



Quality Measure Tip Sheet: Weight Loss—Long Stay

Quality Measure Overview

- This measure reports the percentage of long-stay residents who lose too much weight.
- This measure captures the percentage of long-stay residents who lost weight of 5 percent or more in the last month, or 10 percent or more in the last six months, who were not on a physician-prescribed weight-loss regimen noted in a Minimum Data Set (MDS) assessment during the selected quarter.

Exclusions:

- Target assessment is a Omnibus Budget Reconciliation ACT (OBRA) admission assessment, or a 5-day Prospective Payment System (PPS), or a Medicare readmission/return assessment.
- Prognosis of life expectancy is less than 6 months (J1400 = [1]) or the prognosis item is missing (J1400 = [-]) on the target assessment.
- Receiving hospice care (O0100K2 = [1]) or the hospice care item is missing (O0100K2 = [-]) on the target assessment.
- Weight loss item is missing on target assessment.

MDS Coding Requirements

In the MDS, refer to section K:

- Include a look-back period to assess residents with 5 percent weight loss in 30 days and 10 percent or more weight loss in 180 days.
- Indicate if a care plan was ordered by the physician with the goal of weight reduction which employed a calorie-restricted diet or other weight-loss tactics including planned diuresis.
 - It is important that weight loss is intentional.



Consider These Questions ...

- Was the MDS coded per *Resident Assessment Instrument (RAI)* requirements, comparing the resident's weight in the current observation period to his or her weight in the observation period of 30 or 180 days?
- Does the dietitian understand the RAI coding definition if he or she is coding this section on the MDS?
- Is the resident on a planned weight-reduction program by physician order, and does documentation support this? Is there an order to treat the condition and a specific care plan?
- Is there a designated staff member to perform weigh-ins who is educated on policy/procedure to obtain weight measures?
 - Is the resident weighed in the same position each time?
 - Is the staff member informed on how to subtract wheelchair weight?
 - Is the staff member aware of the need to remove adaptive devices (e.g., prosthesis, pressure reduction cushions, etc.) each time weight is obtained?
 - Does the staff member use the same type of scale each time?
 - Is staff member aware of how to calibrate the scale prior to weighing the resident?
- Are the scales calibrated monthly by designated nursing home staff for accuracy? Is written documentation of calibration maintained?
- Are new weigh-ins performed for discrepancies prior to coding MDS?
- Are staff members checked for proficiency in performing weigh-ins?
- Are at-risk residents reviewed at least weekly for appropriate interventions?
- Is there a restorative eating program in place to restore or maintain the resident's current level of function?
- Are there adequate staff members to assist with meals, or is there an "All Hands-on Dining Program" in place?

For guidance on quality measures, reach out to Health Services Advisory Group (HSAG).

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