

The Percentage of Residents With Loss of Ability in Basic Daily Tasks

What does this graph tell you?

This quality measure was previously referred to as “the percentage of residents who had an unexpected loss of function in some basic daily activities.” Residents are checked at certain times to see how they function doing some basic daily activities. Some loss of function may be expected in the elderly, especially if they are in poor health. However, this measure only counts unexpected, sudden, or rapid loss of the ability to do one or more of these activities. This could mean that the resident needs medical attention. This measure shows the percentage of residents whose need for help doing basic daily activities is greater than when their need for help was last checked (lower percentages are better).

What type of basic daily tasks?

The basic daily activities that residents may need more help to do include: 1) feeding oneself, 2) moving from one chair to another, 3) changing positions while in bed, 4) going to the bathroom alone.

Why is this information important?

Most residents value being able to take care of themselves. It is important that nursing home staff encourage residents to do as much as they can for themselves. In some cases, it may take more staff time to allow residents to do these tasks than to do the tasks for them. Residents who still do these basic daily activities with little help may feel better about themselves and stay more active. This can affect their health in a good way. When people stop taking care of themselves, it may mean that their health has gotten worse. In addition, their health and quality of life may get worse in the future. Some residents will lose function in their basic daily activities even though the nursing home provides good care. For more information on this data, please view the [**information about the loss of ability in some basic daily tasks**](#) in the Frequently Asked Questions section.

The Percentage of Residents With Pressure Sores

Note: This measure is also available [**with an Additional Level of Risk Adjustment**](#) to help you to compare nursing homes. It takes into account characteristics of the residents admitted to the nursing home in the past year.

Information about pressure sores and what this graph tells you is provided under graph for [**The Percentage of Residents With Pressure Sores \(With an Additional Level of Risk Adjustment\)**](#).

The Percentage of Residents With Pressure Sores (With an Additional Level of Risk Adjustment)

Note: This measure is also available [**without an Additional Level of Risk Adjustment**](#) to help you to compare nursing homes.

What do these graphs tell you?

The percentage of residents reported to have one or more pressure sores (lower percentages are better).

What is a pressure sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the tailbone, hip, ankle, or heel. They are usually caused by constant pressure on one part of the skin. Pressure sores are sometimes called bedsores. These sores can be caused from the pressure on the skin from chairs, wheelchairs, or beds. Severe pressure sores may take a long time to heal. As a result, some of the pressure sores included in this data may be ones that facilities are in the process of successfully treating and improving.

Why is this information important?

Pressure sores may:

- Be painful,
- Take a long time to heal, or
- Cause other complications such as skin and bone infections.

There are several things that nursing homes can do to prevent or treat pressure sores, such as frequently changing the resident's position, proper nutrition, and using soft padding to reduce pressure on the skin. Some residents may get pressure sores even when the nursing home provides good preventive care. For more information on this data, please view the [information about Pressure Sores](#) in the Frequently Asked Questions section.

The Percentage of Residents With Pain

What does this graph tell you?

The percentage of residents reported to have very bad pain at any time, or moderate pain every day, in the 7 days prior to the assessment. Comparing these percentages is different from the other measures because the percentages may mean different things.

Generally, a lower percentage on this measure is better. However, this isn't always true. For example, two nursing homes could provide the same quality of care and have the same number of residents with pain. However, if one of the nursing homes does a better job checking the residents for pain, they could have a higher percentage on this measure. Or, if for personal or cultural reasons, residents in one of the nursing homes refuse to take pain medication, that nursing home's percentage would be higher. In these examples, although the percentages for one nursing home is higher, it does not mean they are not providing good care.

This measure is shown to get you to talk to the nursing home staff about how they check and manage pain, and to make you aware of how important it is. Pain can be caused by a variety of medical conditions. Checking for pain and pain management are very complex.

Why is this information important?

Residents should always be checked by nursing home staff to see if they are having pain. Residents (or someone on their behalf) should let staff know if they are in pain so efforts can be made to find the cause and make the resident more comfortable. If pain is not treated, a resident may not be able to perform daily routines, may become depressed, or have an overall poor quality of life. This percentage may include some residents who are getting or have been prescribed treatment for their pain, but who refuse pain medicines or choose to take less. They choose to accept a certain level of pain so they can stay more alert. For more information on this data, please view the [**information about Pain**](#) in the Frequently Asked Questions section.

The Percentage of Residents in Physical Restraints

What does this graph tell you?

The percentage of residents in the nursing home who are in physical restraints daily (lower percentages are better).

What are physical restraints?

A physical restraint is any device, material, or equipment that keeps a resident from moving freely. Examples of physical restraints include special types of vests, chairs with lap trays, ankle restraints, or wrist restraints. Bed rails (side rails) are not used in the calculation of this measure.

Why is this information important?

Restraints should only be used when they are necessary as part of the treatment of a resident's medical condition. Only a doctor can order a restraint. Restraints should never be used to punish a resident or to make things easier for the staff. A resident who is restrained daily can become weak, lose his or her ability to go to the bathroom by themselves, and develop pressure sores or other medical complications. For more information on this data, please view the [**information about Physical Restraints**](#) in the Frequently Asked Questions section.

The Percentage of Residents With Infections

What does this graph tell you?

The percentage of nursing home residents who have certain types of infections (lower percentages are better).

What is an infection?

Examples of infection are pneumonia, wound infections, and urinary tract or bladder infections.

Why is this information important?

Certain types of infections can be prevented by shots (immunizations), like flu or pneumonia shots, and other care by nursing home staff. Complications from other health conditions, such as diabetes, may result in

infections, which may be more difficult to prevent. Infections can usually be treated with proper care. Infections can make someone who is already weak, weaker. This can lead to complications, hospitalization, or even death.

NOTE: The national average for this measure is not provided because of state-to-state differences in data collection. In some states, the data for this measure may only be collected once throughout the year. Therefore, the numbers you see may be the percent of residents who had an infection during that period of the past year. Also, some states collect data that include a variety of infections (pneumonia, respiratory infections, septicemia, wound infections, hepatitis, and urinary tract infections) while 19 states only collect infection data on urinary tract infections). For more information on this data, please view the [information about Infections](#) in the Frequently Asked Questions section.

The Percentage of Short Stay Residents With Delirium

Note: This measure is also available [with an Additional Level of Risk Adjustment](#) to help you to compare nursing homes. It takes into account characteristics of the residents admitted to the nursing home in the past year.

Information about delirium and what this graph tells you is provided under graph for [The Percentage of Short Stay Residents With Delirium \(With an Additional Level of Risk Adjustment\)](#).

The Percentage of Short Stay Residents With Delirium (With an Additional Level of Risk Adjustment)

Note: This measure is also available [without an Additional Level of Risk Adjustment](#) to help you to compare nursing homes.

What do these graphs tell you?

The percentage of short-stay residents (residents who are expected to stay for a short period of time) who have symptoms of delirium (lower percentages are better).

What is delirium?

Delirium is a mix of short-term problems with focusing or shifting attention, being confused, and not being aware of one's surroundings or environment. (Note that delirium is not "dementia" or "senility", which is more about learning and memory problems). These symptoms may appear suddenly, from a variety of causes, and can be reversible. For more information about delirium, please view the [information about Delirium](#) in the Frequently Asked Questions section.

Why is this information important?

Delirium is a sign that the resident needs immediate medical attention. For example, residents with delirium may need their medications or diet changed. Residents with certain conditions or on specific medications should be watched and checked carefully.

The Percentage of Short Stay Residents With Pain

What does this graph tell you?

The percentage short stay residents (residents who are expected to stay for a short period of time) reported to have very bad pain at any time, or moderate pain every day, in the 7 days prior to the assessment. Comparing these percentages is different from the other measures because the percentages may mean different things.

Generally, a lower percentage on this measure is better. However, this isn't always true. For example, two nursing homes could provide the same quality of care and have the same number of residents with pain. However, if one of the nursing homes does a better job checking the residents for pain, they could have a higher percentage on this measure. Or, if for personal or cultural reasons, residents in one of the nursing homes refuse to take pain medication, that nursing home's percentage would be higher. In these examples, although the percentages for one nursing home is higher, it does not mean they are not providing good care.

This measure is shown to get you to talk to the nursing home staff about how they check and manage pain, and to make you aware of how important it is. Pain can be caused by a variety of medical conditions. Pain and pain management are very complex.

Why is this information important?

Residents should always be checked by nursing home staff to see if they are having pain. Residents (or someone on their behalf) should let staff know if they are in pain so efforts can be made to find the cause and make the resident more comfortable. If pain is not treated, a resident may not be able to perform daily routines, become depressed, or have an overall poor quality of life. This percentage may include some residents who are getting or have been prescribed treatment for their pain, but who refuse pain medicines or choose to take less. They choose to accept a certain level of pain so they can stay more alert. For more information on this data, please view the [information about Pain](#) in the Frequently Asked Questions section.

The Percentage of Short Stay Residents Who Walk as Well or Better

What does this graph tell you?

The percentage of short stay residents (residents who are expected to stay for a short period of time) who walked better on day 14 than on day 5 of their stay or who walked independently on day 5 and maintained that level on day 14. . Examples of residents who are not included in this measure are those who are in a coma, on a ventilator, are paralyzed, or are receiving hospice care. **NOTE:** In this measure, **higher** percentages are better.

What does improved walking mean?

Improved walking is an increase in a resident's ability to walk with little help or no help at all.

Why is this information important?

Residents who stay in a nursing home for a short time are generally expected to maintain or improve their ability to walk. Being able to walk on one's own helps improve quality of life and how residents feel about

themselves. It makes it more likely the resident will be able to go home earlier. Nursing home staff can help improve a resident's ability to walk in many ways. For instance, they can encourage residents to take part in physical activities. For more information on this data, please view the **information about Improvement in Walking** in the Frequently Asked Questions section.

What are Nursing Home Quality Measures?

Information to help you use these measures and understand their limitations

Quality Data

The nursing home quality measures come from resident assessment data that nursing homes routinely collect on all residents at specified intervals during their stay (referred to as the Minimum Data Set). The information collected pertains to the resident's physical, and clinical conditions and abilities, as well as preferences and life care wishes.

Quality Measures

This assessment data can be converted into quality measures that give you another source of information about how well nursing homes are caring for their residents' physical and clinical needs.

The quality measures have four intended purposes, 1) to give information about certain quality measures to be used to help you choose a nursing home for yourself or others, 2) to give you information about the care at nursing homes where you or family members already live, 3) to get you to talk to nursing home staff about the quality of care, and 4) to give data to the nursing home to help them with their quality improvement efforts. The current quality measures have been chosen because they can be measured and don't require nursing homes to prepare additional reports. They are valid and reliable. However, they are not benchmarks, thresholds, guidelines, or standards of care. They are based on care provided to the population of residents in a facility, not to any individual resident, and are not appropriate for use in a litigation action.

These quality measures were selected because they are important. They show ways in which nursing homes are different from one another. There are things that nursing homes can do to improve their percentages. The quality measures have been checked and are based on the best research currently available. As this research continues, scientists will keep improving the quality measures on this website.

These quality measures are only one thing to consider when deciding about nursing home care. In addition to the quality measures, you should consider whether or not the nursing home meets your specific needs (for example, an Alzheimer's unit). Also, look at other information available on this website including facility characteristics and inspection results. You may also call your State Survey Agency or Long-Term Care Ombudsman for additional information (See **"Helpful Contacts"**). Finally and most importantly, you should visit nursing homes in order to meet the care team (like nurses, certified nursing assistants, and therapists), watch the care that is given, and see firsthand the quality of living conditions and the general nursing home environment. CMS provides a **nursing home checklist** on this website to help guide you through what to think about during your nursing home visits.

Most of these quality measures reflect a resident's condition for the seven days before they were assessed. For example, residents were assessed for pain over the past seven days. Therefore, the quality measures may not represent the resident's clinical condition during the entire time period between assessments.

How the quality measures risk adjusted?

| Quality Measures | <u>Exclusions*</u> | <u>Resident-level Adjustment</u> | <u>Facility-level Adjustment</u> |
|---|--------------------|----------------------------------|----------------------------------|
| The Percentage of Residents With Loss of Ability in Basic Daily Tasks | √ | | |
| The Percentage of Residents With Pressure Sores | √ | | |
| The Percentage of Residents With Pressure Sores (With an Additional Level of Risk Adjustment) | √ | | √ |
| The Percentage of Residents With Pain | √ | √ | |
| The Percentage of Residents in Physical Restraints | √ | | |
| The Percentage of Residents With Infections | √ | | |

| | | | |
|---|---|---|---|
| The Percentage of Short Stay Residents With Delirium | √ | √ | |
| The Percentage of Short Stay Residents With Delirium (With an Additional Level of Risk Adjustment) | √ | √ | √ |
| The Percentage of Short Stay Residents With Pain | √ | | |
| The Percentage of Short Stay Residents Who Walk as Well or Better | √ | | √ |

* Exclusion may be due to missing data or for clinical conditions. Please refer to the **User's Manual** on **www.cms.hhs.gov** for additional details regarding the quality measure specifications.

Risk Adjustment

NOTE: Data and risk adjustment is an important component in the calculation of quality measures. However, an understanding of the details of the adjustment procedures for the quality measures is not necessary for the average user of the nursing home information contained in this booklet. Scientists involved in research on the measurement of quality in long-term care have advised CMS on the methods of risk adjustment, and we believe we are using the best science available at this time. The following detailed information is presented for those who are interested.

Nursing homes vary in the level of overall health and functional impairment of individual residents and in admission and discharge practices. These differences can affect scores on the quality measures but do not reflect the quality of care provided by the nursing homes. Unless scores are adjusted for such factors, a quality

measure may not give a true and fair picture of clinical care being provided. Therefore, it is important to adjust for risk when computing the quality measures.

This set of quality measures is risk adjusted in order to take into account differences that exist among residents in the nursing home setting. The methods of risk adjustment used for calculation of the quality measures involve use of resident information that is thought to be related to the outcomes of the individual quality measure rates but not reflective of care processes. This type of risk adjustment is meant to allow an “apples to apples” comparison of the quality measures between nursing homes.

There are a number of different ways to risk adjust data, including determining exclusion factors and regression analysis. Regression-based risk adjustment involves using statistical methods to account for factors (such as resident characteristics), which are not related to quality of care. The quality measures use exclusions and two types of regression-based adjustments: resident and facility adjustments.

Exclusions

Exclusion factors are used to limit the measures to a relevant group of residents. For example, the measure on the unexpected loss of function in some basic daily activities excludes residents in a coma from consideration since they cannot perform basic daily activities. If residents in a coma were included in this measure, it could affect that nursing home’s percentage on the quality measure, thereby making it difficult to compare with other nursing homes (which might not have any residents in a coma).

In addition to exclusions for clinical conditions, we have excluded residents who have missing assessment data. In instances in which a resident assessment is missing the data elements needed to calculate the quality measure, the resident is excluded from that measure.

Resident-Level Risk Adjustment

Individual residents have different risks for counting in the quality measures due to variations in their health and how they function. A resident may have a health condition that could increase or decrease the likelihood of them being counted in a specific measure regardless of the quality of care provided by the nursing home. For example, a resident may have cognitive impairment (difficulty thinking and communicating), which impacts on his ability to clearly express levels of pain. This difficulty in expressing how they feel could decrease the likelihood of triggering the “pain” measure regardless of the nursing home’s quality of care. Therefore the quality measure for long-term residents with pain is risk adjusted to take into account residents that have cognitive impairments.

Consider two nursing homes that provide the same quality of care to their residents and whose residents are exactly the same except for one feature.. “Nursing Home A” has many residents who are cognitively impaired, “Nursing Home B” does not. Before risk adjusting, “Nursing Home A’s” percentage of resident’s in pain is lower than “Nursing Home B’s.” After risk adjustment, the scores are the same.

Two of the quality measures are risk adjusted at the resident level: delirium (for temporary (short) stay residents) and pain (for long-term residents). These measures have added adjustments that take into account certain resident characteristics so that they reflect differences in the quality of care that is provided and not differences in the resident’s health.

Please visit the Frequently Asked Questions section for [specific quality measure technical examples for Resident-Level Risk Adjustment](#).

Facility-Level Risk Adjustment

Some of the measures are adjusted at the facility level to account for differences in how nursing homes admit and assess residents. Facility-level risk adjustment takes into account the fact that some nursing homes may admit frailer, sicker residents, or specialize in a particular area of care (such as pressure sores) that accounts for a higher rate for a particular quality measure.

The facility level adjustments are made based on the proportion of residents with admission assessments, which meet certain conditions. This is called the “Facility Admission Profile” or FAP. The FAP adjustment affects three measures: pressure sores (for long-term residents) and delirium and walking (for temporary (short) stay residents). The walking measure is reported with the FAP adjustment. The other two measures are reported with and without the FAP adjustment.

Please visit the Frequently Asked Questions section for [specific quality measure technical examples for Facility-Level Risk Adjustment](#).