

CDPH SNF QASP Quarterly Benchmark Rates

SFY 2016-17 Quarter 3

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 3 of State Fiscal Year (SFY) July 1, 2016 through June 30, 2017. The measure rates are calculated across the Performance Period that is evaluated annually to determine incentive payment awards. Three quarters are provided, SFY Q1, SFY Q2, and SFY Q3, and an aggregate rate, in this report. Table 1 provides an overview of the measures analyzed, and the statewide mean and the 75th percentile, for the aggregate rates for SFY Q3. 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 2015-2016 performance period (i.e., July 1, 2015 through June 30, 2016).²

Table 1—Overview of Measures and Aggregate Rates (SFY 2016-17 Q3)

Measure	Statewide Mean	Statewide 75th Percentile
Facility-Acquired Pressure Ulcer Incidence (Long Stay)	2.812%	0.952%
Use of Physical Restraints (Long Stay)	0.609%	0.000%
Influenza Vaccination (Short Stay)*	87.220%	97.045%
Pneumococcal Vaccination (Short Stay)*	86.493%	97.701%
Urinary Tract Infection (Long Stay)	2.563%	0.730%
Loss of Bowel or Bladder Control (Long Stay)	45.276%	34.783%
Self-Report Moderate to Severe Pain (Short Stay)	8.599%	1.596%
Self-Report Moderate to Severe Pain (Long Stay)	4.243%	0.000%
Increased Need for Help with Activities of Daily Living (Long Stay)	10.919%	6.586%
30-day SNF Rehospitalization	16.675%	13.911%
Staff Retention*	73.566%	83.333%

* 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 Program website.

The table below displays the performance period each quarter represents in this report. The SFY 2016-2017 Annual Report performance period represents the payments that will be distributed to facilities in April 2018.

Performance Periods for Quarterly Benchmarks Report

Quarter	Performance Period
SFY 2016-17 Q1	July 1, 2016 – September 30, 2016
SFY 2016-17 Q2	October 1, 2016 – December 31, 2016
SFY 2016-17 Q3	January 1, 2017 – March 31, 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 each quality measure compared to the SNF QASP Annual Report due to not meeting the minimum denominator thresholds. Also, 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. Due to this, the final benchmarks that include all four quarters may differ from the currently displayed benchmarks.

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 2015-2016 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 three 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.

Figure 1—Facility-Acquired Pressure Ulcer Incidence (Long Stay)

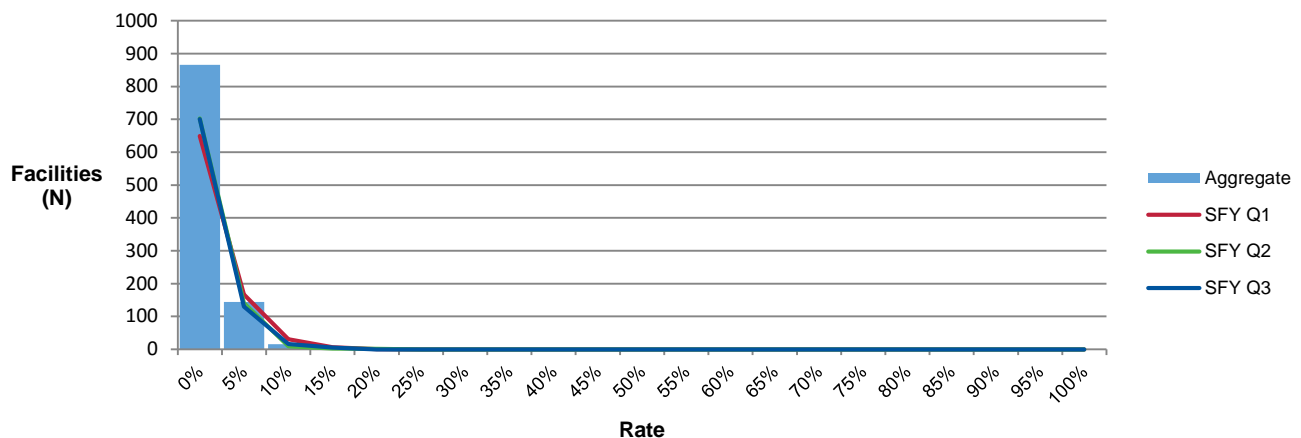


Table 2 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Facility-Acquired Pressure Ulcer Incidence (Long Stay) measure.

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	854	7.500%	4.839%	2.632%	1.000%	0.000%	3.313%	0.000%	20.000%
SFY Q2	858	6.250%	3.846%	1.923%	0.000%	0.000%	2.579%	0.000%	20.930%
SFY Q3	852	6.452%	3.704%	1.923%	0.000%	0.000%	2.610%	0.000%	17.526%
Aggregate	1,029	6.098%	4.000%	2.326%	0.952%	0.000%	2.812%	0.000%	18.898%

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 three 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.

Figure 2—Use of Physical Restraints (Long Stay)

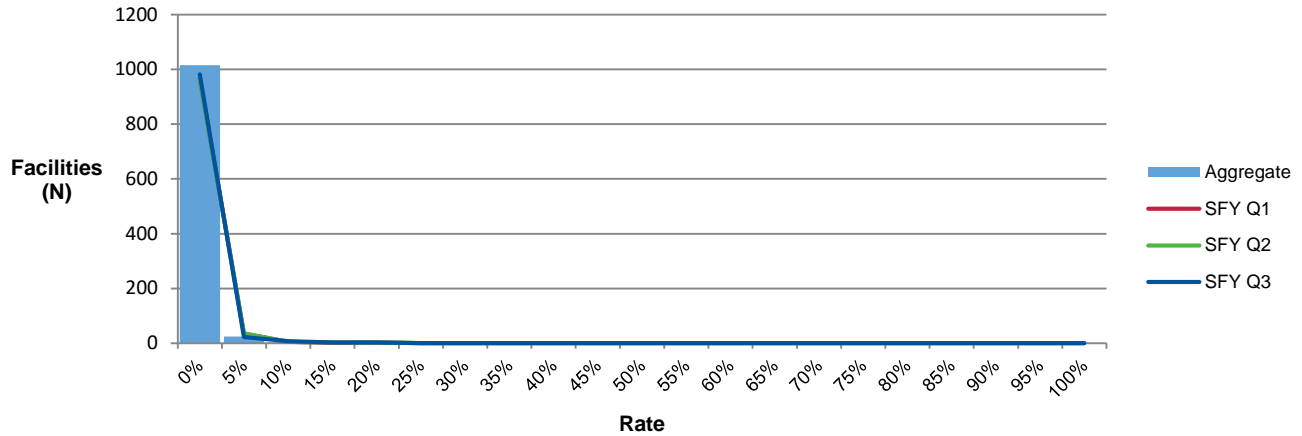


Table 3 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Use of Physical Restraints (Long Stay) measure.

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	1,017	2.326%	0.000%	0.000%	0.000%	0.000%	0.852%	0.000%	48.101%
SFY Q2	1,015	1.852%	0.000%	0.000%	0.000%	0.000%	0.774%	0.000%	52.703%
SFY Q3	1,021	1.724%	0.000%	0.000%	0.000%	0.000%	0.697%	0.000%	46.753%
Aggregate	1,048	1.370%	0.000%	0.000%	0.000%	0.000%	0.609%	0.000%	49.130%

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 three 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.

Figure 3—Influenza Vaccination (Short Stay)

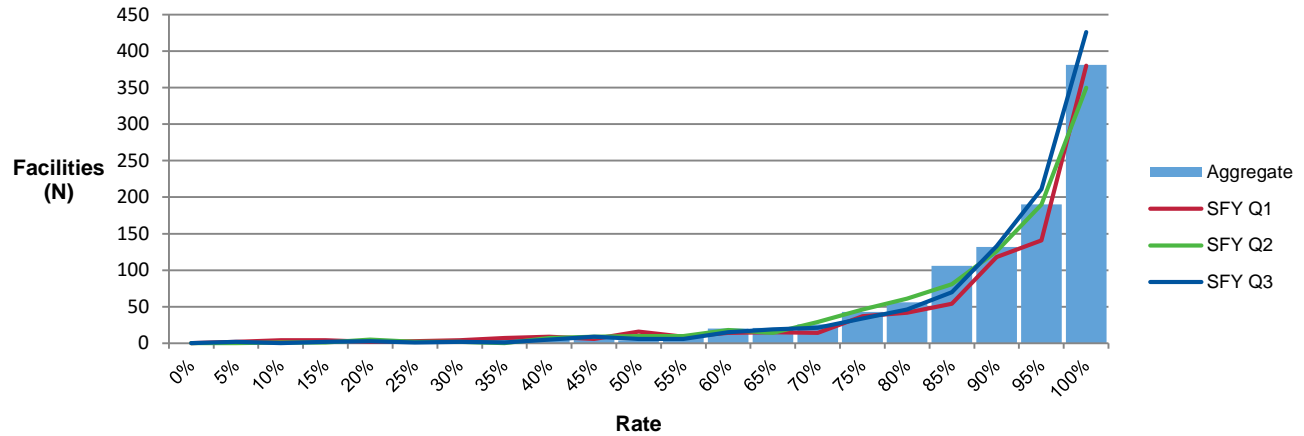


Table 4 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Influenza Vaccination (Short Stay) measure.

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	881	62.921%	83.505%	93.151%	98.095%	100.00%	86.630%	2.703%	100.00%
SFY Q2	962	67.857%	81.395%	92.105%	97.368%	100.00%	86.893%	9.589%	100.00%
SFY Q3	1,012	71.739%	85.714%	93.675%	98.088%	100.00%	88.821%	3.704%	100.00%
Aggregate	1,017	68.493%	82.748%	92.151%	97.045%	99.449%	87.220%	7.870%	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 three 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.

Figure 4—Pneumococcal Vaccination (Short Stay)

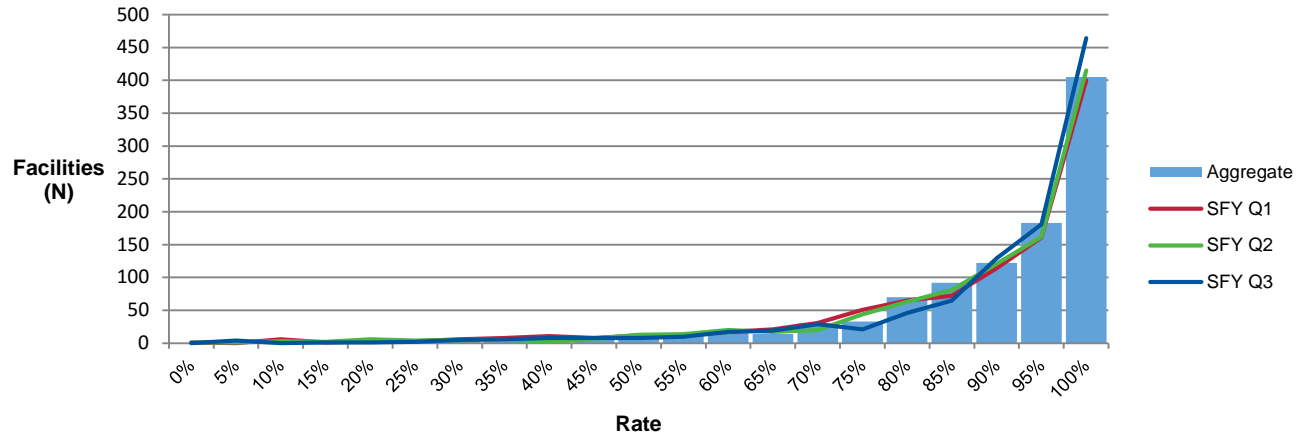


Table 5 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Pneumococcal Vaccination (Short Stay) measure.

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	63.158%	79.375%	92.308%	97.859%	100.00%	85.655%	0.000%	100.00%
SFY Q2	1,007	65.000%	82.353%	92.308%	98.276%	100.00%	86.532%	0.000%	100.00%
SFY Q3	1,024	66.667%	85.654%	93.770%	98.474%	100.00%	88.231%	1.724%	100.00%
Aggregate	1,033	65.939%	81.500%	92.000%	97.701%	99.611%	86.493%	5.705%	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 three 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.

Figure 5—Urinary Tract Infection (Long Stay)

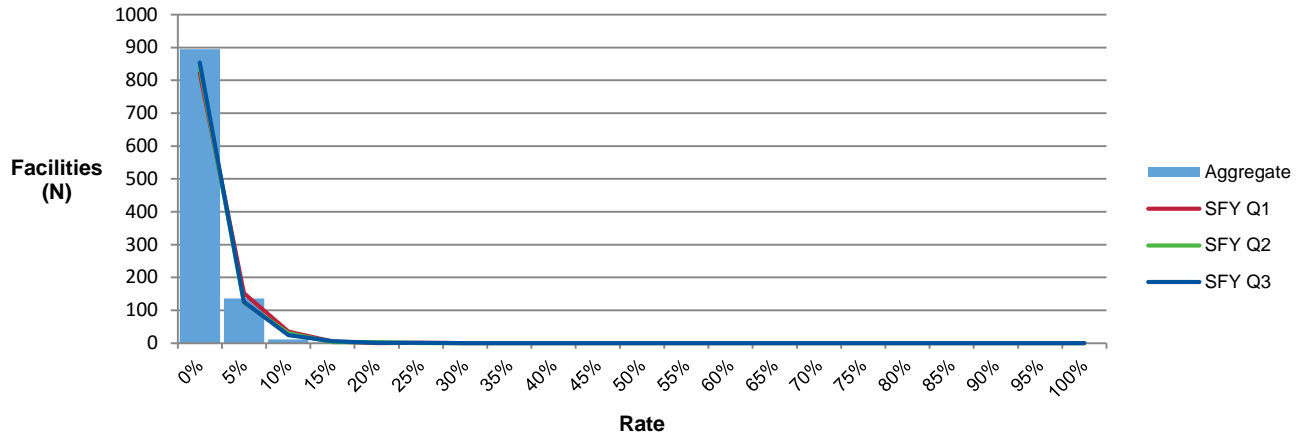


Table 6 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Urinary Tract Infection (Long Stay) measure.

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	1,015	6.780%	4.000%	1.923%	0.000%	0.000%	2.753%	0.000%	28.750%
SFY Q2	1,003	6.452%	3.646%	1.667%	0.000%	0.000%	2.512%	0.000%	22.581%
SFY Q3	1,013	6.522%	3.750%	1.587%	0.000%	0.000%	2.488%	0.000%	29.268%
Aggregate	1,047	5.806%	3.750%	1.923%	0.730%	0.000%	2.563%	0.000%	29.310%

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 three 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.

Figure 6—Loss of Bowel or Bladder Control (Long Stay)

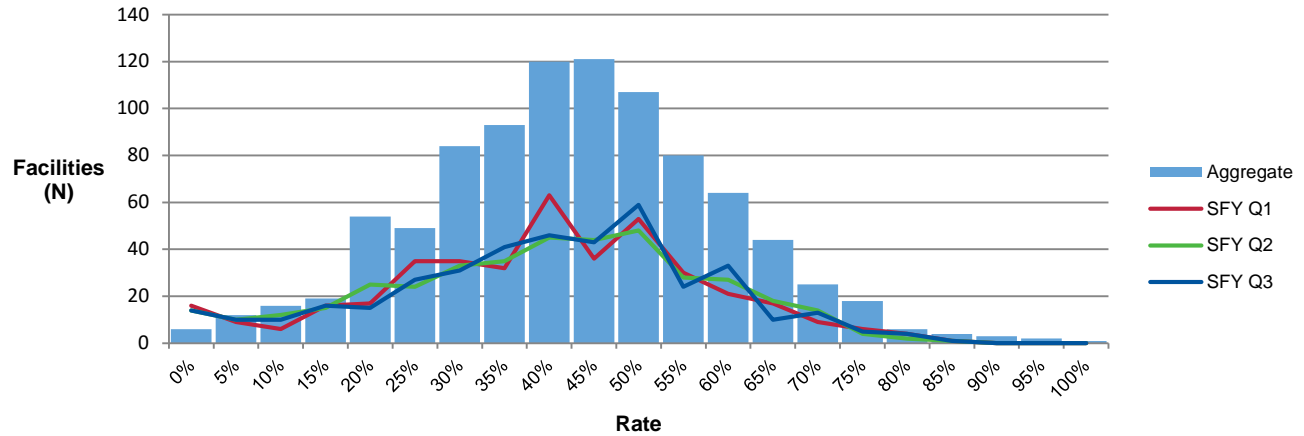


Table 7 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Loss of Bowel or Bladder Control (Long Stay) measure.

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	406	63.043%	53.333%	43.182%	30.303%	18.919%	41.648%	0.000%	89.744%
SFY Q2	399	64.706%	54.545%	43.590%	29.412%	16.129%	41.690%	0.000%	86.087%
SFY Q3	402	63.014%	54.286%	43.365%	30.556%	17.308%	42.253%	0.000%	86.667%
Aggregate	928	65.714%	55.957%	45.495%	34.783%	24.204%	45.276%	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 three 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.

Figure 7—Self-Report Moderate to Severe Pain (Short Stay)

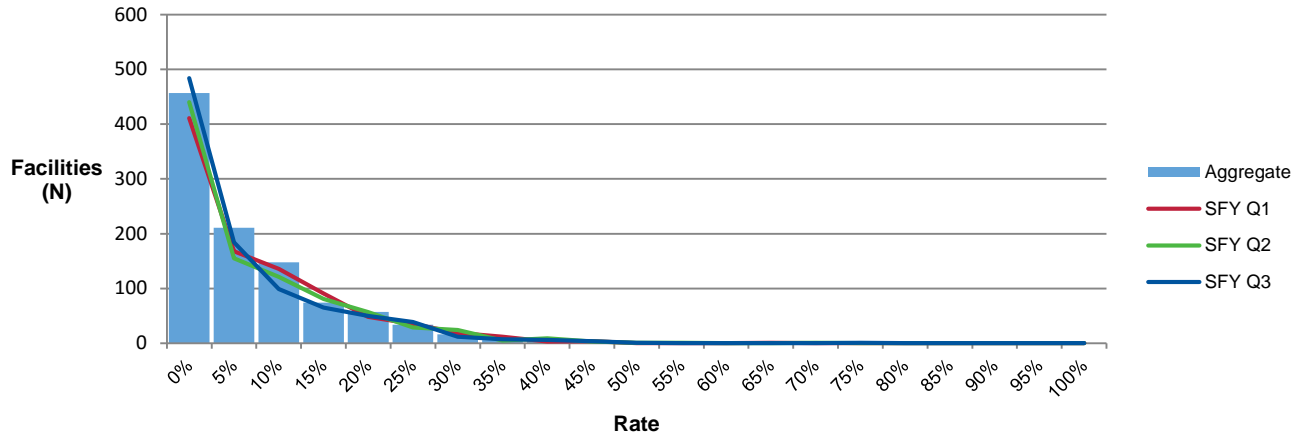


Table 8 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Self-Report Moderate to Severe Pain (Short Stay) measure.

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	928	22.857%	14.190%	6.250%	1.553%	0.000%	9.316%	0.000%	68.932%
SFY Q2	927	22.581%	13.953%	5.263%	1.176%	0.000%	8.965%	0.000%	74.510%
SFY Q3	952	21.951%	12.085%	4.762%	0.791%	0.000%	8.112%	0.000%	76.042%
Aggregate	1,012	21.095%	12.829%	5.838%	1.596%	0.000%	8.599%	0.000%	60.000%

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.

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 three 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.

Figure 8—Self-Report Moderate to Severe Pain (Long Stay)

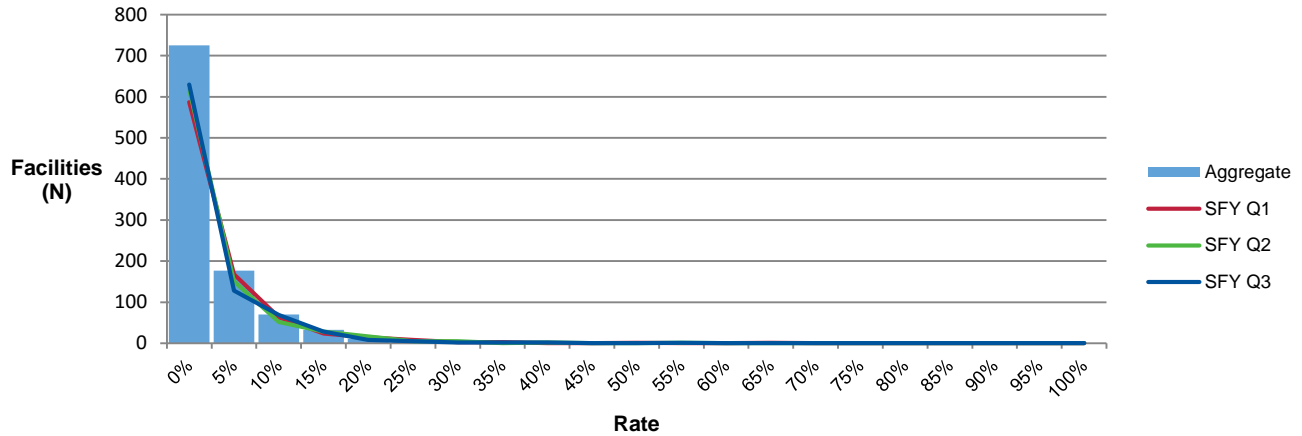


Table 9 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Self-Report Moderate to Severe Pain (Long Stay) measure.

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	872	12.500%	6.452%	2.537%	0.000%	0.000%	4.639%	0.000%	65.957%
SFY Q2	879	11.765%	6.186%	2.105%	0.000%	0.000%	4.244%	0.000%	57.447%
SFY Q3	875	12.121%	5.769%	1.754%	0.000%	0.000%	4.008%	0.000%	57.447%
Aggregate	1,030	11.111%	5.952%	2.158%	0.000%	0.000%	4.243%	0.000%	37.662%

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 three 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.

Figure 9—Increased Need for Help with ADL (Long Stay)

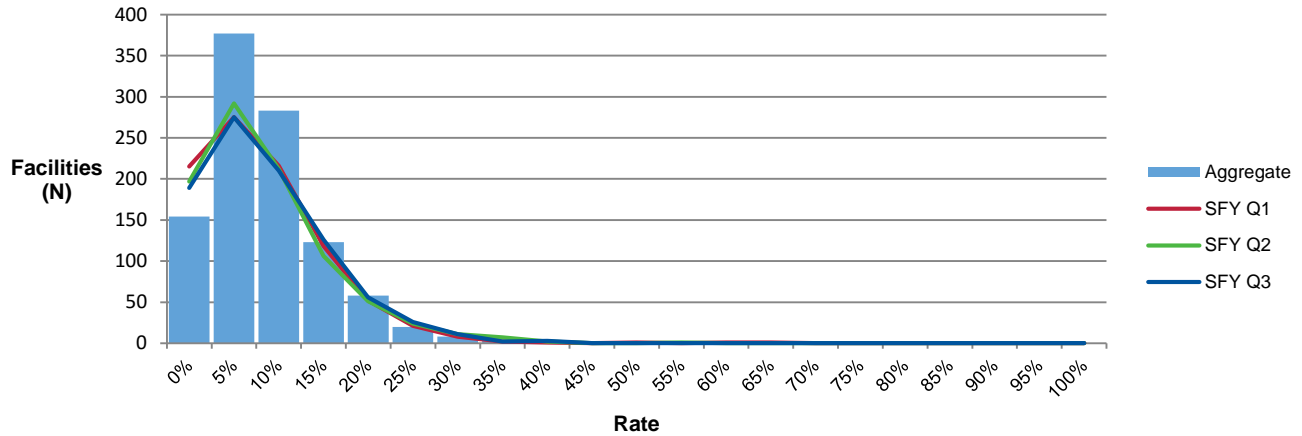


Table 10 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the Increased Need for Help with ADL (Long Stay) measure.

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	911	19.231%	14.286%	9.195%	5.263%	2.469%	10.412%	0.000%	65.789%
SFY Q2	903	20.000%	14.286%	9.239%	5.556%	2.727%	10.666%	0.000%	58.333%
SFY Q3	898	20.455%	14.907%	9.646%	5.714%	2.857%	10.820%	0.000%	41.667%
Aggregate	1,028	19.444%	14.084%	9.821%	6.586%	4.106%	10.919%	0.000%	43.077%

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 2015-2016 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 2015-2016 Annual Report.

Figure 10—30-Day SNF Rehospitalization

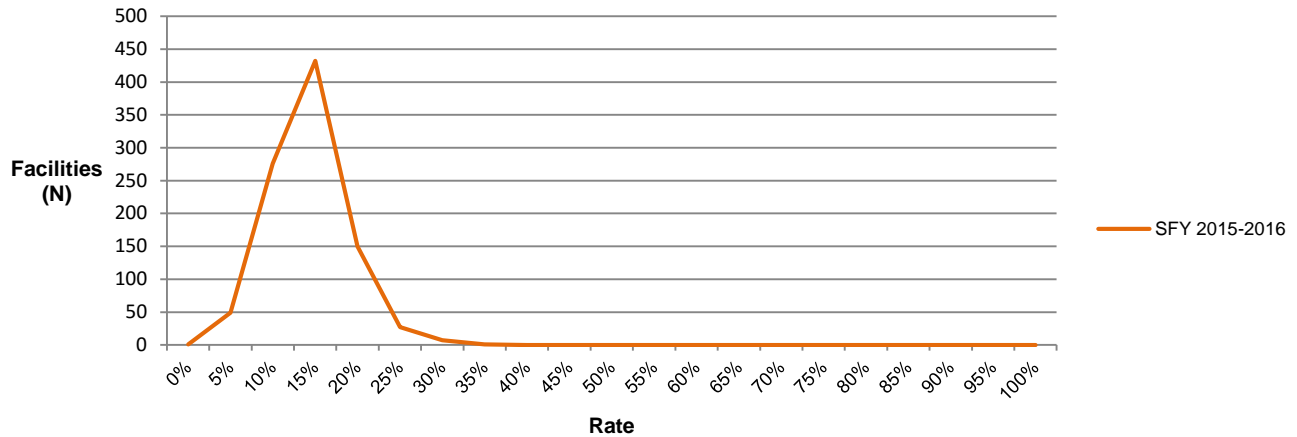


Table 11 shows the number of facilities evaluated, percentile distribution, mean, minimum, and maximum rate for the 30-day SNF Rehospitalization measure for SFY 2015-2016.

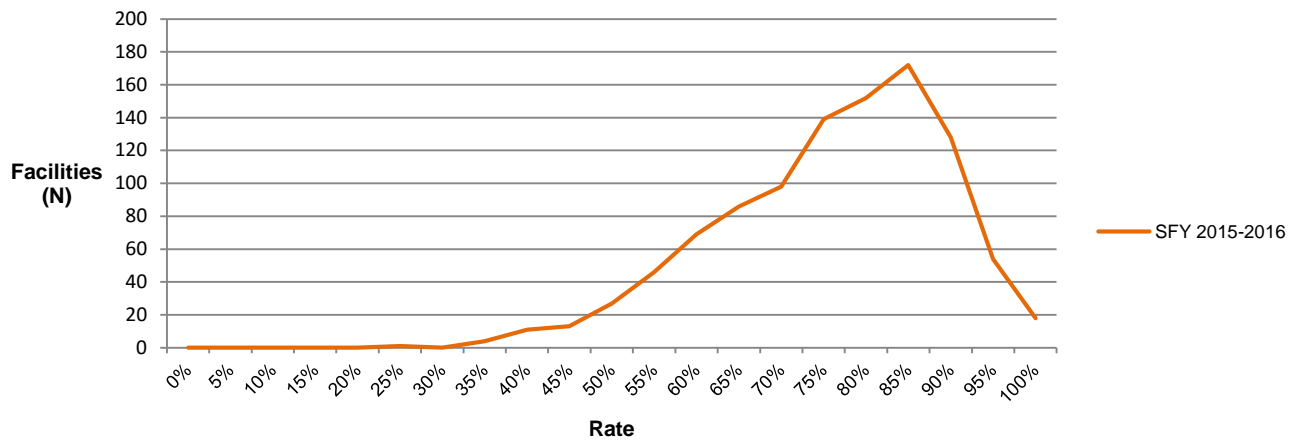
Table 11—30-Day SNF Rehospitalization

Performance Period	Number of Facilities	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
SFY 2015-2016	943	22.145%	19.302%	16.423%	13.911%	11.162%	16.675%	4.888%	35.332%

Staff Retention Measure

Figure 11 shows the rate distribution for the Staff Retention measure for SFY 2015-2016 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 2015-2016 Annual Report. This report uses data from 2014 that is available upon request from California’s Office of Statewide Health Planning and Development (OSHPD).

Figure 11—Staff Retention



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 2015-2016.

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 2015-2016	1,018	54.839%	64.815%	75.519%	83.333%	88.525%	73.566%	24.390%	100.00%