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MDS 3.0 QUALITY MEASURE (QM) REPORTS

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GENERAL INFORMATION

MDS 3.0 Quality Measure (QM) Reports are requested on the CASPER Reports page (Figure 11-1).

Figure 11-1. CASPER Reports Page – MDS 3.0 QM Reports Category

1. Select the MDS 3.0 QM Reports link from the Report Categories frame on the left. A list of the MDS 3.0 Quality Measure reports you may request displays in the right-hand frame.

**NOTE:** Only those report categories to which you have access are listed in the Report Categories frame.

2. Select the desired underlined report name link from the right-hand frame. One or more CASPER Reports Submit pages are presented providing criteria options with which you specify the information to include in your report. These options may differ for each report.

3. Choose the desired criteria and select the Submit or Next button.

**NOTE:** MDS 3.0 reports access detailed information and may require a significant amount of time to process. Once you submit your report request(s), you may consider exiting the CASPER Reporting application, and viewing the completed report(s) at a later time.

4. Refer to Section 2, Functionality, of the CASPER Reporting User’s Guide for assistance in viewing, printing, saving, and exporting the reports you request.

**NOTE:** MDS 3.0 reports are automatically purged after 60 days.
An assessment’s target date is based on the value of A0310F, Entry/Discharge Reporting. The following is a list of target dates:

- Discharge Date (A2000) for A0310F = 10, 11 or 12
- Entry Date (A1600) for A0310F = 01
- Assessment Reference Date (A2300) for A0310F = 99

Resident ID is an internal ID that the MDS 3.0 Submission system assigns to the resident. It is not an ID assigned to the resident by the Long Term Care facility. This ID number is not the same as the Resident ID field of the MDS data set.

**NOTE:** Only federally required (A0410 = 3) assessments and residents for whom federally required assessments were submitted are included in the MDS 3.0 QM reports.

The MDS 3.0 Quality Measures are as follows ("S" indicates a short-stay measure and "L" indicates long-stay measure):

- Self-Reported Moderate to Severe Pain (S)
- Self-Reported Moderate to Severe Pain (L)*
- High-Risk Residents with Pressure Ulcers (L)
- New/Worsened Pressure Ulcers (S)*
- Physical Restraints (L)
- Falls (L)
- Falls with Major Injury (L)
- Psychoactive Medication Use in Absence of Psychotic or Related Condition (L)
- Antianxiety/Hypnotic Medication Use (L)
- Behavior Symptoms Affecting Others (L)
- Depressive Symptoms (L)
- Urinary Tract Infection (L)
- Catheter Inserted and Left in Bladder (L)*
- Low-Risk Residents Who Lose Bowel/Bladder Control (L)
- Excessive Weight Loss (L)
- Need for Help with ADLs Has Increased (L)

* Risk-adjusted Quality Measure using resident-level covariates for public reporting.
MDS 3.0 FACILITY QUALITY MEASURE REPORT

The MDS 3.0 Facility Quality Measure Report displays QM numerator and denominator counts for a select period and provider. It includes the provider’s observed and adjusted triggered percentages as well as state and national average percentage comparisons and a national ranking for each measure.

The criteria selection page (Figure 11-2) for the MDS 3.0 Facility Quality Measure Report presents Begin Date (mm/dd/yyyy), End Date (mm/dd/yyyy), and Comparison Group options. The date the most recent quality measure data were calculated is indicated.

![Figure 11-2. CASPER Reports Submit Page - MDS 3.0 Facility Quality Measure Report](image)

*Begin Date (mm/dd/yyyy)* and *End Date (mm/dd/yyyy)* dates are pre-filled for the most recent completed six-month period prior to the month the data were last calculated. You may enter alternate dates in an mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include an incorrect date format, the *Begin Date* being after the *End Date*, the *Begin Date* being prior to 10/01/2010, the *End Date* being after the date on which the data were calculated, and the use of future dates or alpha characters.

*Comparison Group* date range options include six-month intervals, beginning 10/01/2010. The most recent six-month period available for reporting state and national comparison data ends three months prior to the current month.

**NOTE:** State and National comparison group data are calculated monthly on the first day of the month. Data calculation is delayed by two months in order to allow for submission of late and corrected assessments. Comparison data are not recalculated if assessments with target dates that fall in periods for which comparison group data were already calculated are received.

The *Data was calculated on* date displays at the bottom of the criteria selection page.
NOTE: Quality Measure data are calculated weekly for the assessments submitted since the previous week’s data calculation.

The MDS 3.0 Facility Quality Measure Report (Figure 11-3) details the following for each quality measure for the specified facility and reporting period:

- Measure Description
- Measure ID
- Numerator
- Denominator
- Facility Observed Percentage
- Facility Adjusted Percentage
- Comparison Group State Average
- Comparison Group National Average
- Comparison Group National Percentile
The *Numerator* indicates the number of residents who triggered the QM. These are the people who “have” the measured condition. The *Denominator* indicates the number of residents in the facility who “could have” the measured condition. For some QMs, the number of cases in the denominator is equal to the current number of residents in the facility. For other QMs, the denominator is limited to a specific sub-group of residents who "could have" triggered the QM.

The *Facility Observed Percent* is the percentage of residents who could have the measured condition and actually triggered it. The *Facility Adjusted Percent* applies a mathematical model that takes other health characteristics into account.
of the resident and the national percentage for some measures into account and adjusts the observed percentage accordingly. For non-risk-adjusted QMs, the adjusted percentage is the observed percentage.

The *Comparison Group State Average* is a simple average of the observed or adjusted percentages (as appropriate) for the QM for all facilities in the state for the specified comparison group period. The *Comparison Group National Average* is the average observed or adjusted percentage for the QM for all facilities in the nation for the specified comparison group period.

The *Comparison Group National Percentile* column ranks facilities relative to other facilities in the nation on each QM for the comparison group period with an end date on or before the end date of the requested report period. The higher the ranking, the more likely the measure should be reviewed as part of the facility quality improvement process or emphasized on the survey. Some of the values in the *National Percentile* column may be flagged with an asterisk (*). The asterisk identifies those QMs that cross an investigative threshold equal to or greater than 75%. This column identifies those QMs where the facility’s ranking is high enough that it should be investigated or emphasized on the survey or in any internal quality improvement initiative. It means that this facility’s performance on this particular QM is a possible quality-of-care concern.
MDS 3.0 RESIDENT LEVEL QUALITY MEASURE REPORT

The MDS 3.0 Resident Level Quality Measure Report identifies the active and discharged residents that were included in the Quality Measure calculations for the selected provider and period. The report lists the residents by name and indicates the measures, if any, triggered by each.

The criteria selection page (Figure 11-4) for the MDS 3.0 Resident Level Quality Measure Report presents Begin Date (mm/dd/yyyy) and End Date (mm/dd/yyyy) options. The date the most recent quality measure data were calculated is indicated.

Figure 11-4. CASPER Reports Submit Page - MDS 3.0 Resident Level Quality Measure Report

Begin Date (mm/dd/yyyy) and End Date (mm/dd/yyyy) dates are pre-filled for the most recent completed six-month period prior to the month the data were last calculated. You may enter alternate dates in an mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include an incorrect date format, the Begin Date being after the End Date, the Begin Date being prior to 10/01/2010, the End Date being after the date on which the data were calculated, and the use of future dates or alpha characters.

NOTE: MDS 3.0 quality measure data are only available for assessments with target dates 10/01/2010 and later.

The Data was calculated on date displays at the bottom of the criteria selection page.

NOTE: Quality Measure data are calculated weekly for the assessments submitted since the previous week’s data calculation.
The MDS 3.0 Resident Level Quality Measure Report (Figure 11-5) lists the residents that were included in the Quality Measure calculations for the specified provider and period and indicates with an X the quality measures triggered by each. Each resident is identified by name and Resident ID. The values of A0310A, A0310B, and A0310F are noted for each resident’s qualifying assessment.

**Figure 11-5. MDS 3.0 Resident Level Quality Measure Report**

* Fictitious, sample data is depicted.

Residents are grouped by their active or discharged status and listed alphabetically by name within those groups.

The letter b in a measure column indicates that the resident did not trigger, or was excluded from, the measure.