Today’s Speakers and Subject Matter Experts

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Advancing Transparency in Hospital Quality Data

A Partnership of:
- California Hospital Association
- Patient Safety Movement Foundation
- Hospital Quality Institute

To Provide Consumers with:
- Easily accessible, meaningful information about hospital quality
Why: Transparency is our Future

- Transparency is linked to improvement
- Increased quality transparency for hospitals is our future
- HQI was established by hospitals to support and facilitate patient safety and quality performance
- HQI is NOT: governmental, regulatory, accrediting
- Hospitals are leading this movement
Progress: Accomplished the goal!

Statewide Uptake of the Quality Transparency Dashboard or Equivalent:
Baseline (Summer 2017) through 10/04/2019, Quarterly

Statewide Transparency engagement rate: 96.5%

Note: 2018 Q1-Q2 have 355 eligible adult acute care CHA member hospitals; 2018 Q3 has 350; 2018 Q4 has 340; 2019 Q2-Q3 has 339.

Together, with your support, we accomplished our transparency participation goal. We still must convert remaining “in progress” to “posted.”
**HQI:**
Creates dashboards of publicly-available quality data for each acute care CHA-member hospital:

- 5 outcome measures
- 3 program status measures

Quarterly email Excel file with several sheets to each hospital:

- Model Dashboard tab
- Raw data tab
- Explanations/notes tab
IMPORTANT CHANGE in SIRs

Healthcare associated infections (HAI):

CMS uses national standardized infection ratios (SIRs) for comparison in CLABSI and Colon SSI. In the past comparison values of 1.0 for national SIRs were used in the dashboards, as provided by CMS Hospital Compare.

Starting 2019Q2, HQI changed the comparison national SIRs to calculated values of actual performance of all US hospitals during the time period. As a result, hospital performance may compare differently to the national SIRs for these two dashboard measures.
### Model Quality Transparency Dashboard

**Outcome Measures:**

<table>
<thead>
<tr>
<th>Measure</th>
<th>CLABSI</th>
<th>Colon SSI</th>
<th>NTSV</th>
<th>Sepsis Mortality</th>
<th>VTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Hospital</td>
<td>0.65</td>
<td>1.93</td>
<td>28.60</td>
<td>12.57</td>
<td>0.00</td>
</tr>
<tr>
<td>California Level</td>
<td>0.87</td>
<td>0.95</td>
<td>24.90</td>
<td>14.90</td>
<td>3.00</td>
</tr>
<tr>
<td>National Level</td>
<td>1.00</td>
<td>1.00</td>
<td>25.70</td>
<td>25.00</td>
<td>2.00</td>
</tr>
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</table>

**Program Status Measures:**

1. **Maternity Safety Program in place.** A maternity safety program provides a coordinated approach and emergency response to risks associated with pregnancy and childbirth.
2. **Sepsis Protocol in place.** A sepsis protocol provides guidance for a coordinated approach to identification and treatment of an infection and inflammatory response which is present throughout the body.
3. **Respiratory Monitoring in place.** Respiratory monitoring provides guidance for assessment of risk of respiratory depression, and includes continuous monitoring of breathing and functioning of the lungs and circulatory system when

**Outcome Measure Definitions:**

- **CLABSI - Central line-Associated Blood Stream Infection:** A serious infection that occurs when germs enter the bloodstream through a central line. A central line is a special intravenous catheter (IV) that allows access to a major vein close to the heart and can stay in place for weeks or months. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. Limitations: In the calculation of the Standardized Infection Ratio (SIR), the CDC adjusts for differences between hospitals. However, patient risk factors are not taken into account. These patient-specific variables (e.g., poor skin integrity, immunosuppression) can increase the risk of developing a central line infection. Hence, the SIR for hospitals that care for more medically complex or immunosuppressed patients may not be adequately adjusted to account for those patient-specific risk factors.

- **Colon SSI - Colon Surgical Site Infection:** An infection (usually bacteria) that occurs after a person has colorectal surgery that occurs at the body site where the surgery took place. While some involve only the skin, others are more serious and can involve tissues under the skin, organs, or implanted material. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. Limitations: Some, but not all, patient-specific risk factors are included in the calculation of the SIR for these types of infections. However, not all relevant risk factors are included (e.g., trauma, emergency procedures). Hence, the SIRs for hospitals performing more complex procedures or with larger volumes of trauma or emergency procedures may not be adequately adjusted to account for those patient-specific risk factors.

- **NTSV - Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate:** The percentage of cesarean (surgical) births among first-time mothers who are at least 37 weeks pregnant with one baby in a head down position (not breech or transverse). Lower values indicate that fewer cesareans were performed in the hospital among primarily low risk, first-time mothers. Limitations: NTSV rates do not take into account certain obstetric conditions, such as placenta previa, that may make Cesarean delivery the safer route for both mother and infant.

- **Sepsis Mortality:** Percent of patients, with a severe infection, who die in the hospital. Most sepsis cases (over 90%) start outside the hospital. Lower percentage of death indicates better survival. Limitations: Use of discharge/administrative data is limiting since such data has lower specificity for diagnoses than clinical data. In addition, without risk adjustment for differences in patient-specific factors, comparing rates among hospitals is difficult.

- **VTE - Venous thromboembolism:** The measure of patients who develop deep vein clots who had not received potentially preventive treatment. Limitations: Although not adjusted to account for patient-specific risk factors, this rate is helpful in distinguishing a hospital's adherence to the best practice of administration of appropriate VTE prophylaxis to all appropriate patients.

**Hospital Comments:**

*Hospital data: [XYZ Hospital]*
1. **CLABSI** - Central line-Associated Blood Stream Infection Standardized Infection Ratio (SIR)

2. **Colon SSI** - Colon Surgical Site Infection SIR

3. **NTSV** - Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate

4. **Sepsis Mortality** Rate

5. **VTE** - Potentially Preventable Venous thromboembolism Incidence (VTE-6)

• California Level  
• National Level  
• Measure Period
Evidence-Based Quality of Care Practices in Place:

1. Maternal Safety Program – Yes/No or Not a maternity hospital

2. Sepsis Protocol - Yes/No

3. Respiratory Monitoring Program - Yes/No

• Responses completed by each hospital
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### Definition of each outcome measure
- Easy to understand, public-friendly explanation
- Simple guidelines to interpret value

### Limitations of each outcome measure
- Context & caveats
Optional comments from the hospital

- Responses about outcome measure performance
- Details about program status responses
- Explanation of progress
- Steps and initiatives implemented
- Future plans

• Response completed by each hospital
How: Your Hospital Can Help Advance Quality Transparency in California

Upon receipt of Excel file, HQI asks hospitals to:

• Review data for accuracy
• Fill in yes/no/not applicable response regarding evidence-based quality of care practices
• Provide optional comments about performance and initiatives
• Post your dashboard (or equivalent) and let us know!
  Send your link to HQIAnalytics@hqinstitute.org
When: Update of QT Dashboards

HQA will send excel files this week to:

• **Individual Hospitals:** Hospital CEO, CMO, CNO, Quality/Patient Safety team, Performance Improvement, and Government Relations team

• **Hospital Systems:** Corporate CEO, CMO, CNO, Quality/Patient Safety team, Performance Improvement, and Government Relations team
What’s New this Release?

Updated data:

- **CLABSI:** .................. 2017Q4-2018Q3
- **Colon SSI:** .................. 2017Q4-2018Q3
- **VTE:** ......................... 2017Q4-2018Q3
- **Sepsis Mortality:** ...... 2018Q1-2018Q4
- **NTSV:** ...................... 2018Q1-2018Q4
Quality Transparency Dashboard

Resources:

• QTD landing page
  http://www.hqinstitute.org/hospital-quality-transparency

• QTD frequently asked questions

• Other questions? HQIAnalytics@hqinstitute.org
Questions?

Send your questions to: HQIanalytics@hqinstitute.org

Customized webinars specific to your hospital or region are available upon request
• Official LAUNCH at HQI Annual Conference!
• See a live demo in Sacramento, CA Oct 13, 14, 15
• One-on-one webinars specific to your hospital or region are available upon request
• https://www.hqinstitute.org/post/hospital-quality-improvement-platform
• HQIanalytics@hqinstitute.org