



Complete Summary

TITLE

Nursing facility chronic care: percent of residents whose ability to move about in and around their room got worse.

SOURCE(S)

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Jan 1 (v1). 46 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of residents whose ability to move about in and around their room got worse.

RATIONALE

A decline in physical activity may come with age due to muscle loss, joint stiffness, worsening illness, fear of injury, or depression. Residents who lose mobility may also lose the ability to perform other activities of daily living, like eating, dressing, or getting to the bathroom. In some cases, however, the decline measured may be temporary and due to a short-term illness the resident is experiencing at the time of the assessment.

A lack of movement may affect the resident in many ways. It becomes difficult to participate in physical and social activities. Sleep quality can suffer. The risk of heart disease, stroke, diabetes, or blood clots can increase. Depression and anxiety can worsen. Staying in one position, and constant pressure on the skin can increase the chance of pressure sores. It is important for residents to be as active as possible.

Nursing home staff can help residents move around more. For instance, they can encourage residents to take part in physical and social activities, or take them for regular walks if they need help. Most residents value being able to move about on their own and take care of themselves. It is important that nursing home staff encourage residents to do as much as they can for themselves and stay as active as physically possible. Some residents will decline in their ability to move about, even though the nursing home staff makes a good effort to keep them more active.

This measure is one of fourteen National Nursing Home Quality Improvement (NHQI) measures. These measures provide information to help consumers make informed decisions about their nursing home care. The measures are also intended to motivate nursing homes to improve their care and to inform discussions about quality between consumers and clinicians.

PRIMARY CLINICAL COMPONENT

Chronic care; locomotion self-performance

DENOMINATOR DESCRIPTION

All residents with a valid target assessment and a valid prior assessment (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of residents from the denominator whose value for locomotion self-performance is greater at target relative to prior assessment

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Outcome

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Nursing home compare. [internet]. Baltimore (MD): Centers for Medicare and Medicaid Services; 2000- [updated 2004 Feb 19]; [cited 2004 Jul 21].

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National health care quality reporting

Application of Measure in its Current Use

CARE SETTING

Nursing Homes

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Patients of all ages

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

About 3 million elderly and disabled Americans received care in our nation's nearly 17,000 Medicare and Medicaid-certified nursing homes in 2001. Slightly more than half of these were long-term nursing home residents, but nearly as many had shorter stays for rehabilitation care after an acute hospitalization. About 75 percent were age 75 or older.

EVIDENCE FOR INCIDENCE/PREVALENCE

Nursing home quality initiative. Overview. Baltimore (MD): U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS); 2004 Jan 20. 3 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All residents with a valid target assessment and a valid prior assessment

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation
Institutionalization

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All residents with a valid target assessment and a valid prior assessment

Exclusions

Residents satisfying any of the following conditions:

1. The specified locomotion self-performance value is missing on the target assessment.
2. The specified locomotion self-performance value is missing on the prior assessment and the value shows some dependence on the target assessment.
3. The specified locomotion self-performance value on the prior assessment is 4 (total dependence) or 8 (activity did not occur).
4. The resident is comatose or comatose status is unknown on the target assessment.
5. The resident has end-stage disease or status is unknown on the target assessment.
6. The resident is receiving hospice care or hospice status is unknown on the target assessment or the most recent full assessment.

Refer to the original measure documentation for details.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of residents from the denominator whose value for locomotion self-performance is greater at target relative to prior assessment

Refer to the original measure documentation for details.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Functional Status

PRE-EXISTING INSTRUMENT USED

CMS Minimum Data Set - Resident Assessment Instrument (Version 2.0)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Risk adjustment devised specifically for this measure/condition

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Risk adjustment refines raw quality measure (QM) scores to better reflect the prevalence of problems that facilities should be able to address. Two complementary approaches to risk adjustment were applied to the National Quality Forum (NQF)-recommended QMs.

One approach involves exclusion of residents whose outcomes are not under nursing facility control (e.g., outcome is evidenced on admission to the facility) or the outcome may be unavoidable (e.g., the resident has end-stage disease or is comatose). For each quality measure (QM), the prevalence of the outcome across all residents in a nursing facility, after exclusions, is the facility-level observed QM score.

A second approach involves adjusting QM scores directly, using logistic regression. This method of adjustment employs resident-level covariates that have been found to increase the risks of an outcome.

- First, resident-level covariates were used in a logistic regression model to calculate a resident-level expected QM score (the probability that the resident will evidence the outcome, given the presence or absence of characteristics measured by the covariates).
- Then, an average of all resident-level expected QM scores for the nursing facility was calculated to create a facility-level expected QM score.

The final facility-level adjusted QM score was based on a calculation which combines the facility-level expected score and the facility-level observed score.

Refer to the original measure documentation for details.

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

The quality measures have been validated and are based on the best research currently available. These quality measures meet four criteria. They are important to consumers, are accurate (reliable, valid and risk adjusted), can be used to show ways in which facilities are different from one another, and can be influenced by the provision of high quality care by nursing home staff. A formal validation study was conducted involving 5,758 chronic and post-acute residents in 209 nursing facilities in 6 states.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Validation of long-term and post-acute care quality indicators. Cambridge (MA): Abt Associates, Inc.; 2003 Jun 10. 93 p.

Identifying Information

ORIGINAL TITLE

Percent of residents whose ability to move about in and around their room got worse.

MEASURE COLLECTION

[Nursing Home Quality Initiative: National Nursing Home Quality Measures](#)

MEASURE SET NAME

[Chronic Care Quality Measures](#)

DEVELOPER

Centers for Medicare and Medicaid Services

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Jan 1 (v1). 46 p.

MEASURE AVAILABILITY

The individual measure, "Percent of residents whose ability to move about in and around their room got worse," is published in "National Nursing Home Quality Measures. User's Manual." This document is available in Portable Document Format (PDF) from the [Centers for Medicare and Medicaid Services \(CMS\) Web site](#).

For more information, refer to the CMS Web site at, www.cms.hhs.gov.

COMPANION DOCUMENTS

The following is available:

- Nursing Home Compare. [internet]. Baltimore (MD): Centers for Medicare and Medicaid Services. 2000- [updated 2004 Feb 19]; [cited 2004 Ju1 21]. This tool is available from the [Medicare Web site](#).

NQMC STATUS

The NQMC summary was completed by ECRI on July 22, 2004. The information was verified by the measure developer on August 30, 2004.

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