LTCH Compare 2018 Anticipated Refreshes and Data Collection Timeframes

This table provides the data collection timeframes for quality measures displayed on the Long-Term Care Hospital (LTCH) Compare website for Calendar Year (CY) 2018. The first column displays the plain-language measure name used on the Compare website, the second column displays the full technical measure name, the third column displays the reporting cycle which describes the collection period and refresh frequency, and the last four columns contain the timeframe for each quarterly Compare website refresh.

			Data Collection Timeframes Displayed on Compare			
Compare Measure	Technical Measure	Donouting Cycle	March	J 2010	September	December
Name	Name	Reporting Cycle	2018	June 2018	2018	2018
Rate of pressure ulcers	Percent of Residents or	Collection period:	Q2 2016 –	Q3 2016 –	Q4 2016 –	Q1 2017 –
that are new or worsened	Patients with Pressure	Four rolling quarters	Q1 2017	Q2 2017	Q3 2017	Q4 2017
	Ulcers That Are New or	(12 months).				
	Worsened (Short Stay)	Refreshed quarterly.				
	(NQF #0678, CMS ID:					
	L001.01)					
Percent of	Percent of Residents or	Collection period: 12	Q3 2015 –	Q3 2015 –	Q3 2015 –	Q3 2016 –
residents/patients	Patients Who Were	months (July 1	Q2 2016*	Q2 2016	Q2 2016	Q2 2017
assessed and given	Assessed and	through June 30).				
influenza vaccination	Appropriately Given the	Refreshed annually.				
	Seasonal Influenza	, and the second				
	Vaccine (Short Stay)					
	(NQF #0680, CMS ID:					
	L002.01)					
Percentage of patients	Percent of Long-Term	Collection period:	N/A	N/A	Q1 2017 –	Q2 2017 –
whose activities of daily	Care Hospital (LTCH)	Four rolling quarters			Q4 2017	Q1 2018
living and thinking skills	Patients With an	(12 months).				
were assessed and	Admission and	Refreshed quarterly.				
related goals were	Discharge Functional					
included in their	Assessment and a Care					
treatment plan	Plan That Addresses					

			Data Collection Timeframes Displayed on Compare			
Compare Measure Name	Technical Measure Name	Reporting Cycle	March 2018	June 2018	September 2018	December 2018
	Function (NQF #2631, CMS ID: L009.01)					
Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: L009.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	N/A	Q1 2017 – Q4 2017	Q2 2017 – Q1 2018
Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay	Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674, CMS ID: L012.0)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	N/A	N/A	Q1 2017 – Q4 2017	Q2 2017 – Q1 2018
Catheter-associated urinary tract infections (CAUTI)	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: L006.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2016 – Q1 2017	Q3 2016 – Q2 2017	Q4 2016 – Q3 2017	Q1 2017 – Q4 2017
Central line-associated bloodstream infections (CLABSI)	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2016 – Q1 2017	Q3 2016 – Q2 2017	Q4 2016 – Q3 2017	Q1 2017 – Q4 2017

			Data Collection Timeframes Displayed on Compare			
Compare Measure Name	Technical Measure Name	Reporting Cycle	March 2018	June 2018	September 2018	December 2018
	(CLABSI) Outcome Measure (NQF #0139, CMS ID: L007.01)					
Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716, CMS ID: L013.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2016 – Q1 2017	Q3 2016 – Q2 2017	Q4 2016 – Q3 2017	Q1 2017 – Q4 2017
Clostridium difficile Infection (CDI)	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717, CMS ID: L014.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2016 – Q1 2017	Q3 2016 – Q2 2017	Q4 2016 – Q3 2017	Q1 2017 – Q4 2017
Influenza Vaccination Coverage Among Healthcare Personnel	Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431, CMS ID: L015.01)	Collection period: 12 months (July 1 through June 30). Refreshed annually.	Q3 2015 – Q2 2016*	Q3 2015 – Q2 2016	Q3 2015 – Q2 2016	Q3 2016 – Q2 2017

			Data Collection Timeframes Displayed on Compare			
Compare Measure Name	Technical Measure Name	Reporting Cycle	March 2018	June 2018	September 2018	December 2018
Rate of unplanned readmission after discharge from LTCH	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long- Term Care Hospitals (NQF #2512, CMS ID: L008.01)	Collection period: 12 months. Refreshed annually.	Q1 2014 – Q4 2015*	Q1 2014 – Q4 2015	N/A	N/A
Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program (CMS ID: L017.01)	Collection period: 24 months. Refreshed annually.	N/A	N/A	Q4 2015 – Q3 2017*	Q4 2015 – Q3 2017*
Rate of successful return to home and community from an LTCH	Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L018.01)	Collection period: 24 months. Refreshed annually.	N/A	N/A	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017
Medicare Spending Per Beneficiary (MSPB) for patients in LTCHs	Medicare Spending Per Beneficiary Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L019.01)	Collection period: 24 months. Refreshed annually.	N/A	N/A	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017

^{*} Indicates that the display of the measure was suppressed for this refresh for some or all facilities.