

## The QIS Expert

# QIS System Addresses Hospital Readmissions



Kramer

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**Q.** Does QIS address readmissions to hospitals?

**A.** In 2012 the provisions in the Patient Protection and Affordable Care Act for hospitals, where there is already public reporting of readmissions, will have financial risk for readmissions related to selected conditions. In addition, payment incentives in the Centers for Medicare & Medicaid Services (CMS) Nursing Home Value-Based Purchasing demo will be tied to hospitalization.

Fortunately, QIS does address hospitalization of nursing facility admissions. The admission sample chart review that is conducted on a sample of 30 admissions to the nursing facility generates a properly calculated readmission rate for one of the Stage 1 Quality of Care and Quality of Life Indicators—QP058 Hospitalization Within 30 Days. The numerator is the number of residents in the randomly selected admission sample that are readmitted in 30 days, and the denominator is the total number of residents in that sample.

If the threshold of 15 percent is exceeded, then a Stage 2 investigation is triggered for the care area of Hospitalization. This triggers review of the Stage 2 Critical Elements for Hospitalization or Death, which is used to assess compliance with the following CMS F-tags:

F272: Comprehensive Assessment; F274: Resident Assessment When Required; F279: Comprehensive Care Plan; F282: Care Plan Implementation by Qualified Persons; F309: Provision of Care and Services; F157: Notification of Changes; F241: Dignity; F271: Admission Orders; F278: Accuracy of Assessments; F281: Professional Standards of Quality; F242: Self-Determination and Participation; F353: Nursing Services; F385: Physician Supervision; F501: Medical Director; and F514: Clinical Records.

Thus, the Stage 2 Critical Element Pathway covers a broad range of issues that are relevant to hospitalizations that surveyors will be investigating.

It is important to conduct Stage 1 assessments on a large enough admission sample to obtain information on hospital readmission that is useful.

Given that, on average, about 17 percent of admissions are readmitted to a hospital, the average will be about 5 readmissions with a sample of 30. This is not an adequate number of readmissions to thoroughly assess care related to preventing readmissions. Hence, a skilled unit with large numbers of admissions should conduct the Stage 1 admission assessment on all admissions.

To conduct the calculations correctly, managers should track the readmission rate and analyze issues like the units from where readmissions occur and how soon after admission the readmissions occur. Using the readmission rate and data in conjunction with a broader-based review of quality of care can help shed light on ways to reduce readmissions.

‘Payment incentives will be tied to hospitalization.’

## Alzheimer’s Begins In Earlier Years

A new set of criteria and guidelines for the diagnosis of Alzheimer’s seeks to expand the definition of the disease to include two new phases: 1.) presymptomatic and 2.) mildly symptomatic but pre-dementia, along with 3.) dementia caused by Alzheimer’s, according to the Alzheimer’s Association and the National Institute on Aging (NIA) of the National Institutes of Health (NIH).

The first new criteria and guidelines in 27 years were published by three expert workgroups spearheaded by the Alzheimer’s Association and NIA. The articles—collectively, the National Institute on Aging/Alzheimer’s Association Diagnostic Guidelines for Alzheimer’s Disease—reflect current thinking that Alzheimer’s begins creating distinct and measurable changes in the brains of affected people years, perhaps decades, before memory and thinking symptoms are noticeable.

“It is our hope that incorporating scientific knowledge gained and technological advances made over the past quarter century will improve current diagnosis, bring the field closer to earlier detection and treatment, and ultimately lead to effective disease-modifying therapies,” said William Thies, PhD, chief medical and scientific officer at the Alzheimer’s Association.

Creighton Phelps, PhD, program director of the Alzheimer’s Disease Centers Program at NIH, said, “We are also beginning to be able to detect these changes at a preclinical stage, long before symptoms appear in many people. With further research on biomarkers, as set forth in the new guidelines, we may ultimately be able to predict who is at risk for development of mild cognitive impairment and Alzheimer’s dementia and who ➤

would benefit most as interventions are developed.”

The current diagnostic criteria for Alzheimer’s focus on reliable diagnosis when signs of problems in thinking, learning, and memory are noticeable to an individual, family, and friends. But experts now say the research makes it likely that Alzheimer’s begins much sooner.

The new articles refer to three phases of Alzheimer’s disease progression over time: preclinical Alzheimer’s disease—measurable changes in biomarkers (such as brain imaging and spinal fluid chemistry) that indicate the very earliest signs of disease, before outward symptoms are visible. Currently, there are no clinical diagnostic criteria for this phase, but the group provides a scientific framework to help researchers better define this stage of Alzheimer’s.

The second phase is mild cognitive impairment due to Alzheimer’s disease—mild changes in memory and thinking abilities, enough to be noticed and measured, but not impairment that compromises everyday activities and functioning.

The third phase is dementia due to Alzheimer’s—memory, thinking, and behavioral symptoms that impair a person’s ability to function in daily life.

Article authors propose that Alzheimer’s begins with a long asymptomatic period during which detrimental changes are progressing in the brain and individuals with biomarker evidence of these changes are at increased risk for developing cognitive and behavioral impairment and progression to Alzheimer’s dementia.

The workgroups note that much additional research is needed to validate the application of these biomarkers.

“The definitive studies ... are likely to take more than a decade to fully accomplish. Thus, we must move quickly ... and adjust our models and study designs as new data become available,” the authors said.

—Patrick Connoles

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