# Claims-Based Measure Tip Sheet

# Percentage of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit

## Quality Measure Overview

This measure reports the percentage of short-stay residents who had an outpatient Emergency Department (ED) visit after a nursing home admission (i.e. an ED visit not resulting in an inpatient hospital admission) within 30 days of entry or reentry to the nursing home).

**Notes:**

- This measure is included in the Five-Star Rating System.
- *Lower values indicate higher performance in this measure.*
- Medicare Part B claims are used to identify outpatient ED visits. Medicare Part A and Part B are used to identify inpatient and observation stays.

**Numerator:**

Includes the number of nursing home stays where the resident had one or more outpatient claims for an ED visit within 30 days of entry or reentry. It also includes outpatient ED visits by residents who were discharged from the nursing home within the 30 days of entry or reentry to the nursing home.

**Note:** Outpatient ED visits are included in this measure regardless of the diagnosis.

**Denominator:**

Includes short-stay Medicare fee-for-service (FFS) enrollees who:

- Entered or reentered the nursing home from a hospital; **and**
- Entered or reentered the nursing home within the 12-month target period; **and**
- Do not meet the denominator exclusions.

**Exclusions:**

Excludes short-stay resident if:

- Resident did not have FFS Part A and B Medicare enrollment for the risk period (the month of the index hospitalization or the month after the discharge from the nursing home); **or**
- The resident was enrolled in hospice care during the nursing home stay; **or**
- The resident was comatose (B0100= 01) or missing data on comatose on the first minimum data set (MDS) initial assessment after the start of stay; **or**
- Data were missing from any claims or MDS items used to construct the numerator or denominator; **or**
- The resident did not have initial MDS assessment to use in constructing the covariates or risk adjustment.

**Covariates:**

Includes covariates (risk adjustments), which are variables that may increase the risk of the measure triggering for the resident. Covariates do not exclude the resident. Refer to the tables for the list of claims-based and MDS-based covariates for this measure in the Nursing Home Compare Claims-Based Quality Measure Manual for more detail.

**Resource:**

- Nursing Home Compare Claims-Based Quality Measure Technical Specifications Manual website

## Ask These Questions/Possible Root Causes

Note: Each nursing home should complete its own Root Cause Analysis (RCA) for their facility. Here are some possible RCA ideas; however, these are not all of the possible root causes. You must discover your own root causes.

**General:**

- Is everyone coding the MDS using the same assessment reference date?
- Is everyone coding the MDS per the Resident Assessment Instrument (RAI) requirements?
- Is there an interdisciplinary team reviewing the MDS prior to completion and transmission?
- Did the MDS software trigger an alert and was the alert rectified prior to completion and transmission?
- Is the clinical documentation clear, complete, legible, precise, reliable and timely?

**Measure Specific:**

- Is the claim coded correctly?
- Does the facility review and perform an RCA on each acute care transfer?
- Did the RCA consider adverse drug events including harm directly caused by the drug, medication errors, adverse drug reactions, allergic reactions and overdoses?
- Does the facility implement a performance improvement project based on the RCA on every acute care transfer?

- Does the facility use an early warning system (e.g., Stop and Watch) and how many do leadership receive in a day/week?
  - How are staff properly trained on completing resident assessments for subtle changes?
  - How are staff properly trained on interventions for residents' subtle changes?
- How are the staff properly trained on completing resident assessments and interventions for subtle changes?
- Does the facility ensure that residents have advanced directives in place?
- Has the facility identified super-utilizers? CMS defines a super-utilizer as a person who has at least four inpatient admissions or five or more ED, observation and inpatient stays in a 12-month period.
- Does the facility monitor super-utilizers more vigorously than non-super-utilizers?
- Does the facility complete staff competencies to ensure that staff are properly trained to care for residents with any special needs and acute care diagnoses?
- Is your nursing staff using the Situation Background Assessment Recommendation – SBAR – tool to properly inform and communicate with physicians/extenders?
- Does the facility have a designated off-hours physician/provider who consistently covers the off-hours?
- Does the designated off-hours physician/provider work with the staff to keep the resident in the facility?
- Is the facility capable of doing skill sets that the RCA has uncovered (e.g., IV fluids, suctioning)?

**Monitoring Ideas:**

- Audit a sample percentage of MDS pre-submissions for accuracy (10% sample every month).
- Audit a sample percentage of claims pre-submissions for accuracy (10% sample every month).
- Perform ongoing education and training for the disciplines responsible for completing any portion of the MDS.
- Review a sample percentage of early warning system notifications to assess the responses taken (e.g., Stop and Watch).
- Review a sample percentage of physician responses to a communication tool (e.g., SBAR) for their steps to avoid a transfer.

**Additional Resources**

- Five-Star Quality Rating System Technical Users' Guide
- MDS 3.0 RAI Manual website
- The CMS MDS Video Training
- State RAI Coordinator & State QIES Coordinator – see Appendix B in Downloads
- Quality Measures and Claims-Based Measures Resources at Nursing Home Quality Improvement Network
- TMF Quality Measure Video Series
- TMF QIN Change Packages
  - Early Recognition of Change in Resident Condition (reduce hospitalizations, emergency department visits and re-hospitalizations)
  - Infection Prevention and Control in Nursing Homes (*C. diff.*, urinary tract infections, catheters)
  - Improve and Maximize Resident Mobility and Function (successful discharge to community, decreasing falls/falls with major injuries, improving/maximizing ADLs and preventing pressure injury)
  - Medication Safety – Preventing Adverse Drug Events (Opioids/Pain, Anticoagulants, Antimuscarinics, Antipsychotics and Diabetes Medications)

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