

CBE ID

2827

Title

PointRight® Pro Long Stay(TM) Hospitalization Measure

Project

All-Cause Admissions and Readmissions

Endorsement Status

Endorsed

Is Under Review

No

Next Maintenance Cycle

Fall 2027

Previous Endorsement Cycle

Spring 2022

Initial Endorsement

Fri, 12/09/2016 - 10:12

Steward

American Health Care Association

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

The PointRight Pro Long Stay Hospitalization Measure is an MDS-based, risk-adjusted measure of the rate of hospitalization of long-stay patients (also known as “residents”) of skilled nursing facilities (SNFs) averaged across the year, weighted by the number of stays in each quarter.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility

1.9 Care Setting

Post-Acute Care

1.14 Numerator

The numerator for the measure is the sum over four quarters of the counts of hospitalizations of the quarterly denominator populations, where hospitalizations comprise discharges directly from the SNF to an acute care hospital.

1.15 Denominator

The quarterly denominator population consists of those patients present in the SNF on the first day of the quarter (the “snapshot date”) who meet the criterion for long stay on that date. The denominator for a quarter is the number of patients in the quarterly denominator population. The denominator for the measure is the sum of the quarterly denominators for the four quarters in the 12 month measurement period. The criterion for a patient’s having a long stay is a cumulative length of stay in the facility of more than 100 days as of the snapshot date. The cumulative length of stay of a patient is the length of the current stay as of the snapshot date and plus the full lengths of stay of any previous stays that are linked to it. According to the criteria for linkage of stays used in the present measure, a stay in a SNF is linked to a subsequent stay in the SNF if the patient was discharged from the SNF to the community and was readmitted to the SNF within 10 days or fewer. All stays in a sequence of linked stays are included in the sum of days used to determine a patient’s cumulative length of stay. In these criteria the term “community” comprises private residences and all organized settings that are primarily residential in character, including senior housing, independent living facilities, board and care homes, and assisted living facilities. A patient can contribute multiple times to the denominator for a 12 month measurement period. For example, a resident continuously present in the facility for a full year would contribute four to the denominator.

1.20 Types of Data Sources

Assessment Data, Electronic Health Records, Electronic Health Records: Electronic Health Records

6.1.2 Current or Planned Use(s)

Payment Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Regulatory and Accreditation Programs

6.1.3 Current Use(s)

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

Exclusions

There are no exclusions from the denominator; all patients in the facility on the snapshot date who meet the long stay criterion on that date are included.

Measure Disclaimer

“The products and services provided by PointRight, including without limitation, feedback on data integrity or quality (clinical or otherwise), are not intended to give, and shall not be construed as, specific recommendations for the diagnosis or treatment of any medical condition or placement of the patient in any particular care environment. The products and services provided by PointRight are intended for the purpose of helping to promote a more accurate assessment, indicating where there may be errors or omissions requiring correction, and prompting more complete and accurate documentation of assessments performed by the Customer and its employees and contractors. The services provided by PointRight do not include any direct assessment of any resident or patient- either on-site or via electronic communication - nor the rendering of any opinion regarding the clinical diagnosis or treatment of any resident or patient. All patient care and activities resulting from decisions of the medical and social services community, are the sole responsibility of these groups for such care.

All medical practice management, patient care and placement decisions made in which the Services may be utilized, and the consequences thereof, will be exclusively the responsibility of the Customer, as well as physicians, other clinical practitioners with privileges at the Customers licensed facility(ies) and social services workers related to such patient care, transition and placement.”

Planned Use

Payment Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Regulatory and Accreditation Programs

Risk Adjustment

Statistical risk model

Target Population

Dual eligible beneficiaries, Elderly (Age >= 65), Individuals with multiple chronic conditions

Steward Organization

American Health Care Association

Steward POC email

ksreenivas@ahca.org