

# Cal Hospital Compare Board of Directors

December 4, 2019

10:00am-12:30pm Pacific Time

Phone: 1-669-900-6833

Access code: 443 789 5416

Webinar link: <https://zoom.us/j/4437895416>

# Proposed Agenda

- ▶ Welcome
- ▶ Organizational updates
- ▶ Cal Hospital Compare Honor Rolls
- ▶ TAC analytic updates
- ▶ Business plan
- ▶ Wrap Up

**Cal Hospital Compare  
Board of Directors Meeting Agenda**

Wednesday, December 4, 2019

10:00am – 12:30pm PT

Webinar Information

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<b>Time</b>	<b>Agenda Item</b>	<b>Presenters and Documents</b>
10:00-10:05 <i>5 min.</i>	Welcome and call to order - Approval of past meeting summary	- <b>Ken Stuart</b> Board Chair
10:05-11:00 <i>55 min.</i>	Organizational updates - Integrating long term care data - Hospital price transparency - Date use fees & proposed changes for 2020	- <b>Bruce Spurlock</b> Executive Director, CHC - <b>Alex Stack</b> Director, CHC
11:00-11:40 <i>40 min.</i>	Cal Hospital Compare Honor Rolls - Honor roll preview - Announcement approach & timeline	- <b>Alex Stack</b> Director, CHC - <b>Mahil Senathirajah</b> IBM Watson Health
11:40-12:00 <i>20 min.</i>	TAC analytic updates - Reporting ED Measures - Q4 CMS data refresh	- <b>Mahil Senathirajah</b> IBM Watson Health - <b>Frank Yoon</b> IBM Watson Health
12:00-12:25 <i>25 min.</i>	Business plan - Financial report - 2020 budget	- <b>Bruce Spurlock</b> Executive Director, CHC
12:25 – 12:30 <i>5 min.</i>	Wrap-up Adjourn - Next meeting: Thurs., Jan 23, 2020 from 10am - 12pm PST	- <b>Ken Stuart</b> Board Chair

**Cal Hospital Compare**  
**Board of Directors Meeting Summary**  
 Wednesday, October 2, 2019  
 10:00am – 12:00pm PST

**Attendees:** Bruce Spurlock, Alex Stack, Mahil Senathirajah, Ken Stuart, Libby Hoy, Frank Yoon, David Hopkins, Thai Lee, Kevin Worth, Chris Krawczyk, Helen Macfie, Kati Traunweiser, Rhonda Lewandowski, Tracy Fisk

**Summary of Discussion:**

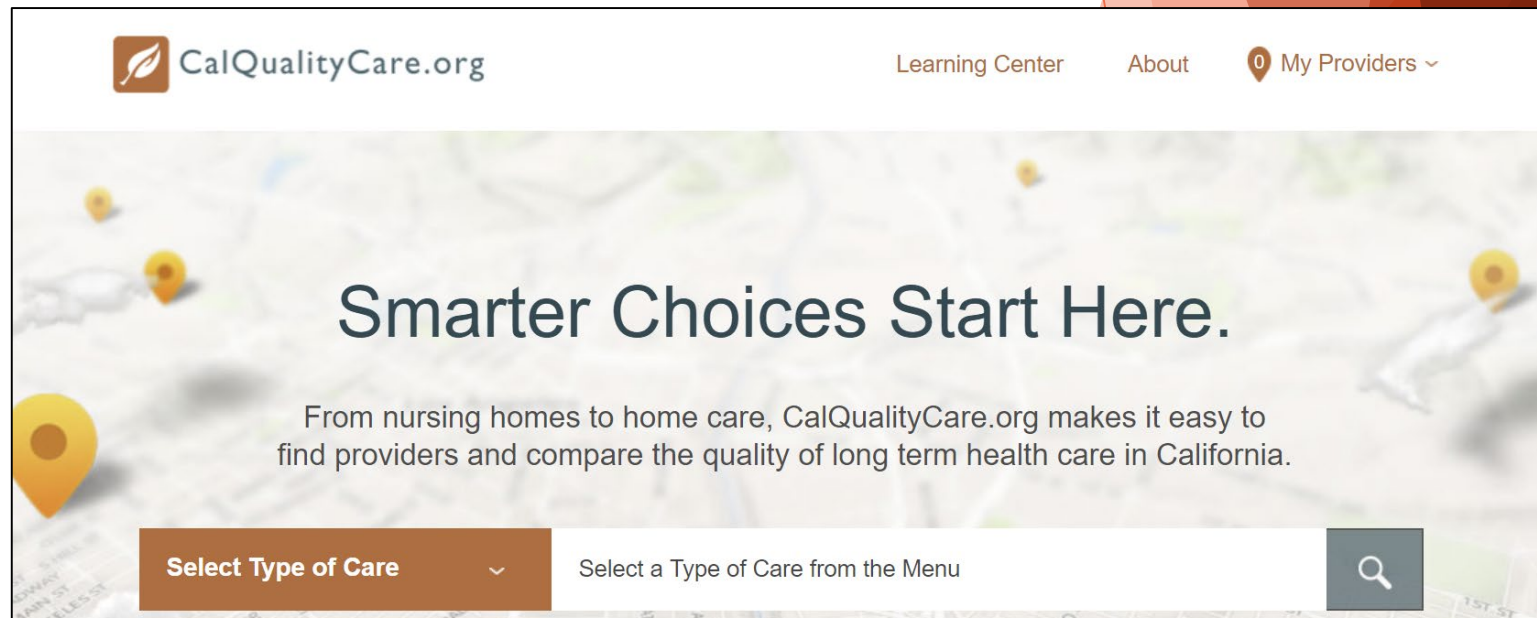
Agenda Items	Discussion
<b>Welcome &amp; call to order</b>	<ul style="list-style-type: none"> <li>• The meeting formally commenced at 10:06am Pacific Time upon announcing a quorum. The board members formally introduced themselves.</li> <li>• The Cal Hospital Compare Board meeting summary of August 7, 2019 was motioned and approved.</li> </ul>
<b>Organizational Updates</b>	<ul style="list-style-type: none"> <li>• Liz Salmi has resigned from serving on the Board. CHC is currently looking for new consumer representation. Bruce requested for the board members to send him any recommendations.</li> <li>• Data Use Fees – Bruce Spurlock reviewed the health plans that CHC has received fees from and those who have not yet responded. The Board provided their opinions regarding offering the data to CHC partners at no charge. The Board consensus is to charge CHC partners a nominal fee</li> <li>• Long Term Care Data – CHC has been given the opportunity to acquire the website CalQualityCare.org. Bruce and Truven Analytics conducted preliminary research – cost to manage the site is \$300,000 for the first year and \$150,000 for subsequent years. CHC will explore additional revenue and income sources and report back to the Board.</li> </ul>
<b>Opioid Care – Cal Hospital Compare Honor Rolls</b>	<ul style="list-style-type: none"> <li>• Based on the TAC and BOD’s feedback, Opioid Safe Hospital Designation has been renamed to Opioid Care Honor Roll.</li> <li>• Alex reviewed the 2019 goals of the Opioid Care Honor Roll program and provided an overview of the TAC discussion about establishing a threshold for hospitals who make the honor roll. Completing the Opioid Safe Hospital Self-Assessment is a requirement. There were 60 hospitals who completed the assessment. The time commitment to complete the assessment is likely a contributing factor for hospitals who were interested in participating but did not.</li> <li>• Secretary Ghaly has agreed to sponsor the announcement of all three honor rolls. Alex explained the TAC’s recommendations for recognizing those who achieved the honor roll(s) including a personal announcement from Sec. Ghaly to those who achieved the Triple Crown.</li> <li>• Alex reviewed the self-assessment scoring methodology with the Board. David, Helen and Kevin are in the opinion that it is early in the program and to wait to recognize the honor roll recipients when there is more data validation. The Board agreed to recognize the hospitals who have participated with a certificate of achievement and adjust the correspondence with Sec. Ghaly. A recommendation was given to gather feedback about the scoring methods from those who completed the self-assessment.</li> </ul>

<p><b>Maternity Honor Roll</b></p>	<ul style="list-style-type: none"> <li>Alex reviewed the current maternity trends including the TAC’s suggestion to adjust the C-section Honor Roll threshold. Helen recommended using caution when assigning “honor” and to instead collect and spread learnings.</li> </ul>
<p><b>Poor Performing Hospitals</b></p>	<ul style="list-style-type: none"> <li>Mahil reviewed the poor performers report timeline and the current scoring criteria for algorithmic and LeapFrog.</li> <li>The official poor performer report will be completed in January 2020.</li> <li>The board members were in support of using signals for both algorithmic and LeapFrog. Mahil will model the Board’s feedback and present this information at the next meeting.</li> </ul>
<p><b>Next Meeting/Meeting Adjournment</b></p>	<ul style="list-style-type: none"> <li>The next CHC Board Meeting will be held on December 4, 2019 at 10:00am PST.</li> <li>The meeting formally adjourned at 11:43am Pacific Time. An Executive Session with the Board of Directors immediately followed.</li> </ul>

# Organizational Updates

# Integrating Long Term Care data

- ▶ Stakeholder feedback
  - ▶ Universal value to consumers, determining value to stakeholders
- ▶ Cost (start up & sustainment)
  - ▶ Potential start-up funding identified
  - ▶ Finalizing budget
- ▶ Process considerations
  - ▶ Limit to SNF, Home Health?
  - ▶ Update semi-annually?
  - ▶ CHC operations



CalQualityCare.org

Learning Center About My Providers

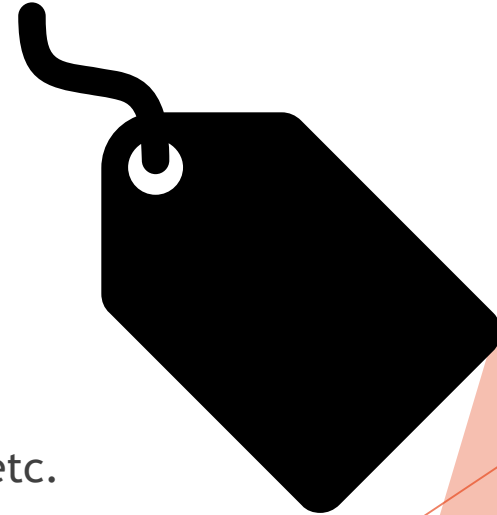
## Smarter Choices Start Here.

From nursing homes to home care, CalQualityCare.org makes it easy to find providers and compare the quality of long term health care in California.

Select Type of Care Select a Type of Care from the Menu

# Hospital Price Transparency

- ▶ HHS announced Hospital Price Transparency final rule
- ▶ Hospital industry likely to challenge, perhaps others
- ▶ More granular information than chargemaster as we have in CA
  - ▶ Provider- plan prices for common shoppable procedures
  - ▶ Easy access to machine readable data file
  - ▶ Updated annual
- ▶ Does not calculate consumer out-of-pocket costs
- ▶ May provide an opportunity to provide new information:
  - ▶ Consumers - quality/cost linkage for common procedures
  - ▶ Stakeholders - targeted analytics of cost info, variation, trends, etc.





# Data Use Fees 2020

\$115,000

## Option 1: Cal Hospital Compare Sponsorship

Participation in governance (TAC & BOD)

All data for all hospitals (quarterly)

Annual honor roll reports; including patient safety poor performers

Custom data query

15 hours of Bruce's time

\$55,000

## Option 2: Performance Intelligence Subscription

Participation in TAC

All data for all hospitals (quarterly)

Annual honor roll reports; including patient safety poor performers

10 hours of Bruce's time

\$40,000

## Option 3: Purchaser Related Performance Data

Annual honor roll reports; including patient safety poor performers

Relevant data for ALL hospitals with expanded maternity measures

\$25,000

## Option 4: Select Purchaser Related Performance Data

Annual honor roll reports; including patient safety poor performers

Relevant data for SELECT hospitals

Report NTSV c-section rate for all hospitals

\$5,000

## Option 5: Custom data request

For measures not included in data subscription options 3 and 4

# Cal Hospital Compare Honor Rolls

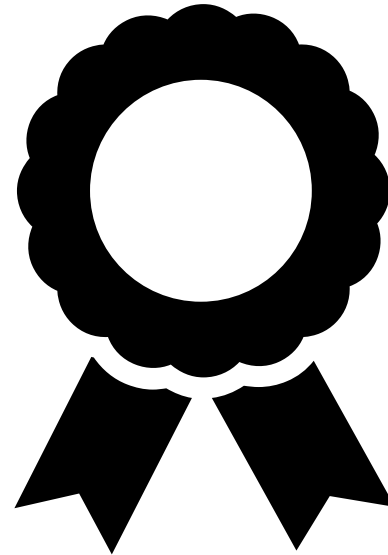
# Maternity Honor Roll

- ▶ The 2019 Maternity Honor Roll recognizes 134 hospitals (out of 235) that met or surpassed a federal target aimed at reducing births via C-section in first-time mothers with low-risk pregnancies. By comparison, 122 hospitals made the 2018 Honor Roll, 111 in 2017, and 104 in 2016.
- ▶ Of the 134 hospitals recognized in 2019, 60, or nearly 45%, have achieved Honor Roll status four years running.
- ▶ California hospitals have made slow but steady improvement in low risk C-Sections rates over the past [five] years. As a result, an estimated 18,000 low risk C-Sections were avoided during this five-year period, from 2013 to 2018.
- ▶ Even for low-risk, first-birth pregnancies, substantial variations are noted in rates of C-sections at individual hospitals. In California, these rates range from less than 15% to more than 40%.

Embargoed report  
sent to plans on  
Thurs. Oct. 31

# Opioid Care Honor Roll 2019 Goals

- ▶ Activate hospitals to accelerate care redesign in service of reducing OUD related deaths & recognize work to date
- ▶ Launch the Opioid Care Honor Roll & virtual learning collaborative
- ▶ Establish baseline performance
- ▶ Surface stories & lessons learned via 1:1 interviews
- ▶ Set relevant (attainable) threshold for hospitals to achieve this designation

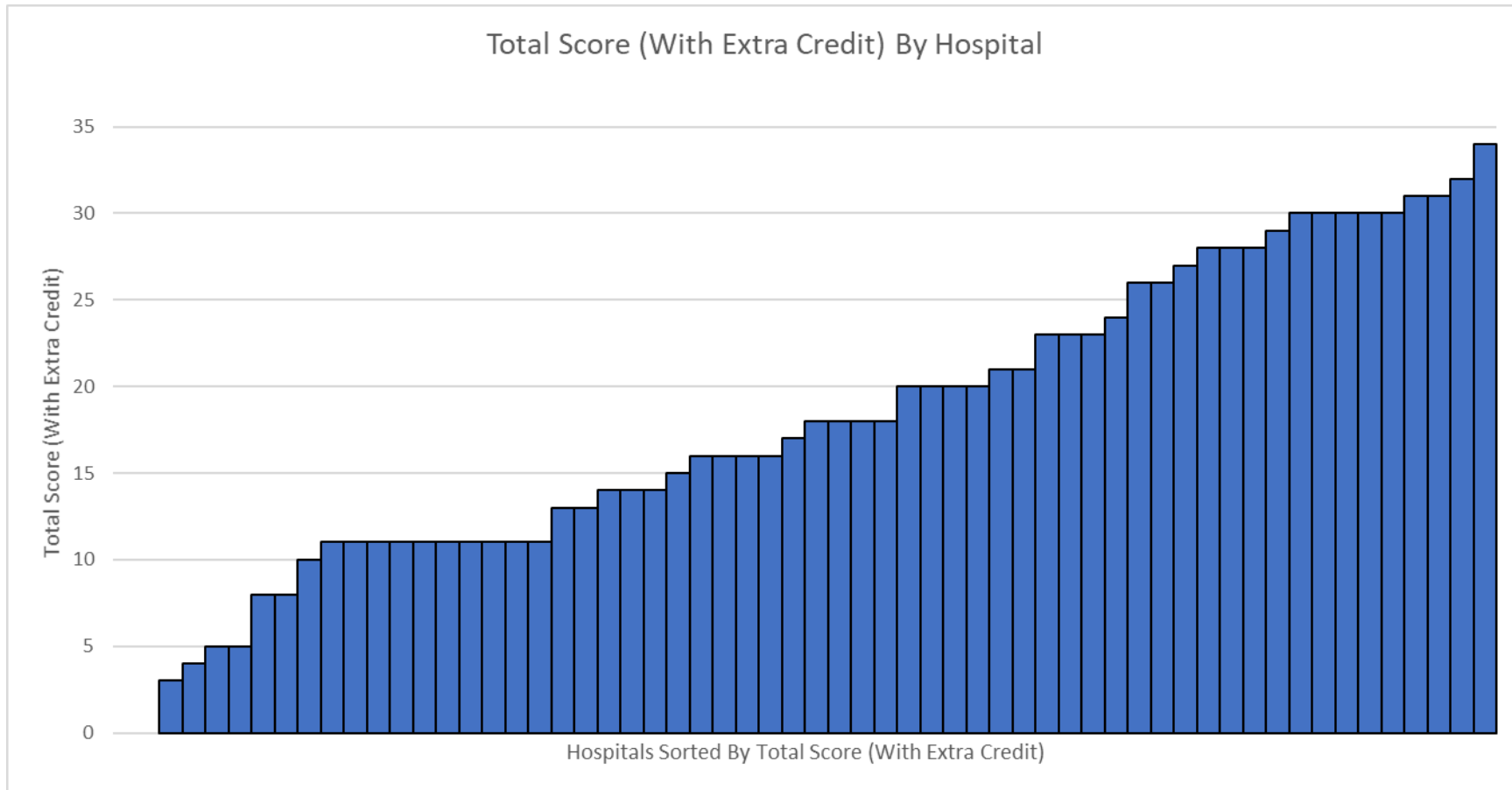


# Results

60 applicants

17.9 | 16.2 pts.\*  
Avg. Total Score

34 | 27 pts.\* - Max  
0 pt. - Min



\*w/ Extra Credit | w/out Extra Credit

# BOD Discussion

- ▶ Discussion:
  - ▶ Opioid Care Honor Rolls achieved most year 1 goals!
  - ▶ However, 60 hospitals may not be representative of performance across the state
  - ▶ Expressed concern that not all hospitals may have known about this opportunity
- ▶ Decisions:
  - ▶ Validate findings
  - ▶ Year 1 as a pilot year
  - ▶ Recognize all hospitals for participating
  - ▶ Continue QI focus

# Validating Results

▶ **Method:** Reviewed all self-assessment comments & interviewed 5 hospitals

▶ **Findings:**

- ▶ Self assessment results accurately reflect hospital progress
- ▶ Questions & process straightforward
- ▶ Most are doing more (ERAS, SUD, behavioral health, developing change packages)
- ▶ No cost naloxone distribution is not a focus
- ▶ Suggest we raise the honor roll bar in 2020 - measurement remains a challenge for most
- ▶ Keep up the QI (share resources, address hospitals in varying stages in the journey, involve additional stakeholders)

## Interviewees:

- Community Hospital of the Monterey Peninsula
- Harbor UCL Medical Center
- Mission Hospital Mission Viejo, CA
- Mammoth Hospital
- Adventist Health Clear Lake

# Hospitals on Opioid Care Honor Roll\*

*Assumes  $\geq 20$  points (28 hospitals)*

- ▶ Adventist Health Howard Memorial
- ▶ Bakersfield Memorial Hospital
- ▶ Community Hospital of the Monterey Peninsula
- ▶ Community Regional Medical Center
- ▶ Enloe Medical Center - Esplanade Campus
- ▶ Good Samaritan Hospital - Bakersfield
- ▶ Harbor - UCLA Medical Center
- ▶ John Muir Medical Center - Concord Campus
- ▶ Kaweah Delta Health Care District
- ▶ LAC+USC Medical Center
- ▶ Mercy General Hospital
- ▶ Mercy Medical Center Mount Shasta
- ▶ Mission Hospital - Mission Viejo
- ▶ Northern Inyo Hospital
- ▶ Ronald Reagan UCLA Medical Center
- ▶ Scripps Green Hospital
- ▶ Scripps Memorial Hospital - Encinitas
- ▶ Scripps Memorial Hospital - La Jolla
- ▶ Scripps Mercy Hospital
- ▶ Scripps Mercy Hospital - Chula Vista
- ▶ St. Francis Memorial Hospital
- ▶ Sutter Solano Medical Center
- ▶ Tahoe Forest Hospital
- ▶ UC Davis Medical Center
- ▶ UC Irvine Health
- ▶ UCSF Medical Center - Moffitt/Long
- ▶ Zuckerberg San Francisco General Hospital and Trauma Center
- ▶ Pacific Grove Hospital (*mental health treatment center*)



# Patient Safety Honor Roll 2.0

## Summary of Development

**Goal: Expand eligible hospitals & accurately identify hospitals for inclusion on the Patient Safety Honor Roll**

Q1 2019

- Added measures: HCAHPS, Sepsis and modeled revised criteria to expand eligibility
- Considered fixed threshold (vs relative scoring) to allow all hospitals to achieve PSHR
- Questioned correlation between new measures & patient safety

Q2 2019

- Considered an alternative approach by which TAC could up-weigh or down-weigh measures using a composite or revised algorithmic approach
- Add in structural measures?

Jul 2019

- Build off Leapfrog survey and infrastructure?
- Leapfrog to continue current approach for now
- Modeled use of Leapfrog GPA to identify poor performers

Aug 2019 -  
Finalized Approach

- Continue to use both Algorithmic and Leapfrog letter grades
- Use expanded measure set
- Defer fixed threshold and weighting or composite to PSHR 3.0

# Comparison of PSHR 1.0 and 2.0 Methodology

PSHR Version	Release Date	Measurement Period		LF Eligibility Criteria	LF Honor Roll Criteria	Alg. Eligibility Criteria	Alg. Honor Roll Criteria
		LF	Alg.				
1.0	N/A	Spring 2017, Fall 2017, Spring 2018	From July 17, 2018 CMS Hospital Compare refresh	Grades in all 3 periods	At least 2 A's and a B	Rates for at least 4 of 6 measures	At least 2/3 measures above 50th percentile; none below 25th percentile
2.0	December 2019	Fall 2019, Spring 2019, Fall 2018	From October 31, 2019 CMS Hospital Compare refresh	Grades in all 3 periods	Three A's	Rates for at least 6 of 12 measures	At least 2/3 measures above 50th percentile; none below 10th percentile

# ...Comparison of PSHR 1.0 and 2.0 Results

- Tier 1 = Met Leapfrog AND Algorithmic Criteria
- Tier 2 = Met Leapfrog OR Algorithmic Criteria

PSHR Version	Total CHC Hospitals	Total Eligible		Tier 1	Tier 2 Total <i>Not in Tier 1</i>	Tier 2 (Alg.)	Tier 2 (LF)
		Alg.	LF.				
1.0	327	233	251	19	54	21	33
2.0	325	301	242	17	60	28	32

# List of Tier 1 PSHR Hospitals (17)

## *Met Alg. AND LF Criteria*

- ▶ Adventist Health Bakersfield
- ▶ Adventist Health White Memorial
- ▶ Desert Valley Hospital
- ▶ Doctors Medical Center of Modesto
- ▶ Kaiser Permanente Baldwin Park Medical Center
- ▶ Kaiser Permanente Fontana Medical Center
- ▶ Kaiser Permanente Ontario Vineyard Medical Center
- ▶ Kaiser Permanente Orange County - Anaheim Medical Center
- ▶ Kaiser Permanente Orange County - Irvine Medical Center
- ▶ Kaiser Permanente Redwood City Medical Center
- ▶ Kaiser Permanente South Bay Medical Center
- ▶ Kaiser Permanente South Sacramento Medical Center
- ▶ Kaiser Permanente South San Francisco Medical Center
- ▶ Kaiser Permanente Vallejo Medical Center
- ▶ San Dimas Community Hospital
- ▶ St. Jude Medical Center
- ▶ Sutter Santa Rosa Regional Hospital

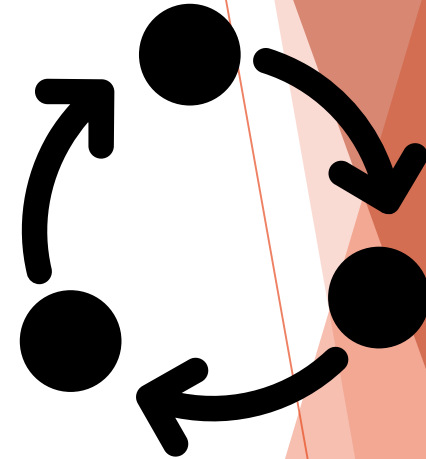
# List of Tier 2 PSHR Hospitals (60)

## *Met Alg. OR LF Criteria*

Adventist Health Hanford  
Alhambra Hospital Medical Center  
Barton Memorial Hospital  
Centinela Hospital Medical Center  
Chino Valley Medical Center  
Community Hospital of the Monterey Peninsula  
Community Memorial Hospital  
Dameron Hospital  
Doctors Hospital of Manteca  
Eisenhower Medical Center  
El Camino Hospital  
El Camino Hospital Los Gatos  
French Hospital Medical Center  
Hazel Hawkins Memorial Hospital  
Hoag Hospital Irvine  
Hoag Memorial Hospital Presbyterian  
Huntington Hospital  
John Muir Medical Center - Walnut Creek Campus  
Kaiser Permanente Downey Medical Center  
Kaiser Permanente Fresno Medical Center  
Kaiser Permanente Modesto Medical Center  
Kaiser Permanente Panorama City Medical Center  
Kaiser Permanente Riverside Medical Center  
Kaiser Permanente Roseville Medical Center  
Kaiser Permanente Sacramento Medical Center  
Kaiser Permanente Santa Clara Medical Center  
Loma Linda University Medical Center  
Los Robles Hospital & Medical Center  
Marshall Medical Center  
Memorial Hospital Los Banos  
Mercy General Hospital  
PIH Health Hospital - Whittier  
Placentia-Linda Hospital  
Providence Little Company of Mary Medical Center San Pedro  
Providence Little Company of Mary Medical Center Torrance  
Redwood Memorial Hospital  
Ronald Reagan UCLA Medical Center  
Sequoia Hospital  
Sharp Chula Vista Medical Center  
Sharp Coronado Hospital and Healthcare Center  
Sharp Memorial Hospital  
Sherman Oaks Hospital and Health Center  
Sierra Vista Regional Medical Center  
St. Elizabeth Community Hospital  
St. Joseph Hospital, Orange  
St. Louise Regional Hospital  
Stanford Health Care  
Sutter Auburn Faith Hospital  
Sutter Coast Hospital  
Sutter Lakeside Hospital  
Sutter Roseville Medical Center  
Sutter Solano Medical Center  
Sutter Tracy Community Hospital  
Twin Cities Community Hospital  
UC Irvine Health  
UC San Diego Health - Hillcrest, UC San Diego Medical Center  
UCLA Medical Center - Santa Monica  
Whittier Hospital Medical Center

# TAC Discussion on 2020 Honor Rolls

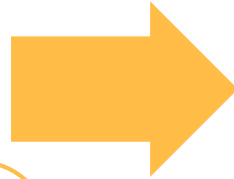
- ▶ Thoughtfully create connections between honor rolls
- ▶ Maternity
  - ▶ Include additional measure(s) e.g. VBAC availability/rate?
  - ▶ Work with CMQCC re: revised NTSV C-Section targets and new measures
- ▶ Opioid Care
  - ▶ Optional hospital benchmarking
  - ▶ Convene workgroup to refine 2020 self assessment tool
- ▶ Patient Safety - Considerations for 3.0
  - ▶ Raise bar on poor performance threshold (from 10<sup>th</sup> to 25<sup>th</sup>)
    - ▶ Do supporting measure-specific driver and correlation analyses
    - ▶ Consider different poor performance thresholds for different measures based on distributions
    - ▶ Consider weighting/composite
  - ▶ Wait for next refresh and model “poor performer” list using expanded set of 12 measures and Leapfrog GPA. Early 2020.



# Revised Communications Timeline

Nov.

- Finalize press release & certificates to hospital



Dec.

- Joint press release &/or media conference call with CA HHS
- Special recognition for hospitals on 2 honor rolls
- Leverage partner communications
- Mail certificates

# Maternity & Patient Safety Honor Roll

## 36 Hospitals

- ▶ Adventist Health Bakersfield Medical Center
- ▶ Adventist Health Clear Lake
- ▶ Adventist Health Hanford
- ▶ Barton Memorial Hospital
- ▶ Centinela Hospital Medical Center
- ▶ Community Memorial Hospital
- ▶ Doctors Hospital of Manteca
- ▶ Doctors Medical Center of Modesto
- ▶ El Camino Hospital Los Gatos
- ▶ French Hospital Medical Center
- ▶ John Muir Medical Center - Walnut Creek Campus
- ▶ Kaiser Permanente Downey Medical Center
- ▶ Kaiser Permanente Fontana Medical Center
- ▶ Kaiser Permanente Fresno
- ▶ Kaiser Permanente Modesto Medical Center
- ▶ Kaiser Permanente Orange County - Anaheim Medical Center
- ▶ Kaiser Permanente Panorama City Medical Center
- ▶ Kaiser Permanente Redwood City Medical Center
- ▶ Kaiser Permanente Riverside Medical Center
- ▶ Kaiser Permanente Roseville Medical Center
- ▶ Kaiser Permanente Santa Clara Medical Center
- ▶ Kaiser Permanente South Sacramento Medical Center
- ▶ Kaiser Permanente Vallejo Medical Center
- ▶ Memorial Hospital Los Banos
- ▶ PIH Health Hospital - Whittier
- ▶ Redwood Memorial Hospital
- ▶ Sharp Chula Vista Medical Center
- ▶ St. Elizabeth Community Hospital
- ▶ St. Louise Regional Hospital
- ▶ Sutter Lakeside Hospital
- ▶ Sutter Roseville Medical Center
- ▶ Sutter Santa Rosa Regional Hospital
- ▶ Sutter Solano Medical Center
- ▶ UC Irvine Health
- ▶ UC San Diego Health - Hillcrest, UC San Diego Medical Center
- ▶ UCLA Medical Center - Santa Monica



# Hospitals on All 3 Honor Rolls

- ▶ Sutter Solano Medical Center
- ▶ UC Irvine Health



# Reporting ED Measures

# Reporting ED Measures



- ▶ Questions for TAC:
  - ▶ Which measures, if any, should be reported
  - ▶ Which measures should be assigned performance categories
    - ▶ Methodology for measures where units in percent
    - ▶ Methodology for measures where units in minutes
- ▶ Previous TAC/Board discussions have considered:
  - ▶ Value to consumers
  - ▶ Expansive vs parsimonious measure set for reporting
  - ▶ Impact on health system - encouraging ED use?

# Available ED Measures CMS Hospital Compare

CMS Hospital Compare Measure Domain	Measure ID	Measure Description	On CalHospitalCompare Website?	Units
Emergency Department	EDV	Emergency department volume	No	Visit Volume Categories
Emergency Department	ED_1b	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient	Yes - no scoring	Minutes
Emergency Department	ED_2b	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room	No	Minutes
Emergency Department	OP_18b	Average (median) time patients spent in the emergency department before leaving from the visit	Yes - no scoring, described as "Time in ED Before Being Sent Home"	Minutes
Emergency Department	OP_22	Percentage of patients who left the emergency department before being seen	Yes - measure is a percentage and scored	Percentage
Emergency Department	OP_23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	Yes -- measure is a percentage and scored	Percentage
Heart Attack or Chest Pain	OP_3b	Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital	No	Minutes
Heart Attack or Chest Pain	OP_5	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG	Yes - no scoring	Minutes
Heart Attack or Chest Pain	OP_2	Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	No <span style="color: red;">25</span>	Percentage

# ED Measure on Cal Hospital Compare Website

## Emergency Department (ED) Care ?

	Current	State Average
Time in ED before being admitted	290 minutes (lower is better)	361 minutes (lower is better)
Time in ED before being sent home	146 minutes (lower is better)	168 minutes (lower is better)
Left the ED before being seen	 1% (lower is better)	2.2% (lower is better)
Brain scan results w/in 30 minutes (patients with stroke symptoms)	 81%	73.9%
Time before ECG conducted (patients with possible heart attack)	7 minutes (lower is better)	10 minutes (lower is better)

John Muir Medical Center  
Concord Campus

# Currently Scored ED Measure Summary

Summary of ED Measure Performance Categories (August 2019)								
Measure Description	Poor	Below Average	Average	Above Average	Superior	Total Rated	Not Rated	Total
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	9	15	65	21	5	115	209	324
Percentage of patients who left the emergency department before being seen	14	61	151	0	25	251	73	324

# Available ED Measures - Descriptive Statistics

Which measure(s) should we report?

ID	Measure Description	N	AVG	SD	MIN	P10	P25	P50	P75	P90	MAX
ED_1b	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient	312	272	109	49	166	209	255	315	388	1,451
ED_2b	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room	312	101	71	0	32	55	86	131	186	1,142
OP_18b	Average (median) time patients spent in the emergency department before leaving from the visit	279	140	42	50	92	110	135	164	194	471
OP_22	Percentage of patients who left the emergency department before being seen	272	1.53	1.61	0	0	0	1	2	3	20
OP_23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	128	73	19	0	47	64	77	87	94	100
OP_3b	Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital	33	63	39	18	34	42	54	69	92	373
OP_5	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG	224	8.9	4.7	0	4	5	7	10	14	59
OP_2	Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	8	68	20	17	38	55	75	82	92	100

# Summary of TAC Discussion

- ▶ Few strong opinions regarding ED measure reporting
- ▶ Suggestion made to examine relationship between volume and wait times
- ▶ TAC recommended seeking additional hospital feedback



# 2020 Board of Directors Meeting Schedule

- ▶ **Thursday, January 23, 2020 - 10:00am to 12:00pm PST (Zoom Call)**
- ▶ Thursday, March 20, 2020 - 10:00am to 2:00pm PST (Oakland)
- ▶ Thursday, May 14, 2020 - 11:00am to 1:00pm PST (Zoom Call)
- ▶ Tuesday, July 9, 2020 - 10:00am to 2:00pm PST (Oakland)
- ▶ Thursday, September 3, 2020 - 11:00am to 1:00pm PST (Zoom Call)
- ▶ Thursday, October 29, 2020 - 10:00am to 2:00pm PST (Oakland)
- ▶ Wednesday, December 16, 2020 - 9:00am to 11:00am PST (Zoom call)

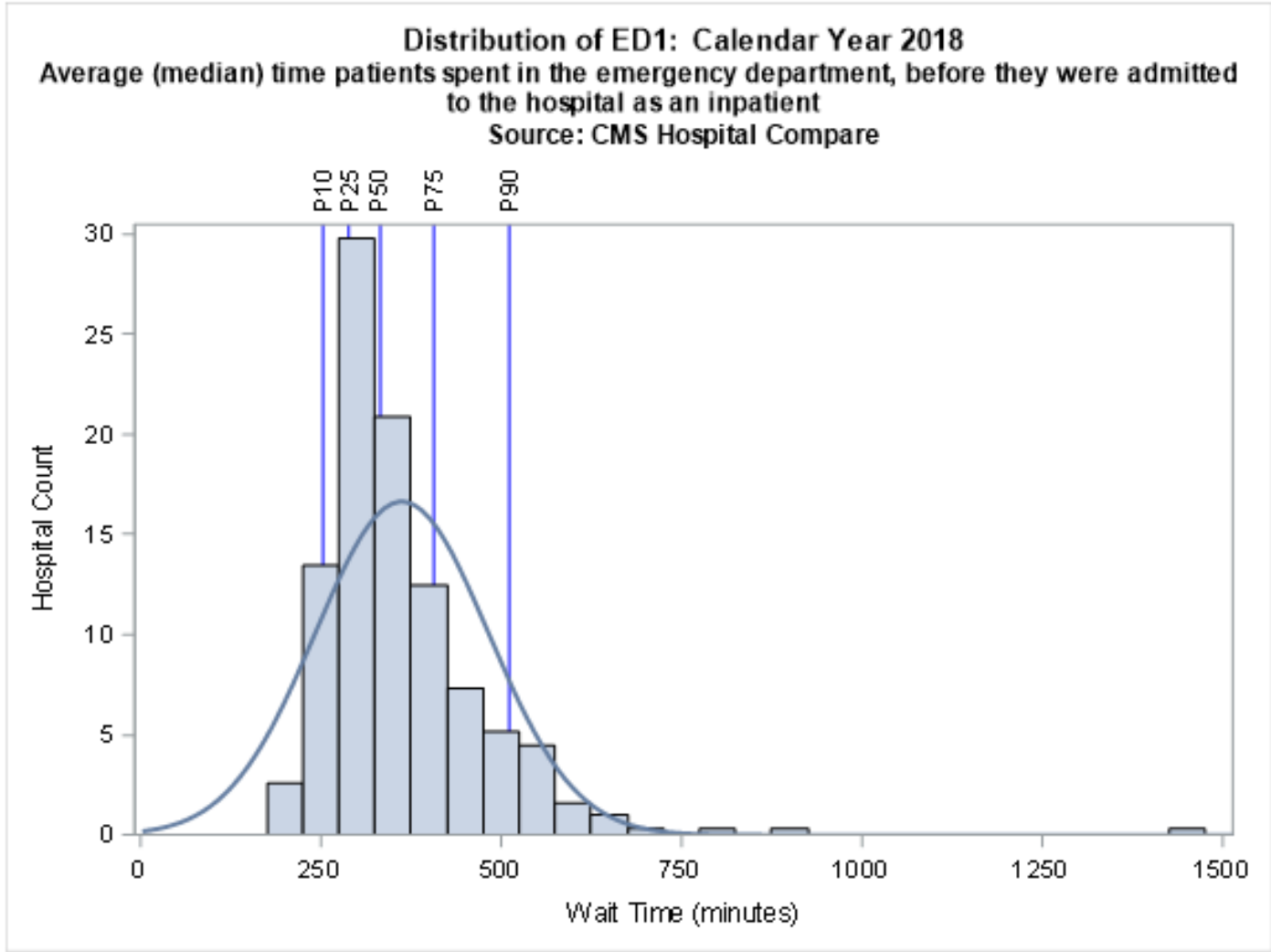
Thank you!

# Appendix

## ED Distributions

**Distribution of EDV: Calendar Year 2018**  
**Emergency department volume**  
**Source: CMS Hospital Compare**

<b>Score_char</b>	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Frequency</b>	<b>Cumulative Percent</b>
<b>Not Available</b>	69	20.23	69	20.23
<b>high</b>	62	18.18	131	38.42
<b>low</b>	43	12.61	174	51.03
<b>medium</b>	78	22.87	252	73.90
<b>very high</b>	89	26.10	341	100.00

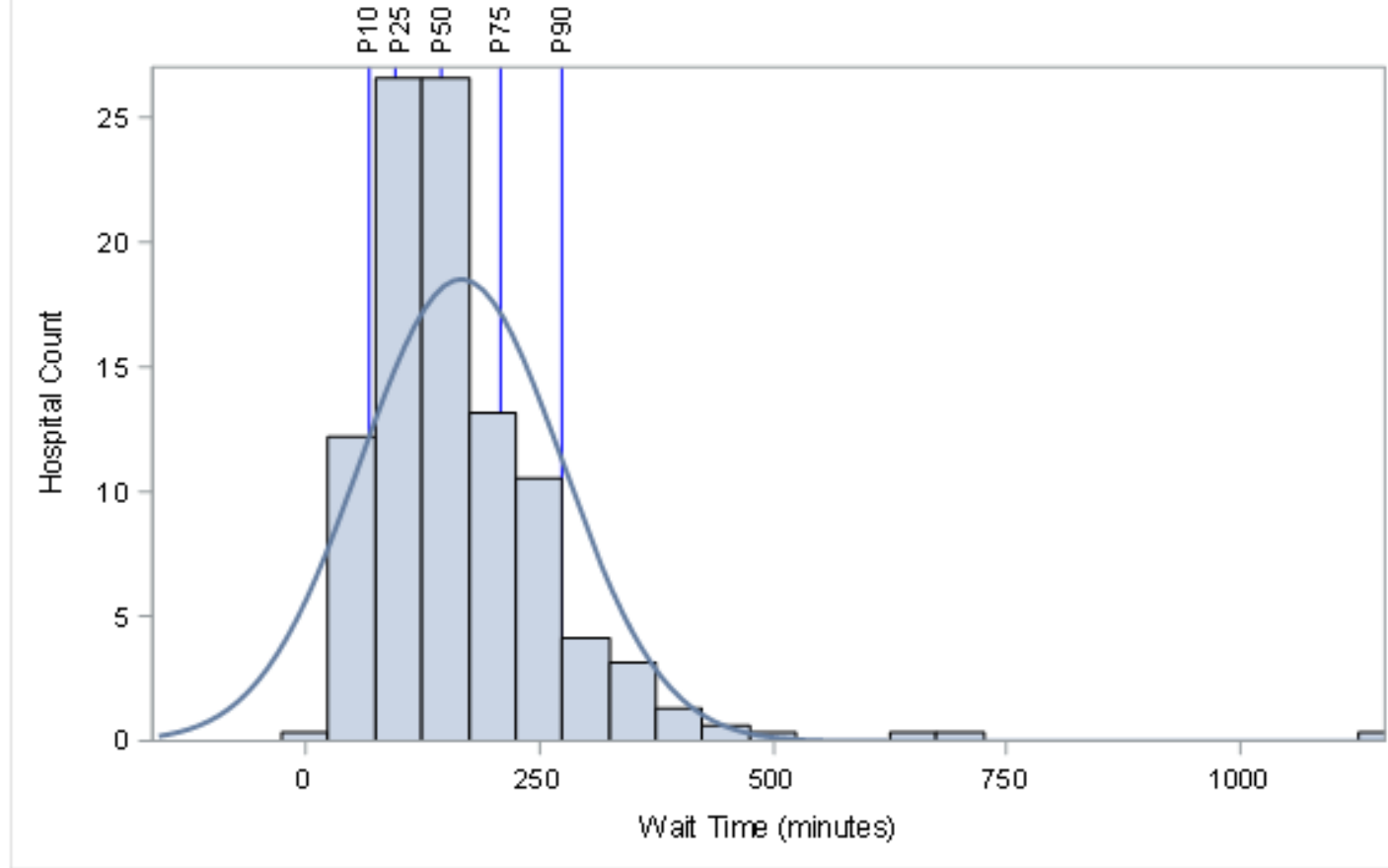


	<b>N</b>	<b>AVG</b>	<b>SD</b>	<b>MIN</b>	<b>P10</b>	<b>P25</b>	<b>P50</b>	<b>P75</b>	<b>P90</b>	<b>MAX</b>
ED1	312	362	120	180	254	290	332	408	512	1451

### Distribution of ED\_2b: Calendar Year 2018

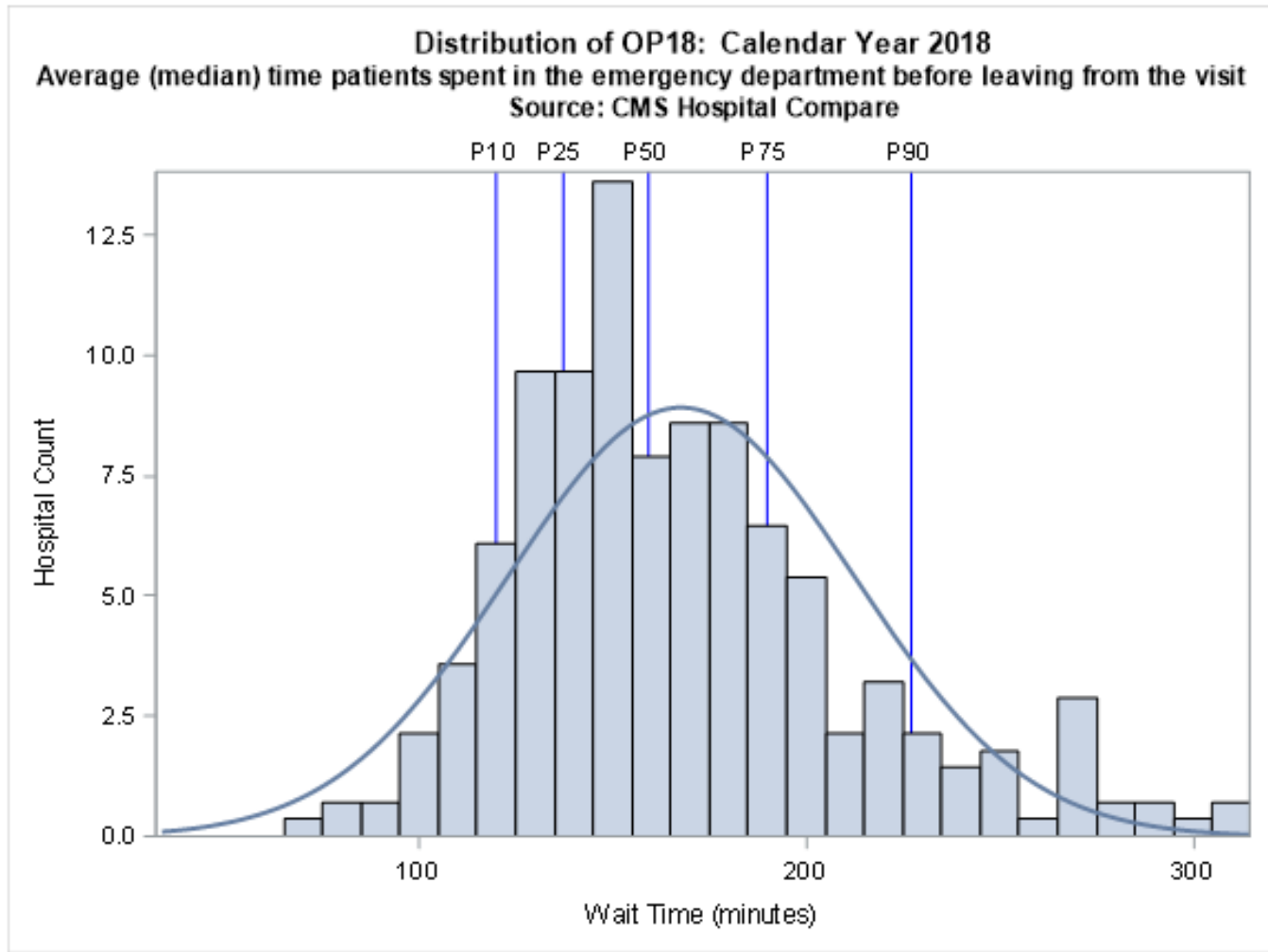
Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room

Source: CMS Hospital Compare



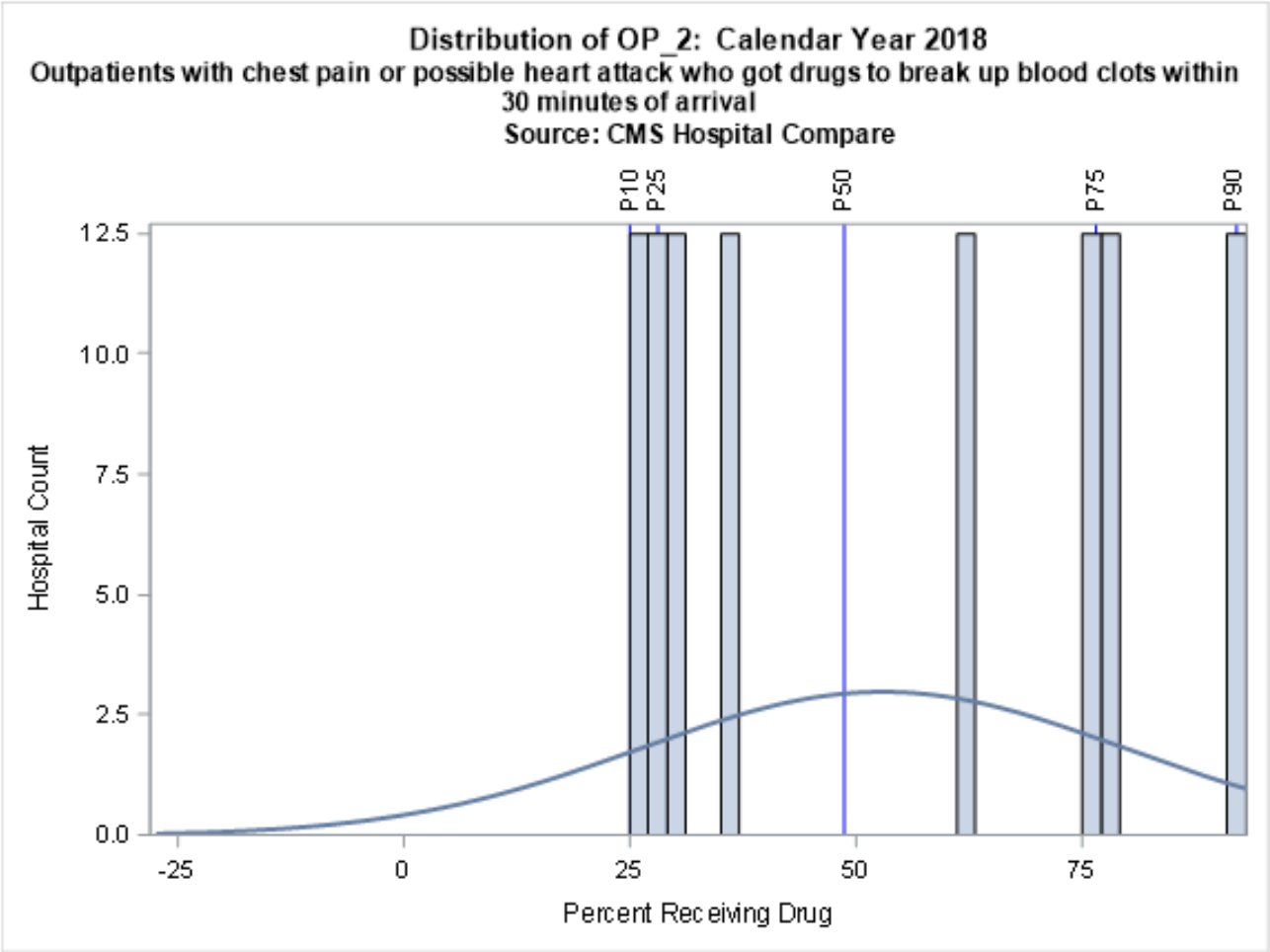
#### Distributional Statistics

	N	AVG	SD	MIN	P10	P25	P50	P75	P90	MAX
ED_2b	312	167	108	16.0	69.0	97.5	145	208	275	1142



**Distributional Statistics**

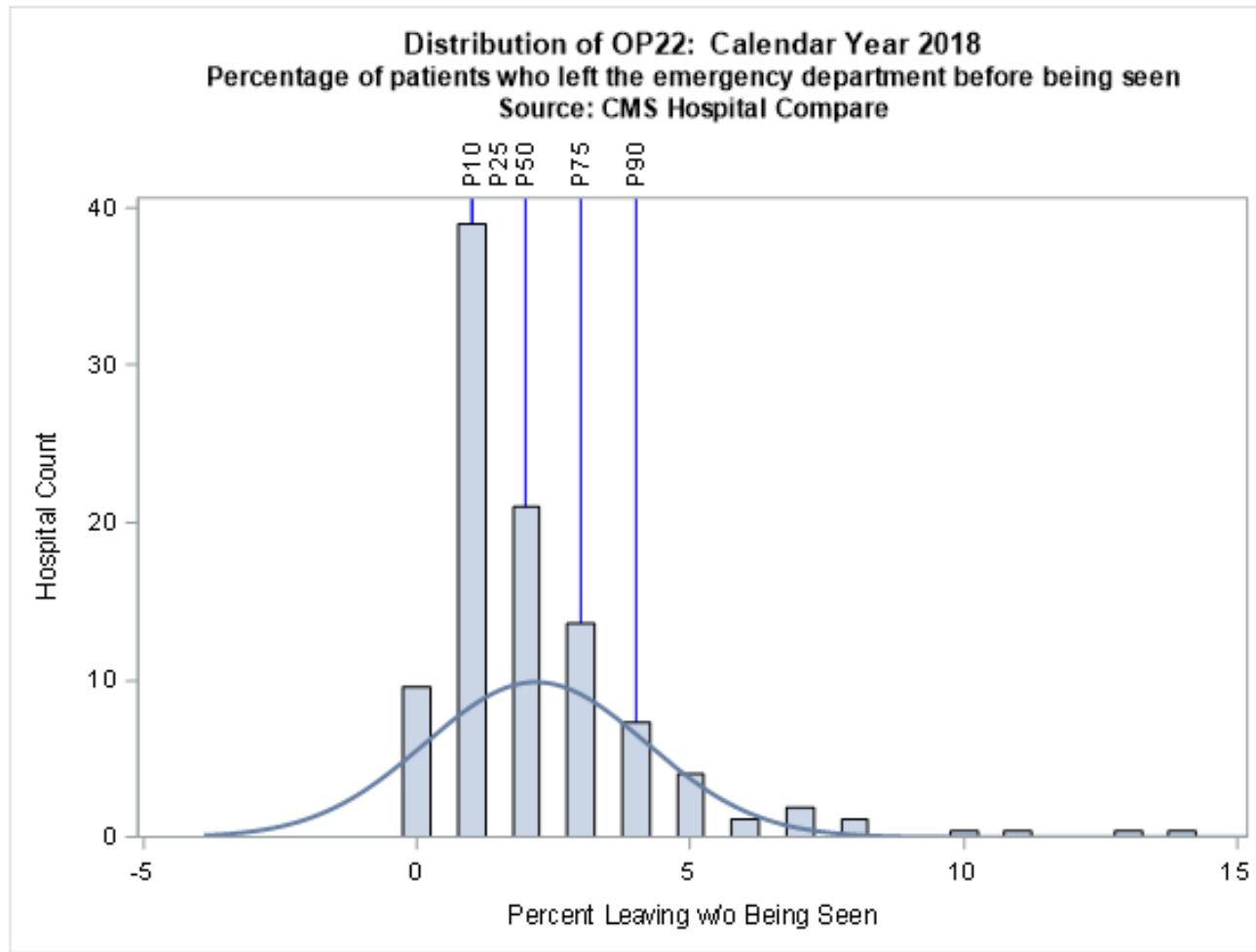
	<b>N</b>	<b>AVG</b>	<b>SD</b>	<b>MIN</b>	<b>P10</b>	<b>P25</b>	<b>P50</b>	<b>P75</b>	<b>P90</b>	<b>MAX</b>
OP18	279	168	44.7	68.0	120	137	159	190	227	312



**Distributional Statistics**

	<b>N</b>	<b>AVG</b>	<b>SD</b>	<b>MIN</b>	<b>P10</b>	<b>P25</b>	<b>P50</b>	<b>P75</b>	<b>P90</b>	<b>MAX</b>
OP_2	8	52.9	26.8	25.0	25.0	28.0	48.5	76.5	92.0	92.0

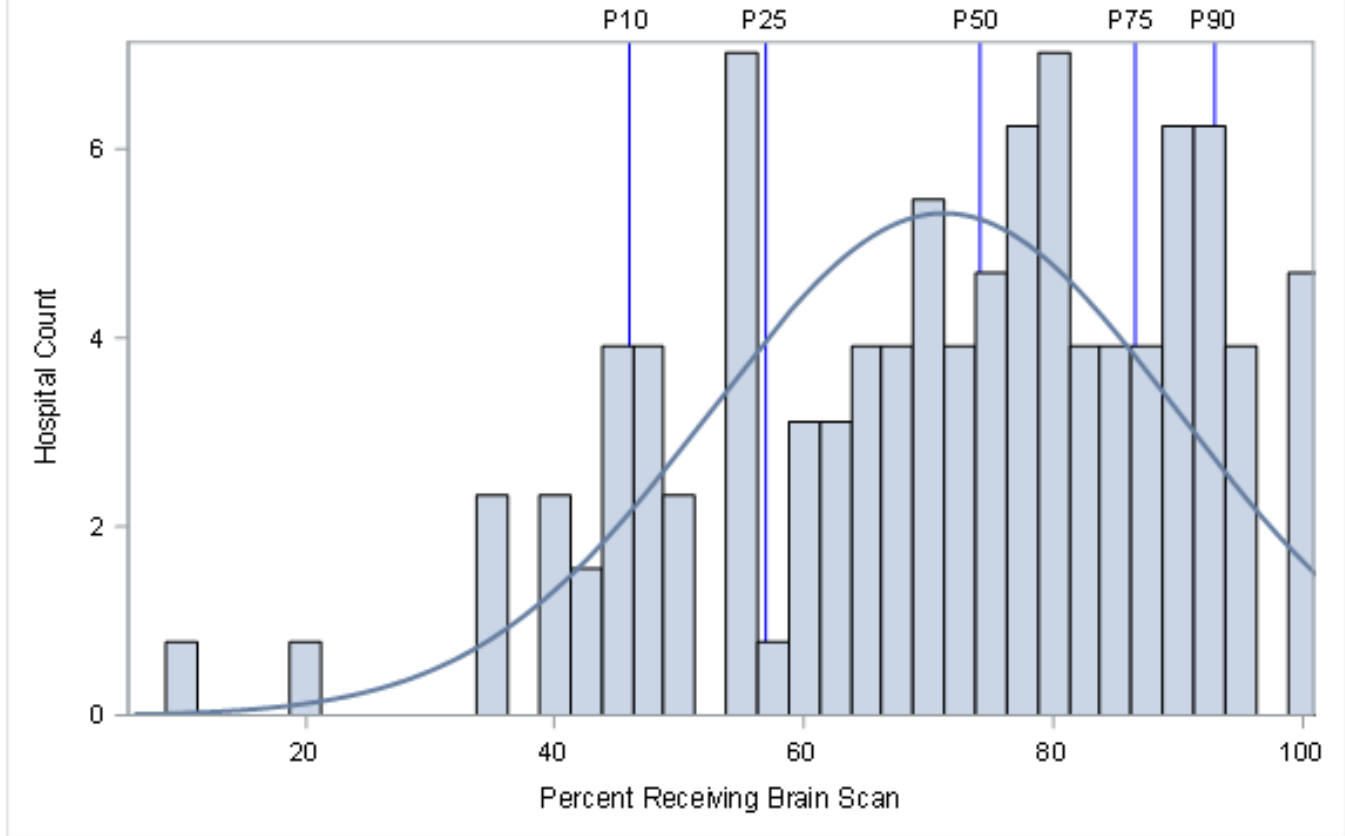




**Distributional Statistics**

	<b>N</b>	<b>AVG</b>	<b>SD</b>	<b>MIN</b>	<b>P10</b>	<b>P25</b>	<b>P50</b>	<b>P75</b>	<b>P90</b>	<b>MAX</b>
OP22	272	2.17	2.02	0.00	1.00	1.00	2.00	3.00	4.00	14.0

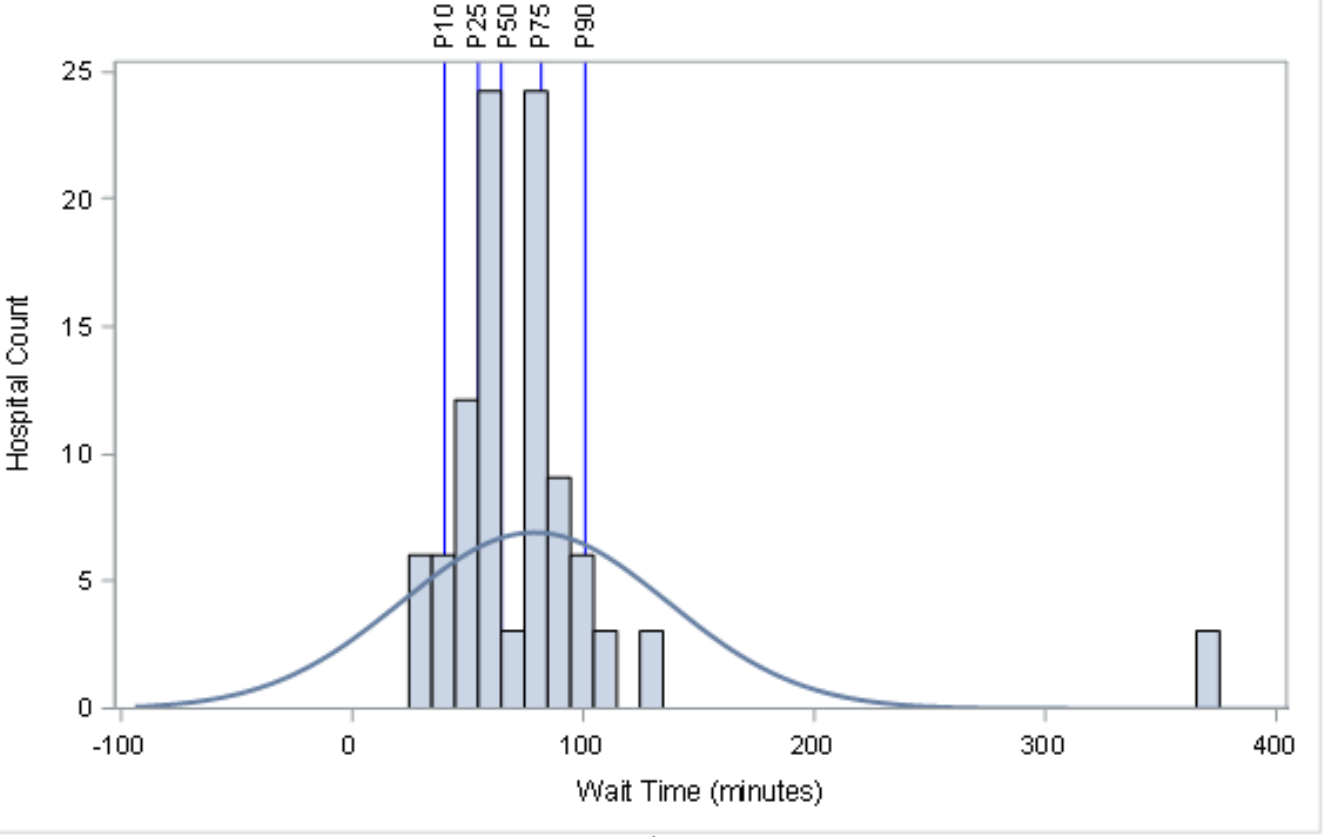
**Distribution of OP\_23: Calendar Year 2018**  
 Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival  
 Source: CMS Hospital Compare



**Distributional Statistics**

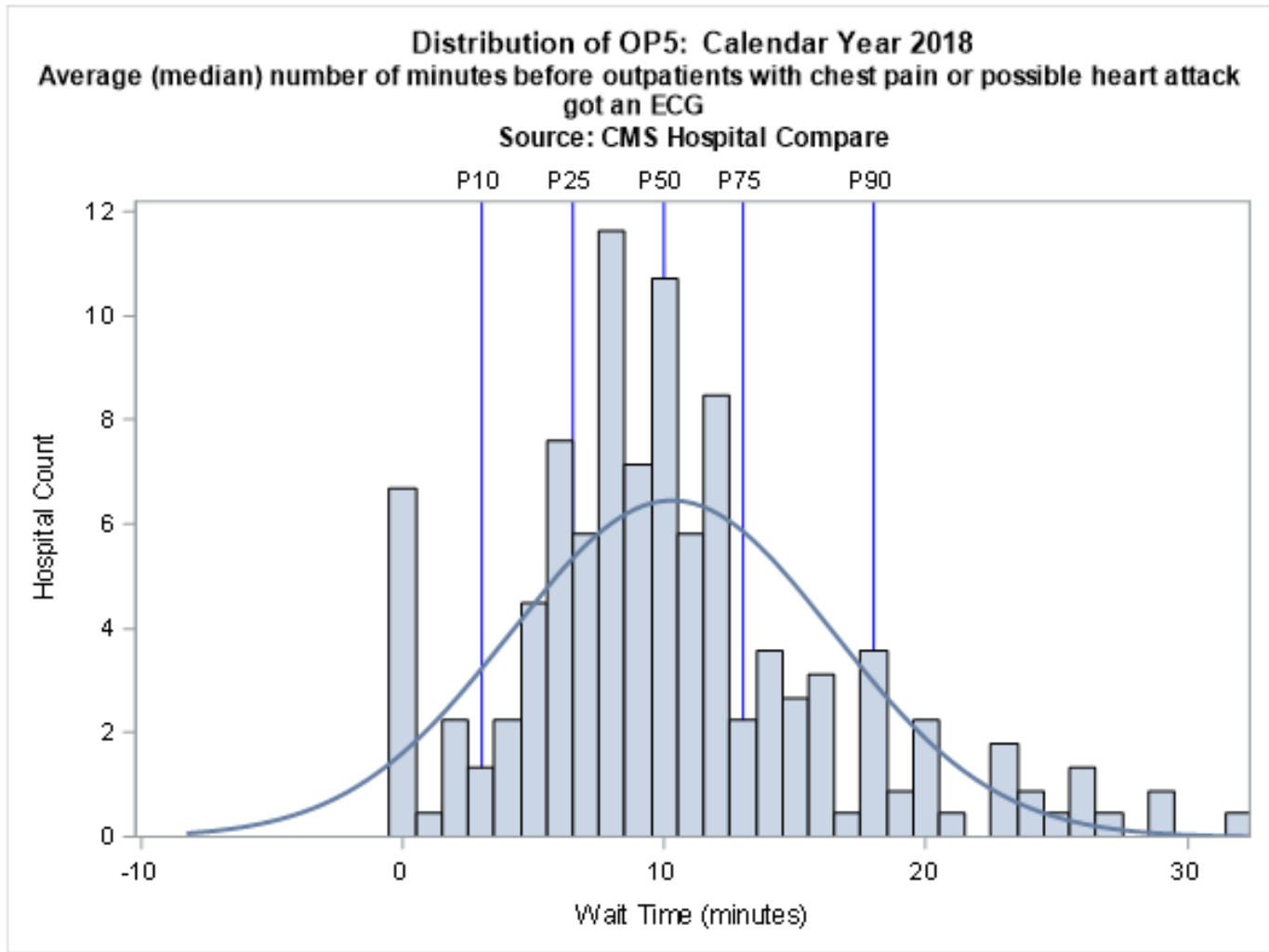
	<b>N</b>	<b>AVG</b>	<b>SD</b>	<b>MIN</b>	<b>P10</b>	<b>P25</b>	<b>P50</b>	<b>P75</b>	<b>P90</b>	<b>MAX</b>
OP_23	128	71.2	18.7	9.00	46.0	57.0	74.0	86.5	93.0	100

**Distribution of OP\_3b: Calendar Year 2018**  
 Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital  
 Source: CMS Hospital Compare



**Distributional Statistics**

	<b>N</b>	<b>AVG</b>	<b>SD</b>	<b>MIN</b>	<b>P10</b>	<b>P25</b>	<b>P50</b>	<b>P75</b>	<b>P90</b>	<b>MAX</b>
OP_3b	33	78.9	57.6	32.0	40.0	55.0	65.0	82.0	101	373



**Distributional Statistics**

	<b>N</b>	<b>AVG</b>	<b>SD</b>	<b>MIN</b>	<b>P10</b>	<b>P25</b>	<b>P50</b>	<b>P75</b>	<b>P90</b>	<b>MAX</b>
OP5	224	10.3	6.19	0.00	3.00	6.50	10.0	13.0	18.0	32.0

# CAL HOSPITAL COMPARE

## HOSPITAL PERFORMANCE DATA FEES (2020)

For more than a decade, Cal Hospital Compare has been providing Californians with objective hospital performance ratings. Cal Hospital Compare is a non-profit organization that is governed by a multi-stakeholder board, with representatives from hospitals, purchasers, consumer groups, and health plans. Prior to 2016, Cal Hospital Compare was known as the California Hospital Assessment Task Force (CHART). CHART was first established in 2004 for the purposes of developing a statewide hospital performance reporting system using a multi-stakeholder collaborative process. We use an open and collaborative process to aggregate multiple sources of public data, and to establish relevant measures and scoring.

### Industry Collaboration

- California Department of Public Health
- California Health Care Foundation
- California Maternal Quality Care Collaborative
- California Office of Statewide Health Planning and Development
- Centers for Medicare and Medicaid Services
- Covered California
- Leapfrog Hospital Safety Grades
- SmartCare California
- Yelp

### Trusted Data

- The website is always free to use and offers fully open access
- The information is objective, unbiased and relevant to consumers and other stakeholders
- Users will never see advertising or promotion of one hospital over others
- Our partnership with IBM Watson Health provides rich analytics and reliable data

### Contact

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Executive Director, Cal Hospital Compare  
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[www.calhospitalcompare.org](http://www.calhospitalcompare.org)

## Option 1: Cal Hospital Compare Sponsorship

Unlimited data access, organizational leadership and performance intelligence.

- Participation in Cal Hospital Compare governance via Technical Advisory Committee and Board of Directors; operational decisions, priorities and setting future directions
- Quarterly data files including all measures in a usable format; memos outlining measurement updates, trends, and implications.
- Patient safety, maternity, and opioid honor roll reports, including patient safety poor performing outlier hospitals not publicly available.
- Honor roll methods are aligned with and useful for assessing Covered California network requirements.
- Access to all Technical Advisory Committee exploratory analyses produced with IBM Watson Health.
- Sponsors can submit custom query requests for TAC review (pending resource availability).
- Up to 15 hours annually of clinical and technical assistance provided by Bruce Spurlock, MD, Cal Hospital Compare's Executive Director.

\$115,000/year

## Option 2: Performance Intelligence Subscription

Includes all performance metrics and scores along with reports and performance insights

- Participation in TAC; reviews measures, reports and trends and provides input to CHC Board.
- Quarterly data files including all measures in a usable format; memos outlining measurement updates, trends, and implications.
- Patient safety, maternity, and opioid honor roll reports, including patient safety poor performing outlier hospitals not publicly available.
- Up to 10 hours annually of clinical and technical assistance provided by Bruce Spurlock, MD, Cal Hospital Compare's Executive Director.

\$55,000/year

## Option 3: Purchaser Related Performance Data

Includes Cal Hospital Compare's Patient Safety, Maternity, and Opioid Care Honor Roll Reports and related metrics for ALL hospitals; with expanded maternity measures and patient safety poor performing outlier hospitals not publicly available.

- Annual patient safety, maternity, and opioid care honor roll reports, including patient safety poor performing outlier hospitals not publicly available.
- Data files includes relevant measures in an easy to use analytic file.
- Patient safety and poor performers data set includes select healthcare associated infections, AHRQ PSI 90, Sepsis Management, HCAHPS, and Leapfrog Hospital Safety Grade.
- Maternity data set includes NTSV c-section, VBAC, breastfeeding, episiotomy rates and deliveries by certified nurse midwife
- Opioid care data set includes self-assessment results and related analyses for hospitals participating in the Opioid Care Honor Roll program.

\$40,000/year

## Option 4: Select Purchaser Related Performance Data

Includes Cal Hospital Compare's Patient Safety, Maternity, and Opioid Care Honor Roll Reports and related metrics for SELECT hospitals; with patient safety poor performing outlier hospitals not publicly available.

- Annual patient safety, maternity, and opioid care honor roll reports, including patient safety poor performing outlier hospitals not publicly available.
- Data files includes relevant measures in an easy to use analytic file.
- Patient safety and poor performers data set includes select healthcare associated infections, AHRQ PSI 90, Sepsis Management, HCAHPS, and Leapfrog Hospital Safety Grade; for selected hospitals only.
- Maternity data set includes NTSV c-section; all hospitals.
- Opioid care data set includes self-assessment results and related analyses for hospitals participating in the Opioid Care Honor Roll program.

\$25,000/year

## Option 5: Custom data request

Customized data request for measures not included in data subscription options 3 and 4.

- Initial consultation with both CHC and IBM Watson Health team members to optimize request design.
- Analytic-ready data file(s) designed to meet your specifications.
- Example data request may include hospital wide readmission rate, sepsis management, death rate, surgical site infections, etc.

Starting at \$5,000

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**2019 Honor Roll Announcements  
Cal Hospital Compare  
November 18, 2019**

Sacramento, CA – 176 hospitals across California are being recognized today for their high performance in maternity care and patient safety. California Secretary of Health and Human Services Agency Secretary Mark Ghaly, MD, MPH, announced the awards together with Cal Hospital Compare, a nonprofit that has been providing Californians with objective hospital performance ratings for more than a decade. Sixty hospitals are also commended for participating in the inaugural year of the opioid care honor roll program.

“Improving the quality of patient care in hospitals is an ongoing process,” Ghaly said. “These annual measurements through Cal Hospital Compare help us to applaud those hospitals doing excellent work and also for hospitals to see where improvement is needed.”

Cal Hospital Compare launched the Opioid Care Honor Roll this year to help address the ongoing crisis. According to state data, nearly 2,200 Californians died of an opioid-related overdose in 2017. Patients with opioid use disorder are frequently hospitalized or visit the emergency department due to complications of the condition without also receiving treatment for the underlying disease of opioid addiction. This is a missed opportunity and leaves patients untreated and at high risk of future overdose. In this pilot year of the program, 60 hospitals voluntarily reported their progress on addressing the opioid crisis. While results show that all participating hospitals are making progress, it’s also clear that more work is needed to comprehensively address the crisis. In 2020 Cal Hospital Compare will update the Opioid Care program and continue to offer learning opportunities to support the rapid spread of evidence-based practices among hospitals.

“I encourage all hospitals to participate in the Opioid Care Honor Roll program next year,” Ghaly said. “Cal Hospital Compare has numerous effective practices available to share, free of charge that will help hospitals be more effective against this epidemic. Participating in the Honor Roll demonstrates a hospital’s commitment to addressing the crisis.”

For the last 4 years, California has also recognized hospitals that meet a national target of C-section rates for low-risk, first-births of 23.9%. The goal of the standard is to lower the rate of cesareans among these low-risk births. For mothers, overuse of C-sections can result in higher rates of complications like hemorrhage, transfusions, infection, and blood clots. The surgery also brings risks for babies, including higher rates of infection, respiratory complications, neonatal intensive care unit stays, and lower breastfeeding rates. The California Maternal Quality Care Collaborative (CMQCC) collects the data and actively works with hospitals to safely reduce low-risk C-sections. Between 2014 and 2018, the percent of California hospitals meeting the target went from 40% to 57%, representing 134 hospitals statewide. While there is still significant opportunity for improvement, the fact that so many hospitals have already reached or surpassed this target indicates that reducing unnecessary C-sections is a top priority for California hospitals providing maternity care.

Cal Hospital Compare has also rigorously evaluated a set of publicly available patient safety measures to evaluate hospitals across several areas in patient safety, including hospital acquired infections, adverse events, sepsis management, patient experience, and more. Today, Cal Hospital Compare is releasing its first Patient Safety Honor Roll, recognizing 77 hospitals with high safety profiles in comparison to other California hospitals. These hospitals also have a strong culture of safety across multiple departments.

“Cal Hospital Compare is proud to contribute to the state wide effort to improve quality in the hospital setting by providing a roadmap and way to evaluate performance for hospitals in the important areas of opioid care, patient safety and maternity – and where improvement is needed,” said Bruce Spurlock, MD, the executive director of Cal Hospital Compare. “We invite all California hospitals to share their data to help drive improvement statewide.”

More detailed information about each of these programs – Opioid Care, Maternity, and Patient Safety, follows this release. Cal Hospital Compare thanks the 60 hospitals for participating in the pilot year of the Opioid Care Honor Roll program. In particular, we’d like to applaud the following 36 hospitals for achieving recognition on both the Maternity and Patient Safety Honor Rolls.

**Hospitals with Maternity and Patient Safety Honor Roll Status**

<b>Hospital Name</b>	<b>City</b>
Adventist Health Bakersfield	Bakersfield
Adventist Health Clear Lake	Clearlake
Adventist Health Hanford	Hanford
Barton Memorial Hospital	South Lake Tahoe
Centinela Hospital Medical Center	Inglewood
Community Memorial Hospital	Ventura
Doctors Hospital of Manteca	Manteca
Doctors Medical Center of Modesto	Modesto
El Camino Hospital Los Gatos	Los Gatos
French Hospital Medical Center	San Luis Obispo
John Muir Medical Center - Walnut Creek Campus	Walnut Creek
Kaiser Permanente Downey Medical Center	Downey
Kaiser Permanente Fontana Medical Center	Fontana
Kaiser Permanente Fresno Medical Center	Fresno
Kaiser Permanente Modesto Medical Center	Modesto
Kaiser Permanente Orange County - Anaheim Medical Center	Anaheim
Kaiser Permanente Panorama City Medical Center	Panorama City
Kaiser Permanente Redwood City Medical Center	Redwood City
Kaiser Permanente Riverside Medical Center	Riverside
Kaiser Permanente Roseville Medical Center	Roseville
Kaiser Permanente Santa Clara Medical Center	Santa Clara
Kaiser Permanente South Sacramento Medical Center	Sacramento
Kaiser Permanente Vallejo Medical Center	Vallejo
Memorial Hospital Los Banos	Los Banos
PIH Health Hospital - Whittier	Whittier
Redwood Memorial Hospital	Fortuna
Sharp Chula Vista Medical Center	Chula Vista
St. Elizabeth Community Hospital	Red Bluff
St. Louise Regional Hospital	Gilroy
Sutter Lakeside Hospital	Lakeport
Sutter Roseville Medical Center	Roseville
Sutter Santa Rosa Regional Hospital	Santa Rosa

**DRAFT Press Release**



Sutter Solano Medical Center  
UC Irvine Health  
UC San Diego Health - Hillcrest, UC San Diego Medical Center  
UCLA Medical Center - Santa Monica

Vallejo  
Orange  
La Jolla  
Santa Monica

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CA HHS Logo



# Hospital Name

## 2019 Honor Roll Award

### For Maternity Care and Patient Safety

To receive this award, a California hospital must meet or exceed the Healthy People 2020 goal for low-risk, first-birth cesarean deliveries and has a high patient safety profile in comparison to other hospitals across a variety of domains including hospital acquired infections, adverse events, sepsis management, patient experience, and Leapfrog Hospital Safety Grade.

A handwritten signature in black ink, appearing to read 'R. Imhoff'.

Robert Imhoff, MD  
President  
Hospital Quality Institute

A handwritten signature in black ink, appearing to read 'Bruce W. Spurlock'.

Bruce Spurlock, MD  
Executive Director  
Cal Hospital Compare

Mark Ghaly, MD  
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