

Appendix B

QI/QM REPORT EXAMPLES

Facility Characteristics Report

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Facility Name LISA01
City/State SACRAMENTO, CA
Provider Number 855134
Login/Internal ID LISA01/1234

Run Date 08/15/05 15:59:30
Report Period 12/01/04 - 05/31/05
Comparison Group 07/01/04 - 12/31/04
Report Version Number 1.07

	Facility			Comparison Group	
	Num	Denom	Observed Percent	State Average	National Average
Gender					
Male	10	24	41.7%	31.2%	31.3%
Female	14	24	58.3%	68.7%	68.7%
Age					
<25 years old	0	24	0.0%	1.0%	0.5%
25-54 years old	0	24	0.0%	5.4%	5.8%
55-64 years old	1	24	4.2%	6.6%	6.7%
65-74 years old	2	24	8.3%	12.8%	13.3%
75-84 years old	8	24	33.3%	31.9%	32.7%
85+ years old	13	24	54.2%	42.4%	40.9%
Payment Source (all that apply)					
Medicaid per diem	0	24	0.0%	50.9%	44.7%
Medicare per diem	10	24	41.7%	29.9%	30.3%
Medicare ancillary Part A	13	24	54.2%	25.3%	18.2%
Medicare ancillary Part B	2	24	8.3%	22.5%	8.4%
Self or family pays for full per diem	5	24	20.8%	10.5%	15.1%
Medicaid resident liability or Medicare co-payment	1	24	4.2%	7.9%	10.6%
Private insurance per diem (Including co-payment)	4	24	16.7%	10.4%	10.4%
All other per diem	0	24	0.0%	4.0%	3.2%
Diagnostic Characteristics					
Psychiatric diagnosis	1	24	4.2%	11.6%	13.1%
Mental retardation	1	24	4.2%	2.4%	2.7%
Hospice	1	24	4.2%	1.3%	3.2%
Type of Assessment					
Admission assessment	10	24	41.7%	28.4%	31.2%
Annual assessment	3	24	12.5%	12.5%	10.9%
Significant change in status assessment	2	24	8.3%	6.3%	8.4%
Significant correction of prior full assessment	0	24	0.0%	0.0%	0.0%
Quarterly assessment	9	24	37.5%	52.8%	49.4%
Significant correction of prior quarterly assessment	0	24	0.0%	0.0%	0.0%
All other assessment types	0	24	0.0%	0.0%	0.0%
Stability of Conditions					
Conditions/disease make resident unstable	17	24	70.8%	25.4%	41.8%
Acute episode or chronic flareup	0	24	0.0%	11.2%	17.1%
End-stage disease, 6 or fewer months to live	2	24	8.3%	1.7%	2.8%
Discharge Potential					
No discharge potential	12	24	50.0%	66.9%	65.7%
Discharge potential within 30 days	5	24	20.8%	8.9%	10.6%
Discharge potential 30-90 days	4	24	16.7%	7.7%	5.5%
Uncertain discharge potential	2	24	8.3%	15.2%	17.4%

Figure B-1. Facility Characteristics Report

Facility Quality Measure/Indicator Report

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Facility Name LISA01
City/State SACRAMENTO,CA
Provider Number 855134
Login/Internal ID LISA01/1234

Run Date 05/20/05 16:01:28
Report Period 09/01/04 - 02/28/05
Comparison Group 07/01/04 - 12/31/04
Report Version Number 1.07

Measure ID	Domain/Measure Description	Facility				Comparison Group		
		Num	Denom	Observed Percent	Adjusted Percent	State Average	National Average	State Percentile
Chronic Care Measures								
Accidents								
1.1	Incidence of new fractures	1	109	0.9%	-	1.9%	2.1%	29
1.2	Prevalence of falls	5	109	4.6%	-	12.3%	12.9%	8
Behavior/Emotional Patterns								
2.1	Residents who have become more depressed or anxious	9	109	8.3%	-	16.1%	15.7%	23
2.2	Prevalence of behavior symptoms affecting others: Overall	16	106	15.1%	-	23.3%	18.9%	26
2.2-HI	Prevalence of behavior symptoms affecting others: High risk	15	86	17.4%	-	26.1%	22.1%	29
2.2-LO	Prevalence of behavior symptoms affecting others: Low risk	1	20	5.0%	-	8.7%	8.1%	49
2.3	Prevalence of symptoms of depression without antidepressant therapy	0	106	0.0%	-	6.7%	5.3%	0
Clinical Management								
3.1	Use of 9 or more different medications	76	109	69.7%	-	56.2%	60.2%	84
Cognitive Patterns								
4.1	Incidence of cognitive impairment	1	22	4.5%	-	15.0%	12.3%	23
Elimination/Incontinence								
5.1	Low-risk residents who lost control of their bowels or bladder	42	67	62.7%	-	47.1%	46.8%	88
5.2	Residents who have/had a catheter inserted and left in their bladder	7	109	6.4%	5.8%	5.2%	7.7%	62
5.3	Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan	32	33	97.0%	-	54.9%	44.2%	85
5.4	Prevalence of fecal impaction	0	109	0.0%	-	0.2%	0.1%	0
Infection Control								
6.1	Residents with a urinary tract infection	8	109	7.3%	-	8.5%	9.5%	44
Nutrition/Eating								
7.1	Residents who lose too much weight	6	90	6.7%	-	10.9%	10.0%	21
7.2	Prevalence of tube feeding	24	109	22.0%	-	9.0%	7.2%	96 *
7.3	Prevalence of dehydration	2	109	1.8%	-	0.5%	0.4%	93 *
Pain Management								
8.1	Residents who have moderate to severe pain	13	109	11.9%	9.4%	9.8%	7.8%	61
Physical Functioning								
9.1	Residents whose need for help with daily activities has increased	6	77	7.8%	-	15.6%	17.5%	16
9.2	Residents who spend most of their time in bed or in a chair	29	106	27.4%	-	8.1%	5.5%	98 *
9.3	Residents whose ability to move in and around their room got worse	6	52	11.5%	10.1%	14.0%	15.7%	33
9.4	Incidence of decline in ROM	4	105	3.8%	-	8.1%	8.5%	27

Note: Dashes represent a value that could not be computed

Facility Quality Measure/Indicator Report

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Facility Name LISA01
City/State SACRAMENTO,CA
Provider Number 855134
Login/Internal ID LISA01/1234

Run Date 05/20/05 16:01:28
Report Period 09/01/04 - 02/28/05
Comparison Group 07/01/04 - 12/31/04
Report Version Number 1.07

Measure ID	Domain/Measure Description	Facility				Comparison Group		
		Num	Denom	Observed Percent	Adjusted Percent	State Average	National Average	State Percentile
Chronic Care Measures								
Psychotropic Drug Use								
10.1	Prevalence of antipsychotic use, in the absence of psychotic or related conditions: Overall	18	100	18.0%	-	26.7%	22.0%	20
10.1-HI	Prevalence of antipsychotic use, in the absence of psychotic or related conditions: High risk	7	11	63.6%	-	47.7%	46.0%	83
10.1-LO	Prevalence of antipsychotic use, in the absence of psychotic or related conditions: Low risk	11	86	12.8%	-	22.2%	18.1%	18
10.2	Prevalence of antianxiety/hypnotic use	20	100	20.0%	-	18.6%	18.8%	58
10.3	Prevalence of hypnotic use more than two times in last week	3	109	2.8%	-	3.8%	4.1%	47
Quality of Life								
11.1	Residents who were physically restrained	8	109	7.3%	-	9.8%	7.1%	40
11.2	Prevalence of little or no activity	65	106	61.3%	-	10.5%	9.2%	99 *
Skin Care								
12.1	High-risk residents with pressure ulcers	13	75	17.3%	-	17.1%	15.2%	58
12.2	Low-risk residents with pressure ulcers	1	34	2.9%	-	2.9%	3.4%	64 *
Post-Acute Care(PAC) Measures								
13.1	Short-stay residents with delirium	5	86	5.8%	5.2%	4.8%	3.4%	69
13.2	Short-stay residents who had moderate to severe pain	44	86	51.2%	-	23.5%	23.7%	92 *
13.3	Short-stay residents with pressure ulcers	20	83	24.1%	23.4%	19.7%	18.8%	67

Note: Dashes represent a value that could not be computed

Figure B-2. Facility Quality Measure/Indicator Report

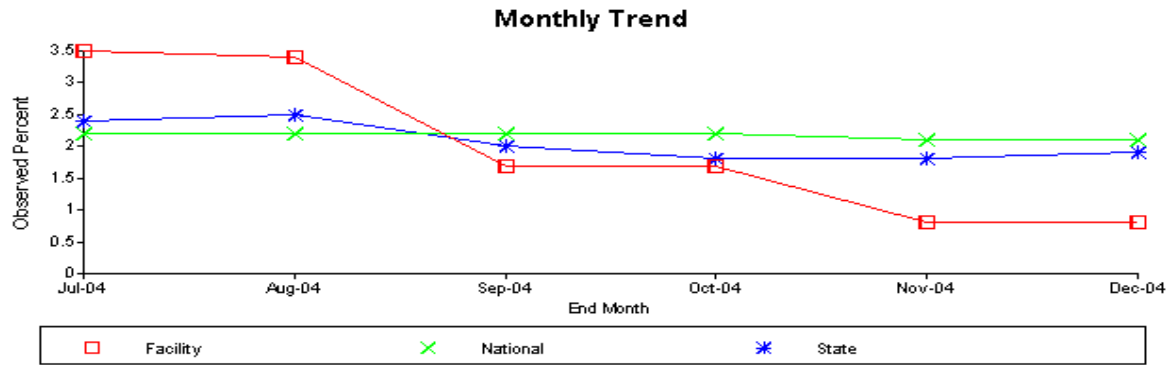
NOTE: An asterisk will display on the report when one of the following is met:

- **Sentinel health events are flagged if the numerator is greater than zero.**
- **All other indicators/measures are flagged if their state percentile is greater than or equal to 90.**

Quality Measure/Indicator Monthly Trend Report Measure: New fractures

Facility Name LISA01
City/State SACRAMENTO, CA
Provider Number 855134
Login/Internal ID LISA01/1234

Run Date 07/08/2005 11:03:52
Report Period 07/04 - 12/04
Report Version Number 1.07



Report Period		Facility			Comparison Group	
Start Month	End Month	Num	Den	Obs Pcnt	State	National
Feb-04	Jul-04	4	113	3.5%	2.4%	2.2%
Mar-04	Aug-04	4	117	3.4%	2.5%	2.2%
Apr-04	Sep-04	2	120	1.7%	2.0%	2.2%
May-04	Oct-04	2	119	1.7%	1.8%	2.2%
Jun-04	Nov-04	1	121	0.8%	1.8%	2.1%
Jul-04	Dec-04	1	120	0.8%	1.9%	2.1%

Figure B-3. Quality Measure/Indicator Monthly Trend Report

Resident Level Quality Measure/Indicator Report: Chronic Care Sample

Facility Name LISA01
 City/State SACRAMENTO, CA
 Provider Number 855134
 Login/Internal ID LISA01/1234

Run Date 06/15/05 15:59:30
 Report Period 12/01/04 - 05/31/05
 Report Version Number 1.07

Resident Int Id	Resident Name	AA/Ba	Accid		Behavioral		Clin	Cog	Elim/Incont				Infct	Nutrit/Eat		Pain	Phys Functioning			Psych Drug Use		Qual Life		Skin Care		Count	
			New Fract	Falls	Depression	Problem Behavior			Uprs No Tx	g+ Meds	Cog Impair	Bw/Bld Incont		Cath Insert	Incont No TP		Fecal Inprot	UTI's	ML Loss	Tube Feed	Dhyd	Mud/Serr Pain	ADL Help Incrs	Most Time Chair	Move Ability Wse		Decln ROM
					Hi	Lo														Hi	Lo			Hi	Lo		
Active Residents																											
999999	DOE, JANE	02						X						X													12
999999	DOE, JANE	05	X					X			X						X								X		5
999999	DOE, JANE	05						X	X																		12
999999	DOE, JANE	03		X				X	X	X																	4
999999	DOE, JANE	02						X				X				X											3
999999	DOE, JANE	05						X																			1
999999	DOE, JANE	01	X		X				X			X													X		5
999999	DOE, JANE	01							X			X										X	X				3
999999	DOE, JANE	01						X							X						X	X			X		5
999999	DOE, JANE	01						X																X			2
999999	DOE, JANE	05																									0
999999	DOE, JOHN	05	X																	X							12
999999	DOE, JOHN	05																	X						X		2
999999	DOE, JOHN	02						X																			1
999999	DOE, JOHN	01	X								X																2
999999	DOE, JOHN	03		X				X		X							X										4
999999	DOE, JOHN	01	X					X																			12
999999	DOE, JOHN	05						X								X	X			X							4
999999	DOE, JOHN	05						X				X															2
999999	DOE, JOHN	05	X	X												X				X				X			5
Discharged Residents																											
999999	DOE, JOHN	01													X						X	X		X			4

Note: X=triggered, blank=not triggered or excluded.

Figure B-4. Resident Level Quality Measure/Indicator Report: Chronic Care Sample

Resident Level Quality Measure/Indicator Report: Post Acute Care Sample Page 1 of 1

Facility Name LISA01
 City/State SACRAMENTO,CA
 Provider Number 855134
 Login/Internal ID LISA01/1234

Run Date 08/15/05 15:59:30
 Report Period 12/01/04 - 05/31/05
 Report Version Number 1.07

Resident Int Id	Resident Name	Delirm	Mod/Sevr Pain	Press Ulcer	Count
Active Residents					
999999	DOE, JANE			X	1
999999	DOE, JANE				0
999999	DOE, JANE				0
999999	DOE, JANE		X	X	2
999999	DOE, JOHN			X	1
999999	DOE, JOHN				0
999999	DOE, JOHN				0
999999	DOE, JOHN				0
Discharged Residents					
999999	DOE, JANE		X	X	2
999999	DOE, JANE		X		1
999999	DOE, JOHN				0
999999	DOE, JOHN				0

Note: X=triggered, blank=not triggered or excluded.

Figure B-5. Resident Level Quality Measure/Indicator Report: Post Acute Care Sample

Resident Listing Report: Chronic Care Sample

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Facility Name LISA01
 City/State SACRAMENTO, CA
 Provider Number 855134
 Login/Internal ID LISA01/1234

Run Date 1/12/2005 12:44:22
 Report Period 10/01/2003 - 03/31/2004
 Report Version Number 1.07

Resident Inf id	Resident Name	Gender	DOB	Room No.	Target Assessment		Prior Assessment		Discharge Date
					A3a	AA8a/ AA8b	A3a	AA8a/ AA8b	
Active Residents									
333333	Doc, John	M	09/07/1921	0362	02/25/2004	05/6	12/03/2003	01/1	
333333	Doc, John	M	06/10/1915	362-1	03/17/2004	05/6	12/30/2003	01/1	
333333	Doc, John	M	02/05/1901	360-2	03/17/2004	05/6	12/24/2003	01/1	
333333	Doc, John	M	01/25/1902	3501	03/24/2004	05/6	12/30/2003	01/1	
333333	Doc, John	M	04/13/1903	0349	03/16/2004	01/1			
333333	Doc, John	M	07/30/1916	0340	02/21/2004	01/1			
333333	Doc, John	M	09/03/1911	0348	03/05/2004	01/1			
333333	Doc, John	M	05/03/1911	3502	01/21/2004	05/6	10/29/2003	05/6	
333333	Doc, John	F	06/23/1923	0348	12/22/2003	01/1			
333333	Doc, John	M	01/31/1925	343	02/25/2004	05/6	12/03/2003	05/6	
333333	Doc, John	M	10/09/1921	0357	03/16/2004	01/1			
333333	Doc, John	M	11/25/1916	362-2	01/07/2004	05/6	10/13/2003	01/6	
333333	Doc, John	M	02/09/1908	0341	03/10/2004	05/6	12/12/2003	01/1	
333333	Doc, John	M	09/17/1911	346	02/04/2004	05/6	11/11/2003	02/6	
333333	Doc, John	M	11/04/1913	0354	03/25/2004	01/1			
Discharged Residents									
333333	Doc, John	M	09/19/1917	0349	01/13/2004	01/1	11/21/2003	01/1	01/26/2004
333333	Doc, John	M	06/15/1925	0357	03/09/2004	01/1			03/14/2004
333333	Doc, John	M	01/27/1929	0359	12/29/2003	01/1			01/23/2004
333333	Doc, John	M	09/05/1910	0354	11/25/2003	01/1			12/09/2003
333333	Doc, John	M	03/25/1908	350-1	01/21/2004	05/6	10/29/2003	05/6	03/24/2004
333333	Doc, John	M	02/16/1927	0357	01/16/2004	01/1			02/11/2004
333333	Doc, John	M	08/29/1910	357	10/08/2003	02/6	07/16/2003	05/6	01/09/2004
333333	Doc, John	F	10/01/1916	0349	03/10/2004	01/1			03/15/2004
333333	Doc, John	M	05/02/1917	0340	11/07/2003	01/1			11/13/2003
333333	Doc, John	F	12/09/1918	0348	12/02/2003	01/1			12/17/2003
333333	Doc, John	M	09/15/1920	0348	01/30/2004	01/1			02/09/2004
333333	Doc, John	M	09/09/1913	0349	12/30/2003	01/1			01/08/2004
333333	Doc, John	F	10/03/1922	0354	11/13/2003	01/1			11/20/2003
333333	Doc, John	M	11/05/1926	0359	02/21/2004	01/1			02/25/2004
333333	Doc, John	F	05/20/1920	0349	12/16/2003	01/1			12/30/2003
333333	Doc, John	M	04/24/1918	0357	02/25/2004	01/1			03/08/2004
333333	Doc, John	M	03/23/1925	0359	03/16/2004	01/1			03/26/2004
333333	Doc, John	M	08/18/1916	0360	11/12/2003	01/1			12/01/2003
333333	Doc, John	M	09/21/1910	0360	12/12/2003	01/1			12/22/2003
333333	Doc, John	M	04/19/1916	0362	10/27/2003	01/1			11/06/2003
333333	Doc, John	M	03/26/1925	0349	02/09/2004	01/1			02/15/2004
333333	Doc, John	M	01/10/1917	0349	10/23/2003	01/1			12/12/2003
333333	Doc, John	M	12/17/1923	0348	02/17/2004	01/1			02/26/2004
333333	Doc, John	M	07/12/1915	0360	10/30/2003	01/1			11/10/2003
333333	Doc, John	M	02/19/1926	0354	12/13/2003	01/1			12/17/2003
333333	Doc, John	F	12/11/1915	0348	01/16/2004	01/1	09/15/2003	01/1	01/22/2004
333333	Doc, John	M	05/27/1926	0354	12/18/2003	01/1			12/29/2003
333333	Doc, John	F	05/26/1917	0354	10/30/2003	01/1			11/12/2003

Figure B-6. Resident Listing Report: Chronic Care Sample

Resident Listing Report: Post Acute Care Sample

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Facility Name	LISA01	Run Date	01/12/2005 12:23:04
City/State	SACRAMENTO, CA	Report Period	10/01/2003 - 03/31/2004
Provider Number	855124	Report Version Number	1.07
Login/Internal ID	LISA01H234		

Resident Int Id	Resident Name	Gender	DOB	Room No.	Target Assessment		Prior Assessment		Discharge Date
					A3a	A48a/A48b	A3a	A48a/A48b	
Active Residents									
999999	DOE, JOHN	M	09/07/1921	0362	12/13/2003	00/7	12/03/2003	01/1	
999999	DOE, JOHN	M	01/25/1902	0354	01/09/2004	00/7	12/30/2003	01/1	
999999	DOE, JOHN	M	07/30/1916	0359	03/02/2004	00/7	02/21/2004	01/1	
999999	DOE, JOHN	M	09/03/1911	0348	03/15/2004	00/7	03/05/2004	01/1	
999999	DOE, JOHN	M	10/09/1921	0357	03/26/2004	00/7	03/16/2004	01/1	
Discharged Residents									
999999	DOE, JOHN	M	01/27/1929	0359	01/08/2004	00/7	12/29/2003	01/1	01/23/2004
999999	DOE, JOHN	M	09/05/1910	0354	12/05/2003	00/7	11/25/2003	01/1	12/09/2003
999999	DOE, JOHN	M	02/16/1927	0357	01/26/2004	00/7	01/16/2004	01/1	02/11/2004
999999	DOE, JOHN	F	12/09/1918	0348	12/12/2003	00/7	12/02/2003	01/1	12/17/2003
999999	DOE, JOHN	M	08/18/1916	0360	11/22/2003	00/7	11/12/2003	01/1	12/01/2003
999999	DOE, JOHN	M	01/10/1917	0349	11/04/2003	00/7	10/23/2003	01/1	12/12/2003
999999	DOE, JOHN	M	06/28/1906	0348	11/03/2003	00/7	10/24/2003	01/1	11/21/2003
999999	DOE, JOHN	M	03/19/1909	0359	01/29/2004	00/7	01/19/2004	01/1	02/06/2004

Figure B-7. Resident Listing Report: Post Acute Care Sample