

# **Overview**

## **Long-Term Care Hospital Quality Reporting Program**

# Objectives

- Recognize the impetus for the LTCH Quality Reporting Program (QRP).
- Identify the three quality measures for October 1, 2012, reporting.
- Describe the four LTCH CARE Data Set item sets and their applications.

# Overview of Presentation

This presentation will address:

- Overview of the LTCH QRP
- Three Quality Measures for October 1, 2012, reporting
- Four item sets for use for the Pressure Ulcer Measure
- Resources available to LTCHs to support October 1, 2012, reporting

# Affordable Care Act Section 3004 (a)

- Directs establishment of quality reporting program for LTCHs, IRFs and hospice programs.
- Requires providers to submit data on selected quality measures for FY 2014 payment determination and subsequent FY payment determinations.
- Noncompliance will result in 2% reduction in annual payment update (APU).

# Affordable Care Act

## Section 3004 (a)<sub>2</sub>

- Requires selected quality measures to be published no later than October 1, 2012.
- Directs CMS to establish procedures to:
  - Make data available to the public.
  - Allow providers to review data before publication.

# Stakeholder Engagement

Stakeholder participation has been key to the development and implementation of the LTCH Quality Reporting Program.

- Technical Expert Panel (TEP) meetings
- Special Open Door Forum
- Listening Session

# Considerations for Selecting Quality Measures

Is the quality measure an important indicator of...

- Better individual care, care that is patient-centered and well coordinated?
- Better health for populations?
- Lower cost through improvement?

# Considerations for Selecting Quality Measures<sub>2</sub>

CMS' goal is to build on existing measures:

- Reliable and valid measures of structure, process, or outcomes of care
- Built on evidence-based measurement science
- Meet reasonable criteria for inclusion

# Considerations for Selecting Quality Measures<sub>3</sub>

- High-priority, site-specific, and cross-setting quality measures
- Valid, meaningful, reliable
- Addresses avoidable adverse events, symptom management, patient preferences, and patient goals
- Feasible to collect; can be collected and generated from standardized data collection elements across settings

# Selection Criteria for LTCH Quality Measures

- Included in Quality Reporting Program for other settings?
- Address HHS priorities and the National Quality Strategy?
- Evidence-based?
- Drive quality improvement within a facility?
- Low probability of causing unintended adverse consequences?

# LTCH Quality Measures

CMS finalized three quality measures for LTCHs:

- National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
- National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139)
- Percentage of patients with pressure ulcers that are new or have worsened (short-stay) (NQF #0678)

# CAUTI and CLABSI Measures

- Data collection for FY 2014 payment update determination begins October 1, 2012.
- Data collection by CDC via the NHSN  
<http://www.cdc.gov/NHSN/>
- Currently available:
  - CAUTI and CLABSI surveillance webinar, protocol, report forms, and instructions
  - Lectora interactive training with post-test
- Details for data submission provided in the LTCH CARE Data Set Manual and during CDC presentation on May 2, 2012.

# CAUTI and CLABSI Measures<sub>2</sub>

- Revision to Metric:
  - Measures underwent NQF review for expansion to location types beyond acute-care ICUs.
  - Measures re-titled National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure and NHSN Central line-associated Bloodstream Infection (CLABSI) Outcome Measure.

# CAUTI and CLABSI Measures<sub>3</sub>

- Revision to Metric:
  - o CMS proposed the adoption of any revision(s).
  - o Review changed how quality measure is calculated.
  - o Uses SIR instead of CLABSI rate per 1000 patients.

# Pressure Ulcer Measure

## Metric:

- Percentage of patients with pressure ulcers that are new or have worsened
- Includes percentage of patients who have one or more Stage 2–4 pressure ulcers that are new or have worsened from admission assessment
- Measures undergoing NQF review for expansion to location type beyond nursing homes to include LTCHs

# Pressure Ulcers

- Data collection using the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set
- Items on LTCH CARE Data Set allow calculation of Pressure Ulcer Measure
- Data submission via Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system

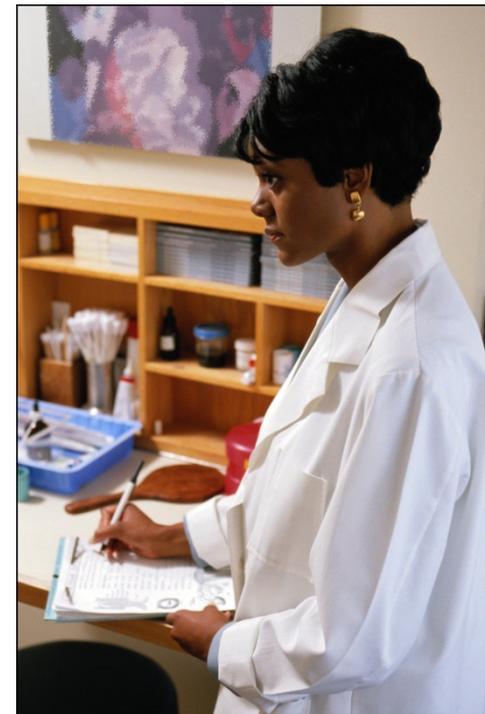
# Pressure Ulcer Measure: Timeline

- Summer 2012: LASER, the free CMS user software, will be posted on QTSO and CMS web sites
- October 1, 2012: Data collection for FY 2014 begins

**LTCH  
Continuity Assessment  
Record and Evaluation  
(CARE) Data Set**

# LTCH CARE Data Set

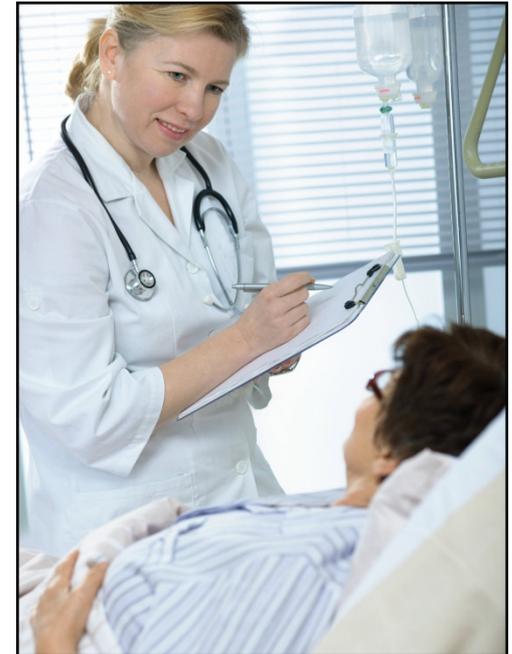
- Used to collect quality reporting data for Pressure Ulcer Measure.
- Created for reporting LTCH data, as there is no mandatory standardized data sets being used in LTCHs.
- Incorporates data items contained in other standardized and clinically established data sets.



# LTCH CARE Data Set<sub>2</sub>

Four data sets:

- Admission
- Planned Discharge
- Unplanned Discharge
- Expired



# LTCH CARE Data Set Sections

- Each data set may include up to 8 sections:
  - o Section A: Administrative Information
  - o Section B: Hearing, Speech, and Vision
  - o Section GG: Functional Status: Usual Performance
  - o Section H: Bladder and Bowel
  - o Section I: Active Diagnoses
  - o Section K: Swallowing/Nutritional Status
  - o Section M: Skin Conditions
  - o Section Z: Assessment Administration

# LTCH CARE Data Set Items

- Specific items included on each of the four LTCH CARE Data Sets vary.
  - Example: Discharge information (date, discharge location) included only on Discharge sets.
- Item Matrix lists items included on each LTCH CARE Data Set.

# Applicable Patients

- Applicable assessments using LTCH CARE Data Sets must be completed for any patient who is admitted to a facility certified as a hospital and designated as an LTCH under the Medicare program.
  - Medicare-participating LTCHs located within acute care (or other) hospitals
  - Skilled nursing facilities
  - Free-standing LTCHs

# When to Complete an LTCH CARE Data Set

- Admitting a patient from another LTCH or another location:
  - LTCH CARE Data Set Admission assessment record must be completed within 3 days of admission.

# When to Complete an LTCH CARE Data Set<sub>2</sub>

- Transferring a patient to another hospital/ facility:
  - Transferring LTCH must complete an LTCH CARE Data Set Discharge assessment if the patient does not return to the LTCH within 3 calendar days following discharge.
  - Admitting LTCH must complete an LTCH CARE Data Set Admission assessment record for each new patient admitted to the admitting LTCH.

# Admission Assessment

- Admission assessment is completed for each new patient admitted to the LTCH.
- If a patient is returning to the LTCH after *more than 3 calendar days* at another hospital/ facility:
  - A Discharge assessment should have been filed.
  - A new Admission assessment must be completed.

# Admission Assessment<sub>2</sub>

- If a patient is returning to the LTCH after a stay at another hospital/ facility lasting *less than 3 calendar days*,
  - o A Discharge assessment should not have been filed.
  - o A new Admission assessment should not be completed.

# Discharge Assessment

- Discharge assessment may be for planned or unplanned discharge.
- Must be completed when the patient is discharged from the LTCH, whether the discharge is planned or unplanned.
- Must be completed if a patient is transferred to another hospital/ facility and does not return to the LTCH within 3 calendar days.

# Expired Assessment

- Expired assessment must be completed when:
  - o Patient dies in the LTCH.
- OR
- o Patient expires during a temporary (planned or unplanned) leave of absence to receive medical care at another hospital/ facility.
- Patient's Expired Date should be recorded as the discharge date in item A0270.

# Resources

# CMS LTCH Quality Reporting Program Manual

- CMS LTCH Quality Reporting Program Manual is the primary source of information for completing the LTCH CARE Data Set.
- Chapter 3 contains detailed instructions for completing each section included of the LTCH CARE Data Set.

# CMS LTCH Quality Reporting Program Manual<sub>2</sub>

- Information for each LTCH CARE Data Set item:
  - Intent/ Rationale
  - Item Display
  - Assessment and Coding Tips
  - Coding Instructions
  - Examples

# Recommended Approach

- Review the LTCH CARE Data Set.
- Complete a thorough review of the CMS LTCH Quality Reporting Program Manual.



# Resources: CMS Web Site

- CMS web site with information on Quality Reporting Program:  
<http://www.cms.gov/LTCH-Quality-Reporting/>
  - o Background
  - o Resources
  - o Updates
  - o Transcripts of CMS Special Open Door Forums and Listening Sessions

# Resources: CMS E-Mail Box

- CMS has also created an e-mail box:
  - [LTCHQualityQuestions@cms.hhs.gov](mailto:LTCHQualityQuestions@cms.hhs.gov)
- You are encouraged to submit comments to this e-mail box or at 1-800-647-9664.
- To receive mailing list notices, please submit your name, e-mail address, and organization.

# CMS Needs to Hear from You

CMS is interested in the work you are doing to measure and report quality measures.

CMS appreciates your input to develop the LTCH Quality Reporting Program.

