Analyzing the Current State of Oregon’s Skilled Nursing Facilities

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Background

• In 2014, the Oregon Department of Human Services (DHS) contracted with Oregon State University to develop a yearly report summarizing the state of Skilled Nursing Facilities in Oregon.

• This is the second year Oregon State has produced this report in collaboration with DHS, LeadingAge Oregon, the Oregon Healthcare Association, SEIU Local 503, and the Oregon Health Authority’s Office of Health Analytics.

• From 1998-2009, this report was produced by Oregon Health Policy and Research (OHPR) and was suspended until 2014 due to the recent economic recession.

• The final report consists of the sections: Licensed Capacity, Bed Availability, Occupancy, Admissions, Residents, Length of Stay, Acuity of Residents, Payers, and Quality Measures.

Purpose

• The purpose of this project is to paint a picture of the state of Oregon’s Skilled Nursing Facilities for the 2015 fiscal year. This URP project encompassed the tasks of extracting, managing, summarizing and performing quality control on data from Skilled Nursing Facility Cost Reports and Revenue Statements.

Nursing Facilities

• Nursing facilities provide 24-hour medical care for people who either need care long term due to a disability or short term (acute care) due to having been newly discharged from the hospital but are not able to return to the community.

• According to the Oregon Department of Human Services, Oregon has been a leader in long-term services for over 30 years.

• Post acute care needs are characterized by short stays (<90 Days).

• Long term care needs are characterized by longer stays (>90 days).

Methods

• Extracted 139 individual Cost Report and Revenue Statement data points retrieved from Minimum Data Set (MDS) using a pre-written macro code through Microsoft excel. These data points were consolidated in an excel spreadsheet.

• The cost report’s unit of analysis is at the facility level.

• Validated the newly consolidated spreadsheet data with original cost report data by checking for discrepancies that may have arose with the macro extraction. This data was analyzed by PhD students who looked for variables that helped identify the Licensed Capacity, Bed Availability, Occupancy Rate, and Payer sections of the report.

• Using another data source (Nursing Home Compare), simultaneously assisted a PhD student with keeping track of which Skilled Nursing Facilities closed, changed ownerships, and opened within the fiscal year.

• Extracted quality measures from Nursing Home Compare data, and then used pivot tables on Microsoft excel to calculate the average performance level for nursing facilities in each of the 18 quality measures.

• Assisted professor and PhD students with formatting tables and charts in the final report.

Findings and Results

This table was taken from the newly added Quality Measures section in the final report. We measured eighteen quality measures, but only ten were significant enough to be added on the report.

• We present the average performance level of all Oregon Nursing Facilities, average performance level within the highest and lowest performing quartile, and all U.S. Nursing Facilities for each measure.

• The categories under the “short stay” and “long stay” are the quality measures analyzed at the facility level. In this case, lower rates indicate better quality of care.

• Moderate to severe pain was reported by 25% of short stay residents, but only 13% of long-stay residents among all residents in Oregon. This higher rate found in short stay residents remain true under all categories of the top 25% group, bottom 25% group, and all U.S. nursing facilities.

We conclude that this may be due to a higher proportion of post-surgical patients among the short-stay population.

ImPLICATIONS

• Oregon has been a nationwide leader in Long Term Care Services for over 30 years.

• Oregon’s occupancy rates are among the lowest in the nation (82% national average vs. 64% in Oregon). This may be due to Oregon’s innovative efforts in using home base care (home health) and other community-based long-term care services.

• There is a significant difference in some quality measures between the top performing 25% and bottom performing 25%.

• Factors such as admission type (e.g. Residents admitted from hospitals vs. community at large) may affect quality measures (such as reported pain) due to their state prior to admission.

Learning Outcomes

• Gained a better understanding of the Long Term Care System in the State of Oregon.

• Personal growth in the use of Microsoft Excel through learning the functions of pivot tables, macros, and formatting exhibits.

• Learned how to collaborate in a highly academic setting during weekly meetings.

• Gained insight of the process of publishing a time sensitive report that include multiple stakeholders.

• Established professional work ethic that understands priorities and organizational techniques.

References
