

CDPH SNF QASP Quarterly Benchmark Rates SFY 2017-18 Quarter 1 through Quarter 4

Overview

This report contains the results and statistics for the California Skilled Nursing Facility (SNF) Quality and Accountability Supplemental Program (QASP) measures using the final, closed out data for 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. Four quarters are provided in this report, including SFY Q1, SFY Q2, SFY Q3, SFY Q4, and an aggregate rate. Table 1 provides an overview of the measures analyzed, including the statewide mean and the 75th percentile, for the aggregate rates for the four quarters. 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.² The rates for these two measures presented in this report represent the 2017-2018 performance period (i.e., July 1, 2017 through June 30, 2018).

Table 1—Overview of Measures and Rates (SFY 2017-18 Q1 to Q4)

Measure	Statewide Mean	Statewide 75th Percentile
Facility-Acquired Pressure Ulcer Incidence (Long Stay)	2.302%	0.643%
Use of Physical Restraints (Long Stay)	0.352%	0.000%
Influenza Vaccination (Short Stay)*	89.551%	98.750%
Pneumococcal Vaccination (Short Stay)*	88.891%	98.889%
Urinary Tract Infection (Long Stay)	1.897%	0.422%
Loss of Bowel or Bladder Control (Long Stay)	43.945%	32.192%
Self-Report Moderate to Severe Pain (Short Stay)	6.205%	0.642%
Self-Report Moderate to Severe Pain (Long Stay)	3.165%	0.000%
Increased Need for Help with ADL (Long Stay)	10.401%	6.040%
30-Day SNF Rehospitalization	16.335%	13.601%
Staff Retention*	71.280%	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. The SFY 2017-2018 Annual Report performance period represents the payments that will be distributed to facilities in April 2019.

Performance Periods for Quarterly Benchmarks Report

Quarter	Performance Period
SFY 2017-18 Q1	July 1, 2017 – September 30, 2017
SFY 2017-18 Q2	October 1, 2017 – December 31, 2017
SFY 2017-18 Q3	January 1, 2018 – March 31, 2018
SFY 2017-18 Q4	April 1, 2018 – June 30, 2018

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.

Facility-Acquired Pressure Ulcer Incidence (Long Stay)

Figure 1 shows the rate distribution for the Facility-Acquired Pressure Ulcer Incidence (Long Stay) measure for all four quarters 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.

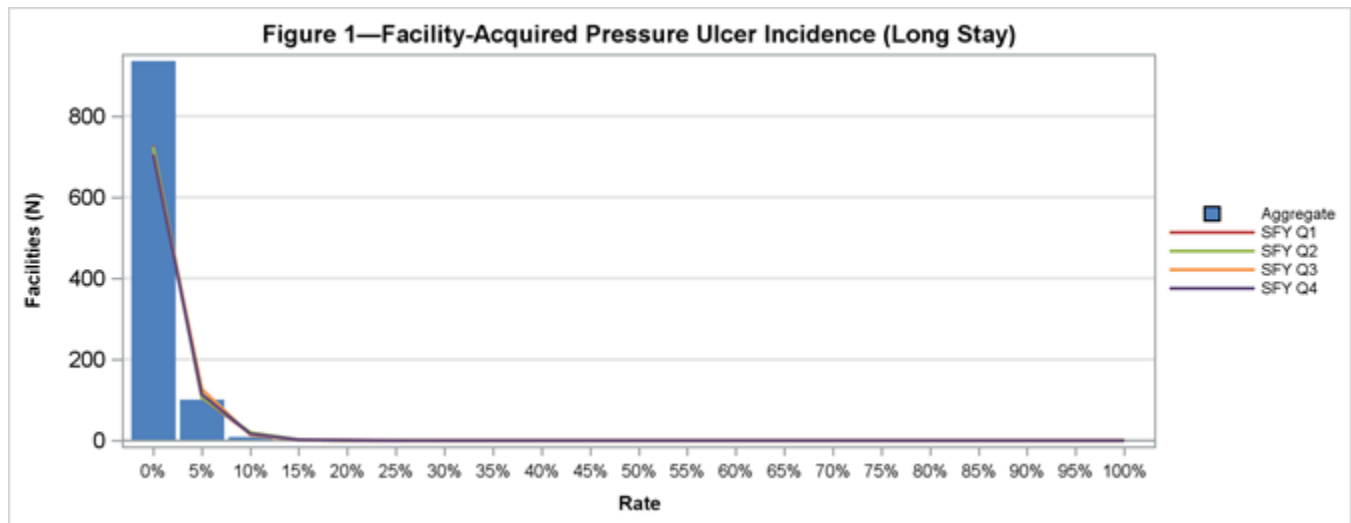


Table 2 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Facility-Acquired Pressure Ulcer Incidence (Long Stay) measure.

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	852	5.769%	3.226%	1.754%	0.000%	0.000%	2.289%	0.000%	17.647%
SFY Q2	854	5.882%	3.497%	1.747%	0.000%	0.000%	2.388%	0.000%	26.087%
SFY Q3	852	6.250%	3.846%	1.754%	0.000%	0.000%	2.485%	0.000%	21.212%
SFY Q4	840	6.250%	3.651%	1.754%	0.000%	0.000%	2.431%	0.000%	21.875%
Aggregate	1,048	5.195%	3.363%	1.729%	0.643%	0.000%	2.302%	0.000%	16.667%

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 all four quarters 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.

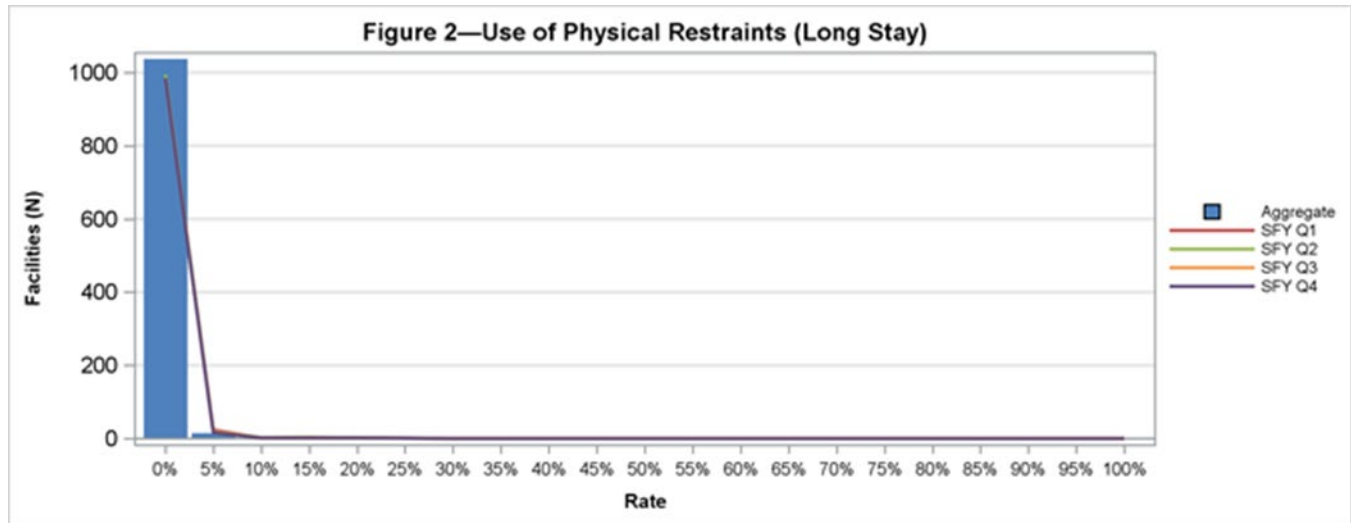


Table 3 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Use of Physical Restraints (Long Stay) measure.

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	1,019	1.408%	0.000%	0.000%	0.000%	0.000%	0.549%	0.000%	26.374%
SFY Q2	1,023	1.299%	0.000%	0.000%	0.000%	0.000%	0.516%	0.000%	25.620%
SFY Q3	1,011	1.205%	0.000%	0.000%	0.000%	0.000%	0.480%	0.000%	25.000%
SFY Q4	1,008	1.163%	0.000%	0.000%	0.000%	0.000%	0.448%	0.000%	26.316%
Aggregate	1,056	0.815%	0.000%	0.000%	0.000%	0.000%	0.352%	0.000%	23.868%

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 all four quarters 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.

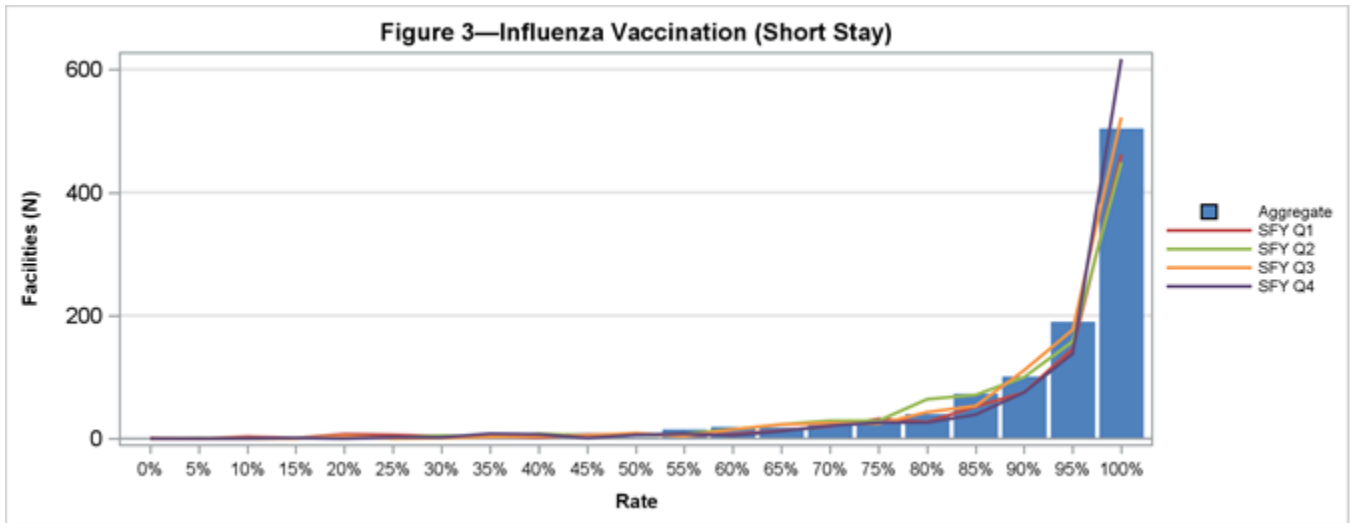


Table 4 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Influenza Vaccination (Short Stay) measure.

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	880	70.488%	86.667%	95.756%	99.344%	100.00%	89.197%	0.000%	100.00%
SFY Q2	979	68.889%	83.796%	94.118%	98.718%	100.00%	88.329%	3.846%	100.00%
SFY Q3	1,023	72.414%	86.957%	95.294%	99.180%	100.00%	90.240%	15.625%	100.00%
SFY Q4	994	75.373%	90.722%	97.339%	100.00%	100.00%	91.843%	13.636%	100.00%
Aggregate	1,039	70.659%	85.938%	94.574%	98.750%	100.00%	89.551%	15.182%	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 all four quarters 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.

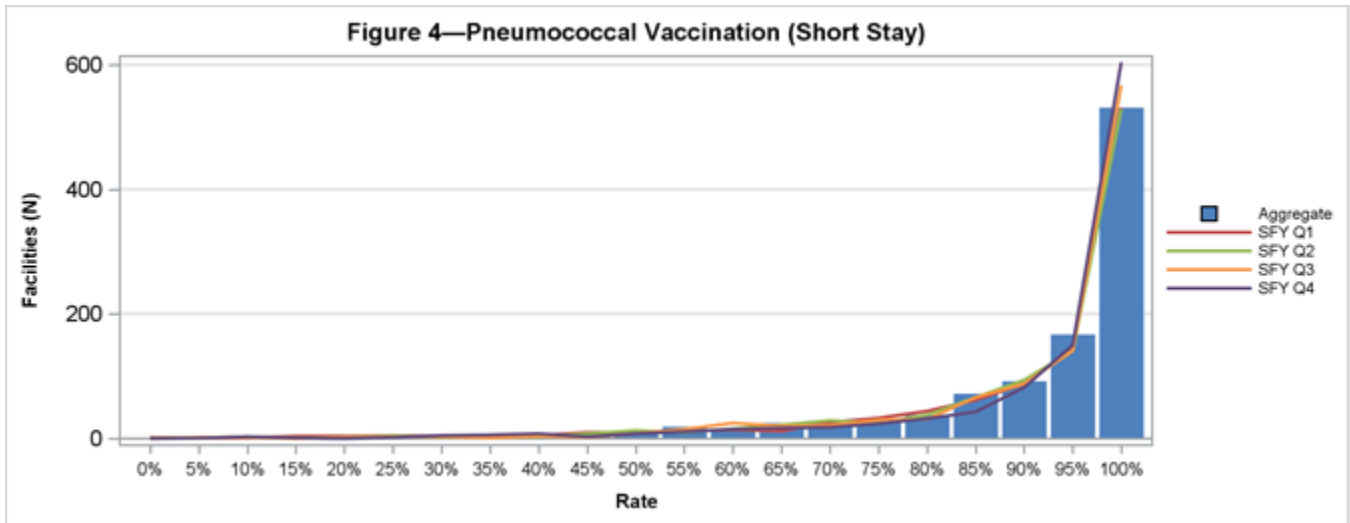


Table 5 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Pneumococcal Vaccination (Short Stay) measure.

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	1,014	67.532%	85.185%	95.604%	99.057%	100.00%	88.518%	0.000%	100.00%
SFY Q2	1,013	66.667%	85.204%	95.640%	99.296%	100.00%	88.847%	0.000%	100.00%
SFY Q3	1,031	69.461%	86.395%	96.078%	99.528%	100.00%	89.857%	3.488%	100.00%
SFY Q4	1,033	72.917%	88.942%	96.903%	99.747%	100.00%	90.489%	1.449%	100.00%
Aggregate	1,053	67.123%	85.014%	95.059%	98.889%	100.00%	88.891%	10.734%	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 all four quarters 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.

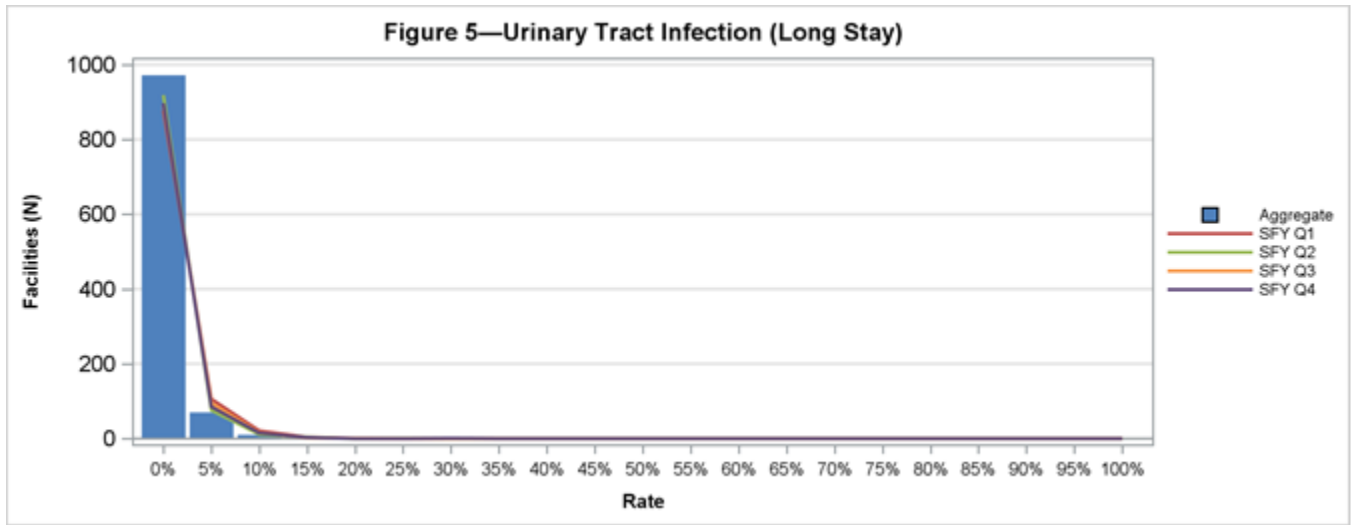


Table 6 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Urinary Tract Infection (Long Stay) measure.

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	1,010	5.487%	3.030%	1.266%	0.000%	0.000%	2.060%	0.000%	22.581%
SFY Q2	1,011	4.762%	2.665%	1.020%	0.000%	0.000%	1.794%	0.000%	27.419%
SFY Q3	1,005	5.263%	2.817%	1.149%	0.000%	0.000%	1.874%	0.000%	23.684%
SFY Q4	1,001	5.085%	2.703%	1.136%	0.000%	0.000%	1.849%	0.000%	32.258%
Aggregate	1,055	4.487%	2.688%	1.278%	0.422%	0.000%	1.897%	0.000%	19.444%

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 all four quarters 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.

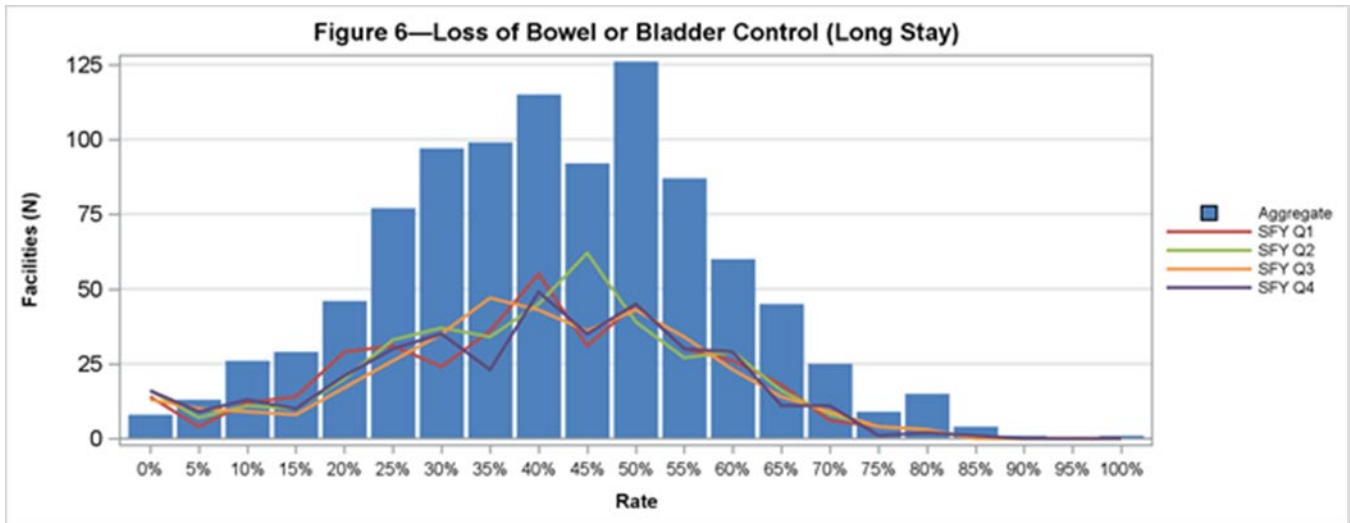


Table 7 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Loss of Bowel or Bladder Control (Long Stay) measure.

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	382	63.333%	53.448%	42.500%	29.032%	18.750%	41.240%	0.000%	83.333%
SFY Q2	401	62.857%	52.381%	43.243%	30.303%	18.868%	41.382%	0.000%	82.353%
SFY Q3	374	63.043%	54.545%	42.527%	31.579%	18.421%	41.820%	0.000%	83.333%
SFY Q4	371	62.162%	53.659%	42.857%	29.032%	14.729%	40.792%	0.000%	87.500%
Aggregate	975	65.341%	55.224%	44.000%	32.192%	22.078%	43.945%	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.

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 all four quarters 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.

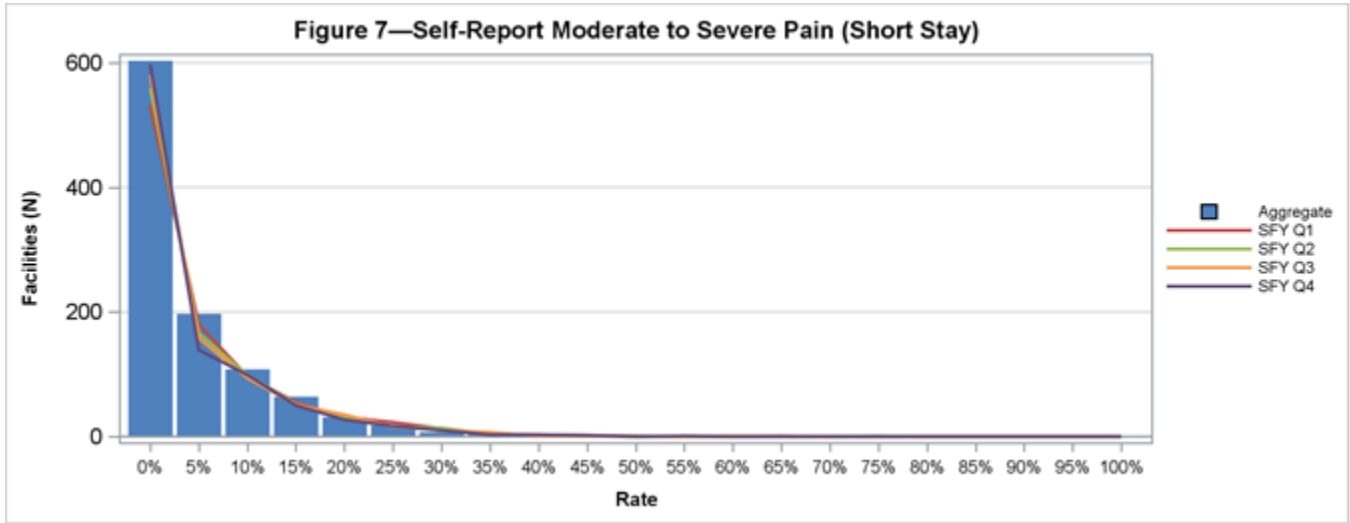


Table 8 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Self-Report Moderate to Severe Pain (Short Stay) measure.

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	942	18.519%	9.677%	3.810%	0.000%	0.000%	6.732%	0.000%	67.123%
SFY Q2	946	17.391%	9.434%	3.139%	0.000%	0.000%	6.330%	0.000%	75.676%
SFY Q3	955	17.544%	9.091%	2.997%	0.000%	0.000%	6.176%	0.000%	66.667%
SFY Q4	948	16.667%	8.895%	2.577%	0.000%	0.000%	5.863%	0.000%	57.143%
Aggregate	1,034	16.552%	9.272%	3.704%	0.642%	0.000%	6.205%	0.000%	45.490%

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 all four quarters 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.

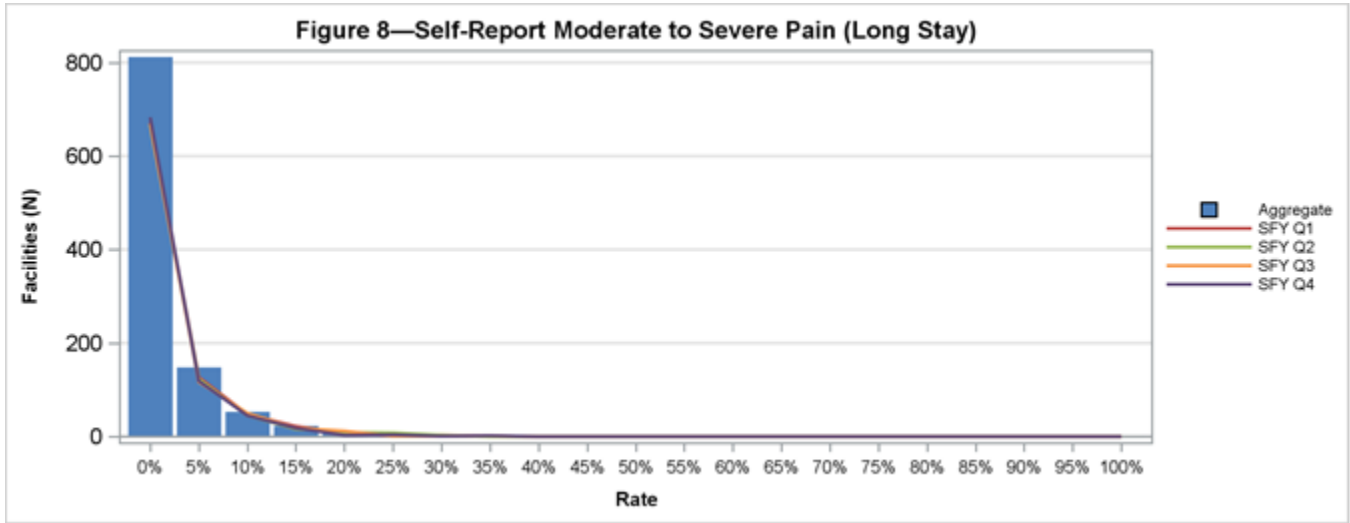


Table 9 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Self-Report Moderate to Severe Pain (Long Stay) measure.

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	882	9.259%	4.615%	1.361%	0.000%	0.000%	3.221%	0.000%	35.294%
SFY Q2	871	9.474%	4.651%	1.370%	0.000%	0.000%	3.285%	0.000%	33.333%
SFY Q3	870	9.524%	4.348%	1.177%	0.000%	0.000%	3.163%	0.000%	37.500%
SFY Q4	875	9.091%	4.167%	0.000%	0.000%	0.000%	2.964%	0.000%	35.849%
Aggregate	1,046	9.006%	4.472%	1.415%	0.000%	0.000%	3.165%	0.000%	31.383%

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 all four quarters 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.

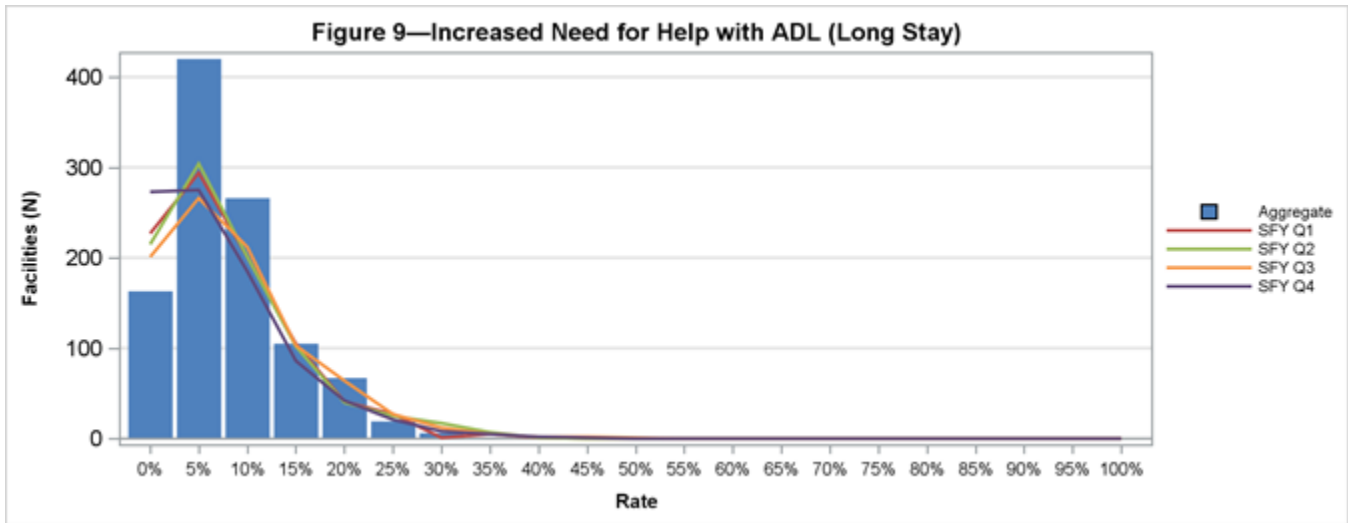


Table 10 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Increased Need for Help with ADL (Long Stay) measure.

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	902	18.644%	13.462%	8.755%	4.938%	2.326%	9.891%	0.000%	42.268%
SFY Q2	912	19.444%	13.510%	8.675%	5.106%	2.439%	10.188%	0.000%	44.737%
SFY Q3	895	21.154%	14.607%	9.524%	5.333%	2.703%	10.866%	0.000%	50.000%
SFY Q4	898	19.231%	12.857%	7.692%	4.167%	2.174%	9.400%	0.000%	48.000%
Aggregate	1,047	19.014%	13.402%	9.223%	6.040%	4.054%	10.401%	0.000%	38.849%

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 2017-2018 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.

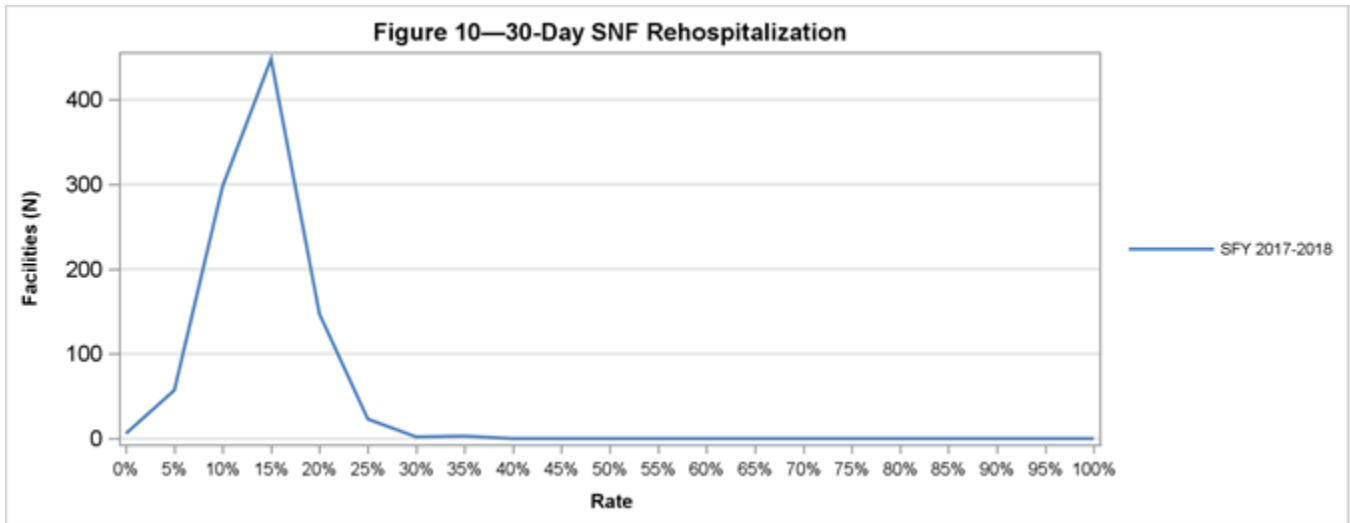


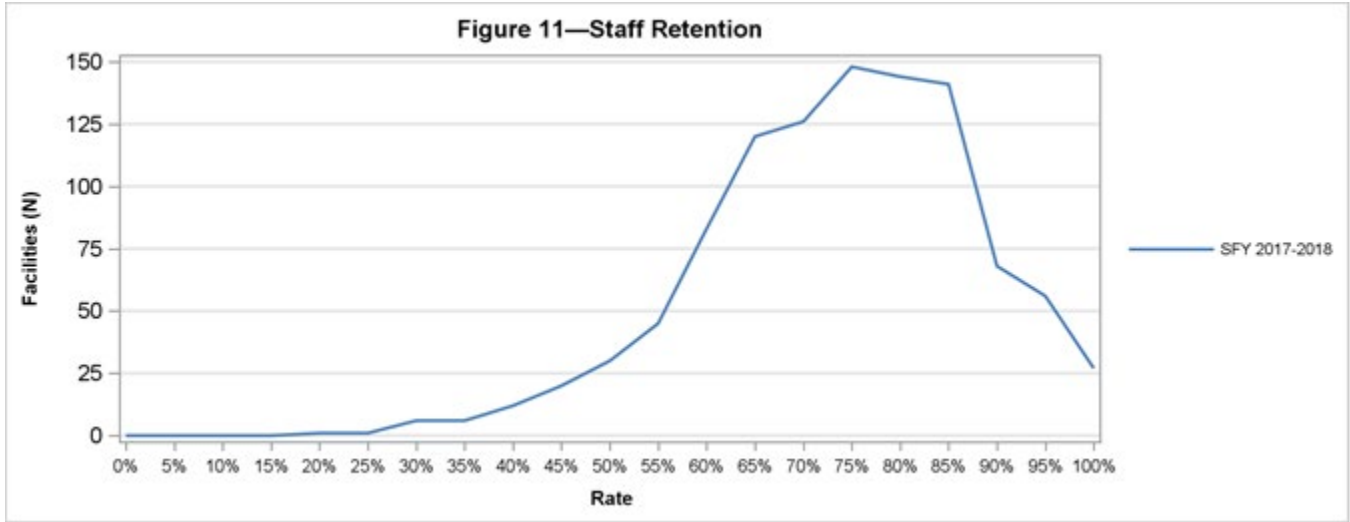
Table 11 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the 30-day SNF Rehospitalization measure for SFY 2017-2018.

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 2017-2018	984	21.924%	18.955%	16.097%	13.601%	11.110%	16.335%	0.000%	37.842%

Staff Retention Measure

Figure 11 shows the rate distribution for the Staff Retention measure for SFY 2017-2018 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 2016 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:

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

Table 12 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Staff Retention measure for SFY 2017-2018.

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 2017-2018	1,034	53.548%	62.195%	72.822%	81.132%	88.462%	71.280%	17.391%	100.00%