Quality Measure Tip Sheet: Weight Loss – Long Stay

Quality Measure Overview
Numerator:
• 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 five percent or more of their weight in the last month or 10 percent or more in the last six months and who were not on a physician-prescribed weight-loss regiment noted in a Minimum Data Set (MDS) assessment during the selected quarter.

Denominator:
• All long-stay residents with a selected target and prior assessment, except those with exclusions

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

MDS Coding Requirements
In the MDS:
• Include look-back period to assess residents with five percent weight loss in 30 days and 10 percent or more weight loss in 180 days.
• Indicate whether a care plan was ordered by the physician with the goal of weight reduction that 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/her weight in the observation period of 30 or 180 days?
• Does the dietician understand the RAI coding definition if he/she is coding this section in the MDS?
• Is the resident on a planned weight-reduction program by physicians 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 staff member informed on how to subtract wheelchair weight?
• Is the staff member aware of the need to remove adaptive devices (e.g., prosthetics, pressure reduction cushions, etc.) each time weight is obtained?
• Does the staff member use the same type of scale every time?
• Is the staff member aware of how to calibrate the scale before weighing the resident?

• Is the resident weighed in the same position every time?
• Is the resident weighed at the same time of day every time, paying attention to surrounding circumstances, e.g., a large meal? Reweight if change is significant.
• Is attention paid to blankets, pillows, clothing types, etc.? These should be consistent.
• Does the maintenance crew calibrate the scales monthly for accuracy?
• Are new weigh-ins performed for discrepancies before coding in 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?
• Have staff members tried placing only one or two items on the resident’s high-contrast plate? If the resident has dementia, too many options can cause confusion.
• Are the resident’s food and dining preferences known?

In Alaska, contact:
Leiza Johnson, RN, BSN
ejohnson@mpqhf.org

In Hawaii, contact:
Joy Yadao, RN
jyadao@mpqhf.org

In Montana, contact:
Pamela Longmire, RT, BAS
plongmire@mpqhf.org

In Wyoming, contact:
Carol Cutler, RN
ccutler@mpqhf.org