Cal Hospital Compare/ Cal Quality Care Board of Directors Meeting

WEDNESDAY, DECEMBER 1, 2021

10:00AM PT

Cal Hospital Compare & Cal Quality Care
Board of Directors Meeting Agenda
Wednesday, December 1, 2021, 10:00am – 12:30pm PT

Webinar Information
Webinar link: https://zoom.us/j/4437895416 | Phone: 1-669-900-6833
Access code: Code: 443 789 5416 | Passcode: **cyno#**

Time	Agenda Item	Presenters
10:00-10:05 *5 min.*	Welcome and call to order - Approval of past meeting summary	- **Ken Stuart** Board Chair - **Bruce Spurlock** Executive Director, CHC & CQC
10:05-11:10 *65 min.*	Cal Hospital Compare - Social Needs Index - Cal Hospital Compare Historical Analysis	- **Mahil Senathirajah** - Senior Director IBM Watson
11:10–12:00 *50 min.*	Cal Quality Care - Report Out -LTAC data analysis requests - Case mix methods for staffing - Scoring/binning methodology - Nursing Home Honor Roll	- **Debra Bakerjian** Clinical Professor, UC Davis Health Co-PI CQC
12:00-12:20 *20 min.*	Business Plan - Financial report - Results/Discussion of Formative Evaluation	- **Bruce Spurlock** Executive Director, CHC & CQC
12:20– close	Adjourn – Next meeting: Thursday, March 17th, 10:00am – 2:30pm PT – in Sacramento (location TBD) – 2022 Meeting Cadence	- **Ken Stuart** Board Chair

Cal Hospital Compare & Cal Quality Care
Board of Directors Meeting Summary
Friday, October 29, 2021, 10:00am PT

Attendees: Gretchen Alkema Ash Amarnath, Debra Bakerjian, Richele Benevent, Kristen Bettega, Tracy Fisk, Terry Hill, Davis Hopkins, Libby Hoy, Robert Imhoff, Chris Krawczyk, Helen Macfie, Joan Maxwell, Dominique Ritley, Patrick Romano, Mahil Senathirajah, Bruce Spurlock, Alex Stack, Kristof Stremikis, Ken Stuart

Summary of Discussion:

Agenda Items	Discussion
Welcome & call to order	• The meeting was called to order at 10:03am. • The minutes from the meeting on September 29th were moved, motioned, seconded and approved as written.
General Updates	• CHC in partnership with CHHS issued a joint press release announcing the Maternity Honor Roll on October 6th. Official press release is published on the CHC website.
Cal Hospital Compare	• IBM Watson developed an 18-page historical analysis of CHC. The analysis will be presented in detail at the December BOD meeting.
Cal Quality Care	• The UC Davis Team provided an in depth overview of the specific measures that will be initially published on the CQC website at the time of the December relaunch. • The LTAC and BOD are in consensus of a "less is more" approach and supportive of including domains: nursing staff turnover, nursing hours/resident day, supervisor/RN, LVN/LPN, CNAs, and staff vaccination rates. Comments from the Board: • In the future, a summarization of data on agency staff vs regular staff and retention vs turnover and cost related data would be helpful. • Having a measure of staff burnout by facility (or moral injury rate) would be useful. Is there funding potential to pilot this work? • CQC is currently exploring with HyperArts the capability to display data ranges to better interpret trends. • Can the CNA level/touchpoint be displayed as one graph showing total nursing turnover rates with CNA turnover rates indicated as a different color? • In PFCC's focus group, participants were interested in seeing PT rates of progress and activity levels while in nursing home care. • Hospital's current financial status largely impacts staffing HRPD. • There is a need to provide some measure that is easy for patients and their families to understand - and relevant to the decisions that they face. • Scope & Severity – CMS Health Deficiencies & Citations. It is important to keep in mind that the majority of facilities had zero citations (not directly shown in these bar graphs). LTAC was in agreement of a graph

	display - gradient shading from not as bad to worse. Will explore with HyperArts the option to change coloring on graph with attention to the "0" score. Should consideration be given to at least pointing out how many facilities had zero citations to put the number that did into a proper perspective? Ie. providing an example of what a level 1, 3, etc. harm is. UC Davis will bring options for framework of displaying data of scope of severity to LTAC for feedback. • Nursing Home Honor Roll – would be helpful to display the range of vaccination rates. Will request feedback from the LTAC about establishing an honor roll based on vaccination rates and possibly explore other ideas for identifying an honor roll.
Business Plan & Financials	• Expenses are on track and updated figures will be presented during the December BOD meeting. • CHC proposed to change the business name for CHC/CQC to include an internal and external title. Will discuss the naming structure further at the next BOD meeting.
Next Meeting/Meeting Adjournment	• Next meeting: Wednesday, December 1, 2021, from 10:00am to 12:30pm PST • The BOD will meet quarterly in 2022. Calendar invitations have been sent. • The meeting formally adjourned at 12:03pm PST

Board of Directors

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Proposed Agenda

- Welcome and Call to Order
- Cal Hospital Compare
- Cal Quality Care
- Business Plan & Formative Evaluation
- Wrap Up

Cal Hospital Compare

Development of Hospital Social Needs Index

Social Needs Index Analysis - Goals

- **Identify hospitals** whose patient populations have **high social needs**
- Identify the **most appropriate social needs index** to use
- Examine the **impact of social needs on hospital performance** on CHC measures
- Determine if **actionable information** can be developed to help understand the relative importance of addressing specific social needs
- Consider if and **how social needs information should be included in CHC** website/reporting

Social Needs Index – Analytic Steps

Overall Goal: Develop and evaluate the use of a hospital-level index of social need

1. Compare methodology of most commonly used indices:
   - **California Healthy Places Index (HPI)**: Public Health Alliance of Southern California
   - **Social Vulnerability Index (SVI) :** Centers for Disease Control
   - **Area Deprivation Index (ADI):** Health Resources and Services Administration (HRSA), now maintained by University of Wisconsin
2. Develop methodology to create hospital-level index
   - **Based on population served by hospital; not geographic location/market area in which hospital resides (e.g., Dartmouth Atlas Hospital Service Areas)**
3. Correlation between social needs indices – do they produce similar results?

1. …Social Needs Index – Analytic Steps

4. Correlation between indices and measure rates – which measures are most impacted?
5. Correlation between indices and hospital characteristics – what type of hospitals have high social needs?
6. Determine if more actionable information can be developed by examining the components of indices

Calculation of Hospital-Level HPI, SVI and ADI

1. Obtained patient origin data:
   - Hospital-level admissions by patient zip code from OSHPD based on All Payer data
2. Linked to HPI and SVI by zip code
   - For HPI: data set has HPI by census tract mapped to zip code. Calculated zip-code-level HPI, weighting by census tract population
   - For SVI: data available at census tract. Used HPI mapping to calculate zip-code-level SVI
   - For ADI: used census tract mapping from HIP
3. Calculated hospital-level HPI and SVI by weighting zip-code-level values by proportion of hospital admissions by zip code. Used most current SVI zip code populations (2018) for consistency.

Metrics:

-Single, hospital-wide social needs index

-For HPI and SVI: social needs index for each component domain (e.g., housing)

HPI Component Domains

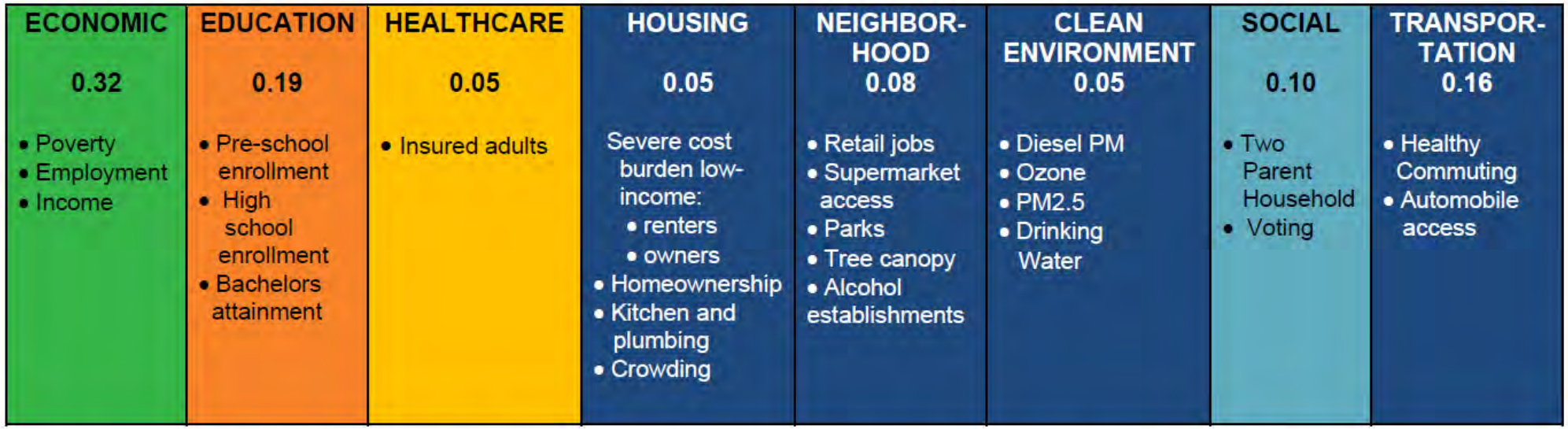


Figure 1. Health Places Index Policy Action Areas (Domains), Weights, and Individual Indicators

Economic, Education and Transportation domains most important in predicting Life Expectancy at Birth

Social Needs Index Mapping Demonstration Hospital-Level HPI

Analysis of 3 Indices: HPI, SVI and ADI

Methodology Comparison of HPI, SVI and ADI

- **New Analysis: Addition of ADI**
- Methodology and component measures shown on next slides
- Observations:
  - All indices include measures: Income, Education, Employment, Housing Cost and Overcrowding
  - HPI and SVI both include Transportation (but not ADI)
  - SVI uniquely includes: Race and Language, Age, Disability
  - HPI uniquely includes: Neighborhood (parks, supermarket, alcohol, employment density)
  - Clean Environment (water, air)
  - Social (registered voters)
  - ADI does not have any unique variable domains

Comparison of HPI, SVI and ADI (see Appendix A for component measures)

- ✓ Only SVI includes race/ethnicity
- ✓ Measures and methodologies are different across indices

	HPI	SVI	ADI
Developer	Public Health Alliance of Southern California, Virginia Commonwealth University	Centers for Disease Control	University of Wisconsin
Geographic Range	California Only	National	**National**
Purpose	"improving community conditions and health"	"help local officials identify communities that may need support before, during, or after disasters"	"freely share measures of neighborhood disadvantage…for use in research, program planning, and policy development"
Time Period of Data	2011 - 2015 depending on data source	2018	Rolling 5 Years
Frequency of Update	?	Every 2 years	Expect to release every summer
Number of Data Sources	7	1 (American Community Survey)	1 (American Community Survey)
Outcome Variable	Life expectancy at birth (LEB)	N/A	N/A
Number of Component Measures	25	15	17
Number of Domains	8	4	N/A
Granularity of Data Availability	Overall Index and 8 Domains	Overall Index and 4 Domains	Overall Index Only
Domains	1) Economics 2) Education 3) Healthcare Access 4) Housing 5) Neighborhood Conditiions 6) Clean Environment 7), Social 8) Transportation	1) Socioenomic Status 2) Household Composition and Disability 3) Minority Status and Language 4) Housing Type and Transportation	N/A - but 17 metrics cover education, employment, income, housing, poverty, transportation
Domain Weighting	Based on prediction of LEB	Equal	Based on Factor Analysis
Standardization	Percentile Ranking/Z Score	Percentile Ranking	"arbitrarily setting index mean and SD at 100 and 20 respectively"
Final Score	Apply weights to domain z-scores and rank by percentile	Summed percentiles for each metric, ordered tracts, then calculated overall percentile rankings	Based on standardization approach
Directionality	Higher social need = lower score	Higher social need = higher score	Higher social need = higher score

Correlation Between Indices - Summary

- High correlation between HPI and SVI (0.917)
- Strong correlation between HPI and ADI (0.794)
- Lower correlation between SVI and ADI (0.648)

	HPI	SVI	ADI
HPI	1.000	-0.917 <.0001	-0.794 <.0001
SVI	-0.917 <.0001	1.000	0.648 <.0001
ADI	-0.794 <.0001	0.648 <.0001	1.000

SVI: Higher scores = higher social need
ADI: Higher scores = higher social need
HPI: Lower scores = higher social need

✓ ADI methodology seems to have material differences with SVI and HPI methodologies

Example of Social Need Variation Within Hospital Market Area – San Diego

Hospital Name	HPI Overall	HPI Rank	SVI Overall	SVI Rank	ADI Overall	ADI Rank
Pioneers Memorial Healthcare District	-0.42	1	0.84	2	9.42	1
El Centro Regional Medical Center	-0.38	2	0.86	1	9.32	2
Paradise Valley Hospital	-0.32	3	0.69	3	6.93	3
Sharp Chula Vista Medical Center	-0.17	4	0.63	4	6.32	4
Scripps Mercy Hospital	-0.14	5	0.57	5	6.18	6
Sharp Coronado Hospital and Healthcare Center	-0.08	6	0.51	8	5.33	13
Alvarado Hospital Medical Center	-0.07	7	0.53	6	6.21	5
Tri-City Medical Center	-0.06	8	0.46	11	5.56	9
Sharp Grossmont Hospital	-0.06	9	0.52	7	6.14	7
Palomar Medical Center Escondido	-0.04	10	0.46	10	5.49	10
Kaiser Permanente San Diego	0.04	11	0.47	9	5.61	8
Sharp Memorial Hospital	0.08	12	0.44	12	5.46	11
Sharp Mary Birch Hospital for Women and Newborns	0.09	13	0.43	13	5.40	12
UC San Diego Health - LA Jolla, Jacobs Medical Center and Sulpizio Cardiovascular Center	0.10	14	0.42	14	5.30	14
Scripps Memorial Hospital - Encinitas	0.21	15	0.33	15	4.14	18
Scripps Memorial Hospital - La Jolla	0.30	16	0.32	16	4.40	16
Scripps Green Hospital	0.31	17	0.31	18	4.29	17
Palomar Medical Center - Poway-Pomerado Hospital	0.34	18	0.31	17	4.46	15

- ✓ Hospitals serving the same Market Area can have populations with very different social needs
- ✓ Sharp Coronado has lower social need using ADI
- ✓ Sorted lowest to highest HPI (highest to lowest social need)

SVI: Higher scores = higher social need
ADI: Higher scores = higher social need
HPI: Lower scores = higher social need

Hospital Characteristics – All Payer HPI, SVI, & ADI Correlations

Pearson Correlation Coefficients

	Correlation			P-Value (<0.05 in green)		
Variable	HPI Overall	SVI Overall	ADI Overall	HPI Overall	SVI Overall	ADI Overall
Percent Admissions - Hispanic	-0.56	0.69	0.21	<.0001	<.0001	0.00
Percent Medi-Cal Days	-0.45	0.46	0.33	<.0001	<.0001	<.0001
Disproportionate Share Hosp	-0.45	0.49	0.27	<.0001	<.0001	<.0001
Percent Admissions - Black	-0.26	0.29	0.00	<.0001	<.0001	0.96
Occupancy Rate	-0.03	0.07	0.11	0.60	0.26	0.07
Total Census Days (size)	-0.02	0.04	-0.15	0.70	0.54	0.01
Teaching Hospital	-0.02	0.03	-0.10	0.70	0.64	0.10
Total Margin	0.02	-0.07	0.04	0.76	0.29	0.47
Percent Admissions - Male	0.03	-0.03	-0.17	0.61	0.59	0.00
System Size (No. of hosps)	0.13	-0.14	-0.09	0.02	0.02	0.13
Percent Admissions - Asian	0.24	-0.09	-0.44	<.0001	0.12	<.0001
Percent Days - Medicare	0.26	-0.27	-0.18	<.0001	<.0001	0.00

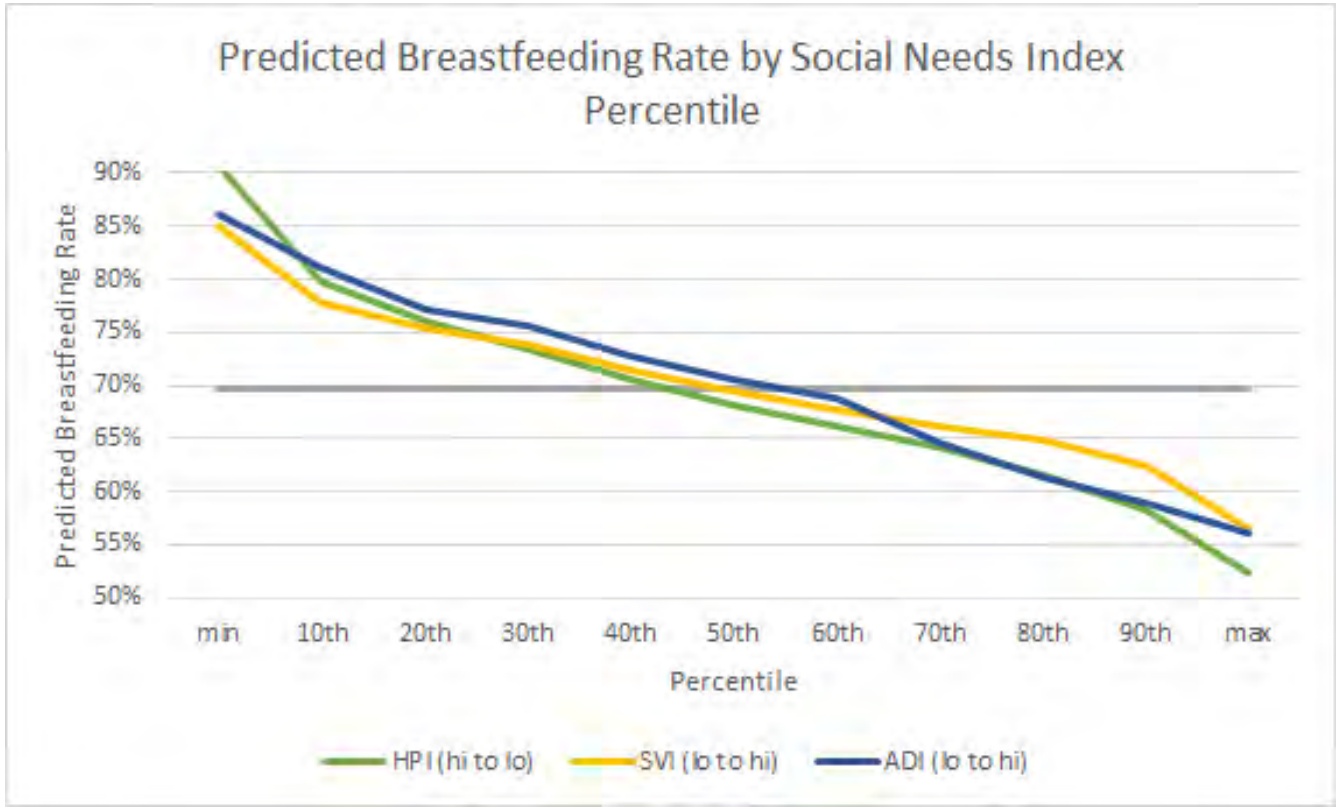
- ✓ **Blue**: As expected, DHS and hospitals with higher Hispanic, black and Medi-Cal populations have higher social need
- ✓ **Orange**: Margin, teaching hospital status, size, gender, occupancy not correlated with social need
- ✓ **Yellow highlight**: ADI produces different results for race and ethnicity

SVI: Higher scores = higher social need
ADI: Higher scores = higher social need
HPI: Lower scores = higher social need

Measure Performance – All Payer HPI, SVI and ADI

- IBM ran correlations between all **90** CalHospitalCompare reported measures for All Payer HPI, SVI and ADI
- Measures with 1) strongest correlations and 2) little correlation appear on next two slides
- Conceptual Approach:
  - Some measures impacted by social needs more than others
  - Can social needs support be made more effective by focusing on related structure/processes?
  - Are they measures that extend beyond the hospital's walls?
- Results:
  - Measures most impacted by social needs: **Breastfeeding, Readmissions, Patient Experience, Surgery Volume**
  - Measures least impacted by social needs: **HAIs, Patient Safety**
  - ADI produced different results: most predictive of mortality

Breastfeeding Regression – Preliminary Results



	HPI	SVI	ADI
Parameter	**P-Value**	**P-Value**	**P-Value**
SNI	0.003	0.010	0.001

- ✓ Even after adjusting for a range of hospital characteristics (listed below) high social need correlated with lower performance
- ✓ Control Variables: market area, system size, teaching, DSH, total margin, occupancy rate, size, payer, gender, race, ethnicity
- ✓ Holds true for all 3 indices
- ✓ Statistically significant

Uses of Social Need Index

Potential Use of Hospital Social Needs Index

- Discussion Questions for TAC
  - If methodological development/assessment is successful, how should a social needs index be used in CalHospitalCompare?
  - Is this information of value to consumers?
  - Common technical approaches to using SDOH/race-gender-ethnicity information
    1. Simple reporting of hospital's social need index (relative to other hospitals)
    2. Stratified reporting of performance
    3. Risk adjustment of measures based on social needs index

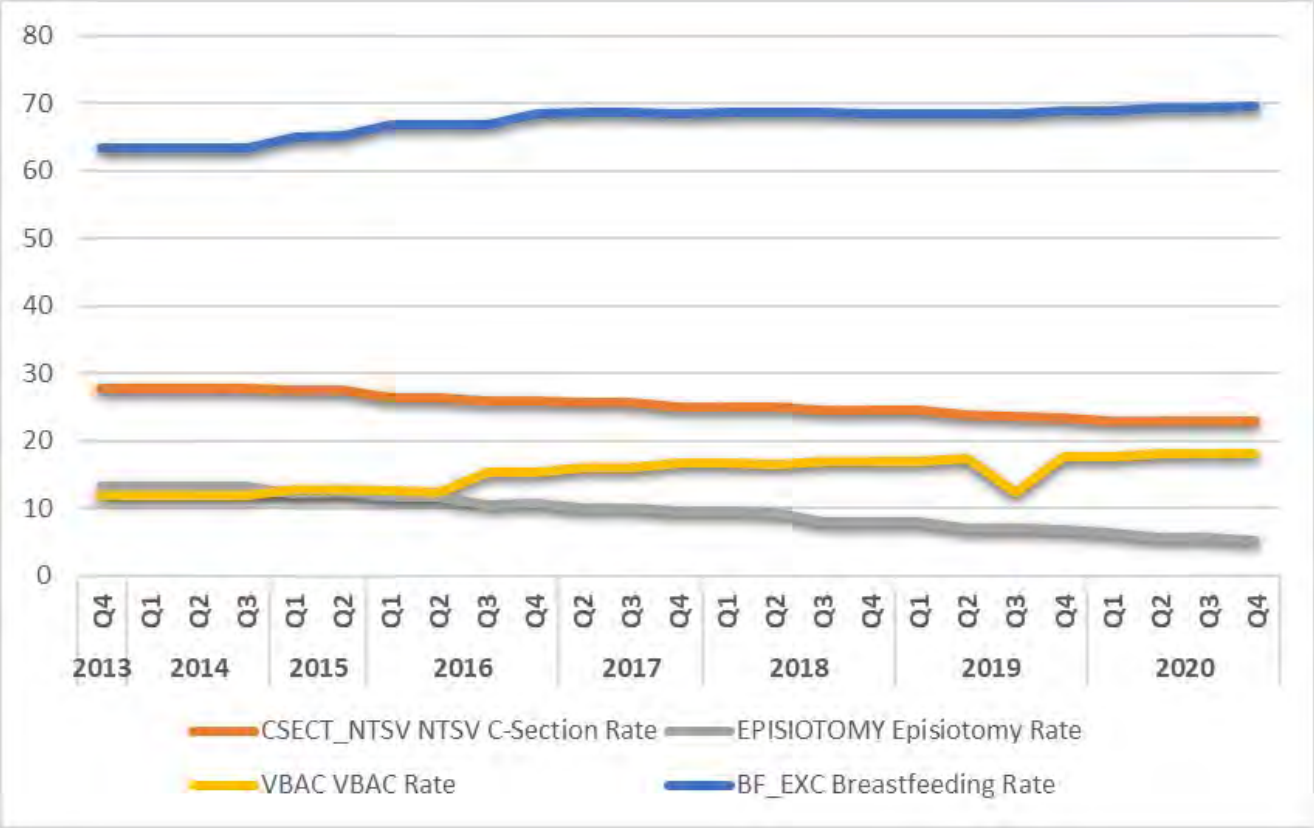
❖ Apart from consumer interest, opportunity to provide analytic reports to stakeholders to help drive targeted 1) performance improvement and 2) reduction in disparities

CHC Historical Analysis

Overview

- Areas of Focus
  - Maternity
  - Readmissions and Mortality
  - Surgery Volumes
- Overarching Themes
  - Public reporting, even when combined with financial penalties, may be insufficient to drive performance improvement
  - Active quality improvement collaboratives, with full participation from California hospitals, may be required to foster the changes in service delivery (e.g., like CMQCC)
  - Individual hospitals were noted that made substantial gains and from whom best practices may be gleaned

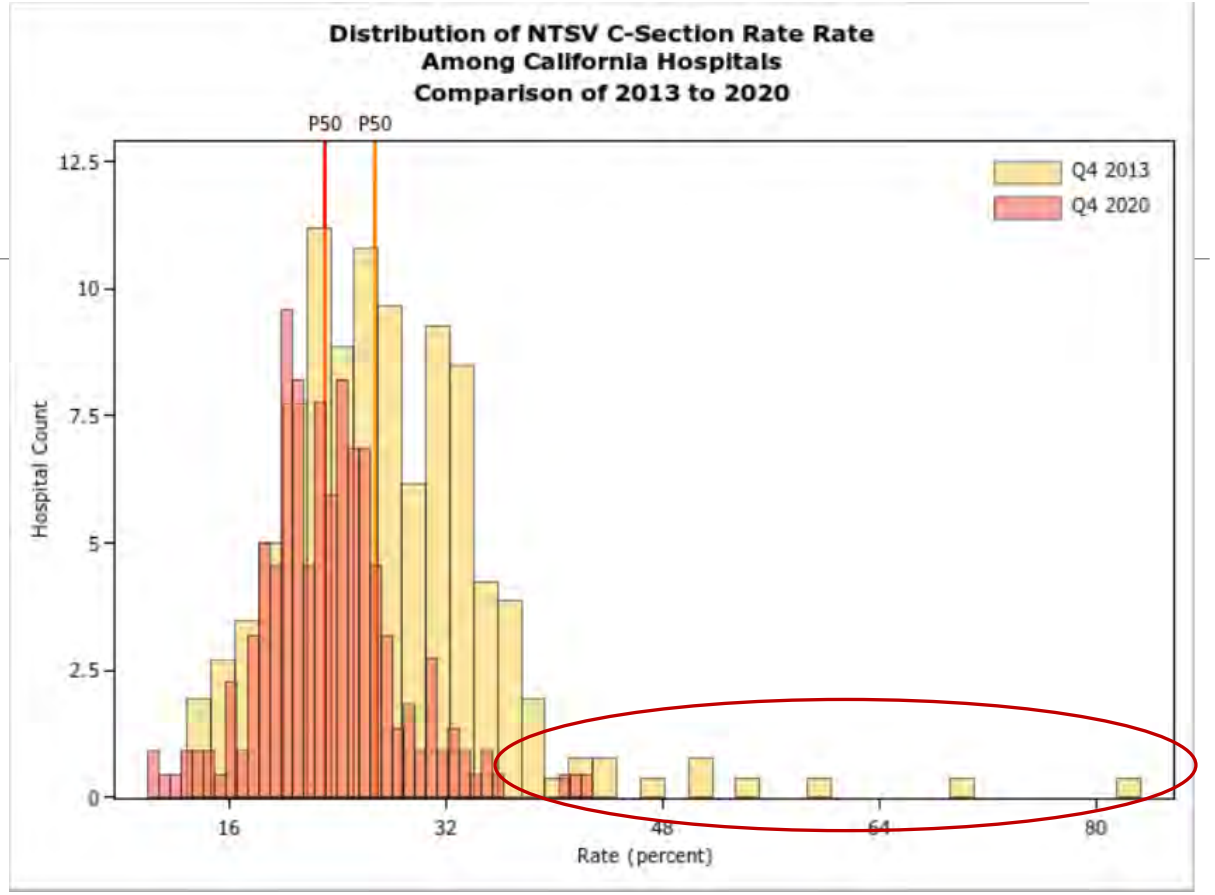
Maternity



- Analysis examined:
  - NTSV: “lower is better”
  - C-Section (low risk): “lower is better”
  - Episiotomy: “lower is better”
  - VBAC: “lower is better”
  - Exclusive Breastfeeding: “higher is better”
- Key Findings
  - Measures showed the most consistent improvement in statewide rates and reduction
  - Improvements supported by active engagement of hospitals in CMQCC

Maternity cont…

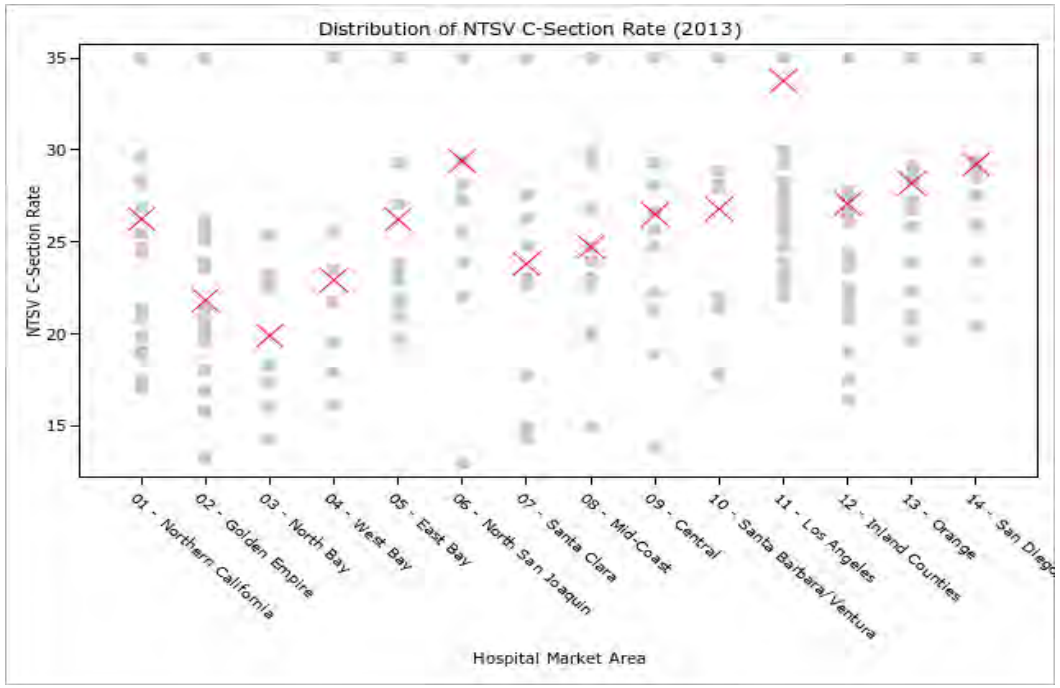
- Median NTSV C-Section rate decreased from 26.8% to 22.5%
- Distribution in Q4 2020 is narrower than Q4 2013 indicating the variation across hospitals decreased
  - Interquartile range dropped substantially from 10.0% (22.1% to 32.1%) in Q4 2013 to 5.6% (20.0% to 25.6%) in Q4 2020.

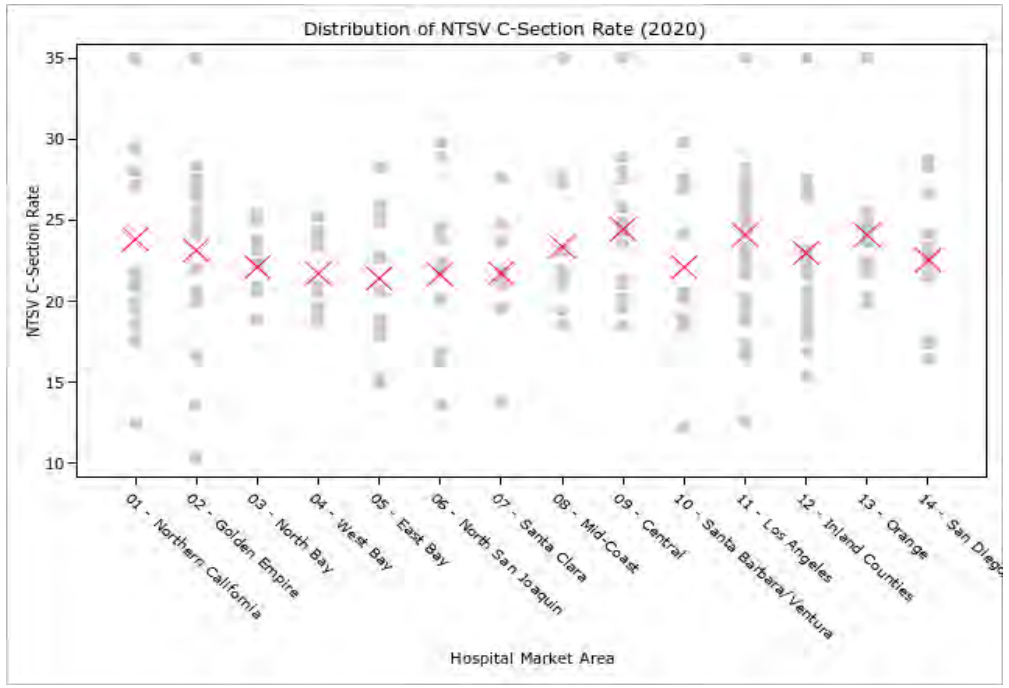


Summary Statistics											
Reporting Period	N	Mean	Std Dev	Min	10th Pctl	25th Pctl	50th Pctl	75th Pctl	90th Pctl	Max	IQR
Q4 2013	259	27.7%	8.4%	13.0%	19.0%	22.1%	26.8%	32.1%	36.2%	83.3%	10.0%
Q4 2020	225	23.1%	5.0%	10.3%	17.9%	20.0%	22.5%	25.6%	28.3%	44.4%	5.6%

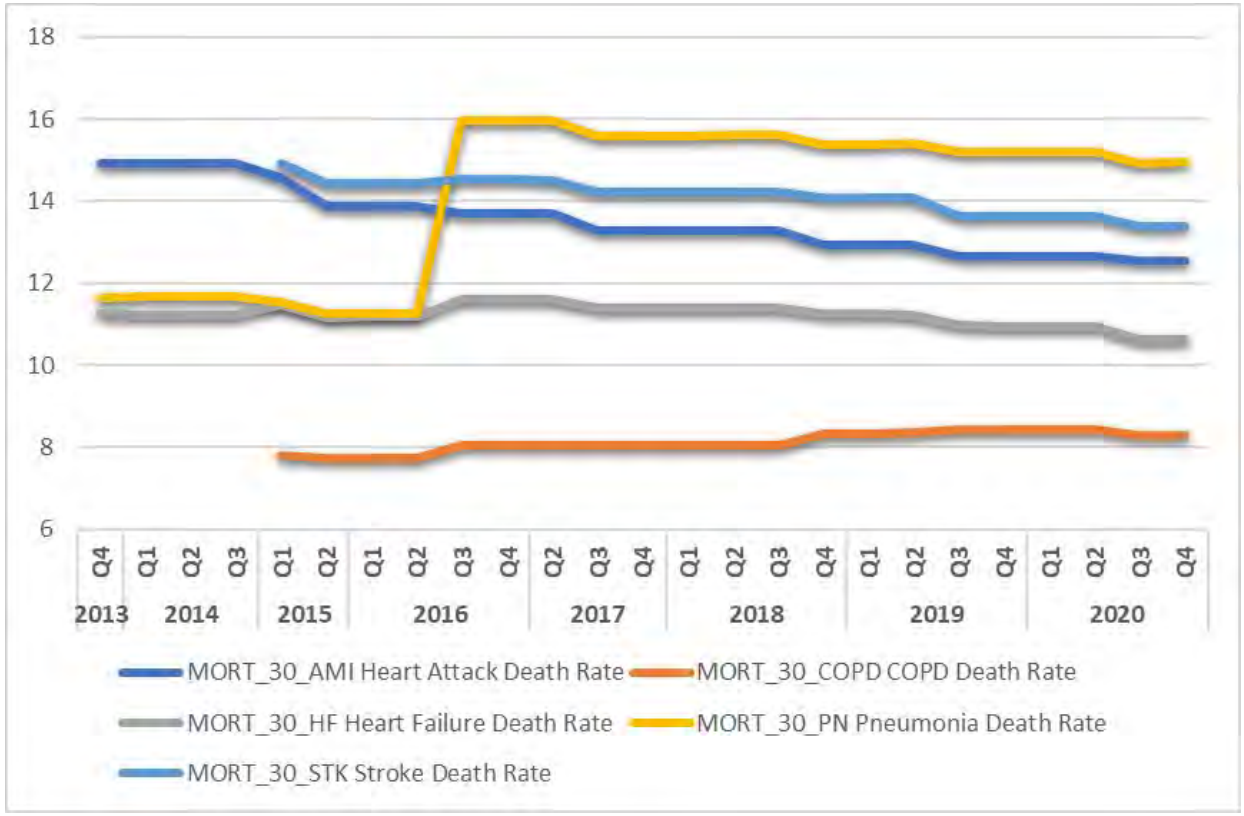
NTSV C-Section Reduction in Geographic Variation

Gap between Northern California and Southern California decreased from 2013 to 2020

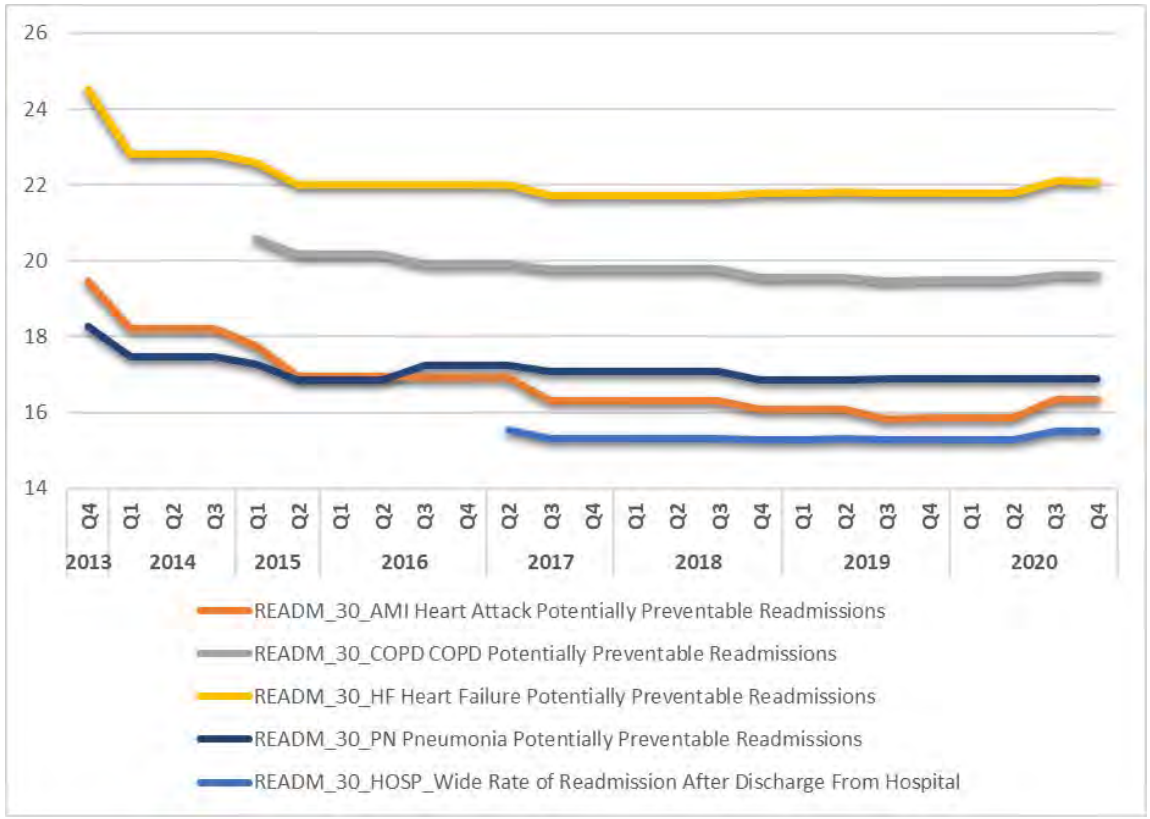




Readmissions & Mortality



Statewide 30-Day Hospital Mortality Rate Trends



Statewide 30-Day Hospital Readmission Rate Trends

Readmissions & Mortality cont…

- Key Findings
  - Mixed success story
  - With the exception of COPD, statewide mortality rates showed slow improvements from 2015 to 2020
  - Paired readmissions rates remained flat, with the exception of AMI which saw improvement
  - In 2020, little correlation between mortality and readmission rates
  - Hospital-wide Readmissions measure did not show any statewide improvement from 2017 to 2020
  - Mortality and readmission measures did not benefit from the same kind of statewide quality improvement initiative that CMQCC provides
  - Readmission rates have failed to improve despite CMS's HRRP

Readmissions & Mortality cont…

- Key Findings
  - Little association between performance on the mortality and paired readmissions measures

Clinical Area	Correlation Coefficient between Readmission and Mortality Rates
AMI	0.033
Heart Failure	-0.229
COPD	0.06
Pneumonia	-0.06

  - Little correlation between hospital improvement on the mortality and readmissions measures
  - The above two findings suggest that the structures and processes that underlie performance on these measures are substantially different and, therefore, related quality improvement programs should be developed separately.

Readmissions & Mortality cont…

- Key Findings
  - Stronger correlation was seen between the clinically specific readmissions measures and the Hospital-wide Readmissions measure
  - This suggests that structures and processes related to hospital readmission performance carry across hospital departments through a “hospital-level effect”.

Clinical Area	Correlation Coefficient between Clinically Specific Readmissions and Hospital-Wide Readmissions
AMI	0.49
Heart Failure	0.67
COPD	0.37
Pneumonia	0.69

  - Patterns seen in both the AMI mortality and readmissions measures mirror those of the NSTV C-section measure: statewide improvement in rates and reduction of the variation in performance across hospitals

Cal Quality Care

Reporting Schedule of Measures

Domains for the December 2021 Rollout

- Facility At-A-Glance Domain
  - ~10 key measures of most interest
  - Key facility descriptors
- Facility Description Domain
- Staffing Domain
- Quality of Care Domain

Potential Domains/Measures for 2022 Refresh

- Quality of Facility Domain
  - (Citations, Complaints, Fines, Fire/Safety)
- Cost and Finances Domain
- Composite Measures
- Nursing Home Honor Roll

Facility Description Domain

Measures	Presentation
CMS Special Facility Focus	Yes/No
Facility Type	Text (Adult/Pediatric Freestanding/Distinct Part Nursing Home)
Payments Accepted	Text-(Medicare/Medi-Cal)
# of Beds	Number and state avg
Type of Care Available	Yes/No (10 categories e.g., subacute, Alzheimer's/Dementia, Hospice, Ventilator beds)
Age	Percent in 4 categories and state avg
Race and Ethnicity	Percent 5 categories plus Hispanic ethnicity and state avg

Staffing Domain

Measure	Presentation	Notes
CMS Overall Staffing rating	5-star rating	From CMS Care Compare
CMS RN Staffing rating	5-star rating	From CMS Care Compare
Staff fully vaccinated Against COVID-19	Potentially Score; percent & State avg	Potentially scorable, depending how distribution shifts in Oct/Nov
Nursing hours-per-resident-day (HPRD) (RN, LVN, CNA, Total)	HPRD & State avg	Banner example: “These are reported hours from the NH but are NOT adjusted for complexity of care in this Nursing Home”
Nursing staff turnover	Percent & State avg	Potentially scorable
Physical therapist	Minutes/resident day	Potentially scorable

Quality of Care Domain – **Long Stay**

Measure	Presentation	Notes
Hospitalizations/1,000 resident days	Percent and state avg	
Outpatient ED visits/1,000 resident days	Percent and state avg	
Antipsychotic use	Percent and state avg	Exclusion problem
One or more falls w/ major injury	Percent and state avg	Underreported
Pressure sores (new or worsened)	Percent and state avg	Underreported
Urinary tract infection	Percent and state avg	Denominator N/A
Catheter inserted & left in place	Percent and state avg	Denominator N/A
Ability to move independently worsened	Percent and state avg	Denominator N/A
Need for help with activities of daily living increased	Percent and state avg	Denominator N/A

Quality of Care Domain – **Long Stay**

Measure	Presentation	Notes
Received COVID-19 Vaccination	Score, percent and state avg	Scorable (overall)
Received flu vaccine	Percent and state avg	Denominator N/A
Received pneumonia vaccine	Percent and state avg	Denominator N/A
Physically restrained on a daily basis	Percent and state avg	Denominator N/A
Loss of bowel or bladder control	Percent and state avg	Denominator N/A
Too much weight loss	Percent and state avg	Denominator N/A
Symptoms of depression in the prior two weeks	Percent and state avg	Denominator N/A
Received antianxiety or hypnotic meds	Percent and state avg	Denominator N/A

Quality of Care Domain – **Short Stay**

Measure	Presentation	Notes
Medication issues reviewed and addressed	Percent & state avg	Left-skewed, cannot score
One or more falls w/ major injury	Percent & state avg	Right skewed, cannot score
Functional ability goals in treatment plan	Percent & state avg	Left-skewed, cannot score
Change in ability to provide self-care	Percent & state avg	Too tightly clustered, can't score
Preventable Rehospitalization after NH admission	Percent & state avg	Too tightly clustered, can't score
Outpatient ED visits	Percent & state avg	No denominator
Antipsychotic use for the 1st time	Percent & state avg	No denominator

Quality of Care Domain – **Short Stay**

Measure	Presentation	Notes
Pressure ulcers that are new or worsened	Percent & state avg	Right-skewed, cannot score
Improved ability to move around on their own	Percent & state avg	Too tightly clustered, cannot score
Successful rate of return to home and community	Score; percent & state avg	Normally distributed
At or above expected ability for self-care (at discharge)	Score; percent & state avg	Normally distributed
At or above expected ability to move around (at discharge)	Score; percent & state avg	Normally distributed
Change in ability to move around	Score; percent & state avg	Normally distributed
Resident received COVID-19 vaccination	Score; Percent & state avg	Left-skewed, likely score
Received flu vaccine	Percent & state avg	
Received pneumonia vaccine	Percent & state avg	

At-A-Glance Domain

- Limited number of measures most meaningful to consumers, e.g.
  - ✓ Wide variation
  - ✓ Actionable
  - ✓ Common family concerns
- Measures repeated in their respective domains

Measure	Presentation
CMS composite rating	5 stars
CMS Special Facility Focus	Yes/No
Facility type	Text
Type of care (10 categories)	Yes/No
Payments accepted	Text
# of beds	Number and state avg
Resident Covid-19 vaccination rate	Score; Percent & state avg
Staff Covid-19 vaccination rate	Score; Percent & state avg
Total staffing HPRD	HPRD & State avg
Physical therapy	Y/N? minutes?

At-A-Glance Domain

PROPOSED QUALITY MEASURES

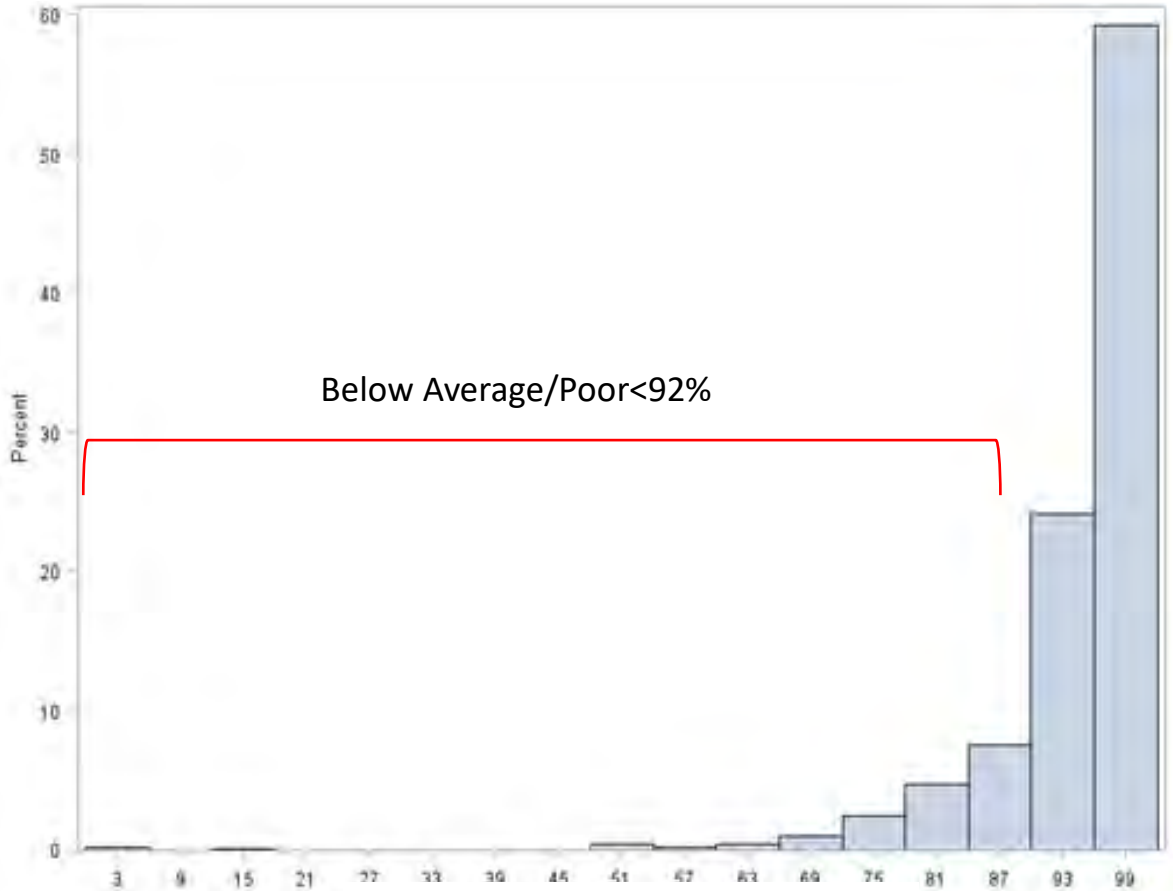
- Short stay
  - At/above expected ability to move around (at discharge)
  - At/above expected ability for self-care (at discharge)
  - Improved ability to move on their own (at discharge)
  - Successful discharge to home
- Long-stay
  - Antipsychotic use
  - Pressure injuries
  - Move independently worsened
  - Need for help w/ activities of daily living increased

OTHER SHORT STAY MEASURE CHOICES
A. Rehospitalized after NH admission
B. Outpatient ED visits
C. Antipsychotic Use for the 1st time
D. Pressure injuries/ulcers (new or worsened)
E. Received pneumonia vaccine
F. Received flu vaccine
G. Medication issues identified and addressed
H. One or more falls w/ major injury
I. Functional ability / goals in treatment plan
J. Potentially preventable readmission post-discharge
K. Change in resident's ability to care for self
L. Change in ability to move around

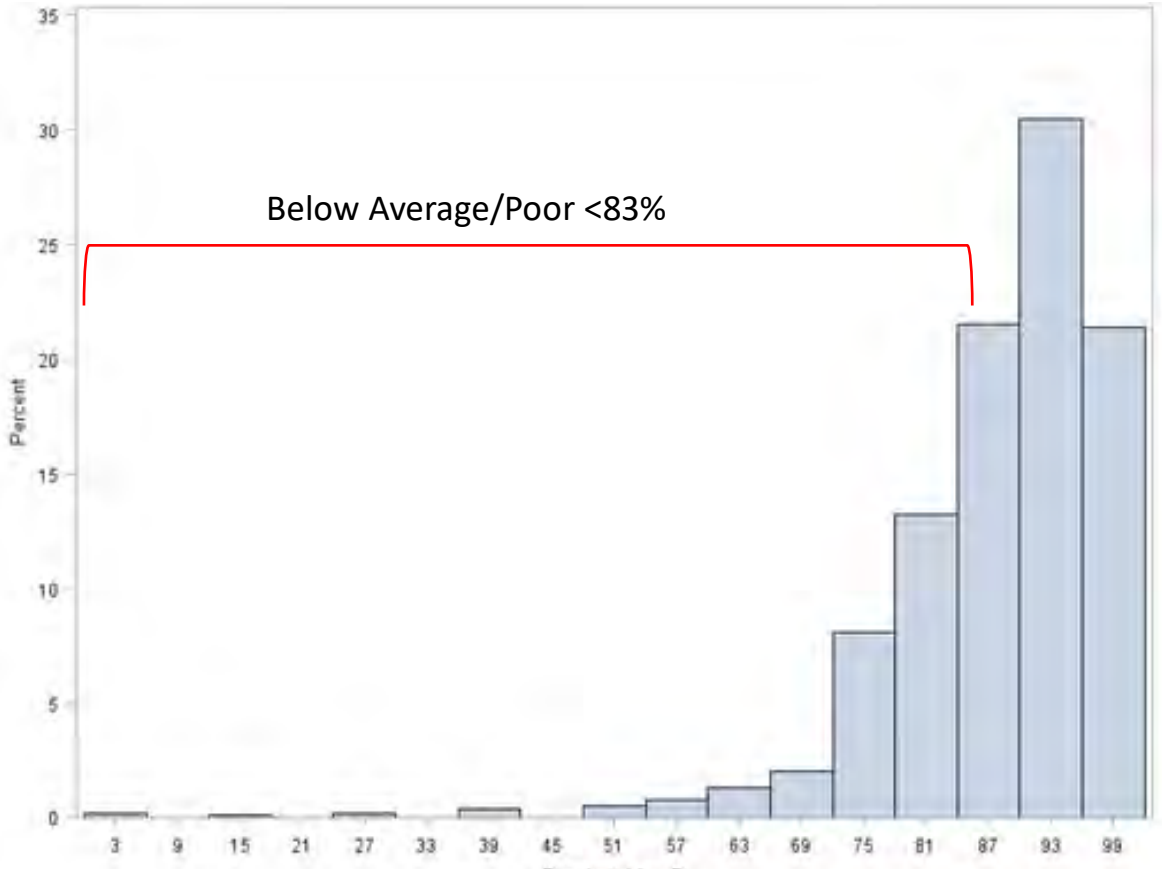
OTHER LONG STAY MEASURE CHOICES
1. Hospitalizations/1,000 resident days
2. Outpatient ED visits/1,000 resident days
3. Urinary tract infection
4. One or more falls w/ major injury
5. Catheter inserted & left in place
6. Too much weight loss
7. Loss of bowel or bladder control
8. Symptoms of depression in the prior two weeks
9. Physically restrained on a daily basis
10. Received antianxiety or hypnotic meds
11. Received COVID-19 Vaccination
12.Received flu vaccine
13. Received pneumonia vaccine

Scoring/Binning Methodology

Distribution of COVID-19 Vaccinations



Employee COVID-19 Vaccine Rate



Resident COVID-19 Vaccine Rate

Scoring Analysis

DISTRIBUTION OF FACILITIES' COVID-19 MEASURES														
Measure	Performance Category												Total Facilities	
	0-10th Percentile (**Poor**)		10th-25th Percentile (**Below Average**)		25th-75th Percentile (**Average**)		75th-90th Percentile (**Above Average**)		>90th Percentile, (**Superior**)		Not rated			
	# of Facilities	%	# of Facilities	%	# of Facilities	%	# of Facilities	%	# of Facilities	%	# of Facilities	%	N	%
Employee Covid-19 Vaccine	106	8.97	132	11.17	630	53.3	270	22.84	21	6.25	23	1.35	1184	100
Resident Covid-19 Vaccine	77	6.51	173	14.64	654	55.33	167	14.13	88	7.45	23	1.95	1182	100

		(Poor)	(Below Average)	(Superior)	
Employee Covid-19 Vaccine	# NHs	106	132	921	
		(Poor)	**(Below Average)**	**Average**	**Superior**
Resident Covid-19 Vaccine	#NHs	77	173	654	255

Scoring Analysis- QRP Measures

DISTRIBUTION OF FACILITIES' QUALITY OF CARE MEASURES AMONG 5 PERFORMANCE CATEGORIES (1182 FACILITIES)														
Measure	Performance Category												Total Facilities	
	0-10th Percentile (**Poor**)		10th-25th Percentile (**Below Average**)		25th-75th Percentile (**Average**)		75th-90th Percentile (**Above Average**)		>90th Percentile, (**Superior**)		Not rated			
	# of Facilities	%	# of Facilities	%	# of Facilities	%	# of Facilities	%	# of Facilities	%	# of Facilities	%	N	%
% of residents with medications review & follow-up care when needed	88	7.4	76	6.4	638	54.0	180	15.2	45	3.8	155	13.1	1,182	100
% of residents at or above an expected ability for self-care at discharge	89	7.5	118	10.0	552	46.7	148	12.5	73	6.2	202	17.1	1,182	100
% of residents who are at or above an expected ability to move around at discharge	78	6.6	145	12.3	529	44.7	157	13.3	71	6.0	202	17.1	1,182	100

Scoring Analysis- QRP Measures

DISTRIBUTION OF FACILITIES' QUALITY OF CARE MEASURES AMONG 5 PERFORMANCE CATEGORIES (1182 FACILITIES)														
Measure	Performance Category												Total Facilities	
	0-10th Percentile (**Poor**)		10th-25th Percentile (**Below Average**)		25th-75th Percentile (**Average**)		75th-90th Percentile (**Above Average**)		>90th Percentile, (**Superior**)		Not rated			
	# of Facilities	%	# of Facilities	%	# of Facilities	%	# of Facilities	%	# of Facilities	%	# of Facilities	%	N	%
Rate of successful return to home and community	91	7.7	145	12.3	494	41.8	196	16.6	72	6.1	184	15.6	1,182	100
Change in residents' ability to care for themselves (CMS risk-adjusted)	2	0.2	13	1.1	957	81.0	6	0.5	.	.	204	17.3	1,182	100
Change in residents' ability to move around	24	2.0	75	6.3	782	66.2	82	6.9	17	1.4	202	17.1	1,182	100
Pressure ulcers/pressure injuries that are new or worsened	24	2.0	201	17.0	594	50.2	141	11.9	67	5.7	155	13.1	1,182	100

Nursing Home Honor Roll

Summary and Board Feedback

- 4 domains reported in December: At-A-Glance, Facility Characteristics, Staffing, and Quality of Care
- Postpone Honor Roll and reporting 2 domains: Deficiencies/Citations/Fines and Cost of Care & Finance

Board recommendations for:

- Order of domains
- Naming convention of domains and measure labels

Next Steps: Proposed 2022 Analyses

1. Staffing with case mix adjustment
2. Staffing retention rates
3. Honor Roll considerations
4. Composite measures
5. Deficiency/Citation/Complaint/Fines
6. Cost of Care and Finances
7. Additional CA-specific measures

Wrap Up

2022 CHC/CQC BOD Call Schedule

(all times are Pacific Time Zone)

Thursday, March 17	10:30am to 2:30pm in Sacramento
Tuesday, June 21	11:00am to 2:00pm – virtual
Tuesday, September 13	11:00am to 2:00pm in Bay Area
Tuesday, December 13	10:00am to 1:00pm – virtual

2022 Meeting Cadence (Quarterly)

Meeting	CY 2022											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Cal Quality Care Technical Advisory Committee (2 hrs)		Feb 24		Apr 14			Jul 20			Oct 12		
Cal Hospital Compare Technical Advisory Committee (2 hrs)		Feb 15			May 10			Aug 16			Nov 15	
Board of Directors Virtual = 3 hrs In person = 4 hrs			Mar 17 In person			Jun 21 Virtual			Sep 13 In person			Dec 13 Virtual

Thank you!