

NATIONAL QUALITY FORUM

TO: Consensus Standards Approval Committee

FR: Suzanne Theberge, MPH

RE: Results of Voting for *National Voluntary Consensus Standards for Nursing Homes*

DA: December 1, 2010

The CSAC will review the draft report *National Voluntary Consensus Standards for Nursing Homes* during the December 9, 2010, conference call. This memo includes summary information about the project, the recommended measures, and the Member voting results. The complete [voting draft report](#) and supplemental materials are available on the [project webpage](#).

CSAC ACTION REQUIRED

Pursuant to the Consensus Development Process (CDP), the CSAC may consider approval of 21 candidate consensus standards (eight are eligible for time-limited endorsement only) as specified in the “voting draft” of *National Voluntary Consensus Standards for Nursing Homes*. This project followed the National Quality Forum’s (NQF’s) version 1.8 of the CDP. All CDP steps were adhered to, and no concerns regarding the process were received.

BACKGROUND

Despite past efforts to address quality in nursing homes, and some evidence of improvement in care, evidence still remains that the quality of care experienced by the 1.4 million Americans currently residing in nursing homes often remains inadequate.^{1,2} Moreover, quality measurement has failed to describe clearly the state of healthcare in the nursing home setting, providing mixed results that can confuse both providers and consumers.³

Efforts by the federal government to address the quality of care within nursing homes and long-term care facilities have evolved over time through initiatives such as the Nursing Home Quality Initiative and the mandatory collection of Minimum Data Set (MDS) information. The MDS originated as part of a 1997 decision by the Centers for Medicare & Medicaid Services (CMS) to establish guidelines for collecting nursing home data to provide information about residents’ physical and mental health status, as well as to compare trends over time using more detailed resident-level statistics.⁴ In 2004, CMS asked NQF to identify a set of voluntary consensus

¹Centers for Disease Control and Prevention (CDC), *Nursing Home Care*, Atlanta, GA: CDC; 2010. Available at www.cdc.gov/nchs/fastats/nursingh.htm. Last accessed December 2010.

² Stone RI, Emerging issues in long-term care, In: Binstock R, George L, eds., *Handbook of Aging and the Social Sciences*, 6th ed., New York: Academic Press; 2006; pp. 397-417.

³ American Healthcare Association (AHCA), Alliance for Quality Nursing Home Care, *2009 Annual Quality Report*, Washington, DC; AHCA; 2009. Available at www.ahcancal.org/research_data/quality/Documents/2009AnnualQualityReport.pdf. Last accessed May 2010.

⁴ Commonwealth of Massachusetts, Office of Health and Human Services (EOHHS), *Minimum Data Set; 2010*, Boston, MA: EOHHS. Available at <http://www.mass.gov/?pageID=eohhs2terminal&L=7&L0=Home&L1=Provider&L2=Certification%2C+Licensure%2C+and+Registration&L3=Facilities&L4=Health+Care+Facilities+and+Programs&L5=Long+Term+Care+Facilit>

NATIONAL QUALITY FORUM

standards based on the MDS 2.0 for assessing the quality of care in both long-term residents and short-stay (subacute and post-acute) residents. When the current project is completed, the 18 previously endorsed nursing home measures will be retired. In some instances, the old measures will be replaced by new ones based on the MDS version 3.0, which was implemented in October 2010.

COMMENTS AND THEIR DISPOSITION

NQF received 243 comments from 30 organizations on the second draft report of the Nursing Homes project. Similar comments were received from multiple organizations. All measure-specific comments were forwarded to the measure developers, who were invited to respond. A [table](#) of detailed comments submitted during the review period, with responses and actions taken by the Steering Committee, is posted on the NQF voting webpage.

General Comments

There were many comments in support of the report's recommendations and many comments raised issues that the Steering Committee had previously discussed in detail. Public and member comment also raised additional concerns that were discussed by the Committee on the post comment call. The primary concerns included 1) missing data; 2) the lack of risk-adjustment for particular outcome measures; and 3) exclusion criteria (whether or not particular populations should be excluded).

The Steering Committee had discussed the issue of missing data in its original deliberations. Several comments asked further questions about this issue and the developer's responses provided information from the measure developer on how the missing data would be coded.

Action taken: The measure developers have provided information about missing data where requested; this is detailed in the comment table.

The Steering Committee reviewed several comments pertaining to risk adjustment and exclusion criteria.

Action taken: The Steering Committee re-reviewed the appropriate measures and decided in all cases that the rationales for not risk adjusting the measures and for the original exclusions were adequate. No changes to the measures were made. Further information on specific measures is detailed below.

Many of the comments sought further details or clarifications of the measure specifications. A large number of comments also suggested areas that the measure developers should examine when testing the measures. These were referred to the measure developers for a response and are detailed in the comments table.

Action taken: The measure developers have responded in detail to the comments seeking clarification or further details. This information is included in the comment table.

[ies&L6=Nursing+Homes&sid=Eeohhs2&b=terminalcontent&f=dph_quality_healthcare_p_ltc_minimum_data_set&csid=Eeohhs2](#). Last accessed May 2010.

NATIONAL QUALITY FORUM

Other comments offered recommendations for needed measures to fill gaps in nursing home and geriatric care. There were also several recommendations to retitle measures to clarify the measure's intent, and the developers agreed to all of these changes.

Action taken: NQF staff have added new recommendations for measure development to the list at the end of the report.

Measure-Specific Comments

NH-009-10: Percent of short stay residents with effective pain management (time-limited)

Comments were primarily concerned with standardization of pain measurement scales, the time of assessment, and the differences in individuals' tolerance of pain levels.

Action taken: The measure developer agreed to examine these issues as they review the MDS 3.0 data and continue to test the measure.

NH-012-10: Percent of short-stay residents with new or not improved pressure ulcers (time-limited)

There were multiple comments about this measure, primarily focused on two issues: that the measure does not allow a realistic amount of time for pressure ulcers to heal, and that combining new pressure ulcers and pressure ulcers that fail to improve is confusing and does not reflect the true quality of care in a facility.

Action taken: After extensive discussion, the Steering Committee suggested a title change that reflects MDS 3.0 item M0800, "Worsening in pressure ulcer status since prior assessment (OBRA, PPS, or Discharge)", and that also reflects the lack of evidence about the degree to which pressure ulcers can improve during a short time. The developer agreed to this title change. The new title is "Percent of residents with pressure ulcers that are new or worsened (short stay)".

NH-013-10: Percent of high risk residents with pressure ulcers (long stay) (time limited)

Comments raised concerns about the lack of risk adjustment for this outcome measure. The measure developer explained that it had decided to not risk-adjust the measure at this time because it needs to complete further testing with the new MDS 3.0 definition of pressure ulcers before the need for risk adjustment can be determined. The measure developer expressed concern over risk-adjusting away incidents that should be reported and agreed to examine this in further detail during testing (the measure was recommended for time-limited endorsement). The Steering Committee agreed with this rationale.

Action taken: None necessary.

NATIONAL QUALITY FORUM

Several comments also requested that the measure developer consider an exclusion for a vaccine shortage or for when a facility is unable to obtain vaccines.

Action taken: Although the measure developer agreed to consider this issue as they review MDS 3.0 data for future refinement of these measures, the standard specifications endorsed in the prior immunization project do not have an exclusion for a vaccine shortage. A shortage is not a patient-level exclusion; it affects all providers, and the measure should not be reported or the shortage should be noted in conjunction with any reporting. Otherwise, it is difficult to distinguish facility shortages because of a lack of vaccine programs or inadequate planning or ordering of vaccine, which indicate quality problems. This issue can be addressed in the upcoming prevention topic area in which immunization measures will be reviewed.

NH-018-10: Percent of long-stay residents with a urinary tract infection

This measure received a number of comments addressing two primary concerns: the lack of risk-adjustment and whether the measure is truly an appropriate quality measure for nursing home care. In the Committee call after the commenting period, the measure developer explained that there are no obvious conditions related to urinary tract infections (UTIs) appropriate for risk adjustment. The Committee agreed with the measure developer that risk adjustment was not needed, but expressed additional concerns based on the other issues raised by commenters. In response to the comments, the Committee reexamined whether this measure truly assesses quality. Several Committee members pointed to the sparse literature supporting interventions to avoid UTIs apart from avoidance of catheterizations and to the lack of an accurate definition of a UTI. They also suggested that variability in this measure across nursing homes could very well be the result of prevalence of testing for UTIs rather than quality of care. In light of these concerns, the Steering Committee requested that the measure developer provide for additional information, and called for a re-vote on this measure.

Action taken: After review of the developer's responses, the Committee voted on to recommend endorsement of this measure with the condition that it be paired with measure NH-020-10, Percent of long-stay residents who have/had a catheter inserted and left in their bladder.

NH-022-10: Percent of residents whose need for help with daily activities of living has increased (long stay)

Comments raised concerns about the lack of risk-adjustment for this outcome measure. The measure developer requested that the Steering Committee consider the detailed list of exclusion criteria related to this measure in its discussion of risk adjustment. The Steering Committee reviewed the following exclusion criteria:

- 1) OBRA admission or PPS assessment
- 2) Resident is comatose
- 3) Resident has life expectancy of less than six months
- 4) Resident in hospice care
- 5) Resident does not meet the criteria for decline in late-loss ADLs
- 6) Missing data on items 2-6

NATIONAL QUALITY FORUM

Action taken: After review of the exclusion criteria, the Steering Committee agreed that it was appropriate for this measure to proceed without risk adjustment.

The comments were concerned about the lack of exclusion or risk adjustment for patients with dementia and about the impact of active diagnoses such as a stroke or other acute illness, which can lead to functional decline but are beyond the control of a nursing home.

Action taken: The measure developer agreed to look at these issues for future iterations of this measure.

NH-024-10: Percent of residents who lose too much weight (long stay)

Several comments raised concerns about the inclusion of hospice patients and individuals with dementia in this measure, particularly because it may lead to an increased use of feeding tubes. In the post-comment period conference call, some members of the Steering Committee felt that this issue of exclusion criteria had already been discussed at length and did not require further attention. Others were concerned about the unintended consequences this measure may have for hospice and dementia patients, given that the MDS does account for patient preference. This led to an extensive discussion of the merits of this measure, with the primary dissention coming from the Steering Committee members who thought that hospice patients needed to be excluded from the measure and were concerned about the unintended consequences of their inclusion.

According to the developer, CMS, its Technical Expert Panel (TEP) discussed this issue in detail and decided against excluding the hospice population and/or population having a prognosis of less than six months to live because it is subject to substantial measurement error given that it is very difficult to predict when someone will die. In addition, the CMS TEP believed that substantial weight loss is not necessarily associated with the last six months of life or with residents receiving hospice care. The measure developer also stated that it plans to analyze the MDS 3.0 data regarding refinements related to this quality measure, and in particular, for residents receiving hospice care and those with a prognosis of less than six months to live. The proposed weight loss quality measure is the percentage of long-stay residents who had a weight loss of 5 percent or more in the last month or 10 percent or more in the last six months, which is considered unhealthful and significant.

Action taken: Because the Steering Committee was unable to reach consensus on the call, it decided that they would re-vote on this measure after reviewing the additional materials from the measure developer. During the re-vote, the Steering Committee voted to recommend this measure for endorsement.

NH-026-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged resident instrument (time limited)

NH-27-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-stay resident instrument

NH-028-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family member instrument

NATIONAL QUALITY FORUM

There were numerous questions and comments about the three survey measures, covering measure specifications, the development and testing of the measure, and concerns about implementation. The measure developer responded to each of them within the comment table.

Action taken: The measure developer updated the specifications to match the MDS 3.0 and responded to specific questions and concerns within the comment table.

Although the Steering Committee discussed the issue extensively, many comments were still concerned about the cost of implementation for the CAHPS surveys.

Action taken: The Steering Committee decided that this issue had been adequately addressed during its meetings and did not need to be discussed again. Endorsement of the measures does not mean that facilities are required to implement them at this time, and the Committee agreed that CMS should address the cost implications if they decide to require use of these surveys.

Measures Not Recommended for Endorsement

NH-001-10: Assessment of dementia on admission to a long-term care facility

The measure developer, the American Medical Directors Association (AMDA) requested a review of this measure.

Action taken: The group unanimously agreed that the measure was important but that it did not meet NQF's evaluation criteria when it was reviewed during the April 2010 in-person Steering Committee meeting. NQF staff and the Steering Committee encouraged the representatives from AMDA to resubmit the measure at a later date, when the measure specifications and testing are more complete.

NQF MEMBER VOTING

The 30-day voting period for the Nursing Homes project closed on November 16, 2010. Thirty-two Member organizations voted; no votes were received from the Supplier/Industry Council. The American Association of Nurse Assessment Coordinators (AANAC) submitted comments on 10 measures, the Association for Professionals in Infection Control and Epidemiology (APIC) submitted comment on 6 measures, and the St. Louis Area Business Health Coalition submitted a comment on 1 measure. The comments received are included under the voting results for each measure.

Voting Results

Voting results for the 21 candidate consensus standards are provided below.

NH-003-10: Physical therapy or nursing rehabilitation/restorative care for long stay patients with new balance problem

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%

NATIONAL QUALITY FORUM

Health Plan	1	0	0	1	100%
Health Professional	8	0	3	11	100%
Provider Organizations	3	1	1	5	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	1	0	4	75%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	26	2	4	32	93%
Percentage of councils approving (<50%)					100%
Average council percentage approval					93%

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC supported this measure and submitted the following comments:

- Are there going to be any exclusion such as impaired leg function r/t CVA, Cast, etc. Or due to a medical condition such as Normal Pressure Hydrocephal. This measure would be very aggressive to the whole industry.
- The MDS 3.0 collects information about therapy only in the 7 days prior to and including the ARD. A resident's new balance problem may be identified during the observation window resulting in a therapy screen and treatment which may not be able to be started before the ARD. Also, it is not possible to note from the MDS whether Physical therapy is being provided for walking or balance. Any PT treatment would be noted on the MDS if provided during the look-back window.

NH-008-10: Percent of residents experiencing one or more falls with major injury (long stay) (time-limited endorsement)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	0	3	11	100%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	29	0	3	32	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/(Total - Abstain)

NH-009-10: The percentage of residents on a scheduled pain medication regimen on admission who report a decrease in pain intensity or frequency (short stay) (time-limited endorsement)

NATIONAL QUALITY FORUM

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	1	2	11	89%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	29	1	2	32	97%
Percentage of councils approving (<50%)					100%
Average council percentage approval					98%

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC supported this measure and submitted the following comment:

- I would recommend this measure should also address long stay. I would take short stay off and just not address whether long or short stay?

NH-010-10: Percent of residents who self-report moderate to severe pain (short stay) (time-limited endorsement)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	0	3	11	100%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	29	0	3	32	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC supported this measure and submitted the following comment:

- I think that would be better to use the 30-day PPS assessment for this measure. Residents admitted following a surgical procedure, or fracture receiving therapy and/or encouraged to move will likely experience at least some moderate pain sometime in the 5-day look-back window of the 14-day assessment. It would be expected that pain should be managed after the first 2 weeks. Day 21 would open the look-back of the 30-day. The 5-day look-back window would be 17-21.

NATIONAL QUALITY FORUM

NH-011-10: Percent of residents who self-report moderate to severe pain (long stay) (time-limited endorsement)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	0	3	11	100%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	29	0	3	32	100%
Percentage of councils approving (<50%)				100%	
Average council percentage approval				100%	

*equation: Yes/(Total - Abstain)

NH-012-10: Percent of residents with pressure ulcers that are new or worsened (short-stay) (time-limited endorsement)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	0	3	11	100%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	29	0	3	32	100%
Percentage of councils approving (<50%)				100%	
Average council percentage approval				100%	

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC supported this measure and submitted the following comments:

- If it is a short stay then how much time exactly can a facility have to show improvement or prevention. This seems likely to show little if any chance of being a measurement that would be statistically relevant. It would seem more relevant to not restrict this to short stay residents. It would also seem prudent from a best practice standpoint to have this measure show the percentage of residents with existing PU

NATIONAL QUALITY FORUM

that improved while in the facility.

- I would recommend this measure should also address long stay.
- Using the 14-day PPS assessment (or discharge assessment if discharged prior to the completion of the 14-day MDS) and comparing it to the answers on the 5-day PPS assessment for improvement of pressure ulcers does not seem realistic. I agree that new pressure ulcers identified on the 14-day assessment is a good measure. However, residents admitted with a stage 2, 3, or 4 pressure ulcer will not likely have the ulcer completely heal prior to the lookback window for the 14-day MDS. The ARD for the 14-day PPS assessment is usually set on day 11, so the lookback window includes days 5-11. Pressure ulcers would not likely heal within that short of a time. Any ulcer present anytime during the lookback window would be included on the MDS. Although the measure discusses short stay as less than 100 days, the measure is said to use the 14 day PPS assessment or the discharge assessment, whichever comes first. It is unrealistic to expect that pressure ulcers would heal in that short of a time. Since there is no back staging of Pressure ulcers on MDS 3.0, it will not be possible for the QMs to note if the ulcers are actually improving or not.

NH-013-10: Percent of high risk residents with pressure ulcers (long stay) (time-limited endorsement)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	7	2	2	11	78%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	28	2	2	32	93%
Percentage of councils approving (<50%)					100%
Average council percentage approval					97%

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC did not support this measure and submitted the following comments:

- It would seem that this measure gives little credence to quality. It would be important to know if a facility prevented these and a percentage would overtime perhaps show that. A better, more positive, measure would be to track improvement of pressure ulcers present in high risk residents that improved.
- I am concerned that this measure would count against a facility who has a strong wound care program and admits residents specifically for wound care. The measure shows that it counts against the facility if any pressure ulcers are present at stage 2-4 on the

NATIONAL QUALITY FORUM

MDS. Since there is no longer backstaging of pressure ulcers with MDS 3.0, it is not possible to determine if ulcers are actually improving from the MDS coding. Once a stage 3 always a stage 3 until completely healed. I believe it would be a much better criteria to include only ulcers that were NOT present on admission. This way, ulcers that deteriorated during a hospitalization would not count against a good performing facility. And, likewise, pressure ulcers that were present on admission and being correctly treated would not count against a facility. If using the “present on admission” criteria, ulcers that develop in the facility would count against the facility.

NH-014-10: Percent of short stay residents assessed and appropriately given the seasonal influenza vaccine

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	9	0	2	11	100%
Provider Organizations	3	1	1	5	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	28	1	3	32	97%
Percentage of councils approving (<50%)					100%
Average council percentage approval					96%

*equation: Yes/(Total - Abstain)

Voting Comment: APIC supported this measure and submitted the following comment:

- APIC supports the revised NQF Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay). APIC further believes future measure development should identify residents included in the numerator that actually received the vaccine to determine the rate of immunization versus the rate of compliance with offering the vaccine.

NH-015-10: Percent of long stay residents assessed and appropriately given the seasonal influenza vaccine

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	9	0	2	11	100%
Provider Organizations	4	1	0	5	80%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	

NATIONAL QUALITY FORUM

All Councils	29	1	2	32	97%
Percentage of councils approving (<50%)					100%
Average council percentage approval					97%

*equation: Yes/(Total - Abstain)

Voting Comment: APIC supported this measure and submitted the following comment:

- APIC supports the revised NQF Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (long stay). APIC further believes future measure development should identify residents included in the numerator that actually received the vaccine to determine the rate of immunization versus the rate of compliance with offering the vaccine.

NH-016-10: Percent of short-stay residents assessed and appropriately given the pneumococcal vaccine

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	9	0	2	11	100%
Provider Organizations	3	1	1	5	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	28	1	3	32	97%
Percentage of councils approving (<50%)					100%
Average council percentage approval					96%

*equation: Yes/(Total - Abstain)

Voting Comment: APIC supported this measure and submitted the following comment:

- APIC supports the revised NQF Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (short stay). APIC further believes future measure development should identify residents included in the numerator that actually received the vaccine to determine the rate of immunization versus the rate of compliance with offering the vaccine.

NH-017-10: Percent of long-stay residents assessed and appropriately given the pneumococcal vaccine

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	9	0	2	11	100%
Provider Organizations	4	1	0	5	80%
Public/Community Health Agency	1	0	0	1	100%

NATIONAL QUALITY FORUM

Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	29	1	2	32	97%
Percentage of councils approving (<50%)					100%
Average council percentage approval					97%

*equation: Yes/ (Total - Abstain)

Voting Comment: APIC supported this measure and submitted the following comment:

- APIC supports the revised NQF Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (long stay). APIC further believes future measure development should identify residents included in the numerator that actually received the vaccine to determine the rate of immunization versus the rate of compliance with offering the vaccine.

NH-018-10: Percent of long stay residents with a urinary tract infection (to be paired with measure NH-020-10)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	2	1	11	80%
Provider Organizations	4	1	0	5	80%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	28	3	1	32	90%
Percentage of councils approving (<50%)					100%
Average council percentage approval					94%

*equation: Yes/(Total - Abstain)

Voting Comment: APIC did not support this measure and submitted the following comment.

- APIC does not support the revised NQF measure: NH-018-10 Percent of Residents with a Urinary Tract Infection (Long Stay). A resident with an in-dwelling urinary catheter has the highest risk of acquiring a urinary tract infection. At this time, with the exception of removing the catheter, there are no proven sustainable interventions available to prevent or reduce urinary tract infections in the elderly. This measure includes residents with, and without, a urinary catheter. There is no risk stratification of this metric. Additionally, a urinary tract infection is not well defined by the MDS 3.0 definition and it can be subjective in identifying a urinary tract infection for the person filling out the MDS resident assessment. To remove some of the subjectivity, APIC recommends waiting to reconsider this measure when the CDC updates the UTI Long

NATIONAL QUALITY FORUM

Term Care definition that was originally published in 1991 by the McGeer group.

NH-019-10: Percent of low risk residents who lose control of their bowel or bladder (long stay) (to be paired with measure NH-020-10)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	0	3	11	100%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	29	0	3	32	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/(Total - Abstain)

NH-020-10: Percent of residents who have/had a catheter inserted and left in their bladder (long stay)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	9	0	2	11	100%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	30	0	2	32	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC supported this measure and submitted the following comments:

- I would recommend this measure for short stay.
- The measure discusses how many residents have had catheters inserted in the last 5 days. The look back window for MDS 3.0 is 7 days. I believe the measure is reporting how the item performed on the MDS 3.0 validation testing tool which only had a 5-day assessment window. Language should be updated to show the correct (7-day) MDS look-back window.

NATIONAL QUALITY FORUM

Voting Comment: APIC supported this measure and submitted the following comments:

- APIC supports the proposed NQF measure: NH-020-10 Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
- APIC supports this measure but believes that the exclusion criteria should not be limited only to neurogenic bladder and obstructive uropathy. There are other exclusion criteria that are cited by the CDC that should be considered for inclusion in the criteria. They are: residents who require a urinary catheter to assist in healing of open sacral or perineal wounds and are incontinent, and to improve the comfort of the resident for end of life care if needed. CDC (2009) Guideline for Prevention of Catheter-Associated Urinary Tract Infections.

Measure NH-021-10: Percent of residents who were physically restrained (long stay)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	9	0	2	11	100%
Provider Organizations	5	0	0	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	30	0	2	32	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/(Total - Abstain)

NH-022-10: Long stay residents with increased need for help with activities of daily living (ADLs)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	0	3	11	100%
Provider Organizations	3	1	1	5	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	27	1	4	32	96%
Percentage of councils approving (<50%)					100%
Average council percentage approval					96%

*equation: Yes/(Total - Abstain)

NATIONAL QUALITY FORUM

NH-024-10: Percent of residents who lose too much weight (long stay)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	1	2	11	89%
Provider Organizations	3	1	1	5	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	27	2	3	32	93%
Percentage of councils approving (<50%)					100%
Average council percentage approval					95%

*equation: Yes/(Total - Abstain)

NH-025-10: Percent of residents who have depressive symptoms (long stay) (time-limited endorsement)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	7	0	0	7	100%
Health Plan	1	0	0	1	100%
Health Professional	8	0	3	11	100%
Provider Organizations	4	0	1	5	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	28	0	4	32	100%
Percentage of councils approving (<50%)					100%
Average council percentage approval					100%

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC supported this measure and submitted the following comment:

- Symptoms could vary and this measure does not sound like a very precise measurement. Rather than measure the mere presence of symptoms it would be a better performance measure to determine what percentage of residents who had symptoms or a depression score on a previous assessment showed improvement on the current assessment. In other words, measure success rather than status quo

Measure NH-026-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: discharged resident instrument (time-limited endorsement)

NATIONAL QUALITY FORUM

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	6	1	0	7	86%
Health Plan	1	0	0	1	100%
Health Professional	7	0	4	11	100%
Provider Organizations	4	1	0	5	80%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	26	2	4	32	93%
Percentage of councils approving (<50%)					100%
Average council percentage approval					95%

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC abstained from voting on this measure and submitted the following comment:

- Nursing homes have enough “instruments” to deal with already. These measures can be sampled by PRO or other Quality measurement organizations WITHOUT burdening facilities with more work.

NH-027-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-stay resident instrument

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	6	1	0	7	86%
Health Plan	1	0	0	1	100%
Health Professional	7	1	3	11	88%
Provider Organizations	4	1	0	5	80%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	26	3	3	32	90%
Percentage of councils approving (<50%)					100%
Average council percentage approval					93%

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC abstained from voting on this measure and submitted the following comment:

- Nursing homes have enough “instruments” to deal with already. These measure can be sampled by PRO or other Quality measurement organizations WITHOUT burdening facilities with more work

NATIONAL QUALITY FORUM

NH-028-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family member instrument

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	6	1	0	7	86%
Health Plan	1	0	0	1	100%
Health Professional	7	0	4	11	100%
Provider Organizations	4	1	0	5	80%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	0	4	100%
QMRI	3	0	0	3	100%
Supplier/Industry	0	0	0	0	
All Councils	26	2	4	32	93%
Percentage of councils approving (<50%)					100%
Average council percentage approval					95%

*equation: Yes/(Total - Abstain)

Voting Comment: AANAC abstained from voting on this measure and submitted the following comment:

- Nursing homes have enough “instruments” to deal with already. These measure can be sampled by PRO or other Quality measurement organizations WITHOUT burdening facilities with more work

Voting Comment: St. Louis Area Business Health Coalition supported this measure and submitted the following comment:

- Employee turnover should be measured and made public.