New York State 2018 Nursing Home Quality Initiative Results and 2019 Proposals

New York State Department of Health
November 28, 2018
Status Updates
Nursing Home Quality Pool (NHQP) to be Paid in November for 2013 - 2017

- The award/contribution for each of the five years was calculated individually and then summed to arrive at one NET award/contribution amount per facility.

- Quality funding was calculated for all facilities, and facilities who scored in quintiles 1, 2, and 3 receive payouts.

- Facilities receiving an award will receive it in Medicaid cycle checks: cycle # 2152 and cycle # 2153, with respective check release dates of 12/5/18 and 12/12/18.
Nursing Home Quality Pool (NHQP) to be Paid in November for 2013 - 2017

• Facilities who owe funds as a result of NHQP will have the funds recovered through their Medicaid cycle checks

• 1% Nursing Home Restoration payments, $140 million statewide, will be used to offset amount facilities owe for retro NHQP

• For facilities that owe funds, recoupments will be recovered through cycle check withholdings, and full balance of amount owed will be recouped by the end of the State Fiscal Year (3/31/2019)
2018 Nursing Home Quality Initiatives (NHQI)

• 2018 NHQI State Planning Amendment was approved by CMS on July 18, 2018

• Facility-specific results for feedback expected to be released on the Health Commerce System in December 2018*

• Final results, quintile ranking, continued top performer list, and downloadable data on Health Data NY to follow

*Feedback may be delayed due to completeness issues with the fourth quarter of SPARCS data (Potentially Avoidable Hospitalization measure)
2018 NHQI Measures and Methodology
2018 NHQI Structure

Quality Component: 70 points
- Percent of Long Stay High Risk Residents With Pressure Ulcers*
- Percent of Long Stay Residents Who Received the Pneumococcal Vaccine
- Percent of Long Stay Residents Who Received the Seasonal Influenza Vaccine
- Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
- Percent of Long Stay Residents Who have Depressive Symptoms
- Percent of Low Risk Long Stay Residents Who Lose Control of Their Bowels or Bladder
- Percent of Long Stay Residents Who Lose Too Much Weight*
- Percent of Long Stay Antipsychotic Use in Persons with Dementia (PQA)
- Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain*
- Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
- Percent of Long Stay Residents with a Urinary Tract Infection
- Percent of Employees Vaccinated for Influenza
- Rate of Staff Hours per Day
- Percent of Contract/Agency Staff Used

Compliance Component: 20 points
- NYS Regionally Adjusted Five-Star Quality Rating for Health Inspections
- Timely Submission of Nursing Home Certified Cost Reports
- Timely Submission of Employee Influenza Immunization Data

Efficiency Component: 10 points
- Number of Potentially Avoidable Hospitalizations per 10,000 Long Stay Days*

*denotes risk adjustment by NYSDOH
Scoring Details - Quality Component

- Quintile 1: 5 points
- Quintile 2: 3 points
- Quintile 3: 1 point
- Quintiles 4 and 5: 0 points

Two measures were awarded 5 or 0 points based on threshold values:
1. Percent of Contract/Agency Staff Used (5 points for a rate of less than 10%)
2. Percent of Employees Vaccinated for Influenza (5 points for a rate of 85% or higher)

12 measures were eligible for improvement points based on the previous year’s quintile
1. Percent of Long Stay High Risk Residents With Pressure Ulcers
2. Percent of Long Stay Residents Experiencing One or More Falls with Major Injury
3. Percent of Long Stay Residents Who have Depressive Symptoms
4. Percent of Low Risk Long Stay Residents Who Lose Control of Their Bowels or Bladder
5. Percent of Long Stay Residents Who Lose Too Much Weight
6. Percent of Long Stay Residents Who Self-Report Moderate to Severe Pain
7. Percent of Long Stay Residents Whose Need for Help with Daily Activities Has Increased
8. Percent of Long Stay Residents with a Urinary Tract Infection
9. Percent of Long Stay Residents who Received the Seasonal Influenza Vaccine
10. Percent of Long Stay Residents who Received the Pneumococcal Vaccine
11. Percent of Long Stay Antipsychotic Use in Persons with Dementia
12. Rate of Staff Hours per Day

<table>
<thead>
<tr>
<th>2017 Performance</th>
<th>Quintile</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (best)</td>
<td></td>
<td>5</td>
<td>5</td>
<td>5</td>
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<td>1</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

If 2017 NHQI performance was in the third quintile, and 2018 NHQI performance was in the second quintile, the facility received 4 points. This is 3 points for attaining the second quintile and 1 point for improvement from the previous year’s third quintile.
Scoring Details - Compliance and Efficiency Components

Compliance Component

• NYS Regionally Adjusted Five-Star Quality Rating for Health Inspections
  o Used CMS health inspection survey scores as of May 2018 to calculate cut points for each region in the state
  o Regions include the Metropolitan Area, Western New York, Capital District, and Central New York
  o Within each region, the top 10% of nursing homes received five stars, the middle 70% received four, three, or two stars, and the bottom 20% received one star
  o Each nursing home was awarded a Five-Star Quality Rating based on the cut points calculated from the health inspection survey scores within its region
  o 10 points for 5 stars, 7 points for 4 stars, 4 points for 3 stars, 2 points for 2 stars, 0 points for 1 star

• Timely Submission of Nursing Home Certified Cost Reports – 5 points

• Timely Submission of Employee Influenza Immunization Data – 5 points

Efficiency Component

• Potentially Avoidable Hospitalizations
  o Quintile 1: 10 points
  o Quintile 2: 8 points
  o Quintile 3: 6 points
  o Quintile 4: 2 points
  o Quintile 5: 0 points
2018 NHQI Results
### 2018 NHQI Measure Statistics

#### Higher Rate is Better

<table>
<thead>
<tr>
<th>Measures</th>
<th>Statewide Average</th>
<th>P100 (max)</th>
<th>P80</th>
<th>P60</th>
<th>P40</th>
<th>P20</th>
<th>P0 (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall score</td>
<td>50</td>
<td>--</td>
<td>89</td>
<td>--</td>
<td>60</td>
<td>--</td>
<td>53</td>
</tr>
<tr>
<td>Percent of long stay residents who received the pneumococcal vaccine</td>
<td>80</td>
<td>79</td>
<td>100</td>
<td>100</td>
<td>92</td>
<td>91</td>
<td>87</td>
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<tr>
<td>Percent of long stay residents who received the seasonal influenza vaccine</td>
<td>84</td>
<td>83</td>
<td>100</td>
<td>100</td>
<td>92</td>
<td>92</td>
<td>88</td>
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<tr>
<td>Rate of staff hours per day</td>
<td>3.4</td>
<td>--</td>
<td>5.9</td>
<td>--</td>
<td>3</td>
<td>--</td>
<td>2.7</td>
</tr>
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</table>

#### Lower Rate is Better

<table>
<thead>
<tr>
<th>Measures</th>
<th>Statewide Average</th>
<th>P0 (min)</th>
<th>P20</th>
<th>P40</th>
<th>P60</th>
<th>P80</th>
<th>P100 (max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of long stay low risk residents who lose control of their bowel or bladder</td>
<td>48.8</td>
<td>50.7</td>
<td>1</td>
<td>5</td>
<td>34</td>
<td>37</td>
<td>47</td>
</tr>
<tr>
<td>Percent of long stay residents experiencing one or more falls with major injury</td>
<td>2.6</td>
<td>2.6</td>
<td>0</td>
<td>0</td>
<td>1.2</td>
<td>1.3</td>
<td>2</td>
</tr>
<tr>
<td>Percent of long stay residents who have depressive symptoms</td>
<td>10.3</td>
<td>7.7</td>
<td>0</td>
<td>0</td>
<td>0.7</td>
<td>0.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Percent of long stay residents with dementia who received an antipsychotic medication</td>
<td>11.1</td>
<td>9.1</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Percent of long stay residents whose need for help with daily activities has increased</td>
<td>13.1</td>
<td>12.8</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>9</td>
<td>12</td>
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<tr>
<td>Percent of long stay residents with a urinary tract infection</td>
<td>3.2</td>
<td>2.5</td>
<td>0</td>
<td>0</td>
<td>1.5</td>
<td>1.1</td>
<td>2.6</td>
</tr>
<tr>
<td>Percent of long stay high risk residents with pressure ulcers</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>4.4</td>
<td>4.5</td>
<td>5.9</td>
</tr>
<tr>
<td>Percent of long stay residents who lose too much weight</td>
<td>5.8</td>
<td>6</td>
<td>0.4</td>
<td>0.5</td>
<td>4</td>
<td>4.2</td>
<td>5.2</td>
</tr>
<tr>
<td>Percent of long stay residents who self-report moderate to severe pain</td>
<td>4.7</td>
<td>3.9</td>
<td>0</td>
<td>0</td>
<td>0.9</td>
<td>0.5</td>
<td>2.5</td>
</tr>
<tr>
<td>Number of potentially avoidable hospitalizations per 10,000 long stay days</td>
<td>5.6</td>
<td>--</td>
<td>0</td>
<td>--</td>
<td>3.4</td>
<td>--</td>
<td>4.8</td>
</tr>
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</table>

-- Measure rate not available yet
* This slide will be updated when the data is finalized
Quality Component - Employee Vaccination Measure*

- Statewide employee influenza vaccination average remained the same from the 2015-2016, 2016-2017, 2017-2018 influenza seasons

<table>
<thead>
<tr>
<th>Measurement year</th>
<th>NHQI year</th>
<th>Statewide Average</th>
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<tbody>
<tr>
<td>2012</td>
<td>2013</td>
<td>51%</td>
</tr>
<tr>
<td>2013</td>
<td>2014</td>
<td>86%</td>
</tr>
<tr>
<td>2014</td>
<td>2015</td>
<td>86%</td>
</tr>
<tr>
<td>2015</td>
<td>2016</td>
<td>85%</td>
</tr>
<tr>
<td>2016</td>
<td>2017</td>
<td>85%</td>
</tr>
<tr>
<td>2017</td>
<td>2018</td>
<td>85%</td>
</tr>
</tbody>
</table>

* This slide will be updated when the data is finalized
Quality Component – Improvement Results*

- Facilities will receive one point for improvement if the 2018 NHQI quintile for a measure is an improvement from the 2017 NHQI quintile
- 12 measures are eligible for improvement points based on the previous year’s quintile
  - 11 measures available for comparison
  - Rate of staff hours per day is eligible for improvement, but pending cost report data
- 95% of facilities received at least one improvement point in 2018 NHQI (compared to 94% in 2017 NHQI)

<table>
<thead>
<tr>
<th>Number of Improved Quality Measures</th>
<th>Percent Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016 NHQI</td>
</tr>
<tr>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>5 or more</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>95</td>
</tr>
</tbody>
</table>

* This slide will be updated when the data is finalized
† 11 measures are available for comparison
Compliance Component and Deficiencies*

Compliance

• Timely Submission of Nursing Home Certified Cost Reports—5 points
  o rate not available yet

• Timely Submission of Employee Influenza Immunization Data—5 points
  o 95% (N=585) of facilities submitted by the May 1, 2018 deadline (compared to 94% in 2017 NHQI)

Deficiencies

• Measurement period of July 1, 2017 - June 30, 2018
• 1.4% (N=8) of facilities received a J, K, or L deficiency, compared to 1.5% (N=11) in 2017 NHQI
  • Final quintile pending

Number (%) of facilities with a J, K, or L deficiency in 2018 NHQI compared to 2017, by Quintile

<table>
<thead>
<tr>
<th>NHQI Year</th>
<th>Quintile 1</th>
<th>Quintile 2</th>
<th>Quintile 3</th>
<th>Quintile 4</th>
<th>Quintile 5</th>
<th>Total Facilities with a Deficiency</th>
<th>Total Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>1 (&lt;1)</td>
<td>0 (0)</td>
<td>2 (&lt;1)</td>
<td>4 (&lt;1)</td>
<td>4 (&lt;1)</td>
<td>11 (2)</td>
<td>587</td>
</tr>
<tr>
<td>2018</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>585</td>
</tr>
</tbody>
</table>

* This slide will be updated when the data is finalized
2019 NHQI Measures
2019 NHQI Structure

Quality Component: 70 points
- Percent of Long Stay High Risk Residents With Pressure Ulcers*
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- NYS Regionally Adjusted Five-Star Quality Rating for Health Inspections
- Timely Submission of Nursing Home Certified Cost Reports
- Timely Submission of Employee Influenza Immunization Data

Efficiency Component: 10 points
- Number of Potentially Avoidable Hospitalizations per 10,000 Long Stay Days*

* denotes risk adjustment by NYSDOH
Potential CMS Quality measures to replace topped out current NHQI measures

- Percentage of long-stay residents who have or had a catheter inserted and left in their bladder
- Percentage of long-stay residents whose ability to move independently worsened
- Percentage of long-stay residents who were physically restrained

<table>
<thead>
<tr>
<th>Averages</th>
<th>Percentage of long-stay residents with a catheter inserted and left in their bladder</th>
<th>Percentage of long-stay residents whose ability to move independently worsened</th>
<th>Percentage of long-stay residents who were physically restrained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide</td>
<td>1.8</td>
<td>18.3</td>
<td>0.4</td>
</tr>
<tr>
<td>NY Statewide</td>
<td>1.4</td>
<td>16.4</td>
<td>0.6</td>
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</table>
MDS Section S
MDS Section S

• Effective Oct 2018
  • Neurodegenerative (09) is added to S0160: Specialty unit list
  • Following new items are added

<table>
<thead>
<tr>
<th>Items</th>
<th>Item Label</th>
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<tbody>
<tr>
<td>S0170A</td>
<td>Advanced directive: Guardian</td>
</tr>
<tr>
<td>S0170B</td>
<td>Advanced directive: DPOA-HC</td>
</tr>
<tr>
<td>S0170C</td>
<td>Advanced directive: Living will</td>
</tr>
<tr>
<td>S0170D</td>
<td>Advanced directive: Do not resuscitate</td>
</tr>
<tr>
<td>S0170E</td>
<td>Advanced directive: Do not hospitalize</td>
</tr>
<tr>
<td>S0170F</td>
<td>Advanced directive: Do not intubate</td>
</tr>
<tr>
<td>S0170G</td>
<td>Advanced directive: Feeding restrictions</td>
</tr>
<tr>
<td>S0170H</td>
<td>Advanced directive: Other treatment restrictions</td>
</tr>
<tr>
<td>S0170Z</td>
<td>Advanced directive: None of the above</td>
</tr>
<tr>
<td>S0171A</td>
<td>Resident healthcare proxy exists</td>
</tr>
<tr>
<td>S0171B</td>
<td>Resident healthcare proxy invoked</td>
</tr>
</tbody>
</table>
MDS Section S

NYSDOH issued an instructional document for Section S items (effective Oct 2018)

- [https://www.health.ny.gov/professionals/nursing_homeAdministrator/docs/2018-10-01_section_s_instructions.pdf](https://www.health.ny.gov/professionals/nursing_homeAdministrator/docs/2018-10-01_section_s_instructions.pdf)

MDS Section S (S0185) - Discharge to Hospital

• Item Text
  o If this is a discharge assessment (A0310F = 10 or 11) and the resident is being discharged to an acute hospital (A2100 = 03), is the discharge to hospital due to the request of the resident’s healthcare proxy, and against the opinion of the nursing home?

• Response
  o No=0, Yes=1
  o If the assessment is not a discharge, or the resident is not being discharged to an acute hospital, the facility should use a dash to indicate that the question is not applicable
  o Using dash generates warning - “Missing Invalid Data. This required item is either missing or contains invalid data. Number fields must be unsigned”
  o Discussing with CMS to resolve this issue
  o Please forward your questions: mdstechissues@cms.hhs.gov
S0185 only needs to be present on ND, NOD, and NSD assessments

https://qtso.cms.gov/system/files/2018-05/October_1_%202018_Consolidated_SectionS_Items_20171120_0_0.pdf

<table>
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<th>Item ID</th>
<th>ND-Comp</th>
<th>NQ-Quarterly</th>
<th>NP-PPS</th>
<th>NT-Tracking</th>
<th>ND-Discharge</th>
<th>NOD-OMRA Other + Discharge</th>
<th>NOD-OMRA Start of Therapy + Discharge</th>
<th>NSD-OMRA Other</th>
<th>NO-OMRA Start of Therapy</th>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

ND : Nursing Home Discharge  
NOD: Nursing Home OMRA-Discharge  
NSD : Nursing Home OMRA-Start of Therapy and Discharge
MDS Section S – S0171 Health Care Proxy

If the resident does not have a health care proxy at all, then S0185 must be 0 and can not be 1.
Next Steps
Next Steps:
Potential Measures Under Development

- CMS Payroll-Based Journal
- Dental Measure
- Long-Stay Discharge to Community
CMS Payroll - Based Journal

• As of July 1, 2016, skilled nursing facilities are required to electronically submit staffing data to CMS through the Payroll-Based Journal (PBJ)
• PBJ contains direct care hours and facility census data
• CMS will use this data to calculate the staffing measures used in the Five-Star Quality Rating System
• PBJ Public Use File was made available on November 1, 2017
  o Contains data for 2017 and 2018 Q1 & Q2
  o Total number of hours for RNs, LPNs, and Aides for each day
  o Facility census for each day, calculated using MDS
• CMS will post subsequent quarters of data as they become available

• NYSDOH will analyze this data for cost report data replacement in the contract staff and annual staffing measures
Dental Measure
MDS Section S – Dental Care

• Item Text
  1. Routine dental care since last assessment
  2. Emergent dental care since last assessment
  9. None of the Above

• Clarification
  o Routine dental care is planned or scheduled care
  o Emergent dental care is unplanned or unscheduled care provided for the purposes described in 10 NYCRR Section 415.17 and any successor regulation
MDS Section S – Dental Care

Type and Frequency of Dental Care Received Since Last Assessment, 2015, 2016, and 2017

<table>
<thead>
<tr>
<th>Dental Care</th>
<th>2015</th>
<th></th>
<th>2016</th>
<th></th>
<th>2017</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Residents</td>
<td>Long Stay</td>
<td>All Residents</td>
<td>Long Stay</td>
<td>All Residents</td>
<td>Long Stay</td>
</tr>
<tr>
<td>Routine</td>
<td>80,796</td>
<td>33.7</td>
<td>60,581</td>
<td>52.9</td>
<td>76,821</td>
<td>32.2</td>
</tr>
<tr>
<td>Emergent</td>
<td>6,876</td>
<td>2.9</td>
<td>6,162</td>
<td>5.4</td>
<td>6,408</td>
<td>2.7</td>
</tr>
<tr>
<td>Either</td>
<td>83,689</td>
<td>34.9</td>
<td>63,035</td>
<td>55.1</td>
<td>79,508</td>
<td>33.3</td>
</tr>
<tr>
<td>None</td>
<td>156,393</td>
<td>65.1</td>
<td>51,416</td>
<td>44.9</td>
<td>159,136</td>
<td>66.7</td>
</tr>
<tr>
<td>Total Unique Residents</td>
<td>240,082*</td>
<td>--</td>
<td>114,451*</td>
<td>--</td>
<td>238,644*</td>
<td>--</td>
</tr>
</tbody>
</table>

* Routine, emergent, either are not mutually-exclusive; a resident can be in more than one category
-- Total is >100% due to overlap

- Table may include residents for whom no dental care was appropriate, depending on length of stay
Long-Stay Discharge to Community
Percentage of Long-Stay Residents Who Were Successfully Discharged to the Community

- Develop a quality metric to reward nursing homes that discharge long stay residents to the community
- Based on CMS short stay measure: Percentage of short-stay residents who were successfully discharged to the community
- Under investigation to include in future NHQI
Percentage of Long-Stay Residents Who Were Successfully Discharged to the Community

- **Numerator:** Number of nursing home long stay residents discharged to the community. Discharges to the community are identified by MDS assessment question A2100_DSCHRG_STUS_CD (Discharge to Community)

- **Denominator:** Total number of days contributed by each nursing home long stay resident during the year 2016

- **Rate:** Numerator/denominator X 10,000 member-days
  Due to the small number of discharges per nursing home, rates are presented as the number of discharges per 10,000 member-days

- Rates are unadjusted and exclusion criteria is not applied
Preliminary results

• In the 2016 MDS data, there were 7,053 long-stay residents discharged to community across 589 nursing homes

• The rate of long stay discharges to the community is calculated for 580 nursing homes after excluding 9 nursing homes which had small sample size (< 8100 member days)

• Four hundred thirty-four nursing homes (75%) had a rate of 1 or above, meaning that these nursing homes had at least 1 discharge per 10,000 member-days
Next step is to apply non-numerator compliant logic

- Admitted to a nursing home within 30 days of the community discharge (claims-based)
- Have an unplanned inpatient hospital stay within 30 days of the community discharge (claims-based)
- Died within 30 days of the community discharge
Suggestions/Further Discussion/Input

- Feedback of dental results to facilities
- SPARCS issue (completeness issues with the fourth quarter of SPARCS data)
- Survey & Inspection update
Questions/Comments

Methodology

Office of Quality and Patient Safety
(518) 486-9012
NHQP@health.ny.gov

Rate Adjustments

Division of Finance and Rate Setting
NFRATES@health.ny.gov