



What's Your Number? Understanding the Long-Stay, Excess- Weight Loss Quality Measure

Krystal Hays, RN, MSN, RAC-CT
CIMRO of Nebraska
Great Plains Quality Innovation Network
Quality Improvement Advisor

Welcome and thank you for viewing “What’s your number? Understanding the Long-Stay Excess Weight Loss Quality Measure”. This presentation is one in a series of videos explaining the 13 quality measures that comprise the Nursing Home Quality Measure composite score. You may find it helpful to have a copy of the current Quality Measures User’s Manual turned to the Long-Stay Residents Who Lose too much weight Quality Measure page when viewing this video. MDS 3.0 section K is included in this quality measure.

Disclaimer

The most current MDS 3.0 RAI Manual and MDS 3.0 Quality Measure User's Manual supersedes all content presented within this presentation and should be consulted.

MDS 3.0 RAI Manual v1.13 effective October 2015 and MDS 3.0 Quality Measure User's Manual V9.0 (effective 10-1-2015) were accessed in October 2015 and used for this presentation.

Official site of MDS 3.0 materials: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

Official site of MDS 3.0 Quality Measure materials:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

This presentation contains information from the MDS 3.0 RAI Manual and MDS 3.0 Quality Measure User's Manual accessed in October of 2015. This presentation is meant to enhance understanding of the Quality Measure discussed during the presentation and is not meant to take the place of or be inclusive of information and instructions provided by the MDS 3.0 RAI Manual and the MDS 3.0 Quality Measure User's Manual. Any updates to both user's manual will supersede content presented and the most current manuals should be utilized at all times. The links to the official CMS site providing MDS 3.0 and MDS 3.0 Quality Measures materials are provided on this slide.

Quality Measure Description

MDS 3.0 Measure

Percent of residents who lose too much weight (long stay)

Measure Description

CMS: N029.01

NQF: 0689

Captures the percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters who were not on a physician prescribed weight-loss regimen noted in an MDS assessment during the selected quarter

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The long-stay residents who lose too much weight quality measure reports the Percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last 6 months that were not on a physician prescribed weight loss regimen during the target period. Every Quality Measure has a CMS and National Quality Forum descriptor.

Definitions

Target Assessment – reason for the assessment

A0310. Type of Assessment

Enter Code <input type="text"/>	A. Federal OBRA Reason for Assessment	
	01. Admission assessment (required by day 14)	A0310A = 01, 02, 03, 04, 05 or 06
	02. Quarterly review assessment	
	03. Annual assessment	
	04. Significant change in status assessment	
	05. Significant correction to prior comprehensive assessment	
	06. Significant correction to prior quarterly assessment	
	99. None of the above	
Enter Code <input type="text"/>	B. PPS Assessment	
	PPS Scheduled Assessments for a Medicare Part A Stay	A0310B = 01, 02, 03, 04, 05 or 06
	01. 5-day scheduled assessment	
	02. 14-day scheduled assessment	
	03. 30-day scheduled assessment	
	04. 60-day scheduled assessment	
	05. 90-day scheduled assessment	
	06. PPS Readmission/return assessment	
Enter Code <input type="text"/>	F. Entry/discharge reporting	A0310F = 10 or 11
	01. Entry tracking record	
	10. Discharge assessment-return not anticipated	
	11. Discharge assessment-return anticipated	

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During this presentation I will refer to the target assessment. This is the reason for the MDS assessment.

The Federally required OBRA assessments are completed on admission, quarterly, annual, and with a significant change in status assessment. An OBRA assessment may also be completed when making a significant correction to a prior MDS assessment. For OBRA assessments, MDS item A0310A is coded as 1, 2, 3, 4, 5 or 6.

For Medicare Part A residents the target assessment is considered any of the PPS assessments – the 5 day, 14, 30, 60 or 90 days assessments. Also included is a PPS assessment completed due to a readmission/return assessment. For PPS assessments, item A0310B is coded as 1, 2, 3, 4, 5 or 6.

Another reason for a target assessment may be a discharge assessment. Discharge assessments are coded as 10 or 11 in item A0310F.

Definitions

Target Date – the event date for an MDS record:

Entry Records:

A0310. Type of Assessment - Continued

Enter Code

F. Entry/discharge reporting **A0310F = 01**

- 01. **Entry tracking record**
- 10. Discharge assessment-return not anticipated
- 11. Discharge assessment-return anticipated
- 12. Death in facility tracking record
- 99. None of the above

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A1600. Entry Date

Month - Day - Year

Discharge Records

A0310. Type of Assessment - Continued

Enter Code

F. Entry/discharge reporting **A0310F = 10, 11 or 12**

- 01. **Entry tracking record**
- 10. **Discharge assessment-return not anticipated**
- 11. **Discharge assessment-return anticipated**
- 12. **Death in facility tracking record**
- 99. None of the above

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A2000. Discharge Date

Complete only if A0310F = 10, 11, or 12

Month - Day - Year

All Other Records

(Admission, Quarterly, Annual,
Significant Change in Status, etc)

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A2300. Assessment Reference Date

Observation end date:

Month - Day - Year

Each of the MDS assessments has a target date also known as the event date of an MDS record.

The first type of record is the Entry record. The target date for the entry record is the date the resident entered your building.

For discharge records, the target date is the date of the residents discharge. The discharge record is coded as a resident whom you are not expecting to return or as a resident you are anticipating to return to your facility. Deaths in the facility are also coded as a discharge record. For discharge records the actual date of discharge or death is coded in item A2000.

For any other assessments such as OBRA required admission, quarterly, annual or significant change in status or the PPS assessments, the target date is the Assessment reference date or sometimes called the ARD. The ARD or target date is the last day of the resident's observation period and is MDS item A2300. For example, if an item on the MDS has a 7day look-back period, the information collected for the 7 day period will end on the ARD at midnight.

For each of these target dates, you will want to make sure that you include anything that occurs on that date up until midnight.

Definitions

Long Stay – cumulative days in facility (CDIF)
is ≥ 101 days as of the end of the target period

- Only days within facility count towards CDIF
- Day of entry counts, day of discharge does not
- If entry and discharge are the same day, the number of days in the stay is 1 day

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The quality measures that comprise the nursing home composite score are all long-stay quality measures. Long-Stay means that the resident is in your facility for 101 days or more by the end of the target period that we discussed in slide 5. A resident must be in your building for at least 101 days to be included in the long-stay measure. A couple of points to keep in mind is that only days within the facility count in the 101 days. When calculating days in the facility, the day of entry counts, however the day of discharge does not. However, if the resident is admitted or readmitted on the same day as they are discharged then the resident is considered as having a 1 day stay.

Definition

Numerator – *actual* number of residents who were impacted by the QM condition during the report period

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
Excess Weight Loss (L)	N029.01		1	50	2.0%	2.0%	8.5%	8.8%	9

Now that we've discussed some important definitions, let's look at the excess weight loss quality measure more closely.

On the CASPER report the numerator is the actual number of residents who were impacted by the quality measure condition during the report period. This example shows that 1 resident is included in the numerator as having excess weight loss during this target period.

What is included in the Numerator?

Long-stay nursing home residents with a selected target assessment which indicates a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen.

K0300. Weight Loss	
Enter Code	Loss of 5% or more in the last month or loss of 10% or more in last 6 months
<input type="checkbox"/>	0. No or unknown
	1. Yes, on physician-prescribed weight-loss regimen
	2. Yes, not on physician-prescribed weight-loss regimen K0300 = 2

To be included in the long-stay excess weight loss numerator, the resident's MDS at item K0300 is coded as having weight loss of 5% or more in the last month or a loss of 10% or more in the last 6 months and is not on a physician-prescribed weight loss regimen.

Definition

Denominator – number of residents *potentially* impacted by the QM condition during the report period

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
Excess Weight Loss (L)	N029.01		1	50	2.0%	2.0%	8.5%	8.8%	9

On the CASPER report the denominator is the number of residents potentially impacted by the quality measure condition during the report period. So in this example, 50 residents are part of the denominator.

What is included in the Denominator?

All long-stay residents (CDIF \geq 101 days) with a selected target assessment except those with exclusions

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For the long-stay excess weight loss quality measure all residents who have a stay at your facility 101 days or more with a selected target assessment discussed in slide 4 are included in the denominator unless they have an exclusion.

Definition

Exclusion – conditions that exclude the resident from both the numerator and denominator

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Exclusions are certain conditions that will exclude a resident from being counted in the numerator and denominator.

What Conditions are Excluded?

Condition #1

A0310. Type of Assessment	
Enter Code	<p>A. Federal OBRA Reason for Assessment</p> <p>01. Admission assessment (required by day 14) A0310A = 01</p> <p>02. Quarterly review assessment</p> <p>03. Annual assessment</p> <p>04. Significant change in status assessment</p> <p>05. Significant correction to prior comprehensive assessment</p> <p>06. Significant correction to prior quarterly assessment OR</p> <p>99. None of the above</p> <hr/> <p>B. PPS Assessment</p> <p>PPS Scheduled Assessments for a Medicare Part A Stay</p> <p>01. 5-day scheduled assessment A0310B = 01</p> <p>02. 14-day scheduled assessment</p> <p>03. 30-day scheduled assessment</p> <p>04. 60-day scheduled assessment</p> <p>05. 90-day scheduled assessment or</p> <p>A0310B = 06 PPS Readmission/Return</p> <p>PPS Unscheduled Assessments for a Medicare Part A Stay</p> <p>07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)</p> <p>Not PPS Assessment</p> <p>99. None of the above</p>

There are 2 conditions where long-stay residents are excluded in the long-stay excess weight loss quality measure.

The first exclusion are residents who have an Admission assessment, 5 Day PPS, or a Readmission/Return PPS Assessment. The idea here is that the weight loss occurred prior to the resident entering your building so it should not affect your quality measure. This also allows you time to complete a comprehensive assessment of the resident.

What Conditions are Excluded? Condition #2

Weight loss item is missing on target assessment

K0300. Weight Loss	
Enter Code	Loss of 5% or more in the last month or loss of 10% or more in last 6 months
<input type="text" value="-"/>	0. No or unknown
	1. Yes, on physician-prescribed weight-loss regimen
	2. Yes, not on physician-prescribed weight-loss regimen

K0300 = [-], not assessed

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The second condition is where the long-stay resident's MDS is coded as not being assessed for weight loss during the target assessment. In this case there is a "dash" in the box of MDS item K0300.

I want to caution you about using dashes. When a dash is used it indicates that this item was not assessed. The most common use of the dash is when a resident is discharged or dies before the item could be assessed. Dashes should not be used routinely and can affect your quality measures by reducing the size of the resident denominator causing an increase in your facility percentages resulting in an inaccurate picture of your nursing home residents or quality improvement efforts.

MDS Coding Tips

- Compares resident's weight in the current observation period with weight at two snapshots in time:
 - At the point closest to 30-days preceding the current weight
 - At the point closest to 180-days preceding the current weight
 - Refer to Section K0300 of current MDS 3.0 RAI Manual for specific instructions for new admissions and subsequent assessments

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The MDS manual provides coding instructions and tips for accurate and proper MDS coding. I encourage you to review the MDS manual frequently as the volume of instructions and special circumstances cannot be committed to memory for coding all of the MDS items. Here are a few tips to remember:

For MDS item K0300 Weight loss, the resident's weight loss is assessed by looking at 2 time periods, a 30 day lookback and a 180 day look back. The weight for the current assessment is compared with the weight closest to 30 days ago and 180 days ago. Refer to the current MDS 3.0 RAI Manual in Section K0300 for examples, calculations, and specific instructions for new admissions and subsequent assessments.

MDS Coding Tips

- Coding weight loss as the result of a physician-prescribed regimen
 - Intentional weight loss
 - Physician documented
 - Weight-loss reduction plan with goal
 - Expected weight loss of edema through diuretics
 - Care planned weight loss goal
 - Ongoing assessment and monitoring

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The MDS 3.0 RAI Manual provides criteria for weight loss to be considered physician-prescribed. The weight loss must be intentional. The physician must document the weight loss goal and weight reduction plan (ie. calorie restrictions, weight loss diet and exercise, or if edema/fluid loss is expected through planned diuresis). The resident's care plan should reflect the weight-loss regimen and weight loss goal. Ongoing assessment and monitoring of the resident's weight loss should be documented in the medical record. For planned weight loss through diuresis, assessment and monitoring of edema and health status will document the effectiveness of the planned diuresis, the resident's tolerance to diuresis and identify any adverse effects (ie. dehydration, hypotension). The key items to remember with planned weight loss is that it is intentional, physician-prescribed, and supported with documentation.

Resources

- AANAC MDS ARD Lookback Dates Tool
www.aanac.org/docs/pps-tools/mds-tool_ard-lookback-dates.xls?sfvrsn=2
- State Operations Manual
 - Chapter 7 – Survey and Enforcement Process of Skilled Nursing Facilities and Nursing Facilities <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984.html>
 - Appendix PP – Guidance to Surveyors for Long Term Care Facilities (click PP) <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>
 - Appendix P – Survey Protocol for Long Term Care Facilities Part 1 (click P) <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>
- CMS Policy & Memos to States and Regions <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SURVEYcertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>
- Nursing Home Compare Website <https://www.medicare.gov/nursinghomecompare/search.html>
- Great Plains QIN-QIO Nursing Home Web page
<http://greatplainsqin.org/providers/nursing-homes/>
- Great Plains State Specific Nursing Home Collaborative Web page – see your state’s GPQIN-QIO state contact for more information

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There are several resources that you can access to assist you when working on this quality measure. We’ve provided the American Association of Nurse Assessment Coordinator’s link to an MDS ARD Lookback Dates Tool to help you easily find the last day of the assessment period – whether it’s a 30 day or 180 day lookback timeframe. The State Operations Manual link is provided where you can review the rules and regulations related to nutrition and weight loss and to be aware of what the surveyors are looking for. In addition the CMS policy & memos can provide documentation of any changes to the regulation. Excessive weight loss is a publically reported quality measure on Nursing Home compare. Use this website to view what consumers see regarding your nursing home and the quality measures. In addition, you can see how your nursing home compares with nursing homes in your city, region, state and nationally. The Great Plains QIN-QIO nursing home web page provides tools/resources and past training events. Ask your Great Plains QIN-QIO state representative about the nursing home collaborative web page specific to your state where you will find additional past events, tools and resources available.

GPQIN State Nursing Home Contacts

Kansas

Brenda Groves, LPN
brenda.groves@area-a.hcqis.org
Johnathan Reeves, BA
johnathan.reeves@area-a.hcqis.org
Kansas Foundation for Medical Care
2947 SW Wanamaker
Drive Topeka, KS 66614-4193
P: 785/273-2552

Nebraska

Krystal Hays, RN, MSN, RAC-CT
krystal.hays@area-a.hcqis.org
CIMRO of Nebraska
1200 Libra Drive, Suite 102
Lincoln, NE 68512
P: 402/476-1399, Ext. 522

South Dakota

Lori Hintz, RN
lori.hintz@area-a.hcqis.org
South Dakota Foundation for Medical Care
2600 West 49th Street, Suite 300
Sioux Falls, SD 57105
P: 605/354-3187

North Dakota

Michelle Lauckner, RN, BA, RAC-CT
michelle.lauckner@area-a.hcqis.org
Quality Health Associates of North Dakota
3520 North Broadway
Minot, ND 58703
P: 701/852-4231

This material was prepared the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-GPQIN-NE-C2-46/1115

Contact your state's Great Plains QIN nursing home contact for more information or technical assistance concerning the nursing home quality composite score or the quality measures. Thank you for taking time to learn more about the long stay Excess weight loss quality measure and for all you do in improving the quality of care to your residents.