

## Measures that Matter Nursing Home Program: Mobility and Function in Nursing Homes Executive Summary

### Background

[Cal Long Term Care Compare's](#) (CLTCC) *Measures that Matter* quality measurement program selects publicly available, quality measures that matter to residents and families. Payors and providers making referrals to nursing homes may also find this information useful. This program identifies nursing homes that score in the top 10% of resident mobility and function care in the short stay (SS) and long stay (LS) settings.

Improving (or maintaining) residents' mobility and functional abilities are critical outcome measures of care for nursing homes. SS residents frequently need assistance to regain their mobility after a hospitalization for an illness or injury. LS residents require support to maintain their current level of mobility and function. There is strong evidence that good mobility and functional ability helps prevent future falls and improves quality of life (e.g., resident cognition, independence, and community participation).

Using a rigorous methodological process, CLTCC created a composite mobility and function measure for LS residents and another for SS residents. The *Measures that Matter program* seeks to understand variation in measure performance across nursing homes and help California recognize the better performing nursing homes. The program also encourages sharing of best practices with other nursing homes that are working to improve their care quality.

*CLTCC acknowledges that nursing homes identified as Top Tier facilities in mobility and function may not excel in other important areas of care. Nursing homes were excluded from MTM mobility and function composite consideration if they met one or more of the exclusion guardrails described below.*

### Methodology

For detailed methodological information, please see the **Methodology Notes**. CLTCC used several steps to evaluate 11 publicly reported LS measures and 16 publicly reported SS measures to construct the two composite measures and identify the nursing home mobility measure finalists. Measures that demonstrated moderate to high correlation and met internal validity standards were included in their respective composite measure resulting in the following composites (Table 1).

- Long-stay residents: 8-related mobility and function measures
- Short-stay residents: 5-related mobility and function measures

Next, CLTCC scored the nursing homes with enough data (933 SS program and 928 LS program) for the respective composite measures and grouped them into performance group quintiles. There were 93 nursing homes in the top 10% and 139 nursing homes in the next 15% that were eligible to progress to the next step.

Nursing homes were omitted from consideration if they met one or more of the following six composite guardrail criteria. The purpose of the guardrails is to ensure the program identifies nursing homes without troublesome performance in other areas of care.

1. CMS Special Focus Facility on CMS Watch List
2. Candidate for Special Focus Facility on CMS watch list
3. Any CMS rating of 1 or 2 stars
4. Bottom 10% performance group in the program’s LS composite or SS composite
5. CMS abuse icon (based on manual review by the research team)
6. State AA or A citations (based on manual review by the research team)

Nursing homes that met both the composite and exclusion criteria are recognized as follows:

- **Top Tier:** Includes facilities that fall into the top 10% measure performance group
- **Second Tier:** Includes facilities that fall into the next 15% measure performance group

## Results

Using this methodology, just 47 nursing homes, out of 933, achieved Top Tier criteria using the SS composite and 27, out of 928, for LS. Only 1 nursing home achieved Top Tier criteria for both SS and LS composites.

### Mobility and Function Composite Results:

# of Nursing Homes by Category	Top Tier	Second Tier
Short Stay	27	43
Long Stay	47	56
<b>Exclusions:</b> 58% of LS and 43% of SS facilities initially in the Top Tier were excluded due to being 1- or 2- Star facilities. Ten facilities underwent manual review of state citations. None were included after review.		

CLTCC foresees multiple benefits to this year’s *Measures that Matter* which include but are not limited to:

1. **Promoting resident centered care** – While appropriate staffing and infection control are cornerstones to high quality nursing home care, residents also very much care about their ability to gain and/or maintain their mobility and function in the nursing home environment. Mobility and function provides a holistic view of quality and resident safety.
2. **Accelerating quality improvement** – Through data transparency *Measures that Matter* is also intended to support nursing home quality improvement actions in areas important to residents and their families. In the long term, CLTCC anticipates that by highlighting specific measures it will help reinforce effective care methods and accelerate communication within the nursing home industry to replicate successful care methods and outcomes.
3. **Aligning payment, services, and quality** - Finally, this program may help payers and employers readily identify facilities and providers that are the top performers in the state, a useful tool for network design and contract negotiations (e.g., reimbursement, quality improvement goals, etc.).

All nursing homes have been notified of their results. Top Tier nursing homes will be listed on our website under the MTM Program page. For additional information about the Measures that Matter Program, visit the [Cal Long Term Care Compare website](#) or email [calcompare@convergencehealth.org](mailto:calcompare@convergencehealth.org) with any questions. *\*For a complete list of the Top Tier facilities, refer to the MTM Nursing Home Program\_Top Tier Lists\_April 2024.*

**Table 1.** Data Sources for the CLTCC Long-stay and Short-stay Mobility and Function Composite Measures

	Measures	Data Source	Measurement Period	Higher Score is Better
<b>Long-Stay (LS) Measures</b>	LS401: Percentage of long-stay residents whose need for help with activities of daily living increased	CMS MDS Quality Measures	07/01/2022 to 06/30/2023	No
	LS404: Percentage of long-stay residents who lose too much weight	CMS MDS Quality Measures	07/01/2022 to 06/30/2023	No
	LS405: Percentage of low-risk long-stay residents who lose control of their bowels or bladder	CMS MDS Quality Measures	07/01/2022 to 06/30/2023	No
	LS406: Percentage of long-stay residents who have or had a catheter inserted and left in their bladder	CMS MDS Quality Measures	07/01/2022 to 06/30/2023	No
	LS407: Percentage of long-stay residents with a urinary tract infection	CMS MDS Quality Measures	07/01/2022 to 06/30/2023	No
	LS410: Percentage of long-stay residents experiencing one or more falls with major injury	CMS MDS Quality Measures	07/01/2022 to 06/30/2023	No
	LS451: Percentage of long-stay residents whose ability to move independently worsened	CMS MDS Quality Measures	07/01/2021 to 06/30/2022	No
	LS552: Number of outpatient emergency department visits per 1,000 long-stay resident days	CMS Medicare Claims Quality Measures	04/01/2022 to 03/31/2023	No
<b>Short-Stay (SS) Measures</b>	SS022: Change in residents' ability to care for themselves at discharge	CMS NURSING HOME Quality Reporting Program- Provider Data	01/01/2022 to 12/31/2022	Yes
	SS023: Change in residents' ability to move around at discharge	CMS NURSING HOME Quality Reporting Program- Provider Data	01/01/2022 to 12/31/2022	Yes
	SS024: Percentage of residents who are at or above an expected ability to care for themselves at discharge	CMS NURSING HOME Quality Reporting Program- Provider Data	01/01/2022 to 12/31/2022	Yes
	SS025: Percentage of residents who are at or above an expected ability to move around at discharge	CMS NURSING HOME Quality Reporting Program- Provider Data	01/01/2022 to 12/31/2022	Yes
	SS471: Percentage of short-stay residents who improved in their ability to move around on their own at discharge	CMS MDS Quality Measures	04/01/2022 to 06/30/2023	Yes