

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

Thursday, January 23, 2020

10:00am – 12:00pm PT

Webinar Information

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

Phone: 1-669-900-6833

Access code: Code: 443 789 5416

<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
10:05-10:30 <i>25 min.</i>	Organizational updates - Proposed patient representation on BOD - Changes to TAC composition - Integrating long term care data - Reschedule March in-person meeting	- <b>Bruce Spurlock</b> Executive Director, CHC - <b>Alex Stack</b> Director, CHC
10:30- 11:00 <i>30 min.</i>	Covered CA Network Analysis - Findings - Next steps	- <b>Mahil Senathirajah</b> IBM Watson Health
11:00-11:30 <i>30 min.</i>	Identifying Patient Safety Poor Performers - Methodology - Review preliminary results - Next Steps	- <b>Mahil Senathirajah</b> IBM Watson Health
11:30-11:45 <i>15 min.</i>	General updates - Cal Hospital Compare Honor Rolls o Accepting opioid workgroup nominations - Q4 2019 CMS data refresh	- <b>Alex Stack</b> Director, CHC
11:45-11:55 <i>10 min.</i>	Business plan - Financial report	- <b>Bruce Spurlock</b> Executive Director, CHC
11:55-12:00 <i>5 min.</i>	Wrap-up Adjourn - Next meeting: March 2020 in Oakland (exact date TBD)	- <b>Ken Stuart</b> Board Chair

# Cal Hospital Compare Board of Directors

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# Proposed Agenda

- ▶ Welcome
- ▶ Organizational updates
- ▶ Covered CA Network Analysis
- ▶ Identifying Patient Safety Poor Performers
- ▶ General updates
- ▶ Financials
- ▶ Wrap Up

**David Hopkins**

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# Organizational Updates

# Adding Additional Patient Representation



**Joan Maxwell**  
**Patient Family Advisor**  
**John Muir Health**

Joan Maxwell has 40+ years of experience in the fashion industry, working for retailers and brands. Most recently, she spent 14 years at Vera Bradley, a company that makes womens' handbags, accessories, and travel items. It was thru that lens that Joan became a patient at John Muir Hospital in Walnut Creek, and became passionate about the patient experience. She is currently a Senior Advisor for MakerSights, a tech start up in the Bay Area working with brands to test future concepts with customers to inform decisions during the product development cycle. She has been an advisor on the Patient & Family Advisory Committee at John Muir Health since its inception in 2015. Joan won the James Conway Patient and Family Advisor Scholarship in 2017 to attend the IHI National Forum. Currently, she is on the Advisory Board of PFCC Partners and the Cal Hospital Compare Technical Advisory Board.

# Changes to TAC Composition



**Barbara Kivowitz**  
Patient Family Advisor  
Stanford Health Care &  
Sutter Health

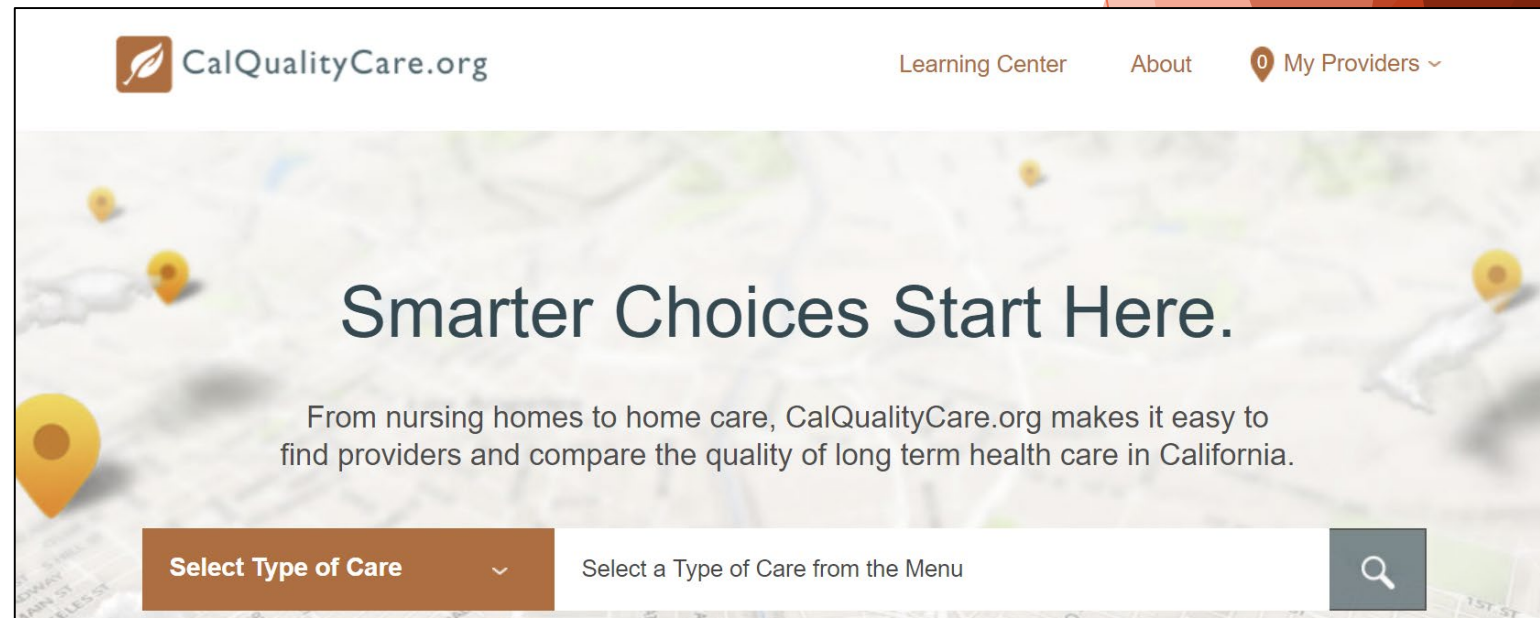


**Mary Schramke**  
Patient Family Advisor

# 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

Budget proposal  
in progress



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



# Reschedule March In-Person Meeting

- ▶ Options include:
  - ▶ Wednesday, March 18
  - ▶ Thursday, March 19
  - ▶ Wednesday, March 25
  - ▶ Thursday, March 26

# Covered CA Network Analysis

# Data Analysis Description

- ▶ IBM Watson Health retrieved the most recent data for following maternity measures for all CA maternity hospitals:
  - ▶ NTSV C-Section (Q2 2019)
  - ▶ Episiotomy (Q2 2019)
  - ▶ Breastfeeding (Q4 2018)
  - ▶ VBAC Available (Y or N) (Q2 2019)
  - ▶ VBAC Rate
  - ▶ Certified Nurse Midwife Available (Y or N) (Q2 2019)
  - ▶ CNM Rate (Q2 2019)
- ▶ We linked the hospital-level data to the Covered CA network information provided in July 2019
- ▶ We then generated plan-network-region level rates as:
  - ▶ Weighted averages (weighted by measure denominator): reflects care received by the population served by the network
  - ▶ Simple averages (equal hospital weighting): reflects the choice faced by consumers
- ▶ Selected results included in this slide deck based on weighted averages

# Region Map

California Rating & Plan Regions  
Color Coded by County



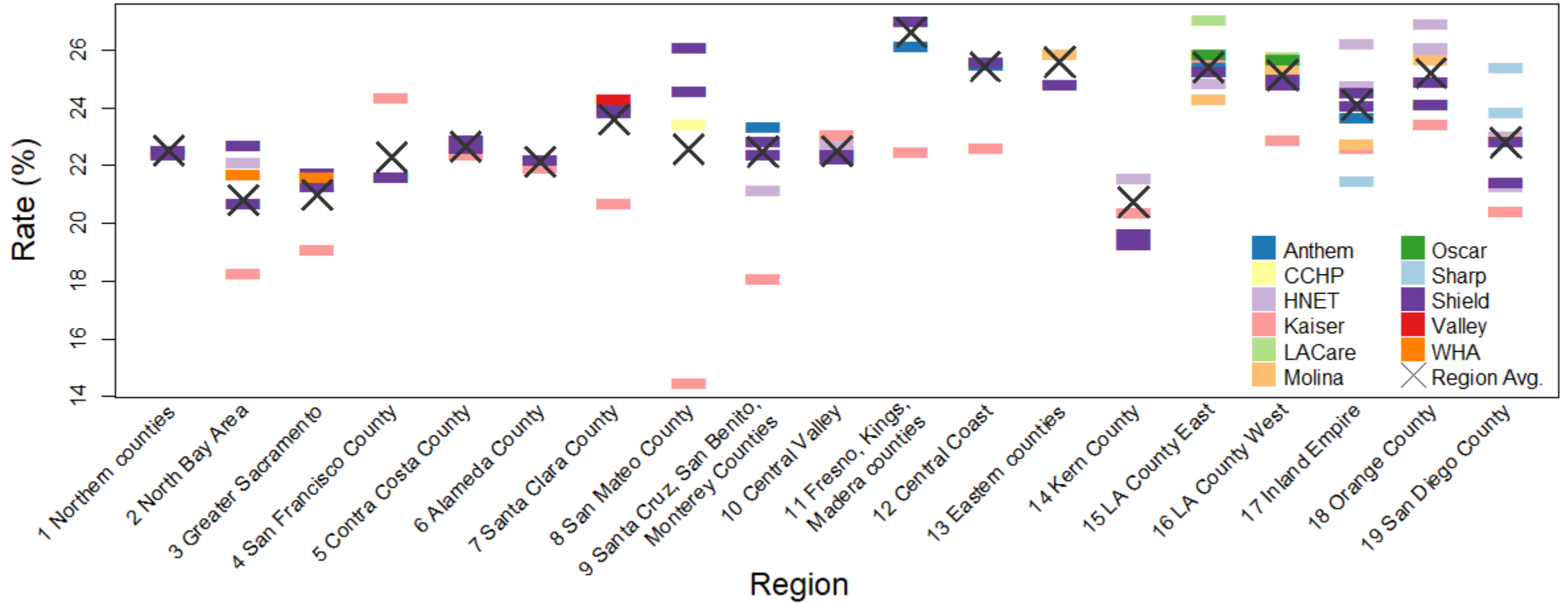
# Network Summary

Region	Number of Unique Plans	Number of Networks				
		HMO	PPO	EPO	HSP	Total
<b>Across All Regions</b>	11	62	25	15	7	109
<b>15 LA County East</b>	7	6	2	1	1	10
<b>16 LA County West</b>	7	6	2	1	1	10
<b>17 Inland Empire</b>	6	6	2	0	1	9
<b>18 Orange County</b>	6	5	2	1	1	9
<b>19 San Diego County</b>	5	5	2	0	1	8
<b>4 San Francisco County</b>	5	3	1	2	0	6
<b>2 North Bay Area</b>	4	3	1	1	0	5
<b>3 Greater Sacramento</b>	4	3	2	0	0	5
<b>7 Santa Clara County</b>	4	3	1	1	0	5
<b>8 San Mateo County</b>	4	3	1	1	0	5
<b>9 Santa Cruz, San Benito, Monterey Counties</b>	4	2	1	2	0	5
<b>10 Central Valley</b>	4	2	1	2	0	5
<b>14 Kern County</b>	3	3	1	0	1	5
<b>5 Contra Costa County</b>	3	2	1	1	0	4
<b>11 Fresno, Kings, Madera counties</b>	3	3	1	0	0	4
<b>12 Central Coast</b>	3	2	1	1	0	4
<b>13 Eastern counties</b>	3	2	1	0	1	4
<b>1 Northern counties</b>	2	1	1	1	0	3
<b>6 Alameda County</b>	2	2	1	0	0	3

# Results

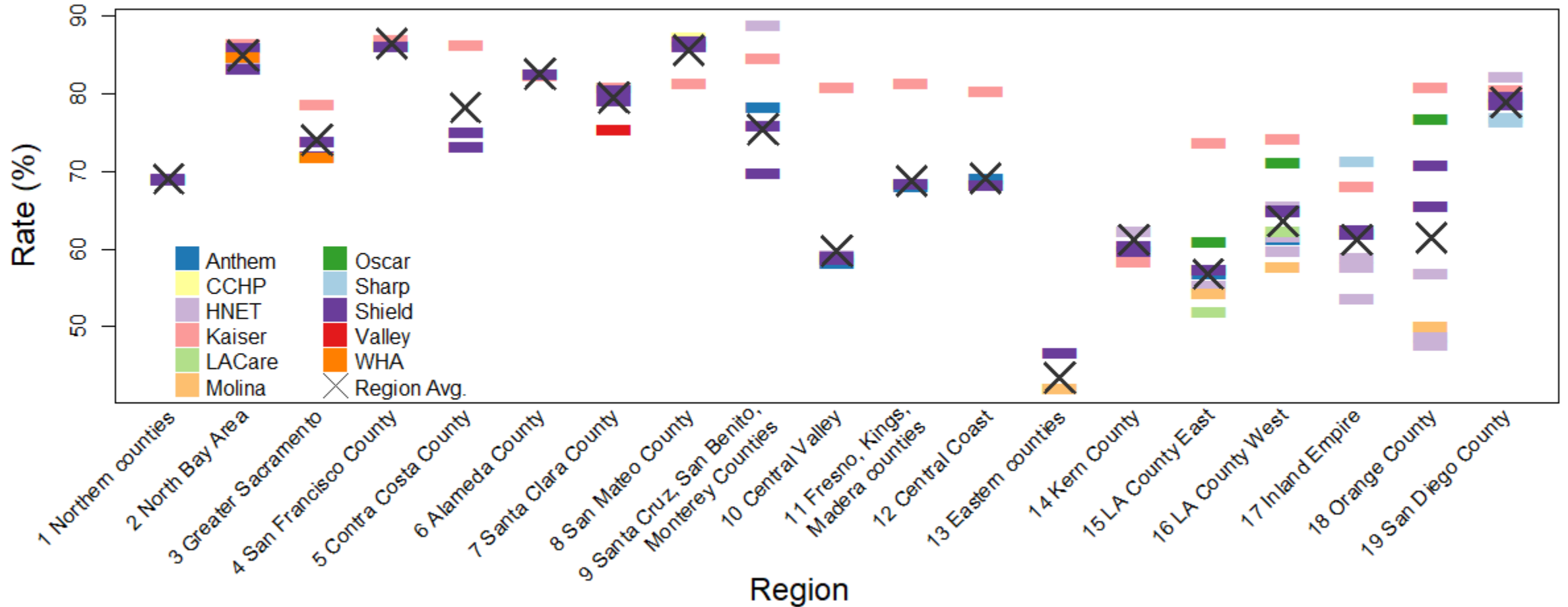
# Wide Variation Across Regions - NTSV C-Section

## Network Level: NTSV C-Section Rate



# Wide Variation Across Regions - Breastfeeding

## Network Level: Breastfeeding Rate





# Within Region Variation - Orange County Example

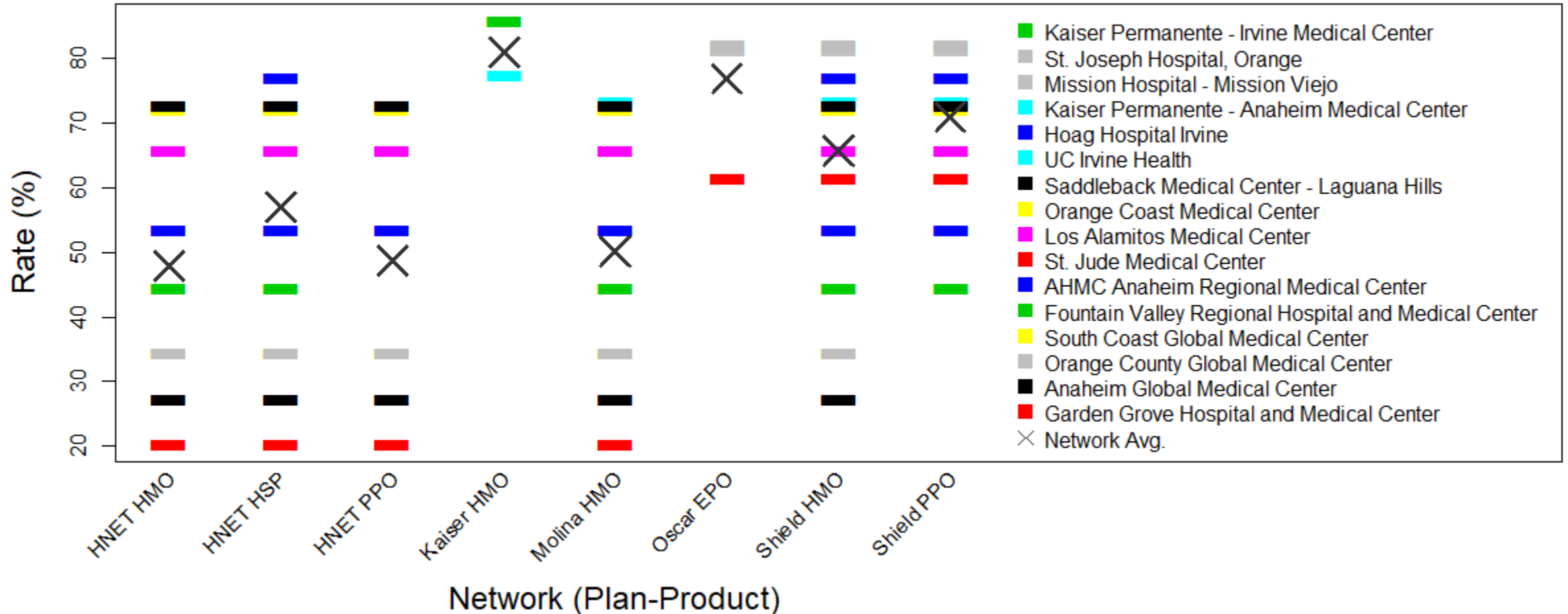
- ▶ Range of network sizes: Oscar narrow, Shield HMO broad, HNet moderate

Plan	Product	Region	Universe of Hospitals: Number of Hosps With At Least One Contract In Region	Number of Network Hospitals Providing Maternity Services (in Plan/ Product Region)
LACare	HMO	18 Orange County	24	0
Kaiser	HMO	18 Orange County	24	2
Oscar	EPO	18 Orange County	24	3
HNET	PPO	18 Orange County	24	8
HNET	HMO	18 Orange County	24	9
Molina	HMO	18 Orange County	24	10
HNET	HSP	18 Orange County	24	11
Shield	PPO	18 Orange County	24	11
Shield	HMO	18 Orange County	24	14



# Within Region Variation - Orange County Example

## Hospital Level: Breastfeeding Rate



# ...VBAC Relatively Unavailable in Some Regions and Networks

No VBAC Available in Eastern Region

Plan	Product	Region	Number of Hospitals		VBAC Offered?	VBAC Rate
			Universe of Hospitals: Number of Hosps. With At Least One Contract In Region	Number of Network Hospitals Providing Maternity Services (in Plan/ Product Region)	Number of Hospitals	Weighted Rate
HNET	HMO	13 Eastern counties	4	2	0	0
HNET	HSP	13 Eastern counties	4	2	0	0
Molina	HMO	13 Eastern counties	4	2	0	0
Shield	PPO	13 Eastern counties	4	4	0	0

# ...VBAC Relatively Unavailable in Some Regions and Networks

Few hospitals with VBAC Available in Northern Counties

Plan	Product	Region	Number of Hospitals		VBAC Offered?	VBAC Rate
			Universe of Hospitals: Number of Hosps. With At Least One Contract In Region	Number of Network Hospitals Providing Maternity Services (in Plan/ Product Region)	Number of Hospitals	Weighted Rate
Anthem	EPO	1 Northern Counties	33	22	2	10
Shield	HMO	1 Northern Counties	33	13	0	0
Shield	PPO	1 Northern Counties	33	22	2	10

# In Summary

- ▶ Wide variation across regions
- ▶ Variation within some regions
  - ▶ In part, driven by inclusion of poor performing hospitals in networks
- ▶ Availability of VBAC can be spotty

# Possible Analytic Questions for Study

- ▶ Extent to which networks overlap
- ▶ Relationship between network size and quality
- ▶ Relationship between network type (e.g. EPO, PPO) and quality
- ▶ Further analysis of regional variation - all measures
  - ▶ Possible incorporation of socio-demographic data from census and IBM Prizm survey (Region and/or hospital-level)
- ▶ Further analysis of VBAC and CNM availability across regions and within regions
  - ▶ Distance needed to travel to obtain service: VBAC and CNM “deserts”
  - ▶ Relationship between VBAC availability and VBAC rates
- ▶ Analysis of poorer performing networks by region
  - ▶ Which hospitals are driving poor performance
  - ▶ Do plans have option to stop contracting with those hospitals while still maintaining a robust network
  - ▶ Excel drill down tool

# ...Possible Analytic Questions for Study

- ▶ Examining impact of integrated delivery systems: Kaiser and Sharp
- ▶ Examination of performance by other hospital characteristics:
  - ▶ System vs non-system
  - ▶ Urban/rural
  - ▶ Maternity volume etc.
- ▶ Trends: most and least improved, lessons learned
- ▶ Methodological options:
  - ▶ Creation of maternity composite to examine differences in aggregate (rather than measure by measure)
    - ▶ Examination of performance correlation across measures at both hospital and network-level
  - ▶ Statistical significance testing
  - ▶ Attachment of Covered CA hospital-level birth volume data (from Advantage Suite) so that performance assessment reflects experience of Covered CA members
    - ▶ Network rates weighted by Covered CA volume
    - ▶ Projections of e.g. C-Sections saved by addressing poorer performing hospitals
    - ▶ Geographically granular performance assessment (e.g., by member county)



# Patient Safety Poor Performers 2.0

Using Leapfrog Grade Point Averages

# Poor Performers Report Timeline

- ▶ First Patient Safety Poor Performers list made available to hospitals, health plans and Covered California during Summer 2019
- ▶ Next Patient Safety Poor Performers list expected to be released Feb. 2020
  - ▶ New data expected from Leapfrog and CMS end of Jan.
- ▶ TAC charged with improving methodology, specifically addressing the use of Leapfrog information
- ▶ Question for TAC:
  - ▶ Review modeling options
  - ▶ Should there be two tiers of poor performers?

# Identifying Patient Safety Poor Performers Version 1.0

- ▶ “Inverse” of Patient Safety Honor Roll 1.0
- ▶ Target hospitals must report at least 4 of 6 measures
- ▶ Measures:
  - ▶ HAIs (CLABSI, CAUTI, SSI Colon Surgery, MRSA, CDI)
  - ▶ AHRQ PSI 90 Composite

Poor Performance	
Algorithm	Exemption
Benchmark	None
2/3 of measure results <u>below</u> 50th percentile	

OR

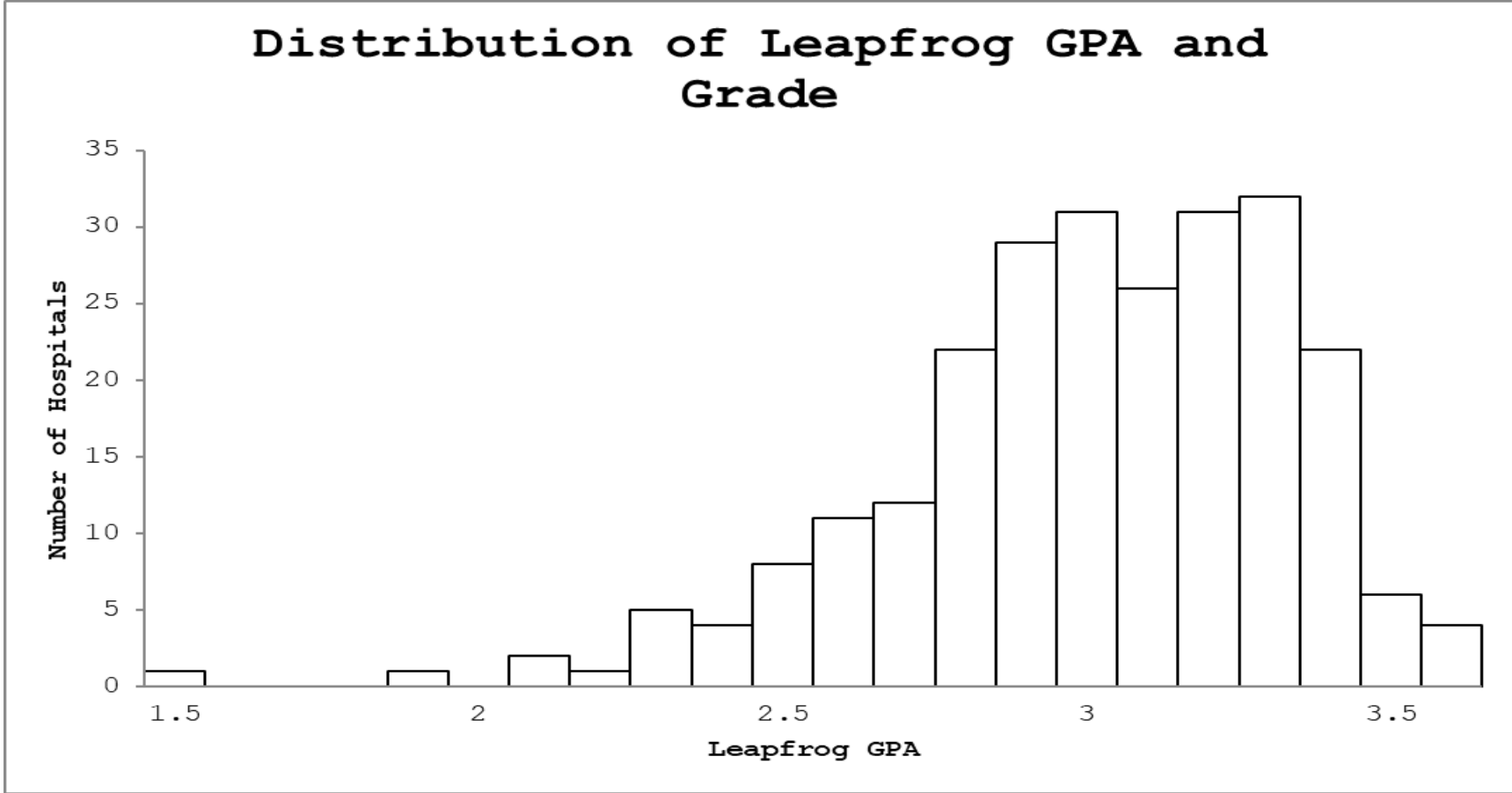
Poor Performance	
Leapfrog	Two D's and an F

# Patient Safety Poor Performers 1.0

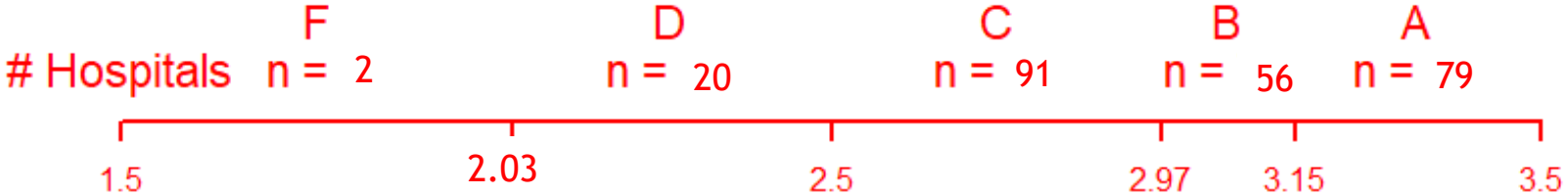
## ▶ 2019 Results

- Total Poor Performers = 45
  - Algorithm Only = 40 (17% of the 233 hospitals with four or more measures)
  - Leapfrog Only = 4 (1.6% of the 244 graded hospitals)
  - Both = 1
- ▶ Due to the distribution of hospitals scores across letter grades, few hospitals identified from Leapfrog criteria

# Leapfrog GPAs and Grades



Letter Grade



# Poor Performers - Version 2.0

- ▶ Expand measure set to be consistent with Patient Safety Honor Roll 2.0
  - ▶ 12 measures
  - ▶ Honor Roll 1.0: 5 HAIs, PSI 90
  - ▶ Honor Roll 2.0: Add 5 HCAHPS, SEP-1
- ▶ Minimum Requirement: Rates for 6 of 12 measures available

# Leapfrog Poor Performers

- ▶ Poorly performing hospitals can be identified by Leapfrog GPA thresholds
- ▶ IBM Watson Health modeled the use of the following GPA cutpoints
  - ▶ Scenario 1: GPA < 2.5 (i.e., grade D or lower)
  - ▶ Scenario 2: GPA < 2.67 (approx. equivalent to a C minus)
  - ▶ Scenario 3: GPA < 2.75 (approx. equivalent to a C)
- ▶ Algorithmic criteria two scenarios:
  - ▶ 2/3 measures below 50<sup>th</sup> percentile
  - ▶ 2/3 measures below 50<sup>th</sup> percentile and none above 10<sup>th</sup> percentile
- ▶ We also created two tiers of poor performers, similar to the high performer honor roll:
  - ▶ Tier 1 = Meets algorithmic and Leapfrog poor performer criteria
  - ▶ Tier 2 = Meets algorithmic or Leapfrog poor performer criteria

## Measures:

- HAIs (CLABSI, CAUTI, SSI Colon Surgery, MRSA, CDI)
- AHRQ PSI 90 Composite
- Sepsis Management
- HCAHPS

# 2020 Poor Performer Results

Total CalHospitalCompare Hospitals = 326

Scenario	Eligible Hospitals		Algorithmic	Leap Frog	Tier 1 (AND)	Tier 2 (OR)	Honor Roll Criteria (for hospitals meeting Minimum Measures)
	Algorithmic	Leap Frog					
Alg.: At least 2/3 of measure results below <b>50th percentile.</b>							
1	301	242	63	16	12	67	Leapfrog: Average GPA < 2.5
2	301	242	63	39	24	78	Leapfrog: Average GPA < 2.67
3	301	242	63	46	27	82	Leapfrog: Average GPA < 2.75
Alg. :At least 2/3 of measure results below <b>40th percentile.</b>							
4	301	242	58	16	9	65	Leapfrog: Average GPA < 2.5
5	301	242	58	39	20	77	Leapfrog: Average GPA < 2.67
6	301	242	58	46	23	81	Leapfrog: Average GPA < 2.75
Alg.:At least 2/3 of measure results below <b>30th percentile.</b>							
7	301	242	56	16	9	63	Leapfrog: Average GPA < 2.5
8	301	242	56	39	19	76	Leapfrog: Average GPA < 2.67
9	301	242	56	46	21	81	Leapfrog: Average GPA < 2.75



# Other Signals

- ▶ **Payment Reduction Determined by CMS HAC Reduction Program**
  - ▶ CMS will release FY 2020 HAC Reduction Program information for each hospital on Hospital Compare in January 2020
- ▶ **CDPH Annual HAI Report (2018) - Hospitals with HAI Incidence Worse than National Baselines in 2018 for Multiple Infection Types or in Consecutive Years**

20 hospitals reported a reduction in CLABSI incidence. Overall, the 20 hospitals reported 217 fewer CLABSI in 2018 compared with 2017.

Among 39 hospitals targeted for multi-year high CDI in 2017, 37 (95%) improved and are no longer significantly higher than 2015 national baselines. Among these 37 hospitals, 15 (41%) are significantly lower (better) than national baselines.

In 2018, CDPH evaluated the impact of a CDI prevention collaborative among hospitals and healthcare facilities in Orange County. The results of the analysis showed a significant 4% per month reduction in CDI incidence among hospitals that participated in the collaborative from June 2015 to June 2016 [6]. CDPH also found a 2% per month decrease in community-onset CDI among patients admitted to Orange County hospitals following the prevention collaborative.

Sixteen hospitals reported 52% of all VRE BSI in 2017 and were asked to evaluate their VRE prevention practices. Fourteen (88%) of these hospitals

reported a reduction in VRE BSI rates in 2018, resulting in 51 fewer VRE BSI reported by the 16 targeted hospitals.

Last year, 44 hospitals were prioritized for outreach based on high SSI incidence compared with other California hospitals performing the same procedures. Ten (23%) of those hospitals showed significant reductions in SSI incidence from 2017 to 2018 for one of the targeted procedure types, including two hospitals with significant decreases in multiple procedure types.

Overall, 41 (93%) of 44 targeted hospitals had a decrease in SSI incidence (defined as any reduction in SIR) for at least one of the procedures for which they had been targeted.

#### Hospitals with High HAI Incidence

Seven hospitals have HAI incidence that remains significantly higher (worse) than national baselines for four consecutive years, 2015-2018. Ten other hospitals are also worse for two or

**Table 4. Hospitals with HAI Incidence Worse than National Baselines in 2018 for Multiple Infection Types or in Consecutive Years**

Hospital Name	County	HAI Type	Worse than 2015 National Baseline
Centinela Hospital Medical Center	Los Angeles	MRSA BSI	2017, 2018
Children's Hospital Los Angeles	Los Angeles	CDI	2017, 2018
City of Hope Helford Clinical Research Hospital	Los Angeles	CDI	2016, 2017, 2018
Garfield Medical Center	Los Angeles	VRE BSI	2015, 2016, 2017, 2018
		CLABSI	2018
LAC+USC Medical Center	Los Angeles	CLABSI	2017, 2018
			2015, 2016, 2017, 2018

three consecutive years or for multiple HAI types in 2018 (Table 4).

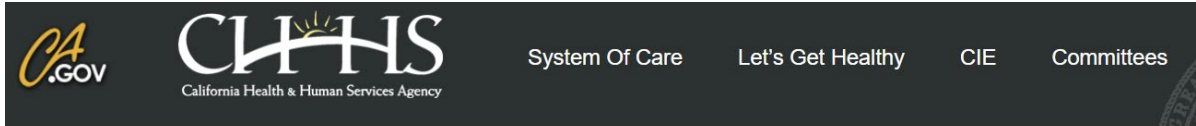
In addition, 27 hospitals had significantly high HAI incidence for one HAI type in 2018 compared with the 2015 national baseline (Appendix A).

**Table 4. Hospitals with HAI Incidence Worse than National Baselines in 2018 for Multiple Infection Types or in Consecutive Years, Continued**

Hospital Name	County	HAI Type	Worse than 2015 Baseline
Olympia Medical Center	Los Angeles	CLABSI MRSA BSI	2015, 2016, 2017, 2018 2018
Ronald Reagan UCLA Medical Center	Los Angeles	VRE BSI	2015, 2016, 2017, 2018
Saint Vincent Medical Center	Los Angeles	CDI CLABSI VRE BSI	2018 2018 2018
Southern California Hospital at Culver City	Los Angeles	CDI CLABSI	2018 2018
West Hills Hospital & Medical Center	Los Angeles	CDI CLABSI	2017, 2018 2018
Loma Linda University Medical Center	San Bernardino	VRE BSI	2016, 2017, 2018
Loma Linda University Surgical Hospital	San Bernardino	CDI	2017, 2018
UC San Diego Health La Jolla	San Diego	CDI	2017, 2018
California Pacific Medical Center, Pacific Campus Hospital	San Francisco	VRE BSI	2015, 2016, 2017, 2018
UCSF Medical Center	San Francisco	CDI	2015, 2016, 2017, 2018
Stanford Health Care	Santa Clara	VRE BSI	2015, 2016, 2017, 2018
Kaweah Delta Medical Center	Tulare	CLABSI MRSA BSI	2018 2017, 2018

# General Updates

# Honor Roll Announcement



## Cal Hospital Compare Announces 2019 Honor Rolls

December 13, 2019  
Featured, Press Releases

FOR IMMEDIATE RELEASE

DATE: December 13, 2019

<https://www.chhs.ca.gov/blog/2019/12/13/cal-hospital-compare-announces-2019-honor-rolls/>



- ▶ CHHS Agency announced Maternity & Patient Safety Honor Roll recipients and Opioid Care Honor Roll Program participants on Friday, December 13<sup>th</sup>.
- ▶ CHC recognized all hospitals with a certificate, sent Jan.
- ▶ Results on CHC Website:
  - ▶ Programs page outlines honor roll purpose & 2019 results
  - ▶ Awardees received honor roll “badges”
- ▶ OSHPD Maternity Honor Roll Data visualization

# State of California HEALTH AND HUMAN SERVICES AGENCY

## Cal Hospital Compare Announces 2019 Honor Rolls

GAVIN NEWSOM  
GOVERNOR



MARK A. GHALY MD, MPH  
SECRETARY

Sacramento, CA – On December 13, 2019, California Health and Human Services Agency Secretary Dr. Mark Ghaly, along with Cal Hospital Compare, recognized hospitals across California for their high performance in [maternity care, patient safety, and commitment to safe opioid care](#).

- 36 hospitals met performance standards in both maternity care and patient safety.
- [134 hospitals](#) met performance standards in maternity care.
- [77 hospitals](#) met performance standards in patient safety.
- [60 hospitals](#) are being recognized for participating in the pilot year of the opioid care honor roll program.

Aging

Child Support  
Services

Community Services  
and Development

Developmental  
Services

Emergency Medical  
Services Authority

Health Care Services

Managed Health Care

Office of Health Information  
Integrity

Office of Innovation

Office of Law Enforcement  
Support

Office of Patient Advocate

Office of Surgeon General

Office of Systems Integration

Public Health

Rehabilitation

Social Services

State Hospitals

Statewide Health  
Planning and  
Development

“Improving the quality of patient care in hospitals is critically important,” said Dr. Ghaly. “These annual measurements through Cal Hospital Compare allow us to acknowledge hospitals doing excellent work and also inform hospitals when improvement is needed.”

“Cal Hospital Compare is proud to contribute to the statewide effort to improve quality in the hospital setting by providing a roadmap and way to evaluate performance for hospitals in the important areas of maternity, patient safety, and opioid care— and show where improvement is needed,” said Bruce Spurlock, MD, the executive director of Cal Hospital Compare. “We invite all California hospitals to use these honor rolls as a tool to evaluate and benchmark performance against other hospitals.”

Cal Hospital Compare, a nonprofit organization, has been providing Californians with objective hospital performance ratings for more than a decade. For the last four years, California has also recognized hospitals that meet or surpass a statewide target of C-section rates of 23.9 percent for low-risk, first-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 collects the data and actively works with hospitals to safely reduce low-risk C-sections. Between 2014 and 2018, the percentage of California hospitals meeting the target went from 40 percent to 57 percent, 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 is also releasing its first Patient Safety Honor Roll today, recognizing 77 hospitals with high safety profiles in comparison to other California hospitals. Cal Hospital Compare has 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.

This year Cal Hospital Compare launched the Opioid Care Honor Roll to help address the ongoing opioid 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 is clear more work is needed. In 2020, Cal Hospital Compare will 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,” said Dr. Ghaly. “Participating in the Opioid Care Honor Roll demonstrates a hospital’s commitment to treating opioid use disorder and reducing deaths from addiction.”

The California Health and Human Services Agency and Cal Hospital Compare recognize the following 36 hospitals for achieving recognition on the Maternity and Patient Safety Honor Rolls.

For more information on individual honor rolls and recipients, please refer to the Cal Hospital Compare [website here](#).

### 36 Hospitals with Maternity and Patient Safety Honor Roll Status

Hospital Name	City
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
Sutter Solano Medical Center	Vallejo
UC Irvine Health	Orange
UC San Diego Health - Hillcrest, UC San Diego Medical Center	La Jolla
UCLA Medical Center - Santa Monica	Santa Monica

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# Marian Regional Medical Center

## 2019 Honor Roll Award For Maternity Care

To receive this award, a California hospital must achieve a Cesarean section rate of 23.9 percent or lower for low-risk, first birth deliveries. The award is based on most recent data reported by California Maternal Quality Care Collaborative, Office of Statewide Health Planning and Development and the California Department of Public Health-Vital Records.

A handwritten signature in blue ink that reads "Mark Ghaly".

Mark Ghaly, MD  
Secretary  
CHHS Agency

A handwritten signature in black ink that reads "R. Imhoff".

Robert Imhoff  
President  
Hospital Quality Institute

A handwritten signature in black ink that reads "Bruce W. Spurlock".

Bruce Spurlock, MD  
Executive Director  
Cal Hospital Compare



# 2020 Honor Roll Timeline

Announce  
Awardees  
Winter 2020

## Opioid Care

- Blog (Jan)
- Workgroup (Jan-Feb)
- Optional hospital benchmarking opportunity (Jan-Apr)
- 5 part webinar series (May-Sept)
- Hospital submit self-assessment (Sept-Oct)

## Patient Safety (Spring/Fall)

- Refine methodology e.g. cut points and use of Leapfrog scores

## Maternity (Spring/Fall)

- Revise statewide target?

# Opioid Care Honor Roll Workgroup

**Accepting workgroup nominations**

Two meetings scheduled:

**Jan.  
28**

**Feb.  
20**

Email suggestions to Alex Stack @ [astack@cynosurehealth.org](mailto:astack@cynosurehealth.org)

## 2020 Work Group Members Opioid Care Honor Roll Program

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# Q4 2019 CMS Data Refresh *in progress*

## Updated measures include:

- CDPH
  - Breastfeeding
- OSHPD
  - Cancer surgery volume
  - CABG
- CMS Hospital Compare
  - ED Care
  - HAIs
  - Patient experience
  - VTE6, SEP-1, PSI90
- *No new measures*

## Next steps:

- Update maternity measures for ALL CHC maternity hospitals using CMQCC MDC data (Jul '18 - Jun '19)

# 2020 Board of Directors Meeting Schedule

- ▶ **March 2020 (exact date TBD) - 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!