

## LTCH Compare 2019 Anticipated Refreshes and Data Collection Timeframes

This table provides the data collection timeframes for quality measures displayed on the Long-Term Care Hospital (LTCH) Compare website for Calendar Year (CY) 2019. The first column displays the plain-language measure name used on the Compare website, the second column displays the full technical measure name, the third column displays the reporting cycle which describes the collection period and refresh frequency, and the last four columns contain the timeframe for each quarterly Compare website refresh.

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			March 2019	June 2019	September 2019	December 2019
Rate of pressure ulcers that are new or worsened	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: L001.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q3 2017 – Q2 2018*	Q3 2017 – Q2 2018*
Percent of residents/patients assessed and appropriately given influenza vaccine	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680, CMS ID: L002.01)	Collection period: 12 months (July 1 through June 30). Refreshed annually.	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2017 – Q2 2018**
Percentage of patients whose activities of daily living and thinking skills were assessed and related goals were included in their treatment plan	Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018	Q2 2018 – Q1 2019

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			March 2019	June 2019	September 2019	December 2019
	Function (NQF #2631, CMS ID: L009.01)					
Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: L009.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018	Q2 2018 – Q1 2019
Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay	Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674, CMS ID: L012.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018	Q2 2018 – Q1 2019
Catheter-associated urinary tract infections (CAUTI)	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: L006.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018
Central line-associated bloodstream infections (CLABSI)	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			March 2019	June 2019	September 2019	December 2019
	(CLABSI) Outcome Measure (NQF #0139, CMS ID: L007.01)					
Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716, CMS ID: L013.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018***	N/A
Clostridium difficile Infection (CDI)	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717, CMS ID: L014.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018
Influenza Vaccination Coverage Among Healthcare Personnel	Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431, CMS ID: L015.01)	Collection period: 12 months (July 1 through June 30). Refreshed annually.	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2017 – Q2 2018

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			March 2019	June 2019	September 2019	December 2019
Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program (CMS ID: L017.01)	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017  Results Suppressed	Q4 2015 – Q3 2017  Results Suppressd	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018
Rate of successful return to home and community from an LTCH	Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L018.01)	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018
Medicare Spending Per Beneficiary (MSPB) for patients in LTCHs	Medicare Spending Per Beneficiary Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L019.01)	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018

\* The measure “Rate of pressure ulcers that are new or worsened” measure will be removed from the LTCH QRP and replaced with the “Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury” beginning July 1, 2018. Therefore, the measure “Rate of pressure ulcers that are new or worsened” will stop refreshing after June 2019 and will display the same data collection timeframe until the measure is replaced on LTCH Compare by the “Change in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury” measure in September 2020.

\*\* LTCHs are no longer required to submit data on the measure “Percent of residents/patients assessed and appropriately given influenza vaccination” beginning with patient discharged on or after October 1, 2018. Therefore, December 2019 is the last refresh this measure will be displayed on LTCH Compare.

\*\*\* LTCHs are no longer required to submit data on the measure “Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection” beginning with October 1, 2018 admissions and discharges. Therefore, September 2019 is the last refresh this measure will be displayed on LTCH Compare.