

Quality Reporting Program Provider Training



**SKILLED
NURSING
FACILITY**

**QUALITY REPORTING
PROGRAM**

Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Reports/Enhancements and Case Study

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August 13, 2019

Acronyms in This Presentation

- ASAP – Assessment Submission and Processing
- CASPER – Certification and Survey Provider Enhanced Reports
- CMS – Centers for Medicare & Medicaid Services
- FY – Fiscal Year
- LTCH – Long-Term Care Hospital
- MDS – Minimum Data Set
- NQF – National Quality Forum
- NH – Nursing Home

ASAP
CMS
NH
MDS
FY
NQF
LTCH
CASPER



Acronyms in This Presentation (cont.)

- OBRA – Omnibus Budget Reconciliation Act of 1987
- QM – Quality Measure
- QRP – Quality Reporting Program
- RFA – Reason for Assessment
- SB – Swing Bed
- SNF – Skilled Nursing Facility
- SPADE – Standardized Patient Assessment Data Elements

RFA SB
RFA QRP OBRA
QM SNF
SPADE

Objectives

- Describe how to locate the Minimum Data Set (MDS) 3.0 Reports in Certification and Survey Provider Enhanced Reports (CASPER).
- Summarize the data that are available on the Quality Measure (QM), Provider Threshold, Provider Preview Reports, and Review and Correct Reports.
- Describe the purpose of the reports available for the SNF QRP.
- Explain how to use the SNF QRP Reports to perform quality improvement analysis using a case study.



Obtaining Reports

CASPER for MDS 3.0

CASPER MDS 3.0 Reports



For Nursing Home (NH)-Based SNFs

- **NH Provider Report Category:**

- MDS 0003D/0004D Package Report.
- Activity.
- Admission/Reentry.
- Assessments With Error Number XXXX.
- Discharges.
- Error Detail by Facility.
- Error Number Summary by Facility by Vendor.
- Errors by Field by Facility.
- Missing Omnibus Budget Reconciliation Act (OBRA) Assessment.
- NH Assessment Print.
- Reason for Assessment (RFA) Statistics.

CASPER MDS 3.0 Reports (cont. 1)



For NH-Based SNFs

- **NH Provider Report Category:**
 - Roster.
 - Submission Statistics by Facility.
 - Vendor List.
- **NH Final Validation Report Category:**
 - NH Final Validation Report.

CASPER MDS 3.0 Reports (cont. 2)



For Swing Bed (SB)-Based Units

- **SB Provider Report Category:**
 - SB Assessment Print.
 - SB Assessments With Error Number XXX.

- **SB Final Validation Report Category:**
 - SB Final Validation Report.

For NH- and SB-Based Units

- **Submitter Validation Report Category:**
 - Submitter Final Validation Report.
 - ❖ *Available to NH and SB providers.*

How to Obtain the MDS 3.0 Reports in CASPER

 **CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

Welcome to the CMS Systems for Providers

Reminder: The MDS 3.0 System may be down for maintenance the third Sunday of each month. If you experience any problems submitting or retrieving reports, please try again on Monday.

[MDS and ePOC User Registration](#)

 [MDS 3.0 Submissions](#)

[MDS 3.0 Submissions Helpful Hints](#) Posted 11/04/2010

MDS 3.0 Provider User's Guide

CASPER Reporting User's Guide for MDS Providers:

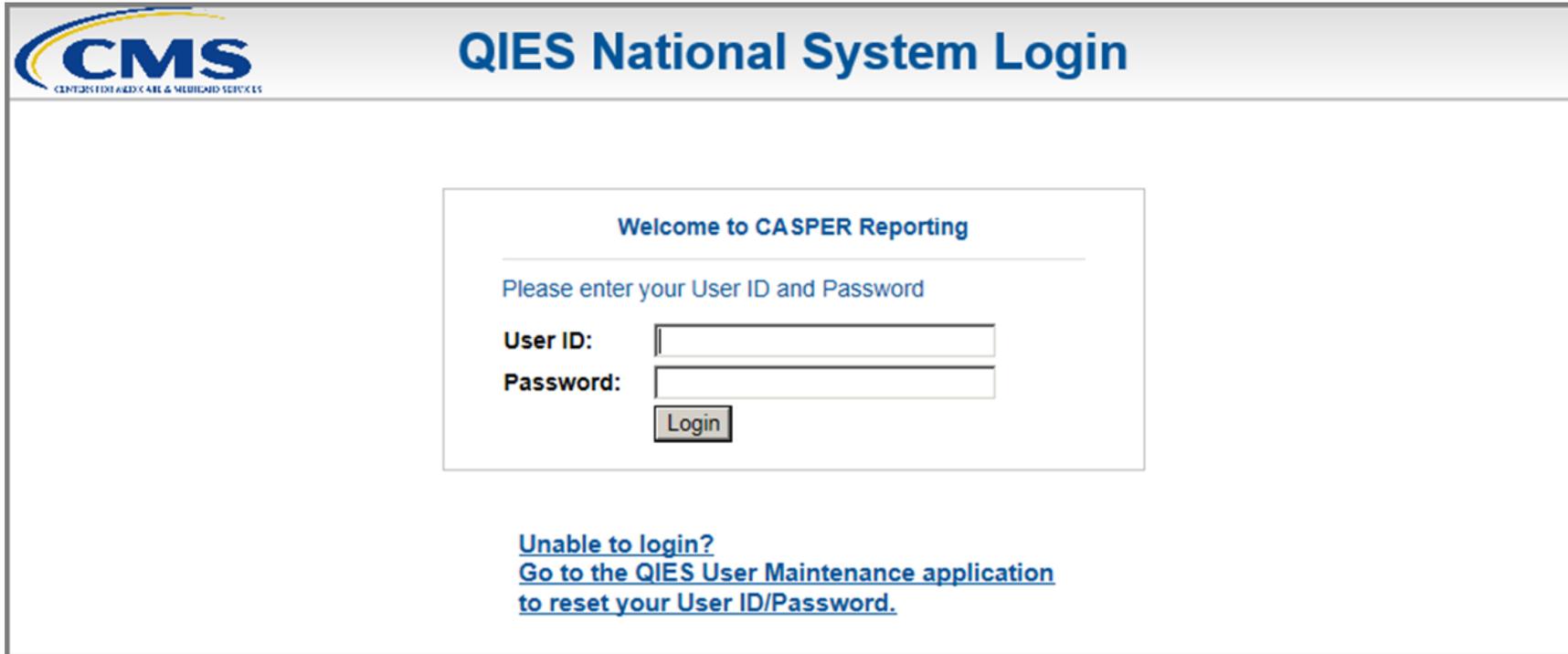
[CASPER Reporting](#) - Select this link to access the Final Validation and Provider reports.

[QIES User Maintenance Application User's Guide](#)

[ASPEN Access \(ePOC\)](#)

[Accessibility Policy](#) | [Privacy Policy](#) | [Help](#)

How to Obtain Reports



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

QIES National System Login

Welcome to CASPER Reporting

Please enter your User ID and Password

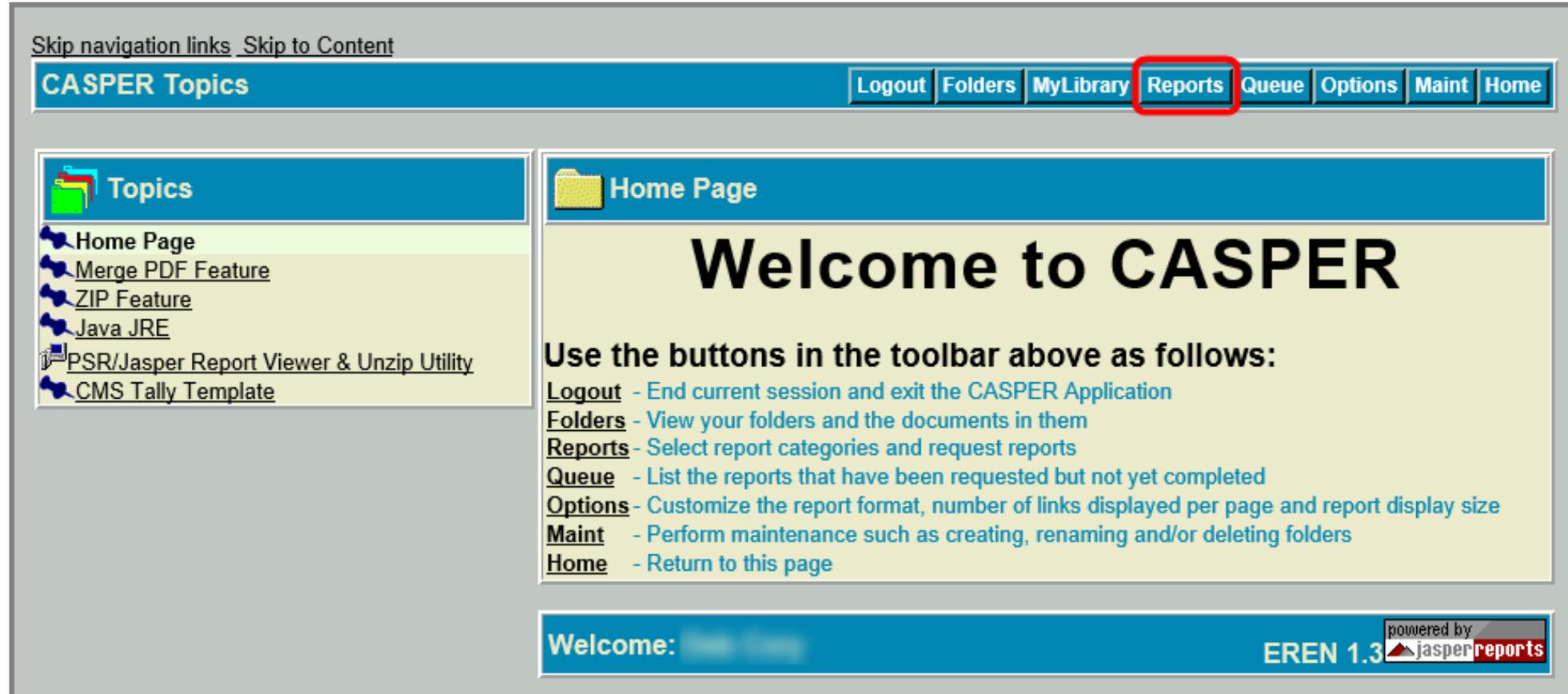
User ID:

Password:

Login

[Unable to login?](#)
[Go to the QIES User Maintenance application to reset your User ID/Password.](#)

How to Obtain Reports (cont. 1)



Skip navigation links [Skip to Content](#)

CASPER Topics [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Topics

- [Home Page](#)
- [Merge PDF Feature](#)
- [ZIP Feature](#)
- [Java JRE](#)
- [PSR/Jasper Report Viewer & Unzip Utility](#)
- [CMS Tally Template](#)

Home Page

Welcome to CASPER

Use the buttons in the toolbar above as follows:

- Logout** - End current session and exit the CASPER Application
- Folders** - View your folders and the documents in them
- Reports** - Select report categories and request reports
- Queue** - List the reports that have been requested but not yet completed
- Options** - Customize the report format, number of links displayed per page and report display size
- Maint** - Perform maintenance such as creating, renaming and/or deleting folders
- Home** - Return to this page

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How to Obtain Reports (cont. 2)

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CASPER Reports Logout Folders MyLibrary Reports Queue Options Maint Home

Report Categories

- [Auto Payroll Based Journal FVR](#)
- [MDS 3.0 NH Asmt Maint](#)
- [MDS 3.0 NH Final Validation](#)
- [MDS 3.0 NH Provider](#)**
- [MDS 3.0 QM Reports](#)
- [MDS 3.0 Submitter Validation](#)
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- [SNF Quality Reporting Program](#)
- [Submitter Final Validation Rpt](#)
- [Utility Reports](#)

MDS 3.0 NH Provider

- [MDS 0003D/0004D Package Report](#) • [MDS 0003D/0004D Package Report](#)
- [MDS 3.0 Activity](#) • [Activity](#)
- [MDS 3.0 Admission/Reentry](#) • [Admission and Reentry](#)
- [MDS 3.0 Assessments with Error Number XXXX](#) • [Assessments with Error Number XXXX](#)
- [MDS 3.0 Discharges](#) • [Discharges](#)
- [MDS 3.0 Error Detail by Facility](#) • [Error Detail by Facility](#)
- [MDS 3.0 Error Number Summary by Facility by Vendor](#) • [Error Number Summary by Facility by Vendor](#)
- [MDS 3.0 Errors by Field by Facility](#) • [Errors by Field by Facility](#)
- [MDS 3.0 Missing Assessment](#) • [OBRA Missing Assessment](#)
- [MDS 3.0 NH Assessment Print](#) • [NH Assessment Print](#)

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Enter Criteria To Search For A Report: [Search](#)
(Hint: Leave blank to list all reports)



How to Obtain Reports (cont. 3)

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CASPER Reports Logout Folders MyLibrary Reports Queue Options Maint Home

Report Categories

- [Auto Payroll Based Journal FVR](#)
- [MDS 3.0 NH Asmt Maint](#)
- [MDS 3.0 NH Final Validation](#)
- [MDS 3.0 NH Provider](#)**
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- [Submitter Final Validation Rpt](#)
- [Utility Reports](#)

MDS 3.0 NH Provider

- [MDS 0003D/0004D Package Report](#) • [MDS 0003D/0004D Package Report](#)
- [MDS 3.0 Activity](#) • [Activity](#)
- [MDS 3.0 Admission/Reentry](#) • [Admission and Reentry](#)
- [MDS 3.0 Assessments with Error Number XXXX](#)** • [Assessments with Error Number XXXX](#)
- [MDS 3.0 Discharges](#) • [Discharges](#)
- [MDS 3.0 Error Detail by Facility](#) • [Error Detail by Facility](#)
- [MDS 3.0 Error Number Summary by Facility by Vendor](#) • [Error Number Summary by Facility by Vendor](#)
- [MDS 3.0 Errors by Field by Facility](#) • [Errors by Field by Facility](#)
- [MDS 3.0 Missing Assessment](#) • [OBRA Missing Assessment](#)
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Enter Criteria To Search For A Report: [Search](#)
(Hint: Leave blank to list all reports)



How to Obtain Reports (cont. 4)

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CASPER Reports Submit [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report: MDS 3.0 Assessments with Error Number XXXX

Date Criteria: ▼

from (mm/dd/yyyy):

thru (mm/dd/yyyy):

Error Number: ▼

- 3807
- 3808
- 3809
- 3810a
- 3810b
- 3810c
- 3810d
- 3810e

Template Folder: ▼

Template Name: ▼



How to Obtain Reports (cont. 5)

Run Date: 06/25/2015
Page 1 of 1



CASPER Report
(IN) MDS 3.0 Assessments with Error Number
-3810a
from 06/01/2015 thru 10/31/2015

Error Number: -3810a - WARNING
Error Description: Record Submitted Late: The submission date is more than 14 days after A1600 on this new (A0050 equals 1) entry tracking record (A0310F equals 01).

Nursing Home
Facility ID: 000450
Facility Name: TRANSCENDENT HEALTHCARE OF BOONVILLE - NORTH
Facility City: BOONVILLE

Submission Date	Resident Name	Assessment ID	Field in Error Value in Error
06/05/2015	[REDACTED]	89631068	A0310F, Submission Date, A1600, A0050 01, 06/05/2015, 01/01/2015, 1
06/05/2015	[REDACTED]	89631069	A0310F, Submission Date, A1600, A0050 01, 06/05/2015, 01/01/2015, 1

This report may contain privacy protected data and should not be released to the public.



Using CASPER Reports for SNF QRP

Activity

Assessments with Error Number XXXX

NH Assessment Print

Using CASPER Reports for SNF QRP (cont. 1)

Activity

Assessments with Error Number XXXX

NH Assessment Print

Using CASPER Reports for SNF QRP (cont. 2)

- **Activity Report:**
 - Details the accepted assessments submitted during a specified time period.
 - Use this report to ensure that all assessments for your residents have been accepted into the Assessment Submission and Processing (ASAP) system.



Using CASPER Reports for SNF QRP (cont. 3)

Activity

Assessments with Error Number XXXX

NH Assessment Print

Using CASPER Reports for SNF QRP (cont. 4)

- **Assessments with Error Number XXXX Report:**
 - Lists the assessments submitted with a specified error for your facility during a specified period.
 - Request this report for one to five error message numbers per report request.
 - Compiles all records that received the selected errors into one report.
 - Prevents need to compile error information from individual final validation reports for a specific time period.
 - Includes the resident's name and assessment ID.
- Request this report to track records that received particular error messages.
 - For example, to monitor the timeliness of assessment completion or submission, request this report for error numbers -3749a, 3749d, 3749e, or 3810d.

Using CASPER Reports for SNF QRP (cont. 5)

Activity

Assessments with Error Number XXXX

NH Assessment Print

Using CASPER Reports for SNF QRP (cont. 6)

- **MDS 3.0 NH Assessment Print Report:**
 - This report details the assessment items and submitted data for a select Assessment ID.
 - Allows you to view the item responses for each MDS 3.0 item for an accepted MDS 3.0 assessment.
 - Easy way to review/verify the responses submitted for the required quality items.



Q₁

Which **MDS 3.0 CASPER** report allows you to view the item responses for each item for an accepted MDS 3.0 assessment?

- A. Error Detail by Facility report.
- B. Assessments with Error Number XXXX report.
- C. NH Assessment Print report.
- D. NH Final Validation report.



Q₁

Which **MDS 3.0 CASPER** report allows you to view the item responses for each item for an accepted MDS 3.0 assessment?

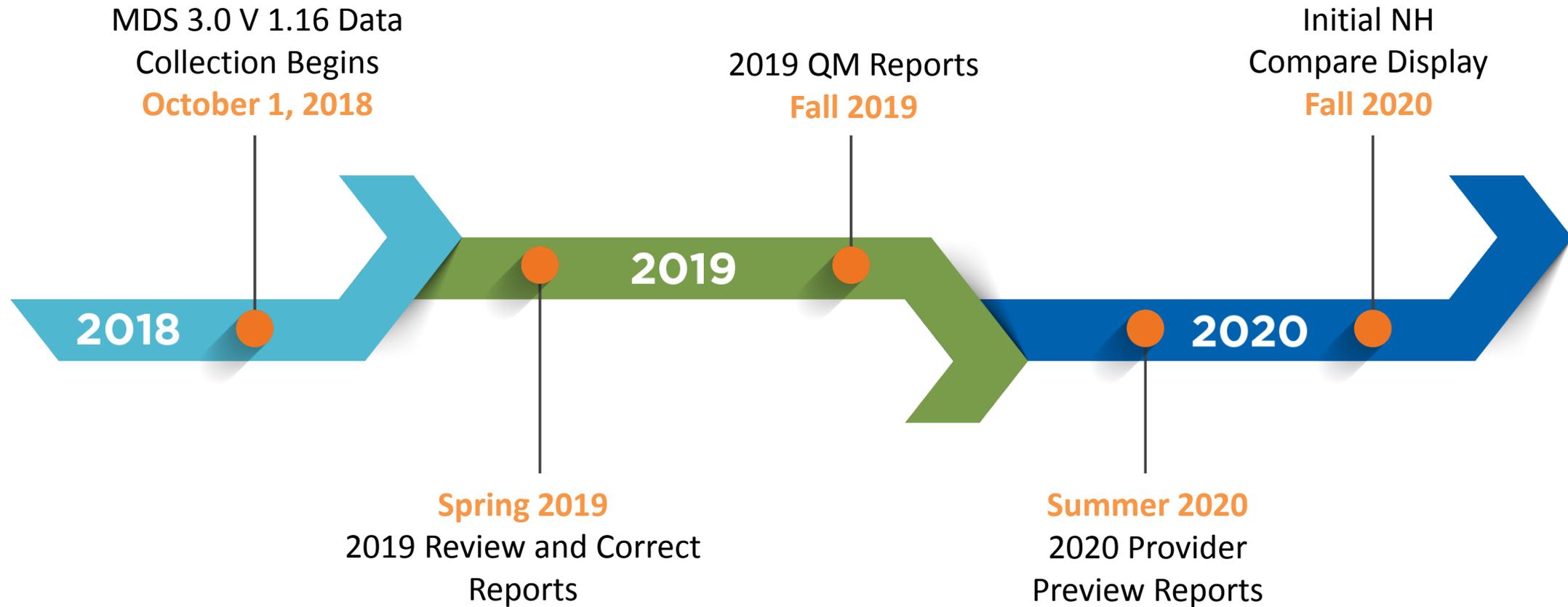
- A. Error Detail by Facility report.
- B. Assessments with Error Number XXXX report.
- C. NH Assessment Print report.**
- D. NH Final Validation report.



SNF QRP QM, Review and Correct, Provider Preview, and Provider Threshold Reports

Confidential Feedback Reports

Reporting Timeline for QMs Implemented October 1, 2018



SNF QRP Reporting Program

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Topics

- Home Page
- Merge PDF Feature
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SNF QRP Reporting Program (cont.)

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Report Categories

- [Auto Payroll Based Journal FVR](#)
- [MDS 3.0 NH Asmt Maint](#)
- [MDS 3.0 NH Final Validation](#)
- [MDS 3.0 NH Provider](#)
- [MDS 3.0 QM Reports](#)
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- [Submitter Final Validation Rpt](#)
- [Utility Reports](#)

SNF Quality Reporting Program

- [SNF Facility-Level Quality Measure Report](#)
 - [SNF Facility-Level Quality Measure Report](#)
- [SNF Provider Threshold Report](#)
 - [SNF Provider Threshold Report](#)
- [SNF Resident-Level Quality Measure Report](#)
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SNF QRP QM Reports

SNF QRP Quality Measure (QM) Reports

- User-requested, on-demand reports.
- Include assessment-based resident-level QM performance data and assessment- and claims-based facility-level QM performance data.
- Providers can specify the reporting periods of their choice and obtain aggregate performance data for the current and past three quarters.
- Include both observed scores and risk-adjusted scores.
- Assessment-based data is refreshed monthly, and claims-based data is refreshed annually.



SNF Facility-Level QM Report

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Report Categories

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- [MDS 3.0 NH Final Validation](#)
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SNF Quality Reporting Program

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SNF Facility-Level QM Report (cont.)

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CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: SNF Facility-Level Quality Measure Report

Begin Date (mm/dd/yyyy): 01/01/2017
End Date (mm/dd/yyyy): 12/31/2017 ▼

Template Folder: My Favorite Reports ▼ Submit Back
Template Name: SNF Facility-Level Quality Measure Report ▼ Save & Submit Save



SNF QRP Facility-Level QM Report: Example 1

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Percent	Comparison Group: National Average
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)	S001.01	55	59	93.2%	97.7%
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	S013.01	2	59	3.4%	0.9%



CASPER Report
SNF QRP Facility-Level Quality Measure Report

Facility ID: [REDACTED]
 CCN: [REDACTED]
 Facility Name: [REDACTED]
 City/State: [REDACTED]

Report Period: 04/01/2018 - 03/31/2019
 Data was calculated on: 02/01/2019
 Comparison Group Period: 04/01/2018 - 03/31/2019
 Report Run Date: 02/12/2019
 Report Version Number: 1.01

Table Legend

Note: Dashes represent a value that could not be computed
 N/A = Not Available

Source: Minimum Data Set 3.0 (MDS 3.0)

This report may contain privacy protected data and should not be released to the public.
 Any alteration to this report is strictly prohibited.



SNF QRP Facility-Level QM Report: Example 2

Measure Name	CMS Measure ID	Number of Readmissions	Number of Eligible Stays	Observed Readmission Rate	Risk Standardized Readmission Rate (RSRR)	National Observed Readmission Rate	Comparative Performance Category
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program	S004.01	1	93	1.08%	6.46%	6.99%	Better than the National Rate



CASPER Report
SNF QRP Facility-Level Quality Measure Report

Page 4 of 5

CCN: [REDACTED]
 Facility Name: [REDACTED]
 City/State: [REDACTED]

Report Period: 10/01/2015 - 09/30/2017
 Data was calculated on: 06/01/2018
 Report Run Date: 02/12/2019
 Report Version Number: 1.01

Table Legend

Note: Dashes represent a value that could not be computed
 N/A = Not Available
 Note: Claims-based measures do not have CASPER Resident-Level Quality Measure reports

Source: Medicare Fee-For-Service Claims

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SNF Resident-Level QM Report

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 **Report Categories**

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- [MDS 3.0 NH Asmt Maint](#)
- [MDS 3.0 NH Final Validation](#)
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 **SNF Quality Reporting Program**

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SNF Resident-Level QM Report (cont.)

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Report: SNF Resident-Level Quality Measure Report

Begin Date (mm/dd/yyyy):

End Date (mm/dd/yyyy): ▼

Template Folder: ▼

Template Name: ▼

[Submit](#) [Back](#)

[Save & Submit](#) [Save](#)



SNF QRP Resident-Level QM Report: Example



CASPER Report
SNF QRP Resident-Level Quality Measure Report

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Facility ID: [REDACTED] **Report Period:** 04/01/2018 - 03/31/2019
CCN: [REDACTED] **Report Run Date:** 02/12/2019
Facility Name: [REDACTED] **Report Version Number:** 1.01
City/State: [REDACTED]

Status Legend
 X: Triggered
 NT: Not triggered
 E: Excluded from analysis based on quality measure exclusion criteria
 N/A: Not available

Quality Measures: Undesirable Outcomes/Processes Not Performed
 Source: Minimum Data Set 3.0 (MDS 3.0)

Resident Name	Resident ID	Admission Date	Discharge Date	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)
[REDACTED]	30263760	06/20/2018	07/31/2018	X	NT
[REDACTED]	30263760	06/06/2018	06/14/2018	X	NT
[REDACTED]	38034266	01/09/2018	04/18/2018	NT	NT
[REDACTED]	45224059	10/12/2018	11/20/2018	NT	NT
[REDACTED]	43886998	05/14/2018	06/01/2018	NT	NT
[REDACTED]	43038213	02/05/2018	04/05/2018	NT	NT

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 Any alteration to this report is strictly prohibited.



Review and Correct Report

Review and Correct Report

- User-requested, on-demand reports.
- Includes assessment-based resident- and facility-level QM performance data.
- Providers can specify the reporting periods of their choice and obtain aggregate performance data for the current and past three quarters.
- Includes only observed scores.
- Assessment-based data is refreshed weekly.



SNF Review and Correct Report

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Enter Criteria To Search For A Report: [Search](#)
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SNF Review and Correct Report (cont.)

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: SNF Review and Correct Report

Begin Date: Q2 2018
End Date: Q1 2019

*Quality Measures:
Select All
Pressure Ulcers
Application of Falls
Application of Functional Assessment/Care Plan
DRR
Pressure Ulcer/Injury
Discharge Self-Care Score
Discharge Mobility Score
Change in Self-Care Score
Change in Mobility Score

Include Resident-Level Data

* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports
Template Name: SNF Review and Correct Report

Submit Back
Save & Submit Save



SNF Review and Correct Report with Resident-Level Data Included

Skip navigation links

CASPER Reports Submit [Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report: SNF Review and Correct Report

Begin Date: Q2 2018
End Date: Q1 2019

*Quality Measures: [Select All](#)
Pressure Ulcers
Application of Falls
Application of Functional Assessment/Care Plan
DRR
Pressure Ulcer/Injury
Discharge Self-Care Score
Discharge Mobility Score
Change in Self-Care Score
Change in Mobility Score
 Include Resident-Level Data
 Generate Resident-Level Data CSV

*Status: Triggered
Not Triggered
Excluded
Dash

*Reporting Quarter: Q1 2019
Q4 2018
Q3 2018
Q2 2018

Data Correction Status: Both Open Closed
Primary Sort By: Discharge Date Reverse Default Sort Order

* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports [Submit](#) [Back](#)
Template Name: SNF Review and Correct Report [Save & Submit](#) [Save](#)

Data Submission Requirements

Data must be submitted/corrected by the following final submission deadlines:

Data Source	Data Collection Time Frame	Final Submission Deadline
Assessment-Based QMs	January 1 – March 31	August 15
	April 1 – June 30	November 15
	July 1 – September 30	February 15
	October 1 – December 31	May 15
Claims-Based QMs	No additional data submission required by SNFs	



QM-Specific Information

- **QMs included in these reports:**
 - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (National Quality Forum (NQF) #0678).
 - Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674).
 - 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).
 - Drug Regimen Review (DRR) Conducted With Follow-Up for Identified Issues-Post-Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP).



QM-Specific Information (cont.)

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.
- SNF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633).
- SNF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).
- SNF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).
- SNF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).



Review and Correct Report: QM Sample Report

MDS 3.0 Quality Measure: Pressure Ulcers

Table Legend

Dash (-): Data not available or not applicable

X: Triggered

NT: Not Triggered

E: Excluded from analysis based on quality measure exclusion criteria

Facility-Level Data

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2018	S002.01	10/01/2018	12/31/2018	05/15/2019	Open	0	19	0.0%
Q3 2018	S002.01	07/01/2018	09/30/2018	02/15/2019	Closed	0	14	0.0%
Q2 2018	S002.01	04/01/2018	06/30/2018	11/15/2018	Closed	0	23	0.0%
Q1 2018	S002.01	01/01/2018	03/31/2018	08/15/2018	Closed	0	19	0.0%
Cumulative	-	01/01/2018	12/31/2018	-	-	0	75	0.0%

Resident-Level Data

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q4 2018	[REDACTED]	45549007	12/18/2018	12/30/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	41578516	10/30/2018	12/29/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	35117193	11/26/2018	12/27/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	19877396	10/19/2018	12/21/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	144117	10/28/2018	12/17/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	110444	11/13/2018	12/10/2018	05/15/2019	Open	NT



Review and Correct Report: Facility-Level Data

MDS 3.0 Quality Measure: Pressure Ulcers

Table Legend

Dash (-): Data not available or not applicable

X: Triggered

NT: Not Triggered

E: Excluded from analysis based on quality measure exclusion criteria

Facility-Level Data

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q4 2018	S002.01	10/01/2018	12/31/2018	05/15/2019	Open	0	19	0.0%
Q3 2018	S002.01	07/01/2018	09/30/2018	02/15/2019	Closed	0	14	0.0%
Q2 2018	S002.01	04/01/2018	06/30/2018	11/15/2018	Closed	0	23	0.0%
Q1 2018	S002.01	01/01/2018	03/31/2018	08/15/2018	Closed	0	19	0.0%
Cumulative	-	01/01/2018	12/31/2018	-	-	0	75	0.0%



Review and Correct Report: Recent Enhancements

- Addition of a resident-level data table to supplement facility-level data for assessment-based QMs.
- Ability to sort resident-level data by:
 - Resident last name.
 - Resident ID
 - Resident status.
- Ability to request report by individual QMs.



Review and Correct Report: Resident-Level Data

Resident-Level Data

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q4 2018	[REDACTED]	45549007	12/18/2018	12/30/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	41578516	10/30/2018	12/29/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	35117193	11/26/2018	12/27/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	19877396	10/19/2018	12/21/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	144117	10/28/2018	12/17/2018	05/15/2019	Open	NT
Q4 2018	[REDACTED]	110444	11/13/2018	12/10/2018	05/15/2019	Open	NT



Review and Correct Report: Example



CASPER Report
SNF QRP Review and Correct Report

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Facility ID: ██████████
 CCN: ██████████
 Facility Name: ██████████
 City/State: ██████████

Requested Quarter End Date: Q3 2019
 Report Release Date: 01/01/2021
 Report Run Date: 01/01/2021
 Data Calculation Date: 01/30/2019
 Report Version Number: 2.0

MDS 3.0 Quality Measure: Pressure Ulcers

Table Legend
 Dash (-): Data not available or not applicable
 X: Triggered
 NT: Not Triggered
 E: Excluded from analysis based on quality measure exclusion criteria

Facility-Level Data								
Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q3 2019	S002.1	07/01/2019	09/30/2019	02/15/2020	Closed	-	-	-
Q2 2019	S002.1	04/01/2019	06/30/2019	11/15/2019	Closed	40	487	8.2%
Q1 2019	S002.1	01/01/2019	03/31/2019	08/15/2019	Closed	2	6	33.3%
Q4 2018	S002.1	10/01/2018	12/31/2018	05/15/2019	Closed	-	-	-
Cumulative	-	10/01/2018	09/30/2019	-	-	42	493	8.5%

Resident-Level Data								
Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status	
Q3 2019	██████████	44744496	05/01/2019	07/08/2019	02/15/2020	Closed	E	
Q3 2019	██████████	44740147	06/30/2019	07/07/2019	02/15/2020	Closed	NT	
Q3 2019	██████████	44744483	03/30/2019	07/07/2019	02/15/2020	Closed	E	
Q3 2019	██████████	44744485	03/30/2019	07/07/2019	02/15/2020	Closed	X	
Q3 2019	██████████	44744484	03/30/2019	07/07/2019	02/15/2020	Closed	E	
Q3 2019	██████████	44744095	03/30/2019	07/07/2019	02/15/2020	Closed	NT	

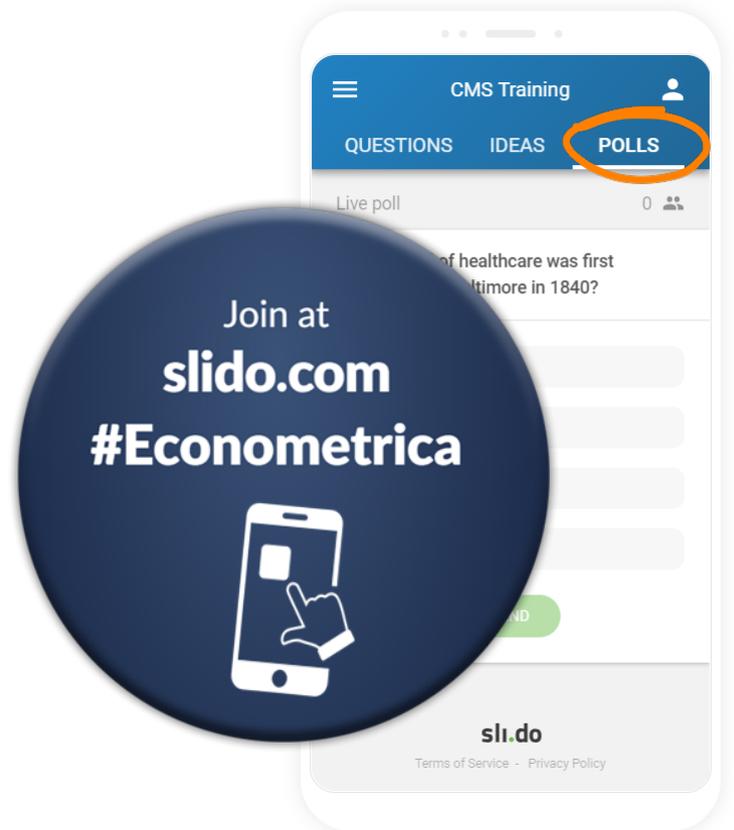
This report may contain privacy protected data and should not be released to the public.
 Any alteration to this report is strictly prohibited.





The Review and Correct Reports contain resident-level data for each QM.

- A. True.
- B. False.





The Review and Correct Reports contain resident-level data for each QM. (cont.)



- A. True.
- B. False.





QM calculations for the Review and Correct report are performed on a _____ basis.

- A. Weekly.
- B. Bi-Weekly.
- C. Monthly.
- D. Annual.



QM calculations for the Review and Correct report are performed on a _____ basis. (cont.)



A. Weekly.

B. Bi-Weekly.

C. Monthly.

D. Annual.



Provider Preview Report

Provider Preview Report

- Automatically generated and saved into your provider's shared folder.
- Displays the facility-level QM data that will be posted on NH Compare under Short-Stay Residents and Additional Quality Measures.
- Providers have a 30-day preview period prior to public reporting to review this facility-level QM data, beginning the day reports are issued



Provider Preview Report

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*** MS LTC**

Info	Click Link to View Report	Date Requested	Select
	5star report124 20190301	03/21/2019 13:35:32	<input type="checkbox"/>
	SNFVBP INTERIM DATA WORKBOOK Q1-Q3FY18	03/11/2019 15:35:07	<input type="checkbox"/>
	5star report123 20190201	02/15/2019 10:57:41	<input type="checkbox"/>
	SNF QRP Provider Preview Report	02/01/2019 12:04:48	<input type="checkbox"/>
	5star report122 20190101	01/15/2019 14:11:04	<input type="checkbox"/>
	Public Reporting Resident Report	01/10/2019 16:17:15	<input type="checkbox"/>

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Provider Preview Report (cont.)

- SNFs may request that CMS conducts a review of the data contained within their provider preview report, should they believe it the denominator or quality metric to be inaccurate.
- Errors resulting from inaccurate data submissions will not be corrected (i.e., CMS will not consider correcting quality measure calculations that SNFs find to be inaccurate due to inaccurate or missing data).
- After the data correction period has ended, providers are unable to correct the underlying data in these reports.



Provider Preview Report: Example 1

Minimum Data Set 3.0 (MDS 3.0) Measures

CMS Measure ID:	S013.01	
SNF QRP Quality Measure:	Application of Falls	
Reporting Period:	January 1, 2018 through December 31, 2018	
- Number of SNF Stays Included in the Numerator:		2
- Number of SNF Stays Included in the Denominator:		52
- Facility Percent:		3.8%
- National Average:		0.9%
CMS Measure ID***:	S001.01	
SNF QRP Quality Measure:	Application of Functional Assessment/Care Plan	
Reporting Period:	January 1, 2018 through December 31, 2018	
- Number of SNF Stays Included in the Numerator:		49
- Number of SNF Stays Included in the Denominator:		52
- Facility Percent:		94.2%
- National Average:		97.3%



Provider Preview Report: Example 2

Medicare Claims-Based Measures

CMS Measure ID: S004.01
SNF QRP Quality Measure: PPR
Reporting Period: October 1, 2016 through September 30, 2018

- Number of Readmissions: 3
- Number of Eligible Stays: 79
- Observed Readmission Rate: 3.80%
- Risk-Standardized Readmission Rate*: 6.78% (5.10%, 8.84%)
- National Observed Rate: 7.27%
- Facility Performance Category: No Different than the National Rate
- Number of SNFs that...
 - ...Performed Better than the National Rate: 10
 - ...Performed No Different than the National Rate: 15,127
 - ...Performed Worse than the National Rate: 123
 - ...Have Too Few Cases for Public Reporting: 1,320

CMS Measure ID: S005.01
SNF QRP Quality Measure: DTC
Reporting Period: October 1, 2016 through September 30, 2018

- Number of Discharges to Community: 26
- Number of Eligible Stays: 87
- Observed Discharge to Community Rate: 29.89%
- Risk-Standardized Discharge to Community Rate**: 38.81% (29.16%, 50.72%)
- National Observed Rate: 49.17%
- Facility Performance Category: No Different than the National Rate
- Number of SNFs that...
 - ...Performed Better than the National Rate: 4,959
 - ...Performed No Different than the National Rate: 7,395
 - ...Performed Worse than the National Rate: 3,240
 - ...Have Too Few Cases for Public Reporting: 1,065

CMS Measure ID: S006.01
SNF QRP Quality Measure: MSPB
Reporting Period: October 1, 2016 through September 30, 2018

- Number of Eligible Episodes: 76
- MSPB Score: 0.76
- National Median MSPB Score: 1.01

Provider Threshold Report

Provider Threshold Report

- User-requested, on-demand report.
- Facility can specify the Fiscal Year (FY) of interest.
- For each assessment-based measure, the report displays the following:
 - Percentage of resident assessments meeting the data completion threshold.
 - Number of successfully submitted resident assessments.
 - Number of resident assessments meeting the data completion threshold



SNF Provider Threshold Report

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SNF Quality Reporting Program

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- [SNF Provider Threshold Report](#)**
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SNF Provider Threshold Report (cont.)

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Report: SNF Provider Threshold Report

Fiscal Year (FY): 2021 ▼

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Template Name: SNF Provider Threshold Report ▼ Save & Submit Save



SNF Provider Threshold Report – Limitations

- The Provider Threshold Report does not display the total number of assessments that met compliance requirements.
- Compliance is not calculated by measure; instead, compliance is calculated by assessment (i.e., you must submit **all** required data elements for **all** required measures to receive “credit” for a particular assessment).
- Data elements designated as Standardized Patient Assessment Data Elements (SPADE) used to risk-adjust the QMs used in the SNF QRP (e.g., a dash = APU penalty) are **not** included in the Provider Threshold Report.



SNF QRP Provider Threshold Report: Example



CASPER Report FY 2021 SNF QRP Provider Threshold Report

Run Date: 02/12/2019
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CCN: ██████████
Facility Name: ██████████
Facility City: ██████████
State: ██████████

Resident Assessment Measures:

Target Percentage for Resident Assessments Meeting Data Completion Threshold: 80%

Definitions:

Resident Assessments Meeting Data Completion Threshold: Number of Resident Assessment Meeting Data element items for this measure for the time period.

Percentage of Resident Assessments Meeting Data Completion Threshold: Total number of Resident Assessment Meeting Data Completion Threshold divided by the Number of Successfully Submitted Resident Assessments multiplied by 100 and rounded to the next highest whole number for the time period.

Successfully Submitted: A new Resident Assessment, or new Resident Assessments, that meet the criteria for the measure and are found "valid" and accepted by the QIES national data warehouse.

*: A symbol used to denote an intentionally empty field. For example, there will never be a date in the "Deadline" column for the Year row, as no "Yearly" deadline exists for the measure.

Application of Falls

Totals by Year and Quarter:

Time Period	Data Collection Start Date	Data Collection End Date	Data Submission Deadline	Percentage of Resident Assessments Meeting Data Completion Threshold	Number of Successfully Submitted Resident Assessments	Number of Resident Assessments Meeting Data Completion Threshold
CY 19 Q1	01/01/2019	03/31/2019	08/15/2019	100%	62	62
CY 19 Q2	04/01/2019	06/30/2019	11/15/2019	*	*	*
CY 19 Q3	07/01/2019	09/30/2019	02/15/2020	*	*	*
CY 19 Q4	10/01/2019	12/31/2019	05/15/2020	*	*	*
Year	01/01/2019	12/31/2019	*	100%	62	62

Totals by Month:

Month	Percentage of Resident Assessments Meeting Data Completion Threshold	Number of Successfully Submitted Resident Assessments	Number of Resident Assessments Meeting Data Completion Threshold
CY 19 January	100%	59	59
CY 19 February	100%	3	3
CY 19 March	*	*	*
CY 19 April	*	*	*
CY 19 May	*	*	*
CY 19 June	*	*	*
CY 19 July	*	*	*
CY 19 August	*	*	*
CY 19 September	*	*	*
CY 19 October	*	*	*
CY 19 November	*	*	*
CY 19 December	*	*	*



Q4

For each assessment-based measure, the Provider Threshold Report displays which of the following?

- A. Compliance calculations for each measure.
- B. Percentage of resident assessments meeting the data completion threshold.
- C. Total number of assessments that meet compliance requirements.



Q4

For each assessment-based measure, the Provider Threshold Report displays which of the following? (cont.)

A. Compliance calculations for each measure.



B. Percentage of resident assessments meeting the data completion threshold.

C. Total number of assessments that meet compliance requirements.



A Case Study

Using SNF QRP Reports for Analysis and Quality Improvement

Reports Case Study Activity Overview

- **Scenario:** You are the Quality Improvement Director at Sunny Valley Nursing Center. Your role involves routinely accessing, analyzing, and using CASPER reports to support the work of your facility's quality program. On a regular basis, you run the Review and Correct Report to validate the accuracy of your MDS data submissions. This allows you to identify and correct any potential errors within the correction period. Once the QM Report is updated with Quarter 4 2018 data, you review and analyze your SNF QRP facility- and resident-level data in CASPER. While reviewing these reports, you identify an opportunity for improvement.
- **Activity Instructions:**
 - Working in groups at your table, identify and analyze the opportunity for improvement using the sample CASPER reports provided.
 - Use the Reports Activity Worksheet to guide your review and analysis.
 - We will debrief in 20 minutes.



Activity Debrief

1. Review the **SNF QRP Facility-Level Report** to identify which measure your facility should target for improvement. How does the report data support your conclusion?
2. Using the **SNF QRP Resident-Level Report**, identify the residents who triggered the numerator for the QM identified for improvement.
3. Using the **MDS 3.0 NH Assessment Print Report**, summarize the findings for each resident who triggered the numerator for the identified QM. What conclusions can you make?
4. How will the information collected from these CASPER reports inform your next steps in the development of a performance improvement plan?



Activity Debrief: SNF QRP Facility-Level QM Report



CASPER Report SNF QRP Facility-Level Quality Measure Report

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Facility ID: 12345
 CCN: 123456
 Facility Name: SUNNY VALLEY NURSING CENTER
 City/State: KANSAS CTY, MO

Report Period: 01/01/2018 – 12/31/2018
 Data was calculated on: 04/26/2019
 Comparison Group Period: 01/01/2017 – 12/31/2017
 Report Run Date: 05/07/2019
 Report Version Number: 1.01

Table Legend

Note: Dashes represent a value that could not be computed
 N/A = Not Available

Source: Minimum Data Set 3.0 (MDS 3.0)

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	Comparison Group: National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	S002.01	3	66	4.5%	3.9%	1.6%

Measure Name	CMS Measure ID	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	Comparison Group: National Average
Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)	S002.01	3	66	4.5%	3.9%	1.6%



Activity Debrief – SNF QRP Resident-Level Report

Three residents triggered the pressure ulcer measure “*Percent of Residents or Patients with Pressure Ulcers that are New or Worsened*”:

1. David Hoppin.
2. Brian Jones.
3. Tamara Wilkins.



Activity Debrief: SNF QRP Resident-Level QM Report

David Hoppin



CASPER Report
SNF QRP Resident-Level Quality Measure Report

Facility ID: 12345
CCN: 123456
Facility Name: SUNNY VALLEY NURSING CENTER
City/State: KANSAS CITY, MO

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Report Period: [blank]
Report Run Date: [blank]
Report Version: [blank]

Quality Measures: Desirable Outcomes/Processes Performed
Source: Minimum Data Set 3.0 (MDS 3.0)

Patient Name	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)
ADAMS, BENJAMIN	NT
BROWN, THOMAS	NT
COOK, KAREN	NT
DAVIS, SAMUEL	NT
EDWARDS, NANCY	NT
HOPPIN, DAVID	X

Patient Name	Resident ID	Admission Date	Discharge Date	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)
ADAMS, BENJAMIN	19338720	10/13/2017	10/20/2017	NT
BROWN, THOMAS	15232475	01/18/2018	02/06/2018	NT
COOK, KAREN	18654459	09/07/2017	10/17/2017	NT
DAVIS, SAMUEL	77230296	03/08/2017	04/03/2017	NT
EDWARDS, NANCY	42439831	12/07/2017	12/24/2017	NT
HOPPIN, DAVID	37453272	08/25/2018	09/18/2018	X

This report contains fictional resident data created for demonstration purposes only.



Activity Debrief: SNF QRP Resident-Level QM Report

Brian Jones



CASPER Report
SNF QRP Resident-Level Quality Measure Report

Facility ID: 12345
CCN: 123456
Facility Name: SUNNY VALLEY NURSING CENTER
City/State: KANSAS CITY, MO

Report Period:
Report Run Date:
Report Version:

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Quality Measures: Desirable Outcomes/Processes Performed
Source: Minimum Data Set 3.0 (MDS 3.0)

Status Legend		Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)
X: Triggered NT: Not triggered E: Excluded from analysis based on quality measure exclusion criteria N/A: Not available		
HOLGADO, MARIA	NT	NT
HUGHES, LAUREN	NT	NT
JOHNSON, KATHRYN	NT	NT
JONES, BRIAN	X	X
LEE, JOSEPH	NT	NT
LEWIS, JENNIFER	NT	NT

Patient Name	Resident ID	Admission Date	Discharge Date	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)
HOLGADO, MARIA	15593538	01/02/2018	01/25/2018	NT
HUGHES, LAUREN	14887541	09/07/2017	09/21/2017	NT
JOHNSON, KATHRYN	10809649	02/23/2018	03/10/2018	NT
JONES, BRIAN	66521648	07/18/2018	08/03/2018	X
LEE, JOSEPH	36225813	02/01/2018	02/20/2018	NT
LEWIS, JENNIFER	72441471	01/19/2018	01/24/2018	NT

This report contains fictional resident data created for demonstration purposes only.



Activity Debrief: SNF QRP Resident-Level QM Report

Tamara Wilkins



CASPER Report
SNF QRP Resident-Level Quality Measure Report

Facility ID: 12345
CCN: 123456
Facility Name: SUNNY VALLEY NURSING CENTER
City/State: KANSAS CITY, MO

Report Period: [blank]
Report Run Date: [blank]
Report Version: [blank]

Status Legend
X: Triggered
NT: Not triggered
E: Excluded from analysis based on quality measure exclusion criteria
N/A: Not available

Quality Measures: Desirable Outcomes/Processes Performed
Source: Minimum Data Set 3.0 (MDS 3.0)

Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)

MOORE, DOUGLAS	NT
PARKER, JANE	NT
SPENCER, EILEEN	NT
TAYLOR, CAROL	NT
WILKINS, TAMARA	X
WORKER, LISA	NT

Patient Name	Resident ID	Admission Date	Discharge Date	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678)
MOORE, DOUGLAS	90203634	10/26/2017	11/09/2017	NT
PARKER, JANE	35393087	08/08/2017	09/08/2017	NT
SPENCER, EILEEN	16885316	12/12/2017	12/21/2017	NT
TAYLOR, CAROL	17822072	03/01/2018	03/23/2018	NT
WILKINS, TAMARA	13559829	03/08/2017	04/03/2017	X
WORKER, LISA	57071365	01/24/2018	01/26/2018	NT

This report contains fictional resident data created for demonstration purposes only.



Activity Debrief – MDS 3.0 NH Assessment Print Report

David Hoppin



CASPER Report MDS 3.0 NH Assessment Print

Run Date 05/07/2019

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State: MO
 Facility ID: 12345
 Facility Name: SUNNY VALLEY NURSING CENTER
 Resident Name: HOPPIN, DAVID
 Assessment ID: 1436109862

Section M: Skin Conditions

M0210	RESIDENT HAS 1+ UNHEALED PU/INJURIES	1 - YES
M0300B1	STAGE 2 PRESSURE ULCERS: NUMBER PRESENT	0
M0300B2	STAGE 2 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	^
M0300C1	STAGE 3 PRESSURE ULCERS: NUMBER PRESENT	0
M0300C2	STAGE 3 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	^
M0300D1	STAGE 4 PRESSURE ULCERS: NUMBER PRESENT	2
M0300D2	STAGE 4 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	0
M0300E1	UNSTAGED DUE TO DRSSNG/DVC: NUM PRESENT	0
M0300E2	UNSTAGED DUE TO DRSSNG/DVC: NUM AT ADMIT/REENTRY	^
M0300F1	UNSTAGED SLOUGH/ESCHAR: NUMBER PRESENT	0
M0300F2	UNSTAGED SLOUGH/ESCHAR: NUMBER AT ADMIT/REENTRY	^
M0300G1	UNSTAGEABLE - DEEP TISSUE INJURY: # PRESENT	4
M0300G2	UNSTAGEABLE - DEEP TISSUE INJURY: # AT ADM/REENT	4



Activity Debrief – MDS 3.0 NH Assessment Print Report

Brian Jones



CASPER Report MDS 3.0 NH Assessment Print

Run Date 05/07/2019

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State: MO
 Facility ID: 12345
 Facility Name: SUNNY VALLEY NURSING CENTER
 Resident Name: JONES, BRIAN
 Assessment ID: 149201683

Section M: Skin Conditions

M0100A	RISK DETERMINATION: HAS PU/INJURY, SCAR, DRESSING	1 - CHECKED (YES)
M0210	RESIDENT HAS 1+ UNHEALED PU/INJURIES	1 - YES
M0300B1	STAGE 2 PRESSURE ULCERS: NUMBER PRESENT	1
M0300B2	STAGE 2 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	0
M0300C1	STAGE 3 PRESSURE ULCERS: NUMBER PRESENT	0
M0300C2	STAGE 3 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	^
M0300D1	STAGE 4 PRESSURE ULCERS: NUMBER PRESENT	0
M0300D2	STAGE 4 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	^
M0300E1	UNSTAGED DUE TO DRSSNG/DVC: NUM PRESENT	0
M0300E2	UNSTAGED DUE TO DRSSNG/DVC: NUM AT ADMIT/REENTRY	^
M0300F1	UNSTAGED SLOUGH/ESCHAR: NUMBER PRESENT	0
M0300F2	UNSTAGED SLOUGH/ESCHAR: NUMBER AT ADMIT/REENTRY	^
M0300G1	UNSTAGEABLE - DEEP TISSUE INJURY: # PRESENT	0
M0300G2	UNSTAGEABLE - DEEP TISSUE INJURY: # AT ADM/REENT	^



Activity Debrief – MDS 3.0 NH Assessment Print Report

Tamara Wilkins



CASPER Report MDS 3.0 NH Assessment Print

Run Date: 05/07/2019

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State: MO
 Facility ID: 12345
 Facility Name: SUNNY VALLEY NURSING CENTER
 Resident Name: WILKINS, TAMARA
 Assessment ID: 174421275

Section M: Skin Conditions

M0100A	RISK DETERMINATION: HAS PU/INJURY, SCAR, DRESSING	1 - CHECKED (YES)
M0100B	RISK DETERMINATION: FORMAL ASSESSMENT	1 - CHECKED (YES)
M0100C	RISK DETERMINATION: CLINICAL ASSESSMENT	1 - CHECKED (YES)
M0100Z	RISK DETERMINATION: NONE OF THE ABOVE	0 - NOT CHECKED (NO)
M0150	IS RESIDENT AT RISK OF DEVELOPING PU/INJURIES	1 - YES
M0210	RESIDENT HAS 1+ UNHEALED PU/INJURIES	1 - YES
M0300A	STAGE 1 PRESSURE INJURIES: NUMBER PRESENT	1
M0300B1	STAGE 2 PRESSURE ULCERS: NUMBER PRESENT	1
M0300B2	STAGE 2 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	1
M0300B3	STAGE 2 PRESSURE ULCERS: DATE OF OLDEST	-----
M0300C1	STAGE 3 PRESSURE ULCERS: NUMBER PRESENT	0
M0300C2	STAGE 3 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	^
M0300D1	STAGE 4 PRESSURE ULCERS: NUMBER PRESENT	2
M0300D2	STAGE 4 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	0
M0300E1	UNSTAGED DUE TO DRSSNG/DVC: NUM PRESENT	0
M0300E2	UNSTAGED DUE TO DRSSNG/DVC: NUM AT ADMIT/REENTRY	^
M0300F1	UNSTAGED SLOUGH/ESCHAR: NUMBER PRESENT	0
M0300F2	UNSTAGED SLOUGH/ESCHAR: NUMBER AT ADMIT/REENTRY	^
M0300G1	UNSTAGEABLE - DEEP TISSUE INJURY: # PRESENT	1
M0300G2	UNSTAGEABLE - DEEP TISSUE INJURY: # AT ADM/REENT	0



Activity Debrief – Next Steps

How will the information collected from these CASPER reports inform your next steps in the development of a performance improvement plan?

*Quality
Improvement*



Activity Debrief – Next Steps (cont.)

Some next steps could include the following:

1. Investigate the accuracy of the data.
2. Identify whether residents who triggered the measure are clustered on one unit (e.g., with a UTI), or if residents who triggered on the falls measure are also on antipsychotic medications, etc.
3. Determine if policies and procedures are followed, and if they are followed, are they evidence-based or do they need to change?
4. Provide education to staff as necessary.



Resources Slide

- **CASPER Manual:**
 - <https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-mds-providers>
- **SNF QM User's Manual:**
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>



Summary



In this lesson, you learned:

- How to locate the MDS 3.0 Reports in CASPER.
- About the data that are available on the Quality Measure, Provider Threshold, Provider Preview Reports, and Review and Correct Reports.
- The purpose of the reports available for the SNF QRP.
- How to use SNF QRP reports to perform quality improvement analysis and identify opportunities for improvement.

Record Your Action Plan Ideas



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Questions?

