



What's Your Number? Understanding Your Nursing Home CASPER Report

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Welcome and thank you for viewing “What’s your number? Understanding Your Nursing Home CASPER Report”. This presentation is one in a series of videos explaining the Nursing Home Quality Measure Composite Score and the 13 quality measures that comprise the Composite Score.

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 v1.14 effective October 2016 and MDS 3.0 Quality Measure User's Manual V10.0 (effective 4-1-2016) were accessed in November 2016 and used for this presentation.

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

Official site of MDS 3.0 Quality Measure materials:
<https://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 November of 2016. 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.

What is CASPER?

- Certification and Survey Provider Enhance Reporting system
- Minimum Data Set (MDS) 3.0

CASPER is the acronym for Certification and Survey Provider Enhanced Reporting system. The CASPER reports are generated from Minimum Data Set (MDS) data

Available CASPER QM Reports

- MDS 3.0 Facility Characteristics Report
- MDS 3.0 Facility QM Report
- MDS 3.0 Resident Level QM Report
- MDS 3.0 Submission Statistics

4 types of CASPER reports are available.

The Facility Characteristics Report provides demographic data on your facility compared with state and national averages. Some of the data included are gender and ages of your residents, where your residents were admitted from, how many had psych diagnoses, or on hospice.

The Facility QM Report provides facility wide data for each of the 17 Quality Measures. We'll discuss this report further in future slides.

The Resident Level Quality Measure Report drills down on the quality measures at the resident level. It allows you to analyze which residents trigger for the quality measure. We will look at this report closer.

The MDS Submission Statistics report provides a an overall report of MDS batch submission, the number of records process, number rejected and number accepted.

CASPER QM Report Page

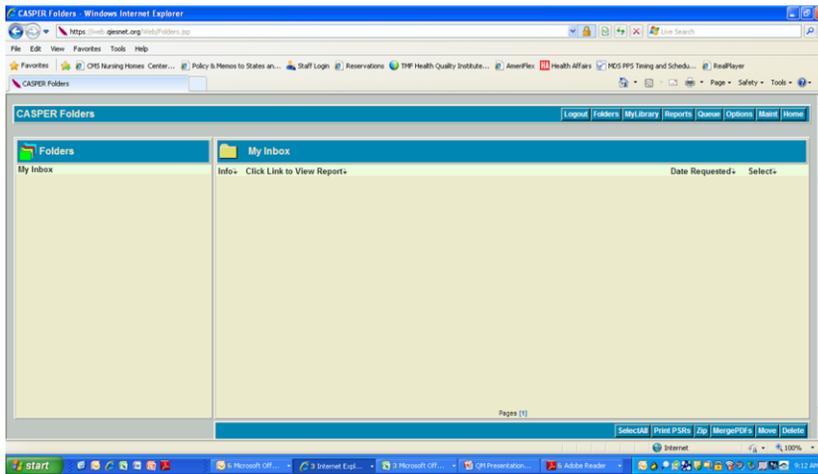
The CASPER report is obtained through the QIES system and the administrator and usually the MDS Coordinator of each facility has access to this report. Once into the system, you want to go to the reports tab in order to access the QM reports. You can run each report on slide 4 individually or you can run the QM Package report where all 4 reports will be included.

Select the QM Reports, Facility ID and Date Range – Submit

The screenshot displays the 'CASPER Reports Submit' web application interface. At the top, there are navigation links for 'Logout', 'Folders', 'My Library', 'Reports', 'Queue', 'Options', 'Maint', and 'Home'. The main heading is 'Report: MDS 3.0 QM Package Reports'. Below this, there is a section for 'Reports' with three checked options: 'MDS 3.0 Facility Characteristics Report', 'MDS 3.0 Facility Level Quality Measure Report', and 'MDS 3.0 Resident Level Quality Measure Report'. There is also an unchecked option for 'MDS 3.0 Submission Statistics By Facility'. Below the reports section, there is a 'State' dropdown menu set to 'NE' and a 'Facility ID' input field. To the right of the 'Facility ID' field are buttons for 'Find By Name', 'Add Facility ID', and 'Remove Facility ID'. Below the 'Facility ID' field, there are two date input fields: 'Begin Date(mm/dd/yyyy): 08/01/2014' and 'End Date(mm/dd/yyyy): 01/31/2015'. A red arrow points from the text '6 month timeframe' to the 'End Date' field. Below the date fields is a 'Comparison Group' dropdown menu set to '06/01/2014-11/30/2014' and a note: 'Only applicable to the Facility Characteristics report and Facility Level Quality Measure report'. Below the comparison group is the text 'Data was calculated on: 02/15/2015'. At the bottom of the form, there are two dropdown menus: 'Template Folder:' set to 'My Favorite Reports' and 'Template Name:' set to 'MDS 3.0 QM Package Reports'. To the right of these dropdowns are buttons for 'Submit', 'Back', 'Save & Submit', and 'Save'. At the very bottom of the page, there is a small note: 'Do not use the browser back button. To make changes to the data or navigate between pages, use the links provided in the application.'

In this slide I have chosen to run the Facility Characteristic report, Facility Level Quality Measure Report, and the Resident Level Quality Measure Report. It is important to use a 6 month look-back period so the quality measures are calculated correctly for the composite score. Remember that only the MDS's that have been submitted will be used in the reports that are generated. Just below the begin and end date boxes is an area to choose the comparison group. The comparison group data generated by CMS is a quarter behind real time.

Reports go to Folders



After your reports are generated you will go to the CASPER folders tab to retrieve your reports. There may be several reports in this folder.

CASPER Reports

- Two CASPER Reports Essential to QAPI Process
 - Facility Quality Measure Report
 - Resident Level Quality Measure Report

There are 2 CASPER reports that are important to use in your QAPI Processes: The facility Quality Measure Report and the Resident Level Quality Measure Report.

Facility Quality Measure Report

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		5	15	33.3%	33.3%	20.3%	19.3%	86*
SR Mod/Severe Pain (L)	N014.01		6	40	15.0%	11.0%	10.0%	8.9%	69
Hi-risk Pres Ulcer (L)	N015.01		2	30	6.7%	6.7%	4.9%	7.1%	54
New/worse Pres Ulcer (S)	N002.01		1	21	4.8%	4.0%	1.7%	1.4%	91*
Phys restraints (L)	N027.01		0	50	0.0%	0.0%	0.7%	1.5%	0
Falls (L)	N032.01		31	50	62.0%	62.0%	58.3%	44.5%	90*
Falls w/ Maj Injury (L)	N013.01		4	50	8.0%	8.0%	4.8%	3.3%	94*
Antipsych Med (S)	N011.01		0	15	0.0%	0.0%	1.9%	2.9%	0
Antipsych Med (L)	N031.02		15	48	31.3%	31.3%	21.6%	19.2%	94*
Antianxiety/Hypnotic (L)	N033.01		0	26	0.0%	0.0%	7.1%	11.0%	0
Behav Sx affect Others (L)	N034.01		1	47	2.1%	2.1%	27.5%	25.0%	3
Depress Sx (L)	N030.01		1	48	2.1%	2.1%	7.5%	6.8%	42
UTI (L)	N024.01		1	50	2.0%	2.0%	5.3%	6.8%	19
Cath Insert/Left Bladder (L)	N026.01		0	48	0.0%	0.0%	3.9%	4.1%	0
Lo-Risk Lose B/B Con (L)	N025.01		12	31	38.7%	38.7%	43.4%	43.5%	40
Excess Wt Loss (L)	N029.01		1	50	2.0%	2.0%	8.5%	8.8%	9
Incr ADL Help (L)	N028.01		5	46	10.9%	10.9%	16.3%	16.2%	28

Data provided is fictional

So let's talk more about each of the reports. The Facility Quality Measure report is an overview of the MDS data submitted for your residents during the specified time period.

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The 17 Quality Measures are listed here. You will notice that there is an “S” or “L” in parentheses behind each measure. The “S” indicates a Short-stay measure and the “L” indicates a Long-stay measure.

On each report the resident can only be in one category....either they are a short-stay resident or a long stay resident.

Short Stay vs. Long Stay

- Total cumulative days spent in facility
 - Days out of facility not included (hospital, home)
- Resident is classified as Short- or Long-Stay
- *Short Stay* = Total cumulative days ≤ 100
- *Long Stay* = Total cumulative days ≥ 101

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So what does short-stay or long-stay mean on this report? It has to do with the total or cumulative days a resident spends in your facility. It does not include any days when the resident is out of your facility, like the hospital or at home.

A short stay resident has a total cumulative days in the facility of 100 days or less. A long-stay resident has a total cumulative days in your facility of 101 days or more.

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The next 2 columns are the numerators and denominators for each of the quality measures.

Definitions

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

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

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The definition of the numerator is the actual number of residents who had the QM condition during the time period of the report.

The denominator is the number of residents that could have triggered as having the condition during the report's time period.

Why is the Denominator Different?

- Short stay vs. long stay
- Only residents who are not excluded from the Quality Measure are counted in the denominator
 - The Antipsychotic Quality Measure excludes Schizophrenia, Tourette's Syndrome and Huntington's Disease
 - Some Quality Measures exclude the admission assessment or the 5 Day PPS assessment

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You may have noticed that the denominator is different for many of the quality measures. The denominator will vary depending upon whether the resident is considered short or long stay. Also, each quality measure has conditions which exclude a resident from being included in the denominator. For example for the Antipsychotic quality measure residents with schizophrenia, Tourette's Syndrome or Huntington's Disease are excluded from being counted. There are some quality measures that exclude a resident based upon the type of MDS assessment such as the admission or 5 day PPS assessment.

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Next we have the facility observed percent column. In the next slide, I'll discuss how the facility observed percent is calculated.

Calculating the Facility Observed Percent

Numerator divided by the denominator multiplied by 100

Example: Antipsychotic Med (Long Stay) QM

$$\frac{15}{48} \times 100 = 31.3\%$$

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
Antipsych Med (L)	N031.02		15	48	31.3%	31.3%	18.9%	21.3%	94*

Using the long-stay antipsychotic medication measure we can see that 15 residents actually received an antipsychotic during the reporting time period. Of the residents included during this time period there were a total of 48 residents that could have been affected.

To calculate the facility observed percent we take the 15 residents actually affected divided by the 48 potential residents and then take this times 100 to arrive at a facility observed percentage of 31.3%

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Next we have the column for the facility adjusted percent. The facility adjusted percent is computed as a risk-adjusted quality measure percent that takes into account certain resident characteristics that affect outcomes. Three QMs on the Facility Level Quality Measure Report are risk adjusted: Long-stay Self-Reported Moderate/Severe Pain; Short-Stay New/Worsening Pressure Ulcers; and Long-stay Catheter Inserted/Left in Bladder. For example, the Catheter QM identifies certain conditions in the areas of Bowel Incontinence and Pressure Ulcers that are taken into account for risk adjustment of the facility percentage. The Quality Measure User's Manual Appendix A discusses the calculations for facility adjusted percentages.

Facility Quality Measure Report

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Each quality measure has a comparison group state and national average. It's important to compare how your facility compares to your peers in your state and to the rest of the nation. These percentages can also assist with identifying the goals you would like to achieve with improvement of your home's quality measures.

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Incr ADL Help (L)	N028.01		5	46	10.9%	10.9%	16.3%	16.2%	28

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The last column is the Comparison Group National Percentile. Where does your facility rank in the country? If you think about percentiles on a scale of zero to 100, where zero is good and 100 is the bottom of the barrel, you want to always be closer to the top, right? In addition, any percentile that is 75 or above is starred. In our example we have 5 quality measures where we aren't doing as well and are above the 75th percentile. You will want to look at these flagged quality measures as areas for improvement.

Resident Level Report

Resident Name	Resident ID	A0310A/B/F	SR Mod/Severe Pain (S)	SR Mod/Severe Pain (L)	Hi-risk Pres Ulcer (L)	New/worse Pres Ulcer (S)	Phys restraints (L)	Fall (L)	Falls w/ Maj Injury (L)	Antipsych Meds (S)	Antipsych Med (L)	Anti-anxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Quality Measure Count
Resident A	10001	04/99/99	X					X					X	X						4
Resident B	10002	99/99/11		X				X	X		X				X		X		X	7
Resident C	10003	02/99/99																		1
Resident D	10004	04/99/99				X	X				X						X			4
Resident E	10005	99/99/11									X						X		X	4
Resident F	10006	02/99/99			X	X												X		3
Resident G	10007	04/99/99		X				X			X						X		X	5
Resident H	10008	99/99/11						X	X		X									3
Resident I	10009	02/99/99		X				X			X						X		X	5

Data provided is fictional

Now let's look at the resident level report. This is where you can identify all of the residents who triggered for a problem. Remember that we want this report to have the same 6 month look back period as the Facility Quality Measure Report because this is where we will find those residents that make up or numerator – or those that actually had the condition.

Resident Level Report

Resident Name	Resident ID	A0310A/B/F	SR Mod/Severe Pain (S)	SR Mod/Severe Pain (L)	Hi-risk Pres Ulcer (L)	New/worse Pres Ulcer (S)	Phys restraints (L)	Fall (L)	Falls w/ Maj Injury (L)	Antipsych Meads (S)	Antipsych Med (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Quality Measure Count
Resident A	10001	04/99/99	X					X					X	X						4
Resident B	10002	99/99/11		X				X	X		X				X		X		X	7
Resident C	10003	02/99/99																		1
Resident D	10004	04/99/99				X		X			X						X			4
Resident E	10005	99/99/11									X						X		X	4
Resident F	10006	02/99/99			X	X												X		3
Resident G	10007	04/99/99		X				X			X						X		X	5
Resident H	10008	99/99/11						X	X		X									3
Resident I	10009	02/99/99		X				X			X						X		X	5

Data provided is fictional

It's helpful to know what MDS assessment triggered the quality measure for the resident. To find this information we look to the 3rd column from the left. This column specifically looks at the coding of MDS section A0310, the reason for the MDS assessment.

The first number represents MDS section A0310A the Federal reason for the assessment – an admission, quarterly, annual or significant change

The second number represents MDS section A0310B, for PPS assessments such as the 5 day, 14, 30, 60, or 90 day assessments

The third number refers to MDS section A0310F, the OBRA and PPS Entry and Discharge MDS reasons.

A "99" means that none of the criteria was met for that type of assessment.

Resident Level Report

Resident Name	Resident ID	A0310A/B/F	SR Mod/Severe Pain (S)	SR Mod/Severe Pain (L)	Hi-risk Pres Ulcer (L)	New/worse Pres Ulcer (S)	Phys restraints (L)	Fall (L)	Falls w/ Maj Injury (L)	Antipsych Meds (S)	Antipsych Med (L)	Anti anxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Quality Measure Count	
Resident A	10001	04/99/99	X					X					X	X							4
Resident B	10002	99/99/11		X				X	X		X				X		X			X	7
Resident C	10003	02/99/99																			1
Resident D	10004	04/99/99				X		X			X						X				4
Resident E	10005	99/99/11									X						X		X		4
Resident F	10006	02/99/99			X	X												X			3
Resident G	10007	04/99/99		X				X			X						X		X		5
Resident H	10008	99/99/11						X	X		X										3
Resident I	10009	02/99/99		X				X			X						X		X		5

Data provided is fictional

I've highlighted in yellow the residents that triggered for antipsychotic medications and are included as part of the numerator in this example.

When you begin drilling down on the quality measures to find opportunities for improvement, the resident level report will allow you to identify which residents are involved, contributing factors, trends such as locations of residents in your building triggering for a problem. It's a really helpful report.

Resident Level Report

Resident Name	Resident ID	A0310A/B/F	SR Mod/Severe Pain (S)	SR Mod/Severe Pain (L)	Hi-risk Pres Ulcer (L)	New/worse Pres Ulcer (S)	Phys restraints (L)	Fall (L)	Falls w/ Maj Injury (L)	Antipsych Meds (S)	Antipsych Med (L)	AntiAnxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Quality Measure Count
Resident A	10001	04/99/99	X					X					X	X						4
Resident B	10002	99/99/11	X					X	X	X					X		X		X	7
Resident C	10003	02/99/99																		1
Resident D	10004	04/99/99				X		X			X						X			4
Resident E	10005	99/99/11									X						X		X	4
Resident F	10006	02/99/99			X	X												X		3
Resident G	10007	04/99/99	X					X			X						X		X	5
Resident H	10008	99/99/11						X	X		X									3
Resident I	10009	02/99/99	X					X			X						X		X	5

Data provided is fictional

If you look at resident B – you can see that he triggered for antipsychotic medications but also moderate/severe pain, falls, falls with major injury, UTI, low risk loss of bowel and bladder and needs increased help with ADLs. The far right column gives the total count of the number of quality measures that Resident B triggered....7. Knowing the quality measures a resident has triggered for can provide an overall look at conditions the resident may have that are affecting the resident. For example, if we are able to address resident B’s pain would the need for an antipsychotic medication be eliminated and would we then notice improvement in ADLs where the resident requires less assistance?

Tips

- Run CASPER reports monthly
 - Facility Level Report
 - Resident Level Report
 - Use a 6-month reporting period
- Know why residents trigger
- Identify trends
- Examine MDS coding criteria
- Nursing Home Quality Measure Video Series
 - <http://greatplainsqin.org/initiatives/hac-nh/nursing-home-quality-measure-video-series/>
- Contact your state's GPQIN advisor

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Make it a habit to run a 6 month Facility Level and Resident Level CASPER report on a monthly basis before your QAPI meetings. Use the facility level report to identify opportunities for improvement of your home's quality measures. Use the resident level report to drill down into the quality measure to identify residents that trigger. Are there any trends such as one unit that has more residents with UTIs? Did you identify a resident where you feel there could be an MDS coding error causing them to trigger for this quality measures? Review the Quality Measure Video Series, where you can learn what criteria is used in the numerator and denominator of each of the 13 quality measures that comprise the Nursing Home Quality Measure Composite Score, as well as the conditions that exclude a resident from triggering. Your state's GPQIN nursing home quality improvement advisor can help answer any questions, assist with understanding the quality measures, or drill down on residents who are triggering.

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Contact your state's Great Plains QIN nursing home contact for more information or technical assistance concerning the CASPER Report and Quality Measures. Thank you for taking time to view this session today for all you do in improving the quality of care to your residents.