

# Staff Retention Measure Methodology

## Overview

California legislation requires the California Department of Public Health (CDPH) and the California Department of Health Care Services (DHCS) to implement a Skilled Nursing Facility (SNF) Quality and Accountability Supplemental Program (QASP). As part of this statutory requirement, CDPH and DHCS are required to expand the SNF QASP measure set to include direct care staff retention.

The most recent California Trailer Bill, passed in the summer of 2015, that supplements California Assembly Bill 19, mandated that direct care staff retention (hereinafter referred to as “staff retention”) be added as a performance measure under the SNF QASP beginning with the 2015-2016 fiscal year. CDPH contracted with Health Services Advisory Group, Inc. (HSAG) to assist with developing staff retention measurements.

## Methodology

California State law requires that all nursing home facilities submit an annual report of financial and operational data to the Office of Statewide Health Planning and Development (OSHPD). In turn, OSHPD publishes a file containing financial and utilization data submitted by California long-term care facilities. HSAG used the 2013 Long-term Care Facility Annual Financial Data for the staff retention measure calculation.<sup>1</sup> The data elements captured in this file are the actual self-reported performance measure rates for each facility.

The table below describes the data elements from the 2013 OSHPD data HSAG used to calculate the staff retention metric.

Data Element Name	Data Element Description
EMP_TOTAL_CONT (Employees with Continuous Service for the Entire Period)	The number of employees who were working for the facility at the beginning of the reporting period that were still working for the facility at the end of the period.
EMP_TOTAL_TOTAL (Total Number of People Employed During the Period)	The total number of people employed at the facility during the reporting period.

<sup>1</sup> State of California Office of Statewide Health Planning and Development. Long-Term Care Annual Financial Data – 2013 LTC Facilities Annual Financial Pivot Profile. Available at: <http://www.oshpd.ca.gov/HID/LTC-Financial.asp>. Accessed on: May 26, 2016.

HSAG evaluated overall staff retention, not direct care staff retention, for each SNF. HSAG only included SNFs with a reporting period that covered 365 days. SNFs with incomplete data or whose performance period was greater than 365 days were not included in the calculations. The reporting period differed among the SNFs based on the data reported in the 2013 OSHPD data file. HSAG calculated the staff retention rate by the following formula:

$$\frac{\text{Employees with Continuous Service for the Entire Period}}{\text{Total Number of People Employed During the Period}}$$

## Duplicate OSHPD IDs

HSAG identified duplicate OSHPD IDs in the data. HSAG collapsed the records together if the OSHPD IDs were identical and the reporting periods aligned without any gaps, adding up to a full 12-month reporting period. By collapsing the two records together for applicable SNFs, HSAG computed the final reporting periods and the values of the two data elements required to calculate the staff retention measure.

HSAG combined the value of the “Employees with Continuous Service for the Entire Period” data element from the first record with the second record. Then, HSAG combined the value of the “Total Number of People Employed During the Period” data element from the first record with the second record. HSAG calculated the staff retention rate for SNFs with duplicate OSHPD IDs by the following formula:

$$\frac{\text{EMP\_TOTAL\_CONT First Record Value} + \text{EMP\_TOTAL\_CONT Second Record Value}}{\text{EMP\_TOTAL\_TOTAL First Record Value} + \text{EMP\_TOTAL\_TOTAL Second Record Value}}$$

When duplicate OSHPD IDs did not meet the requirements for collapsing into one line (e.g., reporting periods did not add up to 12 months), but one of the records met the full 12-month performance period requirement, that record was selected over other incomplete records for the same SNF.

## Point Allocation Distribution

The following is the proposed point allocation for the staff retention measure:

- If a facility performs worse than the Statewide average, the facility would receive no points for the measure.
- If the facility performs at or better than the Statewide average, but performing below the 75th percentile for the measure, the facility would receive half of the possible points for the measure.
- If the facility performs at or better than the 75th percentile for the measure, the facility would receive all of the possible points.

Color coding was used throughout the facility-level results worksheet to indicate how the facility performed compared to defined benchmarks. Cells in the facility-specific worksheet were assigned a red, light green, or dark green shading to indicate the following:

- *Red shading:* the facility did not meet the Statewide average and would not receive any points for the measure.
- *Light green shading:* the facility met or exceeded the Statewide average, but did not meet the 75th percentile, and would receive half of the possible points for the measure.
- *Dark green shading:* the facility met or exceeded the 75th percentile and would receive all possible points for the measure.