# Measures that Matter: Mobility in Nursing Homes

## Background

Cal Long Term Care Compare's (CLTCC) *Measures that Matter* quality measurement program selects publicly available, quality measures that matter to residents, patients, and families, to identify bright spots of care among post-acute and long-term care providers. The inaugural program identifies nursing homes that are leaders in mobility and function in both the short stay (SS) and long stay (LS) settings.

Improving (or maintaining) mobility and functional abilities are critical outcome measures of care for nursing homes. SS residents frequently need assistance to regain their mobility after a hospitalization for an illness or injury. LS residents require support to maintain their current level of mobility and function. There is strong evidence that good mobility and functional ability prevent injury and improve quality of life.

Using a rigorous methodological process, CLTCC created a composite mobility and function measure for LS residents and another for SS residents with the purpose of understanding variation in measure performance across nursing homes (Table 1).

CLTCC acknowledges that nursing homes identified as bright spots in mobility may not excel in other important areas of care. Nursing homes were excluded from consideration if they met one or more of our exclusion guardrails.

## Methodology

CLTCC used several steps to evaluate 11 publicly reported LS measures and 16 publicly reported SS measures to construct the two composite measures and identify the nursing home mobility measure finalists. Measures that demonstrated moderate to high correlation and met internal validity standards were included in their respective composite measure resulting in the following composites (Table 1).

- Long-stay residents: 8-related mobility and function measures
- Short-stay residents: 5-related mobility and function measures

Next, CLTCC scored the nursing homes with enough data (925 LS program and 923 SS program) for the respective composite measures and grouped them into performance group quintiles. There were 93 nursing homes in the top 10% and 138 nursing homes in the next 15% that were eligible to progress to the next step.

Nursing homes were omitted from consideration if they met one or more of the following six composite guardrail criteria. The purpose of the guardrails is to ensure the program identifies nursing homes without troublesome performance in other areas of care.

1. CMS Special Focus Facility on CMS Watch List
2. Candidate for Special Focus Facility on CMS watch list
3. Any CMS rating of 1 or 2 stars
4. Bottom 10% performance group in the program's LS composite or SS composite
5. CMS abuse icon

6.  State AA or A citations (based on manual review by the research team)

Nursing homes that met both the composite and exclusion criteria are recognized as follows:
- **Tier 1 (Bright Spots):** Includes facilities that fall into the top 10% measure performance group
- **Tier 2 (Emerging Stars):** Includes facilities that fall into the next 15% measure performance group

## Results

Using this methodology, just 43 nursing homes, out of 923, achieved Tier 1 criteria using the SS composite and 27, out of 925, for LS. Only 3 nursing homes achieved Tier 1 criteria for both SS and LS composites.*

**Mobility and Function Composite Results:**

| # of Nursing Homes by Category | Tier 1 | Tier 2 |
|---|---|---|
| **Short Stay** | 43 | 56 |
| **Long Stay** | 27 | 49 |
| Exclusions: Nearly 54% of SS and 40% of LS facilities initially in the Top 10% were excluded due to being 1- or 2- Star facilities. Nine facilities underwent manual review of state citations. Three were included after review- 1 SS and 2 LS. | | |

CLTCC foresees multiple benefits to this year's *Measures that Matter* which include but are not limited to:
1.  **Promoting resident centered care** – While appropriate staffing and infection control are cornerstones to high quality nursing home care, residents also very much care about their ability to gain and/or maintain their mobility and function in the nursing home environment. Mobility and function provides a holistic view of quality and resident safety.
2.  **Accelerating quality improvement** – Thru data transparency *Measures that Matter* is also intended to support nursing home quality improvement actions in areas important to residents and their families. In the long term, CLTCC anticipates that by highlighting specific measures it will help reinforce effective care methods and accelerate communication within the nursing home industry to replicate successful care methods and outcomes.
3.  **Aligning payment, services, and quality** - Finally, this program may help payers and employers readily identify facilities and providers that are the top performers in the state, a useful tool for network design and contract negotiations (e.g., reimbursement, quality improvement goals, etc.).

Given *Measures that Matter* is a new quality measurement program, CLTCC will notify all nursing homes of their results so that they may also seek to understand their own mobility and function data and its importance to resident care. Tier 1 nursing homes will be listed on our website under the programs page.

For additional information about the Measures that Matter Program, visit the Cal Long Term Care Compare website or email calcompare@gmail.com with any questions.

*For a complete list of the Tier 1 facilities, refer to the spreadsheet – Mobility that Matters Facility List.*

**Table 1.** Data Sources for the CLTCC Long-stay and Short-stay Mobility and Function Composite Measures

| | Measures | Data Source | Measurement Period | Higher score is better |
|---|---|---|---|---|
| **Long-Stay (LS) Measures** | LS401: Percentage of long-stay residents whose need for help with activities of daily living increased | CMS MDS Quality Measures | 07/01/2021 to 06/30/2022 | |
| | LS404: Percentage of long-stay residents who lose too much weight | CMS MDS Quality Measures | 07/01/2021 to 06/30/2022 | No |
| | LS405: Percentage of low-risk long-stay residents who lose control of their bowels or bladder | CMS MDS Quality Measures | 07/01/2021 to 06/30/2022 | No |
| | LS406: Percentage of long-stay residents who have or had a catheter inserted and left in their bladder | CMS MDS Quality Measures | 07/01/2021 to 06/30/2022 | No |
| | LS407: Percentage of long-stay residents with a urinary tract infection | CMS MDS Quality Measures | 07/01/2021 to 06/30/2022 | No |
| | LS410: Percentage of long-stay residents experiencing one or more falls with major injury | CMS MDS Quality Measures | 07/01/2021 to 06/30/2022 | No |
| | LS551: Number of hospitalizations per 1,000 long-stay resident days | CMS Medicare Claims Quality Measures | 04/01/2021 to 03/31/2022 | No |
| | LS552: Number of outpatient emergency department visits per 1,000 long-stay resident days | CMS Medicare Claims Quality Measures | 04/01/2021 to 03/31/2022 | No |
| **Short-Stay (SS) Measures** | SS022: Change in residents' ability to care for themselves at discharge | CMS NURSING HOME Quality Reporting Program- Provider Data | 01/01/2021 to 12/31/2021 | Yes |
| | SS023: Change in residents' ability to move around at discharge | CMS NURSING HOME Quality Reporting Program- Provider Data | 01/01/2021 to 12/31/2021 | Yes |
| | SS024: Percentage of residents who are at or above an expected ability to care for themselves at discharge | CMS NURSING HOME Quality Reporting Program- Provider Data | 01/01/2021 to 12/31/2021 | Yes |
| | SS025: Percentage of residents who are at or above an expected ability to move around at discharge | CMS NURSING HOME Quality Reporting Program- Provider Data | 01/01/2021 to 12/31/2021 | Yes |