

The purpose of this page is to provide information on the measures that are to be reported by LTCHs in accordance with the LTCH QRP. On this page, you will find descriptions of each measure, links to measure specifications, and updates to the measures and other measure related updates. This page is revised as measure updates become available.

For more detailed information on data collection and submission deadlines, please refer to the [LTCH Quality Reporting Data Submission Deadlines webpage](#). For more information on the data sets, please reference the LTCH CARE Data Set and the LTCH QRP Manual, located on the [LTCH CARE Data Set and LTCH QRP Manual webpage](#).

Updates

July 05, 2017

An updated version of the LTCH Quality Reporting Program User's Manual has been added to the Downloads section. The LTCH Quality Reporting Program User's Manual 2.0 for the patient assessment based measures using the LTCH Data Set contains information regarding measure calculation, record selection, and the logical specifications for the LTCH CARE Data Set quality measures. The manual also includes information on quality measures for public reporting in late fall 2017.

What are the Long-Term Care Hospital (LTCH) quality reporting measures?

For quality measures currently adopted for the LTCH QRP, please see document in the Downloads section below.

Data collection periods and submission deadlines are located on the [LTCH Quality Reporting Data Submission Deadlines](#) webpage.

Data for the LTCH QRP measures are collected and submitted through three methods described below. For more information about when data are collected and must be submitted, as well as the most current definitions for the LTCH quality measures please refer to the LTCH QRP Manual available under the Downloads section of the [LTCH CARE Data Set & LTCH QRP Manual](#) webpage.

I. LTCH Continuity Assessment Record and Evaluation (CARE) Data Set Measures

Data collected using the LTCH CARE Data Set is submitted to the Quality Improvement Evaluation System (QIES) via the Assessment Submission and Processing (ASAP) system.

1. Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF # 0678)

An application of the measure was finalized in the FY 2012 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 18, 2011 (76 FR 51743). The NQF-endorsed risk adjusted version of the measure was adopted in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). This measure was finalized as an IMPACT Act measure in the FY 2016 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 17, 2015 (80 FR 49723). Data collection for this measure began on 10/01/2012. As finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 14, 2017 (82 FR 38425), this measure will be replaced by a modified version of the measure entitled Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury beginning 07/01/2018.

2. Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

This measure was finalized in the FY 2013 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 31, 2012 (77 FR 53614). The data collection time frame was revised in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). Data collection for this measure began on 10/01/2014.

3. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)

This measure was finalized in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). This measure was finalized as an IMPACT Act measure in the FY 2016 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 17, 2015 (80 FR 49723). Data collection for this measure began 04/01/2016.

4. Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF#2631)

This measure was finalized in the FY 2015 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2014 (79 FR 50286). Data collection for this measure began 04/01/2016.

5. Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF#2631)

This measure was finalized as an IMPACT Act measure in the FY 2016 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 17, 2015 (80 FR 49723). Data collection for this measure began 04/01/2016.

6. Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (NQF#2632)

This measure was finalized in the FY 2015 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2014 (79 FR 50286). Data collection for this measure began 04/01/2016.

Beginning July 1, 2018:

1. Drug Regimen Review Conducted with Follow-Up for Identified Issues- Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

This measure was finalized in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). Data collection for this measure will begin 07/01/2018.

2. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

This measure was finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published on August 14, 2017 (82 FR 38425). Data collection for this measure will begin 07/01/2018 using data elements that already exist on the LTCH CARE Data Set.

3. Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay

This measure was finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 14, 2017 (82 FR 38425). Data collection for this measure will begin 07/01/2018.

4. Ventilator Liberation Rate

This measure was finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 14, 2017 (82 FR 38425). Data collection for this measure will begin 07/01/2018.

II. Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) Measures

Data for the National Healthcare Safety Network (NHSN) measures submitted to the Centers for Disease Control (CDC).

1. National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure (NQF # 0138)

An application of the measure was finalized in the FY 2012 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 18, 2011 (76 FR 51743). The NQF version of the measure was finalized in the FY 2013 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 31, 2012 (77 FR 53614). Data collection for this measure began on 10/01/2012. The data for this measure is submitted via CDC/NHSN.

2. National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139)

An application of the measure was finalized in the FY 2012 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 18, 2011 (76 FR 51743). The NQF version of the measure was finalized in the FY 2013 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 31, 2012 (77 FR 53614). Data collection for this measure began on 10/01/2012. The data for this measure is submitted via CDC/NHSN.

3. National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus Bacteremia Outcome Measure (NQF #1716)

This measure was finalized in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). Data collection for this measure began 01/01/2015. The data for this measure is submitted via CDC/NHSN.

4. National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection Outcome Measure (NQF #1717)

This measure was finalized in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). Data collection for this measure began 01/01/2015. The data for this measure is submitted via CDC/NHSN.

5. Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)

This measure was finalized in the FY 2013 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 31, 2012 (77 FR 53614). The data collection time frame was revised in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). Data collection for this measure began on 10/01/2014. The data for this measure is submitted via CDC/NHSN.

6. National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure

This measure was finalized in the FY 2015 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2014 (79 FR 50286). Data collection for this measure began on 01/01/2016. The data for this measure is submitted via CDC/NHSN.

Helpful links for LTCH MRSA Bacteremia and CDI Lab ID reporting:

- How to set up the NHSN facility and report LabID data:
http://www.cdc.gov/nhsn/PDFs/CMS/Setting-Up-and-Reporting-LabID-Event_LTCH.pdf

- Helpful tips for reporting MRSA Bacteremia: <https://www.cdc.gov/nhsn/pdfs/cms/ltch-monthly-checklist-cms-igr.pdf>
- Helpful tips for reporting CDI: <https://www.cdc.gov/nhsn/pdfs/cms/ltch-monthly-checklist-cms-igr.pdf>
- How to verify MRSA Bacteremia data in NHSN: <https://www.cdc.gov/nhsn/pdfs/cms/ltch-monthly-checklist-cms-igr.pdf>
- How to verify CDI data in NHSN: http://www.cdc.gov/nhsn/PDFs/CMS/CMS_LTCH_PPS_CDI_RateTable.pdf

III. Medicare Fee-For-Service Claims-Based Measures

The following are Medicare Fee-For-Service Claims-based measures. There is no additional LTCH QRP data collection or submission associated with these measures.

1. All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge From Long-Term Care Hospitals (NQF #2512)

This measure was finalized in the FY 2014 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 19, 2013 (78 FR 50853). This is a claims-based measure and no additional data need to be submitted by the LTCH. As finalized in the FY 2018 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 14, 2017 (82 FR 38425), this measure will be removed from the LTCH QRP beginning with the FY 2019 LTCH QRP. This measure will be removed from LTCH Compare by October 2018.

2. Discharge to Community- Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

This measure was finalized in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). This is a claims-based measure and no additional data need to be submitted by the LTCH.

3. Medicare Spending Per Beneficiary-Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

This measure was finalized in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). This is a claims-based measure and no additional data need to be submitted by the LTCH.

4. Potentially Preventable 30-Days Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)

This measure was finalized in the FY 2017 IPPS/LTCH PPS Final Rule which was published in the Federal Register on August 22, 2016 (81 FR 57193). This is a claims-based measure and no additional data need to be submitted by the LTCH.