

Quality Transparency Dashboard

Hospital Quality Institute

Outcome Measures:	CLABSI	Lower is Better	Colon SSI	Lower is Better	NTSV	Lower is Better	Sepsis Mortality	Lower is Better	30-day Readmission	Lower is Better
Rancho Springs Medical Center Inland Valley Medical Center	2.42		0.42		18.80		12.67		16.20	
<i>California Level</i>	0.71		0.89		22.90		14.30		15.48	
<i>National Level</i>	0.70		0.87		25.60		25.00		15.60	
Measure Period	10/01/2018-09/30/2019		10/01/2018-09/30/2019		01/01/2019-12/31/2019		01/01/2018-12/31/2018		07/01/2018-06/30/2019	

Notes: "Not Available" indicates that not enough data were available to calculate the measure. For CLABSI and Colon SSI this usually means the expected number of infections was less than 1.0. For NTSV, Sepsis Mortality, and Readmission this means the number of eligible cases was less than 1.0.

Program Status Measures:

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not a maternity hospital	This hospital has a Maternity Safety Program in place. A maternity safety program provides a coordinated approach and emergency response to risks associated with pregnancy and childbirth.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This hospital has a Sepsis Protocol in place. A sepsis protocol provides guidance for a coordinated approach to identification and treatment of an infection and inflammatory response which is present throughout the body.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	This hospital has a Respiratory Monitoring program in place. Respiratory monitoring provides guidance for assessment of risk of respiratory depression, and includes continuous monitoring of breathing and functioning of the lungs and circulatory system when indicated.

Outcome Measure Definitions:

CLABSI - Central line-Associated Blood Stream Infection: A serious infection that occurs when germs enter the bloodstream through a central line. A central line is a special intravenous catheter (IV) that allows access to a major vein close to the heart and can stay in place for weeks or months. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. **Limitations:** In the calculation of the Standardized Infection Ratio (SIR), the CDC adjusts for differences between hospitals. However, patient risk factors are not taken into account. These patient-specific variables (e.g., poor skin integrity, immunosuppression) can increase the risk of developing a central line infection. Hence, the SIR for hospitals that care for more medically complex or immunosuppressed patients may not be adequately adjusted to account for those patient-specific risk factors.

Colon SSI - Colon Surgical Site Infection: An infection (usually bacteria) that occurs after a person has colorectal surgery that occurs at the body site where the surgery took place. While some involve only the skin, others are more serious and can involve tissues under the skin, organs, or implanted material. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. **Limitations:** Some, but not all patient-specific risk factors are included in the adjustment of the SIR for these types of infections. However, not all relevant risk factors are included (e.g., trauma, emergency procedures). Hence, the SIRs for hospitals performing more complex procedures or with larger volumes of trauma or emergency procedures may not be adequately adjusted to account for those patient-specific risk factors.

NTSV - Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate: The percentage of cesarean (surgical) births among first-time mothers who are at least 37 weeks pregnant with one baby in a head down position (not breech or transverse). Lower values indicate that fewer cesareans were performed in the hospital among primarily low risk, first-time mothers. **Limitations:** NTSV rates do not take into account certain obstetric conditions, such as placenta previa, that may make Cesarean delivery the safer route for both mother and infant.

Sepsis Mortality: Percent of patients, with a severe infection, who die in the hospital. Most sepsis cases (over 90%) start outside the hospital. Lower percentage of death indicates better survival. **Limitations:** Use of discharge/administrative data is limiting since such data has lower specificity for diagnoses than clinical data. In addition, without risk adjustment for differences in patient-specific factors, comparing rates among hospitals is difficult.

30-day Readmission - Hospital-wide All-Cause 30-day Unplanned Readmission Rate: The percentage of patients who were unexpectedly readmitted within 30 days of discharge from the hospital for any reason. Lower values indicate that fewer cases were unexpectedly readmitted after discharge. **Limitations:** Some, but not all patient-specific risk factors are included in the adjustment of the readmission rate. However, not all relevant risk factors are included (e.g., trauma, emergency procedures).

Hospital Comments:

Inland Valley and Rancho Springs Medical Centers (campuses of Southwest Healthcare System) are committed to providing each patient with safe, high-quality care. Southwest Healthcare System performs better than California and National averages for surgical site infections, low-risk cesarean (NTSV) delivery rates and mortality in patients with a diagnosis with sepsis.

As we continue to strive to be a top performer in all areas, we have identified an opportunity to decrease our infection rates for patients with central lines (see above for definition). Since the time of this outcome data, we have completed a gap analysis of our infection prevention processes and have taken measurable steps to prevent these types of infections. These include but are not limited to:

1. Changing catheter products (i.e. dressing change kits) to ensure utilization of top patient safety-rated products.
2. Re-training members of our care team to ensure implementation of evidence-based practices when caring for patients who require central lines. This includes things like daily bathing with special products shown to decrease infection risk.
3. Implementation of audits to ensure that these evidence-based practices are in place for all patients.
4. Daily review of all patients with central lines to ensure insertion was appropriate and that the central line is still necessary.

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