The PointRight® Pro Long Stay™ Hospitalization Rate is an MDS-based, risk-adjusted metric that measures the annual hospitalization rate of long term care (LTC) facility residents.

Definitions for Terms Used in the Measure Specification

Long Stay Resident: A resident who has either: a) been in the LTC facility for more than 100 consecutive days; or b) total cumulative days in the facility (versus consecutive stays) is more than 100. *(Note: Stays are defined as consecutive if the discharge from the first stay was somewhere other than back to the community and readmission to the facility took place in 10 or fewer days following the discharge.)*

	For one quarter: Number of hospitalizations of long stay residents for that quarter, excluding hospitalizations that took place after the resident was discharged from the facility to a non-hospital setting. (The hospitalization does not add to the numerator for the quarter if a resident is discharged home and re-hospitalized a week later.)
Numerator:	*For the measure/full year performance: Sum of the numerators for the four annual quarters. A resident in the denominator population can be counted multiple times in the numerator.*
Denominator:	*For one quarter: Number of long stay residents present in the facility on the first day of that calendar quarter.*
	For the measure/full year performance: Sum of the denominators for the four annual quarters. A resident can contribute multiple times to the denominator for the year. (E.g. A resident continuously present in the facility for a full year would contribute four times to the denominator.)

Data Source: MDS 3.0 data submitted to CMS over a 12-month period

Clinical characteristics included in the risk adjustment: Adjustment Model (Table 1 below) includes 24 different demographic and clinical variables.

Table 1. Characteristics Included in the Risk Adjustment

ACTIVE DIAGNOSIS	• Anemia • COPD whether or not on oxygen • COPD on oxygen • Diabetes on insulin • Gastroesophageal Reflux Disease (GERD) • Heart Failure • Hypertension • Viral Hepatitis • Neurogenic Bladder • Renal failure or insufficiency
INCONTINENCE	• Total bowel incontinence
DEMOGRAPHICS	• Age 90 or over • Male
MEDICATIONS RECEIVED	• Anticoagulant (within past 7 days) • Antibiotics (within last 7 days)

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RECENT TREATMENTS	- IV fluid or meds within 7 days before last MDS - Oxygen in 7 days before last MDS
STAY HISTORY	- Admitted from hospital (current stay) - In this LTC facility 6 months before snapshot date (any stay) - In this LTC facility 12 months before snapshot date (any stay) - Natural log of (Length of current stay minus 100)
SYMPTOMS	• Dyspnea on exertion
SKIN	• Surgical wound(s)
HOSPICE STATUS	• Receiving hospice care

Risk Adjustment of the Observed Rate

Actual PointRight® Pro Long Stay™ Hospitalization Rate: Divide the number of individuals hospitalized by the total number of long stay residents over the four-quarter period.

Expected PointRight® Pro Long Stay™ Hospitalization Rate: Logistic regression uses the characteristics listed in Table 1 to calculate the average risk of hospitalization for each long stay resident. Each individual's risk is then added together to create an expected hospitalization risk for the facility based on the profiles of all residents.

Adjusted PointRight® Pro Long Stay™ Hospitalization Rate: Multiply the ratio of a facility's observed-to-expected rate ratio by a national benchmark rate. The benchmark rate in this case is the observed rate of (all) hospitalizations per quarter for long stay residents.

$$\frac{Observed\ Rate}{Expected\ Rate} * National\ Benchmark\ Rate = Risk\ Adjusted\ Rate$$

How to Interpret Observed versus Expected PointRight® Pro Long Stay™ Hospitalization Rate

*When your actual hospitalization rate is **equal** to your expected rate:* The same proportion of expected hospitalizations based on your case mix (i.e., the profile of patients in your facility) equals the average hospitalization rate across the country for a similar case mix. Therefore, your risk-adjusted rate will equal the national average.

*When your actual hospitalization rate is **greater** than your expected rate:* More hospitalizations than expected based on case mix (i.e., the profile of patients in a facility) and the average hospitalization rate across the country for a similar case mix. Therefore, your adjusted rate will be higher than the national average.

*When your actual hospitalization rate is **less** than your expected rate:* Fewer hospitalizations than expected based on your case mix (i.e., the profile of patients in your facility) and the average hospitalization rate across the country for a similar case mix. Therefore, your adjusted rate will be lower than the national average.

When comparing the long stay hospitalization performance of two LTC facilities: Adjusted rates should be used since the mix of residents' clinical and demographic risk factors for hospitalization may differ between the two. When assessing changes over time in a single facility's performance (e.g. due to a quality improvement program), the observed rate usually is more useful since changes in a single facility's resident mix tends to be gradual – and the meaning of the observed rate is easily understood.

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