



Quality Incentive Pool (QIP) Program Evaluation Baseline Report Program Year 1 July 1, 2017 – June 30, 2018

October 2019

Background

Beginning with the July 1, 2017 rating period (state fiscal year 2017-18), the Department of Health Care Services (DHCS) implemented a managed care Designated Public Hospital (DPH) Quality Incentive Pool (QIP). The Department directed Medi-Cal Managed Care Plans (MCPs) to make performance-based quality incentive payments to 17 participating DPH systems based on their performance on at least 20 of 26 specified quality measures that address primary, specialty, and inpatient care, including measures of appropriate resource utilization. QIP payments are linked to delivery of services under MCP contracts and increase the amount of funding tied to quality outcomes. To receive QIP payments, DPHs must achieve specified improvement targets, measured for all Medi-Cal beneficiaries utilizing services at the DPH, which grow more difficult through year-over-year improvement or sustained high performance requirements (see table 2 for complete list of DPHs). The total funding available for QIP payments is limited to a predetermined amount (pool). For Program Year (PY) 1, from July 1, 2017 to June 30, 2018, the Centers for Medicaid and Medicare (CMS) approved a budget of \$640 million, with a plan for budget increases in subsequent years. PY 1, the time period covered in this baseline report, consisted of baseline reporting. To receive payment in all subsequent PYs, DPHs will need to demonstrate improvement in performance compared with their baseline. PY 1 was [approved by CMS](#) on March 6, 2018.

The QIP advances the state's Quality Strategy goal of enhancing quality in DHCS programs by supporting DPHs to deliver effective, efficient, and affordable care. This program also promotes access and value-based payment, increasing the amount of funding tied to quality outcomes, while at the same time further aligning state, MCP, and hospital system goals. It integrates historical supplemental payments to come into compliance with the managed care [final rule](#) [42 Code of Federal Regulations (CFR) 438.6(c)], by linking payments to utilization and delivery of services under MCP contracts.

Evaluation Purpose

The purpose of future year program evaluations is to determine if QIP directed payments made through DHCS contracts with Medi-Cal Managed Care Plans (MCP) to contracted DPHs result in improvement in the quality of inpatient and outpatient services for Medi-Cal members assigned to DPHs, which provide care to approximately 30% of Medi-Cal members. In this baseline evaluation report, DHCS assessed the number of measures reported by each hospital and which measures were reported by more hospitals. DHCS also reports the baseline achievement rate for each measure reported by each DPH. In subsequent annual reports, baseline data from this report will be used along with subsequent data to answer whether performance-based quality

incentive payments to DPHs through the MCPs improve the quality of inpatient and outpatient services for Medi-Cal members.

Evaluation Question

This evaluation is designed to report baseline achievement rates on the measures that DPHs report and to determine:

- The number of measures each DPH reported, and
- The percentage of hospitals that reported on each measure

Evaluation Design and Methods

The state used aggregate data reported by DPHs to DHCS pertaining to the performance measures listed in Table 1 (page 5). Each DPH was required to report to DHCS on their choice of at least 20 out of the 26 measures in order to receive full payment.

DPHs reported aggregated data on each measure to DHCS. DPHs submitted encrypted aggregated data collected in accordance with the QIP Reporting Manual to DHCS, using an Excel data template. DHCS staff reviewed the reported data for accuracy, asking questions of the hospitals and/or requesting corrected data when necessary, and then deemed the data final. DHCS conducted its analysis on 100% of the finalized data. A draft of this report was shared with stakeholders (DPHs, California Association of Public Hospitals and Health Systems, California Health Care Safety Net Institute, California Association of Health Plans, Local Health Plans of California, and MCPs) in October, 2019, and the final report incorporates this stakeholders input.

Results

In PY 1, aggregated data submitted by DPHs to DHCS was used to determine the number of measures reported by each hospital. Achievement rates for each measure are included in Table 2 (page 10). All participating hospitals reported on at least 20 out of 26 measures and therefore will receive full payment. Eight hospitals reported on 22 or more measures, with three of those eight reporting achievement rates for all 26 measures.

DHCS also used this aggregated data to determine the percentage of hospitals that reported on each measure. For the primary care measures, all hospitals reported rates for the three diabetes care measures, while the asthma medication ratio measure had the fewest number of hospitals (n = 12, 71%) reporting an achievement rate. For the

specialty care measures, 16 of the hospitals reported rates for all six measures while one hospital reported rates for five out of the six measures. For the inpatient care measures, all hospitals reported on the two perioperative care measures and the prevention of central venous catheter-related bloodstream infections measure, while only 11 (59%) reported on the Appropriate Treatment of Methicillin-Sensitive *Staphylococcus aureus* Bacteremia measure. Fewer hospitals reported rates for the resource utilization measures, ranging from 5 (35%) hospitals reporting on the Emergency Department Utilization of CT for Minor Blunt Head Trauma for the pediatric population, to 13 (76%) of hospitals reporting on Cardiac Stress Imaging Not Meeting Appropriate Use Criteria.

Conclusion

This report provides a baseline for the quality of inpatient and outpatient services provided to Medi-Cal members at DPHs. Most DPHs reported rates for more than the required 20 out of 26 measures. DPHs were most likely to choose to report rates for the primary care diabetes measures, measures related to specialty care, and the inpatient perioperative care and prevention of central venous catheter-related bloodstream infections measures, and least likely to report rates for resource utilizations measures. This report and subsequent annual evaluation reports will be posted on DHCS' [QIP website](#) and shared with CMS. DHCS will make the aggregated baseline data available on California's [Open Data Portal](#) after this report is published on the DHCS website.

Future Plans

In future annual reports, DHCS will use aggregated data, submitted by DPHs to DHCS, to determine for each measure, 1) for DPHs reporting on that measure, what percentage met their quality improvement goal; and 2) the aggregate improvement seen across all DPHs who reported on the measure. Future annual reports will also determine for each DPH, the percentage of measures for which the hospital met their quality improvement goal.

Table 1: QIP PY 1 Performance Measures

MEASURE NAME	NQF #	Measure Steward	Description
Primary Care: These measures were selected to align with health plan efforts and promote higher quality care in the ambulatory care setting.			
Comprehensive Diabetes Care: A1C Control	0575	NCQA	Percentage of individuals 18–75 years of age with diabetes (type 1 and type 2) who had controlled HbA1C (<8.0%).
Comprehensive Diabetes Care: Eye exam	0055	NCQA	Percentage of individuals 18–75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.
Comprehensive Diabetes Care: Blood Pressure Control	0061	NCQA	Percentage of individuals 18–75 years of age with diabetes (type 1 and type 2) who had controlled blood pressure (<140/90 mm Hg).
Asthma Medication Ratio	1800	NCQA	Percentage of individuals 5–64 years of age identified as having persistent asthma and a ratio of controller medications to total asthma medications of 0.50 or greater.
Medication Reconciliation Post Discharge	0097	NCQA	Percentage of discharges during the measurement year for individuals 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge.
7-Day Post-Discharge Follow-Up Encounter for High Risk Beneficiaries		UCSF/ RUHS	Percentage of discharges during the measurement year for high-risk DPH Medi-Cal managed care beneficiaries 21 years of age and older, who received an outpatient encounter (in-person, virtual or telephone, including automated telephone calls with reliable escalation protocols) the date of discharge through 7 days after discharge.
Children and Adolescent access to Primary Care Physician (PCP)*		NCQA	Percentage of individuals 12 months–19 years of age who had a visit with a PCP. The DPH reports four separate percentages for four age groups (12 to 24 months; 25 months to 6 years; 7 to 11 years, and 12 to 19 years).

MEASURE NAME	NQF #	Measure Steward	Description
Childhood Immunizations Combination 3*		NCQA	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.
Immunization for Adolescents Combination 2*		NCQA	Percentage of adolescents who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoid and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
Specialty Care (Cardiovascular Disease): These measures align with the state's quality strategy in promoting high quality care and improving overall health.			
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	1525	PCPI	Percentage of patients with at least one DPH Primary Care or Cardiology Encounter during the measurement year and with Medical Managed Care assignment to the DPH on the date of the qualifying Encounter, aged 18 years and older with a diagnosis of non-valvular atrial fibrillation (AF) or atrial flutter whose assessment of the specified thromboembolic risk factors indicate one or more high-risk factors or more than one moderate risk factor, as determined by CHADS2 risk stratification, who are prescribed warfarin or another oral anticoagulant drug that is FDA approved for the prevention of thromboembolism.
Coronary Artery Disease: Antiplatelet Therapy	0067	AMA	Percentage of patients with at least one DPH Primary Care or Cardiology Encounter during the measurement year and with Medical Managed Care assignment to the DPH on the date of the qualifying Encounter, aged 18 years and older with a diagnosis of coronary artery disease (CAD) who were seen at the DPH within a 12 month period who were prescribed aspirin or clopidogrel.

MEASURE NAME	NQF #	Measure Steward	Description
Coronary Artery Disease: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction	0066	AMA	Percentage of patients with at least one DPH Primary Care or Cardiology Encounter during the measurement year and with Medical Managed Care assignment to the DPH on the date of the qualifying Encounter, aged 18 years and older with a diagnosis of coronary artery disease who also have diabetes or a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy.
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	0070	PCPI	Percentage of patients with at least one DPH Primary Care or Cardiology Encounter during the measurement year and with Medical Managed Care assignment to the DPH on the date of the qualifying DPH Outpatient Encounter, aged 18 years and older with a diagnosis of coronary artery disease seen by the DPH within a 12 month period who also have a prior Myocardial Infarction (MI) or a current or prior LVEF <40% who were prescribed beta-blocker therapy.
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	0081 2907	PCPI	Percentage of patients with at least one DPH Primary Care or Cardiology Encounter during the measurement year and with Medical Managed Care assignment to the DPH on the date of the qualifying DPH Encounter, aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior LVEF < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at each hospital discharge.
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	0083 2908	PCPI	Percentage of patients with at least one DPH Primary Care or Cardiology Encounter during the measurement year and with Medical Managed Care assignment to the DPH on the date of the qualifying DPH Outpatient Encounter, aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior LVEF < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the DPH outpatient setting or at each hospital discharge.

MEASURE NAME	NQF #	Measure Steward	Description
Inpatient: These high value patient safety measures align with work already underway in public health care systems that began in the Delivery System Reform Incentive Payments (DSRIP) program but are not part of Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program.			
Surgical Site Infections (SSI) ↓		CDC; NHSN	A composite Standardized Infection Ratio (SIR) using the National Health Safety Network (NHSN) Complex admission/readmission (A/R) SSI Model (includes only deep incisional and organ/space SSIs for inpatient procedures) for denominator patients. Limited to six procedure categories of colon, caesarian section, gallbladder, abdominal hysterectomy, spinal fusion, and small bowel surgery.
Perioperative Care: Selection of Prophylactic Antibiotic - First or Second Generation Cephalosporin	0268	AMA-PCPI/ ACPS	Percentage of surgical patients aged 18 years and older undergoing procedures with indications for a first or second generation cephalosporin prophylactic antibiotic who had an order for a first or second generation cephalosporin for antimicrobial prophylaxis.
Perioperative Care: Venous Thromboembolism Prophylaxis	0239	AMA-PCPI/ ASPS	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision or within 24 hours after surgery end.
Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	2726	ASA	Percentage of patients, regardless of age, who undergo CVC insertion, for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed.
Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia		IDSA	Percentage of patients with sepsis due to MSSA bacteremia who received beta-lactam antibiotic (e.g., nafcillin, oxacillin or cefazolin) as definitive therapy.
Stroke Rehabilitation: Discharged on Antithrombotic		The Joint Commission	Percentage of ischemic stroke patients prescribed antithrombotic therapy at DPH hospital discharge.

MEASURE NAME	NQF #	Measure Steward	Description
Resource Utilization: These measures reflect an opportunity to reduce unnecessary utilization and improve quality of care.			
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients [↓]	0670	ACCF	Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed for low risk surgery patients 18 years or older for preoperative evaluation.
Emergency Department (ED) Utilization of CT for Minor Blunt Head Trauma for Patient 18 years and Older		ACEP	Percentage of ED visits for patients aged 18 years and older who presented within 24 hours of a minor blunt head trauma with a Glasgow Coma Scale (GCS) score of 15 and who had a head computed tomography (CT) for trauma ordered by an ED provider who have an indication for a head CT.
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old ^{*↓}		ACEP	Percentage of ED visits for patients aged 2 through 17 years who presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and who had a head CT for trauma ordered by an ED provider who are classified as low risk according to the Pediatric Emergency Care Applied Research Network (PECARN) prediction rules for traumatic brain injury.
Unplanned Reoperation within 30 Day Postoperative Period [↓]		ACS	Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period.
Concurrent Use of Opioids and Benzodiazepines [↓]	3389	PQA	Percentage of individuals 18 years and older with concurrent use of prescription opioids and benzodiazepines.

*Pediatric measures

[↓]Lower achievement rates indicate better care

NQF – National Quality Forum; NCQA - National Committee for Quality Assurance; UCSF - University of California San Francisco; RUHA- Riverside University Health System; AMA – American Heart Association; PCPI - Physician Consortium for Performance Improvement ;ACC - American College of Cardiology; CDC - Centers for Disease Control & Prevention; NHSN- National Healthcare Safety Network; AMA-convened PCPI- Physician Consortium for Performance Improvement/ACPS-American College of Plastic Surgeons; AMA-convened PCPI- Physician Consortium for Performance Improvement/ACPS-American Society of Plastic Surgeons; ASA-American Society of Anesthesiologists; IDSA- Infectious Disease Society of America; ACCF-American College of Cardiology Foundation; ACEP-American College of Emergency Physicians; ACS- American College of Surgeons; PQA - Pharmacy Quality Alliance

Table 2: Achievement Rate for QIP measures by Designated Public Hospitals

	Alameda Health System	Arrowhead Regional Medical Center	Contra Costa Regional Medical Center	Kern Medical Center	Los Angeles County Health System	Natividad Medical Center	Riverside University Health System	San Francisco General Hospital	San Joaquin General Hospital
Primary Care									
Comprehensive Diabetes Care: A1C Control(<8%)	55.3%	54.3%	57.7%	55.0%	52.5%	51.4%	51.9%	61.9%	50.0%
Comprehensive Diabetes Care: Eye Exam	51.0%	34.8%	55.7%	43.0%	71.9%	62.3%	11.4%	66.2%	47.3%
Comprehensive Diabetes Care: Blood Pressure Control	72.7%	36.9%	75.7%	69.7%	66.1%	73.6%	59.8%	75.6%	72.3%
Asthma Medication Ratio	58.7%		53.0%	*	47.6%	65.0%			72.0%
Medication Reconciliation Post Discharge	51.9%	68.4%	99.4%	67.9%	45.7%	57.5%	65.4%	56.2%	44.3%
7 Day Post-Discharge Follow-Up for High Risk Beneficiaries	24.2%	52.7%	45.0%	25.8%		48.9%	32.2%	49.4%	54.8%
Children and Adolescent Access to PCP									
12-24 Mos	89.5%	*	93.4%	72.9%	85.8%	94.9%		96.9%	92.3%
25 Mos-6 Yrs	76.6%	74.2%	83.2%	60.7%	67.8%	90.9%		89.1%	75.4%
7-11 Years	78.1%	76.6%	85.4%	54.8%	68.7%	89.3%		89.7%	71.2%
12-19 Years	70.2%	71.8%	83.3%	52.2%	65.0%	84.2%		88.4%	67.7%

	Alameda Health System	Arrowhead Regional Medical Center	Contra Costa Regional Medical Center	Kern Medical Center	Los Angeles County Health System	Natividad Medical Center	Riverside University Health System	San Francisco General Hospital	San Joaquin General Hospital
Childhood Immunization Status Combination 3	82.8%	47.9%	82.4%	24.5%	86.4%	87.9%		90.2%	72.8%
Immunizations for Adolescents Combination 2	61.6%	58.1%	48.5%	31.1%		72.9%	33.7%	65.4%	52.3%
Specialty Care									
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	79.1%	37.5%	77.5%	90.0%	78.8%	85.2%	54.2%	78.6%	90.4%
Coronary Artery Disease: Antiplatelet Therapy	97.4%	29.2%	91.2%	92.0%	93.2%	80.1%	85.6%	93.9%	83.2%
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	92.7%	24.9%	76.2%	88.7%	86.3%	82.6%	86.7%	86.4%	86.8%

	Alameda Health System	Arrowhead Regional Medical Center	Contra Costa Regional Medical Center	Kern Medical Center	Los Angeles County Health System	Natividad Medical Center	Riverside University Health System	San Francisco General Hospital	San Joaquin General Hospital
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	93.1%	24.4%	88.1%	89.7%	85.3%	82.3%	66.4%	96.1%	83.7%
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	93.3%	38.3%	81.3%	95.4%	78.8%	80.0%	84.2%	85.9%	76.3%
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	87.0%	40.8%	94.5%	96.0%	89.7%	68.6%	81.0%	94.3%	76.3%
Inpatient Care									
Surgical Site Infection [↓] (Reported as SIR)	*	*	*	*	0.49	*	*		
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	99.4%	0.0%	96.5%	100.0%	91.9%	42.6%	75.3%	95.3%	71.6%

	Alameda Health System	Arrowhead Regional Medical Center	Contra Costa Regional Medical Center	Kern Medical Center	Los Angeles County Health System	Natividad Medical Center	Riverside University Health System	San Francisco General Hospital	San Joaquin General Hospital
Perioperative Care: Venous Thromboembolism Prophylaxis	100.0%	*	98.1%	100.0%	80.8%	64.1%	10.3%	96.8%	83.7%
Prevention of Central Venous Catheter - Related Bloodstream Infections	3.7%	40.0%	*	96.2%	57.8%	80.5%	30.8%	0.0%	93.8%
Appropriate Treatment of MSSA Bacteremia	83.0%	*			98.1%			100.0%	80.0%
Stroke: Discharged on Antithrombotic	62.2%	100.0%		96.9%	99.5%			100.0%	79.1%
Resource Utilization									
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients [↓]	0.0%		*	0.0%	*	*	0.0%	*	

	Alameda Health System	Arrowhead Regional Medical Center	Contra Costa Regional Medical Center	Kern Medical Center	Los Angeles County Health System	Natividad Medical Center	Riverside University Health System	San Francisco General Hospital	San Joaquin General Hospital
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older				100.0%			79.5%		
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old [↓]									
Unplanned Reoperation within the 30 Day Postoperative Period [↓]		*		1.1%		*	*		
Concurrent Use of Opioids and Benzodiazepines [↓]	6.1%	24.4%	7.2%	12.2%		7.0%	3.7%		
NUMBER OF METRICS REPORTED ON:	23	22	21	24	20	22	20	20	20

Composite SIR is the sum of the observed number of SSIs across all 6 procedure categories divided by the sum of the expected number of SSIs across the 6 procedure categories.

Observed and expected data from all 6 procedure categories are included.

[↓]Lower achievement rates indicate better care

*Rate suppressed because of small sample size

	Santa Clara Valley Medical Center	San Mateo Medical Center	UC Davis Medical Center	UC Irvine Medical Center	UC Los Angeles Medical Center	UC San Diego Medical Center	UC San Francisco Medical Center	Ventura County Medical Center	Number of DPHs Reporting Each Measure	Percentage of DPHs Reporting Each Measure
Primary Care										
Comprehensive Diabetes Care: A1C Control (<8%)	54.9%	63.1%	0.0%	44.6%	56.5%	69.0%	54.7%	59.8%	17	100%
Comprehensive Diabetes Care: Eye Exam	48.3%	98.4%	0.0%	10.6%	35.9%	57.6%	65.7%	42.7%	17	100%
Comprehensive Diabetes Care: Blood Pressure Control	67.5%	73.8%	0.0%	64.9%	73.9%	69.8%	66.1%	74.2%	17	100%
Asthma Medication Ratio		60.6%		50.8%	80.0%	73.0%	52.2%	50.3%	12	71%
Medication Reconciliation Post Discharge	37.5%	48.2%	77.3%	53.8%	69.7%	61.6%	48.7%		16	94%
7 Day Post-Discharge Follow-Up for High Risk Beneficiaries	9.6%		84.5%	40.3%	*	45.5%	60.2%	47.2%	14	82%
Children and Adolescent Access to PCP										
12-24 Mos		100.0%		96.6%	97.0%	0.0%	91.8%	93.8%	14	76%
25 Mos-6 Yrs		91.2%		81.0%	84.6%	66.7%	80.5%	84.5%	14	76%
7-11 Years		85.4%		84.4%	88.7%	*	86.7%	82.1%	14	76%
12-19 Years		79.4%		82.8%	90.1%	*	88.4%	78.6%	14	76%

	Santa Clara Valley Medical Center	San Mateo Medical Center	UC Davis Medical Center	UC Irvine Medical Center	UC Los Angeles Medical Center	UC San Diego Medical Center	UC San Francisco Medical Center	Ventura County Medical Center	Number of DPHs Reporting Each Measure	Percentage of DPHs Reporting Each Measure
Childhood Immunization Status Combination 3	75.7%	67.6%		71.7%	67.1%	0.0%	80.5%	79.9%	15	82%
Immunizations for Adolescents Combination 2	51.0%	66.3%			30.3%	0.0%	46.3%	33.8%	14	82%
Specialty Care										
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	65.4%	75.8%	*	73.1%	*	92.6%	87.1%	73.1%	17	100%
Coronary Artery Disease: Antiplatelet Therapy	83.9%	89.0%	76.5%	79.2%	68.4%	84.1%	89.8%	85.4%	17	100%
Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction	71.8%	88.8%	94.1%	83.9%	76.5%	65.4%	70.5%	81.3%	17	100%

	Santa Clara Valley Medical Center	San Mateo Medical Center	UC Davis Medical Center	UC Irvine Medical Center	UC Los Angeles Medical Center	UC San Diego Medical Center	UC San Francisco Medical Center	Ventura County Medical Center	Number of DPHs Reporting Each Measure	Percentage of DPHs Reporting Each Measure
Coronary Artery Disease: Beta-Blocker Therapy-Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction	35.4%	89.9%	81.3%		94.4%	75.8%	78.6%	86.6%	16	94%
Heart Failure: ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction	0.0%	89.8%	100.0%	81.1%	*	83.3%	82.5%	89.2%	17	100%
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	0.0%	70.9%	100.0%	83.3%	*	94.4%	67.5%	91.8%	17	100%
Inpatient Care										
Surgical Site Infection [↓] (Reported as SIR)	1.07		0.91	1.01	0.85	1.46	0.88	*	14	88%
Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin	71.8%	96.5%	85.0%	56.0%	80.7%	61.8%	64.9%	82.1%	17	100%

	Santa Clara Valley Medical Center	San Mateo Medical Center	UC Davis Medical Center	UC Irvine Medical Center	UC Los Angeles Medical Center	UC San Diego Medical Center	UC San Francisco Medical Center	Ventura County Medical Center	Number of DPHs Reporting Each Measure	Percentage of DPHs Reporting Each Measure
Perioperative Care: Venous Thromboembolism Prophylaxis	96.1%	66.9%	98.5%	41.7%	93.3%	61.5%	90.7%	95.3%	17	100%
Prevention of Central Venous Catheter - Related Bloodstream Infections	11.8%	45.6%	53.2%	2.6%	23.0%	39.8%	1.6%	0.0%	17	100%
Appropriate Treatment of MSSA Bacteremia	85.3%		88.5%	87.0%	73.2%	72.7%	51.6%		11	59%
Stroke: Discharged on Antithrombotic	96.4%		100.0%	92.2%	100.0%	98.1%	84.2%		12	65%
Resource Utilization										
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients [↓]		*	0.0%		*	*	8.4%	*	13	76%

	Santa Clara Valley Medical Center	San Mateo Medical Center	UC Davis Medical Center	UC Irvine Medical Center	UC Los Angeles Medical Center	UC San Diego Medical Center	UC San Francisco Medical Center	Ventura County Medical Center	Number of DPHs Reporting Each Measure	Percentage of DPHs Reporting Each Measure
ED Utilization of CT for Minor Blunt Head Trauma for Patients 18 Years and Older		80.8%	88.0%	17.9%	91.8%	0.0%	42.9%	61.7%	9	12%
ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 Years Old [↓]			12.4%	*	0.0%	0.0%	*		5	6%
Unplanned Reoperation within the 30 Day Postoperative Period [↓]	1.2%		3.0%	2.4%	2.3%	3.1%	2.8%	2.0%	11	12%
Concurrent Use of Opioids and Benzodiazepines [↓]	6.5%	8.4%		*	19.4%	73.0%	14.8%		12	12%
NUMBER OF METRICS REPORTED ON:	21	20	21	23	26	26	26	21		

Composite SIR is the sum of the observed number of SSIs across all 6 procedure categories divided by the sum of the expected number of SSIs across the 6 procedure categories.

Observed and expected data from all 6 procedure categories are included.

[↓]Lower achievement rates indicate better care

*Rate suppressed because of small sample size