



Dane County Department of Human Services 2017 Performance Scorecard – BPHCC (Badger Prairie Health Care Center)

1.10.2019



Goal met or exceeded.



Work in progress.

DCDHS Mission: To provide effective services that support well-being, independence, diversity, and community safety.

Measure	Indicator	Goal	2016 Status	2017 Status	2017 At a Glance
Well-Being					
Safely manage acute changes in residents' clinical conditions without transferring the resident to a hospital thereby avoiding the trauma and risks associated with such a transfer.	Percent of short-stay residents who were re-hospitalized after admission to BPHCC. ¹	20.1% or less (WI avg. 2017)	24.2%	27.7%	
	Percent of short-stay residents who had an outpatient emergency room visit. ²	12.1% or less (WI avg. 2017)	9.5%	7.0%	
Reduce the incidence of pressure ulcers, therefore avoiding pain, infection, and other complications thus resulting in increased resident quality of life.	Percent of long-stay residents with pressure ulcers. ³	4.6% or less (WI avg. 2017.)	2.4%	5.0%	
Reduce the incidence of urinary tract infections, therefore avoiding other complications, such as cognitive issues, thus resulting in increased resident quality of life.	Percent of long-stay residents with a urinary tract infection. ⁴	3.3% or less (WI avg. 2017)	3.3%	2.2%	
Maintain stable staffing in order to benefit from the experience and knowledge that staff gain over time, increasing the	Retention rate for Certified Nursing Assistants (C.N.A.). This is the percent of C.N.A. staff employed	68% full-time 58% part-time (WI avg.) ⁶	100% full-time 79% part-time	100% full-time 76% part-time	

Measure	Indicator	Goal	2016 Status	2017 Status	2017 At a Glance
overall competence and confidence of staff, while building strong bonds between residents and caregivers.	for at least one year. ⁵				
	Absenteeism rate among Certified Nursing Assistants (C.N.A.). ⁷	3% or less ⁸	15.6%	16.0%	
BPHCC complies with all Federal and State nursing home rules.	Number of federal regulations deficiencies. ⁹	Less than the average number of citations for WI for nursing homes with 100-199 beds (10.7 in 2016) (8.2 in 2017)	8	3	
Independence					
Keep residents safe from falls that can compromise their mobility and independence.	Percent of long-stay residents experiencing one or more falls with major injury. ¹⁰	3.5% or less (WI avg. 2017)	3.1%	1.8%	
Maintain residents in the least restrictive setting possible.	Percent of residents with a new admission to Mendota or Winnebago Mental Health Institute. ¹¹	5% or less	2 1.3%	5 3.4%	
	Percent of residents discharged to community settings. ¹²	To be determined	92%	73%	
Community Safety					
Residents are safe from verbal or physical aggression from other residents. ¹³ Note: 2017 data is incomplete.	Percent of residents who were targets of resident-on-resident aggression.	20% or less ¹⁴	38.3%	28.8%	
	Percent of residents who were targets of resident-on-resident physical aggression.	7% or less	12.1%	8.2%	

Measure	Indicator	Goal	2016 Status	2017 Status	2017 At a Glance
	Percent of residents who were targets of resident-on-resident verbal aggression.	10% or less	25.5%	17.8%	

¹ A short-stay resident is one who has an episode where the cumulative days in the facility is less than or equal to 100 days at the end of the target period. Current period is 1.1.2017 – 12.31.2017. 2016 data period is 10.1.2015 – 9.30.2016. For 2017, the Wisconsin average was 20.1%; for the 2016 period it was 20.3%. Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: <https://www.medicare.gov/nursinghomecompare/search.html> , accessed 17 April 2017 and 10 January 2019.

² Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: <https://www.medicare.gov/nursinghomecompare/search.html> , accessed 17 April 2017 and 10 January 2019. Current period is 1.1.2017 – 12.31.2017. 2016 period is 10.1.2015 – 9.30.2016. For 2017, the Wisconsin average was 13.1%; for the 2016 period it was 12.4%.

³ Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: <https://www.medicare.gov/nursinghomecompare/search.html> , accessed 17 April 2017 and 15 May 2018. 2016 period is 10.1.2015 – 9.30.2016. 2017 period is 1.1.2017 – 12.31.2017.

⁴ A long stay resident is one whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: <https://www.medicare.gov/nursinghomecompare/search.html> , accessed 17 April 2017 and 15 May 2018. 2016 period is 1.1.2016 – 12.31.2016. 2017 period is 1.1.2017 – 12.31.2017.

⁵ Wisconsin Department of Health Services, *Consumer Information Report for Nursing Homes Summary 2016 and 2017 – Badger Prairie Health Care Center*. Available on-line: <https://www.dhs.wisconsin.gov/guide/cir.htm> , accessed 16 May 2018.

⁶ Based on Wisconsin average for 2016 and 2017 across all nursing homes. Retention rate for FTE CNAs was 69% in 2016 and 67% in 2017. For part-time CNAs, it was 59% in 2016 and 58% in 2017.

⁷ Badger Prairie Health Care Center, 2016 C.N.A. attendance spreadsheet maintained by Paula Kolb, Scheduling Clerk II. Absenteeism is based on call-ins. Reasons not included in calculating the absenteeism rate were: FMLA, Workmen's Comp, Union, Restricted Duty, Discipline, Admin LEA, In-service, BVL, Layoff, or pending Workmen's Comp. Rate = Number of C.N.A.s who call in during the pay period divided by the total number of C.N.A.'s on the payroll who worked one (1) or more days during the pay period. This was calculated for each period then averaged for the annual payroll calendar. Payroll period 1 typically starts in mid-December. In 2017, the 16.03% call-in rate represented 616 days. In 2016, the 15.6% call-in rate represented 647 days. In 2015, the 15% call-in rate represented 602 days.

⁸ Nicholas G. Castel and Jaime C Ferguson-Rome, "Influence of Nursing Home Absenteeism on Nursing Home Quality," *The Gerontologist*, August 2015, available on-line: <https://academic.oup.com/gerontologist/article/55/4/605/578688> accessed 21 May 2018. This research study found that while an average of rate of 9.2% for nurse aide absenteeism was reported in the prior week across 3,941 nursing homes, that at 2.5% absenteeism rate or higher, quality of care was impacted when examining measures such as: pressure sores, pain management, physical restraint, and catheter use.

⁹ Wisconsin Department of Health Services, *Consumer Information Report for Nursing Homes Summary 2016 and 2017 – Badger Prairie Health Care Center*. Available on-line: <https://www.dhs.wisconsin.gov/guide/cir.htm> , accessed 16 May 2018.

¹⁰ Centers for Medicare and Medicaid Services (CMS), Medicare Compare, Medicare.Gov, Available on-line: <https://www.medicare.gov/nursinghomecompare/search.html> , accessed 17 April 2017 and 15 May 2018. 2016 period is 1.1.2016 – 12.31.2016. 2017 period is 1.1.2017 – 12.31.2017.

¹¹ Dane County Department of Human Services. Cross tabs of Badger Prairie Health Care Center census data submitted by Betty Marshall, Accounting Assistant and Mendota Mental Health Institute and Winnebago Mental Health Institute detail worksheets maintained by Laura Yundt, Senior Accountant (2016) and Kozue Bush, Accountant (2017). Five of 146 residents in 2017 and two of 153 residents in 2016 had a subsequent admission during the year to one of the two State institutes.

¹² Badger Prairie Health Care Center. Information from Jean Katzer, Social Worker. In 2017, there were 15 discharges for reasons other than death, 11 (73%) of which were to community settings, including adult family homes, community-based residential facilities (CBRF), supported apartments, Hospice, and home. In 2016, there were 13 discharges for reasons other than death, 12 (92%) of which were to community settings.

¹³ Badger Prairie Health Care Center, Resident Aggression spreadsheets submitted by Director of Nursing, Dee Heller. In 2017, there were 146 (unduplicated) residents and 83 incidents of resident-on-resident aggression involving verbal, physical, or sexual behavior or material exploitation (taking another resident's possessions without permission) involving 42 (28.8%) unique victims. 26 (17.8%) residents were identified as targets of verbal abuse and 12 (8.2%) were targets of physical aggression. It should be noted that the target person was not identified in 17 incidents which could significantly impact these numbers.

In 2016, there were 149 (unduplicated) residents and 105 incidents of resident-on-resident aggression with 57 (38.3%) unique victims. 38 (25.5%) residents were targets of verbal abuse and 18 (12.1%) were targets of physical aggression.

¹⁴ Indicators are derived from: Mark S Lachs, Jeanne A Teresi, et al, "The Prevalence of Resident-to-Resident Elder Mistreatment in Nursing Homes, *Annals of Internal Medicine*, 2016; 165(4), available on-line, <http://annals.org/aim/article-abstract/2528279/prevalence-resident-resident-elder-mistreatment-nursing-homes> , accessed 22 May 2018. This study examined the rate of resident-to-resident verbal, physical, sexual, and other abuse among residents of 10 randomly selected facilities in the State of New York. The results showed, "407 of 2011 residents experienced at least 1 R-REM event; the total 1-month prevalence was 20.2% (95% CI, 18.1% to 22.5%). The most common forms were verbal (9.1% [CI, 7.7% to 10.8%]), other (such as invasion of privacy or menacing gestures) (5.3% [CI, 4.4% to 6.4%]), physical (5.2% [CI, 4.1% to 6.5%]), and sexual (0.6% [CI, 0.3% to 1.1%]). Several clinical and contextual factors (for example, lower vs. severe levels of cognitive impairment, residing on a dementia unit, and higher nurse aide caseload) were associated with higher estimated rates of R-REM."

Other studies, such as Soreff and Siddle, have also shown that aggression is more common among patients with dementia and may occur more frequently in late afternoon and evenings – a time that corresponds with sundowning.