

**NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING
HOMES: A CONSENSUS REPORT**

DRAFT REPORT FOR COMMENTING

NATIONAL QUALITY FORUM

TO: NQF Members and Public

FR: NQF Staff

RE: Pre-voting review for *National Voluntary Consensus Standards for Nursing Homes: A Consensus Report*

DA: July 15, 2010

This draft report is from NQF's 2010 Nursing Homes Project. This project seeks to identify and endorse (outcome, process, and/or structural) measures and patient experience of care surveys that specifically address nursing home for public reporting and quality improvement. This project also serves as a follow-up to the National Voluntary Consensus Standards for Nursing Home Care project completed in April 2004 and will provide maintenance to the current NQF-endorsed® nursing home measures.

A Steering Committee of 20 individuals representing the range of stakeholder perspectives was selected to review a total of 29 candidate nursing home standards. Twenty-eight of these measures were considered for endorsement, and one currently endorsed measure were discussed by the Committee for inclusion in the set. This draft report recommends that 21 of these measures be endorsed.

The draft document, *National Voluntary Consensus Standards for Nursing Homes: A Consensus Report* is posted on the NQF website at http://www.qualityforum.org/Projects/Nursing_Homes.aspx along with the following additional information:

- measure submission forms, and
- meeting and call summaries for the Steering Committee

Pursuant to section II.A of the Consensus Development Process v. 1.8, this draft document, along with the accompanying material, is being provided to you at this time for purposes of review and comment only and is not intended to be used for voting purposes. You may post your comments and view the comments of others on the NQF website.

NQF Member comments must be submitted no later than 6:00 pm ET, August 18th, 2010.

Public comments must be submitted no later than 6:00 pm ET, August 11nd, 2010

NQF is now using a program that facilitates electronic submission of comments on this draft report. **All comments must be submitted using the online submission process.** Supporting documents related to your comments may be submitted by e-mail to nursinghome@qualityforum.org, with “*Comment—Nursing Homes Report*” in the subject line and your contact information in the body of the e-mail.

Thank you for your interest in NQF's work. We look forward to your review and comments.

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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES: A CONSENSUS REPORT

TABLE OF CONTENTS

Executive Summary.....	4
Background.....	7
Strategic Directions for NQF.....	8
National Priorities Partnership.....	9
NQF’s Consensus Development Process.....	9
Evaluating Potential Nursing Home Consensus Standards.....	10
Recommendations for Endorsement	11
Candidate Consensus Standards Recommended for Endorsement	11
Candidate Consensus Standards Recommended for Time-Limited Endorsement	24
Candidate Consensus Standards Not Recommended for Endorsement	36
Candidate Consensus Standards Withdrawn from Consideration.....	38
Additional Recommendations.....	39
Appendix A—Specifications of the National Voluntary Consensus Standards for Nursing Homes.....	42
Appendix B—Steering Committee and NQF Staff.....	82

NATIONAL QUALITY FORUM

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES: A CONSENSUS REPORT

EXECUTIVE SUMMARY

In recent years, more than 1.4 million Americans over age 65 received healthcare services from the nation's 15,500 skilled nursing facilities, accounting for approximately 6 percent of the nation's healthcare expenditures.^{1, 2, 3} Although the segment of the population currently residing in nursing homes represents a small percentage of the nation's older adults, the aging of the baby boom generation and the predicted growth in the number of older Americans suggest a need for increased attention to how and where these individuals receive healthcare services.

The quality of care provided to these residents of long-term and post-acute care nursing homes is a subject of ongoing concern among consumers. Although quality indicators have been used for internal and external quality review and improvement, standardized measures intended for public reporting and effective methods for measuring and reporting across institutions and over time have become available only recently. Until November 2002, when the federal government launched the Nursing Home Quality Initiative, it was impossible for the public to obtain the objective information needed to compare the quality of care provided by one nursing home with that of another.

In 2004, to ensure consumers, providers, purchasers, and regulators had the information needed to evaluate the quality of care in nursing homes, the Centers for Medicare & Medicaid Services (CMS) asked the National Quality Forum (NQF) to identify a set of voluntary consensus standards for assessing the quality of care for both long-term care residents and short-stay (subacute and post-acute) residents. Based on its review of available measures, NQF endorsed a set of 16 performance measures.

In 2010, NQF began the process of updating this measure set to address additional quality issues and to comply with the implementation of a new version of the instrument used to collect this data, the

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

² Administration on Aging (AOA), U.S. Department of Health and Human Services. *Profile of Older Americans*, Washington, DC: AOA; 2009. Available at www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx. Last accessed May 2010.

³ Kaiser Family Foundation (KFF). *Trends in Health Care Costs and Spending*, Menlo Park, CA: KFF; 2007. Available at www.kff.org/insurance/upload/7692.pdf. Last accessed May 2010.

NATIONAL QUALITY FORUM

26 Minimum Data Set 3.0 (MDS 3.0). Ultimately, 21 measures were recommended for endorsement. Today,
27 CMS is collecting and publicly reporting information on the quality of more than 17,000 nursing homes⁴
28 as part of the Nursing Home Quality Initiative (www.medicare.gov/NHCompare), which is based on the
29 NQF-endorsed measures.

30

31 This report describes the evaluation of 29 measures of nursing home quality that were considered for
32 endorsement according to NQF's Consensus Development Process (CDP). Twenty-one of these measures
33 were recommended for NQF endorsement as voluntary standards suitable for public reporting and quality
34 improvement.

35

36 **Measures Recommended for Endorsement (Measure Developer)**

- 37 • NH-003-10: NH Falls 5: Physical therapy/assistive device for new balance problem (RAND)
- 38 • NH-014-10: Percent of residents who were assessed and given the seasonal influenza vaccine
39 during the flu season (short stay) (CMS)
- 40 • NH-015-10: Percent of residents who were assessed and given the seasonal influenza vaccine
41 (long stay) (CMS)
- 42 • NH-016-10: Percent of residents who were assessed and given the pneumococcal vaccine (short
43 stay) (CMS)
- 44 • NH-017-10: Percent of residents who were assessed and given the pneumococcal vaccine (long
45 stay) (CMS)
- 46 • NH-018-10: Percent of residents with a urinary tract infection (long stay) (CMS)
- 47 • NH-019-10: Percent of low-risk residents who lose control of their bowels or bladder (long stay)
48 (CMS)
- 49 • NH-020-10: Percent of residents who have/had a catheter inserted and left in their bladder (long
50 stay) (CMS)
- 51 • NH-021-10: Percent of residents who were physically restrained (long stay) (CMS)
- 52 • NH-022-10: Percent of residents whose need for help with daily activities has increased (long
53 stay) (CMS)
- 54 • NH-024-10: Percent of residents who lose too much weight (long stay) (CMS)

⁴ Medicare.gov, *Nursing Homes Overview*, Baltimore, MD: Centers for Medicare and Medicaid Services. Available at www.medicare.gov/nursing/overview.asp Last Accessed July 2010.

NATIONAL QUALITY FORUM

- 55 • NH-027-10 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home
56 Survey: Long-Stay Resident Instrument (ARHQ)
- 57 • NH-028-10 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home
58 Survey: Family Member Instrument (ARHQ)
- 59

60 **Measures Recommended for Time-Limited Endorsement (Measure Developer)**

- 61 • NH-008-10: Percent of residents experiencing one or more falls with major injury
62 (long stay) (CMS)
- 63 • NH-009-10: Percent of residents with effective pain management (short stay) (CMS)
- 64 • NH-010-10: Percent of residents who have moderate to severe pain (short stay) (CMS)
- 65 • NH-011-10: Percent of residents who have moderate to severe pain (long stay) (CMS)
- 66 • NH-012-10: Percent of residents with pressure ulcers that are new or have not improved (short
67 stay) (CMS)
- 68 • NH-013-10: Percent of high-risk residents with pressure ulcers (long stay) (CMS)
- 69 • NH-025-10: Percent of residents who have symptoms of major depression (long stay) (CMS)
- 70 • NH-026-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home
71 Survey: Discharged Resident Instrument (ARHQ)
- 72

73 The current project sought to examine nursing home measures previously endorsed by NQF and used for
74 public reporting, as well as to endorse additional outcome, process, patient experience of care, and
75 structural measures through NQF's CDP. A core set of performance measures for chronic and post-acute
76 care nursing facilities will provide tools for regulators, purchasers, and consumers to evaluate the quality
77 of care in these facilities, as well as measures facilities can use to assess and improve the quality of care
78 they provide. The primary purpose of these voluntary consensus standards is to provide information to
79 help consumers select nursing home care facilities.

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83 BACKGROUND

84 Despite past efforts to address quality in nursing homes, and some evidence of improvement in care, other
85 evidence indicates the quality of care experienced by the 1.4 million Americans currently residing in
86 nursing homes often remains inadequate.^{5, 6} Moreover, quality measurement has failed to describe
87 clearly the state of healthcare in the nursing home setting, providing mixed results that can confuse both
88 providers and consumers.⁷

89 Efforts by the federal government to address quality of care within nursing homes and long-term care
90 facilities have evolved over time through initiatives such as the Nursing Home Quality Initiative and the
91 mandatory collection of Minimum Data Set (MDS) information. The MDS originated as part of a 1997
92 decision by the Centers for Medicare & Medicaid Services (CMS) to establish guidelines for collecting
93 nursing home data to provide information about residents' physical and mental health status, as well as to
94 compare trends over time using more detailed resident-level statistics.⁸ In 2004, CMS asked the National
95 Quality Forum (NQF) to identify a set of voluntary consensus standards based on the MDS 2.0 for
96 assessing the quality of care in both long-term care residents and short-stay (subacute and post-acute)
97 residents. When the current project is completed, the 18 previously endorsed nursing home measures will
98 be retired. In some instances, the old measures will be replaced by new ones based in the MDS version
99 3.0, which is due for implementation in October 2010.

100

101

⁵Centers for Disease Control and Prevention (CDC). Atlanta, GA: CDC. Available at www.cdc.gov/. Last accessed July 2010.

⁶ 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.

⁷ 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.

⁸ 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+Facilities&L6=Nursing+Homes&sid=Eeohhs2&b=terminalcontent&f=dph_quality_healthcare_p_ltc_minimum_data_set&csid=Eeohhs2. Last accessed May 2010

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102 STRATEGIC DIRECTIONS FOR NQF

103 NQF’s mission includes three parts: 1) setting national priorities and goals for performance improvement,
104 2) endorsing national consensus standards for measuring and publicly reporting on performance, and 3)
105 promoting the attainment of national goals through education and outreach programs. As greater numbers
106 of quality measures are developed and brought to NQF for consideration of endorsement, it is incumbent
107 on NQF to assist stakeholders to “measure what makes a difference” and address what is important to
108 achieve the best outcomes for patients and populations. For more information see [NQF’s website](#).

109 Several strategic issues have been identified to guide consideration of candidate consensus standards:

110 **DRIVE TOWARD HIGH PERFORMANCE.** Over time, the bar of performance expectations should
111 be raised to encourage the achievement of higher levels of system performance.

112 **EMPHASIZE COMPOSITES.** Composite measures provide much-needed summary information
113 pertaining to multiple dimensions of performance and are more comprehensible to patients and
114 consumers.

115 **MOVE TOWARD OUTCOME MEASUREMENT.** Outcome measures provide information of keen
116 interest to consumers and purchasers, and when coupled with healthcare process measures, they provide
117 useful and actionable information to providers. Outcome measures also focus attention on much-needed
118 system-level improvements, because achieving the best patient outcomes often requires carefully designed
119 care processes, teamwork, and coordinated action on the part of many providers.

120 **CONSIDER DISPARITIES IN ALL WE DO.** Some of the greatest performance gaps relate to care of
121 minority populations. Particular attention should be focused on identifying disparities-sensitive
122 performance measures and on identifying the most relevant race/ethnicity/language/socioeconomic strata
123 for reporting purposes.

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129 NATIONAL PRIORITIES PARTNERSHIP

130 NQF seeks to endorse measures that address the National Priorities and Goals of the NQF-convened
131 National Priorities Partnership.⁹ The Partnership represents those who receive, pay for, provide, and
132 evaluate healthcare. The National Priorities and Goals focus on these areas:

- 133 • patient and family engagement,
- 134 • population health,
- 135 • safety,
- 136 • care coordination,
- 137 • palliative and end-of-life care, and
- 138 • overuse.

139

140 NQF'S CONSENSUS DEVELOPMENT PROCESS

141 NQF's National Voluntary Consensus Standards for Nursing Homes project¹⁰ seeks to identify and
142 endorse measures that address the clinical, system, care coordination, and patient satisfaction aspects of
143 nursing home care. Potential consensus standards addressed a broad range of areas, including mental
144 health, pain, pressure ulcers, vaccination, staffing, function, incontinence, falls, and patient satisfaction.
145 Harmonization of similar measures, particularly across settings, is a priority. Additionally, the project will
146 identify gaps in important nursing home measures.

147 This report does not represent the entire scope of NQF work relevant to the quality of nursing home care.
148 In addition to the 2004 Nursing Homes project, NQF has endorsed standards and frameworks related to
149 nursing homes and elder care through several projects, including:

- 150 • [National Voluntary Consensus Standards for Ambulatory Care—Part 1 \(Phase 3 Cycle 1\)](#) (2007)
- 151 • [National Voluntary Consensus Standards for Ambulatory Care: Specialty Clinician Performance](#)
152 [Measures](#) (2007)
- 153 • [National Voluntary Consensus Standards for Emergency Care, Phase I](#) (2007)

⁹ National Quality Forum (NQF), *National Priorities Partnership*, Washington, DC: NQF. Available at www.nationalprioritiespartnership.org. Last accessed July 2010.

¹⁰ NQF, National Voluntary Consensus Standards for Nursing Homes. Available at www.qualityforum.org/Projects/Nursing_Homes.aspx. Last Accessed June 2010.

NATIONAL QUALITY FORUM

- 154 • [National Voluntary Consensus Standards for Hospital Care 2007: Additional Performance](#)
155 [Measures](#) (2007)
- 156 • [National Voluntary Consensus Standards for Hospital Care: Outcomes and Efficiency](#) (2010)
- 157 • [National Voluntary Consensus Standards for Influenza and Pneumococcal Immunizations](#) (2008)
- 158 • [National Voluntary Consensus Standards for Medication Management](#) (2008)
- 159 • [Comprehensive Framework for Hospital Care Performance](#) (2003)
- 160 • [Palliative & Hospice Care: Framework and Practices](#) (2006)

161 The full constellation of consensus standards, along with those presented in this report, provide a growing
162 number of NQF-endorsed[®] voluntary consensus standards that directly and indirectly reflect the
163 importance of measuring and improving quality of care. Organizations that adopt these consensus
164 standards will promote the development of safer and higher-quality care for patients throughout the
165 nation.

166 167 **EVALUATING POTENTIAL CONSENSUS STANDARDS**

168 This report presents the evaluation of an initial group of 25 measures in the areas of nursing home care;
169 four additional measures were submitted after the Nursing Homes Steering Committee identified gaps.
170 Candidate consensus standards were solicited through an open Call for Measures in January 2010 and were
171 actively sought by NQF staff through literature reviews, a search of the National Quality Measures
172 Clearinghouse, NQF Member websites, and an environmental scan. NQF staff contacted potential
173 measure stewards to encourage them to submit measures for this project.

174 A total of 29 measures were ultimately identified and evaluated by the Committee for appropriateness as
175 voluntary consensus standards for accountability and public reporting.

176 The measures were evaluated using NQF's standard evaluation criteria.¹¹ The 20-member, multi-
177 stakeholder Committee provided final evaluations of the four main criteria: importance to measure and
178 report; scientific acceptability of the measure properties; usability; and feasibility; as well as the
179 recommendation for endorsement. Measure developers participated in the Committee discussions to
180 respond to questions and clarify any issues or concerns. The committee rated all measures highly with

¹¹ NQF. *Measure Evaluation Criteria*. Washington, DC: NQF; 2008. Available
at www.qualityforum.org/docs/measure_evaluation_criteria.aspx. Last accessed July 2010.

NATIONAL QUALITY FORUM

181 regard to addressing important clinical topics for the nursing home population. When issues arose, they
182 usually related to the scientific acceptability of the measure properties (e.g. measure specifications for
183 numerator and denominator, and validity testing) or the measure's usability.

184

185 **RECOMMENDATIONS FOR ENDORSEMENT**

186 This report presents the evaluation of 29 measures considered under NQF's Consensus Development
187 Process (CDP). (For more detailed specifications, see Appendix A.) Twenty-one measures are
188 recommended for endorsement as voluntary consensus standards suitable for public reporting and quality
189 improvement.

190

191 **Candidate Consensus Standards Recommended for Endorsement**

192 **NH-003-10: NH FALLS 5: Physical therapy/assistive device for new balance problem (RAND)**

193 *Percentage of nursing home patients 65 years or older who have a new balance problem who receive*
194 *physical therapy or a new assistive device.*

195 Falls and mobility problems are common and serious problems facing older adults in the community and
196 in nursing homes. Accidents are the fifth leading cause of death in older adults, with falls accounting for
197 two-thirds of these accidental deaths.¹² About one-third of those age 65 and older living in the community
198 (outside of assisted living or nursing facilities) fall at least once a year. This increases to 1 in 2 for those
199 age 80 and older.^{13, 14} Although most falls result in no serious injury, in any given year, approximately 5
200 percent of those age 65 and older who fall experience a fracture or require hospitalization.¹⁵ The related
201 problems of mobility disorders also are prevalent in older adults. Detectable gait abnormalities affect 20
202 percent to 40 percent of individuals aged 65 and older and 40 percent to 50 percent of those age 85 and
203 older.^{16, 17}

¹² Rubenstein LZ, Roggins AG, Josephson KR. Falls in the nursing home. *Ann Intern Med*, 1994;121(6):442–451.

¹³ Blake AJ, Morgan K, Bendall MJ et al., Falls by elderly people at home: prevalence and associated factors. *Age Ageing* 1988;17(6):365–472.

¹⁴ O'Loughlin JL, Robitaille Y, Boivin JF et al., Incidence of and risk factors for falls and injurious falls among the community-dwelling elderly. *Am J Epidemiol* 1993;137(3):342–354.

¹⁵ Rubenstein LZ, Roggins AG, Josephson KR., pp.442–451.

¹⁶ Alexander NB. Gait disorders in older adults. *J Am Geriatr Soc*, 1996;44(4):434–451.

NATIONAL QUALITY FORUM

204 This process of care measure was described as an effort to minimize the risk of falling for those at risk of
205 doing so, through intervention using physical therapy or assistive devices. These interventions are just
206 two of the multimodal interventions commonly used to treat patients at risk of falling, but they remain
207 difficult to measure. One of the main concerns the Committee expressed was the assumption that physical
208 therapy and the use of assistive devices are equivalent interventions; in fact, using an assistive device
209 without therapy may be detrimental to the patient. In response, the measure developer argued there is a
210 lack of evidence about which interventions work best; moreover, treatment effectiveness likely varies on a
211 case-by-case basis. The Committee also expressed concern over whether excluding patients with
212 advanced dementia is appropriate. Overall, the measure was described as feasible and well specified. The
213 Committee voted to recommend the measure for endorsement with two conditions:

- 214 • Removal of assistive devices as a treatment modality—the measure should focus only on the
215 provision of physical therapy for patients with a new balance problem. The Committee stated that
216 an assistive device and physical therapy are not equivalent interventions and that receiving an
217 assistive device without therapy may be detrimental. Therefore, assistive devices should be
218 removed from the numerator unless the developer can present evidence that providing an assistive
219 device without physical therapy improves patient outcomes.
- 220 • Measure specifications should be updated to reflect MDS version 3.0—the numerator and
221 denominator specifications should be consistent with MDS 3.0.

222 During a follow-up Committee call, the measure developer presented a revised version of the measure that
223 complied with these conditions. The developer explained that removing assistive devices from the
224 numerator had little effect on the measure, given that almost all patients who received an assistive device
225 also received physical therapy.

226 During further discussion, the Committee raised concerns about the measure specifications, particularly
227 regarding the capture of data concerning residents who refuse physical therapy. In response to issue of
228 refusals, it was suggested that being offered physical therapy is equivalent to having received it. The
229 measure developer explained refusals are not captured in MDS 3.0, may occur either before or during
230 treatment, and may or may not be documented in medical records. The MDS 3.0 requires that therapy
231 must occur for at least 15 minutes on any given day to count as a “day” of therapy.

¹⁷ Trueblood PR, Rubenstein LZ. Assessment of instability and gait in elderly persons. *Compr Ther.* 1991;17(8):20–29.

NATIONAL QUALITY FORUM

232 Ultimately the Committee voted to recommend the measure for endorsement. This measure meets the
233 National Priority of safety.

234

235 **NH-014-10: Percent of nursing home residents who were assessed and given the seasonal influenza**
236 **vaccine (short stay) (CMS)**

237 *Percentage of short-stay nursing home/skilled nursing facility residents who are given the seasonal*
238 *influenza vaccination during the influenza season.*

239

240 **NH-015-10: Percent of long-stay nursing home residents who were assessed and given the seasonal**
241 **influenza vaccine (CMS)**

242 *Percentage of long-stay nursing home/skilled nursing facility residents who are given the seasonal*
243 *influenza vaccination during the influenza season.*

244 Almost 60,000 deaths in 2004 were caused by influenza and pneumonia, and more than 85 percent of
245 those were among the elderly.¹⁸ Frail elderly are especially vulnerable and subject to complications of
246 influenza. In the same year, approximately 123,000 death certificates identified influenza and pneumonia
247 as a secondary cause of death. Further, the death rate from influenza and pneumonia is nearly 130 times
248 higher among persons aged 85 and older than among persons 45 to 54 years of age.¹⁹

249 The Committee unanimously agreed these two measures are important and have strong evidence to
250 support them. The Committee asked for and received assurance these measures are harmonized with other
251 NQF vaccination measures. Further discussion focused on the definition of long-stay residents, the
252 consequences of excluding missing data, and a specified time frame for vaccination.

253 The Committee placed requirements on endorsement for this measure, requesting that for the long-stay
254 measure the denominator should include only residents whose stay in the facility is longer than 100 days
255 from the date of admission; the short-stay measure denominator should include only patients whose stay
256 is 100 days or fewer. Second, patients with missing data in the MDS 3.0 should be counted as patients

¹⁸ Gorina Y, Kelly T, Lubitz J, Hines Z. *Trends in influenza and pneumonia among older persons in the United States*.
Hyattsville, MD: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 2008.
Available at <http://www.cdc.gov/nchs/data/ahcd/agingtrends/08influenza.pdf>. Last accessed July 2010.

¹⁹ Ibid.

NATIONAL QUALITY FORUM

257 who did not receive the vaccine, rather than be excluded. Third, the numerator and denominator should be
258 clearly harmonized with NQF's previously endorsed vaccination measures. Finally, the time frame for
259 the seasonal vaccination should be altered to harmonize with the standard NQF influenza season
260 definition.

261 The steward agreed to meet these conditions for both measures, so the Committee voted to recommend
262 these measures for endorsement. These measures meet the National Priority of population health.

263

264 **NH-016-10: Percent of residents who were assessed and given the pneumococcal vaccine (short-
265 stay) (CMS)**

266 *Percentage of short-stay nursing home/skilled nursing facility residents whose PPV status is up to date
267 during the 12-month reporting period.*

268 **NH-017-10: Percent of residents who were assessed and given the pneumococcal vaccine (long stay)
269 (CMS)**

270 *Percentage of long-stay residents whose PPV status is up to date during the 12-month reporting period.*

271 According to the Centers for Disease Control and Prevention (CDC), pneumococcal disease kills more
272 people in the United States each year than all other vaccine-preventable diseases combined.²⁰

273 Hospitalization rates for pneumonia-related stays for the elderly population have been increasing over the
274 past 15 years, and among those 85 and older, at least 1 in 20 seniors were hospitalized each year because
275 of pneumonia.²¹

276 The Committee unanimously agreed on the importance of these two measures. The discussion focused on
277 the same issues as in the influenza vaccine measures, including clarification of the numerator and
278 denominator to harmonize with other NQF measures. Despite the need for clarifications, Committee
279 members stressed the measures' importance and usability.

280 The Committee specified four conditions for its recommendation to endorse. First, the Committee
281 requested that for long-stay measures the denominator should include only residents whose length of stay

²⁰ CDC. *Pneumococcal polysaccharide vaccine. What you need to know.* CDC, Atlanta, GA, 1997.

²¹ Fry AM, Shay DK, Holman RC, et al., Trends in hospitalizations for pneumonia among persons aged 65 and older in the United States, 1988-2002, *JAMA.* 2005; 294(21):2712-2719.

NATIONAL QUALITY FORUM

282 in the facility is longer than 100 days from the date of admission; the denominators in the short-stay
283 measures should include only patients with a length of stay of 100 days or fewer. Second, patients with
284 missing data in the MDS 3.0 should be counted as patients who did not receive the vaccine, rather than be
285 excluded. Third, the numerator and denominator should be harmonized with NQF's previously endorsed
286 vaccination measures. Finally, the numerator components should be computed and reported as three
287 separate statistics:

- 288 • up-to-date vaccine status/all short-stay residents with MDS 3.0 assessment within the 12-
289 month period;
- 290 • offered and declined vaccine/all short-stay residents with MDS 3.0 assessment within the
291 12-month period; and
- 292 • ineligible due to medical contraindications/all short-stay residents with MDS 3.0
293 assessment within the 12-month period.

294 The measure developer agreed to meet these conditions.

295 In addition, the Steering Committee recommended that future versions of these measures include a clearer
296 definition of “up to date” vaccination status, which specifies that immunization does not have to occur in
297 the specific nursing home facility, and a clarification of the eligibility criteria for receiving vaccination.

298 The Committee voted to recommend these measures for endorsement. These measures meet the National
299 Priority of population health.

300

301 **NH-018-10: Percent of long-stay residents with a urinary tract infection (long stay) (CMS)**

302 *Percentage of long-stay residents who have a urinary tract infection. To address seasonal variation, the*
303 *proposed measure uses a six-month average for the facility.*

304 Nursing facility residents often develop infections,^{22, 23, 24, 25, 26} and among these, urinary tract infections
305 (UTIs) are the most common.^{27, 28, 29} Some residents who develop urinary tract infections develop blood

²² Nicolle LE, McIntyre M, Zacharias H, et al., Twelve month surveillance of infections in institutionalized elderly men. *J Am Geriatr Soc*, 1984;32(7):513-519.

²³ Magaziner J, Tenney JH, Deforge B, et al., Prevalence and characteristics of nursing home-acquired infections in the aged, *J Am Geriatr Soc*, 1991;39(11):1071-1078.

NATIONAL QUALITY FORUM

306 infections, and 10 percent of these patients die within a week.³⁰ Using MDS 2.0 data for April through
307 June 2009, the national prevalence of urinary tract infections in nursing facilities was 9.7 percent, with a
308 range from a low average of 5.0 percent in Alaska to a high average of 14.3 percent in West Virginia.³¹

309 The Committee commented on the importance of this measure and the degree to which it is well specified.
310 They expressed optimism that this measure will encourage nursing homes to avoid over-diagnosing UTIs.
311 The Committee suggested that the measure be harmonized with the updated CDC definition of UTIs and
312 that the exclusion criteria be examined further in future versions of this measure. The Committee voted to
313 recommend the measure with the clarified definition of long-stay residents. This measure meets the
314 National Priority of population health.

315

316 **NH-019-10: Percent of low-risk residents who lose control of their bowel or bladder (long stay)**
317 **(CMS)**

318 *Percentage of long-stay residents who are frequently or almost always bladder or bowel incontinent with*
319 *an annual, quarterly, significant change, or significant correction MDS assessment during the selected*
320 *quarter (three-month period). The measure is restricted to the low-risk, long-term population, which has*
321 *long-term care needs but is not severely cognitively impaired.*

322

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

²⁴ Finnegan TP, Austin TW, Cape RD. A 12-month fever surveillance study in a veterans' long-stay institution. *J Am Geriatr Soc*, 1985;33(9):590-594.

²⁵ Jackson MM, Fierer J, Barrett-Conner E, et al., Intensive surveillance for infections in a three year study of nursing home patients, *Am J Epidemiol*, 1992;135(6):685-696.

²⁶ Strausbaugh LJ, Joseph CL, The burden of infection in long-term care, *Infect Control Hosp Epidemiol.*,2000;21(10):674-9.

²⁷ Zimmer JG, Bentley DW, Valenti WM, et al., Systemic antibiotic use in nursing homes. A quality assessment. *J Am Geriatr Soc*, 1986;34(10):703-710.

²⁸ Katz PR, Beam TR Jr, Brand F, et al., Antibiotic use in the nursing home. Physician practice patterns. *Arch Int Med*, 1990;150(7):1465-1468.

²⁹ Lee Y, Thrupp LD, Friis HM, et al., Nosocomial infection and antibiotic utilization in geriatric patients: a pilot prospective surveillance program in skilled nursing facilities. *Gerontology*. 1992;38(4):223-232.

³⁰ Saint S, Kauman SR, Rogers MA, et al. Risk factors for nosocomial urinary tract-related bacteremia: A case control study, *Am J Infect Control*, 2006;34(7):401-407.

³¹ Centers for Medicare & Medicaid Services (CMS). *MDS Quality Measure/Indicator Report, 2009*. Baltimore, MD: CMS, 2009. Available at www.cms.hhs.gov/MDSPubQIandResRep/02_qmreport.asp#TopOfPage. Last accessed July 2010.

NATIONAL QUALITY FORUM

325 *Percentage of long-stay residents who have had an indwelling catheter in the last five days noted on an*
326 *annual, quarterly, significant change, or significant correction MDS 3.0 assessment during the selected*
327 *quarter (three-month period).*

328 Measures 019 and 020 are presented together.

329 At least 17 million Americans have urinary incontinence (UI); it is the second leading cause of
330 institutionalization of the elderly and occurs in more than 50 percent of nursing home residents.³² UI is
331 important to treat because prevention may reduce the likelihood of infections, pressure ulcers, and other
332 health complications from poor hygiene. Prevalence of urinary and fecal incontinence in nursing homes is
333 reported to be between 30 percent and 65 percent.³³ For the second quarter of 2008, the current measure
334 (Percent of low risk residents who lose control of their bowels or bladder) based on MDS 2.0 data
335 averages 49.4 percent nationally, with statewide averages ranging from 37.2 percent to 71.0 percent.³⁴

336 At any given time, more than 100,000 residents in American nursing facilities have urethral catheters in
337 place.³⁵ Catheters are commonly used for urinary retention, wound management, and in some
338 circumstances, patient comfort. When not properly maintained and monitored, indwelling catheters can
339 cause chronic pain or infections leading to a greater functional decline and decreased quality of life for the
340 resident.³⁶ Using MDS 2.0 data for April through June 2008, the national prevalence of indwelling
341 catheters in nursing facilities was 7.7 percent, with a range from an average of 5.2 percent in Rhode Island
342 to a high of an average of 11.3 percent in North Dakota.³⁷ National measure results have been stable over
343 time, ranging from 5.7 percent in 2003 to 5.8 percent in 2008.³⁸

³² Lekan-Rutledge D, Colling J. Urinary incontinence in the frail elderly: event when it's too late to prevent a problem, you can still slow its progress, *Am J Nurs*, 2003;103(3 suppl):36-46.

³³ CMS. Appendix PP, rev. 55. F483.25d Urinary Incontinence. In: *State Operations Manual, Guidance to Surveyors for Long Term Care Facilities*, pp. 187-224. 2006. Available from http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf. Last accessed July 2010.

³⁴ CMS. *MDS Quality Measure/Indicator Report*. Available from http://www.cms.hhs.gov/MDSPubQIandResRep/02_qmreport.asp#TopOfPage. Last accessed July 2010.

³⁵ Nursing Home Quality Initiative. MedQIC, Urinary Catheters.2004. Available at <http://www.qualitynet.org/dcs/ContentServer?c=MQParents&pagename=Medqic%2FContent%2FParentShellTemplate&cid=1109274846317&parentName=Topic>. Last accessed July 2010.

³⁶ Quality Measures Management Information System (QMIS). Measure details. November 12, 2002. Available from <https://www.qualitynet.org/qmis/measureDetailView.htm?measureId=10176&viewType=0>.

³⁷ CMS.

³⁸ American Health Care Association (AHCA). *Trends in Publicly Reported Nursing Facility Quality Measures*. Washington, DC: AHCA, 2009. Available from http://www.ahcancal.org/research_data/trends_statistics/Documents/trends_nursing_facilities_quality_measures.pdf. Last accessed July 2010.

NATIONAL QUALITY FORUM

344 The measure developer explained changes to the MDS 3.0 as it applies to the incontinence- related
345 measures. These changes include:

- 346 • revised response-set to describe an individual’s level of incontinence;
- 347 • shorter look-back period to promote improved recall;
- 348 • inclusion of data from a six month period to account for seasonal variation; and
- 349 • more precise definition of UTI.

350 Discussion of these measures included the issue of possible stratification based on type of incontinence
351 (urinary incontinence, fecal incontinence, or dual incontinence). The Committee decided this type of
352 stratification may be useful for quality improvement or research purposes but is not necessary for public
353 reporting.

354 The Committee unanimously voted to recommend these two measures for endorsement once long-stay
355 and short-stay residents were explicitly defined. Additionally, it recommended measure NH-019-10 and
356 NH-020-10 be paired and further research address the effects of stratification of NH-019-10 by type of
357 incontinence. The developer agreed to define long-stay and short-stay patients explicitly.

358 The Committee originally was concerned about the implications of excluding patients with missing data,
359 so the developer provided additional information detailing the minimal effect of excluding missing data.
360 There were 5,242,022 non-admission target assessments for the calendar year of 2009. For measure 019,
361 390 were missing data for bowel incontinence and 371 were missing data for bladder incontinence; 727
362 were missing data for one or both. For measure 020, 2,769 were missing data for catheterization. When
363 submitting this data for Steering Committee review, the developer also explained there were minimal
364 changes to the MDS 3.0 data items included in these measures from the measures endorsed in 2004 using
365 MDS 2.0. The developer plans to complete further analysis once the measure is in use to observe the
366 “pattern of missingness,” or how missing data will affect the measure.

367 Ultimately, the Committee agreed to recommend these measures for endorsement and recommended that
368 the measures be paired. These measures meet the National Priority of care coordination.

369

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

NATIONAL QUALITY FORUM

371 *Percentage of all long-stay residents in nursing homes with annual, quarterly, significant change or*
372 *significant correction MDS assessments during the selected quarter (three-month period) who were*
373 *physically restrained daily during the seven days prior to the assessment.*

374 Restraints are used to control behavior for people with disruptive, aggressive, or dangerous behavior,
375 including those with cognitive impairment,^{39,40, 41} but they can pose serious risks for residents. The
376 negative outcomes of restraints may include strangulation, loss of muscle tone, decreased bone density
377 (with greater susceptibility for fractures), pressure sores, increased infections, decreased mobility,
378 depression, agitation, loss of dignity, social isolation, incontinence, constipation, functional decline,
379 abnormal changes in body chemistry and muscular function, and in some cases, resident death.^{42,43, 44, 45,}
380 ^{46, 47, 48, 49} The use of physical restraints also often constitutes a disproportionate infringement of the
381 resident's autonomy.⁵⁰

382 In 2008 statewide averages for the current Chronic Care Restraint Quality Measure (QM) ranged from 0.0
383 percent in Puerto Rico and the Virgin Islands to 8.9 percent in California, with a 4.3 percent national
384 average.⁵¹

385 The Committee identified this measure as highly important with strong ratings for usability and
386 feasibility. The developer provided two clarifications during the discussion: the seven-day look-back
387 period specified in the measure was intended to correspond to the look-back period of other similar

³⁹ Sullivan-Marx EM, Strumpf NE, Evans LK, et al., Initiation of physical restraint in nursing home residents following restraint reduction efforts, *Res Nurs Health*, 1999;22(5):369-379.

⁴⁰ Capezuti E, Evans L, Strumpf NE, et al., Physical restraint use and falls in nursing home residents, *J Am Geriatr Soc*, 1996;44(6):627-33.

⁴¹ Castle NG, Mor V, Physical restraints in nursing homes: a review of the literature since the Nursing Home Reform Act of 1987, *Med Care Res Rev*, 1998;55(2):139-170.

⁴² Castle N, Mor V, pp.139-170.

⁴³ Williams C, Finch C. Physical restraints: not fit for woman, man, or beast, *J Am Geriatr Soc*, 1997;45(6):773-775.

⁴⁴ Sullivan-Marx E. Achieving restraint-free care of acutely confused older adults, *J Gerontol Nurs*, 2001;27(4):56-61.

⁴⁵ Evans LK, Strumpf NE, Allen-Taylor SL, et al., A clinical trial to reduce restraints in nursing homes. *J Am Geriatr Soc*, 1997;45(6):675-81.

⁴⁶ Capezuti E, Maislin G, Strumpf NE, et al., Side rail use and bed-related fall outcomes among nursing home residents, *J Am Geriatr Soc*, 2002;50(1):90-6.

⁴⁷ Parker K, Miles SH. Deaths caused by bed rails, *J Am Geriatr Soc*, 1997;45(7):797-802.

⁴⁸ Feinsod FM, Moore M, Levenson S, Eliminating full-length bed rails from long term care facilities, *Nurs Home Med*, 1997;5:257-263.

⁴⁹ CMS. *Revised Long-Term Care Resident Assessment Instrument User's Manual, version 2.0. December 2002, with August 2003 and all other subsequent posted updates incorporated.* Available at http://www.cms.gov/NursingHomeQualityInits/20_NHQIMDS20.asp. Last accessed July 2010.

⁵⁰ Gastmans C, Milisen K. Use of physical restraint in nursing homes: clinical-ethical considerations. *J Med Ethics*. 2006;32(3):148-152.

⁵¹ CMS. MDS Quality Measure/Indicator Report. Available from http://www.cms.hhs.gov/MDSPubQIandResRep/02_qmreport.asp#TopOfPage. Last accessed July 2010.

NATIONAL QUALITY FORUM

388 quality measures, and the measure pertains only to individuals for whom restraints were used every day of
389 the seven-day look-back period.

390 The only condition for endorsement the Committee offered for this measure was the potential inclusion of
391 missing data. The developer provided data during follow-up to demonstrate how infrequently missing
392 data occurs for the data items related to this measure—of all the non-admission target assessments for
393 calendar year 2009, 629 forms were missing data for one or more of the three fields on which the measure
394 is based. Although these data pertain to MDS 2.0 items, the completion rates for the MDS 3.0 items are
395 predicted to be the same, given the similarity between the two versions. As discussed above, the
396 developer intends to maintain the exclusion of missing data until further analysis of the “pattern of
397 missingness” has been completed.

398 The Committee also made the following recommendations for future measure development:

- 399 • examine decreased increments in restraint use in addition to complete absence of use; and
- 400 • examine use of other forms of non-physical restraint, including motion alarms and chemical
401 restraints.

402 Ultimately the Committee voted to recommend the measure for full endorsement. This measure meets the
403 National Priority of safety.

404

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

407 *Percentage of all long-stay residents in a nursing home whose need for help with late-loss activities of*
408 *daily living (ADLs) increased since the previous quarter (three-month period). The four late-loss ADLs*
409 *are: bed mobility, transferring, eating, and toileting.*

410 Using MDS 2.0 data for April through June 2008, the national prevalence of ADL decline in nursing
411 facilities was 16.1 percent, with a range of 10.6 percent in Oregon to an average of 24.2 percent in North

NATIONAL QUALITY FORUM

412 Dakota. The national measure results have been stable over time, ranging from 15.4 percent in 2002 to
413 14.9 percent in 2008.⁵²

414 The Committee acknowledged there are clear limitations to this measure, such as its sensitivity to state
415 Medicaid payment policies and the difficulty in distinguishing avoidable and unavoidable decline in
416 function. There was some disagreement among Committee members over the scientific acceptability of
417 this measure, the evidence supporting the measure, and how clear it is to consumers. Despite these
418 limitations, the Committee decided the importance of the measure trumps those concerns. Members of the
419 Committee raised concerns about the exclusion of hospice patients, based on the argument that loss of
420 function should not be viewed as more acceptable for that population, and recommended the developer
421 examine the inclusion of hospice patients in future versions of this measure. The Committee also
422 mentioned concerns about outliers, i.e., nursing homes that may be more likely to have an increased
423 number of immobile patients due to their particular population or area of expertise. Ultimately, the
424 Committee recommended this measure for endorsement once the developer clarified the definition of a
425 long-stay resident (length of stay longer than 100 days). This measure meets the National Priority of
426 safety.

427

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

429 *Percentage of long-stay residents who had a weight loss of 5 percent or more in the last month or 10*
430 *percent or more in the last 6 months who were not on a physician-prescribed weight-loss regimen noted*
431 *on an annual, quarterly, significant change, or significant correction MDS 3.0 assessment during the*
432 *selected quarter (3-month period). To address seasonal variation, the proposed measure uses a 2-quarter*
433 *average for the facility.*

434 Prevalence estimates of poor nutrition and unintentional weight loss among people in institutions vary
435 from 2 percent to 41 percent⁵³; dehydration also is common.⁵⁴ Using MDS 2.0 data for April through
436 June 2009, the national prevalence of too much weight loss in nursing facilities was 9.2 percent, ranging

⁵² Fried TR, Bradley EH, Williams CS et al., Functional disability and health care expenditures for older persons., *Arch Intern Med*, 2001;161(21):2602-2607.

⁵³ Pauly L, Stehle P, Volkert D. Nutritional situation of elderly nursing home residents, *Z Gerontol Geriatr*, 2007;40(1):3-12.

⁵⁴ Amella EJ, Feeding and hydration issues for older adults with dementia, *Nurs Clin North Am*, 2004;39(3):607-623.

NATIONAL QUALITY FORUM

437 from a low of an average of 7.0 percent in Alaska to a high of an average of 11.4 percent in North
438 Carolina.⁵⁵

439 The Committee's discussion of this measure highlighted its strong supporting evidence and prior use, as
440 well as its importance. Concerns focused on the inclusion and exclusion criteria pertaining to missing data
441 and patients near the end of life. The steward clarified that missing data for this measure requires several
442 missed weigh-in opportunities.

443 While the Committee voted to recommend this measure for endorsement, one member expressed concern
444 that weight loss is both common and normal in the last few years of life, especially among patients who
445 may be chronically ill or cognitively impaired, and using weight loss as a quality measure can have the
446 unintended consequence of increasing the use of feeding tubes for all residents. Additionally, the
447 Committee recommended that future research examine several issues, including unavoidable higher rates
448 in facilities where many patients are on palliative care programs and the exclusion of hospice patients
449 from the measure, based on a scenario in which it is too uncomfortable for this type of patient to be
450 disturbed in order to be weighed.

451 The Committee requested clarification of the definition of long-stay residents and of the numerator
452 calculation. The measure developer agreed to meet the length of stay condition and explained the
453 numerator calculation in writing during the call follow-up. The Committee voted to recommend this
454 measure for endorsement. This measure meets the National Priority of population health.

455

456 **NH-027-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home** 457 **Survey: Long-Stay Resident Instrument (ARHQ)**

458 *The CAHPS Nursing Home Survey: Long-Stay Resident Instrument is an in-person survey designed to*
459 *gather information on the experience of long-stay residents currently in nursing homes. The survey*
460 *instrument provides nursing home level scores on five topics valued by residents: (1) environment, (2)*
461 *care, (3) communication and respect, (4) autonomy, and (5) activities. In addition, the survey provides*
462 *nursing home level scores on three global items.*

⁵⁵ CMS, *MDS Quality Measure/Indicator Report*. Available from http://www.cms.hhs.gov/MDSPubQIandResRep/02_qmreport.asp?isSubmitted=qm3&group=13&qtr=14. Last accessed July 2010.

NATIONAL QUALITY FORUM

463 The Committee unanimously agreed that this measure was important and more patient-centered than the
464 other measures submitted for this project. However, some members did express skepticism about whether
465 the instrument may be used on its own as a tool for improvement. While the measure generally received
466 high ratings for scientific acceptability, several Committee members expressed significant concern about
467 the exclusion of non-English-speaking individuals and the potential for cultural bias. The measure
468 steward agreed with the benefit of translating the survey into other languages; however, the resources are
469 not available to do so in most facilities. In post-meeting follow-up, the measure developer informed the
470 Committee it has received some funding for translation and will begin this year. Other issues the
471 Committee raised included concern that a rolling sample may be required to meet the minimum number of
472 resident responses (85 to 90 per facility).

473 The Committee noted the measure failed to harmonize its definition of a long-stay resident with the 100-
474 day definition used in many other quality measures aligned with Medicare coverage of skilled nursing
475 facility care. The developer pointed out the current definition aims to include individuals who are
476 expected to stay for 100 days based on the absence of a discharge plan after the 30 days in the facility, but
477 ultimately agreed to harmonize the measure to define “long stay” as more than 100 days.

478
479 The Committee expressed several concerns regarding the cost to implement this survey and the possibility
480 that it would be a significant burden and potentially require special personnel to complete. In 11 long-
481 term care resident surveys, which took place in 3 states, more than 35,000 residents were interviewed face
482 to face. The cost per interview ranged from \$32 to \$51, depending on project specifics (including number
483 of residents interviewed, number of nursing homes included, etc). During the discussion on cost, the
484 developer explained one cost-saving solution, put in place by the state of Ohio: alternating between the in-
485 person interview and a survey mailed to families each year. In response to a question regarding training of
486 nursing home staff, the steward explained that nursing home staff was not expected to administer the
487 survey; rather, external third parties should administer it. Although the nursing home would not need to
488 train staff, it would need to contract with external parties to administer the survey.

489
490 Overall, the Committee determined the benefits of the survey (particularly the patient-centered focus)
491 outweighed its concerns over feasibility and language barriers and voted to recommend the measure for
492 endorsement. This measure meets the National Priority of patient and family engagement.

493

NATIONAL QUALITY FORUM

494 **NH-028-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home**
495 **Survey: Family Member Instrument (ARHQ)**

496 *The CAHPS Nursing Home Survey: Family Member Instrument is a mail survey instrument to gather*
497 *information on the experiences of family members of long-stay residents currently in nursing homes. The*
498 *Family Member Instrument asks respondents to report on their own experiences (not the resident's) with*
499 *the nursing home and their perceptions of quality of care provided to a family member living in a nursing*
500 *home. The survey instrument provides nursing home level scores on four topics valued by patients and*
501 *families: (1) meeting basic needs, such as help with eating, drinking, and toileting; (2) nurses/aides'*
502 *kindness/respect toward resident; (3) nursing home provides information/encourages respondent*
503 *involvement; (4) nursing home staffing, care of belongings, and cleanliness. In addition, the survey*
504 *provides nursing home scores on three global items, including an overall rating of care.*

505 The Committee agreed this measure is important. Although this instrument is not intended to serve as a
506 proxy for long-stay nursing home resident response, it may be an especially important tool for individuals
507 who do not qualify to answer the long-stay instrument. For these individuals, the family member
508 instrument may be the only available option for providing feedback on the patient care experience.
509 Several Committee members agreed the survey question about the length of wait time (for assistance by a
510 nurse or aide with eating, drinking, or toileting) may not be the most relevant, given the extent to which it
511 is subjective. However, the purpose of the CAHPS surveys is to solicit family perspectives, and the
512 facility scores include all responses, not just those from responders who may have unrealistic expectations
513 regarding time. The developer emphasized the survey aims to address observable care experiences rather
514 than assuming the family member has the same understanding of care experience as the resident. Another
515 Committee member commented that the sampling methodology described in the measure submission will
516 allow for outliers (i.e., respondents who are particularly displeased about every aspect of care or too easily
517 satisfied) without affecting the survey results. A Committee member suggested that, as with the other
518 CAHPS measures, the mailed survey should be translated into other languages to accommodate non-
519 English speakers.

520 The Committee voted to recommend this measure for endorsement. This measure meets the National
521 Priority of patient and family engagement.

522

NATIONAL QUALITY FORUM

523 **Candidate Consensus Standards Recommended for Time-Limited Endorsement**

524 **NH-008-10: Percent of residents experiencing one or more falls with major injury (long stay)** 525 **(CMS)**

526 *Percentage of residents who experienced one or more falls with major injury (e.g., bone fractures, joint*
527 *dislocations, closed head injuries with altered consciousness, and subdural hematoma) in the last year*
528 *(12-month period).*

529 Each year, an average nursing home with 100 beds reports 100 to 200 falls.⁵⁶ Approximately 1,800 older
530 adults living in nursing homes die each year from fall-related injuries. Those who experience non-fatal
531 falls can suffer injuries, have difficulty getting around, and have a reduced quality of life.⁵⁷ About 10
532 percent to 20 percent of nursing home falls cause serious injuries; 2 percent to 6 percent cause fractures.⁵⁸
533 Falls result in disability, functional decline, and reduced quality of life. Fear of falling can cause further
534 loss of function, depression, feelings of helplessness, and social isolation.⁵⁹

535 The Committee’s review focused on the definition of a “fall with a major injury,” and appropriate
536 exclusion criteria. Given the definition for a fall includes intercepted falls (a fall when the resident would
537 have fallen if he or she had not caught him- or herself or had not been intercepted by another person), the
538 Committee suggested it might be inappropriate to exclude comatose patients. They also suggested it might
539 be helpful to examine how falls with injuries relate to total number of falls and the use of restraints to
540 prevent falls.

541 The Committee members voted in favor of recommending this measure for time-limited endorsement,
542 pending clarification and additional information on the following issues:

- 543 • whether scope of the measure should be broadened to include all falls, as opposed to only
544 falls with major injury—the Committee requested that the developer consider broadening
545 the measure to include all falls; and
- 546 • exclusion of comatose patients.

⁵⁶Rubenstein LZ, Josephson KR, Robbins AS, Falls in the nursing home, *Ann Intern Med*, 1994; 121(6):442-451.

⁵⁷ Vu MQ, Weintraub N, Rubenstein LZ, Falls in the nursing home: are they preventable? *J Am Med Dir Assoc*, 2004; 5(6):401-6.

⁵⁸ Tinetti ME, Clinical practice. Preventing falls in elderly persons, *N Engl J Med*, 2003;348(1):42-49.

⁵⁹ Vu MQ, Weintraub N, Rubenstein LZ, pp.401-406.

NATIONAL QUALITY FORUM

547 The Committee's recommendation was based on the variability in how falls are classified and the use of
548 similar interventions to treat different types of falls. The developer plans to examine rates for both types
549 of fall injuries during measure testing. The information the developer provided convinced the Committee
550 to recommend the measure as-is for time-limited endorsement despite the original request to broaden the
551 scope to all falls.

552 The developer said the technical experts who advised the measure development presented conflicting
553 evidence regarding the exclusion of comatose patients. Ultimately, the developer agreed to include
554 comatose patients, based on the rationale that any fall is a negative outcome that should be prevented and
555 for which nursing homes should be held accountable.

556 The Committee voted to recommend this measure for time-limited endorsement. This measure meets the
557 National Priority of safety.

558

559 **NH-009-10: The percentage of residents on a scheduled pain medication regimen on admission who**
560 **report a decrease in pain intensity or frequency (short stay) (CMS)**

561 *Please note title change. This measure was originally titled *Effective pain management (short stay)*.

562 *Percentage of short-stay residents who are on a scheduled pain medication regimen at admission (PPS 5-*
563 *day assessment) AND who report lower levels of pain on their discharge MDS 3.0 assessment or their 14-*
564 *day PPS MDS assessment (whichever comes first).*

565 Research indicates that at least 40 percent to 85 percent of nursing facility residents have persistent pain.

566 The percentage may be even higher; research suggests that pain is often not fully documented.^{60,61, 62, 63,}

567 ^{64, 65, 66}

⁶⁰ Ferrell BA, Ferrell BR, Osterweil D, Pain in the nursing home, *J Am Geriatr Soc*, 1990;38(4):409-414.

⁶¹ Parmelee PA, Smith B, Katz IR, Pain complaints and cognitive status among elderly institution residents. *J Am Geriatr Soc*, 1993;41(5):517-522.

⁶² Sengstaken EA, King SA, The problems of pain and its detection among geriatric nursing home residents. *J Am Geriatr Soc*, 1993;41(5):541-544.

⁶³ Weiner DK, Rudy TE, Attitudinal barriers to effective treatment of persistent pain in nursing home residents, *J Am Geriatr Soc*, 2002;50(12):2035-2040.

⁶⁴ CMS, *MDS Quality Measure/Indicator Report*. Available

from http://www.cms.hhs.gov/MDSPubQIandResRep/02_qmreport.asp?isSubmitted=qm3&group=08&qtr=14. Last accessed July 2010.

NATIONAL QUALITY FORUM

568 Discussion of this particular measure focused on weighing the consequences of measure specifications
569 that lend themselves to potential underreporting against the potential consequences of not recommending
570 endorsement of a measure that addresses an important topic area. The Committee was concerned that the
571 numerator definition and exclusions could allow for manipulation to the advantage of poorly performing
572 nursing homes, but several members of the Committee were concerned that pain assessment will receive
573 less attention if a pain measure of this sort is not endorsed. The Committee also was concerned
574 specifically about the exclusion of individuals not on a scheduled analgesic and those with missing data.

575 Some Committee members expressed strong opposition to the measure. In summary, these concerns relate
576 to:

- 577 • how the measure is specified, including the lack of focus on pain management methods aside from
578 medication;
- 579 • the subjectivity of reporting pain;
- 580 • the need to consider the overuse of medication to treat pain;
- 581 • whether this measure lends itself to actionable processes for improving health outcomes;
- 582 • concerns over whether nursing homes face pressure to underreport on pain measures; and
- 583 • the lack of a crosswalk between levels of patient satisfaction with their pain levels.

584 The Committee voted to recommend the measures for time-limited endorsement pending the following
585 conditions:

- 586 • Evaluate the patient's cognitive status when reporting on pain;
- 587 • Examine what missing data indicates in light of concerns that data may not be reported to improve
588 the reported quality of care.
- 589 • Address concerns regarding the frequency of pain, e.g., does decreased frequency of pain, but
590 increased intensity of pain, equal effective care? Currently either decreased frequency OR
591 decreased intensity count as effective pain management, but having horrible pain less often would
592 count as effective pain management.

⁶⁵ Mor V, Zinn J, Angelelli J, et al., Driven to tiers: socioeconomic and racial disparities in the quality of nursing home care, *Milbank Q*, 2004;82(2):227-256.

⁶⁶ Wu N, Miller SC, Lapane K, et al., The problem of assessment bias when measuring the hospice effect on nursing home residents' pain, *J Pain Symptom Manage.*,2003;26(5):998-1009.

NATIONAL QUALITY FORUM

593 • Address the fact that the range of 0 to 10 is not linear. The measure does not account for potential
594 changes in pain score (e.g., 1:1 or 3:5) and may result in unintended consequence when
595 interpreting the measure results. The Committee encouraged addressing these concerns during
596 reliability testing. Committee members noted some residents would rather have pain at 4/5 than be
597 on opiates, but the measure does not allow for such a situation. The Committee recommended that
598 the measure account for patient preference.

599 In addition, the developer and measure steward received recommendations to examine the following
600 issues during testing:

- 601 • examine crosswalk between pain and patient satisfaction;
- 602 • educate staff on how to treat pain, not just how to measure it;
- 603 • address potential complicating factors (i.e., patient undergoing therapy may experience more
604 immediate pain but is receiving the proper treatment);
- 605 • consider overuse of medication; and
- 606 • account for patient preference in favor of some level of pain over use of opioids.

607 The Committee suggested, but did not require, that the developer change the title of the measure to be
608 more specific about what is being measured. The developer agreed to a title change and explained the new
609 title aims to limit the broad scope of pain management suggested by the measure's original title.

610 While the developer agreed it is important to capture residents' cognitive status when measuring pain, the
611 MDS does not currently allow for such combined assessment. The MDS 3.0 includes questions on
612 cognitive status and pain, respectively, but not concurrently. The change to MDS 3.0 for this topic means
613 a switch to a resident interview rather than a staff assessment (which was used in MDS 2.0) to measure
614 pain. The MDS 3.0 includes an observational pain assessment for individuals who are unable to complete
615 the self-report pain assessment interview, but these pain measures exclude residents who are unable to
616 answer the relevant questions. The developer explained that validity testing showed that 89 percent of a
617 nationally representative sample of nursing home residents were able to complete the pain interview, and
618 evidence suggests that residents experiencing varying levels of cognitive impairment are still able to
619 complete the self-report pain assessment. The developer expressed interest in expanding its measure
620 testing efforts in the future to include consideration of severely cognitively impaired individuals who are
621 unable to self-report pain.

NATIONAL QUALITY FORUM

622 The developer also plans to examine the change in levels of pain, the lack of change, and the direction of
623 change, and patterns for both frequency and intensity as part of ongoing measure testing. It clarified that
624 individuals who are on a pain management regimen but are not experiencing any pain upon admission are
625 not included in the measure. The measure developer mentioned that the MDS does not collect information
626 regarding patient preference.

627 The missing data issue was addressed in a similar fashion as to earlier measures and will be examined
628 more carefully during testing.

629 The Committee voted to recommend this measure for time-limited endorsement. This measure meets the
630 National Priority of care coordination.

631

632 **NH-010-10: Percent of residents with moderate to severe pain (short stay) (CMS)**

633 *Percentage of short-stay residents with a 14-day PPS assessment during a selected quarter (3 months)*
634 *who have reported almost constant or frequent pain and at least 1 episode of moderate-to-severe pain, or*
635 *any severe or horrible pain, in the 5 days prior to the assessment.*

636 **NH-011-10: Percent of Residents with Moderate to Severe Pain (Long Stay) (CMS)**

637 *Percentage of long-stay residents in a nursing home who reported almost constant or frequent pain and*
638 *at least one episode of moderate-to-severe pain or any severe or horrible pain in the past five days prior*
639 *to the assessment.*

640 Research indicates that at least 40 percent to 85 percent of nursing facility residents have persistent pain.
641 The percentage may be even higher; research suggests pain often is not fully documented.^{67,68, 69, 70, 71, 72,}

642 ⁷³

⁶⁷ Ferrell BA, Ferrell BR, Osterweil D, pp.409-414.

⁶⁸ Parmelee PA, Smith B, Katz IR, pp. 517-522.

⁶⁹ Sengstaken EA, King SA, pp.541-544.

⁷⁰ Weiner DK, Rudy TE, pp.2035-2040.

⁷¹ CMS. *MDS Quality Measure/Indicator Report*. Available

from http://www.cms.hhs.gov/MDSPubQIandResRep/02_qmreport.asp?isSubmitted=qm3&group=08&qtr=14. Last accessed July 2010.

⁷² Mor V, Zinn J, Angelelli J, Teno J, Miller S. Driven to tiers: socioeconomic and racial disparities in the quality of nursing home care. *The Milbank Quarterly*. 2004;82(2):227-56.

⁷³ Wu N, Miller S, Lapane K, Gozalo P. The problem of assessment bias when measuring the hospice effect on nursing home residents' pain. *Journal of Pain and Symptom Management*. 2003;26(5):998-1009.

NATIONAL QUALITY FORUM

643 These two measures were discussed concurrently with measure 009, and many of the same issues apply.
644 The Committee voted to recommend the measure for time limited endorsement with the following
645 conditions:

- 646 • Evaluate the patient’s cognitive status when reporting pain.
- 647 • Further examine missing data to ensure there is not an underreporting of pain in order to improve
648 the facility’s rating.
- 649 • Address concerns regarding the frequency of pain, e.g., does decreased frequency, but increased
650 intensity, equal effective care?
- 651 • Address concerns around unintended consequences that may occur when interpreting the measure
652 results during reliability testing. The range of 0 to 10 is not linear and therefore does not account
653 for potential changes in pain score. It was noted that some residents would rather have pain at
654 level 4 or 5 than take opiates.
- 655 • Account for patient preference in pain management.

656 During follow-up, the developer explained it plans to examine the results of this measure compared to
657 those produced by independent measures solely focused on cognitive status (i.e., Brief Interview of
658 Mental Status [BIMS] or resident ability to complete the MDS self-report pain assessment) during testing.

659 The Committee voted to recommend these measures for time-limited endorsement. The measures meet
660 the National Priority of care coordination.

661

662 **NH-012-10: Percent of residents with pressure ulcers that are new or have not improved (short**
663 **stay) (CMS)**

664 *Percentage of all short-stay residents in a nursing home with a discharge MDS assessment during the*
665 *selected quarter (3-month period) who were identified as having 1 or more Stage 2-4 pressure ulcer(s)*
666 *that were new or had not improved since their OBRA admission or 5-day PPS assessment.*

667 Pressure ulcers are serious medical conditions and one of the most important measures of the quality of
668 clinical care in nursing facilities. Pressure ulcers typically result from prolonged periods of uninterrupted

NATIONAL QUALITY FORUM

669 pressure on the skin, soft tissue, muscle, and bone.^{74, 75, 76} Vulnerable patients include the elderly; stroke
670 and diabetic patients; those with dementia, circulatory diseases, dehydration, and malnutrition; and people
671 who use wheelchairs or are bedridden—that is, any patient with impaired mobility or sensation.^{77, 78, 79}
672 Pressure ulcers interfere with the activities of daily living, predispose patients to osteomyelitis and
673 septicemia, and are strongly associated with longer hospital stays and mortality.⁸⁰

674 Pressure ulcers are high-volume and high-cost adverse events across the spectrum of healthcare settings
675 from acute hospitals to home health.^{81, 82, 83} The prevalence of pressure ulcers in health care facilities is
676 increasing, with some 2.5 million patients being treated annually for pressure ulcers in acute care
677 facilities.^{84, 85} In 2006, there were 503,300 acute hospital stays during which pressure ulcers were noted—
678 a 78.9 percent increase from 1993, when there were approximately 281,300 hospital stays related to
679 pressure ulcers.^{86, 87} As reported in the 2004 National Nursing Home Survey results, about 159,000
680 current U.S. nursing home residents (11 percent) had pressure ulcers. Stage 2 ulcers were the most
681 common, accounting for about 50 percent of all pressure ulcers. Stages 1, 3, and 4 made up the other

⁷⁴ Russo CA, Steiner C, Spector W. Hospitalizations related to pressure ulcers among adults 18 years and older, 2006 (Healthcare Cost and Utilization Project Statistical Brief No. 64, 2008. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb64.pdf>. Last accessed July 2010.

⁷⁵ Bates-Jensen BM, Quality indicators for prevention and management of pressure ulcers in vulnerable elders, *Ann Intern Med*, 2001;135(8 Pt 2), 744-751.

⁷⁶ Institute for Healthcare Improvement (IHI). *Relieve the Pressure and Reduce Harm*. May 21, 2007. Available at www.ihl.org/IHI/Topics/PatientSafety/SafetyGeneral/ImprovementStories/FSRelievethethePressureandReduceHarm.htm. Last accessed July 2010.

⁷⁷ Bates-Jensen BM, pp.744-751.

⁷⁸ Hurd D, Moore T, Radley D, Williams C. Pressure ulcer prevalence and incidence across post-acute care settings. Home Health Quality Measures & Data Analysis Project, Report of Findings, prepared for CMS/OCSQ, Baltimore, MD, under Contract No. 500-2005-000181 TO 0002. 2010.

⁷⁹ MacLean DS. Preventing & managing pressure sores. *Caring for the Ages*. March 2003;4(3):34-37. Available from <http://www.amda.com/publications/caring/march2003/policies.cfm>.

⁸⁰ Bates-Jensen BM, pp.744-751.

⁸¹ Russo CA, Steiner C, Spector W.

⁸² Bates-Jensen BM, pp.744-751.

⁸³ Hurd D, Moore T, Radley D, Williams C. Pressure ulcer prevalence and incidence across post-acute care settings. Home Health Quality Measures & Data Analysis Project, Report of Findings, prepared for CMS/OCSQ, Baltimore, MD, under Contract No. 500-2005-000181 TO 0002. 2010.

⁸⁴ Russo CA, Steiner C, Spector W.

⁸⁵ IHI, *Relieve the Pressure and Reduce Harm*.

⁸⁶ Russo CA, Steiner C, Spector W.

⁸⁷ MacLean DS, pp. 34-37.

NATIONAL QUALITY FORUM

682 approximately 50 percent of all ulcers.⁸⁸ Stage 1 pressure ulcers are not included in the proposed quality
683 measure because researchers have suggested including them adds little value.^{89, 90}

684 The Committee agreed this is a well-specified and important measure that addresses an area of care where
685 there is room for improvement. Despite the overall strength of the measure, the Committee discussed a
686 few weaknesses:

- 687 • lack of harmonization with pressure ulcer measures for other care settings;
- 688 • seasonal variation is not considered in the measure specifications; and
- 689 • lack of attention to other factors that may influence the development of pressure ulcers,
690 including the patient's level of skin moisture or nutrition, as well as the use of lifting
691 devices and levels of nurse staffing.

692 The developer will consider these issues during measure testing.

693 One Committee member raised the concern that the MDS coding requirement, as used by CMS, conflicts
694 with recommendations of relevant expert groups. The CMS definition of a deep tissue injury (DTI)
695 wound differs from the definition used by the National Pressure Ulcer Advisory Panel.

696

697 The Committee voted to recommend this measure for time-limited endorsement. This measure meets the
698 National Priority of safety.

699

700 **NH-013-10: Percent of high risk residents with pressure ulcers (long stay) (CMS)**

701 *This outcome standard measures the percentage of long-stay nursing home residents who were identified*
702 *as high risk (comatose, impaired in bed mobility or transfer, or suffering from malnutrition, who have 1*
703 *or more Stage 2-4 pressure ulcers. High-risk populations are those who are comatose, impaired in bed*
704 *mobility or transfer, or suffering from malnutrition.*

⁸⁸ Park-Lee E, Caffrey C, *Pressure Ulcers Among Nursing Home Residents: United States, 2004*, NCHS Data Brief No. 14. Hyattsville, MD: National Center for Health Statistics, 2009. Available from <http://www.cdc.gov/nchs/data/databriefs/db14.htm>. Last accessed July 2010.

⁸⁹ Brega A, Goodrich G, Hittle D, Conway K, Levy C. Empirical review and validation of refined pressure ulcer quality measures draft. Denver: Division of Health Care Policy and Research University of Colorado at Denver, 2008.

⁹⁰ Lynn J, West J, Hausmann S, et al. Collaborative clinical quality improvement for pressure ulcers in nursing homes, *J Am Geriatr Soc*, 2007;55(10), 1663-1669.

NATIONAL QUALITY FORUM

705 Similar to the discussion of measure NH-012-10, the Steering Committee review of this measure cited the
706 strong evidence for identifying nursing home residents with pressure ulcers. This measure was specified
707 to high-risk patients only based on findings about the weak usability of this type of measure for low-risk
708 patients. The Committee discussed the effects of risk adjusting this measure but decided there are too
709 many factors in the development of pressure ulcers to be able to risk adjust properly and that risk
710 adjustment may have the unintended consequence of preventing staff action where it may help reduce the
711 risk of pressure ulcers. Recommendations for future development of this measure included:

- 712 • identifying more specifically high-risk patients and the role of malnutrition in establishing
713 risk; and
- 714 • excluding residents who are admitted with stage 4 pressure ulcers, which may not heal
715 within 100 days.

716 The Committee voted to recommend this measure for time-limited endorsement. This measure meets the
717 National Priority of safety.

718

719 **NH-025-10: Percent of residents who have symptoms of major depression (long stay) (CMS)**

720 *This measures the percentage of long-stay residents in a nursing home during the current quarter who*
721 *have had symptoms of depression during the two-week period preceding the MDS 3.0 assessment date.*

722 Research conducted before the national implementation of the MDS demonstrated that the prevalence of
723 major depression among cognitively intact or moderately impaired nursing facility residents was 20
724 percent to 25 percent. In addition, another 30 percent of residents had less severe, but nevertheless
725 clinically significant, depression.⁹¹ However, only about 10 percent of residents with recognized
726 depression were treated.⁹² More recent studies reveal that, despite an emphasis on depression in the MDS
727 and associated quality indicators, as well as an almost 3-fold increase in the number of residents

⁹¹ Parmelee PA, Katz IR, Lawton MP. Depression among institutionalized aged: assessment and prevalence estimation. *J Gerontol*, 1989;44(1):M22-M29.

⁹² Heston LL, Garrard J, Makris L, et al., Inadequate treatment of depressed nursing home elderly, *J Am Geriatr Soc*, 1992;40(11):1117-1122.

NATIONAL QUALITY FORUM

728 prescribed antidepressants,⁹³ 34 percent of residents may have clinically significant depressive
729 symptoms.⁹⁴

730 The Committee discussed the benefit of using components of the PHQ-9 (Patient Health Questionnaire,
731 depression module), as suggested by the measure to standardize assessment of depressive symptoms. The
732 measure specifications required a number of points of clarification from the measure developer related to
733 the numerator, the denominator and exclusions. The developer was also asked to clarify the inclusion of
734 individuals being re-admitted into the nursing home following hospital discharge.

735 The Committee voted to recommend this measure for time-limited endorsement following clarification of
736 the definition of long-stay residents and of the numerator calculation. The measure developer clarified the
737 definition of long-stay residents. The developer cited a study finding that 88 percent of patients with
738 major depression scored a 10 or higher from either the Total Severity Score (MDS 3.0 item D0300),
739 which is calculated based on the resident response to the PHQ-9, or the Staff Assessment Measure (MDS
740 3.0 item D0500).⁹⁵ Thus, the measure numerator was explained in terms of residents who scored a 10 or
741 higher on either the Total Severity Score assessment or the Staff Assessment Measure.

742 In addition to the conditions previously laid out by the Committee, follow-up discussion of this measure
743 clarified the measure developer's intentions to evaluate further the effect of missing data on this measure.

744 The Committee voted to recommend this measure for time-limited endorsement. This measure meets the
745 National Priority of population health.

746

747 **NH-026-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home**
748 **Survey: Discharged Resident Instrument (ARHQ)**

749 *The CAHPS Nursing Home Survey: Discharged Resident Instrument is a mail survey instrument to gather*
750 *information on the experience of short-stay residents recently discharged from nursing homes. The survey*
751 *instrument provides nursing home level scores on four global items. Additionally, the survey provides*
752 *nursing home level scores on summary measures valued by consumers; these summary measures or*

⁹³ Weintraub D, Datto CJ, Streim JE, et al., Second-generation issues in the management of depression in nursing homes, *J Am Geriatr Soc*, 2002;50(12):2100-2101.

⁹⁴ Datto CJ, Oslin DW, Streim JE, et al., Pharmacologic treatment of depression in nursing home residents: a mental health services perspective, *J Geriatr Psychiatry Neurol*, 2002;15(3):141-146.

⁹⁵ Kroenke K, Spitzer RL, Williams JB, The PHQ-9: Validity of a brief depression severity measure, *J Gen Intern Med*, 2001;16(9):606-613.

NATIONAL QUALITY FORUM

753 *composites are currently being analyzed. The composites may include those valued by long-stay*
754 *residents: (1) environment; (2) care; (3) communication and respect; (4) autonomy; and (5) activities.*

755 This measure is still being tested, and the instrument will be finalized when testing is complete. During
756 discussion, a Committee member noted the survey does not address transition and discharge. The
757 Committee discussed the potential for facilities to incorporate the CTM-3 in conjunction with the
758 CAHPS measure to address care transitions properly.

759

760 Committee members disagreed about the degree to which the instrument addressed the topic of culture
761 change. Similar to the inclusion of the CTM-3, the developer reminded the group that additional questions
762 addressing culture change could serve as a supplement to the instrument. It also was suggested that the
763 topic could be addressed with a separate instrument or in a future version of the measure.

764

765 The Committee acknowledged the survey showed a good response rate from previous testing. Committee
766 members raised concerns about the content validity of the autonomy questions included in the instrument
767 and whether they appropriately measure resident autonomy (e.g., survey does not address waking time or
768 how and when bathing should occur). The steward explained that continued analysis of the autonomy
769 composite aims to address this by determining whether it is appropriate for inclusion in the instrument for
770 discharged residents. The Committee raised concerns about the lag time between when the resident
771 received nursing home services and when he or she would be asked to recall his or her experience with
772 those services. It discussed whether a phone interview could address respondents' potential problems with
773 recall, as well as allowing respondents to provide more detailed answers to survey items. The developer
774 stated it does not currently have the resources to test the measure with different modes of administration
775 and cited evidence to suggest that short-stay residents are less likely to be cognitively impaired than long-
776 stay residents. The Committee described the measure as well harmonized, given that CAHPS measures
777 are being implemented in other care settings. One of the Committee members briefly cited cost as a
778 barrier to feasibility, but ultimately that factor did not override the importance of the measure.

779

780 The Committee voted to recommend this measure for time-limited endorsement. This measure meets the
781 National Priority of patient and family engagement.

782

NATIONAL QUALITY FORUM

783 **CTM-3 Measure: 3-Item Care Transitions Measure (University of Colorado Health Sciences**
784 **Center)**

785 *One-dimensional, self-reported survey that measures the quality of preparation for care transitions.*

786 The NQF Board of Directors re-endorsed the Care Transition Measure at the facility level in May 2010.
787 The Nursing Homes Steering Committee was asked to consider whether the measure, as specified for
788 nursing homes, should be included in the set of recommended measures. Several Committee members
789 emphasized the importance of measuring transitions. One Committee member also commented that the
790 measure is user friendly, simple, and useful. The developer was asked to clarify the method of
791 administering the tool; the tool can be administered via mail or telephone, based on previous testing
792 demonstrating that either option is acceptable to the target population. The survey can be administered by
793 an external third party or by the provider of care (e.g., the nursing home) as long as the survey is not
794 administered by a health professional who has cared for the patient, as this effectively inflates the CTM-3
795 score due to the social desirability influence.

796 The Committee expressed interest in having the CTM-3 added to the Nursing Homes CAHPS discharge
797 measure. The developer explained no formal efforts have been made to add the CTM-3 to a Nursing
798 Home CAHPS instrument at this time. However, including the CTM-3 as part of Hospital CAHPS has
799 been discussed previously. The CAHPS developer stated the Nursing Home CAHPS measures allow for
800 the addition of questions to supplement the original instrument.

801 NQF already has endorsed this measure at the facility level. The Committee recommended the redefined
802 CTM-3 be added to the approved Nursing Homes measure set. This measure meets the National Priority
803 of care coordination.

804

805 **Candidate Consensus Standards Not Recommended for Endorsement**

806

807 **NH-001-10: Assessment of dementia on admission to long term care facility (AMDA)**

808 *Percentage of patients aged 75 years and older with current signs and symptoms of dementia assessed in*
809 *the physical/functional and psychosocial domains with a validated instrument and documented in the*
810 *medical record.*

NATIONAL QUALITY FORUM

811 While the Committee agreed the measure undeniably addresses an important topic area, it did not think
812 the measure as specified was comprehensive enough to discuss in detail. The Committee noted the
813 definition of “signs and symptoms of dementia” was unclear, and the measure did not adequately specify
814 the instrument intended to use to assess dementia. Overall, the measure submission required much more
815 detailed specifications to be considered for recommendation.

816

817 **NH-002-10: NH UI 11: Behavioral intervention for worsening urinary incontinence (RAND)**

818 *Percentage of nursing home patients 65 years or older with worsening urinary incontinence, who are*
819 *able to self-toilet, and who have a behavioral intervention.*

820 The Committee voted not to recommend this measure due to its narrow focus; weaknesses in the data
821 source (MDS 2.0); limits on the population (including only patients who can self-toilet and excluding
822 patients who are immobile but not cognitively impaired); potential unintended consequences
823 (misrepresentation of the treatment’s effectiveness and impact); and a lack of demonstrated usefulness
824 and ease of interpretation by consumers.

825

826 **NH-004-10: Patient fall rate (ANA)**

827 *All documented falls, with or without injury, experienced by patients on an eligible unit in a calendar*
828 *quarter.*

829 The Committee raised a number of concerns regarding this measure, including its inconsistent focus,
830 utilization of tools that are incompatible with long-term care settings, and concerns about the feasibility of
831 accurate data capture. In addition, the measure specifications were not appropriately tailored to long-term
832 care settings.

833

834 **NH-005-10: Falls with Injury (ANA)**

835 *All documented patient falls with an injury level of minor (2) or greater.*

NATIONAL QUALITY FORUM

836 Similar to measure NH-004-10, the Committee noted the numerator and exclusion specifications were not
837 appropriately tailored to long-term care settings. Based on the intended definition of falls with injury, and
838 the data collection process, the Committee commented that variation in how incident reports define levels
839 of injury poses a threat to the feasibility of collecting accurate data. Harmonization with acute care
840 settings, as well as different types of long-term care facilities (i.e. hospice, skilled nursing facility, etc.),
841 also requires more detailed consideration.

842

843 **NH-006-10: Skill mix (registered nurses [RN], licensed vocational/practical nurse [LPN/LVN],**
844 **unlicensed assistive personnel [UAP], and contract) (ANA)**

845 *NSC-12.1—Percentage of productive nursing hours worked by RN staff (employee and contract) with*
846 *direct patient care responsibilities by type of unit*

847 *NSC-12.2—Percentage of productive nursing hours worked by LPN/LVN staff (employee and contract)*
848 *with direct patient care responsibilities by type of unit*

849 *NSC-12.3—Percentage of productive nursing hours worked by UAP staff (employee and contract) with*
850 *direct patient care responsibilities by type of unit*

851 *NSC-12.4—Percentage of productive nursing hours worked by contract staff (RN, LPN/LVN, and UAP)*
852 *with direct patient care responsibilities by type of unit*

853

854 **NH-007-10: Nursing care hours per patient day (ANA)**

855 *NSC-13.1—The number of productive hours worked by RNs with direct patient care responsibilities per*
856 *patient day*

857 *NSC-13.2—The number of productive hours worked by nursing staff (RN, LPN/LVN, and UAP) with*
858 *direct patient care responsibilities per patient day*

859 The Committee acknowledged the importance of staffing measures and the long history involved in
860 examining the link between staffing and quality. Despite the importance of these measures, the
861 Committee had several concerns with these two measures, including:

- 862 • the need for harmonization with the new healthcare reform law provision that mandates the
863 collection of nurse staffing data;

NATIONAL QUALITY FORUM

- 864
- the difficulty of obtaining reliable and consistent payroll data to support staffing measures;
- 865
- the fact that measures are specified for hospitals and not the nursing home setting;
- 866
- ambiguity of the definition of terms included in the numerator and denominator, such as
- 867
- “productive care”; and
- 868
- whether complete testing within the next 12 months is reasonable.

869

870

871 **Candidate Consensus Standards Withdrawn From Consideration**

872

873 **NH-023-10: Percent of residents whose ability to move in and around their room and adjacent** 874 **corridors got worse (long stay) (CMS)**

875 *Percentage of all long-stay residents in a nursing home whose mobility has declined.*

876 The Committee found several problems with this measure:

- 877
- the measure title does not reflect the numerator statement;
- 878
- only one level of decline is specified;
- 879
- there are poor results for validity and reliability testing;
- 880
- it employs unacceptable risk-adjustment methodology;
- 881
- it could result in several unintended consequences; and
- 882
- it compares patients who can ambulate with assistance to patients using wheelchairs as if they are
- 883
- equivalent levels of function.

884 The Committee weighed the importance of having a measure like this available for public reporting
885 versus the consequences of using a measure that is not scientifically sound. The Committee unanimously
886 voted to defer voting on this measure to give the developer a chance to re-assess. Ultimately, the
887 developer chose to withdraw this measure from consideration.

888

889 **Additional Recommendations**

890 The Committee recommended that the following areas require further investigation and measure
891 development.

NATIONAL QUALITY FORUM

892 **End-of-life-care issues:**

- 893 • advanced care directives; and
- 894 • timely and appropriate referral to hospice.

895

896 **Hospitalization issues**

- 897 • rehospitalization rates; and
- 898 • unnecessary hospital admissions.

899

900 **Incontinence**

- 901 • incontinence; and
- 902 • toileting for all incontinent residents, not just mobile residents.

903

904 **Legal/financial issues**

- 905 • legal and financial aspects of care, including families' needs; and
- 906 • utilization of care and resources.

907

908 **Medication issues:**

- 909 • antipsychotic medications;
- 910 • a harmonized set of measures about MRSA for all types of facilities;
- 911 • a look at the emphasis in using pharmacologic treatments for so many conditions;
- 912 • management of polypharmacy;
- 913 • multidrug resistant infections/infection control/more judicious use of antibiotics; and
- 914 • psychotropic medications.

915

916 **Mental health issues:**

- 917 • delirium; and
- 918 • end-stage dementia managed as a life-limiting illness with palliative care/hospice.

919

920 **Patient satisfaction issues:**

- 921 • person- or surrogate-directed/centered care; and
- 922 • surrogate reporting.

NATIONAL QUALITY FORUM

923 **Physical health issues:**

- 924 • loss of ambulatory ability (i.e., losing ability to walk unassisted);
- 925 • sexual health; and
- 926 • short stay residents with new or worsened pressure ulcers.

927

928 **Quality-of-life issues:**

- 929 • decrease/elimination of alarms;
- 930 • flexibility in meal times, bathing, etc.;
- 931 • identification of fall risk factors;
- 932 • modified diets;
- 933 • non-MDS measures;
- 934 • quality-of-life issues/choice and lifestyle preferences; and
- 935 • return to the community.

936

937 **Staffing issues**

- 938 • communication within care team;
- 939 • continuity of care issues across care settings;
- 940 • how to measure staffing ratios appropriately;
- 941 • relationships with aides;
- 942 • stability in the Director of Nursing position;
- 943 • surgical interaction with care (nutrition, etc.);
- 944 • turnover and continuity of care issues with staff; and
- 945 • use of safe lifting practices.

946

947

948

949

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

**Appendix A:
Specifications of the National Voluntary Consensus Standards for Nursing Homes 2010**

The following table presents the detailed specifications for the Nation Quality Forum (NQF)-endorsed® *National Voluntary Consensus Standards Nursing Homes 2010*. All information presented has been derived directly from measure sources/developers without modification or alteration (except when the measure developed agreed to such modification during the NQF Consensus Development Process) and is current as of July 13, 2010. All NQF-endorsed voluntary consensus standards are open source, meaning they are fully accessible and disclosed. Measures stewards include the Agency for Healthcare Research and Quality, the American Medical Directors' Association, American Nurses Association, Centers for Medicare and Medicaid Services, RAND Corporation and University of Colorado Health Sciences Center.

NH-003-10: Physical Therapy for New Balance Problem (RAND Corporation)
Description: Percentage of nursing home patients 65 years old or older who have a new balance problem who receive physical therapy or nursing rehabilitation/restorative care
Numerator: Patients in the denominator who received physical therapy or nursing rehabilitation/restorative care Time Window: All patients in the denominator whose quarterly MDS indicates a new balance problem (compared to the prior MDS) and who received physical therapy in the 4 months prior or 1 month after the noted new problem OR nursing rehabilitation/restorative care in the 7 days prior.
Numerator Details: Physical therapy (PT): Administrative claim for PT (defined in previously submitted documentation) in the 4 months before or 1 month after the date describing the new balance problem OR MDS 3.0 data (O5f) indicates training and skill practice in walking for at least 15 minutes for at least 1 day in the 7 days prior to the date describing the new balance problem
Denominator: Nursing home patients 65 years or older with a new balance problem Time Window: Nursing home patients 65 years old or older with a new balance problem any time during the study period with 14 months of MDS and administrative claims data.
Denominator Details: New balance problem: Consecutive quarterly MDS reports contain measures of Balance During Transitions and Walking: Moving from seated to standing position (G3a) and the second indicates a worsening status from the first. Worsening status = worsening by at least 1 level. [0. Steady at all times; 1. Not steady, but able to stabilize without human assistance; 2. Not steady, only able to stabilize with human assistance] NOTE: While this item has been somewhat modified in MDS 3.0, the essence of the content remains the same. MDS 3.0: Balance during Transitions and Walking MDS 3.0 item G3a. Moving from seated to standing position [replaces MDS 2.0 Test for Balance G3a (while standing) and G3b (while sitting) per Saliba 2008] 0 = Steady at all times 1 = Not steady, but able to stabilize without human assistance 2 = Not steady, only able to stabilize with human assistance Saliba D, Buchanan J. Development & Evaluation of a Revised Nursing Home Assessment Tool: MDS 3.0. RAND report, CMS MDS 3.0 Validation Contract No. 500-00-0027/Task Order #2, April 2008

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-003-10: Physical Therapy for New Balance Problem (RAND Corporation)
Exclusions: Patients are excluded from the denominator if they have advanced dementia or a poor prognosis.
Risk Adjustment: N/A

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-008-10: Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)* (Centers for Medicare & Medicaid Services)</p>
<p>Description: This measure is based on data from all non-admission MDS 3.0 assessments of long-stay nursing facility residents which may be annual, quarterly, significant change, significant correction, or discharge assessment. It reports the percent of residents who experienced one or more falls with major injury (e.g., bone fractures, joint dislocations, closed head injuries with altered consciousness, and subdural hematoma) in the last year (12-month period). The measure is based on MDS 3.0 item J1900C, which indicates whether any falls that occurred were associated with major injury.</p>
<p>Numerator: The numerator is based on the number of long-stay nursing facility residents who experienced one or more falls that resulted in major injury (J1900c = 1 or 2) on any non-admission MDS assessment in the last 12 months which may be an annual, quarterly, significant change, significant correction or discharge assessment. In the MDS 3.0, major injury is defined as bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma.</p> <p>Time Window: The denominator time window is a 12-month look-back period. It is updated quarterly based on MDS 3.0 annual, quarterly, significant change, significant correction or discharge assessments. Annual percentages are reported to ensure adequate sample size.</p>
<p>Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. Residents are counted if J1900 = 1 or 2 (resident had had one fall with major injury, or two or more falls with major injury).</p>
<p>Denominator: The denominator is the total number of long-stay residents in the nursing facility who were assessed during the selected time window and who did not meet the exclusion criteria.</p> <p>Time Window: The denominator time window is a 12-month look-back period. It is updated quarterly based on MDS 3.0 annual, quarterly, or significant change or correction assessments. Annual percentages are reported to ensure adequate sample size.</p>
<p>Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The target population includes all long-stay residents who had an annual, quarterly, significant change, significant correction, or discharge assessment during the previous 12 months (A0310.A = 02, 03, 04, 05 or 06).</p>
<p>Exclusions: Residents with MDS admission assessments (OBRA or a 5-day PPS assessment) from the current quarter are excluded. Also excluded are residents for whom data from the relevant section of the MDS are missing. Residents must be present for at least 100 days to be included in long-stay measures. Long-stay facilities are excluded from the public reporting if their sample includes fewer than 30 residents.</p>
<p>Risk Adjustment: N/A</p>

* This consensus standard was endorsed as **time limited**, which means that it meets the NQF-endorsed evaluation criteria with the exception of not having been adequately field tested. After 1 year the measure steward shall provide evidence and results from field testing to NQF for consideration, at which time NQF may choose to endorse the standard or remove endorsement.

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NQF REVIEW DRAFT—DO NOT CITE OR QUOTE

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NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

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)* (Centers for Medicare & Medicaid Services)

Description: This measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of those short-stay residents who can self-report and who are on a scheduled pain medication regimen at admission (5-day PPS MDS assessment) and who report lower levels of pain on their discharge MDS 3.0 assessment or their 14-day PPS MDS assessment (whichever comes first) when compared with the 5-day PPS MDS assessment.

Numerator: The numerator is the number of short-stay residents who have a 14-day PPS assessment or discharge assessment (whichever comes first), who can self-report, (MDS 3.0 item J200=1) and who are on a scheduled pain medication regimen (MDS 3.0 item J0100A = 1), reporting a defined reduction in pain when compared to their earlier assessment (a 5-day PPS assessment). Reduced pain is indicated, when compared to the prior assessment, there is a decrease in pain frequency (MDS 3.0 item J0400) or a decrease in pain intensity (as reported in MDS 3.0 item J0600A = 0–10, with 10 being the worst pain you can imagine, or a decrease in the verbal description of pain (MDS 3.0 item J0600B = 1–4, with 4 being very severe, horrible pain).

Time Window: The numerator data come from the target MDS 3.0 assessment (which may be the 14-day PPS assessment or the discharge assessment) and refers to pain reduction reported since the previous assessment (a 5-day PPS) in the selected quarter (3 month period). Change is based on the difference in pain between the admission assessment and the next assessment (either the 14 day or discharge, whichever comes first).

Numerator Details: Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. The numerator counts short-stay residents with both a 5-day PPS MDS 3.0 assessment and a 14-day PPS MDS 3.0 assessment or a discharge MDS 3.0 assessment (whichever comes first); who have been on a scheduled pain medication regimen (J0100A = 1), who self-report a reduction in pain. A reduction in pain is defined as one of the followings: 1) reduced frequency of pain between the two assessments (J0400) or reduced intensity of pain (J0600A) or reduced verbal descriptor of pain (J0600B). Higher scores of these items reflect more frequent or severe pain, and so a reduction in pain is calculated if the score on any of these items is lower compared to the score of the previous assessment.

Denominator: The denominator is the total of all short-stay residents in the nursing facility who have a 5-day PPS MDS 3.0 assessment and either a 14-day PPS MDS 3.0 assessment or a discharge MDS 3.0 assessment (whichever comes first); who have been on a scheduled pain medication regimen (MDS 3.0 item J0100A = 1) and who do not meet the exclusion criteria.

Time Window: Denominator data come from admission (OBRA) or 5-day PPS assessments and discharge or 14-day MDS 3.0 assessments (whichever comes first) conducted during each quarter (3-month period).

Denominator Details: Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. The target population includes all short-stay residents who have had a 5-day MDS 3.0 PPS assessment (A0301.B = 1) and an MDS 3.0 discharge assessment (A0301.F = 10 or 11) or a 14-day MDS 3.0 PPS assessment (A0301.B = 2) (whichever comes first) during the selected quarter, except those who meet the exclusion criteria.

Exclusions: A resident is excluded from the denominator if there are missing data in the relevant MDS questions. If the short-stay facility has fewer than 20 residents in the sample, they are excluded from public reporting because of small sample size.

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

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)* (Centers for Medicare & Medicaid Services)

Risk Adjustment: N/A

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-010-10: Percent of Residents with Moderate to Severe Pain (Short Stay)* (Centers for Medicare & Medicaid Services)</p>
<p>Description: This measure updates CMS’ current QM on pain severity for short-stay residents (people who are discharged within 100 days of admission). This updated measure is based on data from the Minimum Data Set (MDS 3.0) 14-day PPS assessments. This measure reports the percentage of short-stay residents with a 14-day PPS assessment during a selected quarter (3 months) who have reported almost constant or frequent pain and at least one episode of moderate to severe pain, or any severe or horrible pain, in the 5 days prior to the 14-day PPS assessment.</p>
<p>Numerator: The numerator is the number of short-stay residents who are able to self-report (item J200=1), who have a 14-day PPS assessment during the preceding 6 months, who report almost constant or frequent pain (item J0400 = 1 or 2) AND at least one episode of moderate to severe pain (item J0600A = 5, 6, 7, 8, or 9 on a scale of 1–10, with 10 being the worst pain you can imagine, OR item J0600B = 2 or 3 on a scale of 0–4, with 4 being very severe, horrible pain) OR very severe/horrible pain of any frequency (item J0600A = 10 on a scale of 1 to 10 OR item J0600B = 4 on a scale of 0 to 4) in the 5 days prior to the 14-day PPS assessment. Time Window: The numerator data come from MDS 3.0 14-day PPS assessments conducted during the six months preceding each selected quarter (3-month period).</p>
<p>Numerator Details: Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. The numerator details include the number of short-stay residents able to self-report (item J200=1) and who report almost constant or frequent pain on a scale of 1 to 4. These numeric ratings were defined as the following: 1 = the pain is almost constantly (item J0400=1 or 2) AND at least one episode of moderate to severe pain (item J0600A=5, 6, 7, 8, or 9 on a scale of 1-10, with 10 being the worst pain you can imagine, OR item J0600B= 2 or 3 on a scale of 0-4, with 4 being very severe, horrible pain) OR very severe/horrible pain of any frequency (item J0600A=10 on a scale of 1 to 10 OR item J0600B= 4 on a scale of 0 to 4) in the 5 days prior to the assessment.</p>
<p>Denominator: The denominator is the total of all short-stay residents in the nursing facility who have received an MDS 3.0 14-day PPS assessment during the preceding 6 months from the selected quarter and who do not meet the exclusion criteria. Time Window: Denominator data come from MDS 3.0 14-day PPS assessments conducted during the 6 months preceding each quarter (3-month period).</p>
<p>Denominator Details: Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. The target population includes all short-stay residents who have had a MDS 3.0 14-day PPS assessment (item A03100.B=2) during the 6 months preceding the selected quarter, except those who meet the exclusion criteria.</p>
<p>Exclusions: A resident is excluded from the denominator if there are missing data in the relevant questions in the target MDS assessment. Short-stay facilities with fewer than 20 residents are excluded from public reporting because of small sample size.</p>
<p>Risk Adjustment: N/A</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-011-10: Percent of Residents with Moderate to Severe Pain (Long Stay)*

(Centers for Medicare & Medicaid Services)

Description: The proposed long-stay pain measure reports the percent of long-stay residents of all ages in a nursing facility who reported almost constant or frequent pain and at least one episode of moderate to severe pain or any severe or horrible pain in the 5 days prior to the MDS assessment (which may be an annual, quarterly, significant change or significant correction MDS) during the selected quarter. Long-stay residents are those who have had at least 100 days of nursing facility care. This measure is restricted to the long stay population because a separate measure has been submitted for the short-stay residents (those who are discharged within 100 days of admission).

Numerator: The numerator is the number of long-stay residents with an MDS assessment (which may be an annual, quarterly, significant change or significant correction assessment) during the selected quarter and who self-report (v200=1) almost constant or frequent pain on a scale of 1 to 4 (J0400 =1 or 2) AND at least one episode of moderate to severe pain (item J0600A = 5, 6, 7, 8, or 9 on a scale of 1–10, with 10 being the worst pain you can imagine, OR item J0600B = 2 or 3 on a scale of 0–4, with 4 being very severe, horrible pain) OR very severe/horrible pain of any frequency (item J0600A = 10 on a scale of 1 to 10 OR item J0600B = 4 on a scale of 0–4) in the 5 days prior to the assessment.

Time Window: The numerator data are from an MDS annual, quarterly, significant change or significant correction assessments conducted during each quarter (3-month period).

Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. The numerator includes the number of long-stay residents reporting almost constant or frequent pain on a scale of 1 to 4 for those who can self-report (J0200=1). These numeric ratings were defined as follows: 1 = the pain is experienced almost constantly (MDS 3.0 item J0400=1 or 2) AND at least one episode of moderate to severe pain (item J0600.A= 5,6,7,8, or 9 on a scale of 1-10, with 10 being the worst pain you can imagine, OR item J0600.B= 2 or 3 on a scale of 0-4, with 4 being very severe, horrible pain) OR very severe/horrible pain of any frequency (item J0600A=10 on a scale of 1 to 10 OR item J0600.B= 4 on a scale of 0-4) in the 5 days prior to the assessment.

Denominator: The denominator is the total of all long-stay residents in the nursing facility who have an MDS assessment which may be an annual, quarterly, significant change or significant correction assessment during the selected quarter and who do not meet the exclusion criteria.

Time Window: Denominator data come from MDS 3.0 annual, quarterly, significant change or significant correction MDS, assessments conducted during each quarter (3-month period).

Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The target population includes all long-stay residents with a completed annual, quarterly, significant change or significant correction MDS 3.0 assessment (A0310.A= 02, 03, 04, 05, 06) during the selected quarter, and who can self-report (J0200=1), except for those who meet the exclusion criteria.

Exclusions: A resident is excluded from the denominator if the MDS assessment was conducted within 14 days of admission or if there are missing data in the responses to the relevant questions in the MDS assessment. If the facility sample includes fewer than 30 residents, then the facility is excluded from public reporting because of small sample size.

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-011-10: Percent of Residents with Moderate to Severe Pain (Long Stay)*

(Centers for Medicare & Medicaid Services)

Risk Adjustment: Resident-level limited covariate risk adjustment was used for persons with independence or modified independence in daily decision making on prior MDS assessments (Item C1000—made decisions regarding tasks of daily life = 0 [independent—decisions consistent/reasonable] or 1 [modified independence—some difficulty in new situations only]).

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-012-10: Percent of Residents with Pressure Ulcers That Are New or Have Not Improved (Short Stay)*
(Centers for Medicare & Medicaid Services)

Description: This measure updates CMS' current QM pressure ulcer measure which currently includes Stage 1 ulcers. The measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of residents who have Stage 2-4 pressure ulcers that are new or have not improved. The measure is calculated by comparing the Stage 2-4 pressure ulcer items on the discharge assessment and the previous MDS assessment (which may be an OBRA admission or 5-day PPS assessment).

The quality measure is restricted to the short-stay population defined as those who are discharged within 100 days of admission. The quality measure does not include the long-stay residents who have been in the nursing facility for longer than 100 days. A separate measure has been submitted for them.

Numerator: The numerator is the number of short-stay residents with a discharge MDS 3.0 assessment during the selected time window who have one or more Stage 2-4 pressure ulcer(s) that are new or that have not improved on the discharge assessment compared to the previous OBRA admission or 5-day PPS assessment. Stage 1 ulcers are excluded from this measure because recent studies have identified difficulties in objectively measuring them across different populations (Lynn, 2007).

Time Window: For every quarter (3-month period), the Centers for Medicare & Medicaid Services (CMS) selects the MDS 3.0 discharge assessments from each nursing facility.

Numerator Details: The numerator is the number of short-stay residents with a MDS 3.0 discharge assessment during the selected time window and who have one or more Stage 2-4 pressure ulcer(s) that are new or have not improved comparing the discharge assessment (A0310.F=10, 11) and the prior OBRA admission (A0310.A=01) or the 5-day PPS assessment (A0310.B=01). On the discharge assessment, item M0800A > 0 or M0800B>0 or M0800C>0:

M0800 = Worsening in Pressure Ulcer Status Since Prior Assessment (Indicate the number of current pressure ulcers that were not present or were are a lesser stage on the prior assessment: A. Stage 2, B. Stage 3, and C. Stage 4)
OR

The pressure ulcers are new or fail to improve. This is indicated by comparing the discharge assessment with the prior OBRA admission or 5-day PPS assessment on item M0300 (current number of unhealed [non-epithelialized] pressure ulcers at each stage). If M0300 is equivalent or greater in the discharge assessment than in the OBRA admission or 5-day PPS assessment for each stage of ulcer, including B1 (Stage 2) OR C1 (Stage 3), or D1 (Stage 4) then they are included as having a pressure ulcer that failed to improve or is a new pressure ulcer.

Definitions of pressure ulcer stages for the MDS 3.0:

M0300 B.1 = 1 or > Stage 2: Partial thickness loss or dermis presenting as shallow open ulcer with red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.

OR

M0300 C.1 = 1 or > Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunneling.

OR

M0300 D.1 = 1 or > Stage 4: Full thickness tissue loss with exposed bone or tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining or tunneling.

Denominator: All short-stay nursing facility residents except those who meet the exclusion criteria.

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-012-10: Percent of Residents with Pressure Ulcers That Are New or Have Not Improved (Short Stay)* (Centers for Medicare & Medicaid Services)
Time Window: For every quarter (3-month period), CMS selects the MDS 3.0 discharge assessments from each nursing facility.
Denominator Details: The denominator is the number of short-stay residents who have been assessed with MDS 3.0 discharge assessments during the selected time window and whose date of discharge is less than or equal to 100 days since their most recent entry date (A1600) for the OBRA admission or 5-day PPS assessment, except for those meeting the exclusion criteria.
Exclusions: A short-stay resident is excluded from the denominator if there is no discharge assessment or if missing data precludes calculation of the measure. Short-stay facilities are excluded from public reporting if they have fewer than 20 residents due to small sample size.
Risk Adjustment: Resident-level limited covariate risk adjustment is performed. Covariates are based on the 5-day PPS assessment and include residents who have healed pressure ulcer(s), require limited or more assistance in bed, have bowel incontinence at least once a week, diabetes or peripheral vascular disease, or low Body Mass Index (BMI between 12 -19). Resident- level covariates are used in a logistic regression model to calculate a resident-level expected QM score (the probability that the resident will evidence the outcome, given the presence or absence of characteristics measured by the covariates). Then, an average of all resident-level expected QM score for the nursing facility is calculated to create a facility-level expected QM score. The final facility-level adjusted QM score is based on a calculation which combines the facility-level expected score and the facility-level observed score.

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-013-10: Percent of High Risk Residents with Pressure Ulcers (Long Stay)*

(Centers for Medicare & Medicaid Services)

Description: CMS currently has this measure in their QMs but it is based on data from MDS 2.0 assessments and it includes Stage 1 ulcers. This proposed measure will be based on data from MDS 3.0 assessments of long-stay nursing facility residents and will exclude Stage 1 ulcers from the definition. The measure reports the percentage of all long-stay residents in a nursing facility with an annual, quarterly, significant change or significant correction MDS assessment during the selected quarter (3-month period) who were identified as high risk and who have one or more Stage 2-4 pressure ulcer(s). High risk populations are those who are comatose, or impaired in bed mobility or transfer, or suffering from malnutrition.

Long-stay residents are those who have been in nursing facility care for more than 100 days. This measure is restricted to the population that has long-term needs; a separate pressure ulcer measure is being submitted for short-stay populations. These are defined as having a stay that ends with a discharge within the first 100 days.

Numerator: The numerator is the number of long-stay residents who have been assessed with annual, quarterly, significant change or significant correction MDS 3.0 assessments during the selected time window and who are defined as high risk with one or more Stage 2-4 pressure ulcer(s). High risk populations are those who are comatose, or impaired in bed mobility or transfer, or suffering from malnutrition.

Time Window: The data are collected quarterly. The term “annual” in this sentence refers to one of the various MDS 3.0 assessments utilized to calculate the measure (which may be an admission, annual, quarterly, significant change or correction assessment).

Each quarter (3 month window) CMS selects the MDS 3.0 annual, quarterly, significant change or significant correction MDS 3.0 assessments from each nursing facility.

Numerator Details: The numerator is the number of long-stay residents who have been assessed with annual, quarterly, significant change or significant correction MDS 3.0 assessments during the selected time window and who are reported as having one or more Stage 2-4 pressure ulcer(s) M0300 (current number of unhealed [non-epithelialized] pressure ulcers at each stage); Stage 1 ulcers are not included in this measure because recent studies have identified difficulties in objectively measuring them across different populations (Lynne, 2007).

M0300 B. 1 =1 or > (number of Stage 2): Partial thickness loss or dermis presenting as a shallow open ulcer with red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.

OR

M0300 C.1 =1 or > (number of Stage 3): Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunneling.

OR

M0300 D.1 =1 or > (number of Stage 4): Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining or tunneling.

OR

Section I—Other—Active Diagnoses in the last 7 days I800 = ICD-9-CM codes for pressure ulcers 707.22 (Stage 2), 707.23 (Stage 3), or 707.24 (Stage 4).

Lynn J, West J, Hausmann S, Gifford D, Nelson R, McGann P, Bergstrom N, Ryan JA (2007). Collaborative clinical quality improvement for pressure ulcers in nursing homes. *Journal of the American Geriatrics Society*, 55(10), 1663-

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-013-10: Percent of High Risk Residents with Pressure Ulcers (Long Stay)* (Centers for Medicare & Medicaid Services)</p>
<p>9.</p>
<p>Denominator: The denominator includes all long-stay residents who received an annual, quarterly, or significant change or significant correction assessment during the target quarter and who did not meet exclusion criteria. Time Window: Every quarter (3-month period) CMS selects the MDS 3.0 annual, quarterly, significant change or significant correction assessments from each nursing facility.</p>
<p>Denominator Details: The denominator is the number of long-stay residents who have been assessed with annual, quarterly, significant change or significant correction MDS 3.0 assessments (A0310.A=02, 03, 04, 05, 06) during the selected time window and who are defined as high risk by meeting one of the following criteria on the assessment: 1. Impaired in bed mobility or transfer as indicated by item G0110.A.1, Bed mobility (self-performance) or G0110B.1 Transfer (self-performance) = 3(extensive assistance), 4 (total dependence), 7 (activity occurred only once or twice) or 8 (activity [or any part of the ADL was not performed by resident or staff at all over the entire 7 day period) OR 2. Item B0100 (Comatose) = 1 OR 3. Section I Active Diagnoses Item I5600 (Malnutrition [protein or calorie] or at risk for malnutrition) is checked</p>
<p>Exclusions: A long-stay resident is excluded from the denominator if the MDS assessment in the current quarter is an OBRA admission assessment or a 5-day PPS assessment or if there is missing data in the relevant sections of the MDS. The OBRA admission assessment and a 5-day PPS assessment are excluded because pressure ulcers identified on them reflect care received in the previous setting and does not reflect the quality of care provided in the nursing facility. Nursing facilities with fewer than 30 residents in the sample are excluded from public reporting because of small sample size.</p>
<p>Risk Adjustment: N/A</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-014-10: Percent of Nursing Home Residents Who Were Assessed and Given the Seasonal Influenza Vaccine (Short Stay) (Centers for Medicare & Medicaid Services)

Description: The measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percent of short-stay nursing facility residents who are assessed and given the seasonal influenza vaccination during the influenza season as reported on the target MDS assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) during the selected quarter. Short-stay residents are those residents who are discharged within the first 100 days of the stay. The measure is restricted to the population that has short-term needs and does not include the population of residents with stays longer than 100 days. A separate quality measure has been submitted for the long-stay population. The specifications of the proposed measure mirror those of the harmonized measure endorsed by the National Quality Forum under measure number 0432 Influenza Vaccination of Nursing Home/Skilled Nursing Facility Residents. The NQF standard specifications were developed to achieve a uniform approach to measurement across settings and populations addressing who is included in the target denominator population, who is excluded, who is included in the numerator population, and time windows for measurement and vaccinations.

Numerator: The numerator is the number of residents in the denominator who meet any of the following criteria for the most recently completed influenza season: (1) those who received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility; (2) the number who were offered and declined the influenza vaccine; or (3) the number who were ineligible due to contraindication(s) (i.e., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination, or bone marrow transplant within the past 6 months).
Time Window: the annual influenza season as defined by the Centers for Disease Control and Prevention (CDC)

Numerator Details: Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. Short-stay residents are included in the numerator if they meet any of the following criteria for the most recently completed influenza season: (1) received the influenza vaccine during the most recent influenza season, either in the facility (O250.A=1) or outside the facility (O0250.C=2); or (2) were offered and declined the influenza vaccine (O0250.C=4); or (3) were ineligible due to contraindication(s) (O0250.C=3). Included in the numerator are short-stay residents who meet the criteria on the target MDS 3.0 assessment (which may be an OBRA admission [A0310.A=01], PPS [A0310.B=1,2,3,4,5,6,7], or discharge assessment [A0310.F=10,11] during the influenza reporting period as defined by the Centers for Diseases Control and Prevention.

Denominator: The denominator consists of all residents in the short-stay seasonal influenza vaccination sample with a target MDS 3.0 assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS, or discharge assessment) during the vaccination reporting period. This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations. The NQF standard includes resident refusal and ineligibility in both the denominator and the numerator. This is a change from the currently used nursing facility quality measure.
Time Window: the annual influenza season as defined by the Centers for Disease Control and Prevention (CDC)

Denominator Details: Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. The short-stay seasonal influenza vaccination sample includes residents meeting any of the following conditions: (1) the resident has an OBRA admission assessment (A0310.A=01) or PPS assessment (A0310.B=1,2,3,4,5,6,7) with an entry date (A1600) during the influenza season; or (2) the resident has a

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-014-10: Percent of Nursing Home Residents Who Were Assessed and Given the Seasonal Influenza Vaccine (Short Stay) (Centers for Medicare & Medicaid Services)

discharge assessment (A0310.F-10 or 11) with a discharge date (A2000) during the influenza season and an entry date (A1600) before or equal to 100 days.

Exclusions: Residents are excluded from the denominator if they were not in the facility (item O0250.C =1) during the annual influenza season (as defined by the Centers for Disease Control and Prevention). Facilities with fewer than 20 residents are excluded from public reporting due to small sample size.

Risk Adjustment: N/A

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-015-10: Percent of Residents Who Were Assessed and Given the Seasonal Influenza Vaccine (Long Stay)
(Centers for Medicare & Medicaid Services)

Description: This measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents who were assessed and given the seasonal influenza vaccine during the influenza season. The measure reports on the percentage of residents who were assessed and received the seasonal influenza vaccine (MDS items O0250A and O250C) on the target MDS assessment (which may be an annual, quarterly or significant change or correction assessment).

Long-stay residents are those residents who have been in the nursing facility at least 100 days. The measure is restricted to the population with long-term care needs and does not include the short-stay population who are discharged within 100 days of admission. This specification of the proposed measure mirrors the harmonized measure endorsed by the National Quality Forum (Measure number 0432: Influenza Vaccination of Nursing Home/Skilled Nursing Facility Residents.) The NQF standard specifications were developed to provide a uniform approach to measurement across settings and populations. The measure harmonizes who is included in the target denominator population, who is excluded, who is included in the numerator population, and time windows for measurement and vaccinations.

Numerator: The numerator is the number of long-stay residents in the facility with an MDS OBRA admission, annual, quarterly, significant change, correction, or discharge assessment who meet any of the any of the following criteria for the most recently completed influenza season: (1) those who received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility, (2) the number who were offered and declined the influenza vaccine, or (3) the number who were ineligible due to contraindication(s) (i.e., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination, or bone marrow transplant within the past 6 months).

Time Window: annual influenza season as defined by the Centers for Disease Control and Prevention (CDC)

Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. Residents are included in the numerator if they meet any of the following criteria for the most recently completed influenza season: (1) received the influenza vaccine during the most recent influenza season, either in the facility (item O0250.A=1) or outside the facility (item O0250.C=2); or (2) were offered and declined the influenza vaccine (item O0250.C=4); or (3) were ineligible due to contraindication(s) (item O0250.C=3). Included in the numerator are residents who meet the criteria on the most recent OBRA MDS 3.0 assessment (A0310.A=01,02,03,04,05,06) or discharge assessment (A0310.F=10,11) during the influenza reporting period as defined by the Centers for Disease Control and Prevention.

Denominator: The denominator consists of all residents in the long-stay sample with a MDS 3.0 assessment (which may be an OBRA admission, annual, quarterly, significant change, significant correction or discharge assessment) during the vaccination reporting period defined as October 1 through June 30. This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations. The NQF standard includes resident refusal and ineligibility in both the denominator and the numerator. This is a change from the currently used nursing home quality measure.

Time Window: annual influenza season as defined by the Centers for Disease Control and Prevention (CDC)

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-015-10: Percent of Residents Who Were Assessed and Given the Seasonal Influenza Vaccine (Long Stay)
(Centers for Medicare & Medicaid Services)

Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The long-stay influenza vaccination sample includes residents meeting any of the following three conditions during the influenza season: (1) the resident has an MDS 3.0 OBRA assessment (A0310.A=01,02,03,04,05,06) with assessment reference date (item A2300) during the influenza season; or (2) the resident has a discharge assessment (A0310.F=10,11) with discharge date (item A2000) during the influenza season. The preceding MDS assessment is a OBRA assessment (A0310.A= 01,02,03,04,05,06) with assessment reference date (item A2300) before October 1 and the discharge date (item A2000) minus the assessment reference date (item A2300) is 100 days or less; or (3) the resident has a discharge assessment "prior to completing the initial assessment" (item A0310.A=99). The start of this stay is the later of the admission date (item A1600) from the discharge tracking form or the 13th day prior to the discharge date (item A2000 date minus 13 days). Either the start date or the discharge date (item A2300) is within the influenza season.

Exclusions: Residents are excluded from the denominator if they were not in the facility (item O0250.C =1) during the annual influenza season (as defined by the Centers for Disease Control and Prevention). Facilities with fewer than 20 residents are excluded from public reporting due to small sample size.

Risk Adjustment: N/A

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-016-10: Percent of Residents Who Were Assessed and Given the Pneumococcal Vaccine (Short Stay)

Centers for Medicare & Medicaid Services

Description: This measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percentage of short-stay nursing facility residents who were assessed and given the Pneumococcal Vaccine (PPV) as reported on the target MDS 3.0 assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) during the 12-month reporting period. The proposed measure is harmonized with the NQF's quality measure on Pneumococcal Immunizations.(1)

Short-stay residents are those residents who are discharged within the first 100 days of the stay. The measure is restricted to the population that has short-term needs and does not include the population of residents with stays longer than 100 days. A separate quality measure has been submitted for the long-stay population.

The NQF standard specifications were harmonized to achieve a uniform approach to measurement across settings and populations addressing who is included in or excluded from the target denominator population, who is included in the numerator population, and the time windows.

The NQF standardized specifications differ from the currently reported measure in a several ways. It is important to note that, for some residents, a single vaccination is sufficient and the vaccination would be considered up to date; for others (those who are immunocompromised or older than 65 but the first vaccine was administered more than 5 years ago when the resident was younger than 65 years of age), a second dose would be needed to qualify as vaccination up to date. Although the guidelines recommend a second dose in these circumstances, the NQF Committee believed that adding that requirement would make measurement too complex for the amount of benefit gained. Also, given the importance of revaccination among older adults, focusing on up-to-date status, rather than ever having received the vaccine, is of critical importance.

1. National Quality Forum. National voluntary consensus standards for influenza and pneumococcal immunizations. December 2008. Available from

http://www.qualityforum.org/Publications/2008/12/National_Voluntary_Consensus_Standards_for_Influenza_and_Pneumococcal_Immunizations.aspx.

2. ACIP. Prevention of pneumococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. Recomm Rep. 1997;46(RR-8):1-24.

Numerator: The numerator will be harmonized with NQF-endorsed measures. Residents are counted if they are short-stay residents defined as residents whose length of stay less than or equal to 100 days. Residents are counted if they meet any of the following criteria on the most recent MDS 3.0 assessment which may be a an OBRA Admission (30310.A=01), 5-day PPS (30310.B = 01, 02, 03, 04, 05, 06, 07) or discharge assessment during (A0310.F = 10, 11) during the 12 month reporting period. The following numerator components will be computed and reported separately:

1. Up-to-date vaccine status (O0300.A=1)
2. Ineligible due to medical contraindications (O0300.B=1)
3. Offered and declined vaccine (O0300.B=2)

Time Window: This time window is the selected 12-month reporting period.

Numerator Details: Residents are counted if they are short-stay residents, defined as residents whose length of stay is less than or equal to 100 days. Short-stay residents are counted if they meet any of the following criteria on the most recent MDS 3.0 assessment (which may be an OBRA admission (A0310.A=01), 5-day PPS (A0310.B=01, 02,

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-016-10: Percent of Residents Who Were Assessed and Given the Pneumococcal Vaccine (Short Stay) Centers for Medicare & Medicaid Services</p>
<p>03, 04, 05, 06, 07), or discharge (A0310.F=10, 11) during the 12- month reporting period: (1) have and up-to-date PPV status (item 00300A=1); or (2) were offered and declined the vaccine (item 00300B- 2); or (3) were ineligible due to medical contraindication(s) (i.e. anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks) (item 00300B=1)</p>
<p>Denominator: The denominator consists of all short-stay residents in the pneumococcal vaccination sample with a MDS 3.0 assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) within the 12-month period. Time Window: This time window is the selected 12-month reporting period.</p>
<p>Denominator Details: Short-stay residents are defined as residents whose length of stay is less than or equal to 100 days. The short-stay pneumococcal vaccination sample includes residents who have (1) a Prospective Payment System (PPS) MDS 3.0 assessment (item A0310.B= 1,2,3,4,5,6,7) with assessment reference date (item A2300) during the 12-month target period; or (2) a discharge MDS 3.0 assessment (item A0310.F= 10,11) with discharge date (item A2000) during the 12-month target period AND the preceding MDS assessment is a PPS MDS 3.0 assessment (item A0310.B= 1,2,3,4, 5,6 7) with assessment reference date (item A2300) before the target period and the discharge date (item A2000) minus the assessment reference date (item A2300) is 45 days or less.</p>
<p>Exclusions: There are no resident level exclusions. Only facilities with fewer than 20 residents are excluded from public reporting due to small sample size.</p>
<p>Risk Adjustment: N/A</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-017-10: Percent of Residents Who Were Assessed and Given the Pneumococcal Vaccine (Long Stay)
(Centers for Medicare & Medicaid Services)

Description: This measure is based on data from MDS 3.0 assessments of long-stay nursing facility residents. The measure reports the percentage of all long-stay residents whose Pneumococcal Vaccination (PPV) status is up to date as reported on the target MDS assessment (which may be an admission, annual, quarterly, significant change or correction assessment) during the 12-month reporting period. This proposed measure is harmonized with NQF's quality measure on Pneumococcal Immunizations.(1) The MDS 3.0 definitions have been changed to conform to the NQF standard. The NQF used current guidelines from the Advisory Committee on Immunization Practices (ACIP) and others to guide decisions on all parameters for the harmonized measures.(2-10) The recently updated ACIP guidelines remain unchanged relative to their recommendations for pneumonia vaccinations.(12) The NQF standard specifications were harmonized to achieve a uniform approach to measurement across settings and populations, addressing who is included or excluded in the target denominator population, who is included in the numerator population, and time windows for measurement and vaccinations.

Long-stay residents are those residents who have been in the nursing home facility for at least 100 days. The measure is restricted to the population with long-term care needs and does not include the short-stay population who are discharged within 100 days of admission.

The NQF standardized specifications differ from the currently reported measure in several ways. It is important to note that, for some residents, a single vaccination is sufficient and the vaccination would be considered up to date; for others (those who are immunocompromised or older than 65, but the first vaccine was administered more than 5 years ago when the resident was younger than 65 years of age), a second dose would be needed to qualify a vaccination as up to date. Although the guidelines recommend a second dose in these circumstances, the NQF Committee believed that adding that requirement would make measurement too complex for the amount of benefit gained, especially given the complexity of determining "up-to-date status".(1)

1. National Quality Forum. National voluntary consensus standards for influenza and pneumococcal immunizations. December 2008. Available from

http://www.qualityforum.org/Publications/2008/12/National_Voluntary_Consensus_Standards_for_Influenza_and_Pneumococcal_Immunizations.aspx

2. ACIP. Prevention of pneumococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. Recomm Rep. 1997;46(RR-8):1-24.

Numerator: The numerator will be harmonized with NQF-endorsed measures. Residents are counted if they are short-stay residents defined as residents whose length of stay less than or greater 100 days. Residents are counts if they meet any of the following criteria on the most recent MDS 3.0 assessment which may be a an OBRA Admission (30310A=01), 5-day PPS (30310B = 01, 02, 03, 04, 05, 06, 07) or discharge assessment during (A0310F = 10, 11) during the 12 month reporting period. The following numerator components will be computed and reported separately:

1. Up-to-date vaccine status (O0300.A=1)
2. Ineligible due to medical contraindications (O0300.B=1)
3. Offered and declined vaccine (O0300.B=2)

Time Window: This time window is the selected 12-month reporting period.

Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-017-10: Percent of Residents Who Were Assessed and Given the Pneumococcal Vaccine (Long Stay) (Centers for Medicare & Medicaid Services)</p>
<p>stay reset to zero. Long-stay residents are counted if they meet any of the following criteria on the target MDS 3.0 assessment (A0310.A=01,02,03,04,05,06) or discharge assessment (A0310.F= 10,11) during the 12-month reporting period include those who (1) have an up to date PPV status (item O0300.A= 1); or (2) were offered and declined the vaccine (item O0300.B=2); or (3) were ineligible due to medical contraindication(s) (i.e., anaphylactic hypersensitivity to components of the vaccine, bone marrow transplant within the past 12 months, or receiving a course of chemotherapy within the past 2 weeks) (item O0300B=1).</p>
<p>Denominator: The denominator consists of all long-stay residents in the pneumococcal vaccination sample with an MDS 3.0 OBRA admission assessment (which may be an annual, quarterly, significant change or significant correction) or discharge assessment during the 12-month reporting period. This measure is based on the NQF's National Voluntary Standards for Influenza and Pneumococcal Immunizations, which include resident refusal and ineligibility in the numerator and denominator. This is a change from the currently used nursing home quality measure.</p> <p>Time Window: This time window is the selected 12-month reporting period.</p>
<p>Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The denominator includes all long-stay residents who meet the following criteria: (1) the most recent MDS 3.0 assessment is an OBRA assessment (item A0310.A=01,02,03,04,05,06) with assessment reference date (item A2300) during the 12-month target period; or (2) the most recent assessment is a discharge assessment (item A0310.F=10,11) with discharge date (item A2000) during the 12-month target period AND the prior MDS record is an OBRA assessment (item A0310.A=01,02,03,04,05,06) with assessment reference date (item A2300) before the target period and the discharge date (item A2000) minus the assessment reference date (item A2300) is 100 days or less; or (3) the most recent assessment is a discharge assessment prior to completing the initial assessment (item A0310.A=99). The start date of this stay is the later of the admission date (item A1600) from the discharge assessment or the 13th day prior to the discharge date (item A2000 minus 13 days). Either the start date or the discharge date is within the 12-month target period.</p>
<p>Exclusions: There are no resident level exclusions. Only facilities with fewer than 30 residents are excluded from public reporting due to small sample size.</p>
<p>Risk Adjustment: N/A</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-018-10: Percent of Residents with a Urinary Tract Infection (Long Stay) (Centers for Medicare & Medicaid Services)</p>
<p>Description: This measure updates CMS' current QM on Urinary Tract Infections in the nursing facility populations. It is based on MDS 3.0 data and measures the percentage of long-stay residents who have a urinary tract infection on the target MDS assessment (which may be an annual, quarterly, or significant change or correction assessment). In order to address seasonal variation, the proposed measure uses a 6-month average for the facility. Long-stay nursing facility residents are those whose stay in the facility is over 100 days. The measure is limited to the long-stay population because short-stay residents (those who are discharged within 100 days of admission) may have developed their urinary tract infections in the hospital rather than the nursing facility.</p>
<p>Numerator: The numerator is the number of long-stay nursing facility residents who have an annual, quarterly, or significant change or correction assessment during the selected time window with reported urinary tract infections in the last 30 days (Item I2300 of the MDS 3.0 is checked). Time Window: The numerator is the number of MDS annual, quarterly, significant change or correction assessments that report urinary tract infections over the last two quarters divided by 2. The proposed measure is computed over two quarters to reduce the effect of seasonal variation.</p>
<p>Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. Residents are counted if item I2300 of the MDS 3.0, urinary tract infection within the last 30 days, is checked. This section of the MDS 3.0, "Active Diagnoses," asks that all applicable diagnoses be checked. The proposed measure uses all non-admission MDS OBRA assessments (A0310.A=02,03,04,05,06) over the last 6-month period to adjust for seasonal variation. The numerator is the number of non-admission MDS OBRA assessments (which may be an annual, quarterly, significant change or significant correction assessment) that report urinary tract infections over the last two quarters divided by 2. The measure is computed over two quarters to reduce the effect of seasonal variation.</p>
<p>Denominator: All MDS target assessments (which may be an annual, quarterly, significant change or significant correction assessment) over the last two quarters. The total number of assessments is then divided by two to report an average quarter count. Time Window: All assessments of long-stay nursing home residents over the last two-quarter period, with the exception of admission assessments, divided by 2. The measure is computed over two quarters to reduce the effect of seasonal variation.</p>
<p>Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The denominator includes non-admission OBRA assessments (A0310.A=02,03,04,05,06) except those with exclusions over the last two-quarter period divided by 2. Residents with only OBRA admission assessments are excluded because they may have developed their urinary tract infections in the hospital rather than the nursing home. An OBRA admission assessment is identified if item A0310.A=01 (admission assessment).</p>
<p>Exclusions: There are two exclusions for the denominator. First, a resident is excluded from the denominator if the selected MDS OBRA assessment was conducted within 14 days of admission (an "admission assessment"). An OBRA admission assessment is identified if item A0310A = 01 (admission assessment) is checked. Assessments of residents with only an admission assessment are excluded because these residents may have developed their urinary</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-018-10: Percent of Residents with a Urinary Tract Infection (Long Stay)

(Centers for Medicare & Medicaid Services)

tract infections in the hospital rather than the nursing home. It would be unfair to hold the nursing facility accountable for care received in the hospital.

Risk Adjustment: N/A

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-019-10: Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay) (Centers for Medicare & Medicaid Services)</p>
<p>Description: This measure updates CMS’ current QM on bowel and bladder control. It is based on data from Minimum Data Set (MDS) 3.0 assessments of long-stay nursing facility residents (those whose stay is longer than 100 days). This measure reports the percent of long-stay residents who are frequently or almost always bladder or bowel incontinent as indicated on the target MDS assessment (which may be an annual, quarterly, significant change or significant correction assessment) during the selected quarter (3-month period). The proposed measure is stratified into high and low risk groups; only the low risk group’s (e.g., residents whose mobility and cognition are not impaired) percentage is calculated and included as a publicly-reported quality measure.</p>
<p>Numerator: The numerator is the number of long-stay residents who have been assessed with an annual, quarterly, significant change or significant correction MDS 3.0 assessment during the selected time window and who are frequently or almost always incontinent of bowel or bladder. Time Window: Numerator data come from the MDS 3.0 annual, quarterly, significant change or significant correction assessments during each quarter (3-month period).</p>
<p>Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. Residents are counted if they are incontinent of bowel (H0300=2 or 3) or bladder (H0400=2 or 3). H0300=2=Frequently incontinent (7 or more episodes of bowel incontinence, but at least one episode of continent voiding/continent bowel movement). H0300=3=Always incontinent (no episodes of continent voiding). H0400=2=requently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement). H0400=3=Always incontinent (no episodes of continent bowel movements).</p>
<p>Denominator: The denominator is the total of all long-stay residents in the nursing facility who have been assessed with an annual, quarterly, significant change or significant correction MDS assessment during the quarter and who do not meet the exclusion criteria. Time Window: Denominator data come from the MDS 3.0 annual, quarterly, significant change or significant correction assessments during each quarter (3-month period).</p>
<p>Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The target population includes all long-stay residents who had an annual, quarterly, significant change or significant correction MDS 3.0 assessment (A0310.A= 02, 03, 04, 05 or 06) during the selected quarter.</p>
<p>Exclusions: A resident is excluded from the denominator if the selected MDS 3.0 assessment was conducted within 14 days of admission (A0310A = 01) or if there is missing data in the response fields for the relevant questions in the MDS. Other exclusions include residents with severe cognitive impairment, total dependence in mobility, comatose, or with an indwelling catheter. Facilities are excluded if they have fewer than 30 residents.</p>
<p>Risk Adjustment: This is not applicable.</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-020-10: Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
(Centers for Medicare & Medicaid Services)

Description: This measure updates CMS' current QM on catheter insertions. It is based on data from Minimum Data Set (MDS) 3.0 assessments of long-stay nursing home residents (those whose stay is longer than 100 days). This measure captures the percentage of long-stay residents who have had an indwelling catheter in the last 5 days noted on the most recent MDS 3.0 assessment, which may be annual, quarterly, significant change or significant correction during the selected quarter (3-month period).

Long-stay residents are those residents who have been in nursing care at least 100 days. The measure is restricted to this population, which has long-term care needs, rather than the short stay population who are discharged within 100 days of admission.

Numerator: The numerator statement refers to a catheter that was inserted and left in the bladder by the facility during the assessment period.

During MDS 3.0 field testing, look-back periods were highlighted as a significant issue across the assessment tool. For clinical assessment items, longer look-back periods served to increase the amount of record review, increasing assessment burden and leading to more opportunities for error. During national testing of look-back periods for the MDS 3.0 proposed items, the 5-day look-back period performed well and likely contributed to the improved reliability of this item.(1)

1. Saliba D, Buchanan J. Development and Validation of a Revised Nursing Home Assessment Tool: MDS 3.0. Contract No. 500-00-0027/Task Order #2. Santa Monica, CA: Rand Corporation, Apr 2008. Available from <http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/MDS30FinalReport.pdf>.

The numerator is the number of long-stay residents who have/had a urinary catheter in the last 5 days (H0100A is checked).

Time Window: Numerator data come from MDS 3.0 annual, quarterly, significant change or significant correction assessment conducted during each quarter (3-month period).

Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. The numerator includes residents who have indwelling catheters (H0100A is checked) on the most recent MDS 3.0 assessment (which may be an annual, quarterly, significant change or significant correction assessment). Exclusions are assessments where data for the urinary catheter item (H0100) is missing. Also, residents with diagnoses of neurogenic bladder (item I1550) or obstructive uropathy (item I1650) are excluded because these are conditions in which the person is unable to empty the bladder voluntarily or effectively, putting the person at risk or complications, such as overflow incontinence, recurrent infection, vesicoureteral reflux, or autonomic dysflexia. 2a.8. (denominator details). Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The target population includes all long-stay residents who have had an annual, quarterly, significant change or significant correction MDS 3.0 assessment (A0130.A= 02,03,04,05 or 06) during the selected quarter, except for those who meet the exclusion criteria or have missing data in the responses to the relevant items in the MDS.

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-020-10: Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
(Centers for Medicare & Medicaid Services)

Denominator: The denominator is the total of all long-stay residents in the nursing home who have been assessed with an annual, quarterly, significant change or significant correction MDS 3.0 assessment during the quarter (3-month period) and who do not meet the exclusion criteria.

Time Window: Denominator data come from MDS 3.0 annual, quarterly, significant change or significant correction assessment conducted during each quarter (3-month period).

Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The target population includes all long-stay residents who have had an annual, quarterly, significant change or significant correction MDS 3.0 assessment (A0130.A= 02,03,04,05 or 06) during the selected quarter, except for those who meet the exclusion criteria or have missing data in the responses to the relevant items in the MDS.

Exclusions: A resident is excluded from the denominator if the MDS assessment was conducted within 14 days of admission or if there is missing data in the responses to the relevant questions in the MDS assessment. Other exclusions include residents with neurogenic bladder or obstructive uropathy. Residents with diagnoses of neurogenic bladder (item I1550) or obstructive uropathy (item I1650) are excluded because these are conditions in which the person is unable to empty the bladder voluntarily or effectively, putting the person at risk of complications, such as overflow incontinence, recurrent infection, vesicoureteral reflux, or autonomic dysreflexia.

Facilities are excluded from public reporting if they have fewer than 30 residents due to small sample size.

Risk Adjustment: Resident-level limited covariate risk adjustment for residents who are bowel incontinent on prior MDS (item H0400 = 2 or 3), or had pressure sores at stage 2, 3, or 4 on prior MDS (M0300B1 > 0 or M0300C1 > 0 or M0300D1 > 0).

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-021-10: Percent of Residents Who Were Physically Restrained (Long Stay) (Centers for Medicare & Medicaid Services)</p>
<p>Description: The measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents who were physically restrained. The measure reports the percentage of all long-stay residents in nursing facilities with an annual, quarterly, significant change, or significant correction MDS 3.0 assessment during the selected quarter (3-month period) who were physically restrained daily during the 7 days prior to the MDS assessment (which may be annual, quarterly, significant change, or significant correction MDS 3.0 assessment).</p>
<p>Numerator: The numerator is the number of long-stay residents (those who have been in the facility for over 100 days) who have been assessed with annual, quarterly, significant change or significant correction MDS 3.0 assessments during the selected time window and who have experienced restraint usage during the 7 days prior to the assessment, as indicated by MDS 3.0, Section P, Item 100, subitems b (P0100B – Trunk restraint used in bed), c (P0100C – Limb restraint used in bed), e (P0100E – Trunk restraint used in chair or out of bed), f (P0100F – limb restraints used in chair or out of bed), or g (P0100G – Chair prevents rising). Time Window: Numerator data come from MDS 3.0 annual, quarterly, significant change or significant correction assessments conducted during each quarter (3-month period).</p>
<p>Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. Residents are counted if any of the following items are coded as "2", meaning that the restraint was used daily during the 7 days prior to the assessment: P0100.B- Trunk restraint used in bed, P0100.C-Limb restraint used in bed, P0100.E- Trunk restraint used in chair or out of bed, P0100.F-Limb restraint used in chair or out of bed, or P0100.G-Chair prevents rising.</p>
<p>Denominator: The denominator is the total of all long-stay residents in the nursing facility who have received an annual, quarterly, significant change or significant correction MDS 3.0 assessment during the quarter and who do not meet the exclusion criteria. Time Window: Denominator data come from MDS 3.0 annual, quarterly, significant change or significant correction assessments conducted during each quarter (3-month period).</p>
<p>Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The population includes all long-stay residents who had an annual, quarterly, significant change, or significant correction MDS 3.0 assessment (A0310.A = 02, 03, 04, 05 or 06) during the selected quarter.</p>
<p>Exclusions: An MDS assessment may, on occasion, have incomplete data due to human error in collecting or recording the data. Those records are excluded from the quality calculation because it is not possible to perform the needed calculations when data are missing. A resident is excluded from the denominator if the selected MDS 3.0 assessment was conducted within 14 days of admission or if there is missing data in the responses to the relevant questions in the MDS. Long-stay facilities are excluded from public reporting if their samples include fewer than 30 residents.</p>
<p>Risk Adjustment: N/A</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-022-10: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay) (Centers for Medicare & Medicaid Services)</p>
<p>Description: This measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents in a nursing facility whose need for help with late-loss Activities of Daily Living (ADLs), as reported in the target quarter’s assessment, increased when compared with a previous assessment. The four late-loss ADLs are: bed mobility, transferring, eating, and toileting. This measure is calculated by comparing the change in each item between the target MDS assessment (which may be an annual, quarterly or significant change or correction assessment) and a previous assessment (which may be an admission, annual, quarterly or significant change or correction assessment).</p>
<p>Numerator: The numerator is the number of long-stay residents who have an MDS assessment (which may be an annual, quarterly, significant change, or significant correction) reporting a defined amount of decline when compared with a previous assessment (which may be an admission, annual, quarterly, significant change, or significant correction MDS 3.0 assessment). This would indicate an increase, when compared with a previous assessment, in the resident’s need for help with a late-loss item as indicated by a higher score (coding convention is such that a higher score indicates the need for more help with a task). The need for increased assistance (suggesting decline in function) is identified if the score for at least one late-loss ADL item increases by two or more points or if the score for two or more of the late-loss ADLs items increase by one point; late-loss ADL items are bed mobility, transferring, eating, and toileting.</p> <p>Time Window: The numerator data are from the target quarter MDS 3.0 assessment (which may be an annual, quarterly, significant change, or significant correction assessment) and refers to the ADL decline reported since a previous assessment (which may be an admission, annual, quarterly, significant change, or significant correction MDS 3.0 assessment).</p>
<p>Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. Residents are counted if they reported having an increase in their need for help with late-loss ADLs. An increase is defined as an increase in two or more coding points in one late-loss ADL item or a one point increase in coding points in two or more late-loss ADL items. The comparison is made between the target quarter’s assessment (which may be an annual, quarterly or significant change or significant correction MDS 3.0 assessment) and the previous assessment (which may be an annual, quarterly or significant correction MDS 3.0 assessment). Higher score on an item indicates greater dependency. The ADL items for this measure are: 1. Bed mobility-G0110A1 2. Transferring-G0110B1 3. Eating-G0110H1 4. Toileting-G0110I1. Note. Values of 7 (occurred only once or twice) or 8 (did not occur) are recoded to be a value of 4.</p>
<p>Denominator: The denominator includes all long-stay residents who received an annual, quarterly or significant change or correction MDS 3.0 assessment during the quarter and who did not meet the exclusion criteria.</p> <p>Time Window: Denominator data come from MDS 3.0 annual, quarterly or significant change or correction assessment conducted during each quarter (3-month period).</p>
<p>Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The target population includes all long-stay residents who had an annual, quarterly, significant change, significant correction, or discharge assessment during the selected quarter.</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-022-10: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay) (Centers for Medicare & Medicaid Services)

Exclusions: These are the two types of assessments that might be completed upon admission. OBRA regulations require a full assessment within 14 days of admission. Medicare SNF payments require a Prospective Payment System (PPS) assessment. Newly admitted residents (identified by having either of these two types of admission assessments) are not included in the denominator as this represents their baseline status, not whether they have declined since admission.

Denominator exclusion criteria include the following:

- an OBRA admission assessment or a 5-day Prospective Payment System (PPS) target assessment,
- the resident is totally dependent in all four late-loss ADL items,
- the resident is comatose,
- the resident is receiving hospice care, or
- the resident does not meet the criteria for decline in late-loss ADLs (an increase by two or more points in one late-loss ADL, or increase of one point in two or more late-loss ADLs) based on the ADL data available, AND there is missing data on any of the four late-loss ADL items .

Long-stay facilities are excluded from public reporting if their sample includes fewer than 30 residents.

Risk Adjustment: N/A

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-024-10: Percent of Residents Who Lose Too Much Weight (Long Stay)

(Centers for Medicare & Medicaid Services)

Description: This measure updates CMS' current QM on patients who lose too much weight. This measure captures the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician-prescribed weight-loss regimen noted on an MDS assessment (which may be an annual, quarterly, significant change or significant correction MDS assessment) during the selected quarter (3-month period).

In order to address seasonal variation, the proposed measure uses a two-quarter average for the facility. Long-stay residents are those who have been in nursing care at least 100 days. The measure is restricted to this population, which has long-term care needs, rather than the short-stay population who are discharged within 100 days of admission.

Numerator: The numerator is the number of nursing home residents with an MDS assessments (which may be an annual, quarterly, significant change or significant correction MDS assessment) that indicate a weight loss of 5% or more of resident's body weight in the last 30 days or 10% or more in the last 6 months that is not a result of a physician-prescribed weight-loss regimen.

Time Window: Numerator data come from MDS assessment (which may be an annual, quarterly, significant change or significant correction assessment) conducted over the last two quarters to adjust for seasonal variation.

Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. Residents are counted if a weight loss of 5% or more of their body weight in the last month or a weight loss of 10% or more of their body weight over the last 6 months who were not on a physician-prescribed weight-loss regimen. Nursing facility residents with this condition have K0300=2 (weight loss) checked on the MDS 3.0. The numerator counts the number of MDS assessments (which may be an annual, quarterly, significant change or significant correction assessments) that report too much weight loss over the last two quarters divided by two. The measure averages over two quarters to obtain a rate for a single quarter.

Denominator: The denominator uses MDS assessments (which may be an annual, quarterly, significant change or significant correction assessments), except for residents with only an admission (OBRA) assessment and residents for whom data on weight loss is missing. Residents with only an admission (OBRA) assessment are excluded because they have not been in the facility long enough to have had weight loss assessed or attributed to care in the facility.

Time Window: All assessments of nursing facility residents over the last two quarters, with the exception of admission assessments and assessments with missing data.

Denominator Details: Residents are counted if they are long-stay residents defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their day count reset to zero. The denominator consists of all assessments of long-stay residents over the last two quarters, except admission (OBRA) assessments and those for which data on weight loss are missing, divided by 2. Dividing by two creates an average for a single quarter. Residents who only have an admission (OBRA) assessment are excluded because the measure is a change score that cannot be calculated until the resident has been in the facility for at least a month. Admission (OBRA) assessments are conducted within 14 days of admission. Similarly, it is not possible to assess the weight-loss experience of residents for whom data are missing. An admission (OBRA) assessment is identified by the MDS 3.0 item A0310.A=01 (type of assessment).

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-024-10: Percent of Residents Who Lose Too Much Weight (Long Stay)

(Centers for Medicare & Medicaid Services)

Exclusions: An assessment is excluded from the denominator if the MDS assessment was conducted within 14 days of admission (OBRA) (A0310 = 01) or if there is missing data in the responses to K0300 (weight loss) of the MDS 3.0. Facilities with fewer than 30 residents are excluded from public reporting because of small sample size.

Risk Adjustment: N/A

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-025-10: Percent of Residents Who Have Symptoms of Major Depression (Long Stay)*

(Centers for Medicare & Medicaid Services)

Description: This measure is based on data from MDS 3.0 assessments of nursing home residents. Either a resident interview measure or a staff assessment measure will be reported. The preferred version is the resident interview measure. The resident interview measure will be used unless either there are three or more missing sub-items needed for calculation or the resident is rarely or never understood, in which cases the staff assessment measure will be calculated and used. These measures use those questions in MDS 3.0 that comprise the Patient Health Questionnaire (PHQ-9) depression instrument. The PHQ-9 is based on the diagnostic criteria for a major depressive disorder in the DSM-IV.

Numerator: Using the PHQ-9 items in the MDS 3.0, for the Resident Interview Measure (Item D0200), the numerator is based on the total sum severity score (D0300) on the most recent MDS assessment in the selected quarter (which may be an annual, quarterly, significant change, or significant correction assessment). The total severity score reflects resident responses to questions asking about the frequency of nine symptoms over the last 2 weeks, including interest, mood, energy, appetite, self-value, ability to concentrate, change in responsiveness, or patience. The Staff Assessment Measure (Item D0500) is similar, except the judgment is being made by observers rather than the residents themselves. The numerator is calculated by using data from item D0300, the total self-reported depression severity score. While the self-report data are preferred, if data from D0300 are incomplete or unavailable then the numerator will be calculated using data from item D0600.

Time Window: Numerator data are from the most recent MDS assessment which may be an annual, quarterly, significant change or significant correction assessment during the selected quarter (3-month period).

Numerator Details: Residents are counted if they are long-stay residents, defined as residents whose length of stay is greater than 100 days. Residents who return to the nursing home following a hospital discharge will not have their stay reset to zero. A resident can be eligible for inclusion in the numerator in one of two ways for the MDS 3.0, the Resident Mood Interview or Staff Assessment of Resident Mood. The score is ten for either the Resident Mood Interview or Staff assessment of Resident Mood. A total score is calculated from Column 2, Symptom Frequency. The Staff Assessment of mood (items D0500) should be used if a long-stay resident is missing data for three or more of the subitems of data elements D0200 for the Resident Assessment AND has valid data for seven or more of subitems A through I of item D0500 for the Staff Assessment, as described below. When the Resident Mood Interview is conducted, the resident must have score of two or greater for either D0200A or D0200B AND a score of two or more for five of the following items D0200A-I. When the Staff Assessment for Resident Mood is necessary, the resident must have score of two or greater for either D0200A or D0200B AND a score of two or more for five of the following items D0200A-I.

Denominator: The denominator is the total number of all long-stay residents in the nursing facility who have received an MDS assessment (which may be an annual, quarterly, significant change or significant correction assessment) during the selected quarter (3-month period) and who do not meet the exclusion criteria.

Time Window: Denominator data are from the MDS 3.0 annual, quarterly, significant change or significant correction assessment during the selected quarter (3-month period).

Denominator Details: The target population for the denominator is the total number of all long-stay residents in the nursing facility who have received an MDS assessment (which may be an annual, quarterly, significant change or significant correction assessment) during the selected quarter (3-month period) and who do not meet the exclusion

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-025-10: Percent of Residents Who Have Symptoms of Major Depression (Long Stay)* (Centers for Medicare & Medicaid Services)
criteria.
Exclusions: A long-stay resident is excluded from the denominator if the MDS assessment is an admission assessment (OBRA) or a 5-day PPS scheduled assessment, if the resident is comatose, or if there are too many missing data in the relevant section of the MDS. Facilities are excluded from public reporting if they have fewer than 30 residents.
Risk Adjustment: N/A

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-026-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument* (Agency for Healthcare Research and Quality)</p>
<p>Description: The CAHPS® Nursing Home Survey: Discharged Resident Instrument is a mail survey instrument to gather information on the experience of short stay (5 to 90 days) residents recently discharged from nursing homes. This survey can be used in conjunction with the CAHPS Nursing Home Survey: Family Member Instrument and the Long Stay Resident Instrument. The survey instrument provides nursing home level scores on 4 global items. In addition, the survey provides nursing home level scores on summary measures valued by consumers; these summary measures or composites are currently being analyzed. The composites may include those valued by long stay residents: (1) Environment; (2) Care; (3) Communication & Respect; (4) Autonomy and (5) Activities.</p>
<p>Numerator: The following topics are measured for nursing homes from a resident's perspective: Global Items: Global Rating of care received from staff: sum of resident scores on 0 to 10 scale Global Rating of special therapy care: sum of resident scores on 0 to 10 scale Global Rating of overall nursing home: sum of resident scores on 0 to 10 scale Global item whether respondent would recommend nursing home: sum of resident scores on item (see codebook for points assigned to each response category) Composites: We expect some composites to be similar to the long stay resident instrument such as Environment, Care, and Communication & Respect. We are not sure if the Autonomy and Activities Composites will be relevant to short stay residents. Data analysis is currently being conducted. Time Window: when resident was in nursing home</p>
<p>Numerator Details: to be finalized for each composite and global item when analysis is completed</p>
<p>Denominator: The denominator is the total number of surveys for respondents that meet CAHPS completion standard (50% of key items answered) and any applicable screener. Time Window: when resident was in nursing home</p>
<p>Denominator Details: to be finalized for each composite and global item when analysis is completed</p>
<p>Exclusions: All residents whose length of stay (LOS) in the facility is greater than 100 days from the date of admission. Residents who are discharged to a hospital with return anticipated will not have the 100 days count reset to zero when they return to the facility.</p>
<p>Risk Adjustment: We will use a similar methodology to that used for the Family Member survey found on pages 26-33 of the AIR Final Report. Variables to be used as case mix adjusters will be finalized when analysis is completed.</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-027-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument (Agency for Healthcare Research and Quality)

Description: The CAHPS® Nursing Home Survey: Long-Stay Resident Instrument is an in-person survey instrument to gather information on the experience of long stay (30+ days) residents currently in nursing homes. The Centers for Medicare & Medicaid Services requested development of this survey, and can be used in conjunction with the CAHPS Nursing Home Survey: Family Member Instrument and Discharged Resident Instrument. The survey instrument provides nursing home level scores on 5 topics valued by residents: (1) Environment; (2) Care; (3) Communication & Respect; (4) Autonomy and (5) Activities. In addition, the survey provides nursing home level scores on 3 global items.

Numerator: The following topics are measured for nursing homes from a resident's perspective:
 Composite 1: Environment – sum of applicable resident scores on 8 survey items (see codebook for points assigned to each response category) related to aspects of environment in nursing home
 Composite 2: Care - sum of applicable resident scores on 5 survey items
 Composite 3: Communication and Respect- facility score is sum of applicable resident scores on 3 survey items
 Composite 4: Autonomy - sum of applicable resident scores on 3 survey items
 Composite 5: Activities – sum of applicable resident scores on 2 survey items
 Global Items:
 Global Rating of care received from staff: sum of resident scores on 0 to 10 scale
 Global Rating of overall nursing home: sum of resident scores on 0 to 10 scale
 Global item whether respondent would recommend nursing home: sum of resident scores on item (see codebook for points assigned to each response category)
 Time Window: non-specific present – see 3a.6 for cognitive testing results for this time window decision

Numerator Details: (Note: Question # is from final survey which may differ from pilot survey)

Composite 1: 8 survey items Q1, Q3, Q4, Q5, Q6, Q18, Q19, Q20
 Composite 2: 5 survey items Q8, Q9, Q10, Q12, Q29
 Composite 3: 3 survey items Q13, Q14, Q15
 Composite 4: 3 survey items Q30, Q31, Q32
 Composite 5: 2 survey items Q33, Q34
 Global items: 3 survey items Q16, Q17, Q35

Denominator: The denominator is the total number of surveys for respondents that meet CAHPS completion standard and any applicable screener (discussed in details below)

Time Window: non-specific present – see 3a.6 for cognitive testing results for this time window decision

Denominator Details: Composite 1: Environment

the denominator is the total number of completed surveys for 7 out of 8 questions in this composite excluding Q3, where it is the number of surveys completed by all those who responded “yes” to screener Q2

Composite 2: Care

the denominator is the total number of completed surveys for 2 out of 5 questions in this composite excluding these questions:

Q8: the number of surveys completed by all those who responded “yes” to screener Q7

Q12: the number of surveys completed by all those who responded “yes” to screener Q11

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-027-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument (Agency for Healthcare Research and Quality)

Q29: the number of surveys completed by all those who responded “yes” to screener Q28

Composite 3: Communication and Respect

the denominator is the total number of completed surveys for all 3 questions

Composite 4: Autonomy: the denominator is the total number of completed surveys for all 3 questions in this composite

Composite 4: Activities: the denominator is the total number of completed surveys for the 2 questions in this composite

Global Items: for all 3 global items the denominator is the total number of completed surveys.

Exclusions: We exclude residents who are under age 18, comatose, severely impaired in cognitive skills for daily decision making, those who cannot answer 3 questions in a row; conscious but unresponsive to interviewer and unable to speak English for survey. All residents whose length of stay (LOS) in the facility is equal to or less than 100 days from the date of admission will also be excluded. Residents who are discharged to a hospital with return anticipated will not have the 100 days count reset to zero when they return to the facility.

Risk Adjustment: N/A

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

<p>NH-028-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument (Agency for Healthcare Research and Quality (AHRQ/DHHS))</p>
<p>Description: The CAHPS Nursing Home Survey: Family Member Instrument is a mail survey instrument to gather information on the experiences of family members of long stay (30+ days) residents currently in nursing homes. The Centers for Medicare & Medicaid Services requested development of this questionnaire, which is intended to complement the CAHPS Nursing Home Survey: Long-Stay Resident Instrument and the Discharged resident Instrument. The Family Member Instrument asks respondents to report on their own experiences (not the resident’s) with the nursing home and their perceptions of the quality of care provided to a family member living in a nursing home. The survey instrument provides nursing home level scores on 4 topics valued by patients and families: (1) Meeting Basic Needs: Help with Eating, Drinking, and Toileting; (2) Nurses/Aides’ Kindness/ Respect Towards Resident; (3)Nursing Home Provides Information/Encourages Respondent Involvement; and (4) Nursing Home Staffing, Care of Belongings, and Cleanliness. In addition, the survey provides nursing home scores on 3 global items including an overall Rating of Care.</p>
<p>Numerator: The following topics are measured for nursing homes from a family members perspective: Composite 1: Meeting Basic Needs – sum of applicable family member scores on 3 survey items (see codebook for points assigned to each response category) related to basic activities of daily living needs (help with eating, drinking, and toileting) Composite 2: Nurses and Aides’ Kindness and Respect towards Resident - sum of applicable family member scores on 5 survey items Composite 3: How Well the Nursing Home Provides Information and Encourages Family Involvement - sum of applicable family member scores on 6 survey items Composite 4: Nursing Home Staffing, Care of Belongings, and Cleanliness - sum of applicable family member scores on 7 survey items Global Items: Global Rating of care item: sum of family member scores on 0 to 10 scale Global item whether ever unhappy with nursing home care: sum of family member scores on item (see codebook for points assigned to each response category) Global item whether respondent would recommend nursing home: sum of family member scores on item (see codebook for points assigned to each response category). Time Window: last six months</p>
<p>Numerator Details: Composite 1:3 survey items Q17, Q19, Q21 Composite 2: 5 survey items Q12, Q13, Q14, Q15, Q24 Composite 3: 6 survey items Q26, Q27, Q28, Q35, Q37, Q42 Composite 4: 7 survey items Q11, Q22, Q29, Q30, Q31, Q32, Q33, Q40 Global items: 3 survey items Q34, Q38, Q39</p>
<p>Denominator: The denominator is the total number of surveys for respondents that meet CAHPS completion standard and any applicable screener (discussed in details below). Time Window: last six months</p>
<p>Denominator Details: Composite 1: Meeting Basic Needs: Q17: the number of surveys completed by all those who responded “yes” to screener Q16</p>

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

NH-028-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument (Agency for Healthcare Research and Quality (AHRQ/DHHS))

Q19: the number of surveys completed by all those who responded “yes” to screener Q18
Q21: the number of surveys completed by all those who responded “yes” to screener Q20
Composite 2: Nurses and Aides’ Kindness and Respect towards Resident:
the denominator is the total number of completed surveys for 4 out of 5 questions in this composite excluding Q24;
for Q24, its denominator is the number of surveys completed by all those who responded “yes” to screener Q23
Composite 3: How Well the Nursing Home Provides Information and Encourages Family Involvement:
the denominator is the total number of completed surveys for 2 out of 6 questions (Q27 and Q28) in this composite
excluding these questions:
Q26: the number of surveys completed by all those who responded “yes” to screener Q25
Q35: the number of surveys completed by all those who responded “yes” to screener Q34
Q37: the number of surveys completed by all those who responded “yes” to screener Q36
Q42: the number of surveys completed by all those who responded “yes” to screener Q41
Composite 4: Nursing Home Staffing, Care of Belongings, and Cleanliness:
the denominator is the total number of completed surveys for 6 out of 7 questions in this composite excluding Q33;
for Q33, its denominator is the number of surveys completed by all those who responded “yes” to screener Q32
Global Items: for all 3 global items the denominator is the total number of completed surveys.

Exclusions: We exclude respondents who are under age 18, those who did not visit the nursing home resident at least once in 6 months, those whose resident was discharged, and those with a resident who had been in the nursing home for equal to or less than 100 days. In addition, screener questions may reduce the denominator size – those questions with screeners are noted in 2a.8 above

Risk Adjustment: The CAHPS team recommends four items to be case-mix adjusters for the CAHPS Nursing Home Family Survey: 1) respondent age, 2) respondent education, 3) whether the respondent believes the resident will permanently live in the nursing home, and 4) respondent’s belief about whether the resident was capable of making decisions (See Table 10 on page 29 in AIR Final Report). Several additional items were considered as potential adjusters but were rejected for a variety of reasons. A full description of the risk adjustment process is available in the AIR Final Report on pages 26-33.

NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR NURSING HOMES 2010
APPENDIX A: MEASURE SPECIFICATIONS

3-Item Care Transition Measure (CTM-3) (University of Colorado Health Sciences Center)
Description: Uni-dimensional self-reported survey that measure the quality of preparation for care transitions.
Numerator: The 15-item and the 3-item CTM share the same set of response patterns: Strongly Disagree; Disagree; Agree; Strongly Agree (there is also a response for Don't Know; Don't Remember; Not Applicable). Based on a subject's response, a score can be assigned to each item as follows: <ul style="list-style-type: none"> • Strongly Disagree = 1 • Disagree = 2 • Agree = 3 • Strongly Agree = 4 Next, the scores can be aggregated across either the 15 or 3 items, and then transformed to a scale ranging from 0 to 100. Thus the denominator is 100 and the numerator can range from 0 to 100.
Denominator: The CTM has application to all hospitalized adults. Testing has not included children, but the measure may have potential application to this population as well. Persons with cognitive impairment have been included in prior testing, provided they are able to identify a willing and able proxy. The CTM has been tested in English- and Spanish-speaking (using an available Spanish version of the CTM) populations.
Exclusions: <ul style="list-style-type: none"> • Psychiatric patients • Pediatric patients under age 18 years • Patients who died in the hospital • Patients who did not stay at least one night in the hospital • Other patients as required by law or regulation in the state in which the hospital operates
Risk Adjustment: N/A

* This consensus standard was endorsed as **time limited**, which means that it meets the NQF-endorsed evaluation criteria with the exception of not having been adequately field tested. After 1 year the measure steward shall provide evidence and results from field testing to NQF for consideration, at which time NQF may choose to endorse the standard or remove endorsement.

National Voluntary Consensus Standards for Nursing Homes

Appendix B—Steering Committee & NQF Staff

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