

Quality Measures for Long-stay Residents

Percent of residents whose need for help with daily activities has increased.

What does this graph tell you?

This graph shows the percent of residents whose need for help doing basic daily tasks (listed below) has increased from the last time it was checked. (lower percentages are better).

What type of basic daily tasks?

The daily activities that this measure counts include:

1. feeding oneself
2. moving from one chair to another
3. changing positions while in bed
4. going to the bathroom alone

Residents are checked routinely to see how they function doing these basic daily activities. Some loss of function may be expected in the elderly. If they are in poor health or if they are ill (like if they have pneumonia, an infection, a recent injury, or a chronic problem like asthma that has flared-up), they may have a temporary loss of function. Sudden or rapid loss of one or more of these basic daily tasks could mean the resident needs medical attention.

Why is this information important?

Most residents value being able to take care of themselves. It is important that nursing home staff encourage residents to do as much as they can for themselves. In some cases, it may take more staff time to allow residents to do these tasks than to do the tasks for them. Residents who still do these basic daily activities with little help may feel better about themselves and stay more active. This can affect their health in a good way. When people stop taking care of themselves, it may mean that their health has gotten worse. The resident's ability to perform daily functions is important in maintaining their current health status and quality of life. Some residents will lose function in their basic daily activities even though the nursing home provides good care. For more information on this data, please view the **[information about residents whose need for help with daily activities has increased](#)** in the Frequently Asked Questions section.

Percent of residents who have moderate to severe pain.

What does this graph tell you?

This graph shows the percent of residents who are reported to have moderate to severe pain during the 7-day assessment period. This measure is shown to get you to talk to the nursing home staff about how they check and manage pain, and to make you aware of how important it is. Pain can be caused by a variety of medical conditions. Checking for pain and pain management are very complex.

Comparing these percentages is different from the other measures because the percentages may mean different things. Generally, a lower percentage on this measure is better. However, this isn't always true. For example, two nursing homes could provide the same quality of care and have the same number of residents with pain. However, if one of the nursing homes does a better job checking the residents for pain, they could have a higher percentage on this measure. Or, if for personal or cultural reasons, more residents in one of the nursing homes refuse to take pain medication, that nursing home's percentage would be higher. In these examples, although the percentage for one nursing home is higher, it does not mean they are not providing good care.

Why is this information important?

Residents should always be checked regularly by nursing home staff to see if they are having pain. Residents (or someone on their behalf) should let staff know if they are in pain so efforts can be made to find the cause and make the resident more comfortable. If pain is not treated, a resident may not be able to perform daily routines, may become depressed, or have an overall poor quality of life. This percentage may include some residents who are getting or have been prescribed treatment for their pain, but who refuse pain medicines or choose to take less. Some residents may choose to accept a certain level of pain so they can stay more alert. For more information on this data, please view the **[information about Pain](#)** in the Frequently Asked Questions section.

Percent of high-risk residents who have pressure sores.

What does this graph tell you?

This graph shows the percent of residents with a high risk for getting pressure sores, or who get a pressure sore in the nursing home (lower percentages are better). You have a “high risk” for getting a pressure sore if you are in a coma, if you don’t get the nutrients you need (like water, vitamins and minerals), or you can’t move or change position on your own.

What is a pressure (bed) sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the tailbone, hip, ankle, or heel. They are usually caused by constant pressure on one part of the skin. Pressure sores are sometimes called bedsores. These sores can be caused from the pressure on the skin from chairs, wheelchairs, or beds. Severe pressure sores may take a long time to heal. As a result, some of the pressure sores included in this data may be ones that facilities are in the process of successfully treating and improving.

Why is this information important?

Pressure sores may:

- Be painful
- Take a long time to heal
- Cause other complications such as skin and bone infections

There are several things that nursing homes can do that may help to prevent or treat pressure sores, such as frequently changing the resident’s position, proper nutrition, and using soft padding to reduce pressure on the skin. Some residents may get pressure sores even when the nursing home provides good preventive care. For more information on this data, please view the **[information about Pressure Sores](#)** in the Frequently Asked Questions section.

Percent of low-risk residents who have pressure sores.

What does this graph tell you?

This graph shows the percent of residents with a low risk for getting pressure sores, or who get a pressure sore in the nursing home (lower percentages are better). You have a “low risk” for getting a pressure sore if you are able to be active, change positions, and get the nutrients you need (like water, vitamins and minerals).

What is a pressure (bed) sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the tailbone, hip, ankle, or heel. They are usually caused by constant pressure on one part of the skin. Pressure sores are sometimes called bedsores. These sores can be caused from the pressure on the skin from chairs, wheelchairs, or beds. Severe pressure sores may take a long time to heal. As a result, some of the pressure sores included in this data may be ones that facilities are in the process of successfully treating and improving.

Why is this information important?

Pressure sores may:

- Be painful
- Take a long time to heal
- Cause other complications such as skin and bone infections

There are several things that nursing homes can do that may help to prevent or treat pressure sores, such as frequently changing the resident’s position, proper nutrition, and using soft padding to reduce pressure on the skin. Some residents may get pressure sores even when the nursing home provides good preventive care. For more information on this data, please view the **[information about Pressure Sores](#)** in the Frequently Asked Questions section.

Percent of residents who were physically restrained.

What does this graph tell you?

This graph shows the percent of residents in the nursing home who were physically restrained daily during the 7-day assessment period (lower percentages are better).

What are physical restraints?

A physical restraint is any device, material, or equipment attached or adjacent to a resident's body, that the individual cannot remove easily, which keeps a resident from moving freely or prevents them normal access to their body. Examples of physical restraints include special types of vests, chairs with lap trays, lap belts, enclosed walkers. Bed rails (side rails) are also considered restraints in certain situations, but they are not used in the calculation of this measure.

Why is this information important?

Restraints should only be used when they are necessary as part of the treatment of a resident's medical condition. Only a doctor can order a restraint. Restraints should never be used to punish a resident or to make things easier for the staff. Facilities are not allowed to use restraints based solely on a family's request, unless there is a documented medical need and a doctor's order. A resident who is restrained daily can become weak, lose his or her ability to go to the bathroom by themselves, and develop pressure sores or other medical complications. For more information on this data, please view the **[information about Physical Restraints](#)** in the Frequently Asked Questions section.

Percent of residents who have become more depressed or anxious.

What does this graph tell you?

This graph shows the percent of residents who have become more depressed or anxious in the nursing home since the last time they were checked. (lower percentages are better)

Why is this information important?

Depression is a medical problem of the brain that can affect how you think, feel, and behave. Signs of depression may include fatigue, a loss of interest in normal activities, poor appetite, and problems with concentration and sleeping.

Anxiety is excessive worry. Signs of anxiety can include trembling, muscle aches, problems sleeping, stomach pain, dizziness and irritability.

Feeling depressed or anxious can lessen your quality of life and lead to other health problems. Nursing home residents are at a high risk for developing depression and anxiety for many reasons, such as loss of a spouse, family members or friends, chronic pain and illness, difficulty adjusting to the nursing home, and frustration with memory loss. Identifying depression and anxiety can be difficult in elderly patients because the signs may be confused with the normal aging process, a side effect of medication, or the result of a medical condition. Proper treatment may include medication, therapy, or an increase in social support.

Percent of low-risk residents who lose control of their bowels or bladder.

What does this graph tell you?

This graph shows the percent of residents who often lose control of their bowels or bladder. This information is only based on residents who have a low risk for losing control of their bowel or bladder. (lower percentages are better). Residents have a “low risk” for losing bowel and bladder control, if they do not have severe dementia (memory loss) or if they do not have very limited ability to move on their own.

Why is this information important?

Loss of bowel or bladder control is not a normal sign of aging and can often be successfully treated. Loss of bowel and bladder control can be caused by

- Physical problems (like constipation, muscle weakness, or a bladder infection),
- Location problems (like the bathroom is too far away)
- Reaction to medication,
- Limited ability to walk or move around,
- Diet and fluid intake,
- Toilet routine (timing trips to the bathroom), and
- Whether someone can provide assistance when needed.
- Certain medical conditions. For instance, residents with diabetes, dementia, spinal cord injury, or neurological disease are at a higher risk of losing bowel and bladder control.

Finding the cause, and treating a problem with bowel or bladder control is important for many reasons. Physically, it can help prevent infections and pressure sores. Mentally, treatment can help the well being of the resident by restoring dignity and social interaction. Fewer residents with bowel and bladder control problems can give the nursing home staff more time to provide other care.

Percent of residents who have/had a catheter inserted and left in their bladder.

What does this graph tell you?

This graph shows the percent of residents who had a catheter inserted and left in their bladder for a period of time during the 14-day assessment period (lower percentages are better).

What is a catheter?

A catheter is a thin, soft tube that is left in place and attached to a bag that collects the urine. It may be inserted into the bladder of people who lose control of their bladder or cannot use a toilet (for instance, someone in a coma.) Catheters may be used because there is a physical reason the urine cannot drain naturally, to keep a patient with pressure sores that are not healing clean and dry, or to measure the amount of urine being produced.

Why is this information important?

A catheter should only be used when it is medically necessary. Residents may need a lot of help to get to the toilet, or they may have to go frequently. A catheter should not be used for the convenience of the nursing home staff. Using a catheter may result in complications, like urinary tract or blood infections, physical injury, skin problems, bladder stones, or blood in the urine. Some studies have shown that long-term use of catheters (over many years) may increase the rates of bladder cancer in patients with spinal cord injuries.

Percent of residents who spent most of their time in bed or in a chair.

What does this graph tell you?

This graph shows the percent of residents who spent most of their time in bed or in a chair in their room during the 7-day assessment period (lower percentages are better.)

Why is this information important?

A decline in physical activity may come with age due to muscle loss, joint stiffness, fear of injury, worsening illness, or depression. Residents who spend too much time in bed or a chair may lose the ability to perform activities of daily living, like eating, dressing, or getting to the bathroom.

Staying in a bed or chair may affect the resident in many ways. Unused muscles get weaker. It becomes difficult to participate in physical and social activities. Sleep quality can suffer. The risk of heart disease, stroke, diabetes, or blood clots can increase. Depression and anxiety can worsen. Staying in one position, and constant pressure on the skin can increase the chance of pressure sores. It is important for residents to be as active as possible.

Nursing home staff can help residents be more active. For instance, they can encourage residents to take part in physical activities, or take them for regular walks if they need help. Most residents value being able to take care of themselves. It is important that nursing home staff encourage residents to do as much as they can for themselves and stay as active as physically possible. Some residents will choose to remain in bed or in a chair, even though the nursing home staff makes a good effort to keep them more active. It is also important to note that some residents may be counted in this measure if their assessment period occurs when they are temporarily ill and remaining in bed due to a short-term problem.

Percent of residents whose ability to move about in and around their room got worse.

What does this graph tell you?

This graph shows the percent of residents whose ability to move about, either by walking or using a wheelchair, in their room and the hallway near their room got worse since their last assessment (lower percentages are better.)

Why is this information important?

A decline in physical activity may come with age due to muscle loss, joint stiffness, worsening illness, fear of injury, or depression. Residents who lose mobility may also lose the ability to perform other activities of daily living, like eating, dressing, or getting to the bathroom. In some cases, however, the decline measured may be temporary and due to a short-term illness the resident is experiencing at the time of the assessment.

A lack of movement may affect the resident in many ways. It becomes difficult to participate in physical and social activities. Sleep quality can suffer. The risk of heart disease, stroke, diabetes, or blood clots can increase. Depression and anxiety can worsen. Staying in one position, and constant pressure on the skin can increase the chance of pressure sores. It is important for residents to be as active as possible.

Nursing home staff can help residents move around more. For instance, they can encourage residents to take part in physical and social activities, or take them for regular walks if they need help. Most residents value being able to move about on their own and take care of themselves. It is important that nursing home staff encourage residents to do as much as they can for themselves and stay as active as physically possible. Some residents will decline in their ability to move about, even though the nursing home staff makes a good effort to keep them more active.

Percent of residents with a urinary tract infection.

What does this graph tell you?

This graph shows the percent of residents who had an infection in their urinary tract anytime during the 30 days before their most recent assessment. (lower percentages are better)

What is a urinary tract infection?

A urinary tract infection (UTI) is an infection in the urethra that left untreated, can spread to the bladder (bladder infection), and kidney (kidney infection).

If the area where waste (urine and bowel movements) leaves your body is not kept clean, bacteria from your colon may multiply and enter the urethra (the tube that passes urine from your bladder to outside your body), causing a UTI. A UTI may also be caused by bacteria on a catheter (a soft tube used to drain urine) being used to drain the urine from the bladder.

Why is this information important?

Most urinary tract infections can be prevented by keeping the area clean, emptying the bladder regularly, and drinking enough fluid. Nursing home staff should make sure the resident has good hygiene. Finding the cause and getting early treatment of a UTI can prevent the infection from spreading and becoming more serious or causing complications like delirium. It is important to find out whether the UTI is caused by a physical problem, like an enlarged prostate, so proper medical treatment can be given..

Quality Measures for Short Stay Residents

Percent of short stay residents with delirium.

What does this graph tell you?

This graph shows the percent of short stay residents (recently admitted to the nursing home following a hospital stay) who have symptoms of delirium (lower percentages are better).

What is delirium?

Delirium is severe confusion and rapid changes in brain function, usually caused by a treatable physical or mental illness. Delirium is often misdiagnosed. Delirium may be caused by infection; a stroke; dehydration; reaction to surgery; anesthesia or medication; disease (like liver failure); uncorrected vision or hearing problems; improper restraint usage; or depression. Symptoms may develop over a short period of time, and change during the day.

Symptoms may include:

- Sudden problems with attention (not able to focus or concentrate thoughts or behavior)
- Problems thinking and communicating
- Loss of a sense of time or place
- Changes in sensation and perception
- Changes in level of alertness, consciousness or awareness
- Changes in sleep pattern
- Loss of short-term memory
- Restlessness
- Changes in personality

Why is this information important?

Delirium is not a normal part of aging. It should not be confused with dementia. Delirium is a serious condition requiring urgent medical attention. Left untreated, the death rate is high. Finding and treating the cause of delirium can ensure proper treatment of a physical or mental problem, and help restore the resident's health and quality of life. For more information on this data, please view the [information about Residents With Delirium](#) in the Frequently Asked Questions section.

Percent of short stay residents who had moderate to severe pain.

What does this graph tell you?

This graph shows the percentage of short stay residents (recently admitted to the nursing home following a hospital stay) who are reported to have moderate to severe pain at any time, during the 7-day assessment period.

This measure is shown to get you to talk to the nursing home staff about how they check and manage pain, and to make you aware of how important it is. Pain can be caused by a variety of medical conditions. Checking for pain and pain management are very complex.

Comparing these percentages is different from the other measures because the percentages may mean different things. Generally, a lower percentage on this measure is better. However, this isn't always true. For example, two nursing homes could provide the same quality of care and have the same number of residents with pain. However, if one of the nursing homes does a better job checking the residents for pain, they could have a higher percentage on this measure. Or, if for personal or cultural reasons, more residents in one of the nursing homes refuse to take pain medication, that nursing home's percentage would be higher. In these examples, although the percentage for one nursing home is higher, it does not mean it is not providing good care.

It is important to note that most residents who are in a nursing home following a hospitalization are recovering from an acute (severe) illness, surgery, or an injury (like a broken bone). It is common to have pain after surgery or an injury. Physical therapy to restore functioning can also be associated with some degree of pain that is unavoidable, so a nursing home that specializes in rehabilitation may have more residents with pain. However, it is still important to identify and treat pain.

Why is this information important?

Residents should always be checked regularly by nursing home staff to see if they are having pain. Residents (or someone on their behalf) should let staff know if they are in pain so efforts can be made to find the cause and make the resident more comfortable. If pain is not treated, a resident may not be able to perform daily routines, may become depressed, or have an overall poor quality of life. This percentage may include some residents who are getting or have been prescribed treatment for their pain, but who refuse pain medicines or choose to take less. They choose to accept a certain level of pain so they can stay more alert. For more information on this data, please view the [**information about Pain**](#) in the Frequently Asked Questions section.

Percent of short stay residents with pressure sores.

What does this graph tell you?

This graph shows the percentage of short stay residents (recently admitted to the nursing home following a hospital stay) who have developed pressure sores, or who had pressure sores that did not get better between their 5-day and 14-day assessments in the nursing home. (lower percentages are better).

What is a pressure (bed) sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the tailbone, hip, ankle, or heel. They are usually caused by constant pressure on one part of the skin. Pressure sores are sometimes called bedsores. These sores can be caused from the pressure on the skin from chairs, wheelchairs, or beds. Severe pressure sores may take a long time to heal. As a result, some of the pressure sores included in this data may be ones that facilities are in the process of successfully treating and improving.

Why is this information important?

Pressure sores may:

- Be painful
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- Cause other complications such as skin and bone infections

There are several things that nursing homes can do that may help to prevent or treat pressure sores, such as frequently changing the resident's position, proper nutrition, and using soft padding to reduce pressure on the skin. Some residents may get pressure sores even when the nursing home provides good preventive care. For more information on this data, please view the **[information about Pressure Sores](#)** in the Frequently Asked Questions section.

