9.8%	12.9%
	Previous	1.5%	3.4%	1.8%	1.7%
2	Current	19.9%	23.9%	17.2%	19.5%
	Previous	5.1%	8.9%	5.1%	5.3%
3	Current	18.0%	18.4%	19.1%	18.3%
	Previous	12.4%	15.4%	12.0%	12.5%
4	Current	20.6%	16.5%	22.1%	20.7%
	Previous	33.0%	34.7%	33.6%	33.2%
5	Current	26.8%	23.7%	30.7%	27.6%
	Previous	47.0%	36.0%	46.3%	46.1%

**Based on the updated (2015) CMS methodology for calculating nursing home star ratings, there was:**

- A decline in the percentage of overall 5-star nursing homes nationally from 28.9% to 21.9%
- An increase in the percentage of overall 1-star nursing homes nationally from 8.5% to 16.2%
- A decline in the percentage of nursing homes nationally who achieved a 5-star Quality Measure rating from 46.1% to 27.6%
- An increase in the percentage of nursing homes nationally who achieved a 1-star Quality Measure rating from 1.7% to 12.9%

# Upcoming Changes to Nursing Home Compare and 5-Star Rating System

- April 2016, CMS will begin posting data for six new quality measures (QMs) on Nursing Home Compare
  - Four short-stay measures
    - Three are claims-based
    - 1 MDS-based
  - Two long-stay measures
    - Both MDS-based
- Beginning in July 2016, five of the measures will be used in the calculation of the Five-Star Quality Ratings (QM ratings)
  - Phased in over a nine month period
  - new QMs will be weighted at 25% in July, 50% in October, and 100% in January 2017

# New Quality Measures

1. Percentage of short-stay residents who were successfully discharged to the community (Claims-based)
2. Percentage of short-stay residents who have had an outpatient emergency department visit (Claims-based)
3. Percentage of short-stay residents who were re-hospitalized after a nursing home admission (Claims-based)
4. Percentage of short-stay residents who made improvements in function (MDS-based) *New: Name being changed to Percentage of Residents who Improved Performance in Transfer, Locomotion and Walking*
5. Percentage of long-stay residents whose ability to move independently worsened (MDS-based)
6. Percentage of long-stay residents who received an antianxiety or hypnotic medication (MDS-based). ***Note: This measure will not be incorporated into the 5-star rating system due to concerns about its specificity and appropriate thresholds.***

# REVIEW OF DEFINITIONS

# Definitions

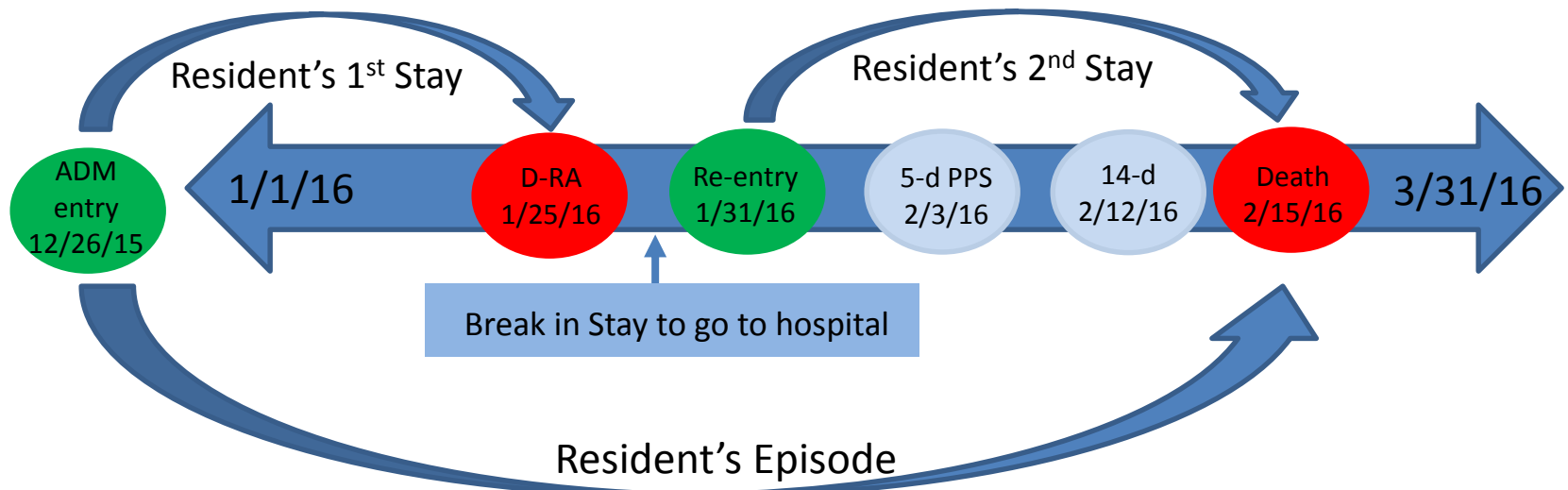
► **Stay:** The period of time between a resident's entry into a facility and either (a) a discharge, or (b) the end of the target period, whichever comes first.

- A set of contiguous days in a facility
- Start of stay - either an admission entry OR a reentry
- End of stay – discharge, death in facility record or the end of the target period



# Definitions

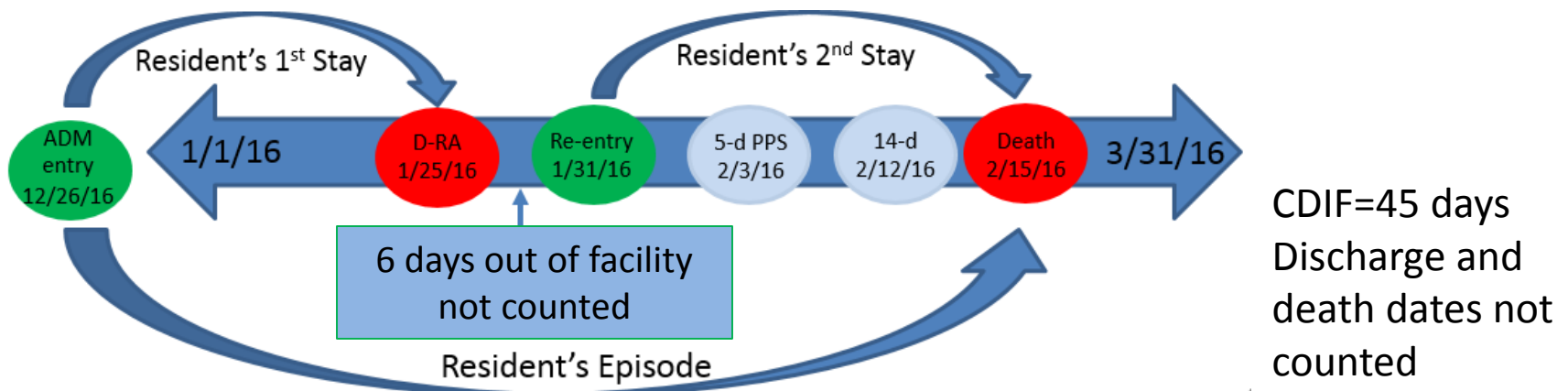
- ▶ **Episode:** A period of time spanning one or more stays
  - Begins with an admission entry
  - Ends with:
    - Discharge return not anticipated *or*
    - Discharge with return anticipated but the resident did not return within 30 days of discharge *or*
    - A death in facility tracking record *or*
    - The end of the target period



# Definitions

- ▶ Cumulative days in facility (CDIF): Total number of days within an episode during which the resident was *in* the facility.
  - May contain one or more stays
  - Only days within the facility count
  - Outside days (home, hospital, etc.) do not count
  - Entry date is included in count, but not discharge date unless it occurs on same day as the entry
  - Counting stops with the last record in the target period if that record is a discharge assessment or a death in facility record OR if the end of the target period is reached, whichever is earlier

▶ Example:



# Definitions

- ▶ **Short Stay:** An episode with CDIF less than or equal to 100 days as of the end of the target period
- ▶ **Long Stay:** An episode with CDIF greater than or equal to 101 days as of the end of the target period



# Selecting the Resident Sample

Step 1 – All residents whose latest episode either ends during the target period or is ongoing at the end of the target period are selected



Step 2 - For each latest episode that is selected, the CDIF is computed



If CDIF less than or equal to 100 days, resident included in **short-stay sample**

If CDIF is greater than or equal to 101 days, resident is included in the **long-stay sample**

# CLAIMS BASED MEASURES

# Overview of Claims-Based Measures

- Measures use Medicare fee-for-service claims data only
  - Medicare Advantage data is excluded because CMS does not have access to data at this time (~ 31% of Medicare population nationally)
- MDS is used in building *stays* and for some risk-adjustment variables
- Claims-based measures include only those residents who were admitted to the nursing home following an inpatient hospitalization and are short-stay
- Measures are risk-adjusted, using items from claims, the enrollment database and the MDS
- Time period
  - 12 months with the initial time period based on claims data from 7/1/14-6/30/15
  - Measures will be updated every 6 months?

# Percentage of short-stay residents who were successfully discharged to the community

Numerator	Denominator	Exclusions	Risk adjustment
<p>The number of SNF stays where there was a discharge to the community within 100 days of admission who are not admitted to a hospital (inpatient or observation stay), a nursing home, or die within 30 days of discharge</p>	<p>The number of SNF stays that began within 1 day of discharge from a prior hospitalization at an acute care, CAH, or psychiatric hospital</p>	<ul style="list-style-type: none"> <li>• Medicare Advantage enrollees</li> <li>• Residents who were in a nursing home prior to the start of the stay</li> <li>• Residents who enroll in hospice during the observation period</li> </ul>	<p>Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items</p> <p>Calculation used:  <math>(\text{actual rate}/\text{expected rate}) \times \text{national average}</math></p>

# Percentage of short-stay residents who were successfully discharged to the community: Important things to know

1. Uses MDS to identify community discharges (A2100=1)
2. Uses Claims data to determine if the discharge was “successful”
  - Successful discharge is defined as those for which the beneficiary was not hospitalized, was not readmitted to a nursing home, and did not die in the 30 days after discharge
3. Uses Claims *and* MDS data for risk-adjustment
4. Looks at number of stays, not number of residents; therefore a resident could potentially flag more than once during any given QM time period
5. If residents are on hospice, ensure accurate MDS coding as these residents will be excluded from the measure (O0100K2= v)
6. This is a positive outcome meaning that a higher rate is better

# Percentage of short-stay residents who were re-hospitalized after a nursing home admission

Numerator	Denominator	Exclusions	Risk adjustment
<p>The number of SNF stays where there was a resident admitted to an acute care hospital within 30 days of SNF admission</p>	<p>The number of SNF stays that began within 1 day of discharge from a prior hospitalization at an acute care, CAH, or psychiatric hospital</p>	<ul style="list-style-type: none"> <li>• Medicare Advantage enrollees</li> <li>• Planned readmissions</li> <li>• Residents on hospice</li> </ul>	<p>Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items found to be associated with readmission rates.</p> <p>Calculation used: (actual rate/expected rate) x national average</p>

# Percentage of short-stay residents who were re-hospitalized after a nursing home admission: Important things to know

1. The Protecting Access to Medicare Act calls for public reporting of readmission measures on Nursing Home Compare
2. Includes hospitalizations that occur after NH discharge but within 30-days of NH stay start date
  1. **Includes** observation stays
  2. **Excludes** planned readmissions and hospice patients
3. A “stay-based” measure that includes both those who were previously in a nursing home and those who are new admits
4. Looks at number of stays, not number of residents; therefore a resident could possibly flag more than once during any given time period
5. Uses MDS *and* claims data for risk adjustment
6. Uses Part A claims data to identify inpatient readmissions and Part B claims for observation stays
7. This is a negative outcome meaning a lower rate is better

# Percentage of short-stay residents who have had an outpatient emergency department visit

Numerator	Denominator	Exclusions	Risk adjustment
<p>The number of SNF stays where there was an outpatient ER visit not resulting in an inpatient stay or observation stay within 30 days of SNF admission</p>	<p>The number of SNF stays that began within 1 day of discharge from a prior hospitalization at an acute care, CAH, or psychiatric hospital</p>	<ul style="list-style-type: none"> <li>Medicare Advantage enrollees</li> </ul>	<p>Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items.</p> <p>Calculation used: (actual rate/expected rate) x national average</p>

# Percentage of short-stay residents who have had an outpatient emergency department visit :

## Important things to know

1. Outpatient ED visit measure has same 30-day timeframe as the re-hospitalization measure and considers all outpatient ED visits *except* those that lead to an inpatient admission (which are captured by the re-hospitalization measure)
2. Uses MDS and claims data for risk adjustment
3. Uses Part B Claims data to identify outpatient ED visits
4. Looks at number of stays, not number of residents; therefore a resident could possibly flag more than once during any given time period
5. This is a negative outcome meaning lower rates are better

# MDS BASED MEASURES

# Percentage of short-stay residents who made improvements in function

Numerator	Denominator	Exclusions	Risk adjustment
<p>The number of short-stay residents who have a negative change score in <b>transfer, locomotion and walking self performance</b> from the time of admission until the time of discharge.</p>	<p>All short-stay residents who have a valid discharge (return not anticipated) assessment and a valid preceding 5-day assessment <b>or Admission assessment</b></p>	<ol style="list-style-type: none"> <li>1. comatose on the 5-day <b>/admission</b> assessment</li> <li>2. prognosis of &lt;6 months to live on the 5-day <b>/admission</b> assessment</li> <li>3. no impairment in <b>transfer, locomotion and walking</b> on the 5-day <b>/admission</b> assessment</li> <li>4. missing data on any of the three items on the discharge or 5-day <b>/admission</b> assessments</li> <li>5. hospice on the 5-day <b>/admission</b> assessment</li> <li>6. <b>Residents with an unplanned</b></li> </ol>	<p>Based on the 5-day assessment: age, gender, cognitive impairment, long-form ADL score, heart failure, stroke, hip fracture, other fracture, <b>feeding/IV</b></p>

# Percentage of short-stay residents who made improvements in function: Important things to know

1. Measure is based on discharge assessment at which return to the nursing home is *not* anticipated
2. **New: Unplanned discharges are excluded**
3. Based on a change in status *between* the **5-day/OBRA admission** assessment and the discharge assessment (resident must have valid 5-day/**admission** and discharge assessments)
4. Excludes residents receiving hospice care (O0100K2= v) or who have a life expectancy of less than six months (J1400=1) so ensure accurate MDS coding of these items
  - In order to code life expectancy of less than six months, there must be supporting physician documentation
5. This measure is a positive outcome so *higher* rates are better

# Percentage of long-stay residents whose ability to move independently worsened

Numerator	Denominator	Exclusions	Risk adjustment
<p>The number of long-stay residents who have a decline in locomotion since their prior assessment</p> <p><b>Note:</b> a decline in locomotion is defined as an increase in locomotion on unit self performance points since their prior assessment</p>	<p>All long-stay residents who have a qualifying MDS target assessment that is not an Admission or 5-day assessment accompanied by at least one qualifying prior assessment</p>	<ol style="list-style-type: none"> <li>1. comatose or missing data on comatose at prior assessment</li> <li>2. prognosis of &lt;6 months to live on the prior assessment</li> <li>3. resident is totally dependent during locomotion on prior assessment</li> <li>4. missing data on locomotion on target or prior assessment, or no prior assessment available to assess prior function</li> <li>5. prior assessment is discharge assessment with or without return anticipated</li> <li>6. Target assessment is Admission/5-day assessment</li> </ol>	<ul style="list-style-type: none"> <li>• Based on ADLs from prior assessment (eating, toileting, transfer, and walking in corridor)</li> <li>• Severe Cognitive impairment</li> <li>• Age</li> <li>• Gender</li> <li>• Vision</li> <li>• Oxygen Use</li> </ul>

# Percentage of long-stay residents whose ability to move independently worsened: Important things to know

1. Based on change in status *between* prior and target assessments
2. Based on one item: ***Locomotion on unit: self performance (G0110E1)***
3. Includes the ability to move about independently, whether by walking or by using a wheelchair
4. Decline is measured by an increase in one or more points between the target and prior assessment
5. Note that risk adjustments are different for this measure and the functional improvement measure
6. Excludes residents who have a life expectancy of less than six months (J1400=1) so ensure accurate MDS coding of this item
  - In order to code life expectancy of less than six months, there must be supporting physician documentation
7. Ensure accurate coding of all late loss and mid-loss ADL items as this is becoming increasingly important!
8. This measure is a negative outcome so lower rates are better

# Percentage of long-stay residents who received an antianxiety or hypnotic medication

Numerator	Denominator	Exclusions	Risk adjustment
The number of long-stay residents who received any number of antianxiety medications or hypnotic medications	All long-stay residents with a selected target assessment	<ol style="list-style-type: none"><li>1. missing data on number of antianxiety or hypnotic meds</li><li>2. prognosis of &lt;6 months to live</li><li>3. hospice care while a resident</li></ol>	None

# Percentage of long-stay residents who received an antianxiety or hypnotic medication: Important things to know

1. Purpose of the measure is to prompt nursing facilities to re-examine their prescribing patterns in order to encourage practice consistent with clinical recommendations and guidelines
2. This measure already exists as a surveyor measure on the CASPER report *however* the exclusions are different:
  - **New measure** excludes residents on hospice or with life expectancy of <6 months
  - **Surveyor measure** excludes residents with schizophrenia, psychotic disorder, manic depression and Tourette's syndrome (CMS states they will revise this measure)
3. Ensure accurate MDS coding if residents are receiving hospice care (O0100K2= v) or have a life expectancy of less than six months (J1400=1)
  - In order to code life expectancy of less than six months, there must be supporting physician documentation
4. This measure will NOT be included in the 5-star QM rating
5. This measure is a negative outcome so lower rates are better

# LEADING QUALITY METRICS TOOLS

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# LeadingAge Insights



## Market Position Reports

by Avalere, powered by VANTAGE CPS

LeadingAge has engaged Avalere to produce a subset of market analysis reports derived from detailed analysis of Medicare data, custom-designed to fit the needs of our members.

The LeadingAge tailored Vantage CPS reports include:

- Readmissions analysis for a single market
- Market share by provider type for a single market
- Length of stay by provider type for a single market



## Market Snapshot Reports

LeadingAge released a series of reports that focus on trends in long-term services and supports that present information about 8 different sectors that includes data, comparisons to other sectors, and member testimonials.



## Nursing Home 5-Star Analysis Report

The 5-Star Analysis Report, disseminated quarterly by LeadingAge State Associations to their members, helps providers understand how their 5-star ratings are calculated and highlights where they could gain or lose points. It includes information on their past three health inspections, staffing, and quality measure ratings. For a sample report click [here](#). An interactive staffing template allows providers to input current RUGS III data and reported staffing hours to calculate "what-if" scenarios to assess the impact of changes to resident case mix and/or staffing hours on staffing ratings. If you are a member and have not received your quarterly report, please contact your State Association.



## LeadingAge Quality Metrics

LeadingAge Quality Metrics is a set of interactive data tools that assists nursing homes and home health agencies analyze how they measure up to their peers, demonstrate value, and improve performance.



## LeadingAge Survey and Certification Reports

LeadingAge produces data reports for member nursing homes with a member's individual facility data compared to others in the state and nation.



## Ask the Avalere Expert

Allows all LeadingAge members to submit 2 questions about their Market Position reports.



## Ask the MDS Expert

Get real-time responses to your biggest MDS questions from nurse and master teacher on MDS — Judy Wilhide Brandt, R.N., B.A., RAC-MT



## Ask the Housing Expert

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# Quality Metrics



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## What is LeadingAge Quality Metrics?

LeadingAge Quality Metrics, a component of [LeadingAge Insights](#), is a website with interactive data tools to assist non-profit aging services organizations analyze how they measure up to their peers, demonstrate value, and improve performance.

## What tools are available?

Currently, LeadingAge Quality Metrics contains two tools, [Nursing Home Quality Metrics](#), which analyzes quality metrics such as 5-star ratings, staffing, quality measures, and deficiencies in skilled nursing facilities using the most current publicly reported Nursing Home Compare data; and [Home Health Quality Metrics](#), which analyzes quality metrics in categories such as Managing Daily Activities, Managing Pain and Treating Symptoms, Treating Wounds and Preventing Pressure Sores, Preventing Harm, Preventing Unplanned Hospital Care and Patient Satisfaction Survey results using the most current publicly reported Home Health Compare data.

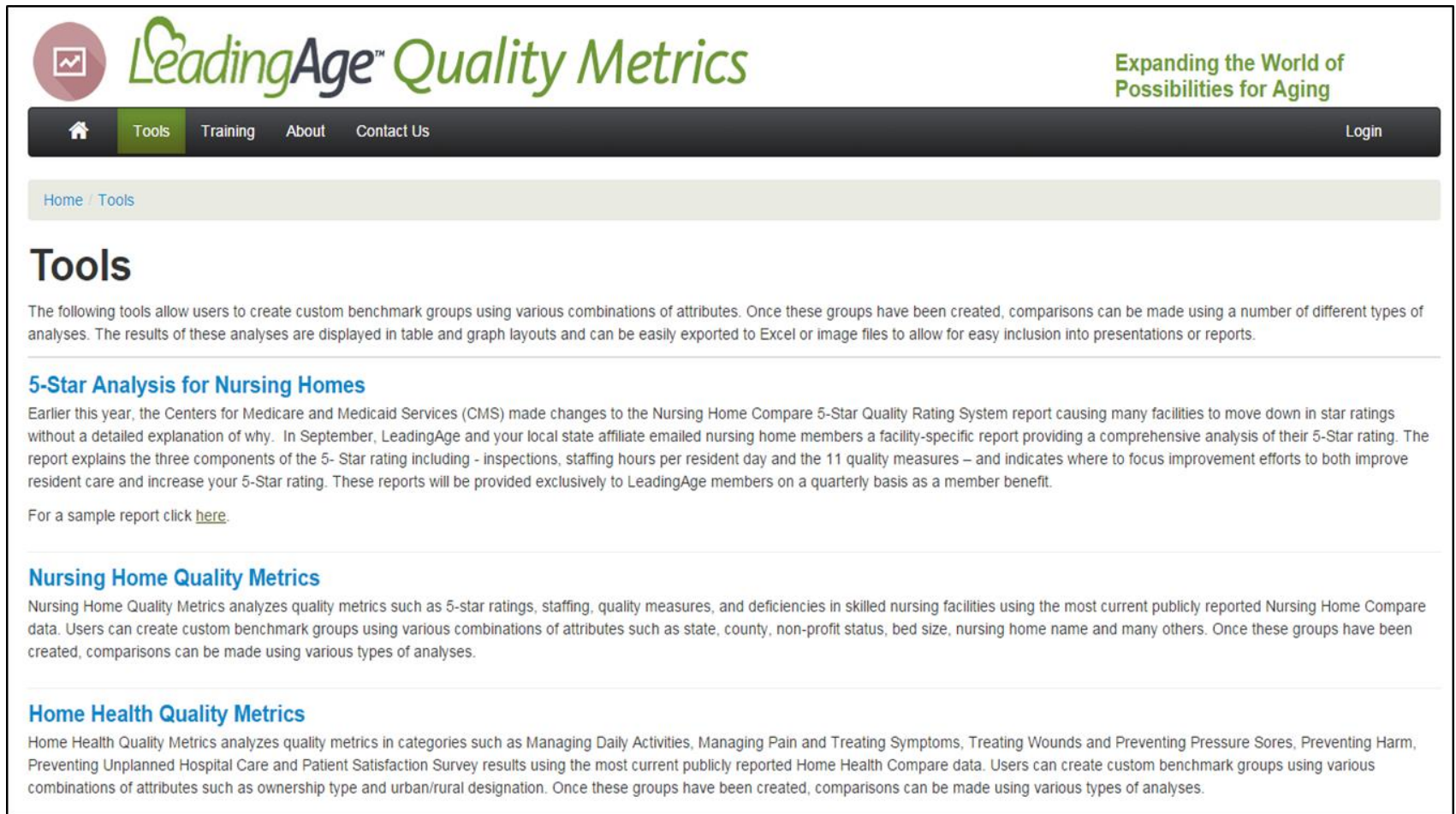
## How does it work?


LeadingAge Quality Metrics tools are built with flexibility in mind. Users can create custom benchmark groups using various combinations of attributes. Once these groups have been created, comparisons can be made using various types of analyses. The results of these analyses are displayed in table and graph layouts and can be easily exported to Excel or image files to allow for easy inclusion into presentations or reports.



<https://data.leadingagency.org>

# Quality Metrics



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## Tools

The following tools allow users to create custom benchmark groups using various combinations of attributes. Once these groups have been created, comparisons can be made using a number of different types of analyses. The results of these analyses are displayed in table and graph layouts and can be easily exported to Excel or image files to allow for easy inclusion into presentations or reports.

### 5-Star Analysis for Nursing Homes

Earlier this year, the Centers for Medicare and Medicaid Services (CMS) made changes to the Nursing Home Compare 5-Star Quality Rating System report causing many facilities to move down in star ratings without a detailed explanation of why. In September, LeadingAge and your local state affiliate emailed nursing home members a facility-specific report providing a comprehensive analysis of their 5-Star rating. The report explains the three components of the 5-Star rating including - inspections, staffing hours per resident day and the 11 quality measures – and indicates where to focus improvement efforts to both improve resident care and increase your 5-Star rating. These reports will be provided exclusively to LeadingAge members on a quarterly basis as a member benefit.

For a sample report click [here](#).

### Nursing Home Quality Metrics

Nursing Home Quality Metrics analyzes quality metrics such as 5-star ratings, staffing, quality measures, and deficiencies in skilled nursing facilities using the most current publicly reported Nursing Home Compare data. Users can create custom benchmark groups using various combinations of attributes such as state, county, non-profit status, bed size, nursing home name and many others. Once these groups have been created, comparisons can be made using various types of analyses.

### Home Health Quality Metrics

Home Health Quality Metrics analyzes quality metrics in categories such as Managing Daily Activities, Managing Pain and Treating Symptoms, Treating Wounds and Preventing Pressure Sores, Preventing Harm, Preventing Unplanned Hospital Care and Patient Satisfaction Survey results using the most current publicly reported Home Health Compare data. Users can create custom benchmark groups using various combinations of attributes such as ownership type and urban/rural designation. Once these groups have been created, comparisons can be made using various types of analyses.

# Nursing Home Quality Metrics

- Analyzes quality metrics such as 5-star ratings, staffing, quality measures, and deficiencies in SNFs using the most currently publicly reported data
- Users can create custom benchmark groups using various combinations of attributes such as state, county, non-profits, bed size, nursing home name and many others
- Once groups have been created, comparisons can be made using various types of analyses
- Login with your MyLeadingAge credentials to begin using program
- On-demand training webinars available on website

<https://data.leadingageny.org>

# LeadingAge 5-Star Analysis

- Facility-specific report
- Provides a comprehensive analysis of your 5-Star rating
- Explains the three components of the 5-star rating
- Indicates where to focus improvement efforts to both improve resident care and increase your 5-star rating
- Provided exclusively to LeadingAge members on a quarterly basis as a member benefit

# Refresher on How to Calculate the 5-Star Rating

Step 1: Start with health inspection five-star rating.

Step 2: Add one star to the Step 1 results if staffing rating is four or five stars and greater than the health inspection rating; subtract one star if staffing is one star. The overall rating cannot be greater than five or less than one star.

Step 3: Add one star to the Step 2 result if the quality measure rating is five stars; subtract one star if the quality measure rating is one star.

Step 4: If the health inspection rating is one star, then the overall quality rating cannot be upgraded by more than one star based on the staffing and quality measure ratings.

Step 5: If the nursing home is a Special Focus Facility that has not graduated, the maximum overall quality rating is three stars.

# Sample 5-Star Analysis Report

Overall 5 Star Rating: ★★★

Previous Month: ★★★

3 Months Prior: ★★★★★

[Help](#)

Follow the sections below to see how your current rating is calculated and 2 scenarios that could possibly change your overall 5 star rating.

Health Inspection 5 Star Rating: ★★★

Previous Month: ★★★

3 Months Prior: ★★★★★

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The health inspection rating is based on number, scope and severity of deficiencies identified during the three most recent annual inspection surveys and from the most recent 36 months of complaint investigations. More than one revisit will have a negative impact on the score for a survey cycle. The total score from each survey cycle is weighted so that the more recent survey cycles have more impact on the overall total score as compared to the older survey cycles.

Inspection Cycle	1	2	3
Health Survey Date	2015-05-21	2014-06-20	2013-04-22
Total Number of Health Deficiencies	5	9	5
Health Deficiency Score	28	56	16
Number of Health Revisits	1	1	1
Health Revisit Score	0	0	0
Total Health Score	28	56	16
Survey Weighting	1/2	1/3	1/6
Weighted Total Health Score	14	19	3
Total Weighted Health Survey Score	35		

[View Cut Points](#)

# Health Inspection Table by State

**Cut Point Table 1**  
**Star Cut Points for Health Inspection Scores - by State - (02-01-2016)**

State	Number of facilities	Health Inspection Score							
		1 star	2 stars		3 stars		4 stars		5 stars
			Upper	Lower	Upper	Lower	Upper	Lower	
Hawaii	45	>66.333	≤66.333	>46.000	≤46.000	>32.000	≤32.000	>18.000	≤18.000
Idaho	77	>112.667	≤112.667	>83.000	≤83.000	>56.000	≤56.000	>35.333	≤35.333
<b>Illinois</b>	<b>759</b>	<b>&gt;76.667</b>	<b>≤76.667</b>	<b>&gt;47.333</b>	<b>≤47.333</b>	<b>&gt;29.333</b>	<b>≤29.333</b>	<b>&gt;13.333</b>	<b>≤13.333</b>
Indiana	527	>69.333	≤69.333	>42.000	≤42.000	>28.000	≤28.000	>12.000	≤12.000
Iowa	441	>56.667	≤56.667	>30.667	≤30.667	>18.667	≤18.667	>8.667	≤8.667
Kansas	340	>135.917	≤135.917	>77.333	≤77.333	>56.000	≤56.000	>28.000	≤28.000

Nursing Home's score of 35 puts them in the 3-star rating category. They will have to achieve a health score of approximately 24 points or less on their next health inspection in order to increase to 4-stars.

# Staffing

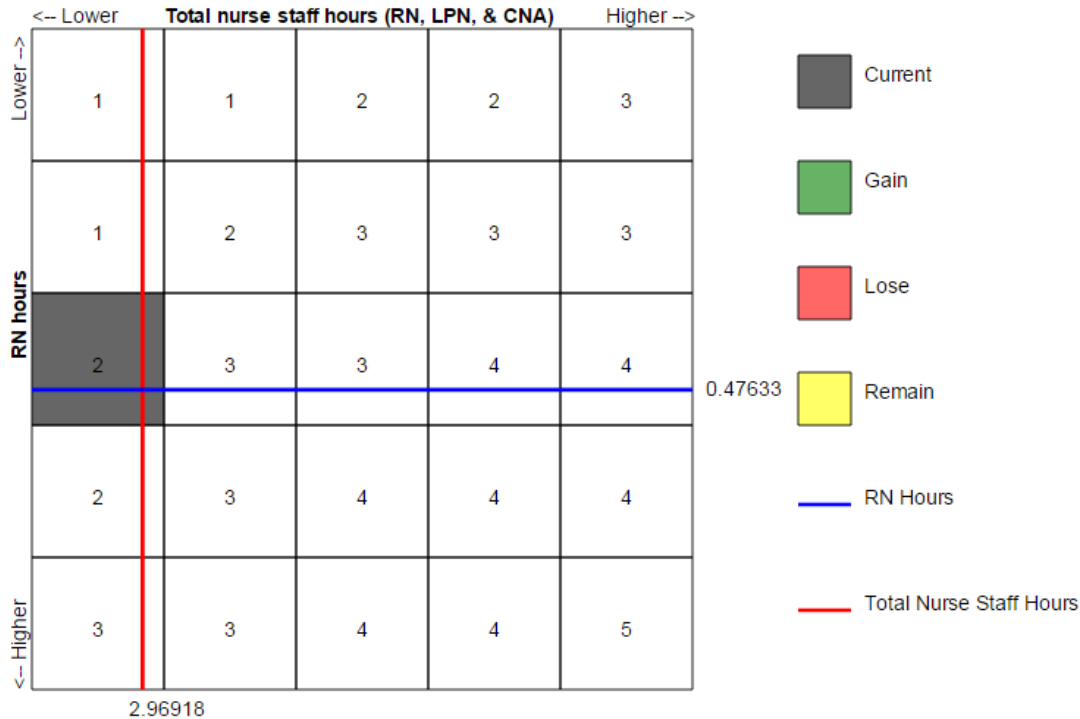
Staffing 5 Star Rating: ★★

Previous Month: ★★

3 Months Prior: ★★

Help

The number in the box where the blue (i.e. adjusted RN hours) and red (i.e. adjusted total nurse staff hours) lines intersect represents the numbers of stars this facility receives for staffing. The columns going from left to right represents the number of stars for total nurse staff hours. The rows going from top to bottom represent the number of stars for RN hours. [Staffing matrix explanation](#)



## Interpretation

- This facility currently has a 5 star staffing rating of 2.
- Neither the total nurse staff hours or RN hours are close to a cut point and thus do not have high potential to change the 5 star staffing rating.

To see how a change in your resident mix or reported hours could change your staffing rating, [click here](#).

# Staffing Template

Staffing Scenario	Actual		Scenario	
	RN hours	Total nurse staff hours	RN hours	Total nurse staff hours
Reported	0.69635	3.1151	<input type="text" value="0.69635"/>	<input type="text" value="3.1151"/>
Expected	1.09235	4.22899	0.89625	3.45146
Adjusted	0.47633	2.96918	0.58054	3.63807
5 Star rating	3	1	4	2
Staffing 5 Star rating	2		3	<b>Staffing cut points for this scenario</b>

Staffing cut points for scenario resident mix

Star	RN Hours		Total Nurse Staff Hours	
	Reported	Change in Daily Hours	Reported	Change in Daily Hours
1	< 0.339	-5.711	< 2.793	-5.153
2	0.34 - 0.454	-5.71 to -3.868	2.794 - 3.134	-5.152 to 0.314
3	0.455 - 0.615	-3.867 to -1.297	3.135 - 3.573	0.315 to 7.328
4	0.616 - 0.851	-1.296 to 2.484	3.574 - 3.782	7.329 to 10.685
5	≥ 0.852	2.485	≥ 3.783	10.686

Based on case-mix (facility input), run scenarios to determine staffing mix needed to increase or decrease a star rating


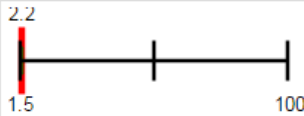
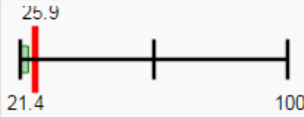
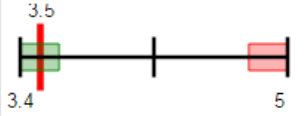


# Quality Measures

Quality Measure 5 Star Rating: ★ ★ ★ ★ ★

Previous Month: only updated quarterly

3 Months Prior: ★ ★ ★ ★ ★

Help

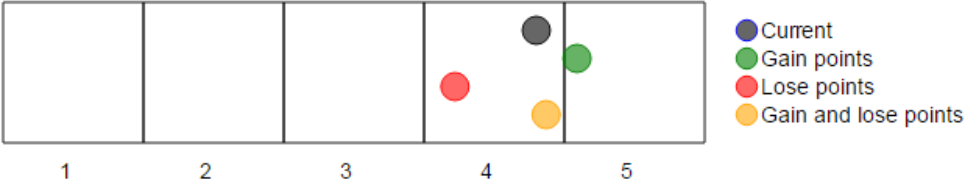
Quality Measure	Rate	Points	Better ← → Worse	Interpretation	Bottom Cut Point	Top Cut Point
Physical Restraints (long-stay)	0	100		<b>Potential To Lose Points</b> Although full points are currently being attained for this QM, having a single person flag for this QM would result in losing 40 points.	0	0
New or Worsening Pressure Ulcers (short-stay)	2.151	25		<b>Potential To Gain Points</b> Decreasing this QM rate by 31.3% or by approximately 0.674 percentage points could result in gaining 25 points.	1.477	100
Activities of Daily Living (long-stay)	25.877	20		Decreasing this QM rate by 17.2% or by approximately 4.449 percentage points could result in gaining 20 points.	21.429	100
Injurious Falls (long-stay)	3.543	40		<b>Potential To Gain Points</b> Decreasing this QM rate by 3.3% or by approximately 0.119 percentage points could result in gaining 20 points.	3.425	5
Moderate to Severe Pain (long-stay)	3.491	80		Increasing this QM rate by 38% or by approximately 1.326 percentage points could result in losing 20 points.	2.115	4.817
High Risk Pressure Ulcers (long-stay)	7.742	40		Increasing this QM rate by 15.6% or by approximately 1.207 percentage points could result in losing 20 points.	6.373	8.949

# Quality Measure Cut Points

Current	745	3 Months Prior: 770
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Gain	790
Lose	705
Gain and lose	750

If NH A gains points in the areas identified by this report, they will gain 1 star (increase from 4 stars to 5 stars) in the QM category and increase 1 star overall (increase from 3 stars to 4 stars).



QM Rating	Point Range for MDS Quality Measure Summary Score (updated February 2015)
★	225 – 544
★★	545 – 629
★★★	630 – 689
★★★★	690 – 759
★★★★★	760 – 1,100

# 5-Star Rating Scenario

Overall 5 Star Rating: ★★★

Previous Month: ★★★

3 Months Prior: ★★★★★

[Help](#)

Follow the steps below to see how your current rating is calculated and 2 scenarios could possibly change your overall 5 star rating.

Step	Instruction	Current	Likely to Gain	Likely to Lose
1	Start with the health inspection five-star rating.	3	3	3
2	Add one star to the Step 1 result if staffing rating is four or five stars and greater than the health inspection rating; subtract one star if staffing is one star. The overall rating cannot be more than five stars or less than one star.	+ 0	+ 0	+ 0
3	Add one star to the Step 2 result if quality measure rating is five stars; subtract one star if quality measure rating is one star. The overall rating cannot be more than five stars or less than one star.	+ 0	+ 1	+ 0
4	If the health inspection rating is one star, then the overall quality rating cannot be upgraded by more than one star based on the staffing and quality measure ratings.	- 0	- 0	- 0
5	If the nursing home is a Special Focus Facility (SFF) that has not graduated, the maximum overall quality rating is three stars. This facility is not a special focus facility.	NA	NA	NA
Final Overall Star Rating		3	4	3

- Based on an analysis of this Nursing Home's health inspection, staffing, and quality measures, there is potential for their overall star rating to change next quarter.
- Should they achieve a positive health inspection rating and/or improve in their QM rating, they will gain at least one and possibly 2 stars overall.

# Concluding Thoughts

- Beginning with the April 2016 Nursing Home Compare update, each nursing home will receive data on the new QMs as part of the normal 5-Star Preview Report process
- CMS officials stated during the ODF that they will not be able to provide information about how the 5-Star QMs will impact each facility's QM rating until it gets closer to July
- The new QMs will eventually be incorporated into the CASPER quality measure reports
- It's important to understand the definitions of the QMs in order to effectively work on improvement
- Identify the MDS items used in the QM calculations and audit MDSs regularly to ensure accurate coding
- LeadingAge NH Quality Metrics and the 5-Star Analysis will be updated with the new measures as soon as the CMS data becomes available

# Thank you!

Questions? Contact me at:

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