

APPENDIX E: MEASURE SPECIFICATIONS FOR MEASURES REPORTED USING THE LTCH CARE DATA SET VERSION 2.01

Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay) (NQF #0678)¹

| MEASURE DESCRIPTION | MEASURE SPECIFICATIONS ² | COVARIATES |
|--|---|---|
| This measure reports the number of Stage 2-4 pressure ulcers that are new or worsened pressure ulcers since the prior assessment.³ | <p>Numerator</p> <p>The number of patients for whom the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcers:</p> <ol style="list-style-type: none"> 1. Stage 2 (M0800A) > 0 OR 2. Stage 3 (M0800B) > 0 OR 3. Stage 4 (M0800C) > 0. <p>Denominator</p> <p>The number of patients with an admission assessment (A0250=01) and a discharge assessment (A0250=10, 11).</p> <p>Exclusions</p> <p>Patients are excluded if the discharge assessment does not have a usable response for M0800A, M0800B, or M0800C. This situation is identified as follows:</p> <ol style="list-style-type: none"> 1. Examine each discharge assessment. For each assessment, do the following: <ol style="list-style-type: none"> 1.1 The response to M0800A (Stage 2) is usable if: M0800A = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, ^]. 1.2 The response to M0800B (Stage 3) is usable if: M0800B = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, ^]. 1.3 The response to M0800C (Stage 4) is usable if: M0800C = [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, ^]. 1.4 If <i>none</i> of the three items M0800A, M0800B, and M0800C is usable, then the assessment is not usable and is discarded. 2. If all of the assessments that are eligible for the discharge assessment are discarded and no usable assessments remain, then the patient is excluded from the numerator and the denominator. 3. Assessments conducted at the time of patient expiration (A0250 = 12) using LTCH CARE Data Set expired form are excluded from the measure. | <ol style="list-style-type: none"> 1. Indicator of supervision/touching assistance or more for the functional mobility item Lying to Sitting on Side of Bed on the admission assessment: <p>Covariate = [01] if GG0160C = [01, 02, 03, 04, 07, 09, 88]</p> <p>Covariate = [0] if GG0160C = [05,06, -]</p> 2. Indicator of bowel incontinence at least occasionally on the admission assessment: <p>Covariate = [01] if H0400 = [01, 02, 03]</p> <p>Covariate = [0] if H0400 = [0, 09, -]</p> 3. Have diabetes or peripheral vascular disease on admission assessment: <p>Covariate = [01] if any of the following are true: <ol style="list-style-type: none"> a. I0900 = [01] (checked) b. I2900 = [01] (checked) </p> <p>Covariate = [0] if I0900 = [0, -] AND I2900 = [0, -]</p> 4. Indicator of Low Body Mass Index, based on Height (K0200A) and Weight (K0200B) on the admission assessment: <p>Covariate = [01] if BMI ≥ [12.0] AND ≤ [19.0]</p> <p>Covariate = [0] if BMI > [19.0] AND ≤ [40.0]</p> <p>Where: BMI = (weight * 703 / height²) = ([K0200B] * 703) / ([K0200A]²) and the resulting value is rounded to one decimal.</p> <p>Covariate = missing if K0200A = [-] OR K0200B = [-] OR BMI < [12.0] OR BMI > [40.0].</p> 5. All covariates are missing if no admission assessment is available. |

¹ The use of the words “resident” and “short-stay” in the title of this measure refer to the use of this measure in the skilled nursing facility/nursing home setting. This measure is also NQF-endorsed for use in the Long Term Care Hospital (LTCH) setting (<http://www.qualityforum.org/QPS/0678>) and finalized for reporting by Long-Term Care Hospitals (LTCHs) under the LTCH Quality Reporting Program (*Federal Register* 76 (18 August 2011): 51476-51846. Web. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf> and *Federal Register* 77 (31 August 2012): 53619-53621. Web. <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>). CMS does not imply that the LTCH patient is a “resident” or that stay in a LTCH is a “short stay”.

² Beginning on October 1, 2012, LTCHs began to use a data collection document entitled the “LTCH Care Assessment and Continuity Record (CARE) Data Set” as the vehicle by which to collect the pressure ulcer data for the LTCH quality reporting program. The LTCH CARE Data Set was approved on April 24, 2012 by the Office of Management and Budget in accordance with the Paperwork Reduction Act. The OMB Control Number is 0938-1163. Expiration Date April 30, 2013. This data set consists of the following components: (1) Pressure ulcer documentation; (2) selected covariates related to pressure ulcers; (3) patient demographic information; and; (4) a provider attestation section (*Federal Register* 76 (28 December 2011): 81503-81504. Web. <http://www.gpo.gov/fdsys/pkg/FR-2011-12-28/html/2011-33321.htm> and *Federal Register* 77 (31 August 2012): 53617-53619. Web. <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>). FRN 78 21955 through 21956 published April 12, 2013 solicits public comment on additions and updates to the LTCH CARE Data Set V 2.01 which contains items for this measure. For a copy of LTCH CARE Data Set V 2.01, visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS1252160.html> or see Appendix C of this manual. CMS proposes effective date of April 1, 2014 in the FY2014 IPPS/LTCH PPS proposed rule (http://www.ofr.gov/OFRUpload/OFRData/2013-10234_PI.pdf) for LTCH CARE DATA Set V 2.01.

³ In the LTCH setting, the prior assessment refers to the admission assessment (A0250=01).

**Percent of Residents or Patients Who Were Assessed and Appropriately Given
the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)¹**

| MEASURE DESCRIPTION | MEASURE SPECIFICATIONS ² |
|---|---|
| <p>The measure reports the percentage of residents² or patients who are assessed and appropriately given the influenza vaccine.</p> | <p>Numerator</p> <p>Patients are included in the numerator if they meet any of the following criteria during the numerator time window:</p> <ol style="list-style-type: none"> 1. Received the influenza vaccine during the most recent influenza vaccine season, either in the facility (O250A=1) or outside the facility (O0250C=2) (computed and reported separately); 2. Offered and declined the influenza vaccine (O0250C=4) (computed and reported separately); 3. Ineligible due to contraindication(s) (O0250C=3) (computed and reported separately). <p>Included in the numerator are patients who meet the criteria on the LTCH CARE Data Set admission assessment (A0250=01) or discharge assessment (A0250=10, 11) during the numerator time window.</p> <p>Numerator Time Window Between October 1 (or when the vaccine became available) and March 31.</p> <p>Denominator</p> <p>Patients are counted if they are aged 6 months or older and have an assessment meeting <u>any</u> of the following conditions:</p> <ol style="list-style-type: none"> 1. An admission assessment (A0250=01) with an entry date (A0220) during the denominator time window; 2. A discharge assessment (A0250=10 or 11) with a discharge date (A0270) during the denominator time window. <p>Denominator Time Window Between October 1 and March 31.</p> <p>Exclusions</p> <ol style="list-style-type: none"> 1. Patients are excluded from the denominator if they were not in the facility (O0250C=1) during the denominator time window. 2. LTCHs with denominator counts of less than 20 in the sample will be excluded from public reporting owing to small sample size. 3. All patients under age 6 months will be excluded. |

¹ The use of the words “resident” and “short-stay” in the title of this measure refer to the use of this measure in the skilled nursing facility/nursing home setting. This measure is also NQF-endorsed for use in the Long Term Care Hospital (LTCH) setting (<http://www.qualityforum.org/QPS/0680>) and finalized for reporting by Long-Term Care Hospitals (LTCHs) under the LTCH Quality Reporting Program (*Federal Register* 77 (31 August 2012): 53624-53627. Web. <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>). CMS does not imply that the LTCH patient is a “resident” or that a stay in a LTCH is a “short stay”.

² Beginning on October 1, 2012, LTCHs began to use a data collection document entitled the “LTCH Care Assessment and Continuity Record (CARE) Data Set” as the vehicle by which to collect the data for the LTCH quality reporting program. This LTCH CARE Data Set is being revised to include the following section: Special Treatments, Procedures, and Programs to include Item O0250 to allow for collection of data for this measure. (FRN 78 21955 through 21956 published April 12, 2013 solicits public comment on additions and updates to the LTCH CARE Data Set V 2.01 which contains item O0250. For a copy of LTCH CARE Data Set V 2.01, visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS1252160.html> or see [Appendix C of this manual](#). CMS proposes effective date of April 1, 2014 in the FY2014 IPPS/LTCH PPS proposed rule (http://www.ofr.gov/OFRUpload/OFRData/2013-10234_PI.pdf) for LTCH CARE Data Set V 2.01.