

CDPH SNF QASP Quarterly Benchmark Rates

SFY 2017-18 Quarter 1

Overview

This report contains the preliminary results and statistics for the California Skilled Nursing Facility (SNF) Quality and Accountability Supplemental Program (QASP) measures for Quarter 1 of State Fiscal Year (SFY) July 1, 2017 through June 30, 2018. The measure rates are calculated across the Performance Period that is evaluated annually to determine incentive payment awards. One quarter is provided, SFY Q1, and an aggregate rate, in this report. Table 1 provides an overview of the measures analyzed, including the statewide mean and the 75th percentile, for SFY Q1. Of note, only facilities meeting the minimum reporting requirements are included in the analysis for the quarterly and aggregate rate calculation for each measure.¹ The 30-day SNF Rehospitalization measure and Staff Retention measure rates are only calculated annually. The rates for these two measures presented in this report represent the 2016-2017 performance period (i.e., July 1, 2016 through June 30, 2017).²

Table 1—Overview of Measures and Rates (SFY 2017-18 Q1)

Measure	Statewide Mean	Statewide 75th Percentile
Facility-Acquired Pressure Ulcer Incidence (Long Stay)	2.186%	0.000%
Use of Physical Restraints (Long Stay)	0.429%	0.000%
Influenza Vaccination (Short Stay)*	90.384%	100.00%
Pneumococcal Vaccination (Short Stay)*	88.863%	99.000%
Urinary Tract Infection (Long Stay)	2.187%	0.000%
Loss of Bowel or Bladder Control (Long Stay)	43.441%	31.311%
Self-Report Moderate to Severe Pain (Short Stay)	6.269%	0.000%
Self-Report Moderate to Severe Pain (Long Stay)	3.169%	0.000%
Increased Need for Help with Activities of Daily Living (Long Stay)	9.865%	5.155%
30-day SNF Rehospitalization	16.365%	13.701%
Staff Retention	72.355%	81.132%

* For the Influenza Vaccination (Short Stay) and the Pneumococcal Vaccination (Short Stay) measures, and the Staff Retention measure, a higher rate indicates better performance.

¹ A minimum threshold (i.e., minimum denominator size) of 20 and 30 was applied to the MDS clinical short and long stay measures, respectively, in order to report the measures. The detailed methodology can be found in the Analysis Plan.

² A minimum threshold of 30 and a tracking rate of greater than or equal to 95 percent was applied to the 30-day SNF Rehospitalization measure. Also, a rate for the Staff Retention measure was captured for all facilities (i.e., no minimum threshold was applied). The detailed methodology for calculating these measures can be found on the CDPH SNF Quality and Accountability Supplemental Program website.

The table below displays the performance period each quarter represents in this report.

Performance Periods for Quarterly Benchmarks Report

Quarter	Performance Period
SFY 2017-18 Q1	July 1, 2017 – September 30, 2017

Given that the quarterly and aggregate benchmarks include fewer than four quarters of data, a greater number of facilities may be ineligible for reporting a quality measure within an individual quarter due to the minimum denominator thresholds; however, the facilities might be eligible for reporting the quality measure for the SNF QASP Annual Report (i.e., meet the minimum denominator threshold when all 4 quarters were combined). The facilities with fewer residents are more likely to have extreme rates, as a change of one resident in the numerator will have a larger impact on the rate.

The quarterly rate for each measure displayed in the tables below includes all facilities present in the data, while the aggregate rate is limited to the facilities included in the SFY 2016-2017 Annual Report. The facility list that was used to limit the aggregate rate for all measures has not been finalized.

Facility-Acquired Pressure Ulcer Incidence (Long Stay)

Figure 1 shows the rate distribution for the Facility-Acquired Pressure Ulcer Incidence (Long Stay) measure for one quarter and the aggregate, in 5-percent intervals. Each interval includes all facilities whose score is at or above the lower interval and less than the higher interval. Note that for the Facility-Acquired Pressure Ulcer Incidence (Long Stay) measure, a lower rate indicates better performance.

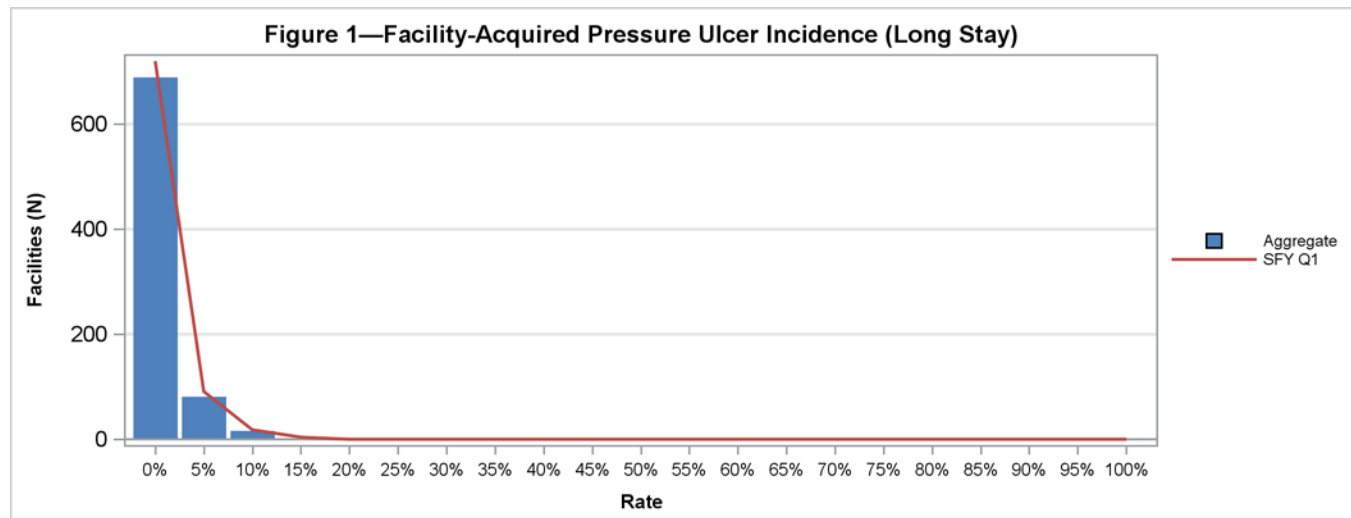


Table 2 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Facility-Acquired Pressure Ulcer Incidence (Long Stay) measure.

Table 2—Facility-Acquired Pressure Ulcer Incidence (Long Stay)

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY Q1	833	5.634%	3.226%	1.754%	0.000%	0.000%	2.275%	0.000%	16.176%
Aggregate	787	5.455%	3.125%	1.754%	0.000%	0.000%	2.186%	0.000%	15.000%

Note: The selection of facilities included in the final aggregate benchmarks that include all 4 quarters may differ from the benchmarks for individual quarters as facilities that did not meet the minimum denominator threshold for an individual quarter might meet or exceed the threshold when multiple quarters are combined.

Use of Physical Restraints (Long Stay)

Figure 2 shows the rate distribution for the Use of Physical Restraints (Long Stay) measure for one quarter and the aggregate, in 5-percent intervals. Each interval includes all facilities whose score is at or above the lower interval and less than the higher interval. Note that for the Use of Physical Restraints (Long Stay) measure, a lower rate indicates better performance.

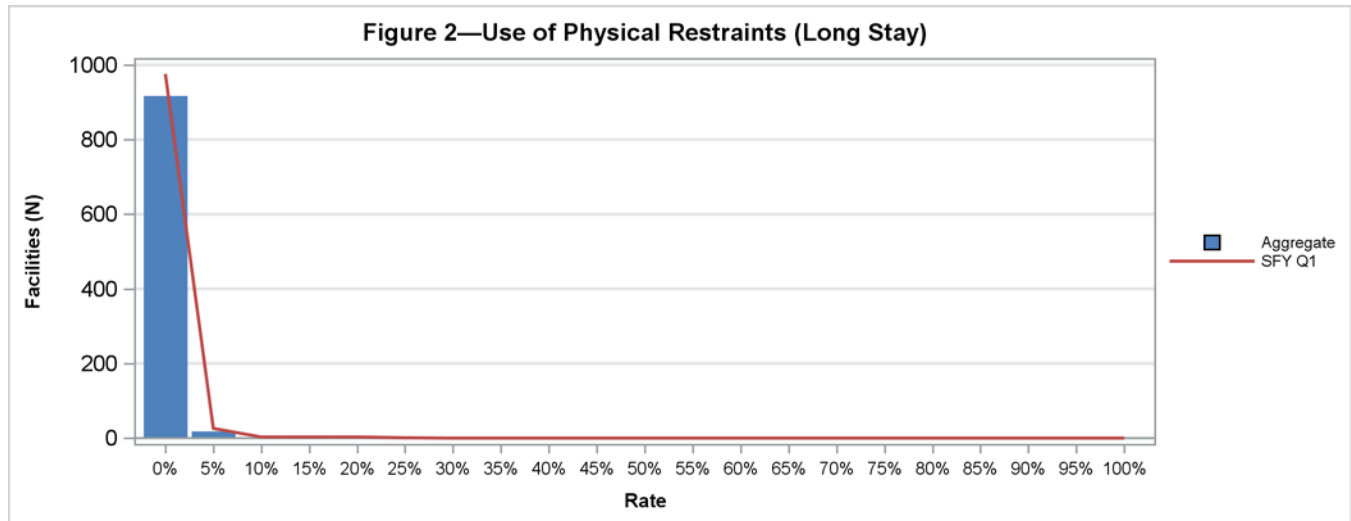


Table 3 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Use of Physical Restraints (Long Stay) measure.

Table 3—Use of Physical Restraints (Long Stay)

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY Q1	1,012	1.493%	0.000%	0.000%	0.000%	0.000%	0.567%	0.000%	26.374%
Aggregate	941	1.087%	0.000%	0.000%	0.000%	0.000%	0.429%	0.000%	26.374%

Note: The selection of facilities included in the final aggregate benchmarks that include all 4 quarters may differ from the benchmarks for individual quarters as facilities that did not meet the minimum denominator threshold for an individual quarter might meet or exceed the threshold when multiple quarters are combined.

Influenza Vaccination (Short Stay)

Figure 3 shows the rate distribution for the Influenza Vaccination (Short Stay) measure for one quarter and the aggregate, in 5-percent intervals. Each interval includes all facilities whose score is above the lower interval and at or below the higher interval. Note that for the Influenza Vaccination (Short Stay) measure, a higher rate indicates better performance.

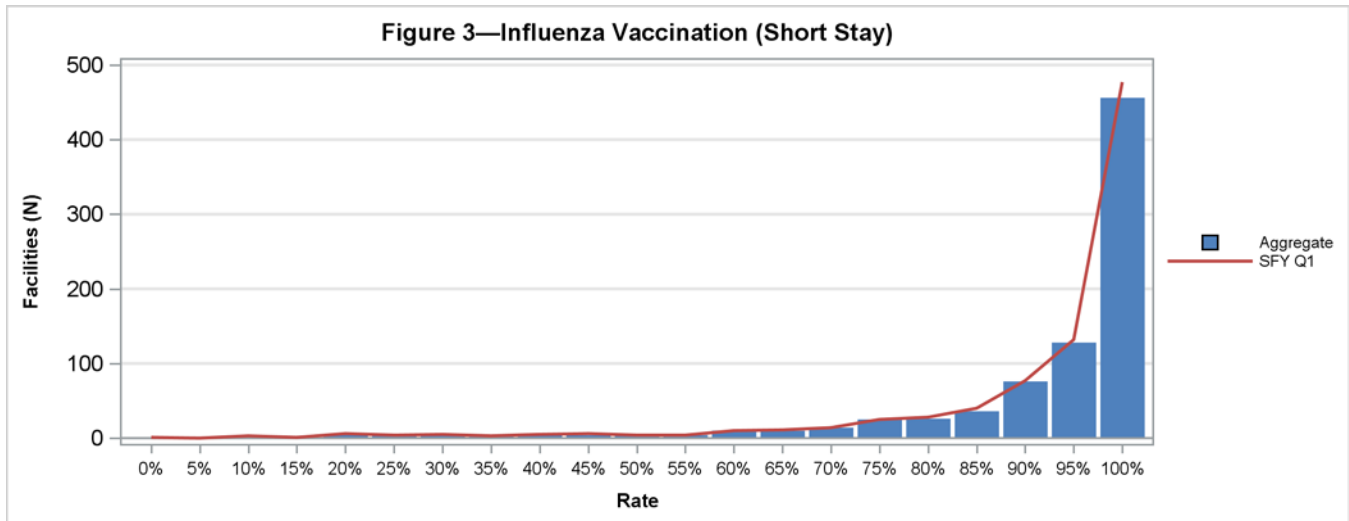


Table 4 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Influenza Vaccination (Short Stay) measure.

Table 4—Influenza Vaccination (Short Stay)

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY Q1	856	71.875%	88.185%	96.296%	100.00%	100.00%	89.951%	0.000%	100.00%
Aggregate	816	72.222%	88.397%	96.429%	100.00%	100.00%	90.384%	0.000%	100.00%

Note: The selection of facilities included in the final aggregate benchmarks that include all 4 quarters may differ from the benchmarks for individual quarters as facilities that did not meet the minimum denominator threshold for an individual quarter might meet or exceed the threshold when multiple quarters are combined.

Pneumococcal Vaccination (Short Stay)

Figure 4 shows the rate distribution for the Pneumococcal Vaccination (Short Stay) measure for one quarter and the aggregate, in 5-percent intervals. Each interval includes all facilities whose score is above the lower interval and at or below the higher interval. Note that for the Pneumococcal Vaccination (Short Stay) measure, a higher rate indicates better performance.

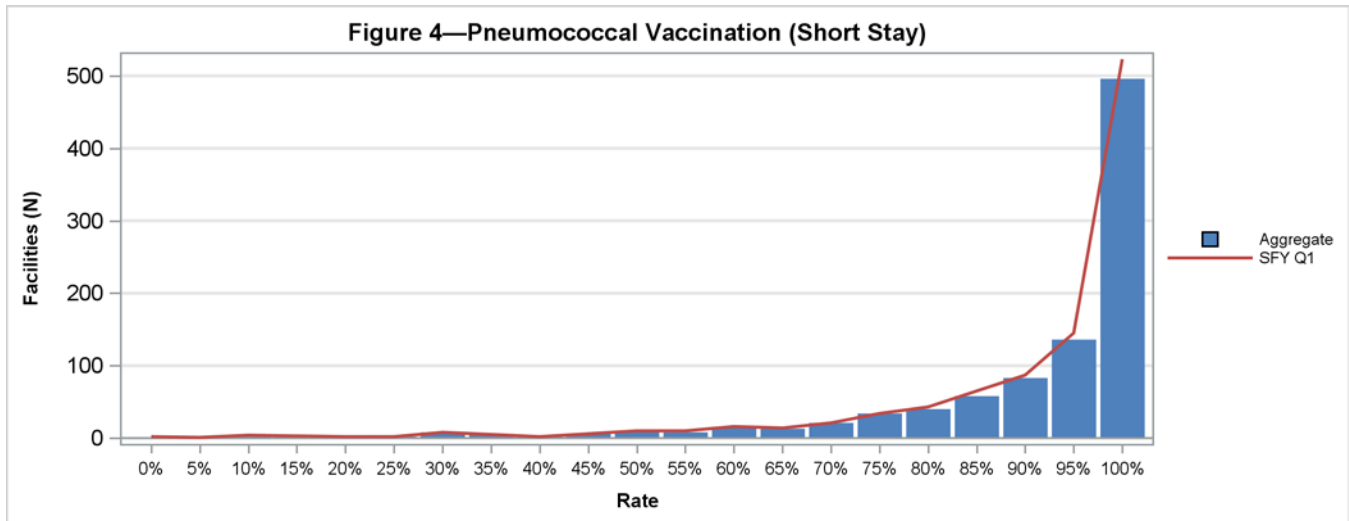


Table 5 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Pneumococcal Vaccination (Short Stay) measure.

Table 5—Pneumococcal Vaccination (Short Stay)

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY Q1	1,003	69.065%	85.246%	95.455%	99.000%	100.00%	88.648%	0.000%	100.00%
Aggregate	945	69.474%	85.714%	95.506%	99.000%	100.00%	88.863%	6.818%	100.00%

Note: The selection of facilities included in the final aggregate benchmarks that include all 4 quarters may differ from the benchmarks for individual quarters as facilities that did not meet the minimum denominator threshold for an individual quarter might meet or exceed the threshold when multiple quarters are combined.

Urinary Tract Infection (Long Stay)

Figure 5 shows the rate distribution for the Urinary Tract Infection (Long Stay) measure for one quarter and the aggregate, in 5-percent intervals. Each interval includes all facilities whose score is at or above the lower interval and less than the higher interval. Note that for the Urinary Tract Infection (Long Stay) measure, a lower rate indicates better performance.

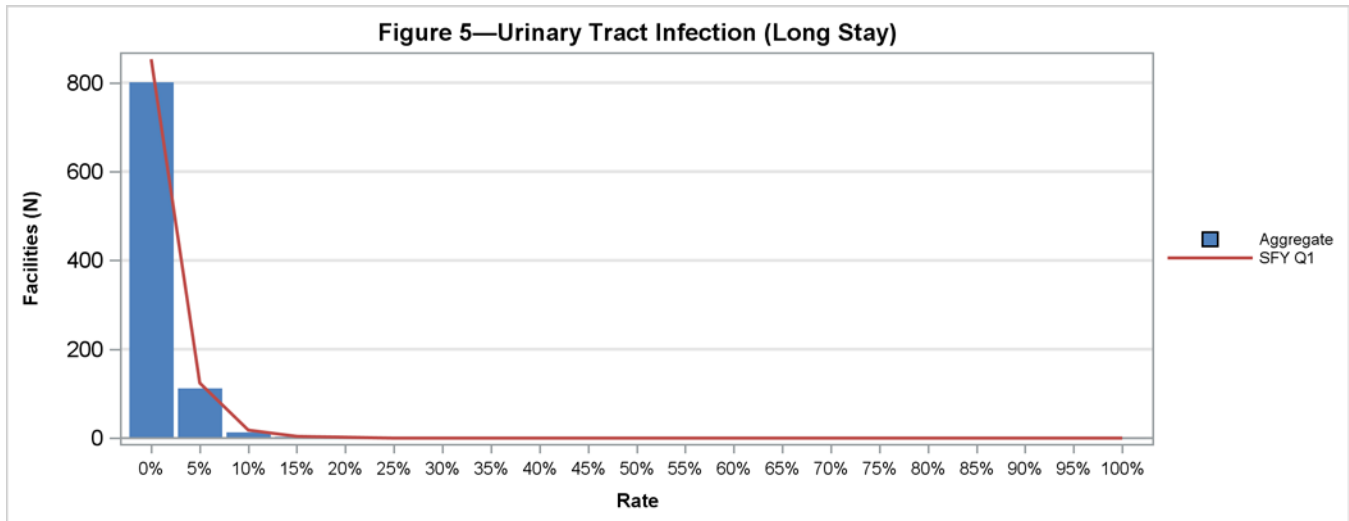


Table 6 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Urinary Tract Infection (Long Stay) measure.

Table 6—Urinary Tract Infection (Long Stay)

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY Q1	1,001	6.098%	3.448%	1.429%	0.000%	0.000%	2.273%	0.000%	20.000%
Aggregate	931	5.882%	3.297%	1.351%	0.000%	0.000%	2.187%	0.000%	20.000%

Note: The selection of facilities included in the final aggregate benchmarks that include all 4 quarters may differ from the benchmarks for individual quarters as facilities that did not meet the minimum denominator threshold for an individual quarter might meet or exceed the threshold when multiple quarters are combined.

Loss of Bowel or Bladder Control (Long Stay)

Figure 6 shows the rate distribution for the Loss of Bowel or Bladder Control (Long Stay) measure for one quarter and the aggregate, in 5-percent intervals. Each interval includes all facilities whose score is at or above the lower interval and less than the higher interval. Note that for the Loss of Bowel or Bladder Control (Long Stay) measure, a lower rate indicates better performance.

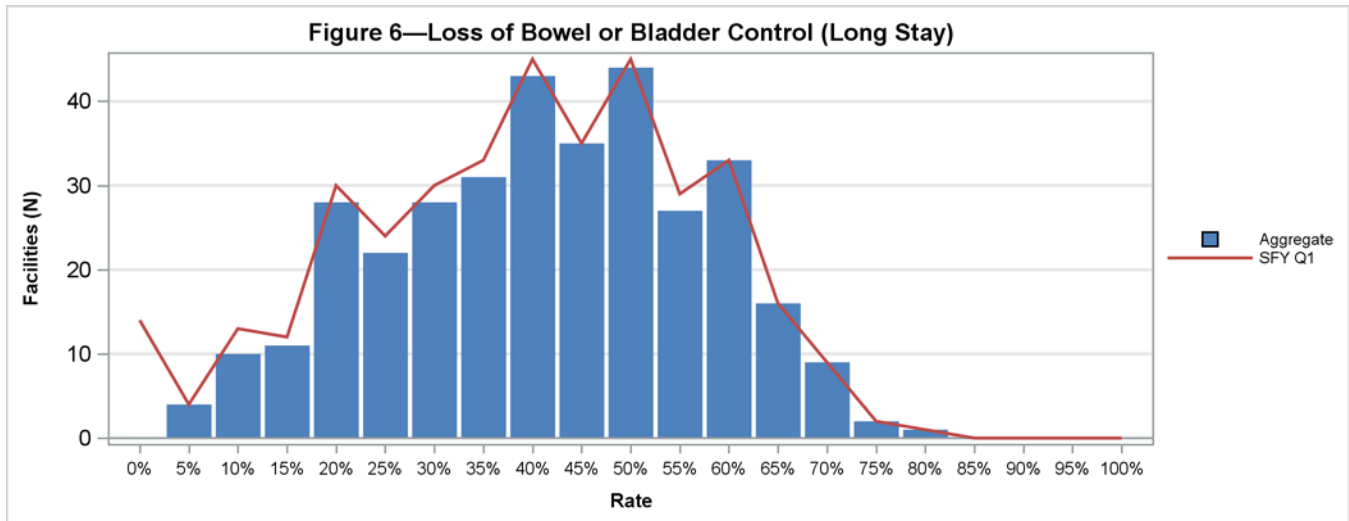


Table 7 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Loss of Bowel or Bladder Control (Long Stay) measure.

Table 7—Loss of Bowel or Bladder Control (Long Stay)

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY Q1	375	63.636%	54.348%	42.553%	29.565%	19.048%	41.323%	0.000%	80.328%
Aggregate	344	63.889%	55.385%	44.118%	31.311%	21.429%	43.441%	6.122%	80.328%

Note: The selection of facilities included in the final aggregate benchmarks that include all 4 quarters may differ from the benchmarks for individual quarters as facilities that did not meet the minimum denominator threshold for an individual quarter might meet or exceed the threshold when multiple quarters are combined.

Self-Report Moderate to Severe Pain (Short Stay)

Figure 7 shows the rate distribution for the Self-Report Moderate to Severe Pain (Short Stay) measure for one quarter and the aggregate, in 5-percent intervals. Each interval includes all facilities whose score is at or above the lower interval and less than the higher interval. Note that for the Self-Report Moderate to Severe Pain (Short Stay) measure, a lower rate indicates better performance.

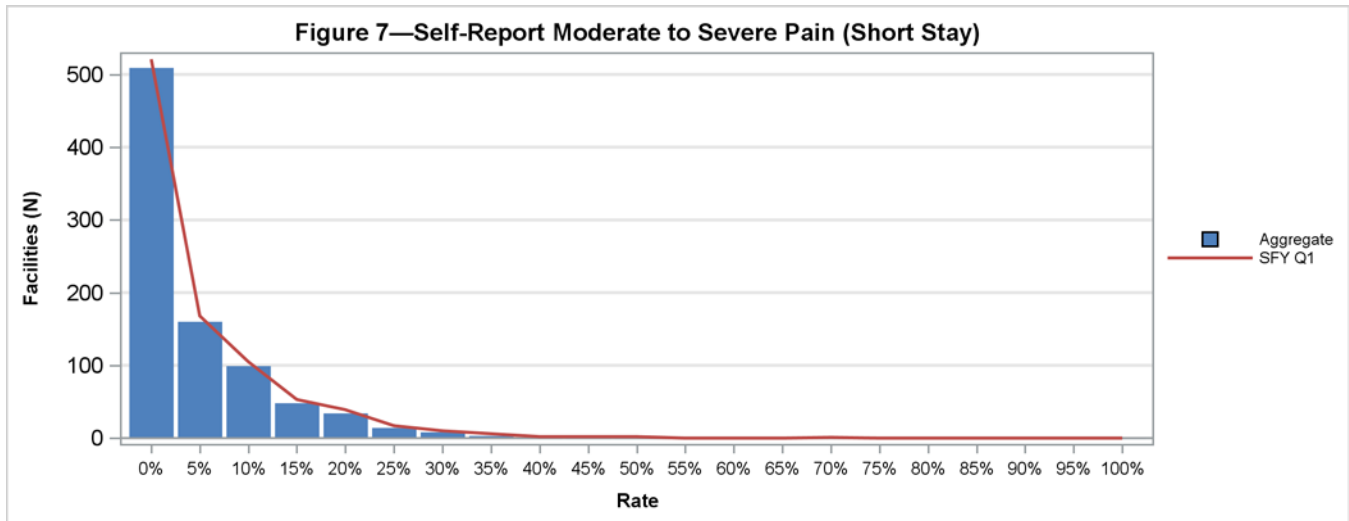


Table 8 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Self-Report Moderate to Severe Pain (Short Stay) measure.

Table 8—Self-Report Moderate to Severe Pain (Short Stay)

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY Q1	926	18.644%	10.169%	3.704%	0.000%	0.000%	6.827%	0.000%	72.727%
Aggregate	878	16.667%	9.615%	3.345%	0.000%	0.000%	6.269%	0.000%	52.113%

Note: The selection of facilities included in the final aggregate benchmarks that include all 4 quarters may differ from the benchmarks for individual quarters as facilities that did not meet the minimum denominator threshold for an individual quarter might meet or exceed the threshold when multiple quarters are combined.

Self-Report Moderate to Severe Pain (Long Stay)

Figure 8 shows the rate distribution for the Self-Report Moderate to Severe Pain (Long Stay) measure for one quarter and the aggregate, in 5-percent intervals. Each interval includes all facilities whose score is at or above the lower interval and less than the higher interval. Note that for the Self-Report Moderate to Severe Pain (Long Stay) measure, a lower rate indicates better performance.

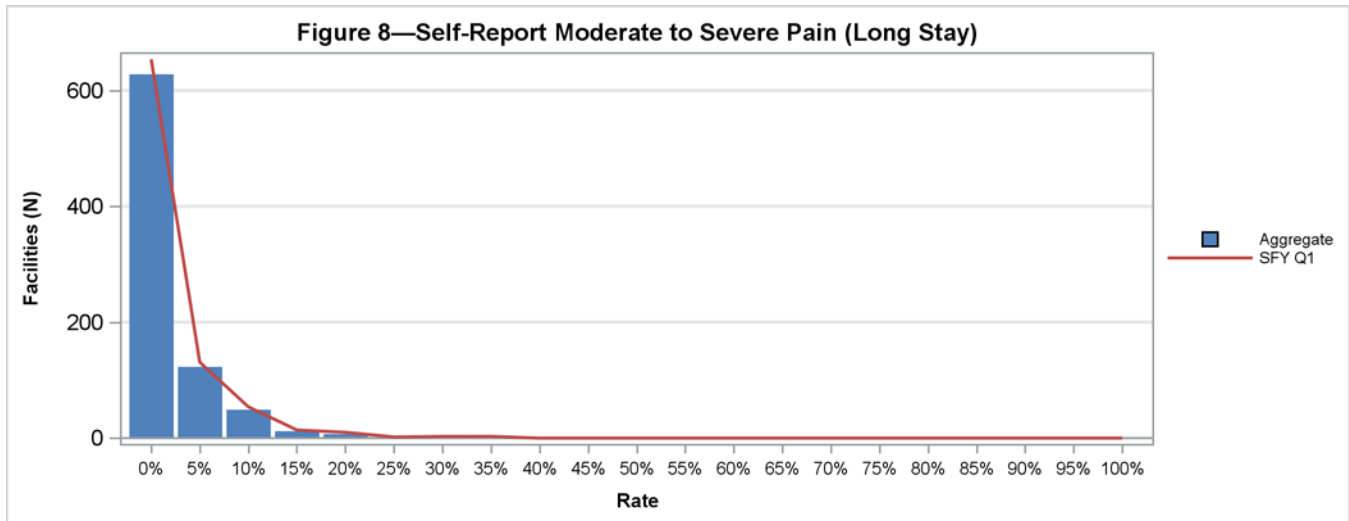


Table 9 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Self-Report Moderate to Severe Pain (Long Stay) measure.

Table 9—Self-Report Moderate to Severe Pain (Long Stay)

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY Q1	871	9.859%	4.918%	1.449%	0.000%	0.000%	3.380%	0.000%	39.394%
Aggregate	824	9.091%	4.651%	1.342%	0.000%	0.000%	3.169%	0.000%	39.394%

Note: The selection of facilities included in the final aggregate benchmarks that include all 4 quarters may differ from the benchmarks for individual quarters as facilities that did not meet the minimum denominator threshold for an individual quarter might meet or exceed the threshold when multiple quarters are combined.

Increased Need for Help with Activities of Daily Living (Long Stay)

Figure 9 shows the rate distribution for the Increased Need for Help with Activities of Daily Living (ADL) (Long Stay) measure for one quarter and the aggregate, in 5-percent intervals. Each interval includes all facilities whose score is at or above the lower interval and less than the higher interval. Note that for the Increased Need for Help with ADL (Long Stay) measure, a lower rate indicates better performance.

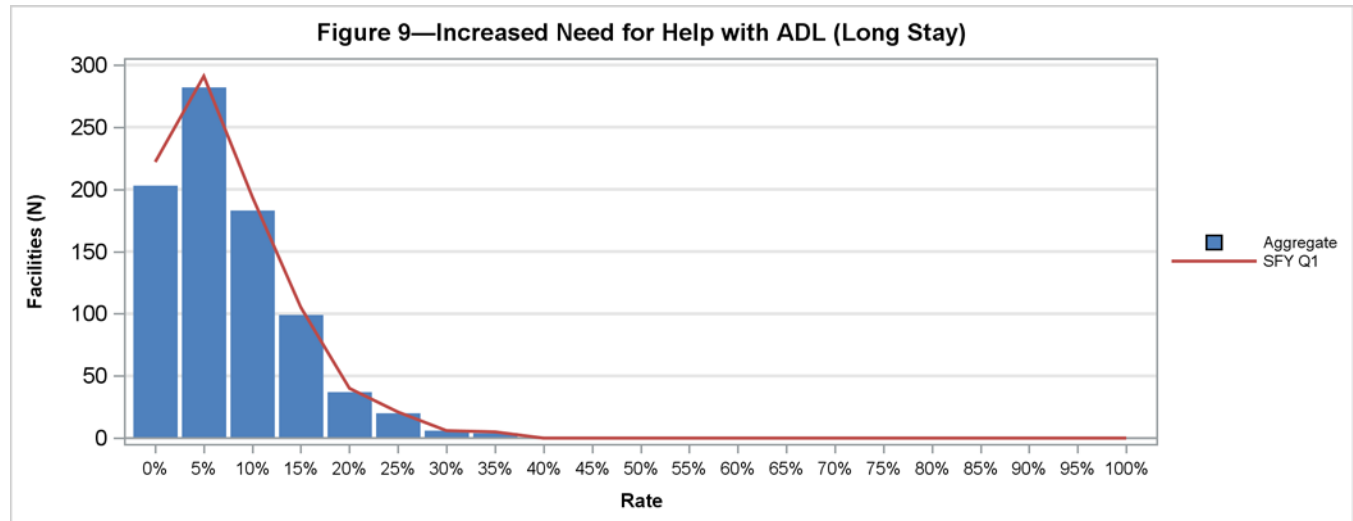


Table 10 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Increased Need for Help with ADL (Long Stay) measure.

Table 10—Increased Need for Help with ADL (Long Stay)

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY Q1	884	18.367%	13.438%	8.583%	4.944%	2.381%	9.829%	0.000%	38.462%
Aggregate	834	18.310%	13.333%	8.618%	5.155%	2.703%	9.865%	0.000%	38.462%

Note: The selection of facilities included in the final aggregate benchmarks that include all 4 quarters may differ from the benchmarks for individual quarters as facilities that did not meet the minimum denominator threshold for an individual quarter might meet or exceed the threshold when multiple quarters are combined.

30-Day SNF Rehospitalization Measure

Figure 10 shows the rate distribution for the 30-day SNF Rehospitalization measure for SFY 2016-2017 in 5-percent intervals. Each interval includes all facilities whose score is at or above the lower interval and less than the higher interval. Note that for the 30-day SNF re-hospitalization measure, a lower rate indicates better performance. This measure is only calculated on an annual basis, and the results are limited to facilities included in the SFY 2016-2017 Annual Report.

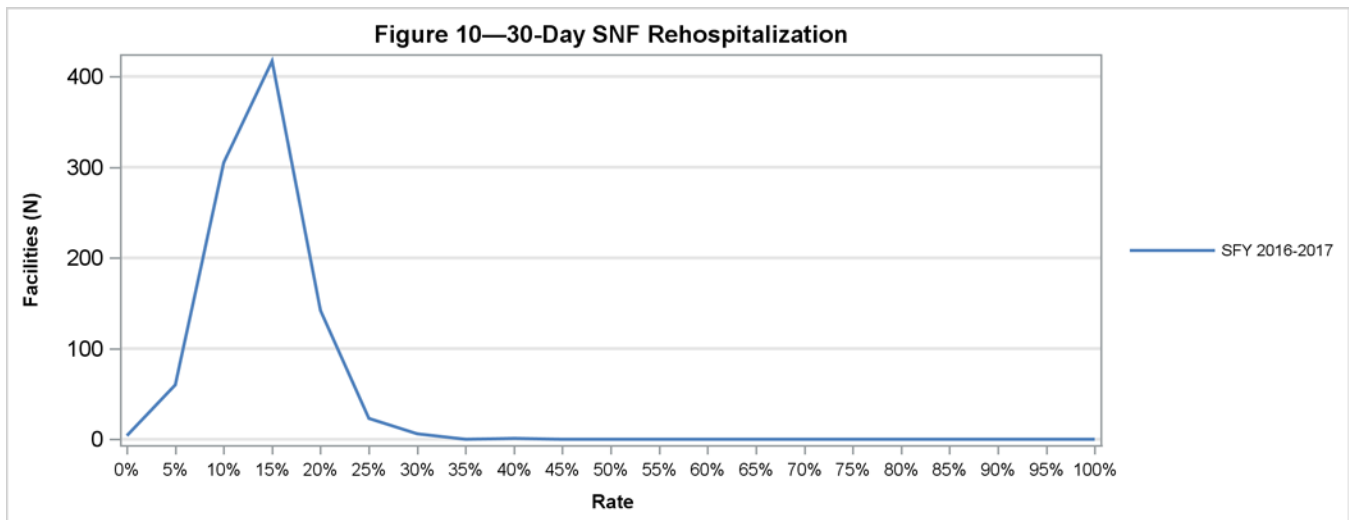


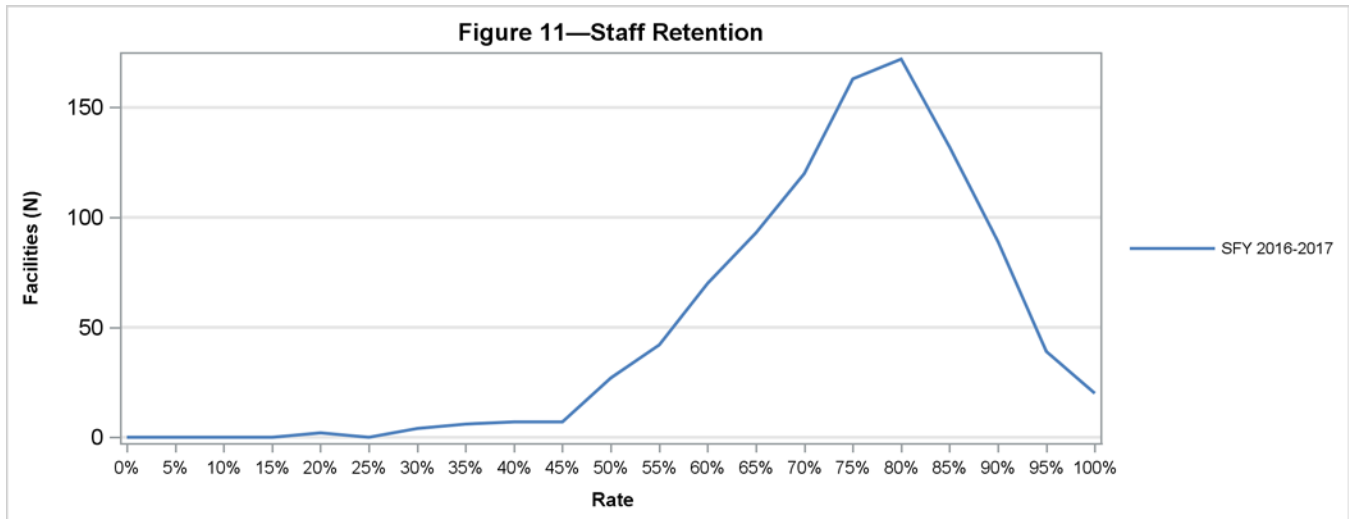
Table 11 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the 30-day SNF Rehospitalization measure for SFY 2016-2017.

Table 11—30-Day SNF Rehospitalization

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY 2016-2017	958	21.750%	18.981%	16.089%	13.701%	11.150%	16.365%	0.000%	43.792%

Staff Retention Measure

Figure 11 shows the rate distribution for the Staff Retention measure for SFY 2016-2017 in 5-percent intervals. Each interval includes all facilities whose score is above the lower interval and at or below the higher interval. Note that for the staff retention measure, a higher rate indicates better performance. This measure is only calculated on an annual basis, and the results are limited to facilities included in the SFY 2016-2017 Annual Report. This report uses data from 2015 that is available upon request from California's Office of Statewide Health Planning and Development (OSHPD).



The following formula was used to calculate the staff retention rate for each facility:

$$\frac{\text{Number of Continuously Employed Direct Nursing Staff During the Report Period (EMP_NRSG_CONT)}}{\text{Number of Direct Nursing Staff at the Beginning of the Report Period (EMP_NRGS_BEGIN)}}$$

Table 12 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Staff Retention measure for SFY 2016-2017.

Table 12—Staff Retention

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY 2016-2017	993	55.405%	64.615%	73.585%	81.132%	87.755%	72.355%	16.667%	100.00%