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Northeast Health Care  
Quality Foundation

## CASPER REPORTS

# *Understanding The New MDS 3.0 Quality Measures*

2014

Provided by

**Northeast Health Care Quality Foundation**  
The Regional Medicare Quality Improvement Organization for  
Maine, New Hampshire and Vermont

## The NEW MDS 3.0 QUALITY MEASURES

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*Disclaimer: All material in this Manual is current as of 04-01-2014. To Contact the Northeast Health Care Quality Foundation regarding this manual, or to receive a copy of this manual, please call 1-800-772-0151*



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*0414-1611-C.7-MNV*

# OVERVIEW

Northeast Health Care Quality Foundation is pleased to provide the nursing homes in Maine, New Hampshire and Vermont with **CASPER Reports: *The New MDS 3.0 Quality Measures***, a manual designed to explain the new set of Quality Measures. This manual will also assist you in identifying how a resident will “trigger” for a measure based on answers in the MDS 3.0 Assessments.

- October 2010: The new Minimum Data Set (MDS) Version 3.0 Resident Assessment and Care Screening Instrument for Nursing Homes was released by CMS and the new Quality Measures were in development
- April 2012: CMS released Updated *CASPER Reports*
- July 2012: CMS Updated *Nursing Home Compare*
- March 2013: Two new Quality Measures were released on *CASPER Reports*

A Snapshot definition is given for the 17 Quality Measures included on the **MDS 3.0 Facility Quality Measure Report**. We have also identified and provided snapshot definitions for other Quality Measures included on *Nursing Home Compare* that are not on the *CASPER Reports*.

Images are shown of specific items on the **MDS 3.0 Resident Assessment Instrument** with accompanying descriptions. The numerator, denominator, exclusions and covariates are defined from the **MDS 3.0 Quality Measures User’s Manual**. Content found in **CMS’s RAI MDS 3.0 Manual** is used to identify how a resident will trigger for a measure. Note: Electronic records may appear differently, but the questions and content are the same.

On our **References and Resources** page we have provided a link to the **Technical Users’ Guide to *Nursing Home Compare*** which describes the Five Star Program and how the stars are assigned to the Quality Measures section of the Five Star Program on *Nursing Home Compare*.

This Manual is intended to assist you to identify how data from your facility’s MDS 3.0 Quality Measure Reports can be used in your Quality Improvement Projects. It may be useful in your review of policies and procedures to ensure they match the current quality measures.



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# THE NEW MDS 3.0 QUALITY MEASURES

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## REFERENCES:

- **MDS 3.0 Quality Measures User's Manual V 8.0 04-15-13**  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-User%E2%80%99s-Manual-V80.pdf>
- **MDS 3.0 Resident Assessment Instrument Manual v 1.11**  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
- **Full MDS 3.0 Resident Assessment Instrument Version 1.10.4**

**NOTE: Please check for most current version. Versions provided were accurate as of 04/01/2014.**

## RESOURCES:

- **The State Operations Manual**  
**Appendix PP – Guidance to Surveyors for Long Term Care Facilities (includes ALL regulations)** [www.cms.gov/manuals/Downloads/SOM107ap\\_pp\\_Guidelines\\_ltcf.pdf](http://www.cms.gov/manuals/Downloads/SOM107ap_pp_Guidelines_ltcf.pdf)  
**Appendix P - Survey Protocol for Long Term Care Facilities- Part I Rev 42, (04-24-09)**  
[www.cms.gov/manuals/Downloads/som107ap\\_p\\_ltcf.pdf](http://www.cms.gov/manuals/Downloads/som107ap_p_ltcf.pdf)
- **Website for Nursing Home Compare**  
<http://www.medicare.gov/nursinghomecompare/search.html>
- **Survey and Certification Memos from CMS**  
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

Note: Double click the column marked Posting Date – to bring up the most recent Memos first.



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## THE NEW MDS 3.0 QUALITY MEASURES

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There are 18 Quality Measures reported on  
*Nursing Home Compare*

<http://www.medicare.gov/nursinghomecompare/search.html>

### Short Stay Quality Measures:

1. Percent of Short Stay Residents who Self-Report Moderate to Severe Pain
2. Percent of Short Stay Residents with Pressure Ulcers that are New or Worsened
3. Percent of Short Stay Residents Assessed and Given, Appropriately, the Seasonal Influenza Vaccine
4. Percent of Short Stay Residents Assessed and Given, Appropriately, the Pneumococcal Vaccine
5. Percent of Short Stay Residents who newly received an Antipsychotic Medication

### Long Stay Quality Measures:

1. Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
2. Percent of Long Stay Residents with a Urinary Tract Infection
3. Percent of Long Stay Residents who Self-Report Moderate to Severe Pain
4. Percent of Long Stay High-Risk Residents with Pressure Ulcers
5. Percent of Long Stay Low-Risk Residents Who Lose Control of their Bowels or Bladder
6. Percent of Long Stay Residents Who Have/Had a Catheter Inserted and Left in Their Bladder
7. Percent of Long Stay Residents Who were Physically Restrained
8. Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
9. Percent of Long Stay Residents Who Lose Too Much Weight
10. Percent of Long Stay Residents Who have Depressive Symptoms
11. Percent of Long Stay Residents Assessed and Given, Appropriately, the Seasonal Influenza Vaccine
12. Percent of Long Stay Residents Assessed and Given, Appropriately, the Pneumococcal Vaccine
13. Percent of Long Stay Residents who received an Antipsychotic Medication



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## THE NEW MDS 3.0 QUALITY MEASURES

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### **There are 9 Quality Measures reported on *Nursing Home Compare* that affect the CMS Five Star Report**

#### Two Short Stay Measures:

1. Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
2. Percent of Residents with Pressure Ulcers that are New or Worsened (Short Stay)

#### Seven Long Stay Measures:

1. Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
2. Percent of Residents with a Urinary Tract Infection (Long Stay)
3. Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
4. Percent of High Risk Residents with Pressure Ulcers (Long Stay)
5. Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
6. Percent of Residents Who were Physically Restrained (Long Stay)
7. Percent of Residents Whose need for Help with Activities of Daily Living Has Increased (Long Stay)

For further information on CMS's Five Star Program refer to:

#### **Design for *Nursing Home Compare* Five-Star Quality Rating System: Technical Users' Guide**

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>



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## THE NEW MDS 3.0 QUALITY MEASURES

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### **There are 17 Quality Measures reported on CASPER Reports: Facility Level Quality Measure Report**

1. Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
2. Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
3. Percent of High Risk Residents with Pressure Ulcers (Long Stay)
4. Percent of Residents with Pressure Ulcers that are New or Worsened (Short Stay)
5. Percent of Residents Who were Physically Restrained (Long Stay)
6. Prevalence of Residents Experiencing One or More Falls (Long Stay)
7. Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
8. Percent of Residents Who Newly Received An Antipsychotic Medication (Short Stay)
9. Percent of Residents Who Received an Antipsychotic Medication (Long Stay)
10. Prevalence of Antianxiety/Hypnotic Use (Long Stay)
11. Prevalence of Behavior Symptoms Affecting Others (Long Stay)
12. Percent of Residents Who have Depressive Symptoms (Long Stay)
13. Percent of Residents with a Urinary Tract Infection (Long Stay)
14. Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
15. Percent of Low Risk Residents Who Lose Control of their Bowel or Bladder (Long Stay)
16. Percent of Residents Who Lose Too Much Weight (Long Stay)
17. Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)



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0414-1571.1-C7-MNV

## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)*

This MDS 3.0 Measure is a Short Stay Quality Measure and captures the percent of short stay residents *with at least one episode of moderate/severe pain, or horrible excruciating pain of any frequency in the last 5 days.*

**Numerator:**

A resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if on their most recent MDS 3.0 (Target Assessment) the resident reports ONE of the following:

- Almost constant or frequent pain (J0400=[1,2]) **and** at least one episode of moderate to severe pain (J0600A=[05,06,07,08,09] or J0600B=[2,3])  
OR
- Resident reports very severe/horrible pain of any frequency (J0600A= [10] or J0600B = [4]).

<b>J0400. Pain Frequency (5-Day Look Back)</b>	
<b>How much of the time have you experienced pain or hurting over the last 5 days?</b>	
Enter Code <input style="width: 30px; height: 20px;" type="text"/>	1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer

<b>J0600. Pain Intensity (5-Day Look Back)</b>	
<b>Administer only one of the following pain intensity questions (A or B)</b>	
Enter Rating <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	A. Numeric Rating Scale (00-10)
Enter Code <input style="width: 30px; height: 20px;" type="text"/>	B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worst pain over the last 5 days" 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 5. Unable to answer

**Denominator:** All short-stay residents with target assessment except those with exclusions



## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay), continued*

**Exclusions:**

If the resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) AND *any* of the following conditions are true:

1. The pain assessment interview was not completed (J0200 = [0, -, ^])
2. The pain presence item was not completed (J0300=[9,-,^])
3. For any residents with pain or hurting at any time in the last 5 days (J0300 = [1]), any of the following are true:
  - 3.1 The pain frequency item was not completed (J0400 = [9,-,^])
  - 3.2 Neither of the pain intensity items was completed (J0600A = [99,^,-]) and J0600B = [9,^,-])
  - 3.3 The numeric pain intensity item indicates no pain (J0600=[00])

<b>J0200: Should Pain Assessment Interview Be Conducted?</b>			
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (Dyspnea)			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Enter Code</td> <td style="padding: 2px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> </td> </tr> </table>	Enter Code	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<ol style="list-style-type: none"> <li>0. NO (resident is rarely/never understood) – Skip to and complete J0800, Indicators of Pain or Possible Pain</li> <li>1. YES – Continue to J0300, Pain Presence</li> </ol>
Enter Code	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>		

**NOTES:**

1. If a Short Stay Resident is unable to participate in the pain assessment interview (J0200 = [0]), then the resident will **NOT** trigger the Quality Measure.
2. To answer PAIN FREQUENCY (J0400), the frequency is not specified. From the RAI Version 3.0 Manual: *“No predetermined definitions are offered to the resident related to frequency of pain. The response should be based on the resident’s interpretation of the frequency options. Facility policy should provide standardized tools to use throughout the facility in assessing pain to ensure consistency in interpretation and documentation of the resident’s pain.”*

## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay), continued*

3. To answer PAIN INTENSITY (J0600B), for purposes of the MDS 3.0 Assessment the following word descriptors are defined by number in the RAI Manual:
- Mild
  - Moderate to Severe
  - Very Severe/Horrible

0	No Pain
1	Mild Pain
2	
3	
4	
5	Moderate to Severe Pain
6	
7	
8	
9	Very Severe/Horrible Pain
10	



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## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)*

This MDS 3.0 Measure is a Long Stay Quality Measure and reports the percentage of long stay residents *with at least one episode of moderate/severe pain, or horrible excruciating pain of any frequency in the last 5 days.*

Numerator:

A resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if on their most recent MDS 3.0 (Target Assessment) the resident reports ONE of the following:

- Almost constant or frequent pain (J0400=[1,2]) **and** at least one episode of moderate to severe pain (J0600A=[05,06,07,08,09] or J0600B=[2,3])
- OR
- Resident reports very severe/horrible pain of any frequency (J0600A = [10] or J0600B = [4]).

<b>J0400. Pain Frequency (5-Day Look Back)</b>	
<b>How much of the time have you experienced pain or hurting over the last 5 days?</b>	
Enter Code <input style="width: 30px; height: 20px;" type="text"/>	1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer

<b>J0600. Pain Intensity (5-Day Look Back)</b>	
<b>Administer only one of the following pain intensity questions (A or B)</b>	
Enter Rating <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	A. Numeric Rating Scale (00-10)
Enter Code <input style="width: 30px; height: 20px;" type="text"/>	B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worst pain over the last 5 days" 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 5. Unable to answer

Denominator: All long stay residents with target assessment except those with exclusions

## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay, continued)*

Exclusions:

1. The resident is excluded if the target assessment is an admission assessment, a PPS 5-day assessment, or a PPS readmission/return assessment (A0310A=[01] or A0310B=[01,06])
2. If the resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) AND *any* of the following conditions are true:
  - 2.1 The pain assessment interview was not completed (J0200 = [0, -, ^])
  - 2.2 The pain presence item was not completed (J0300=[9,-,^])
  - 2.3 For residents with pain or hurting at any time in the last 5 days (J0300 = [1]), *any* of the following are true:
    - 2.3.1 The pain frequency item was not completed (J0400 = [9,-,^])
    - 2.3.2 Neither of the pain intensity items was completed (J0600A = [99,^,-]) and J0600B = [9,^,-])
    - 2.3.3. The numeric pain intensity item indicates no pain (J0600A = [00])

**J0200: Should Pain Assessment Interview Be Conducted?**

Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (Dyspnea)

Enter Code

0. NO (resident is rarely/never understood) – Skip to and complete J0800, Indicators of Pain or Possible Pain
1. YES – Continue to J0300, Pain Presence

Covariates: This long stay measure has a covariate. Information on Covariates is covered in the MDS 3.0 Quality Measures User’s Manual. For QMs that have covariates you will see a Facility Adjusted Percent recorded on the MDS 3.0 Facility Quality Measure Report from CASPER Reports.

NOTES:

1. If a Long Stay Resident is unable to participate in the pain assessment interview (J0200), then the resident will NOT trigger the Quality Measure. (J0200=[0,-])

## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay, continued)*

2. To answer PAIN FREQUENCY (J0400), the frequency is not defined. From the RAI Version 3.0 Manual: *“No predetermined definitions are offered to the resident related to frequency of pain. The response should be based on the resident’s interpretation of the frequency options. Facility policy should provide standardized tools to use throughout the facility in assessing pain to ensure consistency in interpretation and documentation of the resident’s pain.”*
3. To answer PAIN INTENSITY (J0600B), for purposes of the MDS 3.0 Assessment the following word descriptors are defined by number in the RAI Manual:
  - Mild
  - Moderate to Severe
  - Very Severe/Horrible

0	No Pain
1	Mild Pain
2	
3	
4	
5	Moderate to Severe Pain
6	
7	
8	
9	
10	Very Severe/Horrible Pain



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0414-1345.1-C7-MNV

## The NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of High-Risk Residents with Pressure Ulcers (Long Stay)*

Numerator:

A Long Stay Resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if they meet the high-risk definition (see denominator, below) **and** have a Stage II - IV pressure ulcer.

**NOTE:** A resident will also trigger this Measure if there is an ICD-9 code for an active diagnosis of a Stage II, III or IV ulcer listed in Section I8000 of the MDS Assessment. (I8000= [707.22, 707.23, 707.24])

#### **M0300. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage**

Stage II – IV pressure ulcers are present, as indicated by any of the following three conditions

M0300B.1. = [1, 2, 3, 4, 5, 6, 7, 8, 9] (Number of Stage 2 Pressure Ulcers) or

M0300C.1. = [1, 2, 3, 4, 5, 6, 7, 8, 9] (Number of Stage 3 Pressure Ulcers) or

M0300D.1. = [1, 2, 3, 4, 5, 6, 7, 8, 9] (Number of Stage 4 Pressure Ulcers)

Denominator: All long stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions.

Residents are defined as high-risk if they meet **one or more** of the following three criteria on the target assessment:

1. **Impaired bed mobility or transfer** indicated by either or both of the following:
  - 1.1 Bed mobility, self-performance (G0110A1) = [3, 4, 7, 8]
  - 1.2 Transfer, self-performance (G0110B1) = [3, 4, 7, 8]
2. **Comatose** (B0100 = [1])
3. **Malnutrition or at risk of malnutrition** (I5600 = [1]) (checked)

Exclusions:

1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]).
2. If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) **AND** *any* of the following conditions are true:  
M0300B1= [-]; M0300C1= [-] **or** M0300D1= [-]

Covariates: Not applicable.



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## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents with Pressure Ulcers That Are New or Worsened (Short Stay)*

Numerator:

This is a Short Stay Quality Measure and a look-back scan measure. It captures the percentage of short stay residents with new or worsening Stage II-IV pressure ulcers.

**NOTE:** *This Measure is one of the three **look-back scan** measures. If a Short Stay Resident is eligible for a look-back scan and has a current pressure ulcer that was either **NOT PRESENT** on the prior assessment or was at a lesser stage on the prior assessment, then this resident will trigger this measure.*

**M0800. Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or Scheduled PPS) or Last Admission/Entry or Reentry** COMPLETE ONLY IF A0310E=0 (this assessment is not the first assessment since most recent admission/entry or reentry)

Indicate the number of current pressure ulcers that **were not present or were at a lesser stage** on prior assessment (OBRA or scheduled PPS) or last entry. If no current pressure ulcer at a given stage, enter 0.

Enter Number	
<input type="checkbox"/>	<b>A. Stage 2</b>
<input type="checkbox"/>	<b>B. Stage 3</b>
<input type="checkbox"/>	<b>C. Stage 4</b>

Denominator: All short-stay residents with one or more assessments that are eligible for a look-back scan, except those with exclusions.

Exclusions: Involves examining each assessment that is included in the look-back scan. See Measures Specifications for exclusion criteria for this measure in **MDS 3.0 Quality Measures User’s Manual, v8.0 April 2013**

Covariates: This measure is adjusted on the MDS 3.0 Facility Quality Measure Report based on certain specific answers in the initial assessment (for example, but not limited to: *Has diabetes on their initial assessment*). See Measures Specifications for covariate criteria for this measure in **MDS 3.0 Quality Measures User’s Manual, v8.0 April 2013**

*Please see the Selection Logic and Rationale for Look-Back Scans for the Long Stay Measures and Short Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User’s Manual.*



## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: *Percent of Residents Who Were Physically Restrained (Long Stay)*

This MDS 3.0 Measure is a Long Stay Quality Measure and reports the percentage of long-stay residents who are physically restrained on a daily basis.

**NOTE:** The intent of RAI Manual Section P: Restraints is to record the frequency over the 7-day look-back period that the resident was restrained by any of the listed devices at any time during the day or night.

**Numerator:**

A resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if on their most recent MDS 3.0 (Target Assessment) *any of the following questions* [P0100 B or P0100 C or P0100 E or P0100 F or P0100 G] are answered with a 2 {Used **daily**}:

P0100. Physical Restraints (7-day Look Back)	
Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body	
Coding: 0. Not used 1. Used less than daily 2. Used Daily	↓ Enter Codes in Boxes
	Used in Bed
	<input type="checkbox"/> A. Bed rail*
	<input type="checkbox"/> B. Trunk restraint
	<input type="checkbox"/> C. Limb restraint
	<input type="checkbox"/> D. Other
	Used in Chair or Out of Bed
	<input type="checkbox"/> E. Trunk restraint
	<input type="checkbox"/> F. Limb restraint
	<input type="checkbox"/> G. Chair prevents rising
<input type="checkbox"/> H. Other	

**Denominator:** All long stay residents with a target assessment except those with exclusions

**NOTE:** \*Bed Rails may or may not constitute a restraint but in any event will not cause a resident to trigger for this quality measure.

**Exclusions:** Resident is not in numerator and any of the following is true:

P0100 B = [ - ] or P0100 C = [ - ] or P0100 E = [ - ] or P0100 F = [ - ] or P0100 G = [ - ]



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## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: *Prevalence of Residents Experiencing One or More Falls (Long Stay)*

This MDS 3.0 Quality Measure is a Long Stay Measure and a Surveyor Quality Measure (Prevalence Measures) and is one of the look-back scan measures. It reports the percentage of long stay residents who have experienced one or more falls that were assessed and captured on one or more of the look-back scan assessments for those residents.

**NOTE:** This Measure is one of the **look-back scan measures**. If a long stay resident has had one or more falls reported on one or more look-back scan assessments, it will trigger the measure. “These measures trigger if the event or condition of interest occurred any time during a one year period”<sup>1</sup>

#### Numerator:

A resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if *one or more* of their **look-back scan assessments** have *the following question [J1800]* coded as **1**.

#### **J1800: Any falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) whichever is more recent**

Enter Code  <input type="checkbox"/>	Has the Resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?  0. No – Skip to K0100, Swallowing Disorder 1. Yes – Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)
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**NOTE:** *It can happen that the Code for J1800 on your target assessment can be ‘0’ and the resident will still trigger the Measure because a resident will continue to trigger for this Falls QM up to one year after the initial fall. See Table I.*

#### Denominator:

All long stay nursing home residents with one or more look-back scan assessments

#### Exclusions:

Resident is excluded if the occurrence of falls was not assessed on any of the look-back scan assessments

#### Look-Back Scans:

<sup>1</sup>*Please see the Selection Logic and Rationale for Look-Back Scans for the Long Stay Measures and Short Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User’s Manual.*

Surveyor Measures: There are 3 Quality Measures that are Surveyor Quality Measures and are only available to State Surveyors and Nursing Facilities through CMS’s CASPER Reporting System.

1. Prevalence of Falls (Long Stay)
2. Prevalence of Antianxiety/Hypnotic Medication Use (Long Stay)
3. Prevalence of Behavior Symptoms Affecting Others (Long Stay)



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# THE NEW MDS 3.0 QUALITY MEASURES

**TABLE 1: Falls**

The following table is an example that will identify how a fall will continue to trigger the CASPER REPORT Quality Measure for that individual for several quarters after the fact.

	Admit Date (Not SNF)	Resident Fell (Without Major Injury) on	Qtrly MDS	Qtrly MDS	Qtrly MDS	Qtrly MDS	Qtrly MDS
	April 15, 2011	May 13 2011	July 15, 2011	October 15, 2011	January 15, 2012	April 15, 2012	July 15, 2012
Days since last assessment	1		91 days	92 days	92 days	91 days	91 days
Lookback days	1		91	183	275	366	457
				Triggers	Triggers	OFF	OFF
QM Report	FALL not yet triggered April thru July 15.						
Look-back	← MDS done 7/15/11						
Triggers QM Report until 10/15/11			7/15/11: Fall Triggers QM report through October 15				
Look-back	← MDS done 10/15/11						
Triggers QM Report until 1/15/12			10/15/11: Fall Triggers QM Report through January 15				
Look-back	← MDS done 1/15/12						
Triggers QM Report until 4/15/12				1/15/12: Fall triggers QM Report through April 15			
Look-back	← MDS done 4/15/12						
						<b>NO FALL TRIGGERS for QM Report April 15 through July 15.</b>	

In this example, the fall without major injury on May 13 will “trigger” on your Facility QM Report for Falls From July 2011 thru April 2012

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## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: *Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)*

**This MDS 3.0 Measure** is a Long Stay Quality Measure and reports the percent of long stay residents who have experienced one or more falls with major injury reported in the target period.

**NOTE:** This Measure is one of the **look-back scan measures**. If a long stay resident has had one or more falls with a major injury reported on one or more look-back scan assessments, it will trigger the measure. “These measures trigger if the event or condition of interest occurred any time during a one year period”<sup>1</sup>

#### Numerator:

A resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if *one or more* of their look-back scan assessments have *the following question [J1900C] (Major Injury)* coded as **1 or 2**.

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	
Enter Codes in Boxes	
Coding: 0. None 1. One 2. Two or more	A. No Injury – no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident’s behavior is noted after the fall
	B. Injury (except major) = skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	C. <b>Major injury</b> – bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

#### Denominator:

All long stay nursing home residents *with* one or more look-back scan assessments

**Exclusions:** A resident is excluded if one of the following is true for all of the look-back scan assessments:

- the occurrence of falls was not assessed (J1900 = [-]), OR
- the assessment indicates that a fall occurred (J1800 = [1]) AND the number of falls with major injury was not assessed (J1900C = [-])

#### Look-Back Scans:

<sup>1</sup>*Please see the Selection Logic and Rationale for Look-Back Scans for the Long Stay Measures and Short Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User’s Manual.* These sections will explain why a resident who experiences even one fall or one fall with a major injury will continue to “trigger” the related quality measure for up to one year after the incident.



## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay)

This MDS 3.0 Measure is a Short Stay Quality Measure. It reports the percentage of short stay residents who are receiving an antipsychotic medication during the target period but were not on their initial assessment. This measure involves a look-back scan.

Numerator:

Short stay residents for whom one or more MDS assessments in a look-back scan (not including the initial assessment) indicate that antipsychotic medication was received: **N0410A** = [1, 2, 3, 4, 5, 6 or 7]

N0410. Medications Received 7-Day Look Back		
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days.		
Coding:	Enter Days	
Enter days:  0, 1, 2, 3, 4, 5, 6 or 7	<input type="checkbox"/>	<b>A. Antipsychotic</b>

Denominator: All short stay residents who do not have exclusions and who meet all of the following conditions:

- o The resident has a target assessment, and
- o The resident has an initial assessment, and
- o The Target assessment is not the same as the initial assessment

Exclusions:

1. For all assessments in the look back scan (excluding the initial assessment, N0410=[1]
2. **Any** of the following related conditions are present on **any** assessment in a look-back scan: Schizophrenia (I6000 = [1]), Tourette's Syndrome (I5350 = [1]) or Huntington's Disease (I5250 = [1])
3. The resident's *initial* assessment indicates antipsychotic medication use or medication use is unknown: N0410A = [1, 2, 3, 4, 5, 6, 7, -].

*Please see the Selection Logic and Rationale for Look-Back Scans for the Long Stay Measures and Short Stay Measures as described in Chapter 1 of the MDS 3.0 Quality Measures User's Manual*

*A short stay is an episode with CDIF (Cumulative Days in Facility) less than or equal to 100 days as of the end of the target period.*

**NOTE:** This measure was posted on CASPER Reports beginning mid-March 2013.



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## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: Percent of Residents Who Received an Antipsychotic Medication (Long Stay)

This MDS 3.0 Measure is a Long Stay Quality Measure. It reports the percentage of long stay residents who are receiving antipsychotic drugs in the target period during a 7 day look-back, but do not have evidence of Schizophrenia, Tourette’s Syndrome or Huntington’s Disease on the target assessment, or Tourette’s Syndrome on the prior assessment if this item is not active on the target assessment and if a prior assessment is available.

Numerator:

A resident will trigger this Measure if on their most recent MDS 3.0 (Target Assessment) *the following question [N0410 A] = [1, 2, 3, 4, 5, 6 or 7]*:

N0410. Medications Received 7-Day Look Back		
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter “0” if medication was not received by the resident during the last 7 days.		
Coding:	Enter Days	
Enter days:  0, 1, 2, 3, 4, 5, 6 or 7	<input type="checkbox"/>	<b>A. Antipsychotic</b>

Denominator: All long stay residents with a selected target assessment, except those with exclusions

Exclusions:

1. The resident did not qualify for the numerator and the following is true: N0410A = [1])
2. **Any** of the following related conditions are present on the target assessment:
  - ❖ Schizophrenia (I600 = [1])
  - ❖ Tourette’s Syndrome (I5350 = [1])
  - ❖ Tourette’s Syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available
  - ❖ Huntington’s Disease I5250 = [1])

**NOTE:** This measure was posted on CASPER Reports beginning mid-March, 2013.



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## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: *Prevalence of Anti-Anxiety/Hypnotic Use (Long Stay)*

This MDS 3.0 Quality Measure is a Long Stay, Surveyor Quality Measure (Prevalence Measures) and reports the percentage of long stay residents who are receiving anti-anxiety medications or hypnotics during a 7 day look-back period but do not have evidence of psychotic or related conditions in the target period.

#### Numerator:

A resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if on their most recent MDS 3.0 (Target Assessment) *either of the following questions [N0410 B or N0410 D]* are answered with a 1, 2, 3, 4, 5, 6 or 7:

N0410. Medications Received (7-day Look Back)		
Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days.		
Coding: Enter days:  0, 1, 2, 3, 4, 5, 6 or 7	Enter Days  <input type="checkbox"/>  <input type="checkbox"/>	<b>B. Anti-anxiety</b>  <b>D. Hypnotic</b>

Denominator: All long stay residents with a selected target assessment, except those with exclusions.

#### Exclusions:

- The resident did not qualify for the numerator and any of the following is true: N0400B = [-] or N0410D = [-]
- Any of the following related conditions are present on the target assessment unless otherwise indicated:

Schizophrenia (I600 = [1])	Huntington's Disease (I5250 = [1])
Psychotic disorder (I5950 = [1])	Hallucinations (E0100A = [1])
Manic depression (bipolar disease) (I5950 = [1])	Delusions (E0100B = [1])
Tourette's Syndrome (I5350 = [1])	Post traumatic stress disorder (I6100 = [1])
Tourette's Syndrome on the prior assessment if this item is not active on the target assessment and if a prior assessment is available	Post traumatic stress disorder on the prior assessment if this item is not active on the target assessment and if a prior assessment is available
Anxiety disorder (I5700 = [1])	



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0414-1351.1-C7-MNV

## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: *Prevalence of Behavior Symptoms Affecting Others (Long Stay)*

This MDS 3.0 Long Stay Measure is a Surveyor Quality Measure (Prevalence Measures) and reports the percentage of long stay residents who have behavior symptoms that affect others during a **7 day look-back period**.

Numerator:

A resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if on their most recent MDS 3.0 (Target Assessment) *any ONE of the following FIVE questions [E0200 A, B or C], or [E0800] or [E0900]* are answered with a 1, 2 or 3:

E0200. Behavioral Symptom: Presence & Frequency		
Note presence of symptoms and their frequency		
Coding:	Enter Code	
0. Behavior not exhibited	<input type="checkbox"/>	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
1. Behavior of this type occurred 1 to 3 days	<input type="checkbox"/>	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)
2. Behavior of this type occurred 4 to 6 days, but less than daily	<input type="checkbox"/>	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)
3. Behavior of this type occurred daily	<input type="checkbox"/>	

E0800. Rejection of Care: Presence & Frequency		
Coding:	Enter Code	
0. Behavior not exhibited	<input type="checkbox"/>	Did the resident reject evaluation or care (e.g., blood work, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.
1. Behavior of this type occurred 1 to 3 days	<input type="checkbox"/>	
2. Behavior of this type occurred 4 to 6 days, but less than daily	<input type="checkbox"/>	
3. Behavior of this type occurred daily [Note: Code regardless of the number of episodes that occurred on any one of those days]	<input type="checkbox"/>	

See Next Page

## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Prevalence of Behavior Symptoms Affecting Others (Long Stay)*, continued

E0900. Wandering: Presence & Frequency		
Coding:  0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily [Note: Code regardless of the number of episodes that occurred on any one of those days]	Enter Code  <input style="width: 30px; height: 20px;" type="checkbox"/>	Has the resident wandered?

Denominator: All residents with a selected target assessment, except those with exclusions

**Exclusions:**

Resident is not in the numerator and any of the following is true:

- The target assessment is a discharge
- E0200A is equal to [-,^].
- E0200B is equal to [-,^].
- E0200C is equal to [-,^].
- E0800 is equal to [-,^].
- E0900 is equal to [-,^].



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## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: *Percent of Residents Who Have Depressive Symptoms (Long Stay)*

This MDS 3.0 Measure is a Long Stay Quality Measure and reports the percentage of residents who have been a resident for 101 days or more (Long Stay) and who have had symptoms of depression during the 2-week period preceding the MDS 3.0 target assessment date. The Measure involves a resident mood interview [PHQ-9] (Condition A below) *or* a staff assessment of resident mood (Condition B below).

Numerator:

A resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if on their most recent MDS 3.0 (Target Assessment) *the following are true of either Condition A or Condition B:*

**CONDITION A:** The resident mood interview (PHQ-9) must meet Part 1 *and* Part 2

<b>Part 1</b> (Symptom Presence)	<b>Part 2</b> (Symptom Frequency Total Score)
<p>D0200: Resident Mood Interview Little interest or pleasure in doing things half or more of the days over the last two weeks D0200A2= [2,3] <u>OR</u> Feeling down, depressed or hopeless half or more of the days over the last two weeks D0200B2= [2,3]</p>	<p>D0300: Total Severity Score Resident Mood Interview total severity score indicates the presence of depression (D0300 ≥ [10] and D0300 ≤ [27])  The Symptom frequency for each of the nine symptoms is totaled and the total score must be between 10 and 27 for resident to trigger</p>

➔ IF RESIDENT IS NOT ABLE TO BE INTERVIEWED, THEN THE FOLLOWING CONDITION B IS COMPLETED:

**CONDITION B:** The staff assessment of resident mood (PHQ-9-OV) must meet Part 1 *and* Part 2

<b>Part 1</b> (Symptom Presence)	<b>Part 2</b> (Symptom Frequency Total Score)
<p>D0500: Staff Assessment of Resident Mood Little interest or pleasure in doing things half or more of the days over the last two weeks D0500A2= [2,3] <u>OR</u> Feeling down, depressed or hopeless half or more of the days over the last two weeks D0500B2= [2,3]</p>	<p>D0600: Total Severity Score Resident Mood Assessment total severity score indicates the presence of depression (D0600 ≥ [10] and D0600 ≤ [30])  The Symptom frequency for each of ten symptoms is totaled and the total score must be between 10 and 30 for resident to trigger.</p>

**Denominator:** All long stay residents with a selected target assessment, except those with exclusions.

**Exclusions:** Resident is comatose or comatose status is missing (B0100 = [1, -])  
For other exclusions, see MDS 3.0 Quality Measures User’s Manual

Please refer to the questions **D0200, D0300, D0500** and **D0600** on the MDS 3.0 Assessment.



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## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents with a Urinary Tract Infection (Long Stay)*

This MDS 3.0 Measure is a Long Stay Quality Measure and reports the percentage of long stay residents who have or had a urinary tract infection within the last 30 days.

#### Numerator:

A resident will trigger this Quality Measure on your MDS 3.0 Facility Quality Measure Report if on their most recent MDS 3.0 (Target Assessment) *the following question [I2300] is answered with a check mark.*

SECTION I: ACTIVE DIAGNOSES
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The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring or risk of death.
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In Active Diagnoses Section, the following is checked:

	Infections
<input type="checkbox"/>	<b>I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)</b>

#### Denominator:

All long stay residents with a selected target assessment except those with exclusions

Exclusions: A resident will *not* trigger this measure if the target assessment is an admission assessment or a PPS 5-day or readmission/return assessment.

#### References:

See Coding Tips Section for Chapter 3 Section I in CMS's RAI Version 3.0 Manual



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0414-1354.1-C7-MNV

## THE NEW MDS 3.0 QUALITY MEASURES

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### **The Quality Measure: *Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)***

This MDS 3.0 Measure is a Long Stay Quality Measure and reports the percentage of long stay residents who have had an indwelling catheter **[at any time] in the past 7 days**.

Numerator:

A resident will trigger this Measure on your MDS 3.0 facility Quality Measure Report if on their most recent MDS 3.0 (Target Assessment) **H0100A = [1]** (i.e., is checked)

H0100. Appliances (7-day Look Back)	
Check all that apply	
<input type="checkbox"/>	<b>A. Indwelling Catheter (Including suprapubic catheter and nephrostomy tube)</b>
<input type="checkbox"/>	<b>B. External Catheter</b>
<input type="checkbox"/>	<b>C. Ostomy (including urostomy, ileostomy, and colostomy)</b>
<input type="checkbox"/>	<b>D. Intermittent catheterization (do not include one-time catheterization for urine specimen)</b>
<input type="checkbox"/>	<b>Z. None of the above</b>

Denominator: All long stay residents with a selected target assessment, except those with exclusions.

Exclusions: A resident will not trigger this measure if any of the following are true:

- The target assessment is an admission assessment
- The target assessment is a PPS 5-day or readmission/return assessment
- The target assessment indicates that indwelling catheter status is missing
- The target assessment indicates neurogenic bladder or status is missing
- Target assessment indicates obstructive uropathy or status is missing

Covariates: The presence of a pressure ulcer at Stage II, III or IV or an indication of frequent bowel incontinence on prior assessment will create a risk-adjusted QM score (requires a prior assessment). Refer to the MDS 3.0 Quality Measures User's Manual.



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0414-1355.1-C7-MNV

**THE NEW MDS 3.0 QUALITY MEASURES**

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**The Quality Measure: *Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)***

This MDS 3.0 Measure is a Long Stay Quality Measure and reports the percentage of long stay residents who frequently lose control of their bowel or bladder during the 7 day look-back period preceding the MDS 3.0 target assessment date.

*Numerator:*

A resident will trigger this Measure on your CASPER REPORT if on their most recent MDS 3.0 (Selected Target Assessment) *the following question for Urinary Continence [H0300] or Bowel Continence [H0400] is answered with a 2, or 3.*

H0300. Urinary Continence (7-day Look Back)	
<b>Enter Code</b>	<b>Urinary continence – Select the one category that best describes the resident</b>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li><b>0. Always continent</b></li> <li><b>1. Occasionally incontinent (Less than 7 episodes of incontinence)</b></li> <li><b>2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)</b></li> <li><b>3. Always incontinent (no episodes of continent voiding)</b></li> <li><b>9. Not rated. Resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days</b></li> </ul>

H0400. Bowel Continence (7-day Look Back)	
<b>Enter Code</b>	<b>Bowel continence – Select the one category that best describes the resident</b>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li><b>0. Always continent</b></li> <li><b>1. Occasionally incontinent (One episode of bowel incontinence)</b></li> <li><b>2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)</b></li> <li><b>3. Always incontinent (no episodes of continent bowel movements)</b></li> <li><b>9. Not rated. Resident had an ostomy, or did not have a bowel movement for the entire 7 days</b></li> </ul>

*Denominator:*

All long-stay residents with a selected target assessment, except those with exclusions.

## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: *Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)*, *continued*

#### Exclusions:

#### The following are exclusions:

1. Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06])
2. Resident is not in numerator and H0300 = [-] or H0400 = [-]
3. Residents who have **any** of the following **high-risk conditions**:
  - a) Severe cognitive impairment on the target assessment as indicated by (C1000=[3] and C0700 = [1]) **OR** C0500 ≤ [7]
  - b) Totally dependent in bed mobility self-performance (G0110A1 = [4, 7, 8])
  - c) Totally dependent in transfer self-performance (G0110B1 = [4, 7, 8])
  - d) Totally dependent in locomotion on unit self-performance (G0110E1 = [4, 7, 8])
4. Resident does not qualify as high risk (see #3 above) and **both** of the following two conditions are true for the target assessment:
  - a. C0500 = [99, ^, -,] **and**
  - b. C0700 = [^, -] **OR** C1000 = [^, -]
5. Resident does not qualify as high risk (see # 3 above) and **any** of the following three conditions are true:
  - a. G0110A1 = [-]
  - b. G0110B1 = [-]
  - c. G0110E1 = [-]
  - d.
6. Resident is comatose (B0100 = [1]), or comatose status is missing (B0100 = [-]) on target assessment
7. Resident has an indwelling catheter (H0100A = [1]) or indwelling catheter status is missing (H0100A = [-]) on the target assessment
8. Resident has an ostomy, (H0100C = [1]) or ostomy status is missing (H0100C = [-]) on the target assessment

Reference: MDS 3.0 Quality Measures User's Manual  
CMS's RAI Version 3.0 User Manual



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## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents Who Lose Too Much Weight (Long Stay)*

This MDS 3.0 Measure is a Long Stay Quality Measure and 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 two quarters (six months) who were not on a physician prescribed weight-loss regimen (K0300=[2]) noted in an MDS assessment during the selected quarter.

#### Numerator:

A resident will trigger this Measure on your MDS 3.0 Facility Quality Measure Report if on their most recent MDS 3.0 (Target Assessment) *the following question [K0300] is coded as 2.*

K0300. Weight Loss	
Enter Code  <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/>	<b>Loss of 5% or more in the last month or loss of 10% or more in last 6 months</b>
	<b>0. No or unknown</b>
	<b>1. Yes, on physician-prescribed weight-loss regimen</b>
	<b>2. Yes, not on physician-prescribed weight-loss regimen</b>

#### Denominator:

Long-stay nursing home residents with a selected target assessment except those with exclusions

#### Exclusions:

- Target assessment is an OBRA admission assessment (A0310A = [01]) **OR** a PPS 5-day or readmission/return assessment (A0310B = [01, 06])
- Weight loss item is missing on target assessment (K0300 = [-])



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## THE NEW MDS 3.0 QUALITY MEASURES

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### **The Quality Measure: *Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)***

This MDS 3.0 Measure is a Long Stay Quality Measure that reports the percentage of long stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased *when compared to the prior assessment*. The four late-loss ADL items are self-performance bed mobility, self-performance transfer, self-performance eating and self-performance toileting.

Please refer to the attached copy from the **MDS 3.0 Assessment, Section G0100**, and to **CMS's RAI Version 3.0 Manual Section G: Functional Status** to clarify the following:

Numerator:

Resident meets the definition of increased need of help with late-loss ADLs if **either** of the following are true: **[The four late-loss ADL items are coded in Section G0110 of the MDS 3.0]**

1. **At least two** of the following are true, compared to prior assessment:
  - a. Bed mobility has at least a one point increase in coding points
  - b. Transfer has at least a one point increase in coding points
  - c. Eating has at least a one point increase in coding points
  - d. Toileting has at least a one point increase in coding points
  
2. **At least one** of the following is true, compared to prior assessment:
  - a. Bed mobility has at least a two point increase in coding points
  - b. Transfer has at least a two point increase in coding points
  - c. Eating has at least a two point increase in coding points
  - d. Toileting has at least a two point increase in coding points

Denominator:

All long stay residents with a selected target and prior assessment except those with exclusions

Exclusions:

1. All four of the late-loss ADL items indicate total dependence on the prior assessment
2. Three of the late-loss ADLs indicate total dependence on the prior assessment AND the fourth late-loss ADL indicates extensive assistance on the prior assessment
3. If resident is comatose (B0100 = [1]) on the target assessment
4. Prognosis of life expectancy is less than 6 months on the target assessment (J1400 = [1,-])
5. Hospice Care (O0100K2= [1,-]) on the target assessment
6. The resident is not in the numerator AND there is missing data on the prior or target assessment for G0110A1, G0110B1, G0110H1 or G0110I1



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## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: *Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)*

This MDS 3.0 Quality Measure is a Short Stay Quality Measure that is reported only on *Nursing Home Compare*. This measure reports the percentage of short stay residents who are given, appropriately, the influenza vaccination during the current or most recent influenza season.

#### Numerator:

A resident will be in the numerator for this Quality Measure if on the selected target assessment: they received the influenza vaccine during the current or most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); **or** if they were offered but declined the influenza vaccine (O0250C = [4]); **or** they were ineligible due to contraindications. (O0250C = [3,])

O0250. Influenza Vaccine – refer to the current version of RAI manual for current flu season and reporting period																					
Enter Code <input style="width: 100%;" type="text"/>	<p>A. Did the resident receive the Influenza vaccine in this facility for this year's influenza season?</p> <p>0. No Skip to O0250C, if influenza vaccine not received, state reason</p> <p>1. Yes Continue to O0250B, Date vaccine received</p>																				
	<p>B. Date vaccine received ▶ Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?</p> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td colspan="3" style="text-align: center;">Day</td> <td colspan="6" style="text-align: center;">Year</td> </tr> </table>											Month	Day			Year					
Month	Day			Year																	
Enter Code <input style="width: 100%;" type="text"/>	<p>C. If influenza vaccine not received, state reason:</p> <ol style="list-style-type: none"> <li>1. Resident not in facility during this year's flu season</li> <li>2. Received outside of this facility</li> <li>3. Not eligible – medical contraindication</li> <li>4. Offered and declined</li> <li>5. Not offered</li> <li>6. Inability to obtain vaccine due to a declared shortage</li> <li>7. None of the above</li> </ol>																				

**Denominator:** All Short Stay residents with a selected target assessment, except those with exclusions.

#### Exclusions:

- O0250C = [1] (resident not in facility during the current or most recent influenza season).
- Resident's age on target date of selected target assessment is 179 days or less. (Per CDC all persons over six months of age and older should receive flu vaccination annually, with some exceptions). Reference: [www.cdc.gov](http://www.cdc.gov)



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## THE NEW MDS 3.0 QUALITY MEASURES

### The Quality Measure: *Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)*

This MDS 3.0 Quality Measure is a Long Stay Quality Measure that is reported only on *Nursing Home Compare*. This measure reports the percentage of long stay residents who are given, appropriately, the influenza vaccination during the current or most recent influenza season.

Numerator:

A Long Stay resident will be in the numerator for this Quality Measure if any of the following is true: they received the influenza vaccine during the current or most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]), or if they were offered but declined the influenza vaccine (O0250C = [4]), or they were ineligible due to contraindications. (O0250C = [3])

O0250. Influenza Vaccine – refer to the current version of RAI manual for current flu season and reporting period																					
Enter Code <input style="width: 40px; height: 20px;" type="text"/>	<p>A. Did the resident receive the Influenza vaccine in this facility for this year’s influenza season?</p> <p>0. No Skip to O0250C, if influenza vaccine not received, state reason</p> <p>1. Yes Continue to O0250B, Date vaccine received</p>																				
	<p>B. Date vaccine received ► Complete date and skip to O0300A, Is the resident’s Pneumococcal vaccination up to date?</p> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; background-color: black;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Day</td> <td></td> <td style="text-align: center;">Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											Month		Day		Year					
Month		Day		Year																	
Enter Code <input style="width: 40px; height: 20px;" type="text"/>	<p>C. If influenza vaccine not received, state reason:</p> <ol style="list-style-type: none"> <li>1. Resident not in facility during this year’s flu season</li> <li>2. Received outside of this facility</li> <li>3. Not eligible – medical contraindication</li> <li>4. Offered and declined</li> <li>5. Not offered</li> <li>6. Inability to obtain vaccine due to a declared shortage</li> <li>7. None of the above</li> </ol>																				

Denominator: All Long Stay residents with a selected target assessment, except those with exclusions.

Exclusions:

- O0250C = [1] (resident not in facility during the current or most recent influenza season).

Medical Contraindications: e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months.



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## THE NEW MDS 3.0 QUALITY MEASURES

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### The Quality Measure: *Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay)*

This MDS 3.0 Quality Measure is a Short Stay Quality Measure that is reported only on *Nursing Home Compare*. This measure reports the percentage of short stay residents whose pneumococcal polysaccharide vaccination is up to date during the 12-month reporting period\*.

#### Numerator:

A short stay resident will be in the numerator for this Quality Measure if they meet **any** of the following criteria on the selected target assessment:

- PNEUMOCOCCAL VACCINE status is up to date (O0300A = [1]) or
- Were offered and declined the vaccine (O0300B = [2]) or
- Were ineligible due to medical contraindication(s) (O0300B = [1])

O0300. Pneumococcal Vaccine	
Enter Code <input type="text"/>	A. Is the resident's Pneumococcal Vaccination up to date? 0. No Skip to O300B, if pneumococcal vaccine not received, state reason 1. Yes Skip to O0400, Therapies
Enter Code <input type="text"/>	B. If Pneumococcal Vaccine not received, state reason: 1. Not eligible – medical contraindication 2. Offered and declined 3. Not offered

Denominator: All short stay residents with a selected target assessment.

Exclusions: Resident's age on target date of selected target assessment is less than 5 years (i.e., resident has not yet reached 5<sup>th</sup> birthday on target date)

\*Please refer to CMS's RAI Version 3.0 Manual Section O for additional information on Vaccine indications and who should receive the Pneumococcal Vaccination

**Note:** Medical Contraindications: (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).



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## THE NEW MDS 3.0 QUALITY MEASURES

---

### **The Quality Measure: *Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)***

This MDS 3.0 Quality Measure is a Long Stay Quality Measure that is reported only on *Nursing Home Compare*. This measure reports the percentage of long stay residents whose pneumococcal polysaccharide vaccination is up to date.

**Numerator:**

A Long Stay resident will be in the numerator for this Quality Measure if they have an up to date PNEUMOCOCCAL VACCINE status (O0300A = [1]); or were offered and declined the vaccine (O0300B = [2]); or were ineligible due to medical contraindication(s): (O0300B = [1])

O0300. Pneumococcal Vaccine	
Enter Code <input type="text"/>	A. Is the resident's Pneumococcal Vaccination up to date? 0. No Skip to O300B, if pneumococcal vaccine not received, state reason 1. Yes Skip to O0400, Therapies
Enter Code <input type="text"/>	B. If Pneumococcal Vaccine not received, state reason: 1. Not eligible – medical contraindication 2. Offered and declined 3. Not offered

**Denominator:** All long stay residents with a selected target assessment.

**Exclusions:** None

Please refer to CMS’s RAI Version 3.0 Manual Section O for additional information on Vaccine indications and who should receive the Pneumococcal Vaccination.

**NOTE:** Medical Contraindications: (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks).



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