

Section 1

OVERVIEW

Facility Manual

Welcome to the MDS-based quality indicator/quality measure (QI/QM) system. This manual is intended as a guide for using QI/QM reports available in the national reporting system. It is also intended as an introduction to:

- How a facility will access reports from the CASPER Reporting Application
- How a facility can use QI/QM Reports to help focus their internal quality improvement efforts
- How the State survey agency will use QI/QM Reports in the survey process.

Overview

In 1999 the Centers for Medicare and Medicaid Services (CMS) implemented a Quality Indicator (QI) reporting system. This system provided facility specific reports for a set of QIs that were developed by the Center for Health Systems Research and Analysis (CHSRA) at the University of Wisconsin. There were 24 QIs in this system. Four of these measures were broken down into high and low risk groups, yielding a total of 32 measures.

In 2002, CMS released a set of Quality Measures (QMs) which were intended for use in the Nursing Home Compare public reporting system. While the QIs were aimed primarily at reporting on the care of long-term care (chronic care) residents, the QM system includes both chronic and post-acute care measures. When initially released, there were six chronic care and four post-acute care QMs. The QM system has been revised and now includes seven chronic care and three post-acute care measures.

The new QI/QM reporting system replaces the old QI system and contains reports which consolidate the two sets of measures. The new reporting system includes all of the QMs and any QIs that were not replaced by the QMs. In addition, minor changes were made to the QI record selection methodology to make it consistent with the QM methodology, so that a uniform approach could be taken to the calculation of all of the measures.

This manual provides users with an overview of the new MDS QI/QM reports, detailed technical specifications used in the development of the reports, report examples, report accessing instructions, as well as documentation about how these new reports compare to the Nursing Home Compare public reports.

Important changes in the new system are described in the following sections of this manual:

- New technical specifications document – Appendix A
- A new record selection process – Appendix A
- Revised report formats – Appendix B
- A new report accessing method – Appendix C. The new reports are accessed through the CASPER Reporting Application, rather than from the State Welcome pages.
- A new data calculation frequency – Appendix C
- A new numbering system for the Measure IDs. This numbering system uses the domain number followed by a period and then the QI/QM number within the domain.
- Enhancements with the current reports and one new report – Appendix C

There are a total of seven reports in this enhanced system. In contrast to the reports that were present in the old system, users will note that the Resident Level and Resident Listing reports have been broken into two sections, one for the chronic care sample and one for the post acute care sample. Finally there is one new report for this system, the Quality Measure/Indicator Monthly Trend Report.

The set of QIs/QMs based on MDS Version 2.0 cover several domains or broad areas of care. The domains and domain numbers are as follows:

- | | |
|--------------------------------|------------------------------|
| 1. Accidents | 8. Pain Management |
| 2. Behavior/Emotional Patterns | 9. Physical Functioning |
| 3. Clinical Management | 10. Psychotropic Drug Use |
| 4. Cognitive Patterns | 11. Quality of Life |
| 5. Elimination/Incontinence | 12. Skin Care |
| 6. Infection Control | 13. Post-Acute Care Measures |
| 7. Nutrition/Eating | |

These areas or "domains" do not represent every care category or situation that could occur in the long-term care setting, but they do represent common conditions and important aspects of care and quality of life for residents. The QIs/QMs are also closely affiliated with the Resident Assessment Protocols (RAPs) component of the Resident Assessment Instrument (RAI).

The QIs/QM reports offer important information which surveyors or supervisory staff may use to make planning decisions about the survey of a facility and which facility staff can use to plan their internal quality improvement initiatives. The QIs/QMs and reports are not to be considered in isolation but should be used in conjunction with all pertinent information about a facility.