

## THE HOSPITAL QUALITY INSTITUTE

### Advancing Transparency in Hospital Quality Data Project

The California Hospital Association (CHA), in partnership with the Hospital Quality Institute, believe that hospitals need to be more transparent to the public and that transparency is critical in driving overall improvement in patient safety and quality. In February 2018, HQI launched their Advancing Transparency in Hospital Quality Data project and have invited every hospital in California to participate in the project by the end of 2018. Like CHA and HQI, Community Memorial Health System takes patient safety and quality seriously and are proud to show our support of this project. Our core patient outcome and process measures are reported below and follow the same methodology as other hospitals that are participating in this project. Although the numbers are important, we feel that it is equally important to share some of the work that is currently underway within the organization to ensure continual improvement in patient safety and quality.

Outcome Measures:		Community Memorial Hospital	California	National
<p><b>Central Line-Associated Blood Stream Infection (CLABSI)</b></p> <p>A serious infection that occurs when germs enter the bloodstream through a central line. A central line is a long, thin, flexible tube that is inserted directly into a large vein and is often the best way to ensure that a patient is receiving the medicines, fluids or nutrients necessary for medical treatment over extended periods of time. Because the device provides direct access to the blood stream there is a risk that inserting the central line or improper maintenance of a central line may introduce an infection into the blood stream. Blood stream infections are a known risk related to a central line, but our physicians and nurses mitigate this risk as much as possible. Following best practices for central line insertion, ongoing maintenance, and prompt removal of central lines is the best defense against infection.</p> <p><i>Measure period: 10/19/2019-3/31/2021</i></p>	<i>Lower is better</i>	<b>1.60</b>	<b>1.07</b>	<b>0.95</b>
<p><b>Colon Surgical Site Infection (Colon SSI)</b></p> <p>An infection (usually bacteria) that occurs after a person has colorectal surgery at the body site where the surgery took place. All surgeries carry a certain risk and the decision to undergo surgery is always a trade-off between the benefits which will likely be realized from the surgery against the potential risks. An infection following a colon surgery is a very real risk. At CMH, our surgery and infection control committee have implemented the</p>	<i>Lower is better</i>	<b>0.68</b>	<b>0.80</b>	<b>0.83</b>

<p>colorectal surgery bundle of best practices to help prevent infection. We have seen our infection rates decline from what is currently reported.</p> <p><i>Measure period: 10/1/2019-3/31/2021</i></p>				
<p><b>Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate (NTSV)</b></p> <p>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 breach or transverse).</p> <p>Community Memorial Hospital is recognized as a “Baby Friendly” hospital which is due, in part, to the ongoing work of the Perinatal Highly Reliable Team. This team of nurses and physicians focus their attention on improving outcomes of mothers and babies at CMH. We share our data through the California Maternal Quality Care Collaborative’s (CMQCC) Maternal Data Center and partner with hospitals across the state to ensure that we provide our moms and babies with the best possible care.</p> <p><i>Measure period: 1/1/2020-12/31/2020</i></p>	<p><i>Lower is better</i></p>	<p><b>20.30</b></p>	<p><b>23.20</b></p>	<p><b>25.90</b></p>
<p><b>Sepsis Mortality</b></p> <p>Percent of patients, with a severe infection, who die in the hospital.</p> <p>Nation-wide sepsis is a leading cause of deaths that occur in a hospital. CMH is working hard to reduce sepsis mortality by promptly identifying patients who have serious infection and instituting the needed treatments quickly. We have a multi-disciplinary team of physicians, nurses, pharmacists and others that meet regularly to continually improve our protocols and performance.</p> <p><i>Measure period: 1/1/2020-12/31/2020</i></p>	<p><i>Lower is better</i></p>	<p><b>13.85</b></p>	<p><b>17.14</b></p>	<p><b>15.00</b></p>
<p><b>30-day Readmission-Hospital-wide All Cause 30 Day Unplanned Readmission Rate:</b></p> <p>The percentage of patients who were unexpectedly readmitted within 30 days of discharge from the hospital for any reason. Lower values indicate that fewer cases were unexpectedly readmitted after discharge. Limitations: Some, but not all patient-specific risk factors are included in the adjustment of the readmission rate. However, not all relevant risk factors are included (e.g., trauma, emergency procedures).</p> <p><i>Measure period: 7/1/2019-12/1/2019</i></p>	<p><i>Lower is better</i></p>	<p><b>15.10</b></p>	<p><b>15.54</b></p>	<p><b>15.50</b></p>
<p><b>The hospital has a Maternity Safety Program in place.</b></p> <p>A maternity safety program provides a coordinated approach and emergency response to risks associated with pregnancy and childbirth</p>			<p><b>Yes</b></p>	
<p><b>This hospital has a Sepsis Protocol in place.</b></p> <p>A sepsis protocol provides guidance for a coordinated approach to identification and treatment of an infection</p>			<p><b>Yes</b></p>	

and inflammatory response which is present throughout the body.	
<p><b>This hospital has a Respiratory Monitoring program in place.</b> 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 indicated.</p>	<b>Yes</b>

### Measure definitions from the Hospital Quality Institute

<p><b>CLABSI – Central Line-Associated Blood Stream Infection:</b> 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. Limitation: 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.</p>
<p><b>Colon SSI – Colon Surgical Site Infection:</b> 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 adjustment 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.</p>
<p><b>NTSV – Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate:</b> 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. Limitation: 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.</p>
<p><b>Sepsis Mortality:</b> 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. Limitation: 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.</p>
<p><b>30-day Readmission - Hospital-wide All-Cause 30-day Unplanned Readmission Rate:</b> The percentage of patients who were unexpectedly readmitted within 30 days of discharge from the hospital for any reason. Lower values indicate that fewer cases were unexpectedly readmitted after discharge. <b>Limitations:</b> Some, but not all patient-specific risk factors are included in the adjustment of the readmission rate. However, not all relevant risk factors are included (e.g., trauma, emergency procedures).</p>