



## Nursing Home Compare Five-Star Ratings of Nursing Homes

### Provider Rating Report Incorporating data reported through 07/31/2018

Ratings for <b>Martha And Mary Health Service (505474)</b> <b>Poulsbo, Washington</b>				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★★	★★★★	★★★★★	★★★★	★★★★★

The **August 2018** Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on **August 22, 2018**. The Quality Measure (QM) Rating that will be posted is based on MDS 3.0 quality measures using data from the **second, third and fourth quarters of 2017 and the first quarter of 2018**, re-hospitalization and emergency department claims-based quality measures using data from **10/1/2016 through 9/30/2017** and the community discharge claims-based quality measure using data from **7/1/2016 through 6/30/2017**. The Staffing and RN Staffing Ratings are based on Payroll-based journal staffing data reported for the **first calendar quarter of 2018**.

#### Helpline

The Five-Star Helpline will operate Monday - Friday, **August 20, 2018 - August 24, 2018**. Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **September 24 - September 28, 2018**. During other times, direct inquiries to [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov) as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

#### Claims-Based Measures

The claims-based measures were updated in July 2018. The hospitalization and emergency department claims-based quality measures are calculated using nursing home stays between **10/1/2016 through 9/30/2017**, and the successful community discharge measure is calculated for episodes that started between **7/1/2016 through 6/30/2017**. (Note that the successful community discharge measure is more lagged because it has a 130 day observation period vs. 30 days for the re-hospitalization and emergency department visit measures.)

#### Staffing Rating Calculation

From **July to September 2018** the PBJ staffing data for **January 1, 2018 to March 31, 2018** (submitted by the **May 15, 2018** deadline) are being utilized to calculate the Five-Star overall staffing rating shown above. The expected staffing values are based on resident acuity levels using RUG-IV data.

The Five-Star Rating Technical Users' Guide contains a detailed explanation of the staffing rating and the case-mix adjustment methodology. Please see the link to the Technical Users' Guide located later in this report.

## Scoring Exceptions for the Staffing Rating

As of July 2018, the following criteria have been added to the usual scoring rules for assigning the staffing rating and the RN staffing rating.

1. Providers that fail to submit any staffing data by the required deadline will receive a one-star rating for overall staff and RN staffing for the quarter.
2. Providers that submit staffing data indicating that there were seven or more days in the quarter with no RN staffing (job codes 5-7) but on which there were one or more residents in the facility will receive a one-star rating for overall staff and RN staffing for the quarter.
3. CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. Facilities for which the audit identifies significant discrepancies between the hours reported and the hours verified or those who fail to respond to an audit request will receive a one-star rating for overall staff and RN staffing for the quarter.

## Reported Staffing for January 1, 2018 to March 31, 2018

The data listed below include the reported, expected and case-mix adjusted scores for your facility, using the PBJ data for **January 1, 2018 to March 31, 2018** (submitted by the **May 15, 2018** deadline) and the average MDS-based resident census for your facility, state and for the US. ***These data will be reported on Nursing Home Compare for three months, starting with the July update to the website, and will also be used for determining staffing ratings during that time.***

PBJ Nurse Staffing Information for January 1, 2018 to March 31, 2018 for Provider Number <b>505474</b>				
	Reported Hours per Resident per Day (HRD)	Reported Hours per Resident per Day (HRD) (Decimal)	Expected HRD	Case-Mix Adjusted HRD
Total number of licensed nurse staff hours per resident per day	1 hour and 46 minutes			
RN hours per resident per day	1 hour and 13 minutes	1.21429	0.34909	<b>1.30879<sup>1</sup></b>
LPN/LVN hours per resident per day	33 minutes	0.55756	0.80289	0.52264
Nurse aide hours per resident per day	2 hours and 18 minutes	2.30810	2.40568	2.00117
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per	4 hours and 5 minutes	4.07995	3.55766	<b>3.68657<sup>1</sup></b>
Physical therapist <sup>2</sup> hours per resident per day	4 minutes			

<sup>1</sup>Please see the staffing tables located in the Technical Users' Guide (link provided below) for the specific cut points utilized with the bold case-mix adjusted values.

<sup>2</sup>Physical therapist staffing is not included in the staffing rating calculation.

The average number of residents for your facility (based on the MDS census) is **163.9**.

Some providers may see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating will not be calculated for these facilities. There are six reasons this could occur:

1. No MDS census data were available for the facility
2. No on-time PBJ nurse staffing data were submitted for the facility. As a result, the staffing ratings will be set to one star (unless the facility is listed as 'Too New to Rate')
3. The facility had 5 or more days with no nurse (RN, LPN, or nurse aide staffing hours) on days when there were residents in the facility
4. The total reported staffing hours per resident per day (HRD) were excessively low (<1.5 HRD)
5. The total reported staffing HRD were excessively high (>12.0 HRD)
6. The total reported nurse aide HRD were excessively high (>5.25 HRD)

Additionally, if RUG-IV data are not available for your facility then the expected and case-mix adjusted values will show as 'Not Available' above and your facility will not receive a staffing rating or RN staffing rating.

Please see the Quality, Safety and Oversight memorandum, QSO-18-17-NH, at the following link for more information about the use of the PBJ staffing data in the Five Star Rating System:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/QSO18-17-NH.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

For more detailed information about the staffing rating calculation, please see the Five-Star Quality Rating Technical Users' Guide available at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

Information about staffing data submission is available on the CMS website. Go to:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>

For additional assistance with or questions related to the PBJ registration process, please contact the QTSO Help Desk at 877-201-4721 or via email at [help@qtso.com](mailto:help@qtso.com).

Public use files (PUF) with nurse staffing data submitted through the PBJ system are now available. These quarterly data files have daily staff hours for each of the nursing job categories (separately for employees and contract staff) as well as the daily resident census derived from the MDS. The files and detailed documentation about their contents and structure are available for viewing and downloading from [data.cms.gov](http://data.cms.gov). New files will be added quarterly, in January, April, July and October. Note that, starting in July, there will be two PBJ PUFs, one for nursing staff (RNs, LPN/LVNs and nurse aides) and one for all other categories of non-nursing staff for which PBJ data submission is mandatory. Eventually both files will be available with data starting January 1, 2017 as non-nursing PUFs are added for earlier quarters, as well as data files that separate out employees and contract staff. More information on the PUF can be found in a CMS survey and certification memo at the following link:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-45.pdf>

## Health Inspection Rating

As of February 2018, the Five-Star health inspection rating listed above is based on two cycles of survey data. Cycle 1 (weighted 60%) includes the most recent standard survey that occurred before November 28, 2017 and complaint surveys from November 28, 2016 through November 27, 2017. Cycle 2 (weighted 40%) includes the previous standard survey and complaint surveys from November 28, 2015 through November 27, 2016. Surveys that occurred on or after November 28, 2017 (under the new survey process) will be published on NHC but will not be incorporated into the calculation of the Five-Star ratings for at least 12 months. Facilities with only one standard survey prior to November 28, 2017 will not receive a rating on the Nursing Home Compare website. For more detailed information on the health inspection rating calculation, please visit the updated Five-Star Quality Rating Technical Users' Guide located at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

For more information about the changes to Nursing Home Compare and Phase 2 of the Requirements for Participation please see S&C memorandum 18-04-NH available at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

## Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the Five-Star health inspection rating for your facility. For more detailed information about the deficiencies cited on each survey, please visit: <https://data.medicare.gov/data/nursing-home-compare>

*Health Inspection Rating Cycle 1 Survey Dates:*

August 31, 2017

*Health Inspection Rating Cycle 2 Survey Dates:*

February 10, 2016

July 28, 2016

September 13, 2016

*Total weighted health inspection score for your facility (based on 2 cycles of data): 57.6*

State-level Health Inspection Cut Points for Washington				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>182.40	95.21-182.40	60.01-95.20	28.01-60.00	0.00-28.00

Please note, the state level cut points may vary, but the total weighted health inspection score for your facility is only compared to the cut points if there is a change. For most facilities, the last change occurred in February 2018 when the health inspection rating methodology began using only two cycles of survey data.

## Long Stay Hospitalization Measure

In October 2018, CMS will begin posting a long-stay hospitalization measure -- the number of hospitalizations per 1,000 long-stay resident days. For the measure, long-stay residents are defined as those whose nursing home episode length is more than 100 days. CMS expects to begin using this measure in the Five-Star Quality Rating System in 2019. The numerator for the measure is the total number of unplanned admissions to an acute care or critical access hospital, for an inpatient or outpatient observation stay, that occurred among all Medicare fee-for-service beneficiaries at the nursing home, while they were long-term nursing home residents (after 100 total days in the nursing home), and during the one-year time period that the measure covers. The denominator is the total number of days (in thousands) that all Medicare fee-for-service beneficiaries spent in the nursing home, while they were long-term nursing home residents during the period. Days that residents were enrolled in hospice are not counted in the denominator, and hospitalizations that occur on those days are not counted in the numerator.

For an example of how the measure is calculated, consider the following scenario. Nursing Home Z had a total of 75 long-stay residents, who had a total of 27,375 eligible days as long-stay residents during the measure reporting period. There were 28 unplanned hospitalizations and 7 observation stays among these residents during the period. The denominator is equal to 27,375 long-stay resident days divided by 1000, or 27.375. The numerator is equal to 35 (28 unplanned hospitalizations and 7 observation stays). Nursing Home Z's long-stay hospitalizations rate for 2018 is 1.28 hospitalizations per 1,000 long-stay resident days ( $= 35 / 27.375$ ). For a facility with an average daily census of 75 long-stay residents, this equates to approximately 3 residents being sent to the hospital in a given month ( $= 75 \text{ residents} * 30 \text{ days} * 1.28 \text{ hospitalizations} / 1000 \text{ days}$ ).

The rates shown in this month's provider preview reports only observed rates. Starting in October 2018, the values posted on Nursing Home Compare will be risk-adjusted based on differences in the medical acuity, functional impairment, and frailty of long-stay nursing home residents. The risk adjusted rates will also be used when the measure is included in the Five-Star Quality Rating calculation in 2019. We will include more details on the risk-adjustment methodology in future provider previews, and in the specification document for the claims-based QMs, "Nursing Home Compare Claims-Based Measures Technical Specifications July 2018", available at:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/FSQRS.html>

### Your Facility's Score Based on Data from 10/1/2016 through 9/30/2017

Time period for data used in reporting is 10/1/2016 - 9/30/2017	Provider 505474 Observed Rate	State Average Observed Rate	National Observed Rate
<b>Long-Stay Claims-Based Measure</b>			
<i>Lower numbers are better.</i>			
Number of hospitalizations per 1,000 long-stay resident days	0.69	1.53	1.93

### Quality Measures that are Included in the QM Rating

	Provider 505474						State	National
	2017Q2	2017Q3	2017Q4	2018Q1	4Q avg	Rating Points <sup>1</sup>	4Q avg	4Q avg
<b>MDS 3.0 Long-Stay Measures</b>								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	4.3%	7.3%	4.2%	4.9%	5.2%	20.00	2.9%	3.4%
Percentage of residents who self-report moderate to severe pain <sup>2</sup>	4.8%	3.8%	6.3%	3.0%	4.5%	80.00	7.6%	5.6%
Percentage of high-risk residents with pressure ulcers	0.8%	0.8%	0.8%	3.1%	1.4%	100.00	4.7%	5.6%
Percentage of residents with a urinary tract infection	2.2%	1.5%	2.1%	1.4%	1.8%	100.00	3.1%	3.2%
Percentage of residents with a catheter inserted and left in their bladder <sup>2</sup>	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	2.0%	1.8%
Percentage of residents who were physically restrained	0.7%	1.5%	1.4%	0.7%	1.1%	60.00	0.7%	0.4%
Percentage of residents whose need for help with daily activities has increased	11.7%	10.2%	11.5%	12.3%	11.4%	80.00	13.9%	15.0%
Percentage of residents who received an antipsychotic medication	17.6%	16.3%	16.2%	17.9%	17.0%	60.00	15.1%	15.3%
Percentage of residents whose ability to move independently worsened <sup>2</sup>	12.5%	14.4%	27.9%	27.6%	21.0%	40.00	18.3%	18.3%
<b>MDS 3.0 Short-Stay Measures</b>								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function <sup>2</sup>	84.8%	80.1%	66.3%	67.3%	74.3%	80.00	70.7%	67.6%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	17.5%	10.2%	3.8%	4.5%	8.2%	80.00	14.9%	12.8%
Percentage of residents with pressure ulcers that are new or worsened <sup>2</sup>	0.4%	0.4%	0.4%	0.5%	0.4%	75.00	0.8%	0.8%
Percentage of residents who newly received an antipsychotic medication	1.4%	0.7%	1.4%	1.5%	1.2%	60.00	1.5%	1.9%

	Provider 505474				State	National
	Observed Rate <sup>3</sup>	Expected Rate <sup>4</sup>	Risk-Adjusted Rate <sup>5</sup>	Rating Points <sup>1</sup>	Risk-Adjusted Rate	Risk-Adjusted Rate
<b>Claims-Based Measures</b>						
<i>A higher percentage is better. The time period for data used in reporting is 7/1/2016 - 6/30/2017.</i>						
Percentage of residents who were successfully discharged to the community <sup>2</sup>	65.6%	59.4%	64.7%	80.00	59.4%	55.3%
<i>Lower percentages are better. The time period for data used in reporting is 10/1/2016 - 9/30/2017.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission <sup>2</sup>	16.0%	20.1%	18.2%	80.00	19.1%	22.4%
Percentage of residents who had an outpatient emergency department visit <sup>2</sup>	14.9%	10.9%	16.1%	20.00	12.3%	12.3%

### Total Quality Measure Points

Total QM points with new quality measures fully weighted for Provider 505474	1115.00
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### MDS3.0 Quality Measures that are Not Included in the QM Rating

	Provider 505474					State	National
	2017Q2	2017Q3	2017Q4	2018Q1	4Q avg	4Q avg	4Q avg
<i>Note: For the following long-stay MDS measures, higher percentages are better.</i>							
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	97.2%	97.2%	97.2%	98.7%	97.6%	95.4%	95.1%
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	95.7%	98.5%	88.2%	82.4%	91.1%	92.9%	94.0%
<i>Note: for the following long-stay MDS measures, lower percentages are better.</i>							
Percentage of low-risk long-stay residents who lose control of their bowels or bladder	80.5%	71.6%	74.4%	74.3%	75.3%	52.2%	48.1%
Percentage of long-stay residents who lose too much weight	9.4%	5.1%	3.6%	4.4%	5.6%	6.5%	7.0%
Percentage of long-stay residents who have depressive symptoms	25.2%	24.4%	22.3%	23.9%	23.9%	9.7%	4.7%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	28.5%	28.9%	27.3%	27.5%	28.0%	15.0%	22.1%
<i>Note: For the following short-stay MDS measures, higher percentages are better.</i>							
Percentage of short-stay residents assessed and appropriately given the seasonal influenza vaccine	79.4%	79.4%	79.4%	88.5%	81.5%	84.9%	81.6%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	74.5%	78.7%	81.9%	81.3%	79.0%	84.0%	83.3%

For individual quarters for the MDS-based QMs, d<20 means the denominator for the measure (the number of eligible resident assessments) is too small to report. When d<20 is listed for individual quarters, a four quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

Quality measures are reported as NA if:

- for measures not included in the QM rating, no data are available, or the total number of eligible resident assessments summed across the four quarters is less than 20;
- for measures included in the QM rating, data on this measure for your facility are not used in the calculation of your QM rating. This will happen if your facility does not have enough short-stay or long-stay measures upon which to base your rating and may occur even though your facility's data for this measure may be reported on Nursing Home Compare.

<sup>1</sup>If the four quarter average for your facility is NA for a given QM, but rating points are provided for the QM, then there were insufficient data to compute a four-quarter average, and the points provided are based on the average points from other measures for which data are available according to the scoring rules described in detail in the Technical Users' Guide. Go to: <http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/FSQRS.html>

<sup>2</sup>These measures are risk adjusted.

<sup>3</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment.

<sup>4</sup>The expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility.

<sup>5</sup>Risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) \* national average of observed rate. Only the risk-adjusted rate will appear on Nursing Home Compare.

<sup>6</sup>This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Nursing Home Compare.