

Draft Measure Information Forms

Development, Implementation, and Maintenance of Quality Measures for the Programs of All-Inclusive Care for the Elderly (PACE)

**Contract No.:
HHSM-500-2013-130061**

**Order No.:
HHSM-500-T0002**

**Project No.:
2602-000**

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June 29, 2015

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Chapter 1. Fall Measures

A. Measure Information Form for Fall Rate

Project Title

Development, Implementation, and Maintenance of Quality Measures for PACE

Project Overview

The current health care system does not consistently deliver high-quality care for every participant at every opportunity, resulting in gaps in the quality of care provided. One way that the Centers for Medicare & Medicaid Services (CMS) carries out its obligation to drive improvement in the health care system is through the development and use of quality measures and related activities. The purpose of this project is to develop, implement, and align measures for PACE.

Descriptive Information

Date: June 29, 2015.

Measure Name: Fall Rate.

Measure Type: Outcome.

Brief Description of Measure:

Fall Definition: A participant fall is defined as a sudden, unanticipated descent in which a participant comes to rest on the floor or some other surface, person, or object, regardless of injury, assistance, or location.

Participant Days Definition: Use the PACE site participant census for each day in the month, summed across days. This represents the exposure of participants to the risk of falling. NOTE: A part-time participant on a given day will be counted as “one participant day.”

Calculation: $(\text{Total falls} \times 1,000) / \text{participant days}$.

The Fall Rate is an incidence rate. The numerator is multiplied by 1,000 to standardize the rate. PACE programs will collect the data monthly, but the data will be aggregated to a quarterly rate for reporting.

The target population is all participants in the PACE site census during the month, regardless of their location. That is, participants who were in long-term care, emergency rooms, hospitals, or otherwise away from home are to be included.

If Paired or Grouped: The Fall Rate is not paired or grouped.

Subject/Topic Area: Patient/Participant safety measure.

Crosscutting Areas: None.

Measure Specifications

Measure-Specific Web Page: None at this time.

If This Is an eMeasure: Not an eMeasure.

Data Dictionary, Code Table, or Value Sets:

Table 1 presents the data collection sheet for the numerator of the Fall Rate. Table 2 presents the data collection sheet for the denominator of the Fall Rate.

Table 1. Participant Falls Data Collection Sheet

Participant						
Participant No.	Age	Gender	Fall No. for Participant	Documented by	Location of Patient at Time of Fall	Fall Assisted by Clinician or Trained Family Member
	(55–89, 90+, DK = 99)	(M=1, F=2, DK = 99)		(MD = 1, APRN = 2, RN = 3, PA = 4, Other = 5, DK = 99)	(Home = 1, PACE Center = 2, Nursing Facility = 3, Emergency Department = 4, Hospital = 5, In Transit = 6, Other = 7, DK = 99)	(Not assisted = 1, Assisted = 2, Unknown = 99)
001			1			
002			1			
002			2			
DK: Don't know						

Table 2. Denominator Data for Fall Rate

Month	Day	Participant Census
	1	
	2	
	:	
	:	
	31	

For Endorsement Maintenance: New measure, not maintenance endorsement.

Numerator Statement:

Participants in the PACE program who experienced a fall during the month.

Time Period for Data: Data submitted monthly but reported quarterly.

Numerator Details:

A PACE participant fall is a sudden, unanticipated descent in which a participant comes to rest on the floor or some other surface, person, or object.

Inclusion Criteria:

- All PACE participant falls occurring in *any location, including their own home, long-term care facilities, assisted living facilities, emergency rooms, hospitals, outside visits to health care provider, or otherwise away from home*, will be included in the count of falls. Sites will document the participant's location at the time of the fall so they can assess where most falls occur.
- Participants who fall (or sink) back to a bed, chair, car seat, walker seat, or toilet are *included in the count of falls*.
- Participants who are assisted to the floor by a care provider (*assisted fall*) are to be included in the count of falls.

Exclusion Criteria:

- Falls by staff, visitors, or others who were not PACE participants.

Denominator Statement: Sum of the daily participant census during the month.

Target Population Category:

PACE participants. Participants may be categorized by the National Quality Forum (NQF) as Populations at Risk: Dual Eligible Beneficiaries, individuals with Multiple Chronic Conditions, and those in Senior Care.

Denominator Details:

Total number of PACE participant days during the calendar month. This is calculated as *the sum of the PACE site participant census for each day in the month.*

Denominator Exclusions: None

Denominator Exclusion Details: None.

Stratification Details/Variables:

Stratification will be based on characteristics of PACE programs, including caseload size, location, region of the country and academic affiliation, and years of operation.

- Caseload size varies significantly across PACE sites. Categories of caseload size will be determined after we gather information on the size of each program and size of fluctuations over the course of a year. With just over 100 PACE programs, we anticipate having no more than 3 categories so that there is a sufficient sample size to produce reliable rates in each group.

Per the U.S. Office of Management and Budget definition:

- Location
 - Metropolitan is a county or group of contiguous counties, of which one or more has a core urban area with a population of 50,000 or more. The counties are linked by social and economic integration.
 - Micropolitan is a county or group of contiguous counties, of which one or more has an urban area with at least 10,000 persons but less than 50,000 population.
 - Non-Metropolitan is a county that is not associated with a Metropolitan or Micropolitan group of counties.
- Academic affiliation will have two categories: Yes and No. Yes indicates a site that is operated by the primary clinical site for a School of Medicine. No indicates that a site is operated by another organization.
- Years of operation for PACE programs vary widely; one program has been in operation for only a few months, while another has been in operation for more than 17 years. Years of Operation is indicated in whole years and months in a partial year. At most, three categories of “Years of Operation” will be identified in order to maintain a sufficient sample in each category to support reliable reporting.

Risk Adjustment Type:

Risk stratification will be used rather than risk adjustment. Stratification will be based on PACE site characteristics. Because PACE participants are frail elderly in each site, they may be considered a single population, not requiring risk adjustment to account for different populations across PACE sites.

Two demographic variables—age and gender—will be collected so that the potential for sociodemographic adjustment can be assessed.

- Age is defined as the participant age at the end of the reporting month. It is to be recorded in single years from 55 through 89. To comply with HIPAA requirements, all participants aged 90 and above will be top coded at 90.
- Gender is to be classified as male or female.

Detailed Risk Model Specifications: Not applicable.

Type of Score: Ratio.

Interpretation of Score: Better quality is associated with a lower score.

Calculation Algorithm/Measure Logic:

The Fall Rate is calculated as the number of falls to PACE participants per 1,000 participant days during a calendar quarter. Data are collected monthly. The calculation steps are as follows:

1. Sum the number of falls for each of the 3 months in the quarter.
2. Multiply the numerator by 1,000. This step merely facilitates interpretation of results because it reduces leading zeros in the rate.
3. List the number of PACE site participants in the census for each day in the months included in the quarter.
4. Sum the number of participants across each day.
5. Sum the number of participant days in each month.
6. Rate calculation: $(\text{Number of falls} \times 1,000) / (\text{Total number of participant days})$.

Calculation Algorithm/Measure Logic Diagram URL or Attachment:

None provided, as the calculations are simple and straightforward.

Sampling: No sampling is involved in data gathering for the Fall Rate.

Survey/Patient-Reported Data: None.

Missing Data:

Falls and Participant Days are collected by month so that the impact of missing data can be reduced. PACE sites that fail to report data for 1 month, the same month for both the numerator and denominator, will have their quarterly rates based on 2 months of data. PACE programs that fail to report data for 2 months out of the quarter will not have rates calculated, as a 1-month sample decreases the reliability and potentially the validity of the data to an unacceptably low level.

All of the data elements in the data collection sheet presented are required.

Data Source or Collection Instrument:

The data collection instrument was presented in Tables 1 and 2. Data are to be collected from participant clinical records, both paper and electronic. The data sources are participant clinical

records from clinicians affiliated with the PACE program, including registered nurses (RNs), physical therapists (PTs), occupational therapists (OTs), physicians (MDs and DOs), nurse practitioners (NPs), and physician assistants (PAs). If the PACE participant was in an institutional setting during the reporting period, include falls documented in the clinical records from the institution, whether a hospital, emergency room, nursing home, skilled nursing facility, rehabilitation, or some other institutional setting. Data collectors should extract fall information from clinical records in those organizations as well.

Participant Days data are to be collected from participant census data. Data collectors should record the number of PACE participants on each day in the quarter and note this information in the form presented in Table 2. Partial days count as 1 day for the purpose of this measure.

Data Source or Collection Instrument (Reference): Not applicable.

Level of Analysis:

The individual PACE Site is the unit of analysis. The fall rates represent one aspect of the quality of care provided by PACE programs.

Care Setting:

PACE programs provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE centers regularly (at least 3 days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital) for any duration, the PACE program continues to be responsible for the participant. Therefore, the PACE program does not fit within the list of care settings put forth by NQF. PACE programs are a combination of home care, community-based care, and institutional care.

Composite Performance Measure: The Fall Rate is not a composite measure.

B. Measure Information Form for Falls With Injury Rate

Project Title

Development, Implementation, and Maintenance of Quality Measures for PACE

Project Overview

The current health care system does not consistently deliver high-quality care for every participant at every opportunity, resulting in gaps in the quality of care provided. One way that CMS will carry out its obligation to drive improvement in the health care system is through the development and use of quality measures and related activities. The purpose of this project is to develop, implement, and align measures for PACE.

Descriptive Information

Date: June 29, 2015.

Measure Name: Falls With Injury Rate for PACE Participants.

Measure Type: Outcome.

Brief Description of Measure:

Falls With Injury Definition: A fall with injury is defined as a sudden, unanticipated descent in which a participant comes to rest on the floor or some other surface, person, or object and suffers an injury. All falls with injury are to be included in the count, regardless of whether the fall was assisted or the location of the participant at the time of the fall.

Participant Days Definition: This is the PACE site participant census for each day in the month, summed across days. This represents the exposure of participants to the risk of falling. NOTE: A part-time participant on a given day will be counted as “one participant day.”

Definition of Injury Levels: Consistent with the NQF-endorsed Falls With Injury Rate measure, injury levels should be assessed 24 hours after the fall and be categorized as follows:

- **None:** Participant had no injuries (no signs or symptoms) resulting from the fall, if an x-ray, CT scan, or other post-fall evaluation results in a finding of no injury.
- **Minor:** Resulted in application of dressing, cleaning wound, ice, limb evaluation, topical medication, pain, bruise, or abrasion.
- **Moderate:** Resulted in wound treatment such as suturing, skin glue, steri-strips, or splint; possible muscle or joint strain.
- **Major:** Resulted in fracture, surgery, casting, traction, or required neurological or internal injury consultation; possibly resulting in hospitalization; possibly resulting in permanent loss of function.
- **Death:** Participant died a result of injuries from the fall.

Calculation: $(\text{Total Falls With Injury} \times 1,000) / \text{participant days}$.

The Falls With Injury Rate is an incidence rate. The numerator is multiplied by 1,000 to standardize the rate. PACE programs will collect the data monthly, and analysts will aggregate the data to a quarterly rate.

The target population is all participants in the PACE site census during the month, regardless of their location. That is, participants who were in long-term care, emergency rooms, hospitals, or otherwise away from home are to be included. The denominator, representing exposure to having a fall, is the sum of the daily participant census in a given month.

If Paired or Grouped: The Falls With Injury Rate is not paired or grouped.

Subject/Topic Area: Patient/Participant safety measure.

Crosscutting Areas: None.

Measure Specifications

Measure-Specific Web Page: None at this time.

If This Is an eMeasure: Not an eMeasure.

Data Dictionary, Code Table, or Value Sets:

Table 3 presents the data collection sheet for the numerator of the Falls With Injury Rate. Table 4 presents the data collection sheet for the denominator of the Falls With Injury Rate.

Table 3. Participant Falls With Injury Rate Data Collection Sheet

Participant No.	Participant						
	Age	Gender	Fall No.	Documented by	Location of Patient at Time of Fall	Fall Assisted by Clinician or Trained Family Member	Injury Level
	(55–89, 90+, DK = 99)	(M = 1, F = 2, DK = 99)		(MD=1, APRN = 2, RN = 3, PA = 4, Other = 5, DK = 99)	(Home=1, PACE Center = 2, Nursing Facility = 3, Emergency Department = 4, Hospital = 5, In Transit = 6, Other = 7, DK = 99)	(Not assisted = 1, Assisted = 2, Unknown = 99)	(None = 1, Minor = 2, Moderate = 3, Major = 4, Death = 5, DK = 99)
001			1				
001			2				
002			1				
002			2				
002			3				
DK: Don't know							

Table 4. Denominator Data for Falls With Injury Rate

Month	Day	Participant Census
	1	
	2	
:	:	
	:	
	31	

For Endorsement Maintenance: New measure, not maintenance endorsement.

Numerator Statement:

Number of participants in the PACE program who experienced a fall with injury during the month.

Time Period for Data: Data submitted monthly but reported quarterly.

Numerator Details:

A PACE participant fall with injury is a sudden, unanticipated descent in which a participant comes to rest on the floor or some other surface, person, or object, resulting in an injury level of minor or greater.

Inclusion Criteria:

- All PACE participant falls with injury occurring in *any location, including their own home, long-term care facilities, assisted living facilities, emergency rooms, hospitals, outside visits to health care provider, or otherwise away from home*, will be included in the count of falls. Sites will document the participant's location at the time of the fall so that they can assess where most falls occur.
- Participants who fall (or sink) back to a bed, chair, car seat, walker seat, or toilet are *included in the count of falls*.
- Participants who are assisted to the floor by a care provider (*assisted fall*) are to be included in the count of falls.

Exclusion Criteria:

- Falls by staff, visitors, or others who were not PACE participants.

Denominator Statement: Total number of participant days in the month.

Target Population Category:

PACE participants who may be categorized by NQF as Populations at Risk: Dual Eligible Beneficiaries, individuals with Multiple Chronic Conditions, and those in Senior Care.

Denominator Details:

Total number of PACE participant days during the calendar month is calculated as the sum of PACE site daily census during the month. This represents the exposure of participants to the risk of falling. Include falls to PACE participants regardless of the participant's location at the time of the fall.

Denominator Exclusions: Falls by staff, visitors, or others who were not PACE participants.

Denominator Exclusion Details: None.

Stratification Details/Variables:

Stratification will be based on characteristics of PACE programs, including caseload size, location, region of the country and academic affiliation, and years of operation.

- Caseload size varies significantly across PACE sites. Categories of caseload size will be determined after we gather information on the size of each program and size of fluctuations over the course of a year. With just over 100 PACE programs, we anticipate having no more than 3 categories so that there is a sufficient sample size to produce reliable rates in each group.

Per the U.S. Office of Management and Budget definition:

- Location
 - Metropolitan is a county or group of contiguous counties, of which one or more has a core urban area with a population of 50,000 or more. The counties are linked by social and economic integration.
 - Micropolitan is a county or group of contiguous counties, of which one or more has an urban area with at least 10,000 persons but less than 50,000 population.
 - Non-Metropolitan is a county that is not associated with a Metropolitan or Micropolitan group of counties and in which there is no central city with a population of more than 24,999.
- Academic affiliation will have two categories: Yes and No. Yes indicates a site that is the primary clinical site for a School of Medicine, No indicates that a site is operated by another organization.
- Years of operation for PACE programs vary widely; one program has been in operation for only a few months, while another has been in operation for more than 17 years. Years of Operation is indicated in whole years and months. At most, three categories of "Years of Operation" will be identified in order to maintain a sufficient sample in each category to support reliable reporting.

Risk Adjustment Type:

Risk stratification will be used rather than risk adjustment. Stratification will be based on PACE site characteristics. Because PACE participants are frail elderly in each site, they may be considered a single population, not requiring risk adjustment to account for different populations across PACE sites.

Two demographic variables—age and gender—will be collected so that the potential for sociodemographic adjustment can be assessed.

- Age is defined as the participant age at the end of the reporting month. It is to be recorded in single years from 55 through 89. To comply with HIPAA requirements, all participants aged 90 and above will be top coded at 90.
- Gender is to be classified as male or female.

Detailed Risk Model Specifications: Not applicable.

Type of Score: Ratio.

Interpretation of Score: Better quality is associated with a lower score.

Calculation Algorithm/Measure Logic:

The Falls With Injury Rate is calculated as the number of falls with injury to PACE participants per 1,000 participant days during a calendar quarter. Data are collected monthly and reported quarterly. The calculation steps are as follows:

1. Sum the number of falls with injury for each of the 3 months in the quarter.
2. Multiply the numerator by 1,000. This step merely facilitates interpretation of results because it reduces leading zeros in the rate.
3. List the number of PACE site census for each day for each of the months included in the quarter.
4. Sum the number of participants across each day.
5. Sum the number of participant days in each month.
6. Rate calculation: $(\text{Number of Falls With Injury} \times 1,000) / (\text{Total number of participant days})$.

Calculation Algorithm/Measure Logic Diagram URL or Attachment:

None provided, as the calculations are simple and straightforward.

Sampling: No sampling is involved in data gathering for the Falls With Injury Rate.

Survey/Patient-Reported Data: None.

Missing Data:

Falls with injury and participant days data are submitted monthly so that the impact of missing data can be reduced. PACE programs that fail to report data for 1 month, the same month for both the numerator and denominator, will have their quarterly rates based on 2 months of data. PACE programs that fail to report data for 2 months out of the quarter will not have rates calculated, as a 1-month sample decreases the reliability and potentially the validity of the data to an unacceptable level.

All of the data elements in the sample data collection sheet presented are required.

Data Source or Collection Instrument:

The data collection instrument was presented in Tables 3 and 4. Data are to be collected from participant clinical records, both paper and electronic. The data sources are participant clinical records from clinicians affiliated with the PACE program, including RNs, PTs, OTs, physicians (MDs and DOs), NPs, and PAs. If the PACE participant was in an institutional setting during the reporting period, include participant clinical records from the sites, whether a hospital, an emergency room, nursing home, skilled nursing facility, rehabilitation, or some other institutional setting. Data collectors should extract falls with injury information from clinical records in those organizations as well.

Participant Days data are to be collected from participant census data. Data collectors should record the number of PACE participants on each day in the quarter and record this information in the form presented in Table 4. Partial days count as 1 day for the purpose of this measure.

Data Source or Collection Instrument (Reference): Not applicable.

Level of Analysis:

The individual PACE Program is the unit of analysis. The Falls With Injury Rate represents one aspect of the quality of care provided by PACE programs.

Care Setting:

PACE programs provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE centers regularly (at least 3 days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital) for any duration, the PACE program continues to be responsible for the participant. Therefore, the PACE program does not fit within the list of care settings put forth by NQF. PACE programs are a combination of home care, community-based care, and institutional care.

Composite Performance Measure: The Falls With Injury Rate is not a composite measure.

Chapter 2. Pressure Ulcers

A. Measure Information Form for Pressure Ulcers

Project Title

Development, Implementation, and Maintenance of Quality Measures for PACE

Project Overview

The current health care system does not consistently deliver high-quality care for every participant at every opportunity, resulting in gaps in the quality of care provided. One way that CMS carries out its obligation to drive improvement in the health care system is through the development and use of quality measures and related activities. The purpose of this project is to develop, implement, and align measures for PACE.

Descriptive Information

Date: June 29, 2015.

Measure Name: Pressure Ulcer Prevalence Rate.

Measure Type: Outcome.

Brief Description of Measure:

A pressure ulcer is localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure or pressure in combination with shear.

Numerator:

The total number of participants that have a documented pressure ulcer (of any stage) during the month, multiplied by 1,000.

Denominator:

Number of PACE participants whose medical records were reviewed for evidence of pressure ulcers at the end of the month. NOTE: The number should be 100 percent of the population available for review at the time of data collection.

The primary measure is the Total Pressure Ulcer Rate and it is useful to describe the amount of care PACE clinical staff must provide for pressure ulcer treatment. Two secondary measures may be calculated from the data collected and may be useful for reporting and quality improvement purposes:

- The PACE-Acquired Pressure Ulcer Prevalence Rate: The number of PACE participants with pressure ulcers that were PACE-acquired after enrollment in PACE divided by the number of participants whose records were reviewed. This rate represents the success of PACE programs in preventing pressure ulcers.
- The Pressure Ulcer Stage II+ Rate: The number of PACE participants with PACE-acquired pressure ulcers classified as Stage II, III, IV and unstageable times 1,000 divided by the number of participants whose records were reviewed. This measure is

harmonized with pressure ulcer rates used to assess the quality of other health care institutions.

NOTE: The pressure ulcer rates are based on counts of PACE participants with pressure ulcers, **not** on counts of pressure ulcers.

Two additional data elements are collected for the pressure ulcer measure:

- The first, Pressure Ulcer Development Time, indicates whether the pressure ulcer was present upon enrollment in PACE or acquired after enrollment in PACE.
- The second, Location of PACE Participant when the PACE-acquired pressure ulcer developed: at home, in hospital, in a nursing home, in a rehabilitation center, or in some other institutionalized setting.

If Paired or Grouped: Not paired or grouped.

Subject/Topic Area: Patient/Participant safety.

Crosscutting Areas: None.

Measure Specifications

Measure-Specific Web Page: None at this time.

If This Is an eMeasure: Not an eMeasure.

Data Dictionary, Code Table, or Value Sets: Presented in Table 5.

Table 5. Pressure Ulcer Rates Data Collection Sheet

Total Number of Participants Whose Records Were Reviewed						
Participant With Pressure Ulcer No.	Age	Gender	Pressure Ulcer No.	Pressure Ulcer Development Time	Location of PACE Participant When Pressure Ulcer Developed	Pressure Ulcer Stage
	(55–89, 90+, DK = 99)	(M=1, F=2, DK = 99)		Present on enrollment in PACE = 1, Acquired while enrolled in PACE = 2, DK = 99	At home = 1, ER = 2, Hospital = 3, Nursing Home = 4, Rehabilitation = 5, Other = 6, DK = 99	Stage I = 1, Stage II = 2, Stage III = 3, Stage IV = 4, Unstageable = 5, DK=99
001			1			
001			2			
002			1			
002			2			
003			1			
003			2			
DK: Don't know						

For Endorsement Maintenance: This is a new measure.

Numerator Statement:

The total number of participants that have a documented pressure ulcer of Stage I, II, III, IV, or unstageable during the month x 1,000.

Time Period for Data: Monthly data aggregated to quarterly reporting periods.

Numerator Details:

Pressure ulcers are characterized by stage:

- **Stage I:** Non-blanchable erythema. Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

- *Further Description:* The area may be painful, firm, soft, warmer, or cooler as compared to adjacent tissue. May indicate “at risk” persons. Stage I may be difficult to detect in individuals with dark skin tones.
- **Stage II:** Partial-thickness loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or serosanguineous blister.
 - *Further description:* Presents as a shiny or dry shallow ulcer without slough or bruising. This stage should not be used to describe skin tears, tape burns, perineal (incontinence associated) dermatitis, maceration, or excoriation.
- **Stage III:** Full-thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
 - *Further description:* The depth of a Stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput, and malleolus do not have subcutaneous tissue, and Stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep Stage III pressure ulcers. Bone/tendon is not visible or directly palpable.
- **Stage IV:** Full-thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.
 - *Further description:* The depth of a Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput, and malleolus do not have subcutaneous tissue, and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon, or joint capsule), making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.
- **Unstageable:** Full-thickness tissue loss—depth unknown. The base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed.
 - *Further description:* Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable eschar (dry, adherent, intact without erythema or fluctuance).

Numerator Exclusions:

Do not count participants who have other kinds of skin breakdown (e.g., diabetic ulcers, Kennedy terminal ulcers) that are not pressure ulcers.

Denominator Statement:

Number of PACE participants whose medical records were reviewed for evidence of pressure ulcers.

Target Population Category:

PACE participants who may be categorized by NQF as Populations at Risk: Dual Eligible Beneficiaries, individuals with Multiple Chronic Conditions, and those in Senior Care.

Denominator Details:

Number of participants on the PACE site census during the month whose clinical records were reviewed for evidence of pressure ulcers.

Denominator Exclusions: Persons not enrolled in the PACE program.

Denominator Exclusion Details: Nothing further.

Stratification Details/Variables: Rates to be risk stratified, not risk adjusted.

Risk Adjustment Type:

Risk stratification will be used rather than risk adjustment. Stratification will be based on PACE site characteristics. Because PACE participants are frail elderly in each site, they may be considered a single population, not requiring risk adjustment to account for different populations across PACE sites.

Two demographic variables—age and gender—will be collected so that the potential for sociodemographic adjustment can be assessed.

- Age is defined as the participant age at the end of the reporting month. It is to be recorded in single years from 55 through 89. To comply with HIPAA requirements, all participants aged 90 and above will be top coded at 90.
- Gender is to be classified as male or female.

Detailed Risk Model Specifications: Not applicable.

Type of Score: Percentage.

Interpretation of Score: Lower scores indicate better quality.

Calculation Algorithm/Measure Logic:

Simple percentage.

1. Sum the number of PACE participants whose clinical records documented the presence of one or more pressure ulcers during each of the 3 months in the quarter.
2. Sum the monthly number of participants with pressure ulcers to produce the numerator of the quarterly rate.
3. Sum the unduplicated number of participants whose clinical records were reviewed in the quarter.
4. Divide the quarterly number of participants with pressure ulcers by the unduplicated count of participants whose records were reviewed.

Calculation Algorithm/Measure Logic Diagram URL or Attachment:

None provided, as the calculations are simple and straightforward.

Sampling:

No sampling. Data to be collected from all PACE participants, subject to the exclusions listed above.

Survey/Patient-Reported Data: Neither.

Missing Data:

Pressure ulcer data are submitted quarterly so that the impact of missing data can be reduced. PACE sites that fail to report data for 1 month, the same month for both the numerator and denominator, will have their quarterly rates based on 2 months of data. PACE sites that fail to report data for two months out of the quarter will not have rates calculated, as a 1-month sample decreases the reliability and potentially the validity of the data to an unacceptable level.

Data Source or Collection Instrument:

The data collection instrument was presented in Table 5. Data are to be collected from documentation in participant clinical records, both paper and electronic. The data sources are participant records from clinicians affiliated with the PACE program, including physicians (MDs and DOs), NPs, and PAs. If the PACE participant was in an institutional setting during the reporting period, include patient clinical records from the site, whether a hospital, emergency room, nursing home, skilled nursing facility, or rehabilitation setting. Data collectors should extract pressure ulcer information documented in the clinical records in those organizations as well.

Data Source or Collection Instrument (Reference): Not applicable.

Level of Analysis: The PACE program site is the unit of analysis.

Care Setting:

PACE programs provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE centers regularly (at least 3 days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital) for any duration, the PACE program continues to be responsible for the participant. Therefore, the PACE program does not fit within the list of care settings put forth by NQF. PACE programs are a combination of home care, community-based care, and institutional care.

Composite Performance Measure: Not a composite measure.

B. Measure Information Form for Pressure Ulcer Prevention

Project Title

Development, Implementation, and Maintenance of Quality Measures for PACE

Project Overview

The current health care system does not consistently deliver high-quality care for every participant at every opportunity, resulting in gaps in the quality of care provided. One way that CMS carries out its obligation to drive improvement in the health care system is through the development and use of quality measures and related activities. The purpose of this project is to develop, implement, and align measures for PACE.

Descriptive Information

Date: June 29, 2015.

Measure Name:

Pressure Ulcer Prevention Set For Participants With Pressure Ulcers.

1. Pressure ulcer risk assessment conducted in the current month or preceding month.
2. For those participants who were determined to be at risk, pressure ulcer prevention was included in plan of care.
3. For those at risk and with a plan of care, pressure ulcer prevention plan of care has been implemented.

Measure Type: Process.

Brief Description of Measure:

Recommendations from clinical practice guidelines on pressure ulcers include the identification of individuals at risk and early implementation of prevention interventions to prevent pressure ulcer occurrence. In most at-risk participants, interventions to reduce pressure, friction, and shear and to mitigate other risk factors (immobility, incontinence, impaired nutrition, etc.) will decrease pressure ulcer development and the worsening of existing pressure ulcers. Pressure ulcer prevention requires multidisciplinary effort and administrative support.

If Paired or Grouped:

The three measures presented herein are grouped and are subsets of the preceding measure. Specifically, only participants who have had a pressure ulcer risk assessment in the last 2 months will also have reportable data for measure number 2. If they had an assessment and were determined to be at risk, the information on the plan of care will be recorded. Finally, only participants who were assessed, were found to be at risk, and had a plan of care would have information on whether or not the plan had been implemented. Conversely, participants who have not had a pressure ulcer risk assessment conducted within 2 months or who have been assessed and found to be not at risk will not have information recorded on the plan of care or implementation of a plan. Participants who had a risk assessment, were at risk, but had no plan of care documented would not have any information reported for implementation of the plan.

Subject/Topic Area: Patient/Participant safety.

Crosscutting Areas: None.

Measure Specifications

Measure-Specific Web Page: None at this time.

If This Is an eMeasure: Not an eMeasure.

Data Dictionary, Code Table, or Value Sets: Presented in Table 6.

Table 6. Pressure Ulcer Prevention Data Collection Sheet

Total Number of Participants Whose Records Were Reviewed						
Participant No.			Pressure Ulcer Prevention			
			Pressure Ulcer Risk Assessment Conducted in Current or Preceding Month	At-Risk for Pressure Ulcers in Last Risk Assessment	At-Risk for Pressure Ulcers and a Prevention Plan of Care	Pressure Ulcer Prevention Plan Was Implemented
			(1 = yes, 2 = no, DK = 99)	(1 = yes, 2 = no, 3 = no risk assessment conducted, DK = 99)	(1 = yes, 2 = no, 3 = no risk assessment conducted or were not at risk, DK = 99)	(1 = yes, 2 = no, 3 = no risk assessment conducted, not at risk, or no plan of care documented, DK = 99)
001						
002						
003						
004						
DK: Don't know						

For Endorsement Maintenance: These are new measures.

Pressure Ulcer Risk Assessment Conducted in Current or Preceding Month

Time Period for Data: Monthly data aggregated to quarterly reporting periods.

Numerator Statement:

Number of participants who had a pressure ulcer risk assessment conducted in the current or preceding month.

Numerator Details:

Data collected from participant clinical records for participants with pressure ulcers. Response options are “Yes” there had been a risk assessment or “No” there had not been, or “Don’t Know.”

Denominator Statement:

Number of participants whose charts were reviewed for pressure ulcer information.

Target Population Category:

PACE participants who may be categorized by NQF as Populations at Risk: Dual Eligible Beneficiaries, individuals with Multiple Chronic Conditions, and those in Senior Care.

Denominator Details:

Number of participants on the PACE site census for the month whose clinical records were reviewed for evidence of pressure ulcers.

Denominator Exclusions:

- Participants whose clinical charts were not reviewed.
- Participants without pressure ulcers.

Denominator Exclusion Details: Nothing further.

Stratification Details/Variables:

Rates to be risk stratified, not risk adjusted. Stratification variables that are characteristics of the PACE site, described above in the pressure ulcer rate description, will be used.

Risk Adjustment Type: Not applicable.

Detailed Risk Model Specifications: Not applicable.

Type of Score: Ratio.

Interpretation of Score: Higher scores indicate better quality.

Calculation Algorithm/Measure Logic:

1. Sum the number of participants with pressure ulcers who had been assessed for pressure ulcer risk in the current or preceding month.
2. Create an unduplicated count (across months) of the number of PACE participants who received a pressure ulcer risk assessment.

3. Sum the unduplicated monthly numbers to produce the numerator of the quarterly rate.
4. Sum the unduplicated number of participants whose clinical records were reviewed in the quarter.
5. Divide the quarterly number participants who had a pressure ulcer risk assessment by the count of participants whose records were reviewed.

Calculation Algorithm/Measure Logic Diagram URL or Attachment:

None provided, as the calculations are simple and straightforward.

Sampling:

No sampling. Data to be collected from all PACE participants, subject to the exclusions listed above.

Survey/Patient-Reported Data: Neither.

Missing Data:

Pressure ulcer data are submitted quarterly so that the impact of missing data can be reduced. PACE programs that fail to report data for 1 month will have their quarterly rates based on 2 months of data. PACE programs that fail to report data for 2 months out of the quarter will not have rates calculated, as a 1-month sample decreases the reliability and potentially the validity of the data to an unacceptable level.

Data Source or Collection Instrument:

The data collection instrument was presented in Table 6. Data are to be collected from participant clinical records, both paper and electronic. The data sources are participant records from clinicians affiliated with the PACE program, including physicians (MDs and DOs), NPs, and PAs. If the PACE participant was in an institutional setting during the reporting period, include patient clinical records from the site, whether a hospital, emergency room, nursing home, skilled nursing facility, rehabilitation setting, or other institutional setting. Data collectors should extract pressure ulcer information from clinical records in those organizations as well.

Data Source or Collection Instrument (Reference): Not applicable.

Level of Analysis: The PACE program site is the unit of analysis.

Care Setting:

PACE programs provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE centers regularly (at least 3 days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital) for any duration, the PACE program continues to be responsible for the participant. Therefore, the PACE program does not fit within the list of care settings put forth by NQF. PACE programs are a combination of home care, community-based care, and institutional care.

Composite Performance Measure: Not a composite measure.

Pressure Ulcer Prevention Plan of Care

Time Period for Data: Monthly data aggregated to quarterly reporting periods.

Numerator Statement:

Participants at risk of pressure ulcers for whom a clinician-ordered plan of care includes interventions to prevent pressure ulcers.

Numerator Details:

Data collected from participant clinical records that were reviewed for evidence of pressure ulcers. Clinician-ordered pressure ulcer prevention plan of care documented in clinical record.

Denominator Statement:

Number of participants who are determined to be at risk for pressure ulcers.

Target Population Category:

PACE participants who may be categorized by NQF as Populations at Risk: Dual Eligible Beneficiaries, individuals with Multiple Chronic Conditions, and those in Senior Care.

Denominator Details:

Number of PACE participants enrolled during the month whose clinical records indicated that they had a risk assessment for pressure ulcers and were found to be at risk.

Denominator Exclusions:

Participants whose clinical charts were not reviewed and participants who had a pressure ulcer risk assessment and were determined not to be at risk.

Denominator Exclusion Details: Nothing further.

Stratification Details/Variables:

Rates to be risk stratified, not risk adjusted. Stratification variables described above for Pressure Ulcer Rates

Risk Adjustment Type: Not applicable.

Detailed Risk Model Specifications: Not applicable.

Type of Score: Percentage.

Interpretation of Score: Higher scores indicate better quality.

Calculation Algorithm/Measure Logic:

1. Sum the monthly number of PACE participants at risk for pressure ulcers whose clinical records indicated that a pressure ulcer prevention plan of care had been ordered.
2. Sum the monthly numbers to produce the numerator of the quarterly rate.

3. Sum the unduplicated number of participants whose clinical records were reviewed in the quarter and whose pressure ulcer risk assessment determined that they were at risk for pressure ulcers.
4. Divide the quarterly number of participants with a pressure ulcer prevention plan of care ordered by the number of participants determined to be at risk of pressure ulcers.

Calculation Algorithm/Measure Logic Diagram URL or Attachment:

None provided, as the calculations are simple and straightforward.

Sampling:

No sampling. Data to be collected from all PACE participants, subject to the exclusions listed above.

Survey/Patient-Reported Data: Neither.

Missing Data:

Pressure ulcer data are submitted quarterly so that the impact of missing data can be reduced. PACE programs that fail to report data for 1 month, the same month for both the numerator and denominator, will have their quarterly rates based on 2 months of data. PACE programs that fail to report data for 2 months out of the quarter will not have rates calculated, as a 1-month sample decreases the reliability and potentially the validity of the data to an unacceptable level.

Data Source or Collection Instrument:

The data collection instrument was presented in Table 6. Data are to be collected from participant clinical records, both paper and electronic. The data sources are participant records from clinicians affiliated with the PACE program, including physicians (MDs and DOs), NPs, and PAs. If the PACE participant was in an institutional setting during the reporting period, include patient clinical records from the site, whether a hospital, emergency room, nursing home, skilled nursing facility, or rehabilitation setting. Data collectors should extract pressure ulcer information from clinical records in those organizations as well.

Data Source or Collection Instrument (Reference): Not applicable.

Level of Analysis: The PACE program site is the unit of analysis.

Care Setting:

PACE programs provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE centers regularly (at least 3 days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital) for any duration, the PACE program continues to be responsible for the participant. Therefore, the PACE program does not fit within the list of care settings put forth by NQF. PACE programs are a combination of home care, community-based care, and institutional care.

Composite Performance Measure: Not a composite measure.

Percent of Participants at Risk of Pressure Ulcers Whose Prevention Plan of Care Had Been Implemented

Time Period for Data: Monthly data aggregated to quarterly reporting periods.

Numerator Statement:

Number of participants at risk of pressure ulcers whose prevention plan of care had been implemented.

Numerator Details:

Data collected from participant clinical records that were reviewed for evidence of pressure ulcers included information on risk status, prevention plan, and prevention plan implementation.

Denominator Statement:

Number of participants whose charts were reviewed, who were determined to be at risk for pressure ulcers, and for whom a prevention plan of care had been ordered.

Target Population Category:

PACE participants who may be categorized by NQF as Populations at Risk: Dual Eligible Beneficiaries, individuals with Multiple Chronic Conditions, and those in Senior Care.

Denominator Details:

Number of PACE participants enrolled during the month whose clinical records were reviewed for evidence of pressure ulcers, had been found to be at risk of pressure ulcers, and had a prevention plan of care ordered.

Denominator Exclusions:

Participants whose clinical charts were not reviewed, were not assessed for pressure ulcer risk, or were assessed for risk but no plan of care had been ordered.

Denominator Exclusion Details: Nothing further.

Stratification Details/Variables:

Rates to be risk stratified, not risk adjusted. Stratification variables described above in the section on Pressure Ulcer Rates.

Risk Adjustment Type: Not applicable.

Detailed Risk Model Specifications: Not applicable.

Type of Score: Percentage.

Interpretation of Score: Higher scores indicate better quality.

Calculation Algorithm/Measure Logic:

1. Sum the number of participants in a month who were assessed, found to be at risk of pressure ulcers, had a plan of care ordered, and the plan of care had been implemented.

2. Sum the monthly numbers to produce the numerator of the quarterly rate.
3. Sum the unduplicated monthly number of participants whose clinical records showed that they had been assessed for pressure ulcer risk, were found to be at risk, and had a prevention plan of care ordered.
4. Divide the quarterly number of at risk participants with a prevention plan of care implemented by the count of at-risk participants who had a plan of care ordered.

Calculation Algorithm/Measure Logic Diagram URL or Attachment:

None provided, as the calculations are simple and straightforward.

Sampling:

No sampling. Data to be collected from all PACE participants, subject to the exclusions listed above.

Survey/Patient-Reported Data: Neither.

Missing Data:

Pressure ulcer data are submitted quarterly so that the impact of missing data can be reduced. PACE programs that fail to report data for 1 month, the same month for both the numerator and denominator, will have their quarterly rates based on 2 months of data. PACE programs that fail to report data for 2 months out of the quarter will not have rates calculated, as a 1-month sample decreases the reliability and potentially the validity of the data to an unacceptable level.

Data Source or Collection Instrument:

The data collection instrument was presented in Table 6. Data are to be collected from participant clinical records, both paper and electronic. The data sources are participant records from clinicians affiliated with the PACE program, including physicians (MDs and DOs), NPs, and PAs. If the PACE participant was in an institutional setting during the reporting period, include patient clinical records from the site, whether a hospital, emergency room, nursing home, skilled nursing facility, or rehabilitation setting. Data collectors should extract pressure ulcer information from clinical records in those organizations as well.

Data Source or Collection Instrument (Reference): Not applicable.

Level of Analysis: The PACE program site is the unit of analysis.

Care Setting:

PACE programs provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE centers regularly (at least 3 days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital) for any duration, the PACE program continues to be responsible for the participant. Therefore, the PACE program does not fit within the list of care settings put forth by NQF. PACE programs are a combination of home care, community-based care, and institutional care.

Composite Performance Measure: Not a composite measure.

Chapter 3. 30-Day All-Cause Readmissions

A. Measure Information Form for Readmission

Project Title

Development, Implementation, and Maintenance of Quality Measures for PACE

Project Overview

The current health care system does not consistently deliver high-quality care for every participant at every opportunity, resulting in gaps in the quality of care provided. One way that CMS carries out its obligation to drive improvement in the health care system is through the development and use of quality measures and related activities. The purpose of this project is to develop, implement, and align measures for PACE.

Descriptive Information

Date: June 29, 2015.

Measure Name: 30-Day All-Cause Readmission Rate.

Measure Type: Outcome.

Brief Description of Measure:

The 30-Day All-Cause Readmission Rate is a measure of the quality of the U.S. health care system. Readmissions can result when a patient is discharged too quickly, when community health services are inadequate, or when care coordination is lacking.

The PACE 30-Day All-Cause Unplanned Readmission Rate is defined as the number of inpatient discharges that were followed by an unplanned readmission for any cause within 30 days of the prior (index) discharge divided by the number of discharges for the month.

The values for this measure are “Yes, there was an unplanned readmission” or “No, there was not an unplanned readmission.” Sites will not report on the number of readmissions.

If Paired or Grouped: Not paired or grouped.

Subject/Topic Area: Quality of care.

Crosscutting Areas: None.

Measure Specifications

Measure-Specific Web Page: None at this time.

If This Is an eMeasure: Not an eMeasure.

Data Dictionary, Code Table, or Value Sets: Table 7 represents the data collection sheet.

Table 7. PACE 30-Day All-Cause Readmission Data Collection Sheet

Month of Discharge	Previous Month
Month of Readmission	Current and Previous Months
Year	
Number of Discharges in Month	
Participant No.	Unplanned readmission, within 30 days after index discharge (Yes = 1, No = 2, DK = 99)
1	
2	
3	
	DK: Don't know

For Endorsement Maintenance: No, this is an initial submission.

Time Period for Data: Calendar quarter.

Target Population Category:

The target population is all participants in the PACE program during the month, regardless of their location. That is, participants who were in long-term care, emergency rooms, hospitals, or otherwise away from home are to be included. The denominator, representing exposure to having a readmission, is the total number of days participants were in a PACE program in a given month.

Numerator Statement:

An acute care hospital admission in the same or a different hospital within 30 days following an original discharge (or index discharge).

Numerator Details:

The index discharge shall be the first participant discharge from a hospital in the month preceding the reporting months. Readmission can be for any reason, *except those indicated in the exclusion details*, and to any hospital. Readmissions may occur during the reporting month or the preceding month to allow a 30-day follow-up period after all index discharges.

Denominator Statement: Number of discharges during the month.

Denominator Details:

Number of PACE participants discharged alive from an acute care hospital during the reporting month.

Numerator Inclusions:

- Include participants who died in the hospital during their readmission.

Numerator Exclusions:

Readmissions for the following reasons should be excluded from the count of readmissions:

- A planned readmission, which is determined by the needs of the treatment plan rather than an emergent condition. Examples of planned readmissions include, but are not limited to, regular chemotherapy sessions, elective surgery, and semi-elective procedures such as removal of tumors.
- Initial admission with a discharge of death.
- Second (or subsequent) admission occurs less than 24 hours after the initial discharge.
- Admission to one acute hospital directly after discharge from another acute hospital.
- Readmitted to a PPS-exempt cancer hospital.
- Index discharge was against medical advice (AMA).
- Readmitted for primary psychiatric diagnoses.
- Readmitted for rehabilitation.
- Readmitted for medical treatment of cancer.
- Admitted for an observation stay.
- Admitted to a long-term acute care (LTAC) hospital.

Denominator Exclusions:

The following should be excluded from the count of PACE participant discharges:

- Discharge from a rehabilitation hospital.
- Discharge from an LTAC hospital.
- Discharge from a prospective payment-exempt payment system cancer hospital.
- Discharge from a psychiatric or substance abuse hospital.
- Index discharge was AMA.
- Observation stays.

Denominator Exclusion Details: None.

Stratification Details/Variables:

Stratification will be based on characteristics of PACE programs, including caseload size, location, region of the country and academic affiliation, and years of operation.

- Caseload size varies significantly across PACE sites. Categories of caseload size will be determined after we gather information on the size of each program and size of fluctuations over the course of a year. With just over 100 PACE programs, we anticipate having no more than 3 categories so that there is a sufficient sample size to produce reliable rates in each group.
- Location (defined by the U. S. Office of Management and Budget):

- Metropolitan is a county or group of contiguous counties, of which one or more has a core urban area with a population of 50,000 or more. The counties are linked by social and economic integration.
- Micropolitan is a county or group of contiguous counties, of which one or more has an urban area with at least 10,000 persons but less than 50,000 population.
- Non-Metropolitan is a county that is not associated with a Metropolitan or Micropolitan group of counties and in which there is no central city with a population of more than 24,999.
- Academic affiliation will have two categories: Yes and No. Yes indicates a site that is the primary clinical site for a School of Medicine. No indicates that a site is operated by another organization.
- Years of operation for PACE programs vary widely; one program has been in operation for only a few months, while another has been in operation for more than 17 years. Years of Operation is indicated in whole years and months. At most, three categories of “Years of Operation” will be identified in order to maintain a sufficient sample in each category to support reliable reporting.

Risk Adjustment Type:

Risk stratification will be used rather than risk adjustment. Stratification will be based on PACE site characteristics. Because PACE participants are frail elderly in each site, they may be considered a single population, not requiring risk adjustment to account for different populations across PACE sites.

Risk Adjustment Type: Risk stratification will be used, not risk adjustment.

Detailed Risk Model Specifications: Not applicable.

Type of Score: Ratio.

Interpretation of Score: A lower score indicates higher health care quality.

Calculation Algorithm/Measure Logic:

1. For each PACE participant who was hospitalized during the month preceding the reporting month, identify a participant's first hospital discharge during the month. Participants who were not hospitalized or discharged shall have a value of “0.”
2. Determine the number of PACE participants with one or more readmissions during the month, excluding readmissions identified above. Participants who had one or more readmissions will have a value of “1.” Participants who were not readmitted will have a value of “0.”
3. Sum the number of participants with at least one readmission across PACE participants for each month.
4. Sum the number of participants with a readmission across months.

5. Sum the number of first hospital discharges across PACE participants for each month.
6. Sum the number of first hospital discharges across months.
7. Divide the total quarterly number of participants with a readmission by the total quarterly number of first discharges.

Calculation Algorithm/Measure Logic Diagram URL or Attachment: Not available at this time.

Sampling: No sampling will be implemented.

Survey/Patient-Reported Data: Not applicable.

Missing Data:

Falls and Readmissions are collected by month so that the impact of missing data can be reduced. PACE sites that fail to report data for 1 month, the same month for both the numerator and denominator, will have their quarterly rates based on 2 months of data. PACE programs that fail to report data for 2 months out of the quarter will not have rates calculated, as a 1-month sample decreases the reliability and potentially the validity of the data to an unacceptably low level.

All of the data elements in the sample data collection sheet presented are required.

Data Source or Collection Instrument:

The data collection instrument was presented in Table 7. Data are to be collected from participant clinical records, both paper and electronic. The data sources are participant records from clinicians affiliated with the PACE program, including physicians (MDs and DOs), NPs, and PAs. If the PACE participant was in an institutional setting during the reporting period, include patient clinical records from the site, whether a hospital, emergency room, nursing home, skilled nursing facility, or rehabilitation setting. Data collectors should extract pressure ulcer information from clinical records in those organizations as well.

Data Source or Collection Instrument (Reference): Not applicable.

Level of Analysis: The PACE site is the unit of analysis.

Care Setting:

PACE programs provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE centers regularly (at least 3 days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital) for any duration, the PACE program continues to be responsible for the participant. Therefore, the PACE program does not fit within the list of care settings put forth by NQF. PACE programs are a combination of home care, community-based care, and institutional care.

Composite Performance Measure: Not a composite.