The NNHQCC is a fast-paced, “all teach, all learn” initiative, modeled after the Institute for Healthcare Improvement Breakthrough–Series Collaborative model, and is being led by the Centers for Medicare & Medicaid Services (CMS) and Quality Improvement Organizations (QIOs). The NNHQCC runs from February 2013 through July 2014, and has approximately 5,000 nursing homes participating across the country. The NNHQCC seeks to rapidly spread the practices of high performing nursing homes with the aim of ensuring that every nursing home resident receives the highest quality of care. Specifically, the NNHQCC will strive to instill quality and performance improvement practices, eliminate healthcare acquired conditions, and dramatically improve resident satisfaction through the achievement of a rate of 6 or less using the NNHQCC quality composite measure by July 31, 2014. Prior to the launch of the NNHQCC, nearly 10% of the nation’s nursing homes had achieved a composite score of 6 or less.

MEASURING COLLABORATIVE SUCCESS
Participating nursing homes, focusing on processes that improve their system, measure on individual tests of change. They will look at their Plan-Do-Study-Act (PDSA) improvement cycle results, their clinical outcome measures, and their composite score.

THE NNHQCC QUALITY COMPOSITE MEASURE SCORE
The composite is comprised of thirteen NQF-endorsed, long-stay quality measures that represent larger systems within the long term care setting:

1. Percent of residents with one or more falls with major injury
2. Percent of residents with a UTI
3. Percent of residents who self-report moderate to severe pain
4. Percent of high-risk residents with pressure ulcer
5. Percent of low-risk residents with loss of bowels or bladder
6. Percent of residents with catheter inserted or left in bladder
7. Percent of residents physically restrained
8. Percent of residents whose need for help with ADL has increased
9. Percent of residents who lose too much weight
10. Percent of residents who have depressive symptoms
11. Percent of residents who received antipsychotic medications
12. Percent of residents assessed and appropriately given flu vaccine*
13. Percent of residents assessed and appropriately given Pneumococcal vaccine*

*The direction of the two vaccination measures should be reversed because they are directionally opposite of the other measures. This is done by subtracting the numerator from the denominator to obtain a “new” numerator. By keeping all measure directions consistent, the composite score can be interpreted as: the lower, the better.

The composite score is calculated by summing the 13 measure numerators to obtain the composite numerator, summing the 13 measure denominators to obtain the composite denominator, then dividing the composite numerator by the composite denominator and multiplying by 100. This method of calculation is based on the “opportunity model” concept.*
INSTRUCTIONS FOR NURSING HOMES TO CALCULATE YOUR COMPOSITE SCORE

Should you choose to calculate your own composite score for quality improvement purposes, it is important to know that the flu and pneumococcal measures are not available through the QIES CASPER data system. Therefore the instructions below include the steps to calculate a modified composite score for tracking purposes. To calculate your composite measure, excluding the immunization measures for monitoring purposes only, do the following:

• Step 1. Run your facility QM reports in CASPER for a six month time period, for example, from May 1 through October 31, 2014.
• Step 2. Sum the numerators for measures 1-11 above. This will be your aggregate numerator. For example, numerator = 76
• Step 3. Sum the denominators for measures 1-11 above. This will be your aggregate denominator. For example, denominator = 918
• Step 4. Divide the composite numerator by the composite denominator. For example, numerator/denominator = 76/918 = 0.08
• Step 5. Multiply by 100. For example, 0.08 X 100= 8.0

**This measure is intended for the sole purpose of measuring progress in the NNHQCC. It is not intended to replace any existing CMS measures or scores such as the Five Star Rating System. These measures were chosen for the composite because timely data are available for measuring progress in this fast paced Collaborative. QIOs have access to the quality measure data necessary to calculate composite scores for nursing homes participating in the Collaborative in their state.