

The Staff at Eliza Bryant Village strive to provide a safe, secure and high quality environment for each resident in their care. One way of measuring their hard work and dedication is in what is called the “Facility Quality Measure/Indicator Report.” This report summarizes, by state, the average percentage of nursing home residents who activate one of thirty (30) quality measures/indicators during a quarter.

We are delighted to share with you five examples of quality measures/indicators that demonstrate our Staff’s hard work and dedication which provide our residents with an optimal quality of life.

Quality Measure Eliza Bryant Village Comparison Group

	Observed Percent	State Average	National Average
Accidents: Prevalence of falls	7.0%	13.9%	13.1%
Skin Care: Low-risk residents with pressure ulcers	0.0%	1.8%	2.3%
Psychotropic Drug Use: Prevalence of mood altering medication use	12.2%	26.7%	23.1%
Behavior/Emotional Patterns: Residents who have become more depressed or anxious	7.9%	18.7%	14.9%
Quality of Life: Residents who were physically restrained	0.0%	4.1%	3.1%

The MDS Quality Measure/Indicator (QM/QI) Report summarizes, by state, the average percentage of nursing home residents who activate (trigger) one of 30 quality measures/indicators (34 with subcategories) during a quarter. QM/QIs are triggered by specific responses to MDS elements and identify residents who either have or are at risk for specific functional problems needing further evaluation. QM/QIs are aggregated across residents to generate facility level QM/QIs, which is the proportion of residents in the facility with the condition. In a like manner, QM/QIs can be aggregated across facilities to generate the state level QM/QIs presented in these reports. QM/QIs are not definitive measures of quality of care, but are "pointers" that indicate potential problem areas that need further review and investigation. These data, at a nursing home level, are used by State survey agencies to target survey and quality monitoring activities. The data are also shared with the facilities; each facility receives a report of its own data, as well as its statewide data. This report can be used by the facility as a tool to rate its performance compared to the state and to target areas of care for improvement. Because the data reports can be generated for sequential time frames, they are also useful to track trends. The quality indicator data include all nursing home residents in a given state.

Some nursing homes have a higher number of residents who are frailer and sicker. In order to take this fact into account, some of the QM/QIs are "risk adjusted". The residents in a facility are grouped into "high risk" and "low risk" for a certain problem, and the QM/QI is assessed separately in each of these groups. The high risk group includes only residents who have other medical conditions that may make them more susceptible to developing the problem. For example, residents at high risk for developing pressure ulcers are those with malnutrition, who are bed bound, or who have certain other conditions. The low risk group includes all other residents.

Data are presented at a state and national, not at a facility level. Percentages for a particular measure may vary between states. High or low percentages may be the result of a number of factors, so caution is advised in interpreting state comparisons. The variation may indicate differences in quality of care, but other reasons for variation may include geographic differences in patterns of care. For example, in some areas nursing home residents with grade 4 pressures ulcers are hospitalized, while in other areas, they remain in the nursing home. In some geographic areas, frail elderly persons are more likely to be cared for in their own or relatives' homes, so in those areas, nursing home residents may be more frail or ill than in other areas.