

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Nursing Homes
Summary of the Steering Committee Meeting
April 21-22, 2010

Steering Committee Members Present: David Gifford, MD, MPH (Co-Chair); Christine Mueller, PhD, RN, FAAN (Co-Chair); Alice Bell, PT, GCS; Bruce Boissonnault, MBA; Heidi Gil, NHA, CCM; Tomas Griebing, MD, MPH; Mary Rose Heery, RN; Mary Jane Koren, MD, MPH; Bill Kubat, MS; Betty MacLaughlin Frandsen, RN, NHA, MHA, C-NE; Diane Meier, MD, FACP; Arvind Modawal, MD, MPH, AGSF, FAAFP; Naomi Naierman, MPA; Kathleen Niedert, PhD, MBA, RD, NHA; Diana Ordin, MD, MPH; Patricia Rosenbaum, RN, CIC; Ronald Shumacher, MD, FACP, CMD; Darlene Anne Thompson, RN, CRRN, NE-BC; Lisa Tripp, JD; Robert Zorowitz, MD, MBA, CMD.

NQF Staff Present: Helen Burstin, MD, MPH; Del Conyers, MPH; Emma Nochomovitz, MPH; Karen Pace, PhD, RN; Suzanne Theberge, MPH

Additional Participants Present: Shula Bernard, PhD, Research Triangle Institute (RTI) International; Roberta Constantine, PhD, RTI International; Robin Dowell, RN, BSN, Centers for Medicare and Medicaid Services (CMS); Toby Edelman, EdM, JD, Center for Medicare Advocacy; Sandra Fitzler, RN, American Health Care Association (AHCA); Barbara Gage, PhD, MPA, RTI International; Rita Munley Gallagher, PhD, RN, American Nurses Association (ANA); Peter Gruhn, MA, AHCA; Shari Ling, MD, CMS; Isis Montalvo, RN, MS, MBA, ANA; Stella Mandl, BSN, BSW, RN, CMS; Susan Milner, PhD, National Committee for Quality Assurance; Alexandre Laberge, PhD, MBA, PT, CMS; Jean Scott, DrPH, RN, CMS; Judith Tobin, MBA, PT, CMS; Jackie Vance, RNC, American Medical Directors Association (AMDA); Janet Wells, JD, National Citizens' Coalition for Nursing Home Reform.

Additional Participants Via Conference Call: Nancy Dunton, PhD, ANA; Jill Epstein, MA, AMDA; Jacklyn Henderson, RN, Wellington Manor; Melba Hinojosa, RN, MA, Health Services Advisory Group; Paul R. Katz, MD, CMD, AMDA; Zakiya Pierre, NCQA; Sarah Richardson, Avalere; Carol Roth, RN, MPH, RAND Corporation; Neil Wenger, MD, MPH, RAND Corporation.

Day 1: Wednesday, April 21

INTRODUCTION

The Nursing Homes Steering Committee meeting opened with welcoming remarks and introductions by the co-chairs, David Gifford, MD, MPH, and Christine Mueller, PhD, RN, FAAN, followed by introductions of Steering Committee members and NQF staff.

Suzanne Theberge, MPH, Nursing Homes project manager, presented a brief overview on NQF's membership and structure, including the National Priorities Partnership (NPP), and the consensus development process (CDP) as it relates to the role of the Steering Committee. The overall expectations for the Committee and NQF staff were described, as well as the project timeline and key milestones.

NURSING HOME PROJECT GOALS

The project is funded by the United States Department of Health and Human Services (DHHS) and involves the following primary goals:

- to identify and endorse (outcome, process, and structural) measures and patient experience of care surveys that specifically address nursing home quality measures for public reporting and quality improvement;
- provide maintenance to the current NQF-endorsed® nursing home measures; and
- to identify gaps in existing measures and recommend potential measures to fill those gaps.

MEASURE EVALUATION OVERVIEW

Members of the Steering Committee were encouraged to use the measure evaluation criteria as the foundation for their discussion of each individual measure. Helen Burstin, MD, MPH, senior vice president of the performance measures department at NQF, reviewed NQF's measure evaluation criteria, which includes recent changes to improve the quality of NQF measures. The three primary updates to the evaluation process include (1) tying measures to NPP goals, (2) identifying whether the measure demonstrates a high impact aspect of healthcare and, (3) providing reliable, valid, usable, and feasible evidence. Additionally, Steering Committee members were encouraged to consider how newly endorsed measures might harmonize with previously endorsed or publically reported measures. NQF's new time-limited endorsement policy was also reviewed.

The Committee was asked to review 26 measures within the following domains of care:

- Mental Health (2)
- Staffing (2)
- Pain and Pressure Ulcers (5)
- Vaccination (4)
- Falls (5)
- Function (8)

Two of these measures were identified as similar and competing measures; one was identified as a previously endorsed measure due for maintenance.

MENTAL HEALTH MEASURES

At the start of measure evaluation, measure stewards/developers presented introductory remarks. After the primary and secondary Committee reviewers reported on their findings, the entire Committee discussed and voted on each measure. Questions that arose were referred to the measure stewards/developers.

Prior to the Steering Committee discussion and evaluation of individual measures, Shari Ling, MD, medical officer from the Centers for Medicare and Medicaid Services (CMS), provided background information on the Minimum Data Set (MDS) and its transition to version 3.0. MDS has been the primary vehicle for collecting data on nursing home residents since 1995. Dr. Ling emphasized the effort to capture the patient's voice and his or her experience as a key change in the transition to version 3.0, which will take place in October 2010. In response to questions from the Steering Committee, CMS clarified that the comprehensive discharge assessment, included in version 3.0, enables analyses according to sub-populations of short-stay versus

long-stay residents. They explained that long-stay residents are defined by a length of stay of more than 100 days since admission.

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

In transition to the evaluation of individual measures, Jackie Vance, RNC, from the American Medical Directors Association (AMDA), provided introductory comments for measure NH-001-10. Ms. Vance emphasized the importance of this measure within the context of the Institute of Medicine's six dimensions of quality improvement. She also talked about the high prevalence of nursing home residents reporting symptoms of dementia, despite the likelihood that this condition is underreported. Ms. Vance highlighted the high cost of treating dementia, along with its associated negative health outcomes, and pointed out the measure's feasibility since the required data may be captured electronically with the MDS 3.0.

While the Steering Committee agreed that the measure undeniably addresses an important topic area, the Committee member most responsible for its review did not believe the measure as specified was comprehensive enough for the Committee to discuss in detail. The measure has weak descriptions and imprecise definition of "signs and symptoms of dementia", and did not specify what instrument should be used to assess dementia. The Committee also briefly discussed the measure content, which may prove useful for the future development of a measure of this nature, focusing on the difficulty of diagnosing dementia and why this diagnosis might be different for post-acute or long-stay nursing home residents.

Outcome: The Committee unanimously voted not to recommend the measure for endorsement.

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

Barbara Gage, PhD, MPA, introduced this measure on behalf of CMS with a description of how its specifications have been improved since the previously endorsed measure (NQF #0197), based on MDS 2.0. She noted that the current measure provides attention to all patients in a nursing facility that may experience depression, as opposed to the worsening symptoms of those patients who have already been identified as depressed. Dr. Gage also summarized some of the key contributing factors to the measure's scientific acceptability, usability, and feasibility, such as previous kappa-statistic calculation and data collection engrained in the MDS.

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

Outcome: The Committee unanimously voted to recommend the measure for time-limited endorsement pending resolution of the following conditions:

- complete testing within 12 months per the NQF time-limited endorsement policy;
- clarify that exclusion pertains to any nursing home resident with length of stay less than or equal to 100 days; and
- clearly specify how to calculate the numerator.

In addition, the developer and measure steward were recommended to

- complete further validity testing;
- examine the measure in conjunction with potential overuse of psychotropic drugs;
- transition to "positive" wording in the future (i.e. % of residents without symptoms of major depression).

STAFFING MEASURES

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

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

Rita Munley Gallagher, PhD, RN, and Nancy Dunton, PhD, represented the American Nurses Association (ANA) in introducing two nurse staffing measures, which had been previously endorsed and used within the hospital setting. The ANA intended to expand the setting in which these measures are applicable to include long-term care facilities. They explained that the measure specifications had not changed since their use in the hospital setting and the reliability and validity testing for their use in long-term care settings had not been completed to date. As a result of the incomplete testing of these structural measures, they were submitted to the NQF nursing home project for consideration for time-limited endorsement.

The Steering Committee acknowledged the importance of staffing measures and the long history involved in examining the link between staffing and quality. Members of the audience representing the National Citizens' Coalition for Nursing Home Reform and CMS further encouraged the Committee to consider the 2004 NQF Nursing Home Steering Committee's recommendation for future development of staffing measures, as well as a new mandate within the health reform bill to collect data on nurse staffing. Despite the importance of these measures, the Committee had several concerns, including:

- the need for harmonization with future measures of staff productivity and the new healthcare reform law mandating the collection of nurse staffing data;
- the difficulty of obtaining reliable and consistent payroll data to support staffing measures;
- measures are specified for hospitals, not the nursing home setting;
- ambiguity of the definition of terms included in the numerator and denominator, such as "productive care"; and
- whether complete testing within the next 12 months is reasonable.

Outcome: Despite agreement about the importance of these measures, the Committee voted not to recommend them for endorsement. The major concerns included the measures' lack of specification to the complex nursing home environment and the difficulty of appropriate data collection to support them. The Committee voted not to recommend the measure NH-006-10 (19 against, 1 abstention). The vote against the recommendation of measure NH-007-10 was unanimous.

Following the Committee vote, during the public comment period, Sandra Fitzler, RN, from the American Healthcare Association commented on a few points of consideration for the future

development of staffing measures. In particular, Ms. Fitzler stressed the importance of stating a measure in the positive and warned against allowing measures used for public reporting to exclude small nursing homes based on sample size.

At this time, the Steering Committee agreed to review all of the remaining measures based on the understanding that all measures meet the importance criterion.

PAIN AND PRESSURE ULCER MEASURES

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

A representative from the Research Triangle Institute (RTI) explained that the purpose of this measure, as well as the other pain measures submitted to the project by CMS, was to gain a greater understanding of the patient experience of pain symptoms. All three of the pain measures submitted for review by the Steering Committee have been in use as part of the CMS Five Star Quality Rating initiative.

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

Outcome: The Committee voted to recommend (16 in favor, 4 opposed) the measure for time-limited endorsement pending resolution of the following conditions:

- evaluation of patient's cognitive status when reporting pain;
- further examine what missing data indicates, due to concerns that facilities may not report on these data items in order to improve the reported quality of care;
- address concerns regarding the frequency of pain: does decreased frequency, but increased intensity, equal effective care? Currently either decreased frequency or decreased intensity count as effective pain management, but having horrible pain less often would count as effective pain management;
- address concern that unintended consequences may occur when interpreting the measure results during reliability testing. The range of 0-10 is not linear and therefore does not account for potential changes in pain score (e.g. 1:1 or 3:5). It was noted that some residents would rather have pain at 4/5 than be on opiates; and
- measure should account for patient preference. Patient requests are particularly important for pain management.

In addition, the Committee recommended that the developer and measure steward:

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

Committee members opposed to the measure raised the following concerns:

- measure is not well-specified;
- subjectivity of reporting pain;
- need to consider the overuse of medication to treat pain; and
- whether measure lends itself to actionable processes for improving health outcomes.

NH-010-10: Percent of residents who have moderate to severe pain (short stay) (CMS)

NH-011-10: Percent of residents who have moderate to severe pain (long stay) (CMS)

Outcome: The Committee voted (18 in favor, 2 opposed) to recommend measures NH-010-10 and NH-011-10 for time-limited endorsement with the same conditions specified for measure NH-009-10. Similarly, the two opposing votes were based on the same concerns expressed during the review of measure NH-009-10, about the subjectivity of measuring pain in a way that can lead to improvement in health outcomes.

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

Roberta Constantine, PhD, represented RTI in providing introductory remarks on the pressure ulcer measures submitted to the project. Dr. Constantine emphasized the importance of quality improvement for treating pressure ulcers, as recognized at the national level by numerous organizations dedicated to improving the quality of healthcare. Furthermore, pressure ulcers were identified as a high volume condition linked to issues of quality of life and cost of care. The feasibility of this measure was explained within the context of the CMS mandate to collect pressure ulcer data.

The Steering Committee members agreed that this is a well-specified and important measure, which addresses an area of care in which there is room for improvement. Despite the strength of the measure, the Committee discussed a few weaknesses, including:

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

RTI expressed a willingness to consider these issues in the completion of the measure testing.

Outcome: The Steering Committee members unanimously voted to recommend this measure for time-limited endorsement.

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

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

- further specificity in identifying high-risk patients and the role of malnutrition in establishing risk; and
- consideration of excluding residents who are admitted with stage 4 pressure ulcers.

Outcome: The Steering Committee unanimously voted to recommend this measure for time-limited endorsement.

VACCINATION MEASURES

NH-014-10: Percent of residents who were assessed and given the seasonal influenza vaccine during the flu season (short stay) (CMS)

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

Shula Bernard, PhD, introduced the influenza vaccine measures on behalf of RTI. Dr. Bernard cited the importance of these measures, given their demonstrated link to an outcome of increased vaccination and the national-level failure to meet the Healthy People 2010 goal of 90% vaccination for individuals age 65 and older. The MDS 3.0 data for this measure is identical to version 2.0, with the exception of a few additions to the numerator and denominator in order to harmonize with other NQF vaccination measures.

The Steering Committee unanimously agreed on the importance of these two measures and that there is strong evidence to support these measures. The Committee thought that the punctuation provided in the measure submissions lends itself to misinterpretation; in fact, the numerator and denominator of these measures are not intended to be a summation and they are harmonized with other NQF measures. The Committee and the developer discussed the term “guarded validity,” which was used to describe scientific acceptability: this term refers to the metric of validity chosen by the University of Colorado. Further discussion focused on the definition of long-stay residents, the consequences of excluding missing data, and the specified time-frame for vaccination.

Outcome: The Steering Committee unanimously voted to recommend these measures for endorsement pending resolution of the following conditions:

- explicitly define long- and short-stay residents within the measure specifications;

- missing data should not be excluded, but rather counted as non-administered vaccine;
- clarify the numerator and denominator punctuation in a way that harmonizes with previously NQF-endorsed® measures;
- modify the time frame for the seasonal vaccination to align with the yearly Centers for Disease Control and Prevention’s (CDC) recommendation of flu season dates rather than limited to October 1-June 30.

In addition, the Committee recommended that the steward explore how to effectively communicate these measures to the public.

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

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

The discussion of these measures highlighted the same issues as those seen in the influenza vaccine measures, such as clarification of the numerator and denominator to harmonize with other NQF measures. Despite the need for clarifications, the measures’ importance and usability were stressed.

Outcome: The Steering Committee unanimously voted to recommend these measures for endorsement pending resolution of the following conditions:

- explicitly define long- and short-stay residents within the measure specifications;
- missing data should not be excluded, but rather counted as non-administered vaccine;
- clarify the numerator and denominator punctuation in a way that harmonizes with previously NQF-endorsed measures; and
- numerator components should be computed and reported separately:
 - up-to-date vaccine status/all short-stay residents with MDS 3.0 assessment within the 12 month period;
 - offered and declined vaccine/all short-stay residents with MDS 3.0 assessment within the 12 month period; and
 - ineligible due to medical contraindications/all short-stay residents with MDS 3.0 assessment within the 12 month period.

In addition, the Committee recommended that future development of pneumococcal vaccine measures include:

- clearer definition of “up-to-date” vaccination status, which specifies that immunization does not have to occur in the given facility; and
- CMS should clarify eligibility criteria for receiving vaccination.

FALL MEASURES

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

Following a few brief comments from RTI about the progress that has been made in testing the scientific acceptability of this measure, the Committee discussed the definition of a “fall with a major injury,” and appropriate exclusion criteria. Given that the definition for a “fall” includes assisted falls, they suggested that it may be inappropriate to exclude comatose patients. The Committee also suggested that it might be helpful to examine how falls with injuries relate to total number of falls and the use of restraints to prevent falls.

Outcome: With one exception (an abstention), the Steering Committee members voted to recommend this measure for time-limited endorsement, pending clarification and additional information on the following issues:

- provide information to support exclusion of comatose patients; and
- examine whether scope of the measure should be broadened to include all falls, as opposed to only falls with major injury; the Committee requested that either the measure be broadened to include all falls or that additional literature be submitted justifying the exclusion of minor falls.

NH-005-10: Falls with injury (ANA)

Isis Montalvo, RN, MS, MBA, representing the ANA, oriented the Committee to previous review of this measure before the Mental Health Steering Committee for NQF’s National Consensus Standards for Patient Outcomes project. During the initial review it was recommended that this measure harmonize with multiple care settings. It was explained that the measure’s validity and reliability have not been tested in long-term care settings, although some testing has occurred in rehabilitation units within acute care settings. The importance of measuring and reporting falls was emphasized. The data collection process, including review of incident reports and the definition of falls, extends to assisted and unassisted falls, with or without injury, was described.

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

Outcome: Although the Committee appreciated the importance and intent of the measure, they voted not to recommend (19 opposed, 1 abstention) this measure for endorsement.

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

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

Outcome: The Steering Committee unanimously voted not to recommend this measure for endorsement.

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

Neil Wenger, MD, MPH, provided background information on this measure on behalf of RAND Corporation. This process of care measure was described as an effort to minimize risk of falling for those at risk of doing so through physical therapy or use of assistive devices. These are two of the multimodal interventions commonly used to treat patients at risk of falling, but remain difficult to measure. The data source, eligibility for inclusion in the measure, and its link to improved outcome when used in conjunction with other fall measures were briefly described.

One of the main concerns expressed by the Committee in reviewing this measure was its assumption that physical therapy and use of assistive device are equivalent interventions. The Committee stressed that the use of an assistive device without therapy may actually be detrimental to the patient. In response to this concern, the measure steward argued that there is a lack of evidence about which interventions work best; moreover, it is likely that treatment effectiveness may vary on a case by case basis. The Committee also expressed concern regarding whether it is appropriate to exclude patients with advanced dementia in the measure. Overall, the measure was described as feasible and well-specified.

Outcome: The Committee voted to recommend (16 in favor, 3 opposed, 1 abstention) this measure for endorsement pending resolution of the following conditions:

- removal of assistive devices as a treatment modality: the measure should focus only on the provision of physical therapy for patients with a new balance problem. The Steering Committee stated that an assistive device and physical therapy are not equivalent interventions, and that receiving an assistive device without therapy may be detrimental. Assistive devices should be removed from the numerator unless the developer can present evidence that providing an assistive device without physical therapy improves patient outcomes;
- measure specifications should be updated to reflect MDS 3.0: the numerator and denominator specifications should be consistent with MDS 3.0; and
- remove the exclusion of dementia patients unless the developer can present evidence that patients with dementia cannot benefit from physical therapy to improve balance. The Steering Committee stated that dementia was a risk factor for falls and evidence suggests this risk can be managed.

The opposing Committee members were uncertain of how strongly this measure is linked to a health outcome.

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

A representative from RTI provided a brief introduction to this measure, explaining that the only change to MDS version 3.0 is specification to where and how restraints are used (i.e., in bed, in a chair, etc.)

The Steering Committee discussion identified this measure as highly important, with strong usability and feasibility. The developer provided two clarifications during the discussion: the seven day look-back period specified in the measure was intended to correspond to the look-back period of other similar quality measures; and the measure only pertains to individuals for whom restraints were used every day of the seven day look-back period. The Committee reiterated the consequences of excluding missing data.

Outcome: The Committee unanimously voted to recommend this measure for endorsement pending inclusion of residents with missing data. The following recommendations were also suggested for future measure development:

- examine decreased increments in restraint use in addition to complete absence of use;
- examine use of alarms and chemical restraints.

PUBLIC COMMENT AND RESEARCH RECOMMENDATIONS

Prior to adjourning for the day, members of the public were given the opportunity to respond to the group discussion.

Sandra Fitzler, RN, from the American Healthcare Association, asked for clarification about unstageable ulcers and how they would be treated within the short-stay pressure ulcer measure (NH-012-10). She also pointed out that this measure does not account for cases in which discharge occurs without sufficient time for pressure ulcers to heal.

Toby Edelman, EdM, JD, from the Center for Medicare Advocacy, expressed concern over the need for a stronger consumer voice during the measure review process. In particular, she pointed to the importance of staffing from the consumer perspective and her disappointment that these measures were not recommended for endorsement by the Steering Committee. Ms. Edelman also emphasized the importance of future measure development pertaining to the use of antipsychotic drugs and chemical restraints.

Isis Montalvo, RN, MS, MBA, representing the American Nurses Association, further expressed consumers' needs particular to harmonization across episodes of care and care settings.

Day 2: Thursday, April 22

FUNCTION MEASURES

0030: Urinary incontinence management in older adults (NCQA)

Susan Milner, PhD, represented NCQA on behalf of this previously endorsed measure, due for maintenance. She explained that this measure is not specific to the nursing home or long-term care facility.

The Steering Committee identified this measure as highly important, evidence-based, well-specified, and strongly linked to outcomes. The measure is also well-harmonized with other similar measures from different care settings. The Committee raised concerns about the feasibility of data collection and the exclusion of dementia patients if this measure was specified for the nursing home setting.

Outcome: The Committee agreed that this is a strong measure for comparing plans, but is not feasible solely at the nursing home level. This technical review will be used in the NQF maintenance process.

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

The Steering Committee found this measure too narrowly focused and that the relationship to a health outcome was weak. They suggested that a more useful outcome for this type of measure would focus on the effect of the intervention, rather than on whether or not the intervention occurred. Furthermore, the Committee noted the measure's usability is limited by lack of specificity pertaining to toileting interventions and a definition for treatment within the MDS that fails to include physical therapy.

Outcome: The Steering Committee voted not to recommend (14 opposed, 4 in favor, and 1 abstention) this measure for endorsement. They provided the following recommendations for future versions of this measure:

- crosswalk to MDS 3.0;
- perform converging validity test with medication use;
- examine whether results under-represent quality problem; and
- examine usability for the consumer.

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

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

Roberta Constantine, PhD, from RTI, explained changes to the MDS 3.0 as it applies to incontinence and the related measures. These changes include:

- revised response-set to describe an individual's level of incontinence;
- shorter look-back period to promote improved recall;
- inclusion of data from a six month period to account for seasonal variation; and
- more precise definition of urinary tract infection (UTI).

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

Outcome: The Steering Committee unanimously voted to recommend these two measures for endorsement pending resolution of the following issues:

- explicitly define long-stay residents; and
- remove exclusion of missing data.

Additionally, it was recommended that measure NH-019-10 and NH-020-10 be paired and further research address the effects of stratification of NH-019-10 by type of incontinence.

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

The Steering Committee spoke to the importance of this measure and the degree to which it is specified. The Committee expressed optimism that this measure will encourage nursing homes to avoid over-diagnosing UTIs. They pointed out a need to harmonize this measure with the updated CDC definition of UTIs.

Outcome: The Steering Committee voted to recommend (18 in favor, 1 abstention) this measure for endorsement pending resolution of the following conditions:

- explicitly define long-stay residents; and
- remove exclusion of missing data.

The Committee recommended that future study focus harmonization and examination of the exclusion criteria.

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

Dr, Bernard, from RTI, explained that the focus of this measure excludes weight loss attributed to physician prescription, as the revised MDS 3.0 specifications allow for this type of weight loss to be recorded.

The Steering Committee discussion of this measure pointed to its strong supporting evidence and prior use. Their concerns focused on the inclusion and exclusion criteria pertaining to missing data and patients near the end of life. The steward clarified that “missing data” for this measure requires several missed weigh-in opportunities.

Outcome: The Steering Committee voted to recommend (19 in favor, 1 opposed) this measure for endorsement pending clarification of the definition of a long-stay resident. Additionally, the Steering Committee recommended that future study examine the exclusion of hospice patients from the measure. This suggestion was based on a scenario where it is too uncomfortable for this type of patient to be disturbed in order to be weighed.

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

The Steering Committee acknowledged that there are clear limitations to this measure, such as its sensitivity to State Medicaid payment policies and the difficulty in distinguishing avoidable and unavoidable decline in function. Despite these limitations, the Committee decided that the importance of the measure trumps these issues. The Committee also raised concerns over the exclusion of hospice patients, based on the argument that loss of function should not be viewed

as more acceptable for that population. The Committee was also concerned about outliers: nursing homes that may be more likely to have an increased number of immobile patients.

Outcome: The Steering Committee voted to recommend (19 in favor, 1 abstention) this measure for endorsement, pending clarification of the definition of a long-stay resident. Examination of the inclusion of hospice patients was recommended for future study.

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

The Committee found several problems with this measure, including:

- measure title does not reflect the numerator statement;
- only one level of decline specified;
- poor results for validity and reliability testing;
- unacceptable risk adjustment methodology;
- several unintended consequences; and
- compares ambulation with assist to wheelchair patients as if they include the equivalent level of function.

The Steering Committee weighed the importance of having a measure like this used for public reporting versus the consequences of using a measure that is not scientifically sound. The Committee unanimously voted to defer voting on a recommendation for this measure until CMS and RTI have had a chance to reconsider how the measure might be improved.

Public Comment:

Sandra Fitzler, RN, expressed concern about the lack of a short-stay measure examining UTIs. She emphasized the need to examine UTIs with regard for transition of care and care coordination. The need to choose positive wording for measure titles was reiterated (i.e., improvement in function rather than decline in function).

American Health Care Association representative Peter Gruhn encouraged that in the future risk adjustment be taken into consideration for different care populations. He stressed the importance of this issue from the consumer perspective.

FINAL OUTCOMES

At the end of the meeting, the Steering Committee's decisions resulted in the following outcomes:

- 10 measures were recommended for endorsement with conditions;
- 3 measures were recommended for time-limited endorsement with no conditions;
- 5 measures were recommended for time-limited endorsement with conditions;
- 6 measures were not recommended for endorsement; and
- 1 measure decision was deferred.

GAP ANALYSIS

Throughout the two-day meeting, the Steering Committee shared ideas about topic areas appropriate for future research and measure development. The recommendations from both days include the following themes:

- Medication management
- Patient experience of care and quality of life
- Hospice and palliative care
- Incontinence and toileting
- Nutrition
- Staffing measures; turn-over and stability
- Mental health (i.e. delirium)
- Care coordination across care settings and between interdisciplinary members of the care team
- Patient and family religious and cultural preferences
- Structural measures (i.e. flexibility time of meals and bathing)
- Sexual health
- Harmonization outside of NQF
- Use of safe-lift practices (criteria being developed)

NEXT STEPS

Suzanne Theberge informed the committee that NQF staff will draft a meeting summary, which will be reflective of the Committee's voting and recommendations. NQF staff will forward the Committee's directives to measure developers/stewards. Ms. Theberge also announced a follow-up conference call within the next few weeks to discuss issues not resolved during the in-person meeting.