Session #: R14

Simply Quality Measures

Robin L. Hillier
robin@rlh-consulting.com
(330) 807-2850
RLH Consulting

Agenda

• Quality Measures
  – How are they calculated
  – How to read the reports
  – How to use the reports
  – Case Studies
Uses of Quality Measures

- Public Reporting
  - Consumer Use – Nursing Home Compare
  - Medicaid Quality Incentive Program
    - Pain(L), Restraints (L), UTI (L), Pressure Ulcer (L), Pneumococcal Vaccine (L), Flu Vaccine (L)
  - 5 Star (see next slide)
  - ACO’s, Hospitals, MCO’s...

- Survey Process
- Quality Assurance

Quality Measures in 5 Star
Only uses 9 of the QMs on Nursing Home Compare site

<table>
<thead>
<tr>
<th>7 Long Stay</th>
<th>2 Short Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ADL decline</td>
<td>- New or worsened pressure ulcers</td>
</tr>
<tr>
<td>- High-risk residents with pressure ulcers</td>
<td>- Self-report moderate to severe pain</td>
</tr>
<tr>
<td>- Indwelling catheter</td>
<td></td>
</tr>
<tr>
<td>- Physically restrained</td>
<td></td>
</tr>
<tr>
<td>- UTI</td>
<td></td>
</tr>
<tr>
<td>- Self-report moderate to severe pain</td>
<td></td>
</tr>
<tr>
<td>- Fall with major injury</td>
<td></td>
</tr>
</tbody>
</table>

Public Quality Measures

- Part of Nursing Home Quality Initiative - the CMS effort to improve quality of care in nursing homes
- QMs for 12 clinical care areas, plus pneumococcal and flu vaccination
- Recalculated and reposted quarterly
  - Facilities receive preview in “Folder” in MDS system
  - Not current data
Quality Measures for Survey Process and Quality Assurance

• Indicators of possible problems
• Must be validated onsite via record review, interviews, direct observation
• Includes the same clinical measures that are publicly reported plus three additional measures

How Assessments are Used to Generate QMs

• Software uses assessments in several different ways to calculate the QMs:
  – For most QMs, looks for specific information on the target assessment
    • For example: UTI (L)
  – For one short stay measure, compares initial and a subsequent assessment
    • Antipsychotic present, not on initial assessment (S)

How Assessments are Used to Generate QMs

• Software uses assessments in several different ways to calculate the QMs:
  – For one long stay measure, compares target assessment with a prior assessment
    • ADL Decline (L)
  – The other method is to look at all assessments in the entire episode* — known as “the look-back scan”
    • New or Worse Pressure Ulcer (S)
    • Antipsychotic Present, Not on Initial (S)
    • Falls With Major Injury (L)
    • Falls (L)
Key Concepts

• “Admission” vs. “Reentry”
  – Discharge Return Anticipated vs. Discharge Return Not Anticipated
  – Understanding MDS manual definitions vs. billing, facility policy, etc. is key
    • Bed hold status is irrelevant
• “Stay” vs. “Episode”
• Is Resident “Short Stay” or “Long Stay”?

Case Study #1

• Resident Admitted 10/12/13
• Discharged Return Anticipated 12/28/13
• Reentered 1/3/14
• Still in facility today
• Resident has had one episode, which included 2 stays; current episode = 164 days as of 3/31/14
• Stay #1 = 76 days, Stay #2 = 88 days as of 3/31
• 12/31/13 QM = Short stay, 3/31/14 QM = Long Stay

Case Study #2

• Resident Admitted 10/12/13
• Discharged Return Not Anticipated 12/28/13
• Admitted again 1/3/14
• Still in facility today
• Resident has had two separate episodes
  – Episode #1 = 76 days, Episode #2 = 88 days as of 3/31/14
• 12/31/13 QM = Short stay, 3/31/14 QM = Short Stay
“Look Back Scan” Scenario

- Resident in previous case study has a fall with a major injury captured on an MDS in November 2013
  - In case study #1, the FWMI will appear on QM report on 3/31/14 because she is still in the same episode.
  - In case study #2, the FWMI will not appear on any QM because she was short stay on 12/31/13 QM and now she is in a new episode and look back scans only scan the current episode.

QM Definitions: Admission

- Any time an admission entry record (A0310F = 01 and A1700 = 1) is completed; when the resident:
  - Has never been admitted before OR
  - Has been in this facility previously and is returning after a discharge return not anticipated OR
  - Has been in this facility previously and was discharged return anticipated and is returning more than 30 days after discharge

QM Definitions: Reentry

- Any time a reentry record (A0310F = 01 and A1700 = 2) is completed; when the resident was:
  - Discharged return anticipated AND
  - Returned to the facility within 30 days of discharge
QM Definitions: Stay

- A set of contiguous days in a facility
  - The period of time between a resident's entry into a facility and either a discharge of any type or the end of the target period, whichever comes first

QM Definitions: Episode

- A period of time spanning one or more stays
  - An episode begins with an admission Entry record (A0310F = 01 and A1700 = 1)

QM Definitions: Cumulative Days in Facility (CDIF)

- Total number of days within an episode during which the resident was in the facility
  - Sum of the number of days within each stay included in an episode
  - If more than one stay is involved, only the days as a resident in the facility count
QM Definitions: **Target Date**

- The event date for an MDS record
  - The A1600 Entry date for an Entry Record (A0310F = 01)
  - The A2000 Discharge date for a Discharge record (A0310F= 10 or 11) or Death-in-facility record (A0310F = 12)
  - The A2300 Assessment Reference Date for all other records

QM Definitions: **Target Period**

- The span of time that defines the QM reporting period (e.g., a calendar quarter)

QM Definitions: **Short Stay vs Long Stay**

- All residents whose latest episode either ends during the target period or is ongoing at the end of the target period are selected for computing the QMs
  - **Short Stay**: CDIF is less than or equal to 100 days as of the end of the target period
  - **Long Stay**: CDIF is greater than or equal to 101 days at the end of the target period
QM Record Definitions For Short Stay Measures:

- **Look-Back Scan.** A scan of all assessments within the episode to see if certain QM events or conditions occurred.
- Includes target assessment and earlier assessment that are:
  - OBRA scheduled assessment (A0310A = 01-06) OR
  - PPS scheduled assessment (A0310B = 01-06) OR
  - Discharge assessment (A0310F= 10 or 11)

QM Record Definition For Long Stay Measures:

- **Prior Assessment** (used for ADL Decline-L):
  - Latest assessment within the episode that is 46 to 165 days prior to the target assessment
  - Must be
    - OBRA scheduled assessment (A0310A = 01-06) OR
    - PPS scheduled assessment (A0310B = 01-06) OR
    - Discharge assessment (A0310F= 10 or 11)
- See example, next slide

“Prior Assessment” Scenario

- MDS 1/15 ARD shows resident requiring supervision in late loss ADLs
- Second week in March, resident has a decline, begins needing extensive assistance in bed mobility, transfers and toilet use
- Part B therapy initiated and sig change ARD set for 3/17
- Resident still on therapy in April, Quarterly ARD set for 4/7 – ADLS still extensive assist
"Prior Assessment" Scenario

- On 3/31 QMs, resident will trigger for ADL decline, as 3/17 MDS will be compared to 1/15 MDS.
- On 4/30 QMs, resident will trigger for ADL decline, because 4/7 MDS will be compared to 1/15 MDS because 3/17 MDS was not 46 days prior.
- Resident will continue to trigger until another MDS is done with ARD at least 46 days after 4/7 (5/22 or later).

QM Record Definitions For Long Stay Measures:

- Look-Back Scan. Evaluates all assessments in current episode with target dates no more than 275 days prior to the target assessment.
- Must be
  - OBRA scheduled assessment (A0310A = 01-06) OR
  - PPS scheduled assessment (A0310B = 01-06) OR
  - Discharge assessment (A0310F= 10 or 11)

QMs: The Basic Calculation

- Each QM is calculated based on specific MDS items
  - When resident’s MDS responses indicate resident has the QM condition, that assessment increases the facility score.
  - Higher scores indicate possible problems, except scores related to vaccinations.
  - Lower scores indicate less occurrence of the QM condition, considered to reflect better care (except vaccination QMs).
  - For vaccination QMs, higher scores reflect better care, because they indicate that a higher proportion of residents received the vaccine.
QMs: The Basic Calculation

- Basic calculation is a simple ratio expressed as a percentage that results in an indication of a facility’s performance relative to each indicator at a given point in time.

**Numerator:** The top number of the fraction; the actual number of residents who had the QM condition

Divided by

**Denominator:** Bottom number of the fraction; the number of facility residents with assessments

\[ \times 100 \]

Equals percentage of residents with the QM condition

Antipsychotic Medication Use

- This QM identifies short-stay residents who newly started on antipsychotic medication after the initial assessment and who do not have any of the exclusion diagnoses.
- Does this by capturing the percentage of short-stay residents who received a psychoactive medication on a target assessment but not on the initial assessment.
Some QMs are Risk Adjusted

- Use of Exclusions
- Use of Covariates
- Stratification of sample based on risk

Risk Adjustments: Exclusions

- Residents who are not included in the numerator or denominator due to a certain diagnosis or condition.
- Example: Long-stay QM Percent of Low Risk Residents who Lose Control of their Bowel or Bladder excludes any resident who is comatose (B0100=1) or who has an indwelling catheter (H0100A=1) or who has an ostomy (H0100C=1) on the target assessment

Risk Adjustments: Covariates

- Adjust for individual resident characteristics or health conditions that are essentially out of the facility’s control that may contribute to worse outcomes for a particular QM
  - The residents with those conditions are not excluded, levels the playing field when a facility has more residents with the covariate conditions that other facilities have
Risk Adjustments: Covariates

- Three QMs utilize a Covariate
  - New or Worse Pressure Ulcer (S)
  - On initial assessment: impaired bed mobility, occasional bowel incontinence, diabetes, PVD, low BMI
  - Self Reported Pain (L)
  - Independent or modified independence in daily decision making, BIMS 13-15
  - Indwelling Catheter (L)
  - On prior assessment: frequent bowel incontinence or stage 2,3 or 4 PU

Risk Adjustments: Stratification

- Divides residents into high-risk and low-risk
  - Low Risk Residents who Lose Control of Bladder or Bowel (L)
  - High Risk Residents who Get a Pressure Ulcer (L)
CASPER QM Reports

• Available through the national analytic reporting system, the Certification and Survey Provider Enhance Reporting (CASPER) system

QM CASPER Reports

• Access via CMS Welcome screen – same screen through which assessments are transmitted to QIES ASAP national database
  – Click MDS link, then
  – Click CASPER Reporting Online Reports link

QM CASPER Reports

• Two reports
  – Facility Quality Measure Report
  – Resident Level Quality Measure Report
• Reports default to a 6-month reporting period ending with the most recently ended month
  – You can change the dates of the reporting period manually
Casper QM Reports
Facility Quality Measure Report

- Lists
  - Each QM
  - Numerator and denominator used for the calculation
  - Facility percentage of occurrence
  - Comparison of facility score with all facilities in state and nation
  - Percentile ranking of facility score
- Identifies potential areas for further emphasis in facility quality improvement activities or investigation during the survey process

Casper QM Reports
Facility Quality Measure Report

- Identifying Info
  - Facility ID information
  - Date data was calculated
    - Data is calculated or “updated” weekly
  - Report Period covered
  - Comparison Group – Data calculated monthly with two-month delay
  - Run Date – Date the report was accessed by the facility

Casper QM Reports
Facility Quality Measure Report

**Num**
- Numerator; top number of the fraction
- The number of residents who have the QM condition in the reporting period

**Denom**
- Denominator; number of residents who have assessments and were evaluated for the QM condition (no dashes), and
- Had a stay during the timeframe of the reporting period
**Observed Percent**
- Numerator ÷ denominator x 100
- For QMs not risk adjusted, this is the final score – the percentage of residents with the QM condition

**Adjusted Percent**
- Results after a covariate is applied to the observed percent as risk adjustment
- This is the final QM score for the three measures that use a covariate to risk adjust

**Comparison Group State Average**
**Comparison Group National Average**
**Comparison Group National Percentile**
- Facility-specific rank relative to all facilities in the nation
- Represents percentage of facilities scoring better on the QM than your facility scored
- Higher percentile rank means greater likelihood the care captured by the measure warrants review
- Asterisk appears next to any ranking of 75th percentile i.e., “Flagged”

**State and national percentages should not be used as benchmarks**
- Percentile rankings below the 75th or scores better the state or national averages are not necessarily indicative of satisfactory performance
CASPER QM Reports
Resident Level Quality Measure Report

- Identifies all residents, active and discharged, included in the QM calculations
  - They are the residents in the numerator of the calculations
- Also indicates which QMs triggered for each resident
- Important tool that facilitates detailed record reviews of residents in the numerator of a QM for use in QA/QI activities and survey process

SELECTED SHORT STAY QUALITY MEASURES

New or Worsened Pressure Ulcers
- Captures any new or worsening Stage 2-4 pressure ulcers coded on any qualifying assessment since the beginning of the episode
New or Worsened Pressure Ulcers

**Numerator**
Short-stay residents for which a look-back scan indicates one or more new or worsening Stage 2-4 pressure ulcers

Where on any assessment in the look-back scan:

1. Stage 2 (M0800A) > \([0]\) and M0800A ≤ M0300B1 OR
2. Stage 3 (M0800B) > \([0]\) and M0800B ≤ M0300C1 OR
3. Stage 4 (M0800C) > \([0]\) and M0800C ≤ M0300D1

(The number of new or worsened pressure ulcers in M0800 for a particular stage can't be greater than the number of pressure ulcers present at that stage as indicated in M0300.)

**Denominator**
All residents with one or more assessments that are eligible for a look-back scan, except those with exclusions

**Exclusions**
Residents are excluded if none of the assessments included in the look-back scan has a usable response for M0800A, M0800B, or M0800C

– Usable assessment: One in which the number of new or worsening pressure ulcers at a particular stage is not greater than the total number of pressure ulcers present at that stage in M0300 or in which both items, M0300 and M0800, at a particular stage are skipped

**Covariates**
1. Requiring limited or more assistance in bed mobility self-performance dependence on the initial assessment:
2. Bowel incontinence at least occasionally on the initial assessment:
3. Diabetes or peripheral vascular disease on initial assessment:
4. Low Body Mass Index on the initial assessment with range 12-19. (BMI = (weight * 703 / height2) = ((K0200B) * 703) / (K0200A2))
5. All covariates are missing if no initial assessment is available
Antipsychotic Medication Use

**Numerator**
- Short-stay residents for whom one or more assessments in a **look-back scan** (not including the initial assessment) indicates that an antipsychotic medication was received:
  - N0410A, Antipsychotic medication, coded 1 - 7

**Denominator**
- All short-stay residents who do not have exclusions and who have both a target assessment and an initial assessment.
  - The target assessment and the initial assessment cannot be the same

**Exclusions**
- The target assessment does not have psychoactive medications checked [-]
- Any of the following are checked on any assessment in the look-back scan:
  a. Schizophrenia (I6000 = 1)
  b. Tourette's Syndrome (I5350 = 1)
  c. Huntington’s Disease (I5250 = 1)
- The initial assessment indicates antipsychotic medication use or use is unknown (N0410A = 1 - 7, or “-”)
SELECTED LONG STAY QUALITY MEASURES

Falls with Major Injury

• Identifies residents with at least one fall with an injury classified as a major
  — Includes bone fracture, joint dislocation, closed head injury with altered consciousness, subdural hematoma

Falls with Major Injury

**Numerator**
Long-stay residents with one or more *look-back scan* assessments that indicate one or more falls that resulted in major injury ($J1900C=\{1,2\}$)

**Denominator**
All long-stay residents with one or more look-back scan assessments except those with exclusions

**Exclusions**
Missing MDS responses
Residents Who Self-Report Moderate to Severe Pain

- Identifies long-stay residents who self-reported
  - High frequency of daily pain with at least one episode of at least moderate intensity pain or
  - Severe/horrible pain at any frequency
- Admission, 5-day, and Readmission/Return assessments are not included

Resident Who Self-Report Moderate to Severe Pain

**Numerator**
Target assessment meets either or both of the following conditions:
1. Resident report almost constant or frequent moderate to severe pain in the last 5 days. Both of the following conditions must be met:
   a. Almost constant or frequent pain (J0400=1,2)
   b. At least one episode of moderate to severe pain: (J0600A=[0,5,6,7,8,9] OR J0600B=[2,3])

Resident Who Self-Report Moderate to Severe Pain

**Denominator**
All long-stay residents with a selected target assessment, except those with exclusions

**Exclusions**
1. Target assessment is an Admission assessment, a PPS 5-day assessment, or a PPS Readmission/Return assessment (A0310A=[01] or A0310B=[01, 06])
2. Key pain self-report items were not completed
Residents Who Self-Report Moderate to Severe Pain

**Covariates**

Independence or modified independence in daily decision making on the prior assessment

- C1000, cognitive skills for daily decision-making = 0-1 or BIMS Summary Score (C0500) = 13-15

Compensates for decreased self-report of pain in facilities with more cognitively impaired residents

---

**Urinary Tract Infection**

**Numerator**

Long-stay residents with a selected target assessment that indicates urinary tract infection within the last 30 days (I2300 = checked)

**Denominator**

All long-stay residents with a selected target assessment, except those with exclusions

**Exclusions**

Target assessment is an admission assessment (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06])

Missing data

---

**Low Risk Residents who Lose Control of Bowel or Bladder**

- Identifies low risk residents by excluding high risk
- Then calculates proportion of remaining residents with frequent or always incontinent coded on the last qualifying assessment in the three-month reporting period
Low Risk Residents who Lose Control of Bowel or Bladder

High risk:
- Severe cognitive impairment on the target assessment as indicated by (C1000 = [3] and C0700 = [1]) OR (C0500 ≤ [7]).
- Totally dependent in bed mobility self-performance (G0110A1 = [4, 7, 8]).
- Totally dependent in transfer self-performance (G0110B1 = [4, 7, 8]).
- Totally dependent in locomotion on unit self-performance (G0110E1 = [4, 7, 8]).

Numerator
Target assessment that indicates frequently or always incontinence of the bladder (H0300 = [2,3]) or bowel (H0400 = [2, 3])

Denominator
All long-stay residents with a selected target assessment, except those with exclusions

Exclusions
- Admission (A0310A = [01]) or a PPS 5-day or readmission/return assessment (A0310B = [01, 06]).
- Resident is not in numerator and H0300 = [-] OR H0400 = [-].
- Residents who have any of the high risk conditions.
- Residents who have any of the high risk conditions.
- Resident does not qualify as high risk and cognitive status items are blank or skipped.
- Resident does not qualify as high risk and ADL items are dashed.
- Resident is comatose (B0100 = [1]) or comatose status is missing.
- Resident has indwelling catheter (H0100A = [1]) or indwelling catheter status is missing.
- Resident has an ostomy (H0100C = [1]) or ostomy status is missing.
Increased Need for ADL Help

- Compares late-loss ADLs on the target assessment and the most recent MDS prior to that one
- Increase in need for help with ADLs is defined as:
  - An increase in two or more coding points, such as from supervision to extensive, in one late-loss ADL item, or
  - One point increase, such as from limited to extensive, in two or more late-loss ADL items

**Numerator**
Residents meet the definition of increased need of help with late-loss ADLs

**Denominator**
All residents with a selected target and prior assessment except those with exclusions
Increased Need for ADL Help

**Exclusions**
1. All four of the late-loss ADL items indicate total dependence (coded 4, 7, or 8) on prior assessment
2. 3 late-loss ADLs indicate total dependence on prior assessment AND the 4th indicates extensive assistance (3) on prior assessment
3. Comatose (B0100 = [1, -]) on target assessment
4. Life expectancy less than 6 month (J1400 = [1, -]) on target assessment
5. Hospice care (O0100K2 = [1, -]) on the target assessment
6. Resident is not in the numerator AND at least one of the four ADLs was dashed on prior or target assessment

Residents with Depressive Symptoms

- Considering all long-stay residents with a target assessment except those coded as comatose, the proportion of residents with:
  - Little interest or pleasure in doing things 7-14 days **OR**
  - Feeling or appearing down, depressed, or hopeless 7-14 days **AND**
  - Total Severity Score ≥ 10

Residents with Depressive Symptoms

**Numerator**

*CONDITION A* (The resident mood interview must meet Part 1 and Part 2 below)

**PART 1:**
- Little interest or pleasure in doing things half or more of the days over the last two weeks is equal or greater than two (D0200A2 = [2, 3])
  **OR**
  - Feeling down, depressed, or hopeless half or more of the days over the last two weeks (D0200B2 = [2, 3])

**PART 2:**
The resident interview total severity score indicates the presence of depression (D0300 ≥ [10] and D0300 ≤ [27]).
Residents with Depressive Symptoms

**Numerator**

*CONDITION B*: (The staff assessment of resident mood must meet Part 1 and Part 2 below)

**PART 1:**
- Little interest or pleasure in doing things half or more of the days over the last two weeks is equal or greater than two (D0500A2 = [2, 3])
  OR
- Feeling or appearing down, depressed, or hopeless half or more of the days over the last two weeks (D0500B2 = [2, 3])

**PART 2:**
The staff assessment total severity score indicates the presence of depression (D0600 ≥ [10] and D0600 ≤ [30]).

---

Residents with Depressive Symptoms

**Denominator**

All long-stay residents with a selected target assessment, except those with exclusions

**Exclusions**

1. Resident is comatose or comatose status is missing (B0100 = [1, -])
2. Resident is not included in the numerator (the resident did not meet the depression symptom conditions for the numerator) AND both of the following are true:
   a. D0200A2 = [*, -] OR D0200B2 = [*, -] OR D0300=[99, -, *]
   b. D0500A2 = [*, -] OR D0500B2 = [*, -] OR D0600=[-, *]

---

Antipsychotic Medication Use

- Captures the percentage of long-stay residents who are receiving an antipsychotic medication in the target period.
Antipsychotic Medication Use

**Numerator**
- Long-stay residents who qualify for the denominator and for whom the selected target assessment indicates that antipsychotic medication was received.
  - N0400A, Antipsychotic medication, coded 1 (checked) (for assessments with target dates on or before March 31, 2012)
  - N0410A, Antipsychotic medication, coded 1 - 7 (for assessments with target date on or after April 1, 2012)

**Denominator**
- All long-stay residents who do not have a qualifying exclusion and who have a selected target assessment.

Exclusions
- Any of the following related conditions are present on the target assessment (unless otherwise indicated):
  - Schizophrenia (I6000 = [1])
  - Tourette’s Syndrome (I5350 = [1])
  - Tourette’s Syndrome (I5350 = [1]) on the prior assessment if this item is not active on the target assessment and if a prior assessment is available
  - Huntington’s Disease (I5250 = [1])

Prevalence of Falls
- Percentage of long-stay residents with a fall on any assessment in the look-back scan
Prevalence of Falls

**Numerator**
Long-stay residents with one or more look-back scan assessments that indicate the occurrence of a fall ($J1800 = [1]$

**Denominator**
All long-stay residents with one or more look-back scan assessments except those with exclusions

**Exclusions**
The occurrence of falls was not assessed ($J1800 = [-]$) for all look-back scan assessments

Antianxiety & Hypnotic Meds

- Long-stay residents with a target assessment, except those with exclusions

Antianxiety & Hypnotic Meds

**Numerator**
- Long-stay residents with a selected target assessment where either of the following conditions are true:
  - Antianxiety medications received ($N0410B = 1 - 7$), or
  - Hypnotic medications received ($N0410D = 1 - 7$)

**Denominator**
- Long-stay residents with a selected target assessment, except those with exclusions
Antianxiety & Hypnotic Meds

Exclusions
- Schizophrenia (I6000 = 1)
- Psychotic disorder (I5950 = 1)
- Manic depression (bipolar disease) (I5900 = 1)
- Tourette's Syndrome (I5350 = 1)
- Huntington's Disease (I5250 = 1)
- Hallucinations (E0100A = 1)
- Delusions (E0100B = 1)
- Anxiety disorder (I5700 = 1)
- Post traumatic stress disorder (I6100 = 1)

Behavior Symptoms Affecting Others

All residents in the target period who were coded with physical, verbal, or other behavioral symptoms directed toward others as a proportion of all facility residents with a target assessment (except exclusions)

Numerator
Target assessments with any of the following coded 1, 2, or 3, indicating the behavior occurred at least once
- E0200A, physical behavioral symptoms directed at others
- E0200B, verbal behavioral symptoms directed toward others
- E0200C, other behavioral symptoms not directed toward others
- E0800, rejection of care
- E0900, wandering
Behavior Symptoms Affecting Others

**Denominator**
All residents with a selected target assessment, except those with exclusions

**Exclusions**
- The resident is not in the numerator and
- The target assessment is a discharge assessment (A0310F = 10 or 11) OR
- Any of the five numerator MDS items is coded with a dash indicating information not available or is skipped

---

**IMPROVING YOUR QUALITY MEASURES**

---

**Quality Improvement**
- Identify measure(s) to work on
- Identify MDS items impacting that measure
  - Verify MDS coding accuracy
  - Evaluate “process” issues with MDS coding
    - Interview, documentation, “Steps for Assessment”
- Examine Care delivery Using Root Cause Analysis
  - Evaluate resident detail report, review records, identify trends
MDS Accuracy

• Misunderstandings about coding definitions is a problem
  – QM scores are derived from MDS data
  – Inaccurate coding can result in misleading Quality Measure scores
  – Inaccurate MDS coding can result in inappropriate resident care
  – Inaccurate MDS coding can result in inappropriate reimbursement

MDS Accuracy: Common Coding Problems Impacting QMs

– ADLs (Section G)
  • Rule of 3, ADL algorithm, inconsistent documentation, failure to use all available sources of information

– Pressure Ulcers (Section M)
  • No back-staging, definition of worsening pressure ulcer (“bigger” vs. staging, “new” PU on 1st assessment)

– Influenza Vaccine (Section O)
  • Capturing vaccine from season just ended when new season hasn’t started yet, not capturing vaccine given in late September

MDS Accuracy: Common Coding Problems Impacting QMs

– Restraints (Section P)
  • QM is only if the device meets the definition of daily restraint

– Urinary Tract Infection (Section I)
  • Definition is very specific; code only if all 4 criteria are present

– Interview process (Mood, Pain)
  • Who is being interviewed?
  • Are you using cue cards?
  • Are you rewording the questions or responses to make it easier for the resident to respond?
  • How do you follow up on interview responses?
MDS Accuracy: Common Coding Problems Impacting QMs

– Use the most current version of the RAI User’s Manual
  • Use it thoroughly
  • Use it OFTEN

Resources for Quality Care

• QIO resources
• Advancing Excellence
• AHCA Quality Initiative website,
• OHCA Quality Commission,
• Leadership and supervision are the keys to success

Quality Improvement

• Be proactive
• Perform root cause analysis
• Monitor key systems and assign accountability
• Work in teams, not individually
• Looks for interrelationship between QM scores
Quality Improvement

• Use all information available to you, such as:
  – QIs and QMs
  – Internal tracking reports
    (skin, weight, falls, etc.)
  – Survey history
  – Resident and family satisfaction surveys
  – Safety committee issues
  – Resident, family, staff, physician feedback

Case Study #1 – Self Reported Moderate or Severe Pain (L)

• Numerator = 19, Denominator = 73, Observed % = 26%, Adjusted % = 19%, 83rd %ile
• Denominator for Falls (L) = 123

Case Study #1 – Self Report Moderate or Severe Pain (L)

• Began attempting interview for pain on all residents. Next QM Shows Numerator = 20, denominator = 119, observed % = 16.8%, adjusted % = 15%
• Some residents are reporting moderate or severe pain, but nurses documentation states no complaints of pain. Many are on the same unit
Case Study #1 – Self Report Moderate or Severe Pain (L)

- Talked with residents whose interview results conflicted with nurse's documentation. Identified one nurse who was never asking about pain or offering PRN meds; she thought residents would peak up if they were really in pain
- Are we done? What else could we do?

Case Study #1 – Self Report Moderate or Severe Pain (L)

- Is there a trend with many residents complaining of pain having the same doc?
- Is there a trend with many residents being "newly" long stay, or very long stay?
- When are pain interviews being done relative to timing of pain med administration?
- Do residents think they have to report moderate or severe pains in order to keep their pain management regimen in place?

Case Study #2 – UTIs

- MDS coding accurate?
  - 30 day lookback: symptomatic, Dr. diagnosis, abnormal labs, treatment
- Do we get labs on too many people?
- How do we define abnormal labs?
- Are many UTIs on the same unit?
- Do many residents with UTI have the same Dr?
- Do we utilize appropriate prevention?
Case Study #3 – Decline in ADLs

- MDS Coding Accurate?
  - Rule of three, algorithm, quality of documentation, talk to residents, steps for assessment
- Who is declining?
- Is therapy willing to screen and do nurses provide appropriate information?
- Is restorative nursing appropriate?

Case Study #4 – Related QMs

- Facility flagged for
  - Pain
  - Falls
  - Falls with major injury
  - Behavior symptoms affecting others
  - Antipsychotics

Resources

- CMS MDS 3.0 Training Materials, including RAI User’s Manual

- MDS 3.0 Quality Measures User’s Manual
Questions?
Casper Report  
MDS 3.0 Facility Characteristics Report

Facility ID: [REDACTED]  
CCN: [REDACTED]  
Facility Name: [REDACTED]  
City/State: [REDACTED]  
Data was calculated on: 08/12/2013  
Report Period: 01/01/13 - 05/30/13  
Comparison Group: 12/01/12 - 05/31/13  
Run Date: 06/14/13  
Report Version Number: 1.00

<table>
<thead>
<tr>
<th>Facility</th>
<th></th>
<th>State Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num</td>
<td>Denom</td>
<td>Observed</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>41</td>
<td>137</td>
<td>28.9%</td>
</tr>
<tr>
<td>Female</td>
<td>98</td>
<td>137</td>
<td>70.1%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;25 years old</td>
<td>0</td>
<td>137</td>
<td>0.0%</td>
</tr>
<tr>
<td>25-54 years old</td>
<td>7</td>
<td>137</td>
<td>5.1%</td>
</tr>
<tr>
<td>55-64 years old</td>
<td>13</td>
<td>137</td>
<td>9.5%</td>
</tr>
<tr>
<td>65-74 years old</td>
<td>15</td>
<td>137</td>
<td>10.9%</td>
</tr>
<tr>
<td>75-84 years old</td>
<td>41</td>
<td>137</td>
<td>29.9%</td>
</tr>
<tr>
<td>85+ years old</td>
<td>61</td>
<td>137</td>
<td>44.5%</td>
</tr>
<tr>
<td>Diagnostic Characteristics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric diagnosis</td>
<td>90</td>
<td>136</td>
<td>66.2%</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability</td>
<td>1</td>
<td>62</td>
<td>1.6%</td>
</tr>
<tr>
<td>Hospice</td>
<td>9</td>
<td>137</td>
<td>6.6%</td>
</tr>
<tr>
<td>Prognosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life expectancy of less than 6 months</td>
<td>2</td>
<td>137</td>
<td>1.5%</td>
</tr>
<tr>
<td>Discharge Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not already occurring</td>
<td>112</td>
<td>137</td>
<td>81.8%</td>
</tr>
<tr>
<td>Already occurring</td>
<td>25</td>
<td>137</td>
<td>18.2%</td>
</tr>
<tr>
<td>Referral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not needed</td>
<td>126</td>
<td>137</td>
<td>93.4%</td>
</tr>
<tr>
<td>Is or may be needed but not yet made</td>
<td>1</td>
<td>137</td>
<td>0.7%</td>
</tr>
<tr>
<td>Has been made</td>
<td>8</td>
<td>137</td>
<td>5.8%</td>
</tr>
<tr>
<td>Type of Entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission</td>
<td>95</td>
<td>137</td>
<td>69.3%</td>
</tr>
<tr>
<td>Reentry</td>
<td>42</td>
<td>137</td>
<td>30.7%</td>
</tr>
<tr>
<td>Entered Facility From</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>16</td>
<td>137</td>
<td>11.7%</td>
</tr>
<tr>
<td>Another nursing home</td>
<td>5</td>
<td>137</td>
<td>3.6%</td>
</tr>
<tr>
<td>Acute Hospital</td>
<td>114</td>
<td>137</td>
<td>83.2%</td>
</tr>
<tr>
<td>Psychiatric Hospital</td>
<td>2</td>
<td>137</td>
<td>1.5%</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Facility</td>
<td>0</td>
<td>137</td>
<td>0.0%</td>
</tr>
<tr>
<td>ID/DD facility</td>
<td>0</td>
<td>137</td>
<td>0.0%</td>
</tr>
<tr>
<td>Hospice</td>
<td>0</td>
<td>137</td>
<td>0.0%</td>
</tr>
<tr>
<td>Long Term Care Hospital</td>
<td>0</td>
<td>137</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>137</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

**MDS 3.0 Facility Level Quality Measure Report**

**Facility ID:** [Redacted]

**CCN:** [Redacted]

**Facility Name:** [Redacted]

**City/State:** [Redacted]

**Data was calculated on:** 08/12/2013

**Report Period:** 01/01/13 - 05/30/13

**Comparison Group:** 12/01/12 - 05/31/13

**Run Date:** 08/14/13

**Report Version Number:** 2.00

Note: Dashes represent a value that could not be computed

Note: S = short stay, L = long stay

Note: I = incomplete; data not available for all days selected

Note: * is an indicator used to identify that the measure is flagged

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>CMS ID</th>
<th>Data</th>
<th>Num</th>
<th>Denom</th>
<th>Facility Observed Percent</th>
<th>Facility Adjusted Percent</th>
<th>Comparison Group State Average</th>
<th>Comparison Group National Average</th>
<th>Comparison Group National Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR Mod/Severe Pain (S)</td>
<td>N001.01</td>
<td>6</td>
<td>25</td>
<td>24.0%</td>
<td>24.0%</td>
<td>22.6%</td>
<td>19.3%</td>
<td>72</td>
<td>77*</td>
</tr>
<tr>
<td>SR Mod/Severe Pain (L)</td>
<td>N014.01</td>
<td>10</td>
<td>60</td>
<td>16.7%</td>
<td>11.9%</td>
<td>9.2%</td>
<td>8.9%</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>New/worse Pres Ulcer (L)</td>
<td>N015.01</td>
<td>3</td>
<td>80</td>
<td>3.8%</td>
<td>3.8%</td>
<td>6.9%</td>
<td>4.1%</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>New/worse Pres Ulcer (S)</td>
<td>N002.01</td>
<td>1</td>
<td>37</td>
<td>2.7%</td>
<td>1.8%</td>
<td>1.3%</td>
<td>1.4%</td>
<td>77*</td>
<td>77*</td>
</tr>
<tr>
<td>Falls (L)</td>
<td>N032.01</td>
<td>52</td>
<td>98</td>
<td>53.1%</td>
<td>53.1%</td>
<td>45.7%</td>
<td>44.5%</td>
<td>78</td>
<td>71</td>
</tr>
<tr>
<td>Falls (Non-Leg) (L)</td>
<td>N033.01</td>
<td>4</td>
<td>98</td>
<td>4.1%</td>
<td>2.9%</td>
<td>1.4%</td>
<td>1.4%</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Antipsych Med (S)</td>
<td>N011.01</td>
<td>1</td>
<td>34</td>
<td>2.9%</td>
<td>2.9%</td>
<td>2.6%</td>
<td>2.6%</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Antipsych Med (L)</td>
<td>N035.01</td>
<td>22</td>
<td>93</td>
<td>23.8%</td>
<td>23.8%</td>
<td>23.8%</td>
<td>23.8%</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>Antianxiety/Hypnotic (L)</td>
<td>N034.01</td>
<td>8</td>
<td>61</td>
<td>13.1%</td>
<td>13.1%</td>
<td>10.4%</td>
<td>11.0%</td>
<td>69</td>
<td>69</td>
</tr>
<tr>
<td>Falls w/Injuries (L)</td>
<td>N036.01</td>
<td>4</td>
<td>85</td>
<td>4.7%</td>
<td>4.7%</td>
<td>15.4%</td>
<td>6.8%</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>Depress Sx Others (L)</td>
<td>N030.01</td>
<td>4</td>
<td>85</td>
<td>4.7%</td>
<td>4.7%</td>
<td>15.4%</td>
<td>6.8%</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>Cath Insert/Left Bladder (L)</td>
<td>N026.01</td>
<td>6</td>
<td>86</td>
<td>7.0%</td>
<td>7.2%</td>
<td>4.0%</td>
<td>4.1%</td>
<td>85*</td>
<td>85*</td>
</tr>
<tr>
<td>Lea Risk Lose BB/Con (L)</td>
<td>N025.01</td>
<td>10</td>
<td>36</td>
<td>29.4%</td>
<td>44.4%</td>
<td>37.9%</td>
<td>33.5%</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Excess Wt Loss (L)</td>
<td>N024.01</td>
<td>12</td>
<td>97</td>
<td>12.3%</td>
<td>12.3%</td>
<td>5.8%</td>
<td>9.8%</td>
<td>66*</td>
<td>66*</td>
</tr>
</tbody>
</table>

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

**MDS 3.0 Resident Level Quality Measure Report**

- **Report Period:** 01/01/13 - 06/30/13
- **Run Date:** 08/14/13
- **Report Version Number:** 2.00

**Note:**
- S = short stay, L = long stay, X = triggered, b = not triggered or excluded
- C = complete; data available for all days selected; i = incomplete; data not available for all days selected

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Resident ID</th>
<th>AC310A/B/F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>SR Mod/Severe Pain (S)</th>
<th>SR Minor/Severe Pain (L)</th>
<th>Hrtrk Prsn Ulcer (L)</th>
<th>New/wors Prsn Ulcer (S)</th>
<th>Fall (L)</th>
<th>Falls w/Injurr (L)</th>
<th>Antipsych Med (S)</th>
<th>Antipsych Med (L)</th>
<th>Anxiety/hypnct (L)</th>
<th>Behet Sx Adjct Ulcer (S)</th>
<th>Behet Sx Adjct Ulcer (L)</th>
<th>Deprssn (S)</th>
<th>Deprssn (L)</th>
<th>UTI (L)</th>
<th>Cath Intrntl/Slbnr (L)</th>
<th>Lo-Req Lsr Blk Conn (L)</th>
<th>Excess Wt Loss (L)</th>
<th>Incr ADL Help (L)</th>
<th>Quality Measure Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>01/01/09</td>
<td></td>
<td>03/04/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/02/09</td>
<td>b b b b b b b b b b b</td>
<td>b b b b b b b b b b b</td>
<td>b b b b b b b b b b b</td>
<td>b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b b b</td>
<td>b b b b b b b b b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/03/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/04/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/06/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/07/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/08/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/09/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/10/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/11/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/12/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/01/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/02/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/03/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/04/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/06/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/07/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/08/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/09/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/10/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/11/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/12/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13/13/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/01/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/02/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/03/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/04/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/05/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/06/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/07/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/08/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/09/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/10/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/11/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/12/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13/13/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**MDS 3.0 Resident Level Quality Measure Report**

- **Facility ID:** [Redacted]
- **Facility Name:** [Redacted]
- **CCN:** [Redacted]
- **City/State:** [Redacted]
- **Data was calculated on:** 08/13/2013
- **Note:** S = short stay, L = long stay, X = triggered, b = not triggered or excluded.
  - C = complete; data available for all days selected
  - I = incomplete; data not available for all days selected

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Resident ID</th>
<th>AG31GA/B/F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>SR Med/Severe Pain (S)</th>
<th>SR Med/Severe Pain (L)</th>
<th>HrRisk Prem Ulcer (L)</th>
<th>Never发生的 Prem Ulcer (S)</th>
<th>PTH Restraints (L)</th>
<th>Falls (L)</th>
<th>Falls w/Injury (L)</th>
<th>Antidepr Med (S)</th>
<th>Antidepr Med (L)</th>
<th>Antianx/Hypnotic (L)</th>
<th>Other Dx/Affr Complication (L)</th>
<th>UTI (L)</th>
<th>CnH Indent/Lft Bladder (L)</th>
<th>DVT (L)</th>
<th>Excess Wt Loss (L)</th>
<th>Inr ADL Help (L)</th>
<th>Quality Measure Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/99/99</td>
<td>b b b b b b b X a b b b b b b b X 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>02/99/99</td>
<td>b b b b b b b X a b b b b b b b X 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>02/99/99</td>
<td>b b b b b b b X a b b b b b b b X 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>02/99/99</td>
<td>b b b b b b b X a b b b b b b b X 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>02/99/99</td>
<td>b b b b b b b X a b b b b b b b X 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>02/99/99</td>
<td>b b b b b b b X a b b b b b b b X 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>02/99/99</td>
<td>b b b b b b b X a b b b b b b b X 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>02/99/99</td>
<td>b b b b b b b X a b b b b b b b X 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

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

**MDS 3.0 Resident Level Quality Measure Report**

**Facility ID:**

**Facility Name:**

**CCN:**

**City/State:**

**Data was calculated on:** 08/12/2013

**Report Period:** 01/01/13 - 06/30/13

**Run Date:** 08/14/13

**Report Version Number:** 2.00

---

**Note:**
- **S** = short stay,
- **L** = long stay,
- **X** = triggered,
- **b** = not triggered or excluded,
- **C** = complete; data available for all days selected,
- **I** = incomplete; data not available for all days selected

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Resident ID</th>
<th>A03109/06F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>SR Mod/Sev Pain (S)</th>
<th>SR Mod/Sev Pain (L)</th>
<th>Hirn/Pain User (L)</th>
<th>Newsev Pain User (L)</th>
<th>Phy Restrmt (L)</th>
<th>Fails (L)</th>
<th>Falls w/Maj Injury (L)</th>
<th>Antipsych Med (L)</th>
<th>Antianxiety/Hypnotic (L)</th>
<th>Bp Adj Incr (L)</th>
<th>Bp Adj Decr Incr (L)</th>
<th>Depression Sx (L)</th>
<th>UTI (L)</th>
<th>Cath Insert/Left Drain (L)</th>
<th>Lo-Risk Late Drp Con (L)</th>
<th>Excess Wt Loss (L)</th>
<th>Intract ADL Help (L)</th>
<th>Quality Measure Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>02/09/99</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/09/99</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/09/99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/09/99</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/09/99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/09/99</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/09/99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

### MDS 3.0 Resident Level Quality Measure Report

**Facility ID:**

**Facility Name:**

**CCN:**

**City/State:**

Data was calculated on: 08/12/2013

Note: S = short stay, L = long stay, X = triggered, b = not triggered or excluded.

C = complete; data available for all days selected, I = incomplete; data not available for all days selected

| Resident Name | Resident ID | 02/19/09 | 04/19/09 | 02/19/09 | 02/22/09 | 02/19/09 | 02/22/09 | 02/19/09 | 02/22/09 | 02/19/09 | 02/22/09 | 02/19/09 | 02/22/09 | 02/19/09 | 02/22/09 | 02/19/09 | 02/22/09 | 02/26/09 | 02/29/09 | 02/26/09 | 02/29/09 | 02/26/09 | 02/29/09 | 02/26/09 | 02/29/09 | 02/26/09 | 02/29/09 |
|---------------|------------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|
|               |            | C       | C        | C       | C        | C       | C        | C       | C        | C       | C        | C       | C        | C       | C        | C       | C        | C       | C        | C       | C        | C       | C        | C       | C        | C       | C        | C       |

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

**MDS 3.0 Resident Level Quality Measure Report**

Report Period: 01/01/13 - 06/30/13  
Run Date: 08/14/13  
Report Version Number: 2.00

Data was calculated on: 08/12/2013

Note:  
S = short stay,  
L = long stay,  
X = triggered,  
b = not triggered or excluded,  
C = complete; data available for all days selected,  
I = incomplete; data not available for all days selected

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Resident ID</th>
<th>A0310A/B/F</th>
<th>SR Mod/Sere Pain (S)</th>
<th>SR Mod/Sere Pain (L)</th>
<th>HirLose Pct Ulcer (L)</th>
<th>Newworo Pct Ulcer (S)</th>
<th>Phys restraint (L)</th>
<th>Falls (L)</th>
<th>Falls w/Blw Injury (L)</th>
<th>Antipsych Med (L)</th>
<th>Antidepres/Sed (L)</th>
<th>Behav Stof Affect Others (L)</th>
<th>Deptss Stf (L)</th>
<th>UTI (L)</th>
<th>Cath Insert/Bladder (L)</th>
<th>Leu-Res, Loss Blk Conc (L)</th>
<th>Excess Wet Loss (L)</th>
<th>Incr ADL Help (L)</th>
<th>Quality Measure Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>3</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>3</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>03/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>1</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>02/09/69</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>b</td>
<td>b</td>
<td>b</td>
<td>X</td>
<td>2</td>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>

This report may contain privacy protected data and should not be released to the public.
<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Resident ID</th>
<th>A0310A/B/F</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data</td>
<td></td>
<td></td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>

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

**MDS 3.0 Resident Level Quality Measure Report**

**Facility ID:**

**Facility Name:**

**CCN:**

**City/State:**

**Data was calculated on:** 08/12/2013

**Note:**  
- **S** = short stay, **L** = long stay, **X** = triggered, **b** = not triggered or excluded,  
- **C** = complete, data available for all days selected, **I** = incomplete, data not available for all days selected

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Resident ID</th>
<th>A0310A/B/F</th>
<th>SR Med/Sev Pain (S)</th>
<th>SR Med/Sev Pain (L)</th>
<th>Hrnsk Pres Ulcer (L)</th>
<th>Neuromus Pud Ulcer (S)</th>
<th>Phys restraint (L)</th>
<th>Falls (L)</th>
<th>Falls w/Maj Injur (S)</th>
<th>Antiphosph (S)</th>
<th>Antiphosph (L)</th>
<th>Antianxiety/Hypnotic (L)</th>
<th>Blood St, Affect Chv (L)</th>
<th>Depression Sx (L)</th>
<th>UTI (L)</th>
<th>Cath Insert/Left Bladder (L)</th>
<th>L2-Risk, Loss Br Con (L)</th>
<th>Exces Wt Loss (L)</th>
<th>Incr ADL Help (L)</th>
<th>Quality Measure Count</th>
</tr>
</thead>
</table>
### CASPER Report

**MDS 3.0 Resident Level Quality Measure Report**

**Facility ID:**

**Facility Name:**

**CON:**

**City/State:**

**Data was calculated on:** 08/12/2013

**Note:**

- **S** = short stay
- **L** = long stay
- **X** = triggered
- **b** = not triggered or excluded
- **C** = complete; data available for all days selected
- **I** = incomplete; data not available for all days selected

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Resident ID</th>
<th>A031GA/B/F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>C C C C C C C C C C C C C C</td>
</tr>
</tbody>
</table>

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