

# Cal Hospital Compare Board of Directors

February 10, 2021

10:00am-12:00pm Pacific Time

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

Phone: 1-669-900-6833

Access code: 443 789 5416

Passcode: cyno#

## Cal Hospital Compare Board of Directors Meeting Agenda

Wednesday, February 10, 2021

10:00am – 12:00pm PT

### Webinar Information

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Time	Agenda Item	Presenters and Documents
10:00-10:05 5 min.	Welcome and call to order - Approval of past meeting summary	- <b>Ken Stuart</b> Board Chair - <b>Bruce Spurlock</b> Executive Director, CHC
10:05-10:20 15 min.	Organizational updates - Q4 website data refresh – <i>complete</i> - Planned hospital COVID-10 study - Reboot Cal Quality Care Website	- <b>Alex Stack</b> Director, CHC
10:20 – 10:35 15 min.	2020 Patient Safety Honor Roll - Used 2019 methodology - 2020 results - Comparing 2019 vs 2020 results	- <b>Mahil Senathirajah</b> Senior Director, IBM Watson Health
10:35 – 10:55 20 min.	2021 Patient Safety Poor Performer Report - Used 2020 methodology - 2021 results - Comparing 2020 to 2021 results	- <b>Mahil Senathirajah</b> Senior Director, IBM Watson Health
10:55– 11:25 30 min.	Cal Hospital Compare Analytics - High level historical trends – maternity measures as an example - BOD feedback on moving forward	- <b>Mahil Senathirajah</b> Senior Director, IBM Watson Health
11:25-11:40 15 min.	Business plan - Financial report	- <b>Bruce Spurlock</b> Executive Director, CHC
11:40-11:45 5 min.	Wrap-up Adjourn - Next meeting: Wednesday, April 14, 10:00am - 12:00pm PST (Zoom Call)	- <b>Ken Stuart</b> Board Chair

# Proposed Agenda

- ▶ Welcome & call to order
- ▶ Organizational updates
- ▶ 2020 Patient Safety Honor Roll
- ▶ 2021 Patient Safety Poor Performer Report
- ▶ Cal Hospital Compare Analytics
- ▶ Business plan
- ▶ Wrap Up

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Cal Hospital Compare  
Board of Directors Meeting Summary  
Wednesday, December 16, 2020  
9:00am – 11:00am PST via Zoom Webinar

**Attendees:** David Hopkins, Libby Hoy, Andy Krackov, Chris Krawczyk, Parker Lewis, Julia Logan, Helen Macfie, Elliott Main, Joan Maxwell, Mahil Senathirajah, Bruce Spurlock, Kristof Stremikis, Ken Stuart, 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 9:03am Pacific Time.</li> <li>• The meeting summary of October 29, 2020 was motioned, seconded, and approved as submitted.</li> <li>• </li> </ul>
<b>Organizational Updates</b>	<ul style="list-style-type: none"> <li>• Alex Stack welcomed a daughter on November 26<sup>th</sup> and anticipates returning in mid-January.</li> <li>• Q4 2020 data refresh is currently in progress.</li> <li>• The SNF-COVID study issue brief was released on December 1<sup>st</sup>. Bruce is facilitating a legislative briefing to discuss the data and findings.</li> <li>• A joint press release with CHHS and CHC recognizing the Maternity Care and Opioid Care Honor Rolls was published today. Results of the Patient Safety Honor Roll will be released in January.</li> <li>• CMS Hospital Compare data has been suspended for January and April 2021 and is expected to resume in July.</li> </ul>
<b>Measure Analyses &amp; Price Transparency</b>	<ul style="list-style-type: none"> <li>• Mahil provided an overview of the proposed in-depth measure analyses, price transparency and value, and short stay SNF measure analyses. Pricing data is expected to be published on each hospital's respective website on January 1, 2021.</li> <li>• David Hopkins suggested reaching out to the health plans to request funding.</li> <li>• Ken Stuart recommended connecting with the CA Association Health Plan.</li> <li>• Libby and Joan voiced potential limitations that could affect the consumer.</li> <li>• Kristof is interested in the value of exploratory work for policy makers.</li> <li>• Helen emphasized the importance of assisting the consumer with navigating access to the price transparency data.</li> <li>• The health plans expressed an interest in SNF cost utilization.</li> <li>• The Board collectively supported conducting further measure analyses with a specific customer in mind.</li> </ul>
<b>Patient Activation Proposal</b>	<ul style="list-style-type: none"> <li>• Andy and Alex held additional key stakeholder interviews from a total of 14 organizations.</li> <li>• Andy reviewed the proposed strategies for this work including marketing partnerships and integrating a widget tool on relevant websites.</li> <li>• The goal is to pilot this approach by the end of 2021.</li> </ul>

	<ul style="list-style-type: none"> <li>• Libby recommended evaluating schedule of patient interviews – where they are being conducted and encouraged holding both focus groups and interviews. She also suggested expanding partnerships to patient family and community in addition to the payers.</li> <li>• Elliott recommended changing the column title “Rating” on the CHC website to “Performance” and adding other resources to enhance interpretation – i.e. Adding link of 2-minute video on My Birth Matters.</li> <li>• Helen recommended collecting feedback from hospital patient family advisory councils when conducting interviews and focus groups.</li> </ul>
<b>2021 Maternity Honor Roll</b>	<ul style="list-style-type: none"> <li>• Elliott Main presented on the proposed honor roll for 2021. The Healthy People 2030 NTSV C-section target was proposed at 23.6%. COVID and an increased focus on patient safety will directly impact 2020 data.</li> <li>• The Board agreed to move the target to 23.6%.</li> </ul>
<b>Next Meeting/Meeting Adjournment</b>	<ul style="list-style-type: none"> <li>• The next Board of Directors meeting is scheduled on February 10, 2021 at 10:00am PST via Zoom. The meeting formally adjourned at 10:33am PST.</li> </ul>

Cal Hospital Compare  
Executive Session Summary  
Wednesday, December 16, 2020

**Attendees:** Bruce Spurlock, Ken Stuart, Joan Maxwell, Helen Macfie, Tracy Fisk

Agenda Items	Discussion
	<ul style="list-style-type: none"> <li>The Executive Session commenced immediately following the Board of Directors Meeting.</li> </ul>
<b>Action Items</b>	<ul style="list-style-type: none"> <li>Due to time constraints, a number of the Board members were not available to attend the Executive Session. The four remaining Board members proposed the following actions:               <ol style="list-style-type: none"> <li>Endorse and ratify the Data Use Fee schedule for 2021 with the following caveats:                   <ol style="list-style-type: none"> <li>The fees will not be raised at a minimum for two years</li> <li>A clear explanation of added value and services will be incorporated into what funding health plans will receive</li> </ol> </li> <li>Adopt the straw recommendation from staff on how to budget for 2021:                   <ol style="list-style-type: none"> <li>Authorize up to \$42,000 for Patient Activation/Outreach as presented at the meeting</li> <li>Create an RFP in Q1 2021 for reinstituting Cal Quality Care and provide Long Term Care results, including a possible Nursing Home Honor Roll</li> <li>Authorize \$30,000 for additional trend analysis by IBM Watson in Lieu of 2 quarters of CMS updates. Additional funds may be available depending on the results and costs of the RFP</li> </ol> </li> <li>Request Board members review and, if agreeable, ratify these actions</li> </ol> </li> <li>An e-mail vote occurred after the meeting and the Board of Directors action was ratified unanimously as of December 23, 2020.</li> </ul>

# Organizational Updates



# Q4 2020 Website Data Refresh *Complete*

## Updated measures include:

- CMS, CDPH, OSHPD, & maternity measures
- Retired CJRR measures
- No new measures

# 2021-2022 Reporting Timeline

## Patient Safety Honor Roll (2020)

- February 2021

## Patient Safety Poor Performers (2021)

- February 2021

## Maternity Honor Roll (2021)

- July 2021

## Opioid Care Honor Roll (2021)

- Winter 2022

## Patient Safety Honor Roll (2021)

- Winter 2022

# Hospital COVID-19 Study

## Comprehensive Hospital Preparedness Checklist for Coronavirus Disease 2019 (COVID-19)

Planning for a community outbreak of Coronavirus Disease 2019 (COVID-19) is a response. The Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (HHS) have released a comprehensive checklist for hospitals (acute care facilities) to assess and improve their preparedness. Because of variability of outbreaks, as well as differences in the hospital/community, scope of services, each hospital's circumstances. This checklist should be used as one of the COVID-19 preparedness plan. Additional information can be found at <https://www.cdc.gov/media/releases/2020/s0123-covid-19-checklist.html>.

An effective COVID-19 hospital preparedness plan will include a comprehensive assessment of the hospital's readiness to respond to a community outbreak of COVID-19. Hospitals should refer to state and federal pandemic influenza preparedness plans, as well as applicable state and federal regulations and with standards set by accreditation organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Comprehensive COVID-19 planning includes: (1) Assessing the hospital's readiness to respond to a community outbreak of COVID-19; (2) Developing a COVID-19 response plan; (3) Implementing the COVID-19 response plan; (4) Monitoring the hospital's readiness to respond to a community outbreak of COVID-19; (5) Evaluating the hospital's readiness to respond to a community outbreak of COVID-19; and (6) Communicating effectively with the community in emergency situations.

All U.S. hospitals should be prepared for the possible arrival of patients with COVID-19. All hospitals should be trained, equipped and capable of practices needed to: (1) Prevent the spread of COVID-19 within the hospital; (2) Isolate patients with possible COVID-19 and inform the correct facility staff and public health officials; (3) Monitor the number of patients with confirmed or suspected COVID-19 as part of routine operations; (4) Manage the care of patients in the context of an escalating outbreak while maintaining adequate care for other patients; (5) Protect any healthcare personnel that might be exposed to COVID-19; and (6) Communicate effectively with the community in emergency situations.

## Federal Data Reveal Which Hospitals Are Dangerously Full This Week. Is Yours?

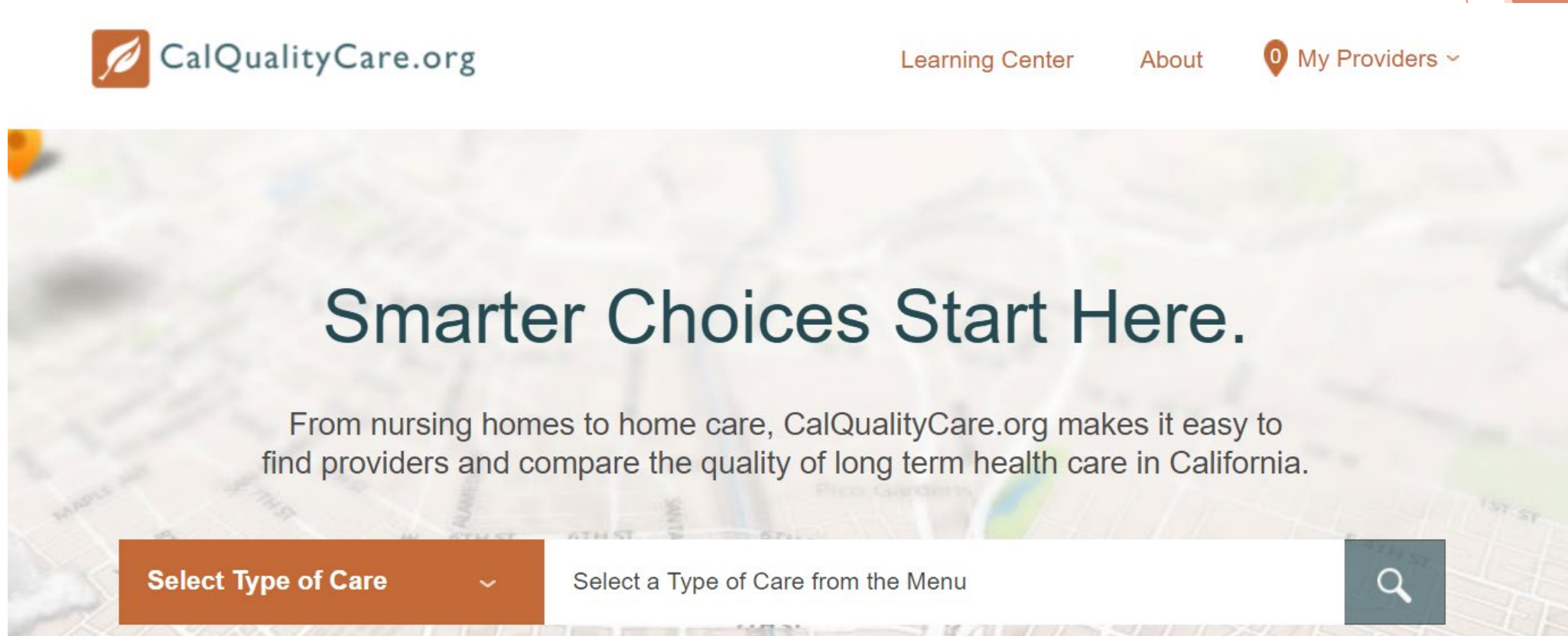
January 25, 2021 · 3:50 PM ET

**‘People are going to die’: Hospitals in half the states are facing a massive staffing shortage as Covid-19 surges**

By OLIVIA GOLDHILL @OliviaGoldhill / NOVEMBER 19, 2020

[Reprints](#)

# Cal Quality Care Website Reboot



# Proposal Timeline

Deliverable	Date
Request for Proposal Release	February 1, 2021
Letter of Intent due	February 12, 2021
Submission of questions due	February 15, 2021
Responses to questions	February 22, 2021
Proposals due	March 1, 2021
Evaluation	March 2021
Outreach for additional questions (if necessary)	April 1, 2021
Award Notification	April 15, 2021
Start of Contract	June 1, 2021

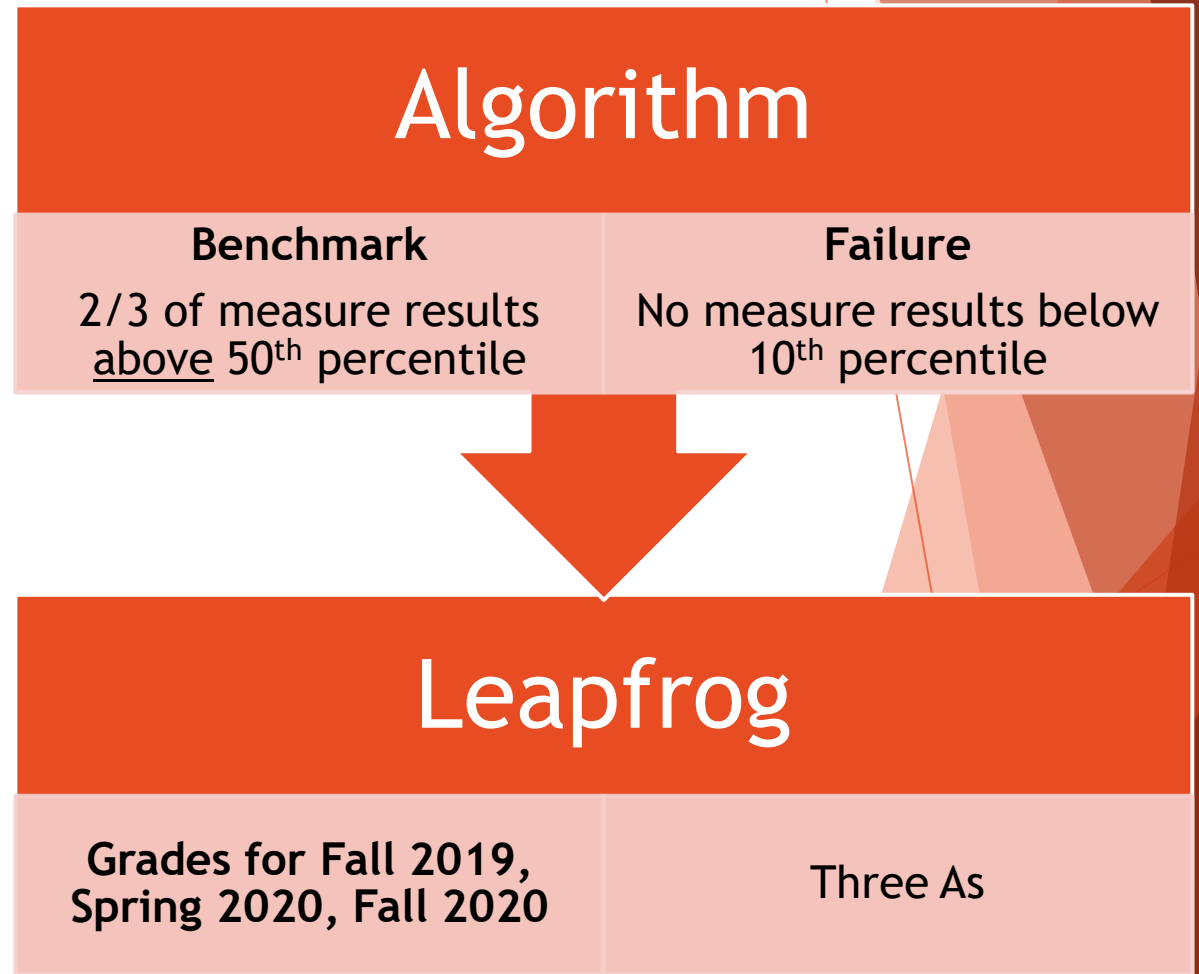
Volunteers?

# Patient Safety Honor Roll

2020 Performance Report

# Honor Roll Criteria

- Tier 1: Met Algorithmic and Leapfrog Criteria
- Tier 2: Met Algorithmic or Leapfrog Criteria



# Summary of Results

## 2020 Patient Safety Honor Roll

Total CalHospitalCompare Hospitals = 329

Eligible Hospitals			Algorithmic	Leap Frog	Tier 1 (AND)	Tier 2 (OR)
Algorithmic	Leap Frog	Both				
305	233	229	36	54	17	56

Note: Number of Tier 2 Hospitals excludes those meeting Tier 1 criteria

## 2019 Patient Safety Honor Roll

Total CalHospitalCompare Hospitals = 326

Eligible Hospitals			Algorithmic	Leap Frog	Tier 1 (AND)	Tier 2 (OR)
Algorithmic	Leap Frog	Both				
301	242	242	45	49	17	60



# PSHR Summary of Changes: 2019 vs 2020

- ▶ Tier 1, 2020 = 17 Hospitals
- ▶ Tier 2, 2020 = 56 Hospitals

**Stability:**

**Switching Tiers:  
Joining Tier 2:**

Only 4 hospitals joined/left Tier 1 that were not in Tier 2  
6 hospitals joined Tier 1 from Tier 2 and vice versa  
More hospitals joining/leaving Tier 2

Same Tier in 2020 and 2019	34
Switch Tiers: Tier 1 in 2019 to Tier 2 in 2020	6
Switch Tiers: Tier 2 in 2019 to Tier 1 in 2020	6
New: Tier 1 in 2020 (no Honor Roll in 2019)	4
New: Tier 2 in 2020 (no Honor Roll in 2019)	23
Removed: Tier 1 in 2019 (no Honor Roll in 2020)	4
Removed: Tier 2 in 2019 (no Honor Roll in 2020)	27

# Tier 1 PSHR Hospitals (17)

- ▶ Adventist Health Ukiah Valley
- ▶ Alhambra Hospital Medical Center
- ▶ Dominican Hospital
- ▶ Hoag Memorial Hospital Presbyterian
- ▶ John Muir Medical Center - Walnut Creek Campus
- ▶ 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 Riverside Medical Center
- ▶ Kaiser Permanente South San Francisco Medical Center
- ▶ Kaiser Permanente Vallejo Medical Center
- ▶ Natividad Medical Center
- ▶ Providence Little Company of Mary Medical Center Torrance
- ▶ Salinas Valley Memorial Healthcare System
- ▶ San Dimas Community Hospital
- ▶ Sherman Oaks Hospital and Health Center

# Tier 2 PSHR Hospitals (56)

- ▶ Adventist Health Bakersfield
- ▶ Adventist Health Glendale
- ▶ Adventist Health Hanford
- ▶ Adventist Health Howard Memorial
- ▶ Adventist Health Simi Valley
- ▶ Alvarado Hospital Medical Center
- ▶ Banner Lassen Medical Center
- ▶ Centinela Hospital Medical Center
- ▶ Community Memorial Hospital
- ▶ Desert Valley Hospital
- ▶ Doctors Medical Center of Modesto
- ▶ El Camino Hospital
- ▶ El Camino Hospital Los Gatos
- ▶ Enloe Medical Center - Esplanade Campus
- ▶ French Hospital Medical Center
- ▶ Garden Grove Hospital and Medical Center
- ▶ Hoag Hospital Irvine
- ▶ Hoag Orthopedic Institute
- ▶ Kaiser Permanente Downey Medical Center
- ▶ Kaiser Permanente Fresno Medical Center
- ▶ Kaiser Permanente Manteca Medical Center
- ▶ Kaiser Permanente Redwood City Medical Center
- ▶ Kaiser Permanente Roseville Medical Center
- ▶ Kaiser Permanente Santa Clara Medical Center
- ▶ Kaiser Permanente Santa Rosa Medical Center
- ▶ Kaiser Permanente South Bay Medical Center
- ▶ Keck Hospital of USC
- ▶ Lakewood Regional Medical Center
- ▶ Loma Linda University Medical Center
- ▶ Los Robles Hospital & Medical Center
- ▶ Mad River Community Hospital
- ▶ Marian Regional Medical Center
- ▶ Marshall Medical Center
- ▶ Mercy Medical Center Mount Shasta
- ▶ Mills-Peninsula Medical Center
- ▶ PIH Health Hospital - Whittier
- ▶ Providence Little Company of Mary Medical Center San Pedro
- ▶ Providence Tarzana Medical Center
- ▶ Redlands Community Hospital
- ▶ Scripps Green Hospital

## ...Tier 2 PSHR Hospitals (56)

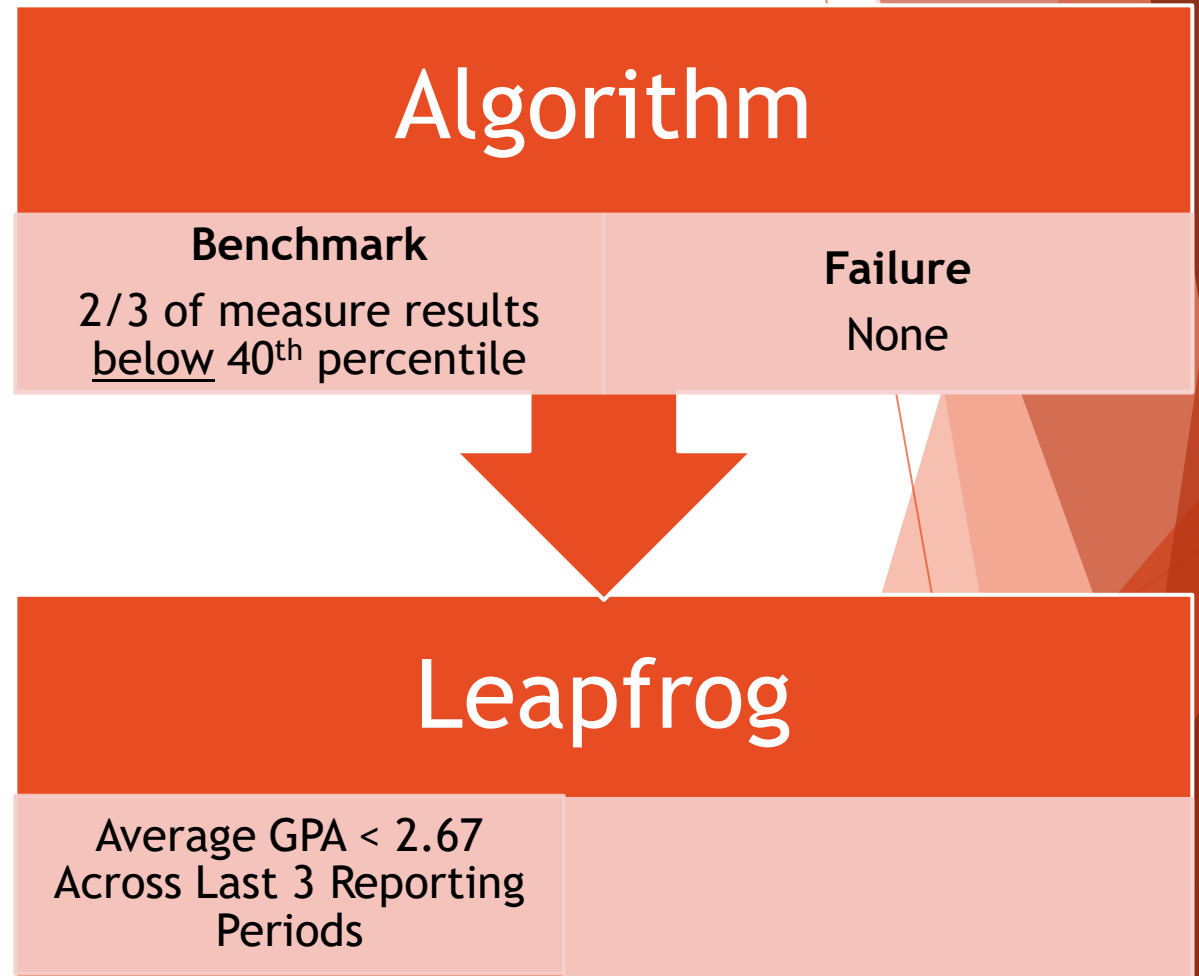
- ▶ Seton Medical Center
- ▶ Sharp Chula Vista Medical Center
- ▶ Sharp Coronado Hospital and Healthcare Center
- ▶ Sharp Memorial Hospital
- ▶ Sierra Vista Regional Medical Center
- ▶ St. Elizabeth Community Hospital
- ▶ St. Joseph's Medical Center - Stockton
- ▶ Stanford Health Care
- ▶ Sutter Amador Hospital
- ▶ Sutter Auburn Faith Hospital
- ▶ Sutter Lakeside Hospital
- ▶ Sutter Santa Rosa Regional Hospital
- ▶ UC Irvine Health
- ▶ UC San Diego Health - Hillcrest, UC San Diego Medical Center
- ▶ UC San Diego Health - LA Jolla, Jacobs Medical Center and Sulpizio Cardiovascular Center
- ▶ UCLA Medical Center - Santa Monica

# Patient Safety Poor Performers

Finalize 2021 Performance Report

# Poor Performer Criteria

- Tier 1: Met Algorithmic and Leapfrog Criteria
- Tier 2: Met Algorithmic or Leapfrog Criteria





# Making Healthcare Safer for All Californians

Healthcare-Associated Infections in California Hospitals  
Annual Report | January to December 2019

Report to the Legislature and the People of California  
by the Healthcare-Associated Infections Program,  
Center for Health Care Quality,  
California Department of Public Health | October 2020

Table 5. Hospitals with HAI Incidence Worse than National Baselines or Pooled Statewide Average Rate in 2019 for Multiple Infection Types or in Consecutive Years

Hospital Name	County	HAI Type	Worse than 2015 National Baseline
Clovis Community Medical Center	Fresno	SSI	2018, 2019
Ridgecrest Regional Hospital	Kern	SSI	2018, 2019
Children's Hospital Los Angeles	Los Angeles	CDI	2017, 2018, 2019
City of Hope Helford Clinical Research Hospital	Los Angeles	CDI VRE BSI	2016, 2017, 2018, 2019 2015, 2016, 2017, 2018, 2019
Hollywood Presbyterian Medical Center	Los Angeles	CLABSI	2018, 2019
Monterey Park Hospital	Los Angeles	CDI SSI	2019 2018, 2019
Pacifica Hospital of the Valley	Los Angeles	CLABSI	2018, 2019
Palmdale Regional Medical Center	Los Angeles	SSI	2018, 2019
Ronald Reagan UCLA Medical Center	Los Angeles	VRE BSI	2015, 2016, 2017, 2018, 2019
Saint Vincent Medical Center	Los Angeles	CLABSI	2018, 2019
USC Kenneth Norris Jr. Cancer Hospital	Los Angeles	CLABSI MRSA BSI VRE BSI	2019 2019 2019
Huntington Beach Hospital	Orange	CDI SSI	2018, 2019 2019
Methodist Hospital of Sacramento	Sacramento	MRSA BSI SSI	2019 2019
Loma Linda University Medical Center	San Bernardino	VRE BSI	2016, 2017, 2018, 2019
Scripps Memorial Hospital, Encinitas	San Diego	SSI	2018, 2019
Sharp Chula Vista Medical Center	San Diego	CLABSI	2018, 2019
UCSF Medical Center	San Francisco	CDI	2015, 2016, 2017, 2018, 2019
Twin Cities Community Hospital	San Luis Obispo	SSI	2018, 2019
Stanford Health Care	Santa Clara	VRE BSI	2015, 2016, 2017, 2018, 2019
Kaiser Foundation Hospital, Vacaville	Solano	SSI	2018, 2019



# Summary of Results

Analyzing change in number of eligible hospitals using algorithmic approach between 2020 & 2021

## 2021 Patient Safety Poor Performer Report

Total CalHospitalCompare Hospitals = 329

Eligible Hospitals		Algorithmic	Leap Frog	Tier 1 (AND)	Tier 2 (OR)	Honor Roll Criteria (for hospitals meeting Minimum Measures)
Algorithmic	Leap Frog					
305	233	67	29	15	81	Algorithmic: At least 2/3 of measure results below 40th percentile. Leapfrog: Average GPA < 2.67

## 2020 Patient Safety Poor Performer Report

Total CalHospitalCompare Hospitals = 326

Eligible Hospitals		Algorithmic	Leap Frog	Tier 1 (AND)	Tier 2 (OR)	Honor Roll Criteria (for hospitals meeting Minimum Measures)
Algorithmic	Leap Frog					
301	242	30	39	13	56	Algorithmic: At least 2/3 of measure results below 40th percentile. Leapfrog: Average GPA < 2.67

# Other Signals

- ▶ **Payment Reduction Determined by CMS HAC Reduction Program**
  - ▶ CMS will release FY 2021 HAC Reduction Program information for each hospital on Hospital Compare in early 2021
- ▶ **CDPH Annual HAI Report (2019)** - Hospitals with HAI Incidence Worse than National Baselines in 2019 for Multiple Infection Types or in Consecutive Years

# CalHospitalCompare Analytics

Initial examples

# CalHospitalCompare Analytics

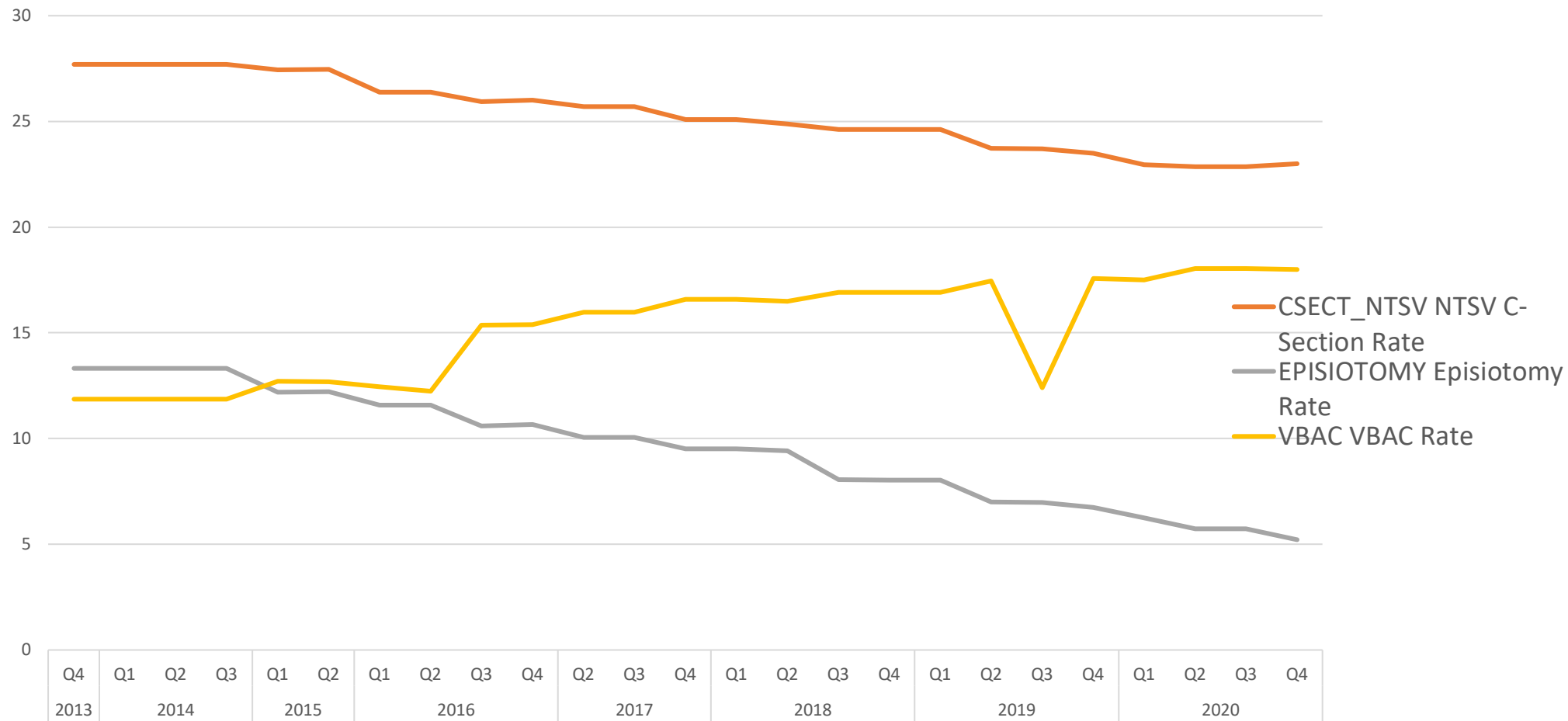
- ▶ **Goal of Comprehensive Measure Analysis**
  - ▶ To examine longitudinal trends in both the measure set and performance to provide actionable insights
  - ▶ Review measure set and methodology and consider enhancements to improve consumer reporting
- ▶ **In depth examination of CalHospitalCompare's performance history**
  - ▶ Changes in the measure set over time; migrating from process to outcome measures, including impact of specification changes and rebasing
  - ▶ Examine the absolute changes in performance over time
  - ▶ Examine hospital and/or demographic factors that are associated with the most improved/worsened performance.
    - ▶ Hospital size, system ownership, urban vs rural, occupancy, payer mix, financial performance, staffing etc
    - ▶ Could also include sociodemographic information in the hospitals geographic area
  - ▶ Multivariate regression can be run to more precisely quantify the factors driving both 1) performance differences across hospitals and 2) changes in performance over time

# Number of Measures Reported on CalHospitalCompare

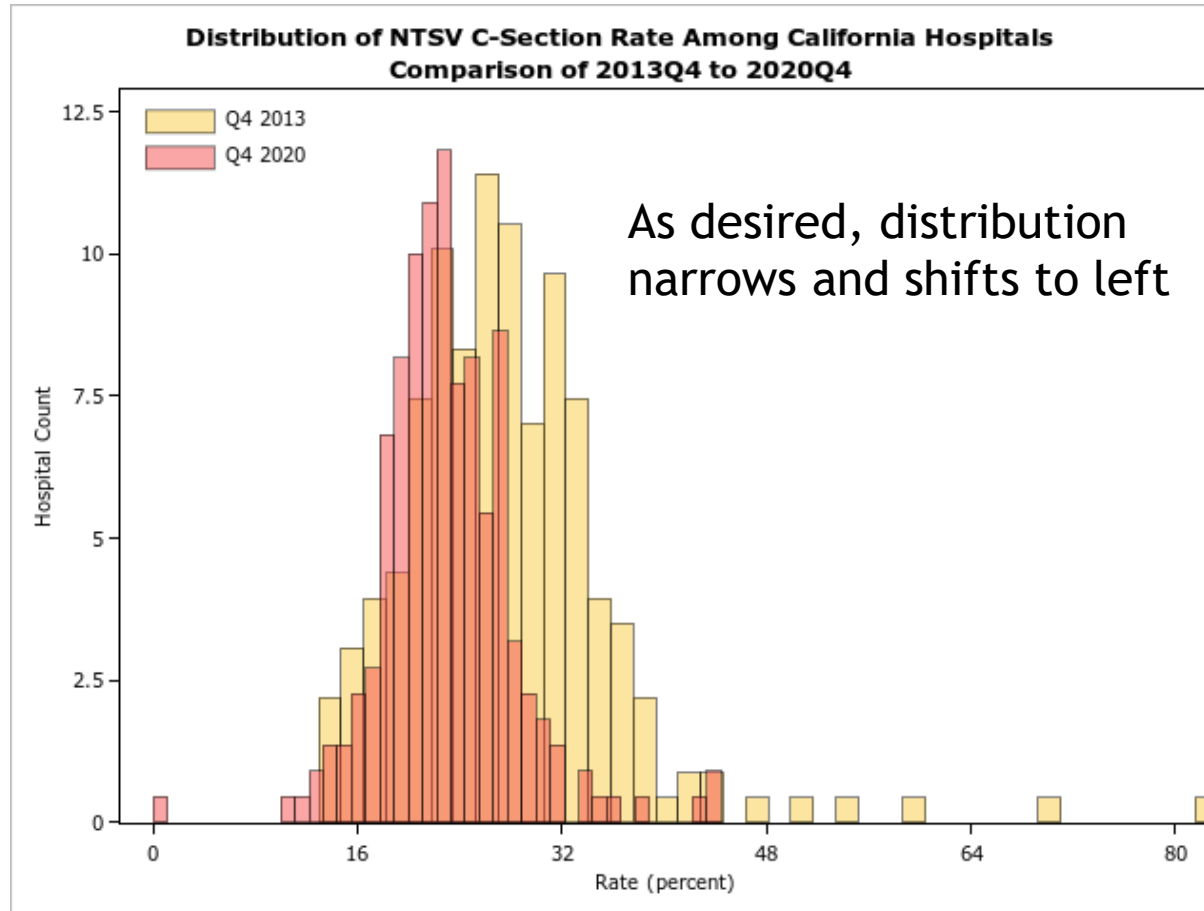
Domain	Number of Measures	Number of Measure with Performance Category
Patient Experience	10	1
Mother & Baby	6	4
Hip and Knee	5	3
Patient Safety	6	6
Healthcare Associated Infections	28	25
Cancer Surgery Volumes	11	0
Emergency Department (ED) Care	4	2
Heart and Lung Conditions	12	10
Stroke	1	1
Other Surgeries/Conditions	7	4
<b>Total</b>	<b>90</b>	<b>56</b>

# Initial Example

## Maternity - Historical Trends

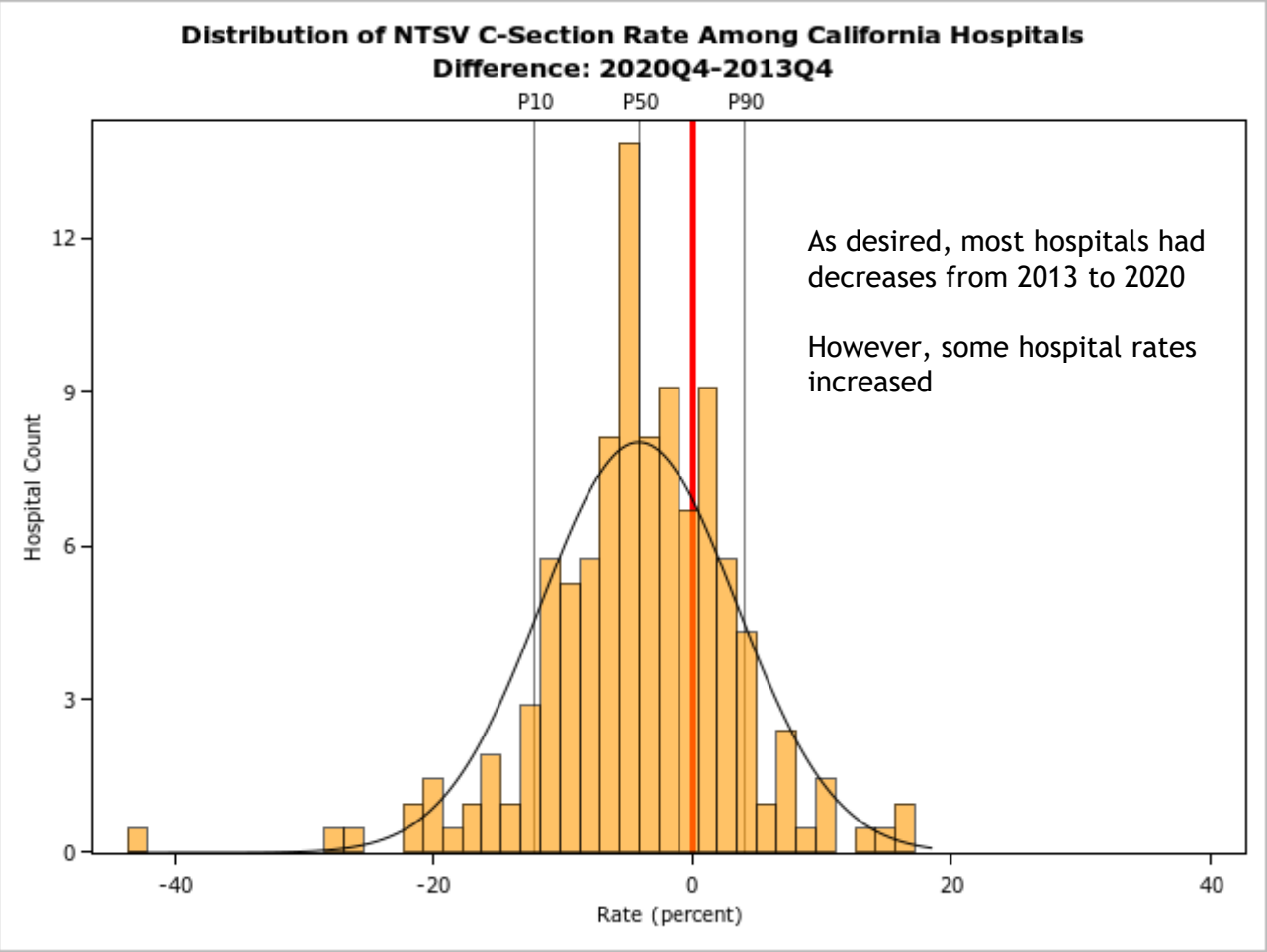


# C-Section - Change in Distributions



		N	AVG	SD	MIN	P10	P25	P50	P75	P90	MAX
NTSV C-Section	2013	239	27.7%	8.5%	13.0%	18.3%	22.2%	26.8%	31.6%	36.2%	83.3%
NTSV C-Section	2020	239	23.0%	5.3%	0.0%	17.8%	20.0%	22.5%	25.7%	28.4%	44.4%

# C-Section - Distribution of Change



N	AVG	SD	MIN	P10	P25	P50	P75	P90	MAX
239	( 4.2%)	7.5%	(43.6%)	(12.2%)	( 7.8%)	( 4.0%)	0.5%	4.0%	17.1%



# Top 10 Decreased C-section Rate

Name	City	2013		2020		Difference
		Denom	Rate	Denom	Rate	
Hi-Desert Medical Center	Joshua Tree	166	54.4	103	27.2	-27.1
East Los Angeles Doctors Hospital	Los Angeles	179	59.9	219	34.2	-25.7
Memorial Hospital Los Banos	Los Banos	182	35.6	162	13.6	-22.0
Banner Lassen Medical Center	Susanville	78	33.7	80	12.5	-21.2
Hemet Valley Medical Center	Hemet	346	35.4	169	15.4	-20.0
Monterey Park Hospital	Monterey Park	398	50.4	301	30.6	-19.7
Community Hospital of San Bernardino	San Bernardino	513	42.3	580	22.6	-19.7
UCLA Medical Center - Santa Monica	Santa Monica	684	38.0	708	20.2	-17.8
Sutter Lakeside Hospital	Lakeport	117	36.9	96	19.8	-17.1
Doctors Hospital of Manteca	Manteca	224	33.5	134	16.4	-17.1

Rightmost “outliers” moving into body of distribution

# Top 10 Increased C-section Rate

Name	City	2013		2020		Difference
		Denom	Rate	Denom	Rate	
San Dimas Community Hospital	San Dimas	154	25.9	179	43.0	17.1
Fairchild Medical Center	Yreka	46	28.3	45	44.4	16.1
Redwood Memorial Hospital	Fortuna	126	17.5	79	31.6	14.1
San Geronio Memorial Hospital	Banning	117	30.9	61	44.3	13.4
Palo Verde Hospital	Blythe	38	24.1	29	34.5	10.4
Sierra Nevada Memorial Hospital	Grass Valley	173	20.7	120	30.8	10.1
Tahoe Forest Hospital	Truckee	164	15.8	125	25.6	9.8
St. Joseph Hospital, Eureka	Eureka	193	19.8	143	28.0	8.2
Sierra Vista Regional Medical Center	San Luis Obispo	404	24.0	357	31.9	7.9
French Hospital Medical Center	San Luis Obispo	251	19.8	260	27.3	7.5

Note: Hospital-level trend between 2013 and 2020 to be examined

# NTSV C-Section: Variation and Change by Ownership

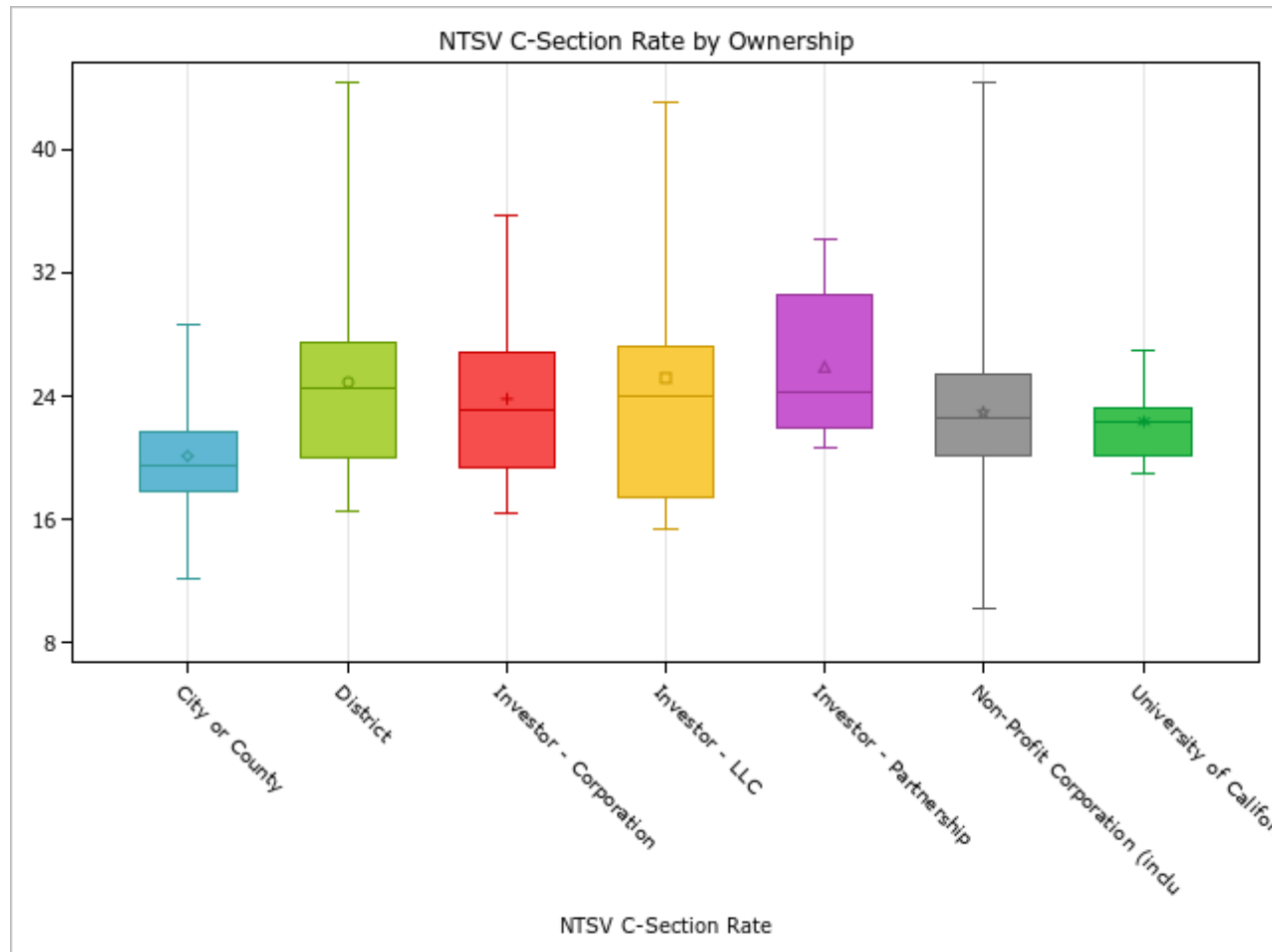
## Distribution: 2020 Q4

Hospital Characteristic	N	Pop Mean	Avg Score	Min	P25	P50	P75	Max
District	16	23.1	24.9	16.5	20.0	24.6	27.5	44.3
Investor - Partnership	7	24.8	25.9	20.7	21.9	24.3	30.6	34.2
Investor - LLC	6	25.3	25.2	15.4	17.4	24.1	27.2	43.0
Investor - Corporation	21	24.9	23.8	16.4	19.4	23.1	26.8	35.7
Non-Profit Corporation	145	23.0	23.0	10.3	20.2	22.6	25.4	44.4
University of California	6	21.7	22.4	19.0	20.2	22.4	23.2	27.0
City or County	18	20.2	20.1	12.2	17.9	19.5	21.7	28.7

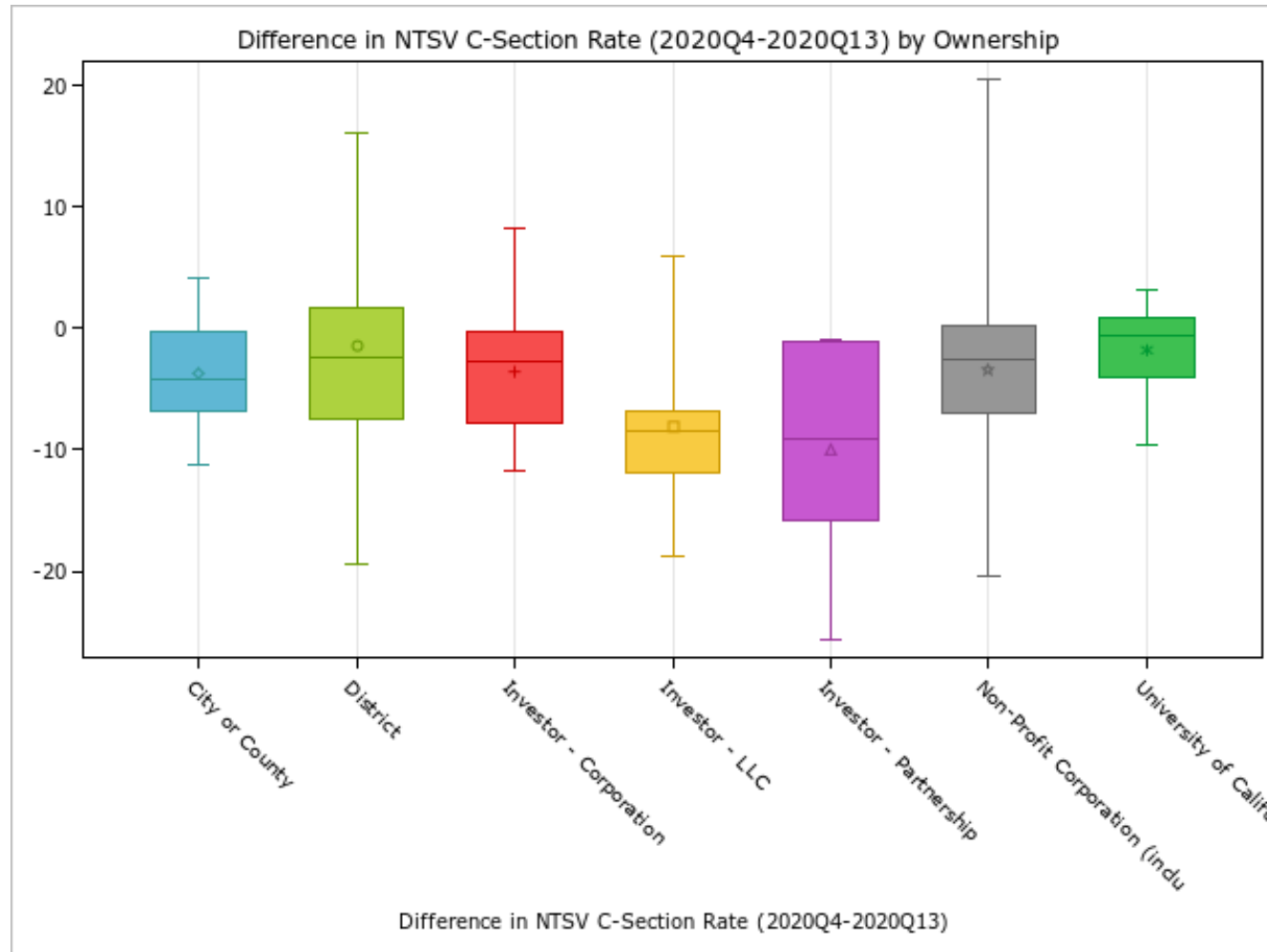
## Change: 2020 Q4 - 2013 Q4

Hospital Characteristic	N	Pop Mean	Avg Score	Min	P25	P50	P90	Max
District	15	50.6	-1.4	-19.4	-7.4	-2.3	12.7	16.1
Investor - Partnership	7	50.4	-10.0	-25.6	-15.9	-9.1	-0.8	-0.8
Investor - LLC	6	49.3	-8.1	-18.7	-12.0	-8.5	6.0	6.0
Investor - Corporation	19	45.4	-3.6	-11.7	-7.8	-2.7	0.8	8.2
Non-Profit Corporation	137	83.2	-3.4	-20.5	-7.0	-2.6	3.4	20.5
University of California	6	7.0	-1.8	-9.6	-3.9	-0.6	3.2	3.2
City or County	18	36.3	-3.7	-11.3	-6.8	-4.1	3.4	4.1

# NTSV C-Section: Distribution by Ownership, 2020 Q4



# NTSV C-Section: Change by Ownership, 2020 Q4 - 2013 Q4



# Wrap Up

# 2021 BOD Call Schedule

(all times are Pacific Time Zone)

- ▶ **Wednesday, April 14, 2021**      10:00am to 12:00pm
- ▶ Wednesday, June 9, 2021      10:00am to 12:00pm
- ▶ Wednesday, August 4, 2021      10:00am to 12:00pm
- ▶ Wednesday, September 29, 2021      10:00am to 12:00pm
- ▶ Wednesday, December 1, 2021      10:00am to 12:00pm

Thank you!