



**National
Nursing
Home**

*QUALITY IMPROVEMENT
CAMPAIGN*

How to Access Your Nursing Home's MDS Quality Measure Scores

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Three Options, Same but Different

- Many CMS Quality Measure (QM) scores are calculated from information you report from your MDS assessments.¹
- It is important to use this information for clinical quality improvement and monitoring. Good QM scores mean better care for your residents, higher five star ratings, and better marketability.
- There are three ways to view your QM data. They are different, and each is useful in a specific way. Use all three for the best picture.

1. Hospitalizations & discharge QMs also use Medicare claims data; you will see them on Nursing Home Compare and your Provider Preview Reports, but they are not otherwise included in these slides.

Compare & Contrast

Source	Format	Timing	Comparisons	When to Use
Nursing Home Compare & Five Star Preview Report	Snapshot: One number for the current quarter ¹	Typically 3 month lag	State and national mean	Useful for knowing what the public sees. Access your preview report to prepare for questions.
Custom CASPER Reports via QIES System	Snapshot: One number for a time frame you provide	Preliminary scores are available weekly and mature scores about one month later.	State and national mean	This is your most current data, but not all QMs are displayed. Use this information to (a) maintain your own trend graph or (b) to pencil in your most recent scores on the Campaign trend graph until the public data is released.
NNHQI Campaign	Trend graph: a continuous trend including all quarters for which data have been available on Nursing Home Compare	Same as Nursing Home Compare <i>New quarters of data are added to your trends within 10 days of availability on NHC.</i>	State and national median <i>and</i> top 10 percentile.	Best for prioritizing quality improvement projects; valuable for identifying past periods of success or challenge.

1. Read more about the NHC quality of resident care data collection periods:
<https://www.medicare.gov/NursingHomeCompare/Data/About.html>

Nursing Home Compare

- Publicly available Quality Measures reports
- Find your Nursing Home on the Nursing Home Compare website
<https://www.medicare.gov/nursinghomecompare/search.html>
- Navigate to the Quality of Resident Care tab

	NURSING HOME NAME	COLORADO AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents experiencing one or more falls with major injury. <i>Lower percentages are better.</i>	1.2%	3.5%	3.4%
Percentage of long-stay residents with a urinary tract infection. <i>Lower percentages are better.</i>	0.4%	2.6%	3.4%
Percentage of long-stay residents who report moderate	1.0%	7.1%	5.6%

Nursing Home Compare: Five Star Provider Preview Report

- Preview your Quality Measure scores and Five Star Rating before it is updated on Nursing Home Compare each quarter.
- Your MDS Coordinator will be able to help you access these reports from the QIES system.

To access these reports, select the CASPER Reporting link located on the CMS QIES Systems for Providers page. Once in the CASPER Reporting system, select the 'Folders' button and access the Five Star Report in your 'st LTC facid' folder, where st is the 2-character postal code of the state in which your facility is located and facid is the state-assigned Facility ID of your facility.

- For assistance interpreting reports, use the CMS Five Star HelpLine or BetterCare email <https://qtso.cms.gov/news-and-updates/notice-five-star-preview-reports> | BetterCare@cms.hhs.gov

Custom CASPER Reports via QIES System

- Your MDS Coordinator can help you generate custom QM reports on your QIES (CASPER) system.
- These reports can be customized to a timeframe you choose.
- Your reports will include state and national comparisons.
- The reports you get from the QIES system can include data that is more current than available on NHC and/or your NHC Preview Report.



CASPER Report

MDS 3.0 Facility Level Quality Measure Report

Facility ID: XXXX
 CCN: XXXX
 Facility Name: XXXX
 City/State: XXXX
 Data was calculated on: 05/07/2018

Report Period: 09/01/17 - 02/28/18
 Comparison Group: 09/01/17 - 02/28/18
 Run Date: 05/10/18
 Report Version Number: 3.00

Note: Dashes represent a value that could not be computed

Note: S = short stay, L = long stay

Note: I = incomplete; data not available for all days selected

Note: * is an indicator used to identify that the measure is flagged

Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
SR Mod/Severe Pain (S)	N001.01		4	73	5.5%	5.5%	14.5%	12.9%	33
SR Mod/Severe Pain (L)	N014.02		8	40	20.0%	21.1%	8.3%	6.3%	95*
Hi-risk Pres Ulcer (L)	N015.01		4	72	5.6%	5.6%	4.9%	6.3%	51
New/worse Pres Ulcer (S)	N002.02		1	82	1.2%	1.3%	0.8%	1.0%	78*
Phys restraints (L)	N027.01		0	77	0.0%	0.0%	0.2%	0.4%	0
Falls (L)	N032.01		46	77	59.7%	59.7%	50.3%	45.7%	85*
Falls w/Maj Injury (L)	N013.01		4	77	5.2%	5.2%	3.7%	3.5%	76*
Antipsych Med (S)	N011.01		1	54	1.9%	1.9%	1.6%	2.1%	68
Antipsych Med (L)	N031.02		4	77	5.2%	5.2%	14.6%	15.0%	12
Antianxiety/Hypnotic Prev (L)	N033.01		9	64	14.1%	14.1%	6.4%	7.4%	86*
Antianxiety/Hypnotic % (L)	N036.01		10	65	15.4%	15.4%	14.5%	21.6%	31
Behav Sx affect Others (L)	N034.01		23	77	29.9%	29.9%	24.7%	21.0%	77*
Depress Sx (L)	N030.01		1	76	1.3%	1.3%	3.6%	4.8%	51

NNHQI Campaign Quality Measure Trend Graphs

- Useful to view history and prioritize performance improvement projects.
- Multi-year view, median and top performer comparisons. User-specified options.
- View QM Trends: <https://www.nhqualitycampaign.org/qualityMeasureTrends.aspx?opt=LSQM>
- Not seeing your nursing home trend? [Sign in/register](#) (free, but required to link you to your NHC data)
- Illustrated instructions: https://www.nhqualitycampaign.org/files/NH_Tips_for_Accessing_QM_Trend_Graphs.pdf

