

# **California Department of Public Health Center for Health Care Quality**

*Skilled Nursing Facility Quality and Accountability  
Supplemental Payment Program:  
California-Specific Pressure Ulcer Measure  
Specifications*

*May 2019*

### Introduction

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 Quality and Accountability Supplemental Payment (SNF QASP) Program. CDPH contracted with Health Services Advisory Group, Inc. (HSAG) to assist with assessing facility performance in the SNF QASP on several measures, as well as assisting with new measure development. With the removal of the M0800 field (i.e., worsening in pressure ulcer status since prior assessment) from the Minimum Data Set (MDS) 3.0 Item Set as of October 1, 2018, a new measure and specification is required to adequately capture all new or worsening pressure ulcers for the Percent of High-Risk Residents with Facility-Acquired Pressure Ulcer Incidence (Long-Stay) measure.

As directed by CDPH, HSAG used the Centers for Medicare & Medicaid Services (CMS) specifications for the Percent of High-Risk Residents with Pressure Ulcers (Long-Stay) measure as a starting point for developing the new California-specific Pressure Ulcer measure specifications.<sup>1</sup> This federal measure was modified to comply with Welfare and Institutions Code 14126.022 requiring measurement be limited to facility-acquired pressure ulcers. This mandate is met by modifying the measure specifications to compare the number of pressure ulcers on the target assessment to the number of pressure ulcers present on admission for each stage and by comparing the total number of pressure ulcers on the target assessment to the total number of pressure ulcers on a qualifying prior assessment to replace the removed M0800 field. The proposed specification excludes prior assessments for residents who were discharged from and returned to the facility between the prior assessment and target assessment.

### California-Specific Pressure Ulcer Measure Specifications

The new specifications for the California-specific Pressure Ulcer measure are defined as follows:

- **Numerator:** High-risk long-stay residents with a selected target assessment that meets any of the following criteria:
  - New Stage II-IV and unstageable pressure ulcers as indicated by any of the following on the target assessment:
    - The presence of facility-acquired Stage II pressure ulcers, indicated by the total number of Stage II pressure ulcers being greater than the number of Stage II pressure ulcers on admission (M0300B1 > M0300B2).

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<sup>1</sup> RTI International. MDS 3.0 Quality Measures User's Manual, Version 12.0. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-USERS-MANUAL-v120.pdf>. Accessed on: Apr 16, 2019.

- The presence of facility-acquired Stage III pressure ulcers, indicated by the total number of Stage III pressure ulcers being greater than the number of Stage III pressure ulcers on admission ( $M0300C1 > M0300C2$ ).
- The presence of facility-acquired Stage IV pressure ulcers, indicated by the total number of Stage IV pressure ulcers being greater than the number of Stage IV pressure ulcers on admission ( $M0300D1 > M0300D2$ ).
- The presence of facility-acquired unstageable pressure ulcers, indicated by the total number of unstageable pressure ulcers being greater than the number of unstageable pressure ulcers on admission ( $M0300E1 > M0300E2$  or  $M0300F1 > M0300F2$  or  $M0300G1 > M0300G2$ ).
- For members with both a prior and a target assessment: An increase in the number of stage II-IV and unstageable pressure ulcers as indicated by the following:
  - The total number of stage II-IV and unstageable pressure ulcers [ $(M0300B1 + M0300C1 + M0300D1 + M0300E1 + M0300F1 + M0300G1)$ ] on the target assessment is greater than the total number of stage II-IV and unstageable pressure ulcers on the prior assessment.
- **Denominator:** Long-stay residents who are defined as high-risk with a target assessment except those with exclusions.
  - “High-Risk” is defined as those residents meeting *any* of the following criteria:
    - Bed mobility, which includes moving to and from the lying position and turning side to side, requires staff assistance ( $G0110A1 = [3,4,7,8]$ ).
    - Transfers, or moving from bed to chair to wheelchair, requires staff assistance ( $G0110B1 = [3, 4, 7, 8]$ ).
    - The resident is in a persistent vegetative state with no discernible consciousness ( $B0100 = [1]$ ).
    - The resident exhibits protein calorie malnutrition or is at risk for malnutrition ( $I5600 = [1]$ ).
- **Exclusions:** The following exclusions apply:
  - The target assessment is either for an admission ( $A0310A = [01]$ ), 5-day Prospective Payment System (PPS) scheduled ( $A0310B = [01]$ ), or readmission/return assessment ( $A0310B = [06]$ ).
  - The target assessment does not meet the numerator criteria, and a missing value is entered when indicating the number of Stage II-IV pressure ulcers on the prior or target assessment ( $M0300B1 = [-]$ ,  $M0300C1 = [-]$ ,  $M0300D1 = [-]$ ,  $M0300E1 = [-]$ ,  $M0300F1 = [-]$ ,  $M0300G1 = [-]$ ).
  - The following exclusion applies only to the prior assessment:
    - If a discharge assessment with return anticipated is found between the target and the prior assessment ( $A0310F = [11]$ ), exclude the prior assessment.

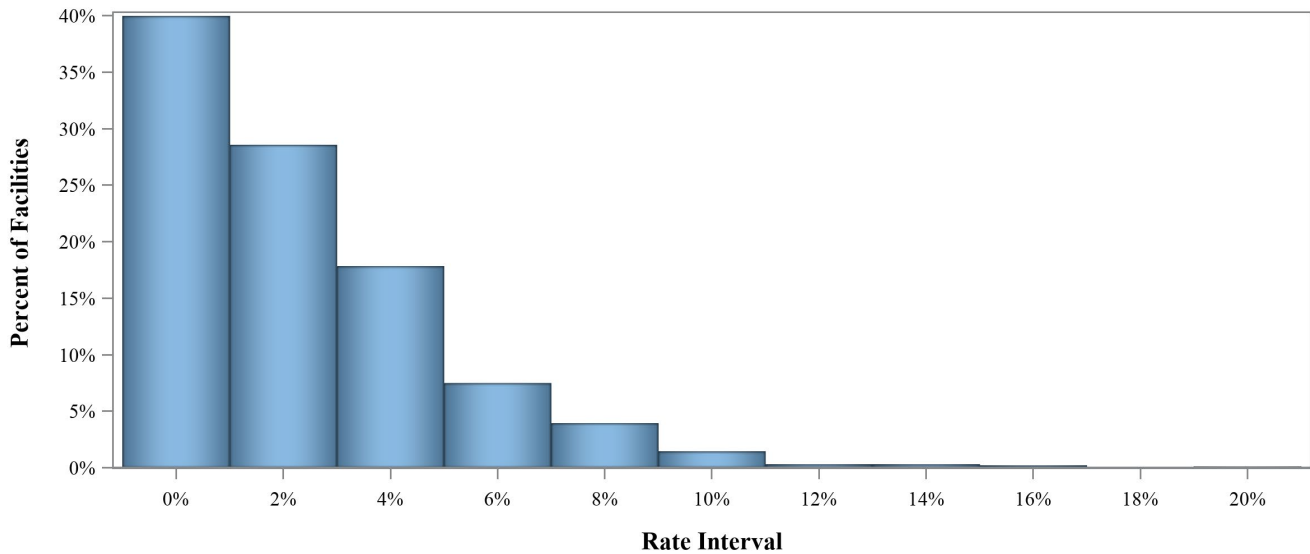
Table 1 displays the summary statistics for facilities meeting the minimum denominator criteria (i.e., at least 30 residents) among the facilities included in 2017-2018 Annual Report using the new California-Specific Pressure Ulcer measure specifications, along with comparisons to the newly-developed CMS Percent of High-Risk Residents With Pressure Ulcers (Long Stay) measure and the historical QASP Facility-Acquired New or Worsening Pressure Ulcer (Long Stay) measure.

**Table 1—California-Specific Pressure Ulcer Measure Rate Summary**  
**(Target Period: 7/1/2017 – 6/30/2018)**

Performance Period	Number of Facilities	Number of Facilities that Did Not Meet the Minimum Denominator Threshold	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile	Mean	Minimum Rate	Maximum Rate
Proposed QASP Measure	1,044	26	6.90%	4.50%	2.68%	1.20%	0.00%	3.20%	0.00%	20.51%
CMS Measure	1,044	26	13.19%	9.44%	6.40%	3.93%	2.14%	7.10%	0.00%	27.17%
Historical QASP Measure	1,044	26	5.19%	3.36%	1.72%	0.64%	0.00%	2.28%	0.00%	16.67%

Figure 1 displays the rate distribution as a histogram among the facilities meeting the minimum denominator criteria (i.e., at least 30 residents) included in 2017-2018 Annual Report using the California-Specific Pressure Ulcer measure specifications. Each 2 percent interval on the Rate Interval axis includes all facilities whose rate is at or above the lower interval and less than the higher interval.

**Figure 1—California-Specific Pressure Ulcer Measure Rate Distribution  
(Target Period: 7/1/2017 – 6/30/2018)**



## Point Allocation Distribution

The CDPH SNF QASP 2018-2019 Annual Report will not include any pressure ulcer measures.

The CDPH SNF QASP 2019-2020 Annual Report calculations will use the following point allocation for the California-Specific Pressure Ulcer measure once the measure is approved for inclusion:

- 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 performs worse than 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 for the measure.

A facility's performance on the measure will not be evaluated or scored if the facility does not meet the minimum denominator size threshold for that measure.

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

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