₩	HAWAII HEALTH SYSTEMS C O R P O R A T I O N "Touching Lives Everyday"	Department: Legal	Policy No.: ADM 0011 Revision No.: N/A
	Policies and Procedures	Issued by: Quality Council	Effective Date: 12/19/01
Proces Proces Quality	rate Policy and dure for Reporting and ssing Long Term Care y Indicators to the	Approved by: Thomas M. Driskill, Jr.	Supersedes Policy: N/A Page: 1 of 3
Quality	y Council	President & CEO	

I. PURPOSE:

- A. To provide instructions to Hawaii Health Systems Corporation (HHSC) long term care (LTC) facilities for accessing Center for Medicare Medicaid Services (CMS) Facility Quality Indicator Reports.
- B. To provide instructions to HHSC LTC facilities for reporting HHSC Quality Indicators.
- **C.** To ensure reporting consistency among the HHSC LTC facilities that provide reliable & comparative information that can be used for HHSC systemic performance improvement activities.

II. POLICY:

- **A.** All HHSC LTC facilities will access CMS Facility Quality Indicator Reports monthly & will send the percentile rank scores contained on the Facility Quality Indicator Profile to the Director of Quality Assurance and Corporate Compliance.
- **B.** Each facility will develop policies and procedures for internally processing of CMS QI data.
- **C.** Each facility will submit a quarterly report to the Quality Council (Attachment 1).

III. PROCEDURES:

A. Analytic Reporting System Access

- 1. The Facility Champion and/or designee will access the Analytic Reporting System on the website at least once a month.
- 2. On the desktop, click on the *IBM Glober Dialer* icon.

3. Select:

- Select your log in profile and press Connect
- Click on "Private Intranet"
- Click on "HI-MDS"
- Click on "Start Communicator"
- Click "MDS"
- Click "Submissions page"
- 4. Click on Analytic Reports
 - Enter user name and password then click OK
 - Start Report Request System and click on "Add All"
 - Facility Quality Indicator Profile
 - Facility Characteristics
 - Resident Level Quality Indicator Summary
 - Resident Listing
 - Data Submission Summary
 - Assessment Summary
 - Select date range or use default 6 (six) months
- 5. Press "next"
- 6. Select either "display reports on line" or "run reports to see later"
- 7. Then click on "submit"

B. Facility Specific QI Processing

Monitoring of Centers for Medicare and Medicaid Services (CMS) Analytic Report

- 1. Review Facility Characteristics Report
- 2. Review the Facility Quality Indicator Profile
 - Note the Sentinel Health Events, i.e., fecal impaction, dehydration, pressure ulcers (low risk)

- Note all Quality Indicators that are flagged (at the 90th percentile) and
- Note all unflagged Quality Indicators at the 75th percentile or greater

3. Verify accuracy

- Match QI definition (in QI Matrix) against the MDS items in the definition
- Use the MDS from which the QI reports were generated (See the MDS date listed on Resident Summary QI Report)
- Match the MDS items that have flagged the QI against information other than the MDS to verify that the MDS accurately reflected the resident's condition during the assessment period.
- Use the clinical record or other written source interviews with staff and residents, and/or observations.
- Correct any error found, following correction policy if necessary.
- 4. Prioritize areas of concern
 - Sentinel Health Event
 - QI flagged (90%-tile)
 - QI > 75%-tile
- 5. Develop action plan for each QI of concern or
- 6. Document in the medical record if flag is unavoidable
- 7. Report results of review, accuracy check, and action plan to the HHSC Quality Council when requested to do so.

Attachment: 1. ADM 0011 (121901) Atch1

ACCIDENTS	Description	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 1 Incidence of new Fractures	Residents who have a hip fracture or other fracture that is new since the last assessment												
	Facility Quality Indicator Profile: Percentile Rank												
QI 2 Prevalence of Falls	Residents who have been coded with a fall within the most recent assessment (last 30 days)												
	Facility Quality Indicator Profile: Percentile Rank												
BEHAVIOR/EMOTIONAL PATTERNS		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC
QI 3 Prevalence of Behavioral Symptoms Affecting Others	Residents who have displayed any type of problem behavior toward others on the most recent assessment. Behavioral symptoms include verbal abuse, physical abuse, or socially inappropriate/disruptive behavior.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 4 Prevalence of Symptoms of Depression	Residents with symptoms of depression on the most recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 5 Prevalence of Depression Without Antidepressant Therapy	Residents with symptoms of depression and no antidepressant therapy on the most recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												
CLINICAL MANAGEMENT		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 6 Use of 9 or More Different Medications	Residents who received 9 or more different medications on the most recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												

COGNITIVE PATTERNS		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 7 Onset of Cognitive Impairment	Identify those residents who were not cognitively impaired on the previous assessment, but who are now cognitively impaired.												
	Facility Quality Indicator Profile: Percentile Rank												
ELIMINATION/ INCONTINENCE		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 8 Prevalence of Bladder or Bowel Incontinence	Residents who were determined to be incontinent or frequently incontinent on the most recent assessment. DONOT count comatose, indwelling catheter or ostomies, severe cognitive impairment and totally dependent.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 9 Prevalence of Occasional or Frequent Bladder or Bowel Incontinence Without a Toileting Plan	Residents who are assessed as incontinent, either occasionally or frequently, and do not have a Toileting plan.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 10 Prevalence of Indwelling Catheters	Residents who are noted to have an indwelling catheter on their recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 11 Prevalence of Fecal Impaction	Residents who have been noted with a fecal impaction on their recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												
INFECTION CONTROL		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 12 Prevalence of Urinary Tract Infections	Residents identified on the most recent assessment as having had a urinary tract infection.												
	Facility Quality Indicator Profile: Percentile Rank												

NUTRITION/EATING		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 13 Prevalence of Weight Loss	Residents noted with a weight loss (5% or more in 30 days or 10% or more in last 6 months) on most recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 14 Prevalence of Tube feeding	Residents noted to have feeding tubes												
	Facility Quality Indicator Profile: Percentile Rank												
QI 15 Prevalence of Dehydration	Residents who have coded with the condition of dehydration (MDS check box) or with a diagnosis of dehydration (MDS ICD-9 CM 276.5)												
	Facility Quality Indicator Profile: Percentile Rank												
PHYSICAL FUNCTIONING		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 16 Prevalence of Bedfast Residents	Residents who have been determined to be bedfast on the most recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 17 Incidence of Decline in Late Loss ADLs	Residents with decline in ADL functioning (self-performance) over two assessment periods.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 18 Incidence of Decline in ROM	Residents with increases in functional limitation in Range of Motion (ROM) between previous and most recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												

PSYCHOTROPIC DRUG USE		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 19 Prevalence of Antipsychotic Use in the Absence	Residents who are receiving antipsychotics on the most recent assessment												
of Psychotic and Related Conditions													
	Facility Quality Indicator Profile: Percentile Rank												
QI 20 Prevalence of Antianxiety/Hypnotic Drug Use	Residents who received antianxiety medication or hypnotics on the most recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 21 Prevalence of Hypnotic Use More Than Two Times in the Last Week	Residents who received hypnotics more than twice in the last week on the most recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												
QUALITY OF LIFE		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 22 Prevalence of Daily Physical Restraints	Residents who were restrained (trunk, limb, or chair) on a daily basis on the most recent assessment.												
	Facility Quality Indicator Profile: Percentile Rank												
QI 23 Prevalence of Little or No Activity	Residents who, on the most recent assessment, were noted with little or no activity.												
	Facility Quality Indicator Profile: Percentile Rank												
SKIN CARE		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
QI 24 Prevalence of Stage 1-4 Pressure Ulcers	Residents who have been assessed with any stage pressure ulcer(s) Stage 1-4 on the most recent assessment. Pressure ulcers can be identified on the MDS either by a checkbox or an ICD-9 707.0 code.												
	Facility Quality Indicator Profile: Percentile Rank												