CBE ID

2631

Title

Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

Project

Patient Experience and Function

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Spring 2019

Removal Date

Tue, 11/16/2021 - 00:00

Initial Endorsement

Thu, 07/23/2015 - 08:21

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 quality measure reports the percentage of all Long-Term Care Hospital (LTCH) patients with an admission and discharge functional assessment and a care plan that addresses function.

1.7 Measure Type

Process

1.8 Level of Analysis

Facility

1.9 Care Setting

Post-Acute Care

1.14 Numerator

The numerator for this quality measure is the number of Long-Term Care Hospital (LTCH) patients with complete functional assessment data and at least one self-care or mobility goal.For patients with a complete stay, all three of the following are required for the patient to be counted in the numerator: (1) a valid numeric score indicating the patient's status or response, or a valid code indicating the activity was not attempted or could not be assessed, for each of the functional assessment items on the admission assessment; (2) a valid numeric score, which is a discharge goal indicating the patient's expected level of independence, for at least one self-care or mobility item on the admission assessment; and (3) a valid numeric score indicating the patient's status or response, or a valid code indicating the activity was not attempted or could not be assessed, for each of the functional assessment items on the discharge assessment.For patients who have an incomplete stay, discharge data are not required. It can be challenging to gather accurate discharge functional assessment data for patients who experience incomplete stays. The following are required for the patients who have an incomplete stay to be counted in the numerator: (1) a valid numeric score indicating the patient's status or response, or a valid code indicating the activity was not attempted or could not be assessed, for each of the functional assessment items on the admission assessment; and (2) a valid numeric score, which is a discharge goal indicating the patient's expected level of independence, for at least one self-care or mobility item on the admission assessment.Patients who have incomplete stays are defined as those patients (1) with incomplete stays due to a medical emergency, including LTCH length of stay less than 3 days, (2) who leave the LTCH against medical advice, or (3) who die while in the LTCH. Discharge functional status data are not required for these patients because these data may be difficult to collect at the time of the medical emergency, if the patient dies or if the patient leaves against medical advice.

1.15 Denominator

The denominator is the number of LTCH patients discharged during the targeted 12 month (i.e., 4 quarters) time period.

1.20 Types of Data Sources

Other

6.1.2 Current or Planned Use(s)

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

Exclusions

There are no denominator exclusions for this measure.

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, Individuals with multiple chronic conditions

Use In Federal Program

Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, Skilled Nursing Facility Quality Reporting

Steward Organization

Centers for Medicare & Medicaid Services

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