Replacement of State System QI Reports with CASPER QM/QI Reports

What's the Same?

- 12 Domains
- Sentinel Events
- Measures flag at 90%
- Measures flag on Sentinel Events
- Surveyor selects measures at 75%+
- CMS Form 802 itself unchanged
- 15 QIs same
- Used same way to select concerns and potential sample residents

What's Different?

- 9 QIs replaced with QMs
- 5 QMs added
- 1 QM splits HI/LO pressure ulcers
- Now 30 QM/QIs for "Chronic Care" Residents (begins sample selection)
- 3 new QM/QIs for "Post Acute Care" Residents (most likely discharged)

- Report titles
- Report format
- QM/QIs renumbered
- Record selection method
- Calculation frequency
- Mathematics for new measures
- CMS Form 802 instructions - note if area of concern selected from chronic, PAC, or both
- How to access reports

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Specific Changes

- Revisions to Tasks 1, 2, 4 and 5
- Wording changes to replace the term "QI" with "QM/QI" throughout Appendix P
- Replacement of current Exhibits
  - Exhibit 266: Roster/Sample Matrix Instructions for Providers (updates references to QI as QM/QI and updates the numbering system
  - Exhibit 267: Roster/Sample Matrix Instructions for Surveyors (updates references to QI as QM/QI and updates the numbering system
  - Exhibit 268: Facility Characteristics Report
  - Exhibit 269: Facility Quality Measure/Indicator Report (previously the QI Profile Report)
  - Exhibit 270: Resident Level Quality Measure/Indicator Report
    - Chronic Care Sample
    - Post Acute Care Sample
  - Exhibit 271: QM/QI Reports Technical Specifications (Old Appendix A)

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Facility Characteristics Report

- Report Header
  - *Data submitted by* deleted
  - *Provider Number* added
  - *State* added
  - *Comparison Group period* added
  - *Report Version Number* added
  - *Facility Internal ID* added
- Same Characteristic Categories
- Data Columns Modified
  - Facility Data
    - *Numerator:* Previously Number of Residents
    - Denominator added
    - *Observed Percent*: Previously Facility %
  - Comparison Groups
    - *State Average*: Previously called Comparison Group
    - *National Average* added

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Facility Quality Measure/Indicator Report (previously QI Profile)

- Report Header
  - *Data submitted by* deleted
  - *Provider Number* added
  - *State* added
  - *Comparison Group period* added
  - *Report Version Number* added
  - *Facility Internal ID* added
- Quality Measures/Indicators
  - Renumbered in order of 12 domains
- Data Columns Modified
  - Facility Data
    - Numerator
    - Denominator
    - *Observed Percent*: Previously Facility %
    - *Adjusted Percent*: added
  - Comparison Groups
    - *State Average*: Previously called Comparison Group
    - *National Average* added
    - *State Percentile:* Previously Percentile Rank
    - Flag versus *Asterik*

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Resident Level Quality *Measure*/Indicator Report

- Report Header
  - *Data submitted by* deleted
  - *Provider Number* added
  - *State* added
  - *Comparison Group period* added
  - *Report Version Number* added
  - *Facility Internal ID* added
- Two lists
  - *Chronic Care Sample*
  - *Post Acute Care Sample*
- Each list still separates Active Residents from Discharged Residents
- Data Columns Modified (Chronic Care)
  - *Resident Int ID* added
  - *Most Recent Assessment Date* deleted
  - *AA8b* deleted
  - *Assessment Type* deleted
  - *Count:* Previously Total
  - "X" notes if QM/QI triggered
  - 2 new measures added
- *New Post Acute Care Section* added
  - Resident Int. ID added
  - Resident Name
  - 3 new PAC measures added
  - Count

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New Monthly Trend Report

- Shows a facility's monthly scores on any single QM/QI measure
- Compares to State Average
- Compares to National Average

- Time period selected by User
- Tabular and Graphic displays

- Use this report to determine if a facility's scores are increasing or decreasing over time

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Record Selection

- **Target Assessment:** ARD within user defined time period (6 month default)
  - Chronic Care use OBRA assessments (AA8a=1-5, 10)
    - Some measures exclude Admission assessments
  - PAC use 14-day PPS Assessment (AA8b=7)
- **Prior Assessment:** Previously any assessment prior to target
  - Chronic Care use OBRA assessments between 46-165 days before target
  - PAC use 5-day PPS Assessment (AA8b=1) between 3-18 days before target
- **Most Recent Full Assessment:** Previously OBRA assessment (AA8a=1-4)
  - Chronic Care use Full Assessment (AA8a=1-4) no more than 13 months before target
  - PAC not used

Calculation Frequency

OLD QI REPORTS

- QIs recalculated following each submission of assessment records

NEW QM/QI REPORTS

- QM/QIs calculated weekly
  - *Early every Monday morning*
- Values on the reports will be constant throughout the week until the calculations are performed again the following Monday
- Surveyors requesting reports independently from each other will have identical reports – if pulled after a Monday morning recalculation, and before the next recalculation

Chronic Care QM/QIs

Incidence of New Fractures	QI-1	QM/QI 1.1
Prevalence of Falls	QI-2	QM/QI 1.2
Prevalence of Behavioral Symptoms affecting others (overall/hi/lo)	QI-3	QM/QI 2.2
Prevalence of symptoms of depression - *Replaced with 'incidence': Residents who have become more depressed or anxious*	*QI-4*	QM/QI 2.1
Prevalence of symptoms of depression w/o antidepressant therapy	QI-5	QM/QI 2.3
Use of 9+ different medications	QI-6	QM/QI 3.1
Incidence of cognitive impairment	QI-7	QM/QI 4.1
Prevalence of B/B incontinence (*Overall & Hi dropped*) – *Lo replaced with Low-risk residents who lost control of their B/B*	*QI-8*	QM/QI 5.1
Prevalence of occ/freq b/b incontinence w/o toileting plan	QI-9	QM/QI 5.3
Prevalence of indwelling catheter – *Replaced with: Residents who have/had a catheter inserted and left in their bladder*	*QI-10*	QM/QI 5.2
Prevalence of fecal impaction	QI-11	QM/QI 5.4

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Chronic Care QM/QIs

Prevalence of urinary tract infection – *Replaced with Residents with a urinary tract infection*	*QI-12*	QM/QI 6.1
Prevalence of weight loss - *Replaced with Residents who lose too much weight (excludes hospice care residents)*	*QI-13*	QM/QI 7.1
Prevalence of tube feeding	QI-14	QM/QI 7.2
Prevalence of dehydration	QI-15	QM/QI 7.3
Prevalence of bedfast residents – *Replaced with Residents who spend most of their time in bed or in a chair*	*QI-16*	QM/QI 9.2
Incidence of decline in late loss ADLs – *Replaced with Residents whose need for help with daily activities has increased*	*QI-17*	QM/QI 9.1
Incidence of decline in ROM	QI-18	QM/QI 9.4

Chronic Care QM/QIs

Prevalence of antipsychotic use in the absence of psychotic or related conditions (overall/hi/lo)	QI-19	QM/QI 10.1
Prevalence of anti-anxiety/hypnotic use	QI-20	QM/QI 10.2
Prevalence of hypnotic use more than two times in last week	QI-21	QM/QI 10.3
Prevalence of daily physical restraints – *Replaced with Residents who were physically restrained*	*QI-22*	QM/QI 11.1
Prevalence of little or no activity	QI-23	QM/QI 11.2
Prevalence of stage 1-4 pressure ulcers (*overall dropped*) *Hi replaced with High risk residents with pressure ulcers* *Lo replaced with Low risk residents with pressure ulcers*	*QI-24*	QM/QI 12.1 QM/QI 12.2
Added: Residents who have moderate to severe pain		*QM/QI 8.1*
Added: Residents whose ability to move in and around their room got worse		*QM/QI 9.3*

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PAC Measures

Added: PAC Short-stay residents with delirium		*QM/QI 13.1*
Added: PAC Short-stay residents who had moderate to severe pain		*QM/QI 13.2*
Added: PAC Short-stay residents with pressure ulcers		*QM/QI 13.3*

Prevalence of symptoms of depression – **Replaced with 'incidence': Residents who have become more depressed or anxious**	**QI-4**	QM/QI 2.1
Prevalence of B/B incontinence - (**Overall & Hi dropped**) **Lo replaced with Low-risk residents who lost control of their B/B**	**QI-8**	QM/QI 5.1
Prevalence of indwelling catheter – **Replaced with: Residents who have/had a catheter inserted and left in their bladder**	**QI-10**	QM/QI 5.2
Prevalence of urinary tract infection – **Replaced with Residents with a urinary tract infection**	**QI-12**	QM/QI 6.1
Prevalence of weight loss – **Replaced with Residents who lose too much weight (excludes hospice care residents)**	**QI-13**	QM/QI 7.1
Prevalence of bedfast residents – **Replaced with Residents who spend most of their time in bed or in a chair**	**QI-16**	QM/QI 9.2
Incidence of decline in late loss ADLs – **Replaced with Residents whose need for help with daily activities has increased**	**QI-17**	QM/QI 9.1
Prevalence of daily physical restraints – **Replaced with Residents who were physically restrained**	**QI-22**	QM/QI 11.1
Prevalence of stage 1-4 pressure ulcers (**Overall dropped; Hi/Lo split 2 separate measures**) **Hi replaced with High risk residents with pressure ulcers** **Lo replaced with Low risk residents with pressure ulcers**	**QI-24**	QM/QI 12.1 QM/QI 12.2
Added: Residents who have moderate to severe pain		QM/QI 8.1
Added: Residents whose ability to move in and around their room got worse		QM/QI 9.3
Added: PAC Short-stay residents with delirium		QM/QI 13.1
Added: PAC Short-stay residents who had moderate to severe pain		QM/QI 13.2
Added: PAC Short-stay residents with pressure ulcers		QM/QI 13.3

CHANGES IN A NUTSHELL

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Provider Instructions To Access CASPER QM/QI Reports

1. Login to the MDS Welcome Page (keyhole page).
2. Click on CASPER REPORTING (Online Reports).
3. Proceed through the Security Alert.
4. Login to CASPER
5. Click the OPTIONS Button.
6. Select PDF as your default report format. Click SAVE.
   Note: Windows XP SP2 security settings prevent the downloading of the Active X plug-in required to view the default PSR format.
7. Click on the REPORTS button. In the left Report Category box, select MDS QI/QM Reports. A list will appear in the box on the right side.
8. Click on the underlined report called MDS QI/QM Package.
9. Accept the default reporting period, or change according to your needs.
10. Click on the SUBMIT button

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Provider Instructions To Access CASPER QM/QI Reports

11. Click on the QUEUE button to watch your reports queue and process.
12. Click on the FOLDERS button to retrieve the requested report.
13. Click on the underlined report name link and the report will display in the CASPER Document View window.
14. Use the File/Print option, the PRINT button or the Printer Icon to print each report.

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