

**CAH Swing-bed Quality Measure Specifications**

**for Field Test April 1, 2018 – March 31, 2019**

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**Introduction:**

This document provides specifications for measures that can be used to assess the quality of care provided to CAH swing-bed patients. The measures are based on the results of a study that included review of a comprehensive list of quality measures currently being used in post-acute care settings; an email survey of State Office of Rural Health and Flex Program staff; a series of key informant interviews with CAH networks, CAHs, and consultant groups; and an online survey of CAH quality experts.

A field test to be conducted in collaboration with Stroudwater Associates and Mary Guyot Consulting will involve voluntary quarterly reporting of the measures by CAHs in multiple states from April 1, 2018 through March 31, 2019, analysis of the data, and evaluation of the CAHs’ experiences to assess the feasibility of implementing the measures among CAHs nationally.

**Initial Information Items:**

* CAH Identifier
* Patient date of birth
* Swing-Bed Admission Date
* Swing-Bed Discharge Date
* Patient residence prior to the inpatient admission that preceded swing bed stay: private home/apartment, board/care, assisted living, group home facility, and nursing home/SNF
* Expected primary payer source for swing-bed stay: Medicare, Medicaid, commercial insurance, private pay, other

**Measure #1. Discharge disposition: number and percent of CAH swing-bed patients who are: 1) discharged to home; 2) transferred to a nursing home/long term care facility; and 3) transferred to a higher level of care (e.g., acute care at the CAH or another hospital).**

This measure has 3 sub-measures that address discharges of CAH swing-bed patients: 1) to home (defined as a private home/apartment, board/care, assisted living, or group home facility; this may include home health services and/or outpatient therapy); 2) transferred to a nursing home/long term care facility; and 3) transferred to a higher level of care (e.g., acute care at the CAH or another hospital).

**Data Source:** CAH swing-bed admission and discharge records

**Denominators:**

1-3. Total number of discharged swing-bed patients minus exclusions below.

**Patient Exclusions:**

Patients who died, left the swing-bed program against medical advice, or were discharged to hospice care are excluded from the measure.

**Numerators:**

1. Number of swing-bed patients who are discharged to home (defined as a private home/apartment, board/care, assisted living, or group home facility; this may include home health services and/or outpatient therapy).
2. Number of swing-bed patients who are transferred to a nursing home/long term care facility;
3. Number of swing-bed patientswho are transferred to a higher level of care (e.g., acute care at the CAH or another hospital)

**Measure #2. Return to the CAH: number and percent of discharged CAH swing-bed patients who return to the CAH for: 1) an inpatient admission, 2) an Emergency Department (ED) visit, 3) an observation stay or 4) another swing-bed stay within 30 days of swing-bed discharge.**

This measure has 4 sub-measures that address discharged CAH swing-bed patients who return to the CAH for: 1) an inpatient admission, 2) an Emergency Department (ED) visit, 3) an observation stay or 4) another swing-bed stay within 30 days of swing-bed discharge.

**Data Sources:** CAH swing-bed admission and discharge records, ED/outpatient and inpatient admission records.

**Denominators:**

1-4. Total number of discharged swing-bed patients, minus exclusions below.

**Patient Exclusions:**

Patients who died, left the swing-bed program against medical advice, or were discharged to hospice care are excluded from the measure.

**Numerators:**

1. Number of discharged swing-bed patients who return to the CAH for an inpatient admission within 30 days of swing-bed discharge
2. Number of swing-bed patients who return to the CAH for an ED visit within 30 days of swing-bed discharge
3. Number of swing-bed patientswho return to the CAH for an observation stay within 30 days of swing-bed discharge
4. Number of swing-bed patientswho return to the CAH for another swing-bed stay within 30 days of swing-bed discharge

**Measure #3. Risk-adjusted mean change in self-care score between admission and discharge for CAH swing-bed patients**

This measure estimates the risk-adjusted change in self-care score between admission and discharge among swing-bed Medicare Part A patients, except those that meet the exclusion criteria. It is based on the SNF application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633); SNFs and rural PPS swing-beds will begin collecting data for this measure October 1, 2018.

### Data Sources

### Measure Specifications Below Are Based On: Final Specifications for SNF QRP Quality Measures and Standardized Resident Assessment Data Elements. August 2017. Prepared for CMS by RTI International, Contract No. HHSM-500-2013-13015.

CAHs will need to collect the data elements needed to calculate and risk-adjust this measure.

### Denominator

The denominator is the number of swing-bed Medicare Part A stays, except those that meet the exclusion criteria.

### Denominator Exclusions

The exclusions for the SNF application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients apply to this measure:

1. Residents with incomplete stays, including residents who are unexpectedly discharged to a short-stay acute hospital/CAH, inpatient psychiatric facility, or long-term care hospital; residents who die or leave against medical advice; and residents with a length of stay of less than 3 days.
2. Residents who are independent with all self-care activities at the time of admission.
3. Residents with the following medical conditions: coma/persistent vegetative state; complete tetraplegia; locked-in syndrome; severe anoxic brain damage, cerebral edema, or compression of brain.
4. Residents younger than 21 years.
5. Residents discharged to hospice.
6. Residents who are not Medicare Part A beneficiaries.
7. Residents who do not receive physical or occupational therapy services.

### Self-Care Measure Items

*Self-care Items A-G below are coded using this rating scale:*

**06. Independent** – Resident completes the activity by himself/herself with no assistance from a helper.

**05. Setup or clean-up assistance** – Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.

**04. Supervision or touching assistance** – Helper provides verbal cues and/or touching/ steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

**03. Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports resident’s trunk or limbs, but provides less than half the effort.

**02. Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds resident’s trunk or limbs and provides more than half the effort.

**01. Dependent** – Helper does ALL of the effort. Resident does none of the effort to complete the task. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

*If the activity was not attempted, code the reason:*

**07.** **Patient refused**

**09.** **Not applicable** – Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.

**10.** **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)

**88.** **Not attempted due to medical condition or safety concerns**

The following self-care activities are assessed at the time of admission and at discharge:

1. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
2. **Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
3. **Toilet hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
4. **Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
5. **Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable.
6. **Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear.
7. **Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

### Risk Adjustment Elements:

See risk adjustment elements for Measures #3 and #4 at end of this document.

**Measure # 4. Risk-adjusted mean change in mobility score between admission and discharge for CAH swing-bed patients**

This measure estimates the risk-adjusted change in self-care score between admission and discharge among swing-bed Medicare Part A patients, except those that meet the exclusion criteria. It is based on the SNF application of the IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).

### Measure Specifications Below Are Based on: Final Specifications for SNF QRP Quality Measures and Standardized Resident Assessment Data Elements. August 2017. Prepared for CMS by RTI International, Contract No. HHSM-500-2013-13015.

Data Sources:

CAHs will need to collect the data elements needed to calculate and risk-adjust this measure.

### Denominator

The denominator is the number of swing-bed Medicare Part A stays, except those that meet the exclusion criteria.

### Denominator Exclusions

The exclusions for the SNF application of the IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients apply to this measure:

1. Residents with incomplete stays, include residents who are unexpectedly discharged to an acute care setting (short-stay acute hospital/CAH, inpatient psychiatric facility, or long-term care hospital); residents who die or leave against medical; and residents with a length of stay of less than 3 days
2. Residents who are independent with all mobility activities at the time of admission.
3. Residents with the following medical conditions: coma/persistent vegetative state; complete tetraplegia; locked-in syndrome; severe anoxic brain damage, cerebral edema, or compression of brain.
4. Residents younger than 21 years.
5. Residents discharged to hospice.
6. Residents who are not Medicare Part A beneficiaries.
7. Residents who do not receive physical or occupational therapy services.

Numerator

This measure estimates the risk-adjusted change in mobility score between admission and discharge among SNF Medicare Part A residents, except those that meet the exclusion criteria. The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score.

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### Mobility Measure Items

*Mobility Items A-O below are coded using this rating scale:*

**06. Independent** – Resident completes the activity by himself/herself with no assistance from a helper.

**05. Setup or clean-up assistance** – Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.

**04. Supervision or touching assistance** – Helper provides verbal cues and/or touching/ steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

**03. Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports resident’s trunk or limbs, but provides less than half the effort.

**02. Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds resident’s trunk or limbs and provides more than half the effort.

**01. Dependent** – Helper does ALL of the effort. Resident does none of the effort to complete the task. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

*If the activity was not attempted, code the reason:*

### 07. Patient refused

1. **Not applicable –** Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
2. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)

### 88. Not attempted due to medical condition or safety concerns

The following mobility items are assessed at the time of admission and discharge:

1. **Roll left and right:** The ability to roll from lying on back to left and right side, and roll back to back on the bed.
2. **Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
3. **Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.
4. **Sit to stand:** The ability to come to a standing position from a position of sitting in a chair, wheelchair or on the side of the bed.
5. **Chair/bed-to-chair transfer:** The ability to transfer to and from a chair (or wheelchair).
6. **Toilet transfer:** The ability to get on and off a toilet or commode.
7. **Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
8. **Walk 10 feet:** Once standing, the ability to walk at least 10 feet (3 meters) in room, corridor, or similar space.
9. **Walk 50 feet with two turns:** Once standing, the ability to walk 50 feet and make two turns.
10. **Walk 150 feet:** Once standing, the ability to walk at least150 feet (45 meters) in corridor or similar space.
11. **Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
12. **1 step (curb):** The ability to step over a curb and/or up and down one step
13. **4 steps:** The ability to go up and down four steps with or without a rail.
14. **12 steps:** The ability to go up and down 12 steps with or without a rail.
15. **Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

### Risk Adjustment Elements:

### See risk adjustment elements for Measures #3 and #4 at end of this document.

### Risk Adjustment Elements Needed For Measures #3 And #4

The risk adjustment elements below are necessary to risk-adjust Measures #3 and #4. The CAH Swing-Bed Field Test team will calculate CAH-level risk-adjusted self-care and mobility scores after national data are available to calculate expected scores and differences between observed and expected scores.

### Risk Adjustment Elements

1. **Age group at admission** *(select one)*
	* Younger than 54 years
	* 55 to 64 years
	* 65 to 74 years
	* 75 to 84 years
	* 85 to 90 years
	* > 90 years of age and older
2. **Primary medical condition category** *(Indicate the patient’s primary medical condition that describes the primary reason for admission – select one)*
	* Stroke
	* Non-traumatic brain dysfunction and traumatic brain dysfunction
	* Non-traumatic spinal cord dysfunction
	* Traumatic spinal cord dysfunction
	* Progressive neurological conditions
	* Other neurological conditions
	* Amputation
	* Hip and knee replacement
	* Fractures and other multiple trauma
	* Other orthopedic conditions
	* Debility and cardiorespiratory conditions
	* Medically complex conditions
	* Other medical condition – (*If checked, please enter ICD code*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

### Prior Surgery: Major surgery during the 100 days prior to swing-bed admission *(select one)*

### Yes

### No

### Unknown

### *Items 5-8: code patient’s usual ability with everyday activities prior to current illness, exacerbation, or injury, using this rating scale:*

### *1. Independent –patient completes the activity by himself/herself, with or without an assistive device, with no assistance from a helper.*

### *2. Some help – patient needed partial assistance from another person to complete activities*

### *3. Dependent – a helper completed the activities for the patient*

### Prior Functioning: Self-care (need for assistance with bathing, dressing, using the toilet, or eating) *(select one)*

* + Independent
	+ Some help
	+ Dependent
	+ Unknown
	+ Not applicable

### Prior Functioning: Mobility/Indoor ambulation (need for assistance with walking from room to room with or without device such as cane, crutch or walker) (*select one)*

* + Independent
	+ Some help
	+ Dependent
	+ Unknown
	+ Not applicable

### Prior Functioning: Stairs (need for assistance with internal or external stairs with or without a device such as a cane, crutch or walker) *(select one)*

* + Independent
	+ Some help
	+ Independent
	+ Unknown
	+ Not applicable

### Prior Functioning: Functional Cognition (need for assistance with planning regular tasks, such as shopping or remembering to take medication) *(select one)*

* + Independent
	+ Some help
	+ Dependent
	+ Unknown
	+ Not applicable

### *Item 9: code patient’s use of devices prior to the current illness, exacerbation, or injury.*

### Prior Device Use *(check all that apply)*

* + Walker
	+ Manual wheelchair
	+ Motorized wheelchair and/or scooter
	+ Mechanical lift
	+ Orthotics/prosthetics
	+ None of the above
1. **Patient had one or more unhealed pressure ulcers/injuries at swing-bed admission**
	* No (Skip to 12)
	* Yes (Answer 11)

### If yes to 10, did patient have: *(check all that apply)*

* One or more Stage 1 pressure ulcers/injuries
* One or more Stage 2 pressure ulcers/injuries
	+ One or more Stage 3 pressure ulcers/injuries
	+ One or more Stage 4 pressure ulcers/injuries
	+ One or more unstageable pressure ulcers/injuries due to non-removable dressing, slough and/or eschar, or deep tissue injury

### Cognitive Abilities:

### Was the Brief Interview for Mental Status (BIMS) conducted?

* + Yes – what was the patient’s BIMS Summary Score? \_ \_ *(values should be 00 to 15)*
	+ No – which of the following 4 items is the patient normally able to recall? *(check all that apply)*
	+ Current season
	+ Location of own room
	+ Staff names and faces
	+ That he or she is in a hospital swing-bed
	+ None of the above were recalled

### Communication Impairment: Ability to express ideas and wants, consider both verbal and non-verbal expression

### Understood

### Usually understood – difficulty communicating some words or thoughts but is able if prompted or given time

### Sometimes understood – ability is limited to making concrete requests

### Rarely/never understood

### Not assessed/no information

### Communication Impairment: Understanding verbal content *(select one)*

### Understands

### Usually understands – misses some part/intent of message but comprehends most conversation

### Sometimes understands – responds adequately to simple, direct communication only

### Rarely/never understands

### Not assessed/no information

### History of Falls: did the patient have a fall anytime in the 6 months prior to admission? *(select one)*

### Yes

### No

### Unable to determine

### Urinary Continence *(select one)*

* + Continent
	+ Occasionally incontinent
	+ Frequently incontinent
	+ Always incontinent
	+ Catheter, ostomy, or no urine output
	+ Not assessed/no information

### Bowel Continence *(select one)*

* + Continent
	+ Occasionally incontinent
	+ Frequently incontinent
	+ Always incontinent
	+ Had ostomy
	+ Did not have a bowel movement for entire stay
	+ Not assessed/no information
1. **Tube feeding or total parenteral nutrition** *(select one)*
	* Yes
	* No

### Comorbidities *(check all that apply)*

* + Major Infections: Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock; and Other Infectious Diseases
	+ Metastatic Cancer and Acute Leukemia
	+ Diabetes: Diabetes with Chronic Complications; Diabetes without Complication; Type I Diabetes Mellitus
	+ Other Significant Endocrine and Metabolic Disorders
	+ Delirium and Encephalopathy
	+ Dementia: Dementia With Complications; Dementia Without Complications
	+ Tetraplegia (excluding complete tetraplegia) and paraplegia
	+ Multiple Sclerosis
	+ Parkinson´s and Huntington´s Diseases
	+ Angina Pectoris
	+ Coronary Atherosclerosis/Other Chronic Ischemic Heart Disease
	+ Hemiplegia, Other Late Effects of Cerebrovascular Accident: Hemiplegia/Hemiparesis; Late Effects of Cerebrovascular Disease, Except Paralysis
	+ Dialysis Status and Chronic Kidney Disease - Stage 5
	+ Urinary Obstruction and Retention
	+ Amputations: Traumatic Amputations and Complications; Amputation Status, Lower Limb/Amputation Complications; Amputation Status, Upper Limb