Weight Loss Quality Measure

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Outline of Presentation…

• What is included in the Weight Loss QM

• RAI Manual / Critical Element Pathway Guidance

• Recommended Strategies / Approaches
What is your QAPI Process?

Consider the following questions…

• If so, does your facility have a process to track and minimize weight loss?

• Does your facility understand the QM specifications for weight loss?

• Does your appropriate staff understand the impact of the MDS coding on your publically-reported quality measure for weight loss?
The primary sources of information for this presentation are...

- CMS’s RAI Version 3.0 Manual
- Nutrition Critical Element Pathway – QIS Survey
- Surveyor Interpretive Guidelines – Appendix PP of the State Operations Manual (Rev. 12, 10-14-05)

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Consider both sides of the equation...

The QM is calculated from a “pool” of residents....

• **Numerator**
  
  • Long-stay residents with a selected target assessment that indicates a weight loss of 5% or more in the last month or 10% or more in the last 6 months who were not on a physician prescribed weight-loss regimen.

  (also known as “triggers”)

MDS 3.0 Quality Measure User’s Manual v8.0  04-15-2013
Numerator...

If K0300 = 2

K0300: Weight Loss

Loss of 5% or more in the last month or loss of 10% or more in last 6 months

0. No or unknown
1. Yes, on physician-prescribed weight-loss regimen
2. Yes, not on physician-prescribed weight-loss regimen
Coding Instructions...

- **Code 0, no or unknown**: if the resident has not experienced weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days or if information about prior weight is not available.

- **Code 1, yes on physician-prescribed weight-loss regimen**: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was planned and pursuant to a physician’s order. In cases where a resident has a weight loss of 5% or more in 30 days or 10% or more in 180 days as a result of any physician ordered diet plan or expected weight loss due to loss of fluid with physician orders for diuretics, K0300 can be coded as 1.

- **Code 2, yes, not on physician-prescribed weight-loss regimen**: if the resident has experienced a weight loss of 5% or more in the past 30 days or 10% or more in the last 180 days, and the weight loss was not planned and prescribed by a physician.
Coding Tips…

- To code K0300 as 1, yes, the expressed goal of the weight loss diet or the expected weight loss of edema through the use of diuretics must be documented.

- On occasion, a resident with normal BMI or even low BMI is placed on a diabetic or otherwise calorie-restricted diet. In this instance, the intent of the diet is not to induce weight loss, and it would not be considered a physician-ordered weight-loss regimen.
RAI Manual Definitions…

DEFINITIONS

PHYSICIAN-PRESCRIBED WEIGHT-LOSS REGIMEN
A weight reduction plan ordered by the resident’s physician with the care plan goal of weight reduction. May employ a calorie-restricted diet or other weight loss diets and exercise. Also includes planned diuresis. It is important that weight loss is intentional.

5% WEIGHT LOSS IN 30 DAYS
Start with the resident’s weight closest to 30 days ago and multiply it by .95 (or 95%). The resulting figure represents a 5% loss from the weight 30 days ago. If the resident’s current weight is equal to or less than the resulting figure, the resident has lost more than 5% body weight.

10% WEIGHT LOSS IN 180 DAYS
Start with the resident’s weight closest to 180 days ago and multiply it by .90 (or 90%). The resulting figure represents a 10% loss from the weight 180 days ago. If the resident’s current weight is equal to or less than the resulting figure, the resident has lost 10% or more body weight.
Consider both sides of the equation...

The QM is calculated from a “pool” of residents....

**Denominator**

- All long-stay residents with a selected target assessment, except those with exclusions*.

*OBRA admission assessments and PPS 5-day assessments are excluded... Or if the weight loss item (K0300) = [-] (missing)

\[
\text{Numerator} / \text{Denominator} \times 100 = \text{Quality Measure %}
\]
Appendix PP - F274 §483.20(b)(2)(ii)…

Assessment upon significant change…

Within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident’s physical or mental condition. (For purpose of this section, a “significant change” means a major decline or improvement in the resident’s status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident’s health status, and requires interdisciplinary review or revision of the care plan, or both.)
Among the criteria for significant change…

Specific to “decline”…

“Emergence of an unplanned weight loss problem (5% change in 30 days or 10% change in 180 days)”

The verbiage used in the RAI Manual is identical to the CMS language/specifications used in the weight loss quality measure.
Standard of Practice…

Current standards of practice recommend weighing the resident on admission or readmission (to establish a baseline weight), weekly for the first 4 weeks after admission and at least monthly thereafter to help identify and document trends such as insidious weight loss.

The use of diuretics and other medications may cause weight loss that is not associated with nutritional issues, but can also cause fluid and electrolyte imbalance/dehydration that causes a loss of appetite and weight.
**Appendix PP…**

Suggested parameters for evaluating significance of unplanned and undesired weight loss are:

<table>
<thead>
<tr>
<th>Interval</th>
<th>Significant Loss</th>
<th>Severe Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>5%</td>
<td>Greater than 5%</td>
</tr>
<tr>
<td>3 months</td>
<td>7.5%</td>
<td>Greater than 7.5%</td>
</tr>
<tr>
<td>6 months</td>
<td>10%</td>
<td>Greater than 10%</td>
</tr>
</tbody>
</table>
Critical Element Pathway...

5 Pages...

- Observation
- Interviews
  - Resident/Family
  - Staff (Nurse/Nurse Aides)
  - Register Dietitian or Dietary Manager
- Record Review
- Policy & Procedure Review
- Compliance Decisions
To Summarize “Key Points”…

• Remember that every resident’s documented weight is coded on the MDS with a comparison to their documented weight both 1 month prior and 6 months prior.

• Remember that if a resident is coded for “weight loss – not on physician prescribed weight-loss regimen”, they will trigger for the weight loss quality measure unless they are excluded.

• Remember that the parameters for “significant/severe unintended weight loss” in the surveyor guidelines mirror the specifications of the weight loss quality measure.

• Remember that the CASPER/QM data is reviewed by surveyors prior to site visit.
Next Steps…

• Review your “real-time” data for all residents currently “triggering” for the weight loss quality measure.

• Review the documentation of each triggering resident to check for planned diuresis or planned weight loss and, if appropriate, correct coding documentation to reflect a “physician-prescribed weight-loss regimen”.

• Review your facility’s policy/procedure and actual processes for measuring, evaluating and documenting every resident’s weight.

• Adopt competency expectation of the Nutrition Critical Element Pathway by all necessary staff.
The Role of Consistent Assignment...

• Consistent assignment is a key step in giving care that is centered on the resident.

• Staff who work with the same residents most of the time are more likely to notice slight changes in health, mood or routine.... including changes in eating habits.

• Think about the value and role of consistent assignment in your plan to minimize and eliminate unintended weight loss.

• For more information on consistent assignment – www.nursinghomes.ipro.org
For more information

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