CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Nursing Home Quality Initiative
Quality Measure Criteria and Selection
October 24, 2002

After a careful review of the Quality Measures Validation Report, as well as the comments and suggestions received from our partners and stakeholders, CMS has selected ten quality measures to be posted for all States and territories on the Nursing Home Compare website for the Fall. The following criteria were used to guide our decisions:

1) The measures must be both valid and reliable.
2) To the extent possible, the measures used for the national rollout should be consistent with those in the pilot.
3) Changes to the measures should be based on clear and obvious lessons learned from the pilot, from the validation, and from comments received from our partners.
4) Where a possible change is open to much debate, we left the measure for now, and will let the debate occur via the National Quality Forum (NQF) process.

The quality measures (without facility admission profile (FAP) unless otherwise designated) that will be reported in November are: 1) residents with a loss of ability in basic daily tasks, 2) residents with pressure ulcers, 3) residents with pressure ulcers (with FAP), 4) residents with pain, 5) residents in physical restraints, 6) residents with infections, 7) short-stay residents with delirium, 8) short-stay residents with delirium (with FAP), 9) short-stay residents with pain, and 10) short-stay residents who walk or walk better (with FAP).

The weight loss measure from the pilot failed validation, whether considered with or without the FAP, and is being eliminated from the measures that will be released in November. CMS will continue working with nursing homes to assure a focus on nutrition issues, and will look to the NQF process to identify a valid measure for this clinical issue, if one exists. If a measure is chosen by NQF, we will report it at the next available opportunity.

We stress that our motivation in moving forward with the public reporting of quality measures is our commitment and promise to our beneficiaries and their families to share information regarding nursing home quality of care in a timely fashion. This information can be used in the process of making an informed selection should they need to consider a nursing home for themselves or a loved one.

We would also like to take this opportunity to affirm our support of the ongoing NQF consensus process. As the process of choosing Nursing Home measures evolved, it became clear that the NQF needs adequate time to fully consider and discuss the Validation Report and to take into account any lessons learned from the Six-State Pilot Study. Once the NQF reaches consensus and delivers its recommendations, we expect to move to a timely implementation of the updated measures on Nursing Home Compare.

Quality Measures for November Public Reporting   Date: 10/24/02

Pilot measure (P)	Quality Measure (Validation Report Measure Reference Code)	Risk Adjustment	Validity (Multiple R)	Inter-rater Reliability (Kappa)	Status for November 2002 Roll-out and Comments*
Chronic QMs	**(6)**				
P	Residents with a loss of ability in basic daily tasks (ADL1)	With individual risk adjustment. FAP N/A	.51 (note: Preventive R was .49)	.84	**Keep;** High validity based on Preventive R, superior reliability
P	Residents with pressure sores (PRU1)	With individual risk adjustment. Without FAP	.58	.74	**Keep;** High validity, superior reliability.
	Residents with pressure sores (PRU1)	With individual risk adjustment. With FAP	.59	.74	**New;** This QM with FAP was equally valid and reliable. Will share both in light of great stakeholder interest in how FAP affects them.
P	Residents with pain (PAIX)	With individual risk adjustment. Without FAP	.82	.73	**Keep;** High validity, superior reliability. FAP version of measure was less valid.
P	Residents in physical restraints (RES1)	Not risk adjusted. FAP N/A.	.52	.56	**Keep;** Moderate validity, acceptable reliability.
P	Residents with infections (INFX)	With individual risk adjustment. Without FAP	.59	.50	**Keep;** High validity, acceptable reliability. Measure has features that make it more robust in some states than in others. In light of the positive validation report, will continue this measure for November, and provide a more full explanation of its features to stakeholders.

Note – The pilot QM "weight loss" failed validity testing and is being dropped from national rollout.

* Improved consumer & provider language will be added to explanations for all measures.

Quality Measures for November Public Reporting   Date: 10/24/02

Pilot measure (P)	Quality Measure (Validation Report Measure Reference Code)	Risk Adjustment	Validity (Multiple R)	Inter-rater Reliability (Kappa)	Status for November 2002 Roll-out and Comments*
Short Stay (PAC) QMs (4)					
P	Short stay residents with delirium (DELX)	With individual risk adjustment. Without FAP	.59 TCU	.65	**Keep;** High validity, acceptable reliability.
	Short stay residents with delirium (DELX)	With individual risk adjustment. With FAP	.62 TCU	.65	**New;** This QM with FAP was equally valid and reliable. Will share both in light of great stakeholder interest in how FAP affects them.
P	Short stay residents with pain (PAIX-short stay)	With individual risk adjustment. Without FAP	.77 all facilities	.72	**Keep;** High validity, acceptable reliability. FAP version of measure was less valid.
see comment column	Short stay residents who walk as well or better (WALX)	With individual risk adjustment. With FAP	.48 (note: Preventive R was .48) TCU	.77	**Revised to report measure with FAP;** High validity based on Preventive R, superior reliability. Validation report showed that the measure without FAP in the pilot was not validated, therefore will switch to the measure with FAP.
	Validity Legend: high - .55 up (total R) OR .45 up (Preventive R) moderate - .40 up (total R) OR .30 up (Preventive R) invalid –less than .40 (total R) or .30 (Preventive R) **Reliability Legend:** Superior - >.75 Acceptable - >.40 Poor - <.40				**Summary of Measures:** **1 Category – eliminate** **5 Categories – same as pilot** **2 Categories– share both non-FAP and FAP measures** **1 Category – eliminated non-FAP and switch to FAP**

* Improved consumer & provider language will be added to explanations for all measures.