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 Federal Nursing Home Reform Act (OBRA) admission assessment or a Prospective Payment System (PPS) 5-day or readmission/return assessment.
– Weight loss item is missing on target assessment.

MDS Coding Requirements

In the MDS:

• 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.

Ask 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 dietician 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?

• Does the maintenance crew calibrate the scales monthly for accuracy?
• 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).

In Arizona, contact: aznursinghome@hsag.com
In California, contact: canursinghomes@hsag.com
In Florida, contact: FL-NNHQCC@hsag.com
In Ohio, contact: ohnursinghome@hsag.com

This material was prepared by Health Services Advisory Group, Inc., the Medicare Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. QN-115OW-C.2-01122016-13