

**CBE ID**

0689

**Title**

Percent of Residents Who Lose Too Much Weight (Long-Stay)

**Endorsement Status**

Endorsed

**Is Under Review**

No

**Next Maintenance Cycle**

Fall 2028

**Previous Endorsement Cycle**

Fall 2021

**Initial Endorsement**

Thu, 03/03/2011 - 01:37

**Steward**

Centers for Medicare & Medicaid Services

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure Description**

This measure reports the percentage of long-stay nursing home residents with a target Minimum Data Set (MDS) assessment (OBRA, PPS, Discharge) that indicates a weight loss of 5% or more of the baseline weight in the last 30 days or 10% or more of the baseline weight in the last 6 months, which is not a result of a physician-prescribed weight-loss regimen. The baseline weight is the resident's weight closest to 30 or 180 days before the date of the target assessment. Long-stay residents are identified as residents who have had at least 101 cumulative days of nursing facility care.

**1.7 Measure Type**

Outcome

**1.8 Level of Analysis**

Facility

### **1.13 Data Dictionary**

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

### **1.14 Numerator**

The numerator is the number of long-stay residents with a selected target MDS assessment (OBRA, PPS, or discharge) during the selected target quarter indicating that he or she has experienced a weight loss of 5% or more of the baseline weight in the last 30 days or 10% or more of the baseline weight in the last 6 months and the weight loss was not planned or prescribed by a physician (K0300 = [2]). The baseline weight is the resident's weight closest to 30 or 180 days before the date of the target assessment.

### **1.15 Denominator**

The denominator is the number of long-stay nursing home residents with a selected target assessment except those with exclusions.

### **6.1.2 Current or Planned Use(s)**

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

### **6.1.3 Current Use(s)**

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

### **Exclusions**

There are four exclusions applied to the denominator: (1) the target assessment is an OBRA admission assessment, a PPS 5-day assessment, or a readmission/return assessment, (2) having a prognosis of life expectancy of less than six months or the six-month prognosis item is missing on the target assessment, (3) receiving hospice care or the hospice care item is missing on the target assessment, or/and (4) the weight loss item is missing on the target assessment.

Nursing facilities with fewer than 30 residents in the denominator are excluded from public reporting because of small sample size.

### **Measure Disclaimer**

N/A

### **Planned Use**

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

### **Risk Adjustment**

No risk adjustment or risk stratification

**Target Population**

Elderly (Age  $\geq$  65), Individuals with multiple chronic conditions, Populations at Risk

**The measure developer is different from the measure steward**

No

**Steward Organization**

Centers for Medicare & Medicaid Services

**Steward POC email**

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