

CALIFORNIA HEALTH CARE ALMANAC



Quality of Care Facts and Figures

AUGUST 2010

Introduction

Despite heightened attention paid to patient safety issues in recent years, the quality of health care across the country is improving slowly. Although incremental gains have been made, the United States overall, and California in particular, are still grappling with questions of quality.

This year's report on quality shows some bright spots in childbirth-related measures, cancer incidence, and some condition-specific indicators, but still illustrates that there is more work to be done in providing appropriate care for many hospital and long term care patients.

KEY FINDINGS INCLUDE:

- Although California continues to perform better than the nation on most childbirth-related measures, its maternal mortality rate more than doubled from 1999 to 2006.
- The African American maternal mortality rate has increased 65 percent over the last 7 years.
- More than one-third of California adults have one or more chronic condition, and 60 percent are overweight or obese.
- California has lower cancer incidence and mortality rates than the nation for the four most prevalent cancer types.
- California performs worse than the nation on patient safety measures intended to prevent surgical infections and blood clots.
- California's relatively strong performance on process-of-care measures for heart attack, heart failure, and pneumonia patients has yet to translate into strong performance on hospital mortality rates for these patients.
- In spite of greater attention in recent years, California nursing homes compare poorly to national averages across a variety of quality measures, especially with the use of restraints.

CONTENTS

Change, by Setting and Type of Care	3
Maternal and Child Health	4
Children's Health	12
Chronic Conditions	15
Cancer	18
Patient Safety	23
Heart Conditions	30
Pneumonia	34
Vaccines	36
Nursing Homes	39
Home Health	42
End-of-Life Care	45
Data Resources and Author	47
Appendices	48

Change in Quality, by Setting and Type of Care, California, Baseline Year to Most Recent Data Year

AVERAGE ANNUAL CHANGE ■ Worse ■ No Change ■ Better ■ Much Better

Setting

Ambulatory (n=45)



Home Health (n=10)



Hospital (n=29)



Nursing Home (n=19)



Type of Care

Acute Care (n=33)



Chronic Care (n=40)



Preventive Care (n=27)



Notes: Worse is quality going in wrong direction at average annual rate of greater than 1 percent per year; no change is not changing or less than 1 percent per year; better is 1 to 5 percent average annual change in positive direction; much better is more than 5 percent in positive direction. May not add to 100 percent due to rounding.

Source: Agency for Healthcare Research and Quality (AHRQ), 2009 State Snapshots.

Quality of Care Facts and Figures

Change, by Setting and Type of Care

[<< RETURN TO CONTENTS](#)

Hospital care in California has improved significantly, with almost half of the measures improving by more than 5 percent annually. Similarly, measures of acute treatment have shown more improvement than preventive and chronic care measures.

Childbirth-Related Measures, California vs. United States, 1999 and 2008



Note: Low birth weight is less than 2,500 grams. Preterm is less than 37 weeks of gestation. Data for 2008 are preliminary.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, VitalStats reports; Vol. 58, No. 16, released April 6, 2010, www.cdc.gov, accessed June 28, 2010.

Quality of Care Facts and Figures

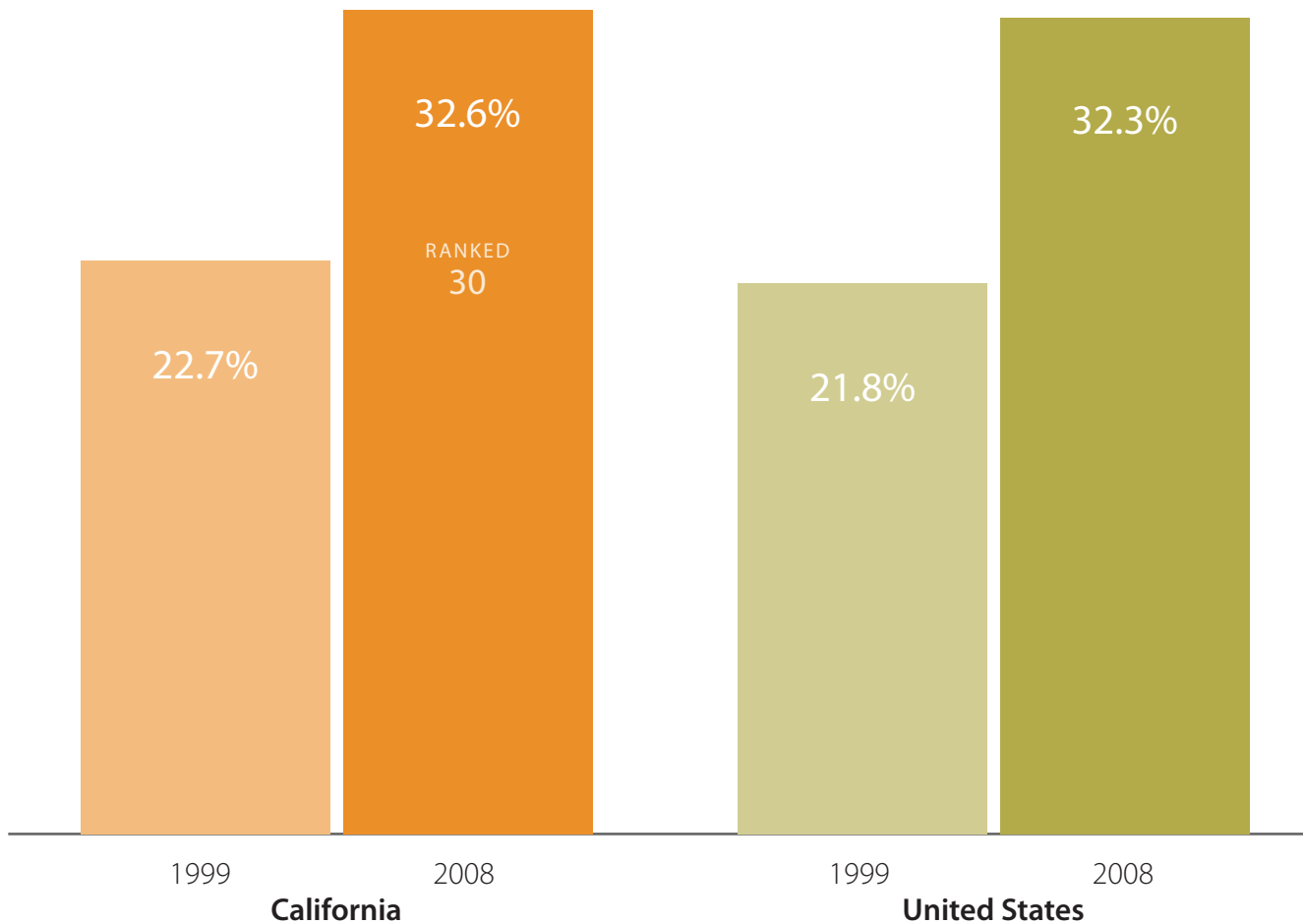
Maternal and Childbirth

[<< RETURN TO CONTENTS](#)

Preterm and low birthweight birth rates are better in California than the nation. California ranks 10th among all states for both measures. Full-term births are less likely to be low birthweight.

Cesarean Deliveries, California vs. United States, 1999 and 2008

PERCENTAGE OF LIVE BIRTHS BY CESAREAN DELIVERY



Note: Data for 2008 are preliminary.

Sources: *Recent Trends in Cesarean Delivery in the United States*. Data brief, No. 35., National Center for Health Statistics. 2010. National Center for Health Statistics. VitalStats reports, Vol. 58, No. 16, released April 6, 2010, www.cdc.gov, accessed June 28, 2010.

Over the last ten years, births by C-section have risen dramatically across the nation. Drivers of the growth include older maternal age, an increased tendency to induce labor, and conservative practice guidelines.

Birth-Related Trauma, California vs. United States, 2000 and 2006

PER 1,000 LIVE BIRTHS

	CALIFORNIA			UNITED STATES	
	2000	2006	2006 Rank [†]	2000	2006
Injury to Newborn	N/A	1.5	9	N/A	1.6
Obstetric Trauma, Cesarean Deliveries*	3.5	3.1	6	4.7	3.9
Obstetric Trauma, Vaginal Deliveries without Instrument Assistance*	41.6	32.5	6	51.7	36.2
Obstetric Trauma, Vaginal Deliveries with Instrument Assistance*	159.3	131.5	3	204.0	160.6

*Obstetric trauma with 3rd or 4th degree lacerations.

[†]Thirty-four states reported data for these measures.

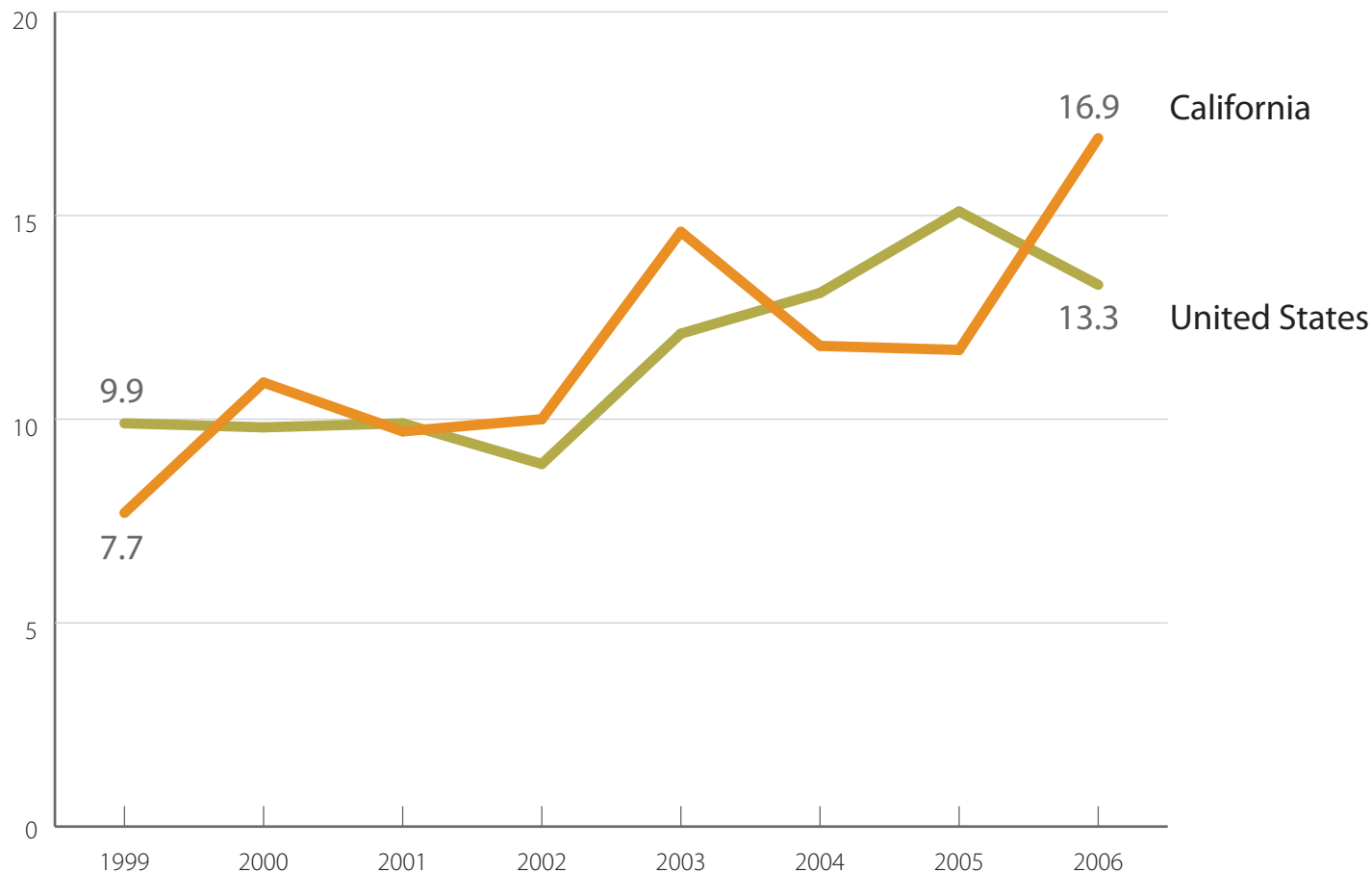
From 2000 to 2006, California improved its performance on measures concerning trauma to mothers during childbirth. In 2006, California ranked among the best 10 states on all four measures.

Notes: Rates of injury to newborn exclude preterm and osteogenesis imperfecta (genetic disorder in which the bones are formed improperly, making them fragile and likely to break) births and are adjusted by gender. Obstetric trauma rates for vaginal deliveries are adjusted by age. No risk-adjustment is performed for obstetric trauma for cesarean deliveries.

Source: Agency for Healthcare Research and Quality (AHRQ), *National Healthcare Quality Report, 2008 and 2009*, Data Tables Appendices.

Maternal Mortality Trend, California vs. United States, 1999 to 2006

MATERNAL DEATHS PER 100,000 LIVE BIRTHS



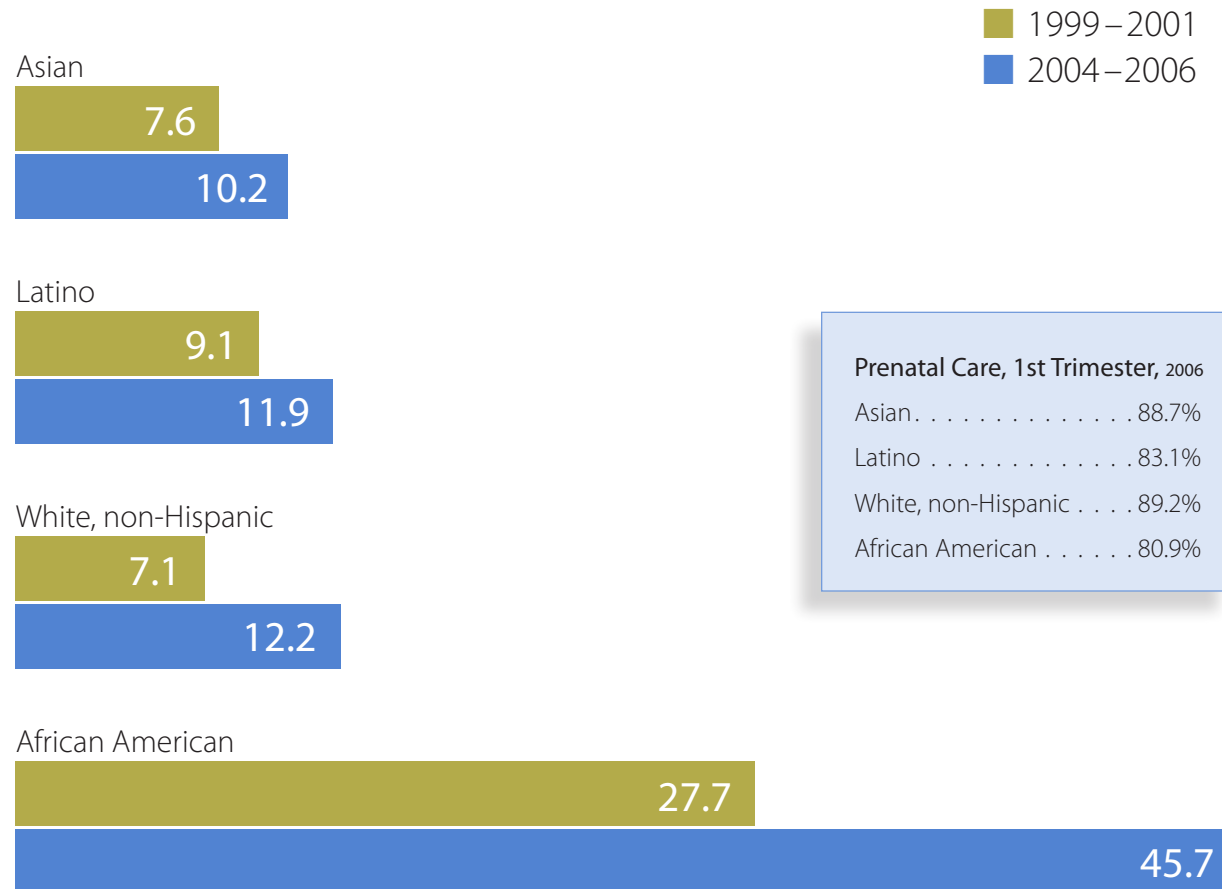
Maternal mortality rates in California and the United States have risen dramatically since 1999. These rates far exceed the federal government's Healthy People 2010 objective of 4.3 deaths per 100,000 live births.

Note: Maternal mortality refers to deaths 42 days or less postpartum.

Source: California Department of Public Health, Maternal, Child, and Adolescent Health Program, *Maternal Mortality Rates Slide Set 1999–2006*, March 2010.

Maternal Mortality, by Race/Ethnicity, California, Selected Years

MATERNAL DEATHS PER 100,000 LIVE BIRTHS



Prenatal Care, 1st Trimester, 2006

Asian	88.7%
Latino	83.1%
White, non-Hispanic	89.2%
African American	80.9%

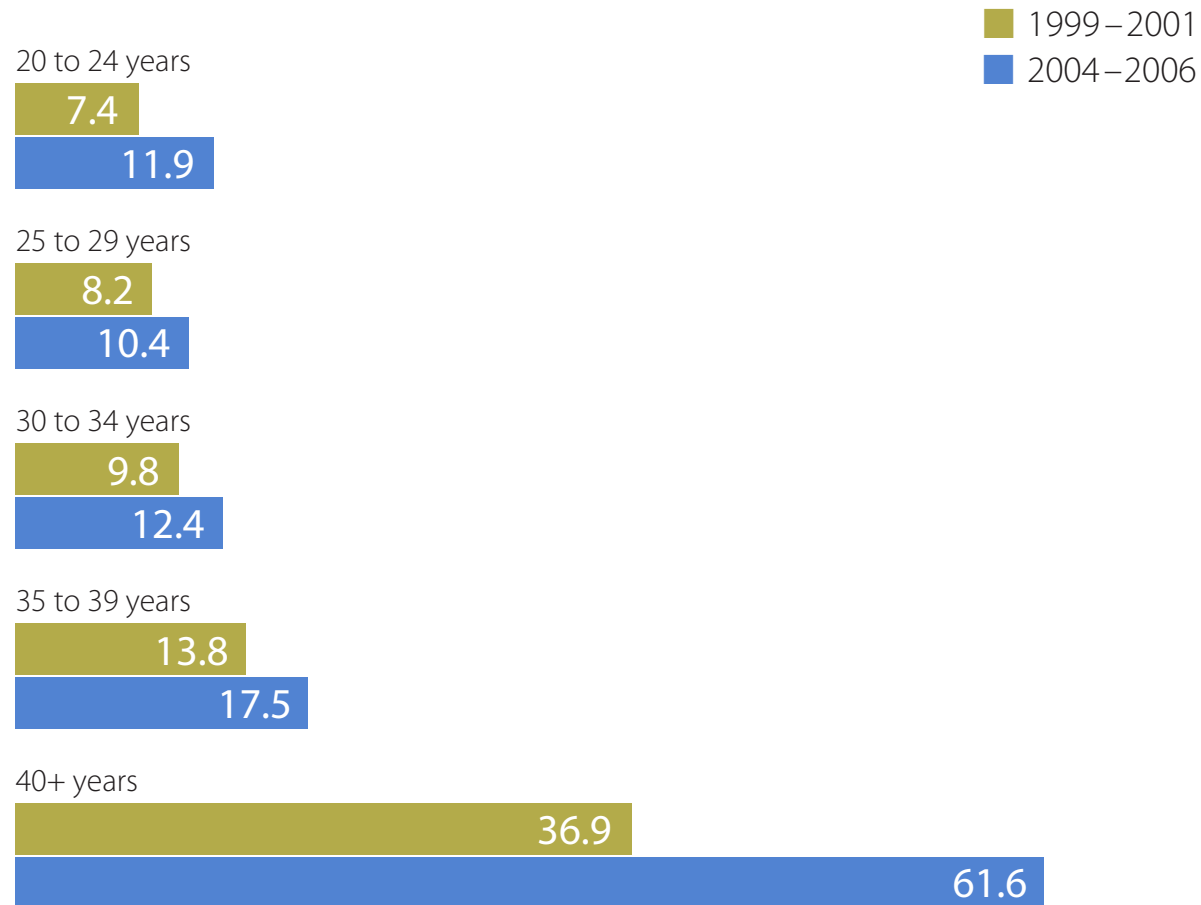
Maternal mortality rates differ widely by race/ethnicity. African American maternal mortality rates are three to four times higher than other racial/ethnic groups. Possible explanations for this discrepancy include higher rates of obesity and high blood pressure among African Americans, as well as lower rates of prenatal care and insurance coverage.

Note: Maternal mortality refers to deaths 42 days or less postpartum. Three-year moving average is used.

Source: California Department of Public Health, Maternal, Child, and Adolescent Health Program, *Maternal Mortality Rates Slide Set 1999–2006*, March 2010.

Maternal Mortality, by Age of Mother, California, Selected Years

MATERNAL DEATHS PER 100,000 LIVE BIRTHS



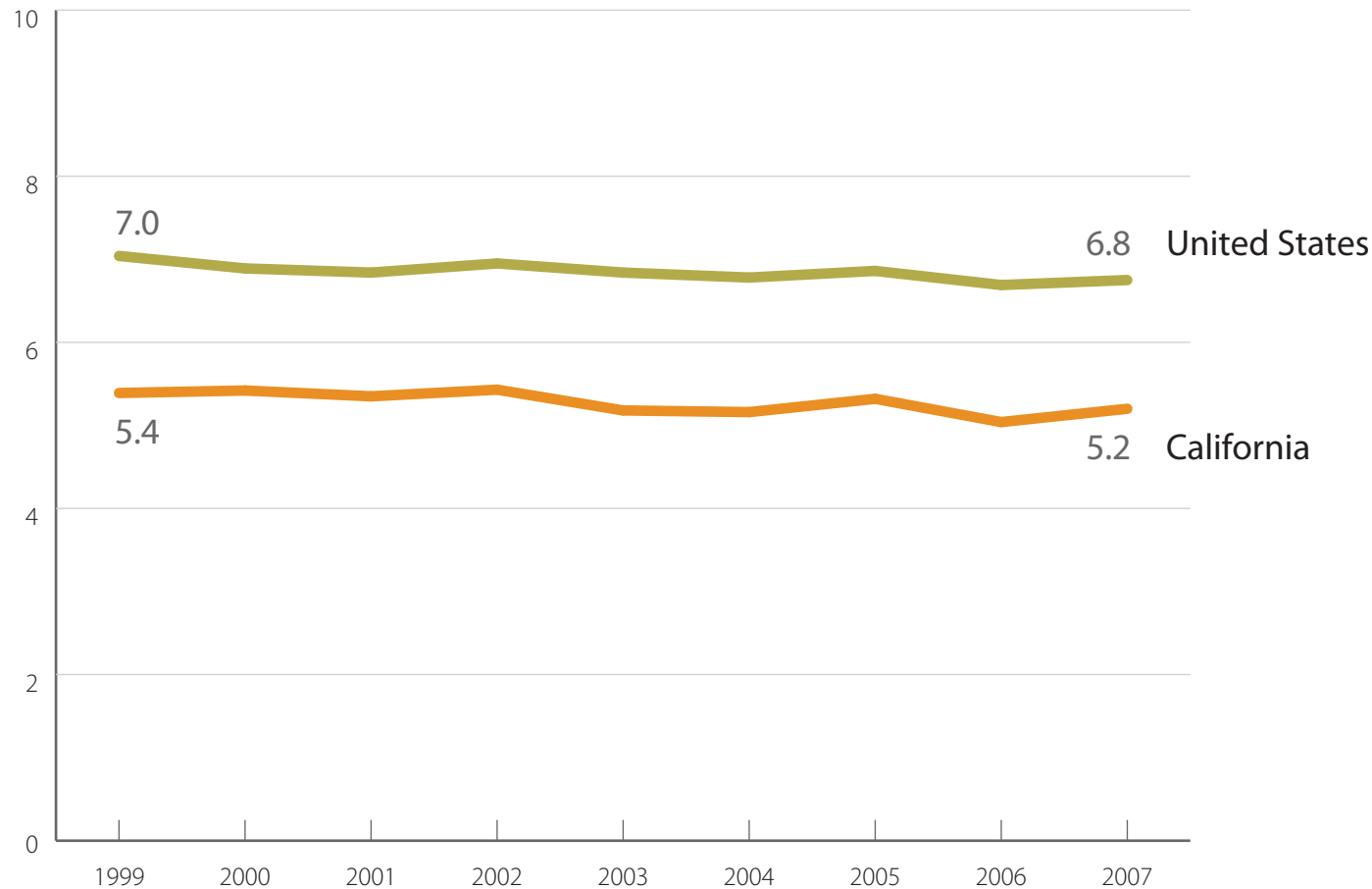
Note: Maternal mortality refers to deaths 42 days or less postpartum. Three-year moving average is used.

Sources: California Department of Public Health, Maternal, Child, and Adolescent Health Program, *Maternal Mortality Rates Slide Set 1999–2006*, March 2010. State of California, Department of Public Health, Birth Records.

Although older mothers represent only 3.6 percent of all births, they have significantly higher mortality rates. From 1999 to 2006, maternal mortality rates rose 67 percent for these mothers. Over this time, births to mothers aged 40 and older increased 32 percent, compared to 9 percent for all births.

Infant Mortality Trend, California vs. United States, 1999 to 2007

INFANT DEATHS PER 1,000 LIVE BIRTHS



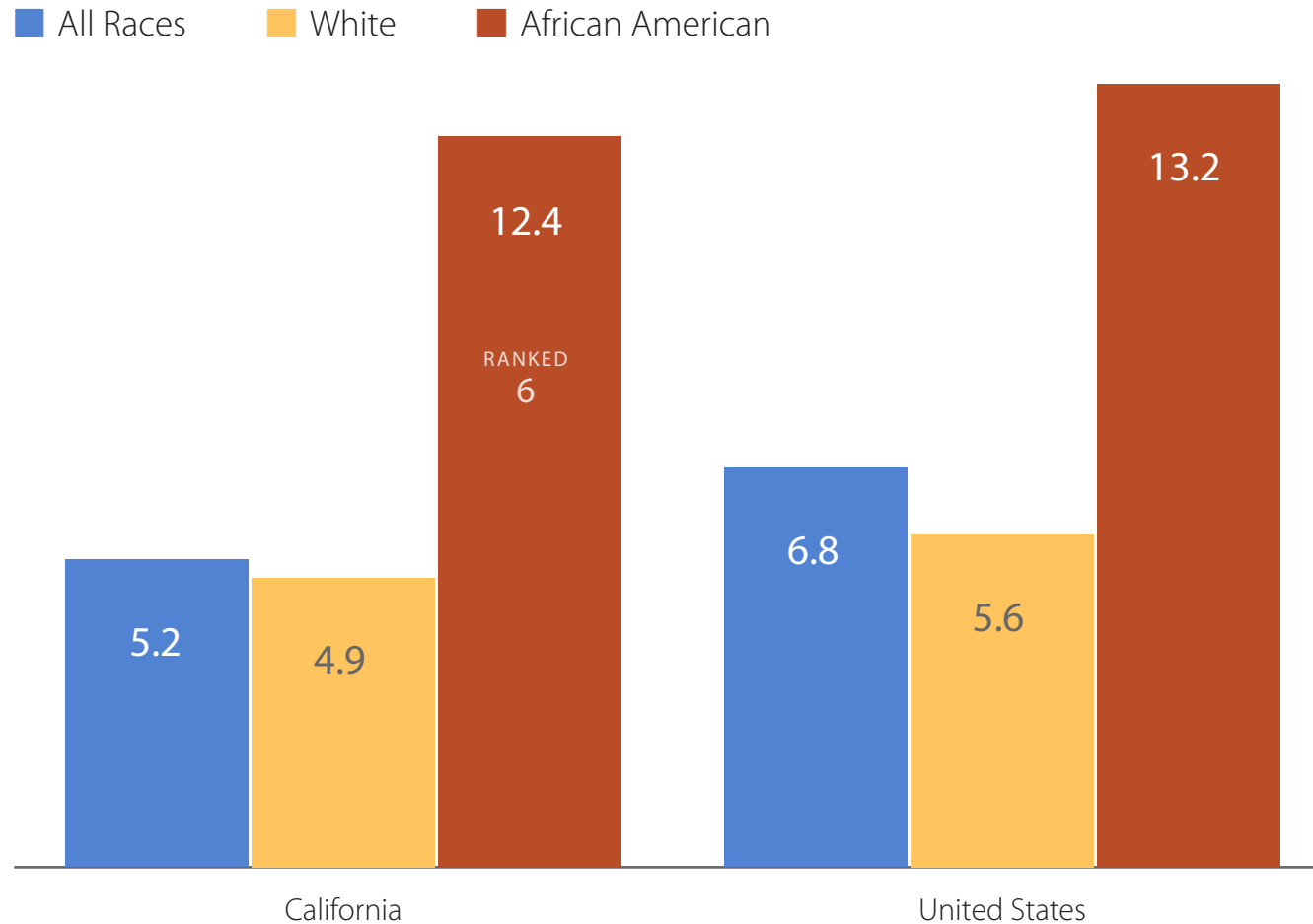
Notes: 1995 to 2005 data from linked birth-infant death files; 2006 and 2007 data from mortality files. Infant is under 1 year.

Sources: Centers for Disease Control and Prevention. National Center for Health Statistics. VitalStats, www.cdc.gov, accessed June 28, 2010. Deaths: Final data for 2007. National Center for Health Statistics. National Vital Statistics Reports Web release; Vol. 58, No. 19. Released May, 2010.

In contrast to maternal mortality, infant mortality rates have declined slightly since 1999 in both California and the United States.

Infant Mortality, by Race/Ethnicity, California vs. United States, 2007

INFANT DEATHS PER 1,000 LIVE BIRTHS



Quality of Care Facts and Figures

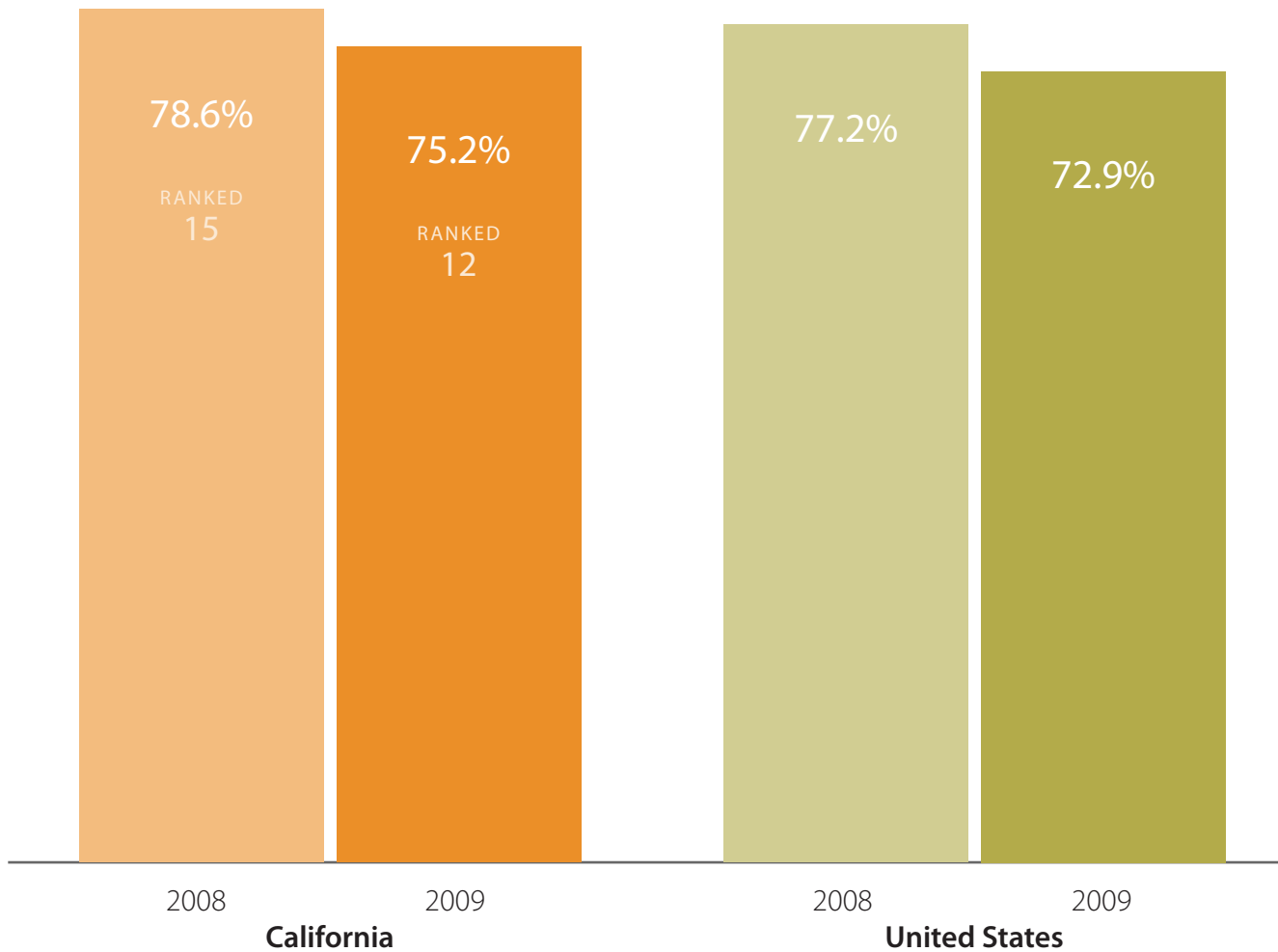
Maternal and Childbirth

[<< RETURN TO CONTENTS](#)

California compares favorably to the nation on overall infant mortality, with the 6th lowest infant mortality rate of all the states. African American infant mortality rates, however, are more than double the rates for whites. This discrepancy may be attributed to the lack of early prenatal care.

Sources: Deaths: Final data for 2007. National vital statistics reports Web release; Vol. 58, No. 19. National Center for Health Statistics. Released May, 2010. Centers for Disease Control and Prevention, National Center for Health Statistics, VitalStats, www.cdc.gov, accessed July 29, 2010.

Children Receiving Recommended Immunizations, Ages 19 to 35 Months, California vs. United States, 2008 and 2009



Note: Data covers July 2008 through June 2009. The recommended vaccine series consists of four doses of diphtheria, tetanus, and pertussis vaccine (DTaP); three doses of polio vaccine, one or more doses of measles, mumps and rubella vaccine (MMR); three doses of Haemophilus influenzae type b vaccine (Hib); three doses of hepatitis B vaccine; and one or more doses of varicella or chickenpox vaccine.

Source: Centers for Disease Control and Prevention, National Immunization Survey.

Despite a slight decrease in the immunization rate from 2008 to 2009, California ranks 12th among all states in ensuring that young children receive all recommended vaccines.

Child Preventive Health Visits and Health Status, California vs. United States, 2007

Preventative Health Visits

Standardized screening for developmental or behavioral problems



Preventive dental visit in past year



Preventive medical visit in past year



Health Status

Child's overall health status rated excellent

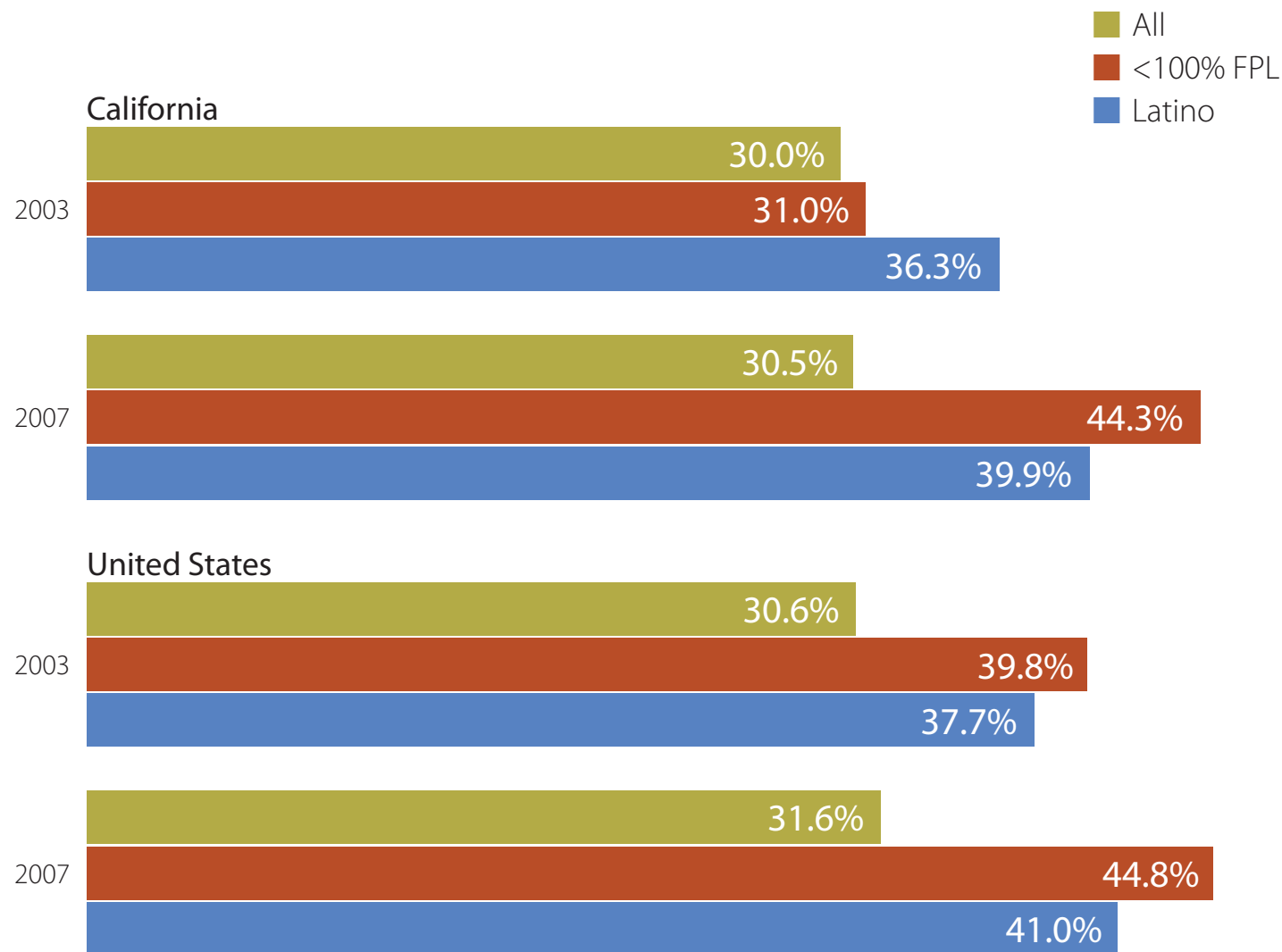


Note: Includes children 0 to 17 years, except screening measure, which covers children age 10 months to 5 years.

Sources: Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health, Data Resource Center for Child and Adolescent Health Web site, www.nschdata.org, accessed June 28, 2010. California HealthCare Foundation, *Emergency Department Visits for Preventable Dental Conditions in California*, 2009.

One in five children in the state and nationwide did not have a preventive dental visit in 2007. Research has shown that lack of dental care can lead to serious health problems.

Childhood Obesity, California vs. United States, 2003 and 2007



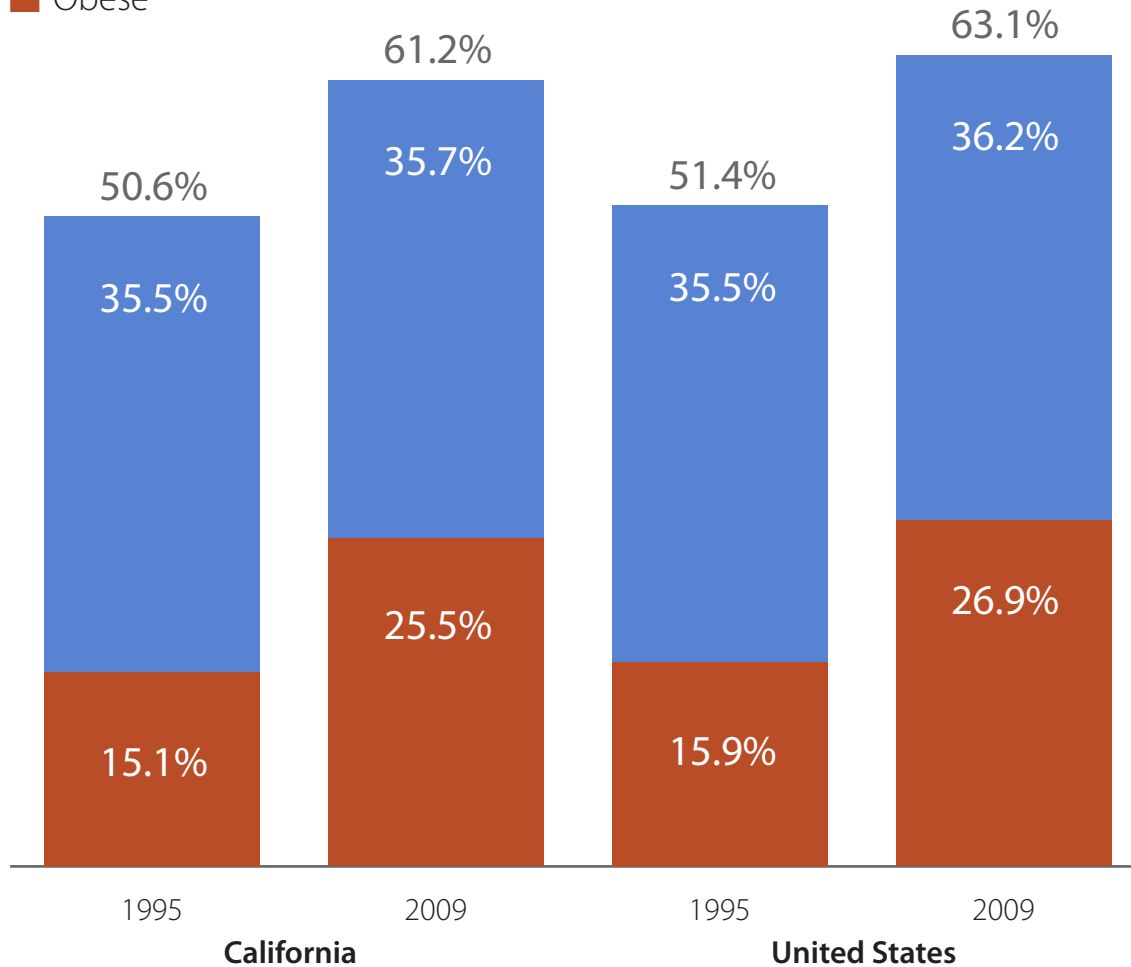
More than 40 percent of California's children under the poverty level were overweight or obese in 2007, up from 30 percent in 2003. During the same time the overall rate of children who were overweight or obese remained stable.

Note: Includes children ages 10 to 17 years. Children with a BMI at or above the 85th percentile based on height and weight as reported by the parent or guardian are classified as overweight or obese. FPL stands for federal poverty level.

Sources: Childhood Obesity Action Network, State Obesity Profiles, 2009. National Initiative for Children's Healthcare Quality, Child Policy Research Center, and Child and Adolescent Health Measurement Initiative.

Adult Obesity, California vs. United States, 1995 and 2009

■ Overweight
■ Obese

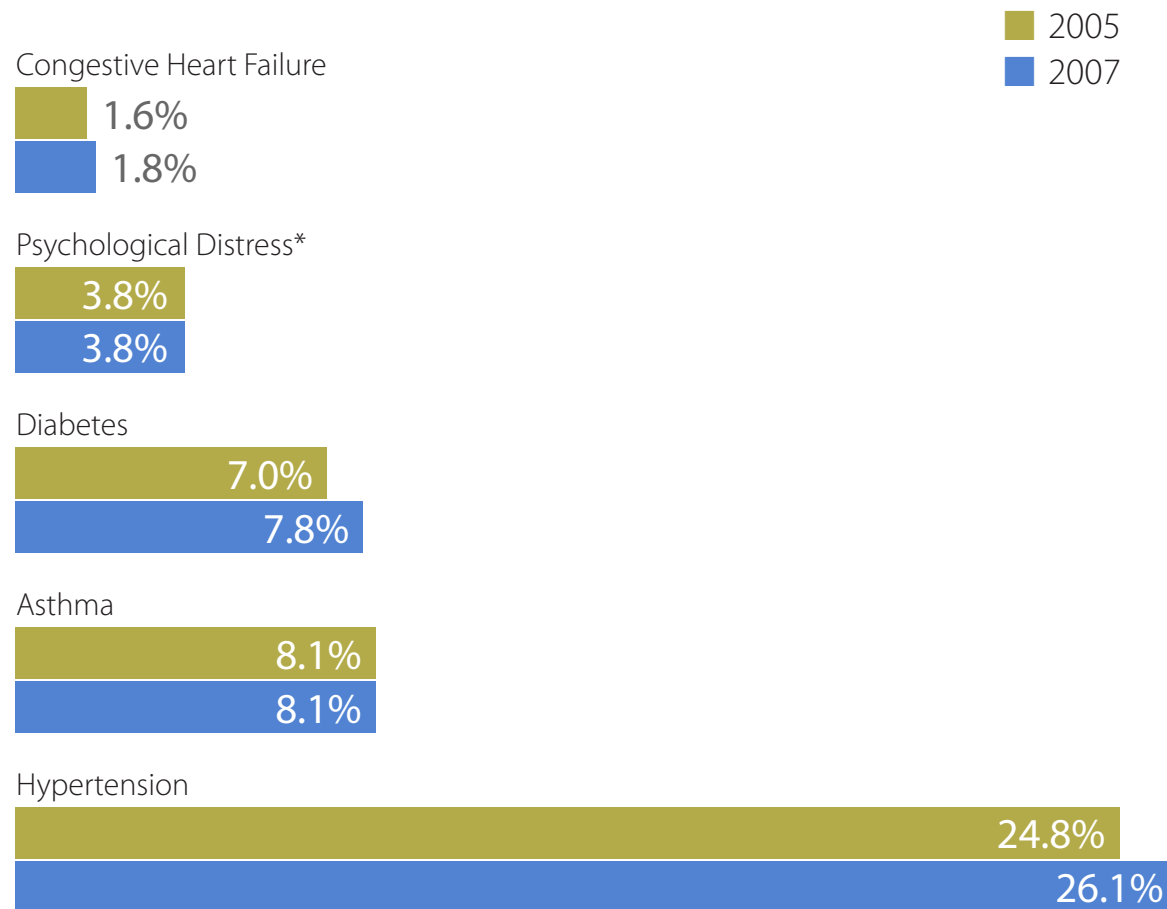


Notes: Obese is defined as BMI of 30 or higher. Overweight is defined as BMI of 25 to 29.9.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, accessed June 28, 2010.

Obesity is on the rise. In 2009, 25 percent of adults were obese, up from 15 percent in 1995. In 2009, more than 60 percent of California's adults were either obese or overweight.

Adults with Chronic Conditions, California, 2005 and 2007



Quality of Care Facts and Figures

Chronic Conditions

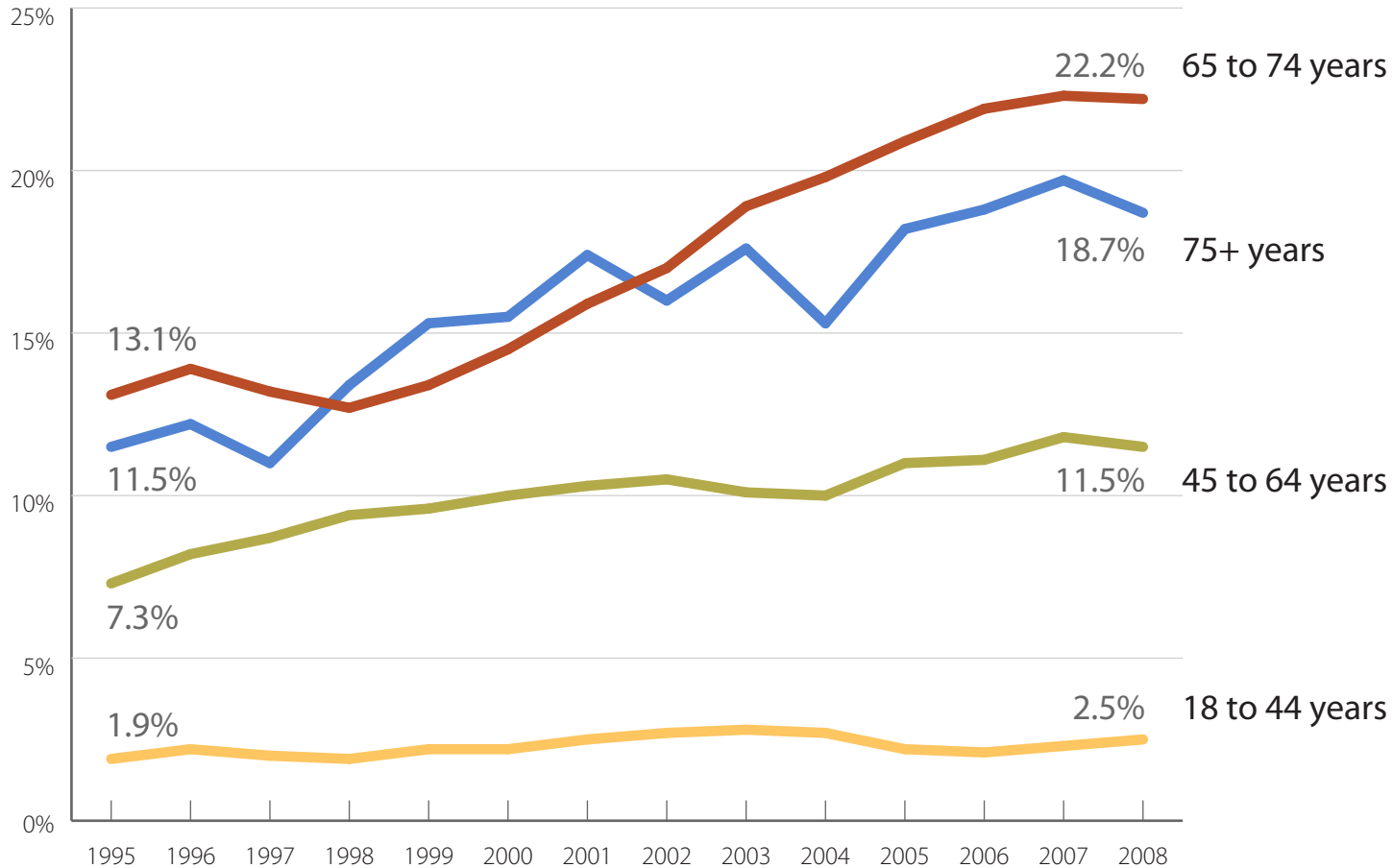
<< RETURN TO CONTENTS

In 2007, more than one-third of California's adults reported having at least one chronic health condition. The most prevalent condition, by far, was high blood pressure at 26 percent, followed by asthma and diabetes, which each affect approximately 8 percent of Californians. The prevalence of each condition remained stable from 2005 to 2007.

*Psychological distress is a measure of mental health, calculated by screening adults for mood or anxiety disorder, as well as depression.

Source: California HealthCare Foundation, *Chronic Conditions of Californians*, www.chcf.org, accessed July 8, 2010.

Adults with Diagnosed Diabetes, by Age Group, California, 1995 to 2008

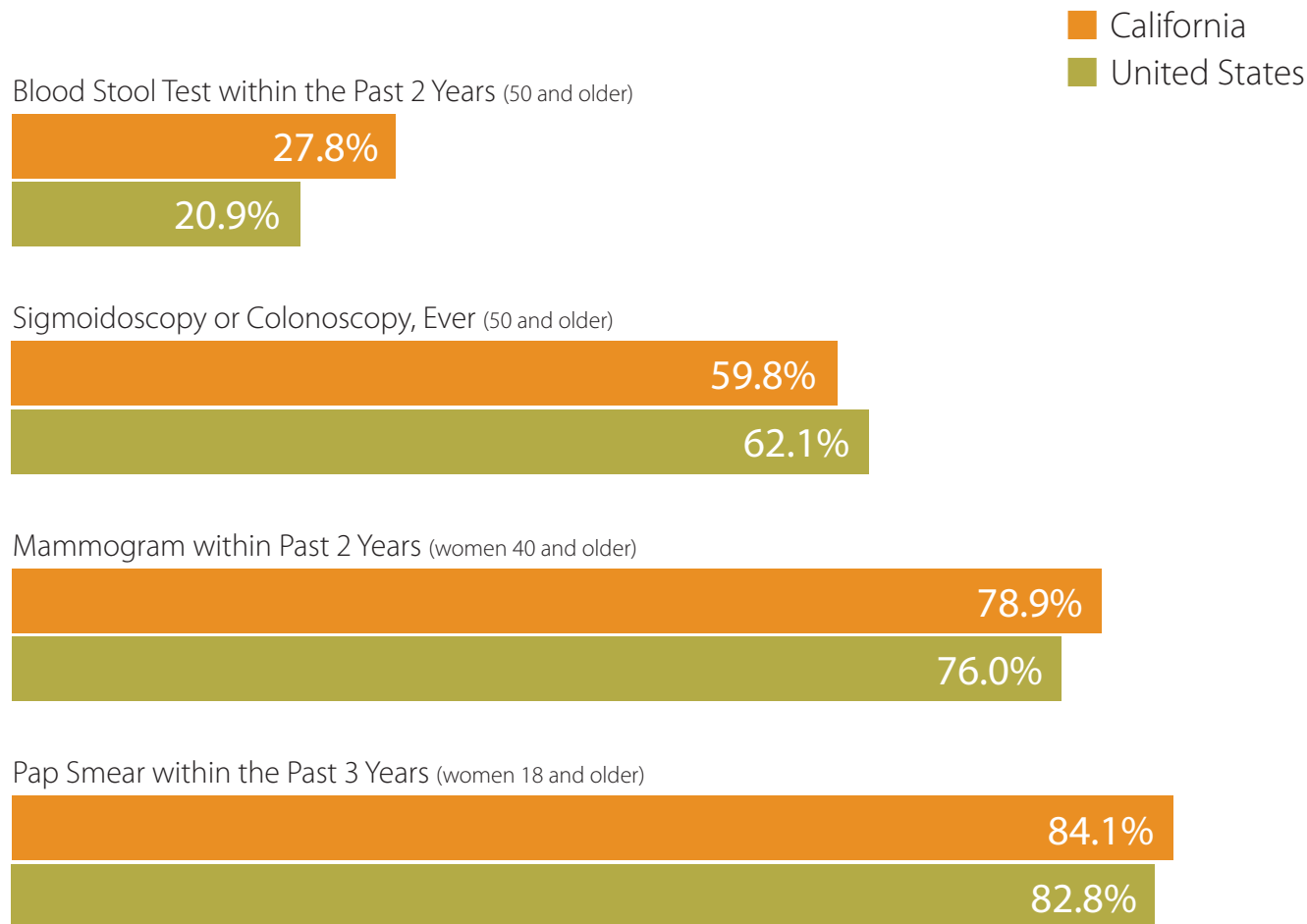


From 1995 to 2008, the prevalence of diabetes increased in all adult age groups in California, with the largest growth occurring among seniors. From 1995 to 2008, the percentage of seniors with diabetes increased from 13 percent to 22 percent for the 65 to 74 age group and from 12 percent to 19 percent in the 75 and older age group.

Note: Data based on three-year averages. Two-year averages were used when three years of data were not available.

Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System, www.cdc.gov, accessed July 9, 2010.

Cancer Screening Tests, California vs. United States, 2008



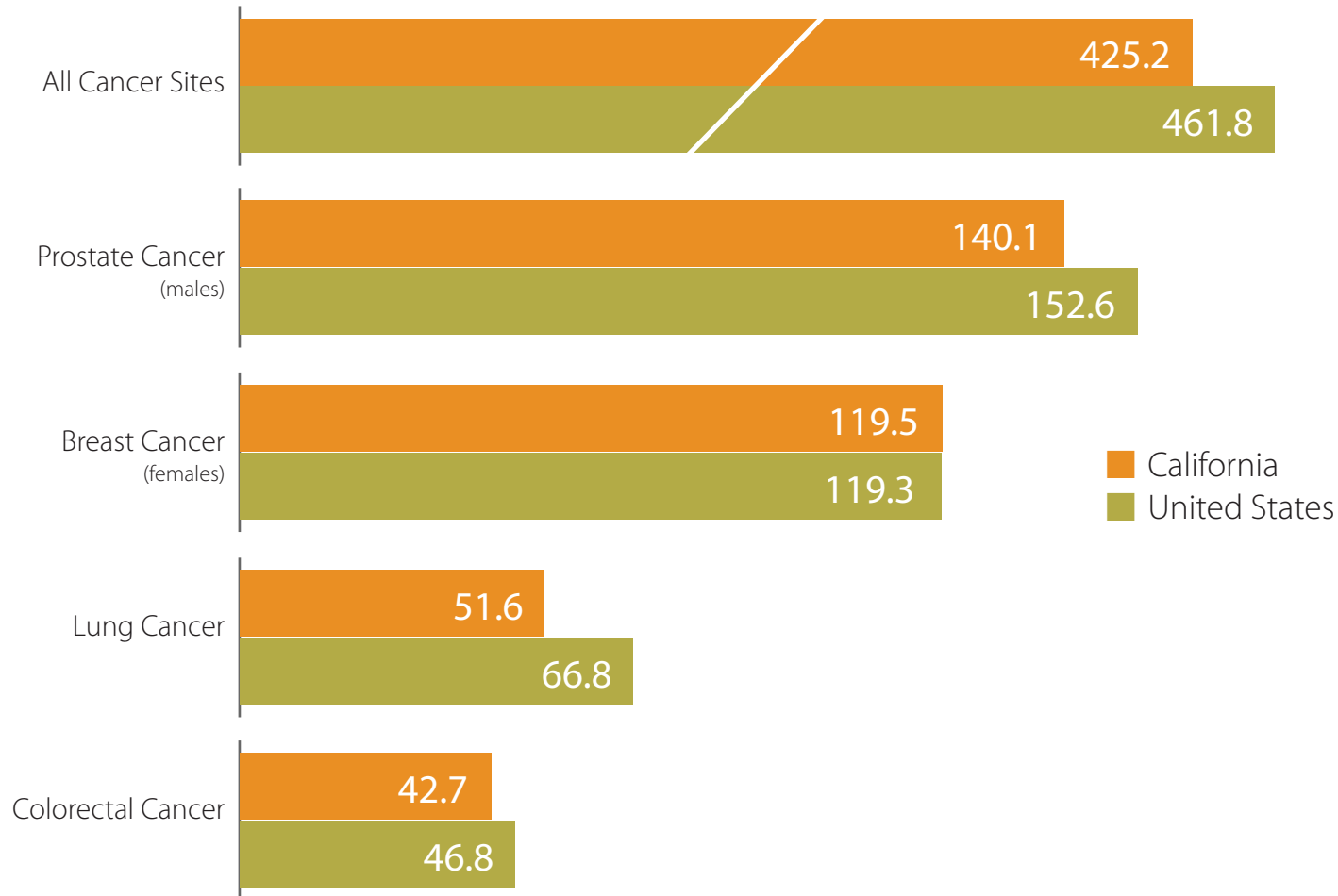
Note: United States is median rate for 50 states and D.C.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, accessed May 15, 2009.

Except for colonoscopy, a higher percentage of Californians received recommended cancer screening tests than individuals nationwide. Lower rates of colonoscopy in California may be attributed to greater use of other screening measures for colon cancer, such as blood stool tests.

Cancer Incidence Rates, California vs. United States, 2006

PER 100,000 POPULATION

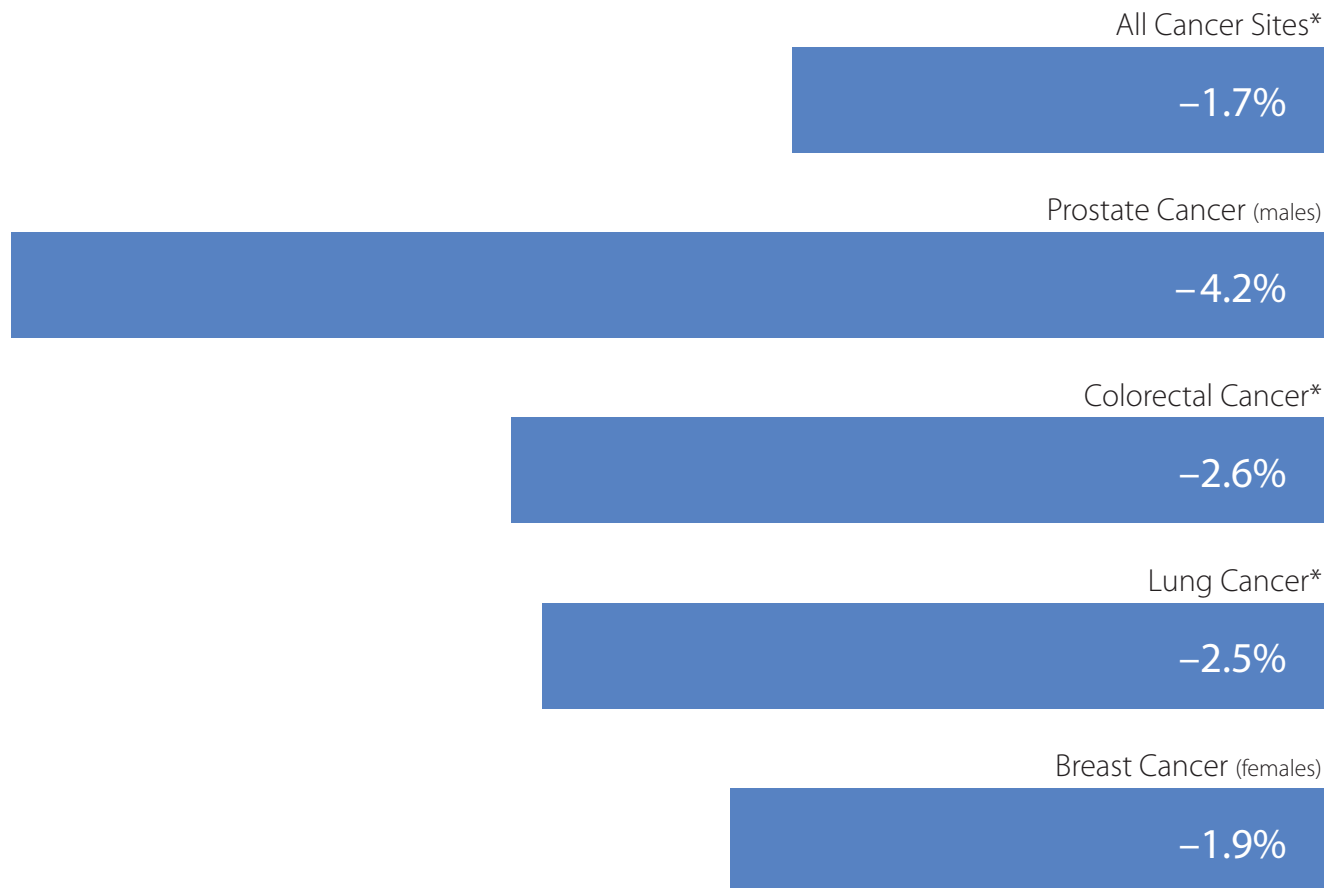


Note: Rates are age-adjusted.

Source: Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, State Cancer Facts, accessed April 19, 2010.

In 2006, California had a lower overall incidence of cancer than the nation.

Cancer Incidence, Average Annual Percent Change, California, 2002–2006



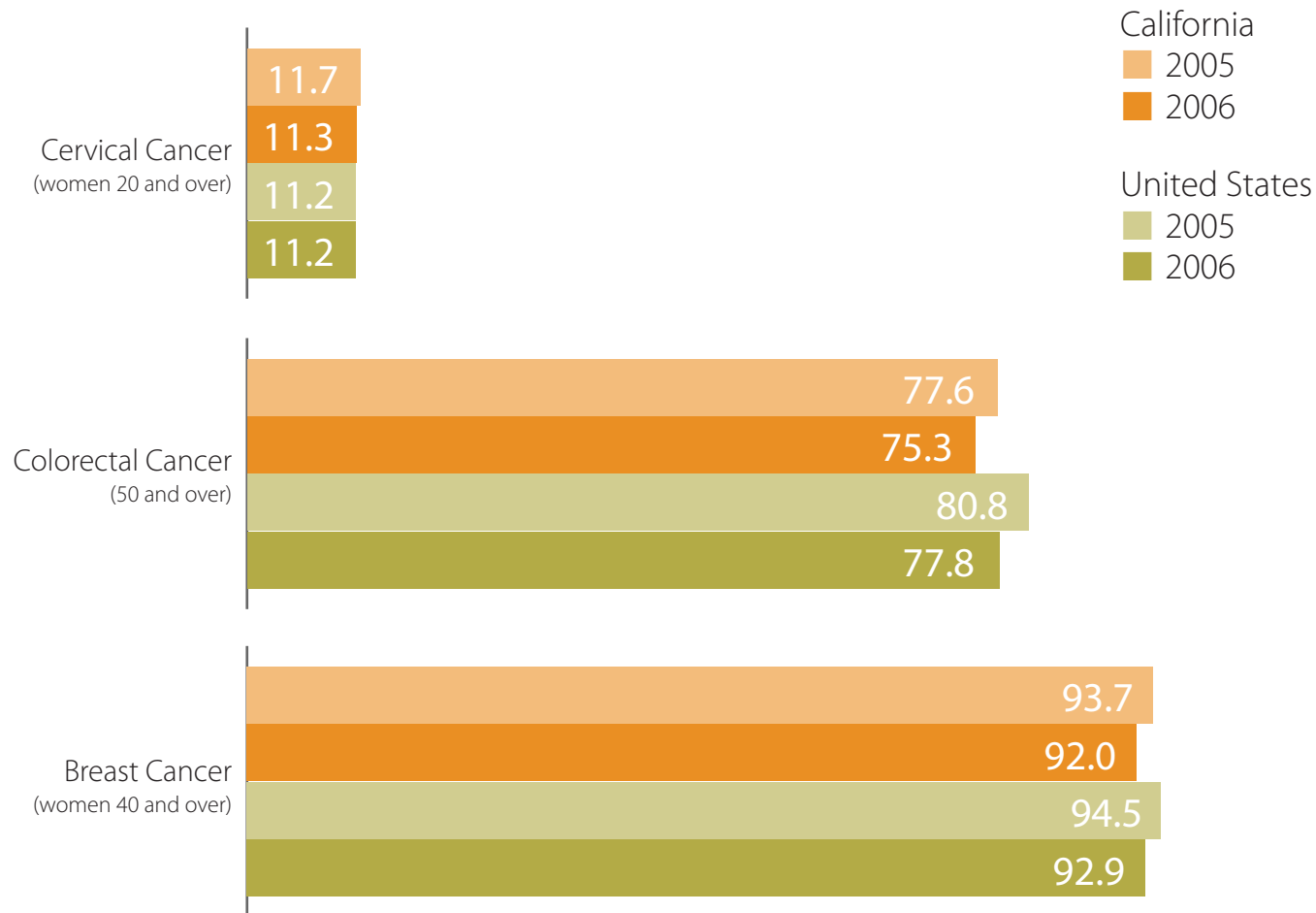
*The annual percentage change is significantly different from zero ($p < .05$).

Source: Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, State Cancer Profiles, accessed April 28, 2010.

From 2002 to 2006, incidence of all cancers in California dropped nearly 2 percent per year. Incidence for each of the four most prevalent cancers also declined over this period.

Cancer Diagnosed at Advanced Stage, California vs. United States, 2005 and 2006

PER 100,000 POPULATION

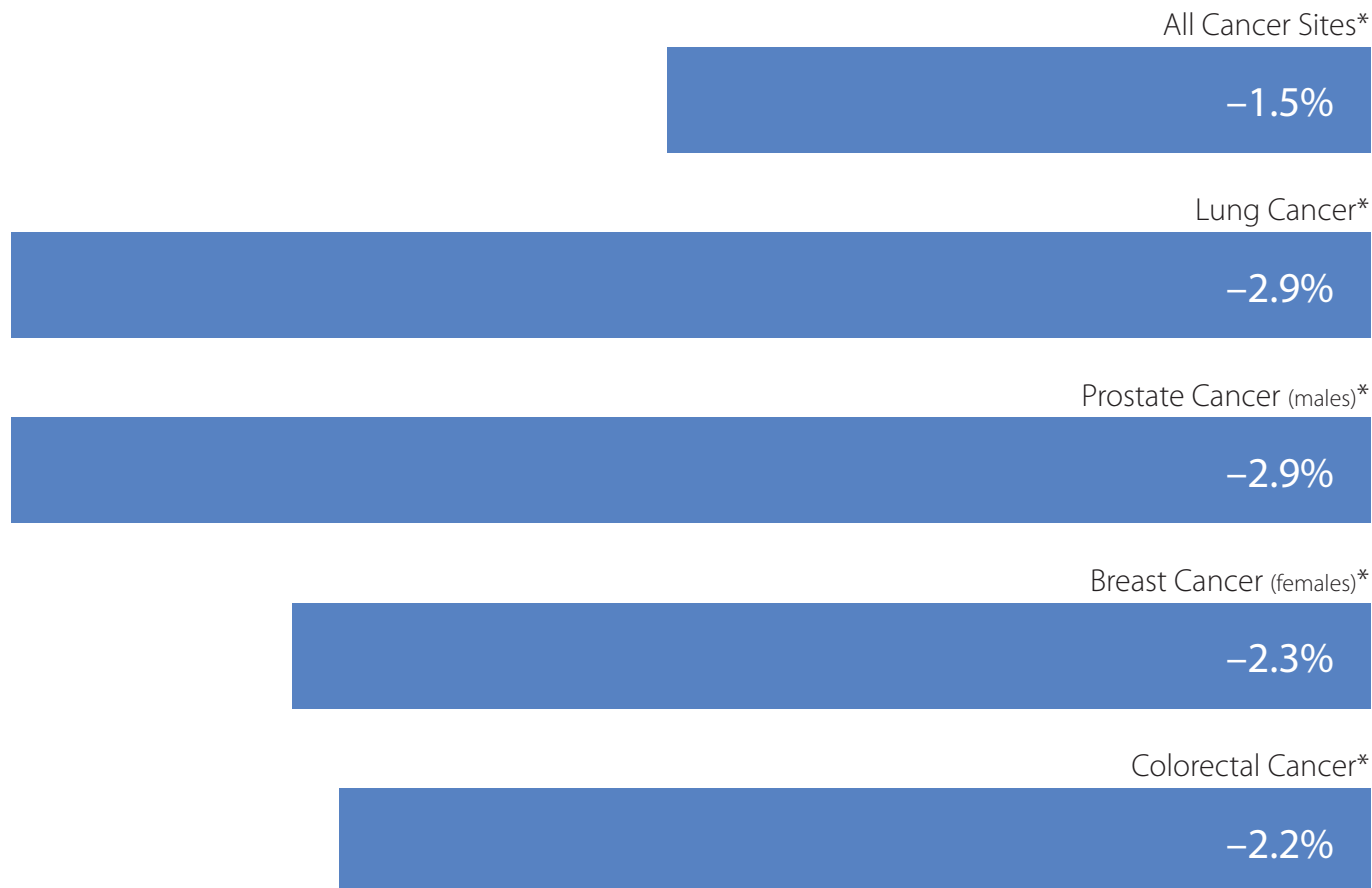


Note: Rates are age-adjusted.

Source: Agency for Healthcare Research and Quality (AHRQ), *National Healthcare Quality Report, 2008 and 2009*, Data Tables Appendices.

From 2005 to 2006, California and the nation slightly improved their performance in diagnosing three common cancers before they reached an advanced stage. In 2006, California performed similarly to the nation on breast and cervical cancers diagnosed at an advanced stage and performed somewhat better than the nation on colorectal cancer.

Cancer Mortality, Average Annual Percent Change, California, 2002–2006



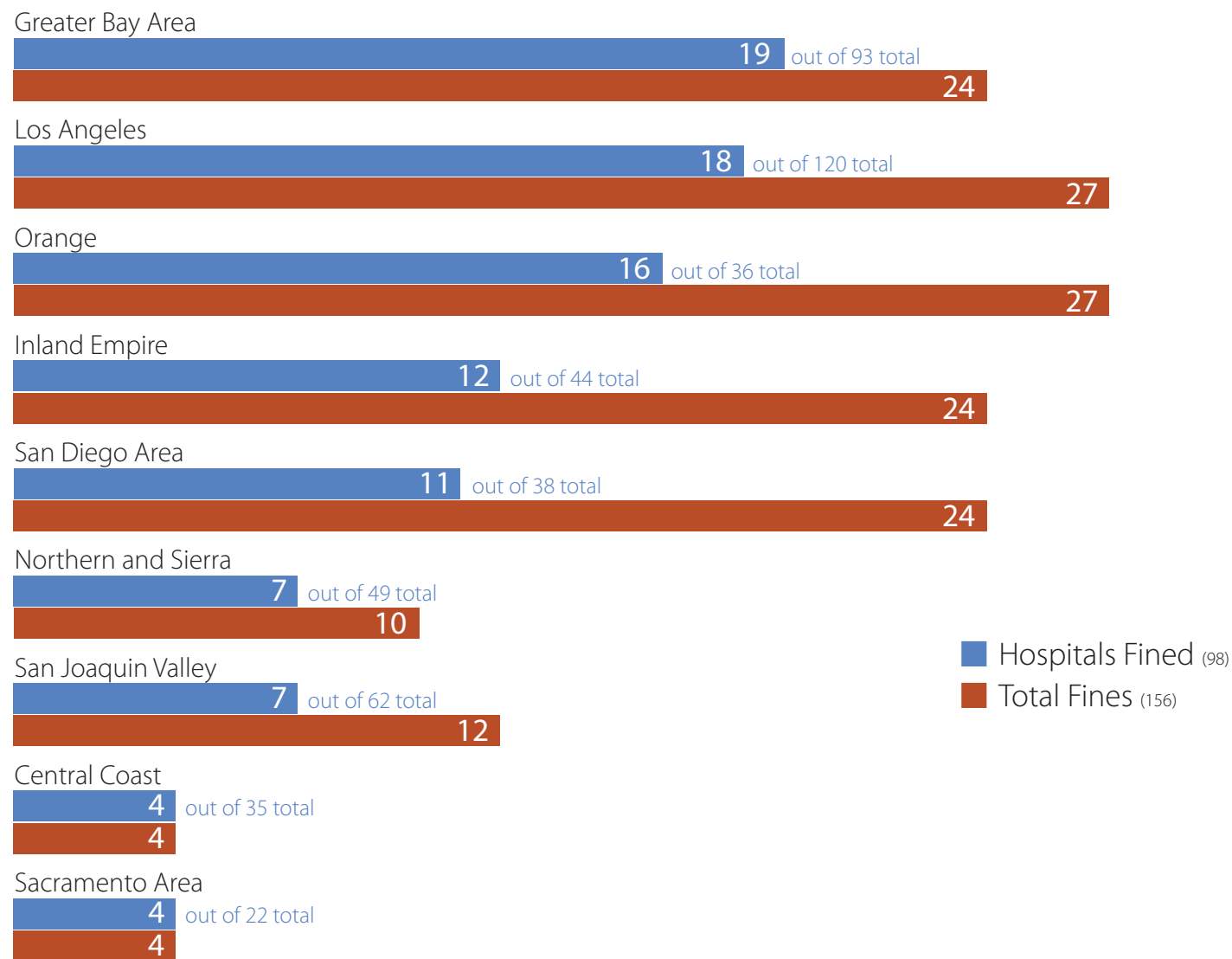
*The annual percentage change is significantly different from zero ($p < .05$).

Source: Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, State Cancer Profiles, accessed April 28, 2010.

Cancer mortality in California is on a downward trend.

Mortality for the four most common cancers in California decreased by more than 2 percent per year from 2002 to 2006. In 2006, California's mortality rates for each of these cancers was lower than the national average.

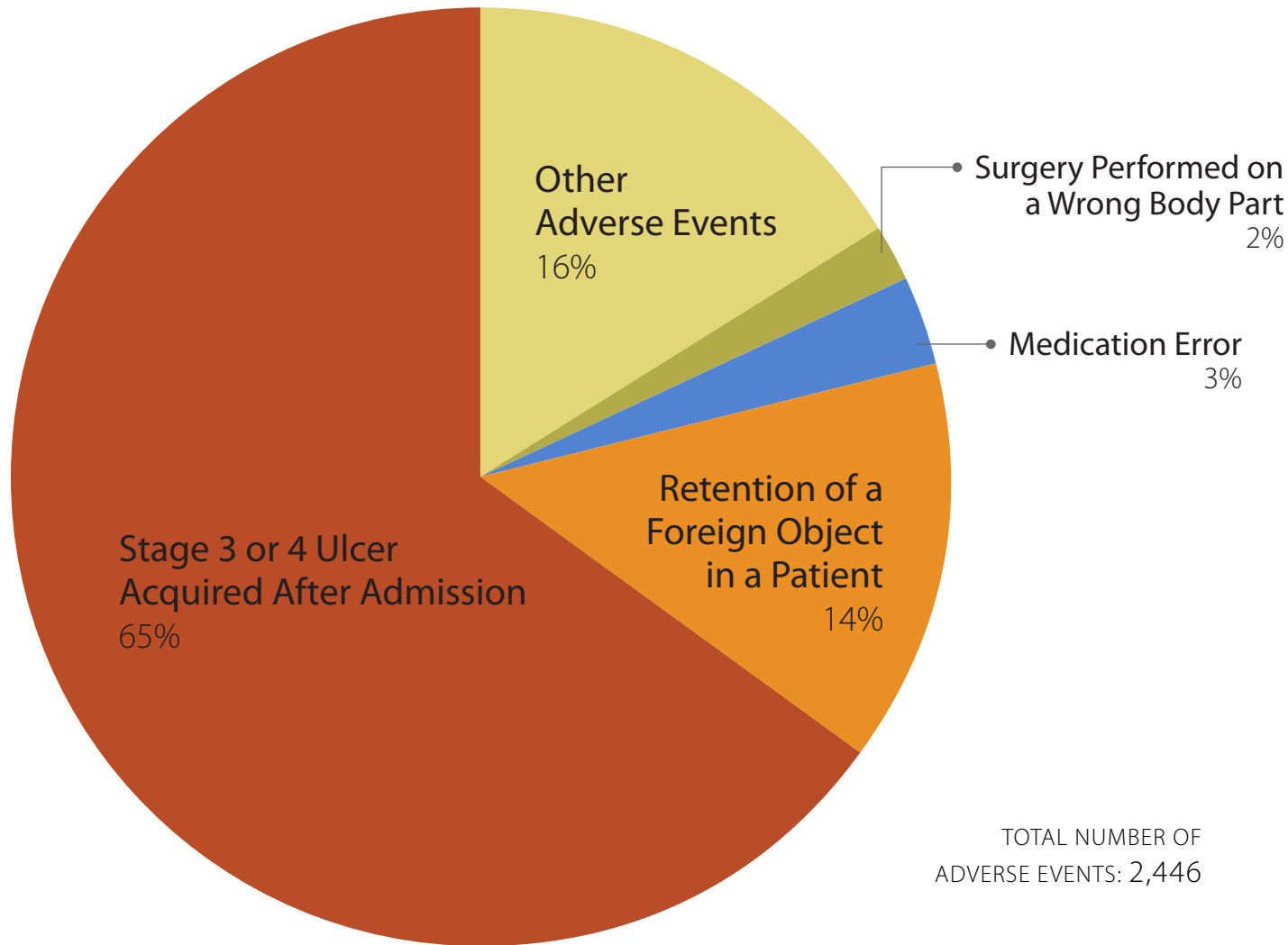
California Hospitals Fined for Immediate Jeopardy, 2007–2010



Source: California Department of Public Health, Hospital Administration Penalties by County Summary, www.cdph.ca.gov, accessed August 11, 2010.

Since 2007, California has fined nearly 100 hospitals for licensure violations constituting an immediate jeopardy to the health and safety of a patient. The Greater Bay Area, Los Angeles County, and Orange County had the largest number of hospitals fined.

Preventable Adverse Events at California Hospitals, 2007–2009



Note: Data from July 2007 through December 2009.

Source: California Department of Public Health, Licensing and Certification, Fiscal Year 2010–2011 Adverse Events Addendum.

Quality of Care Facts and Figures

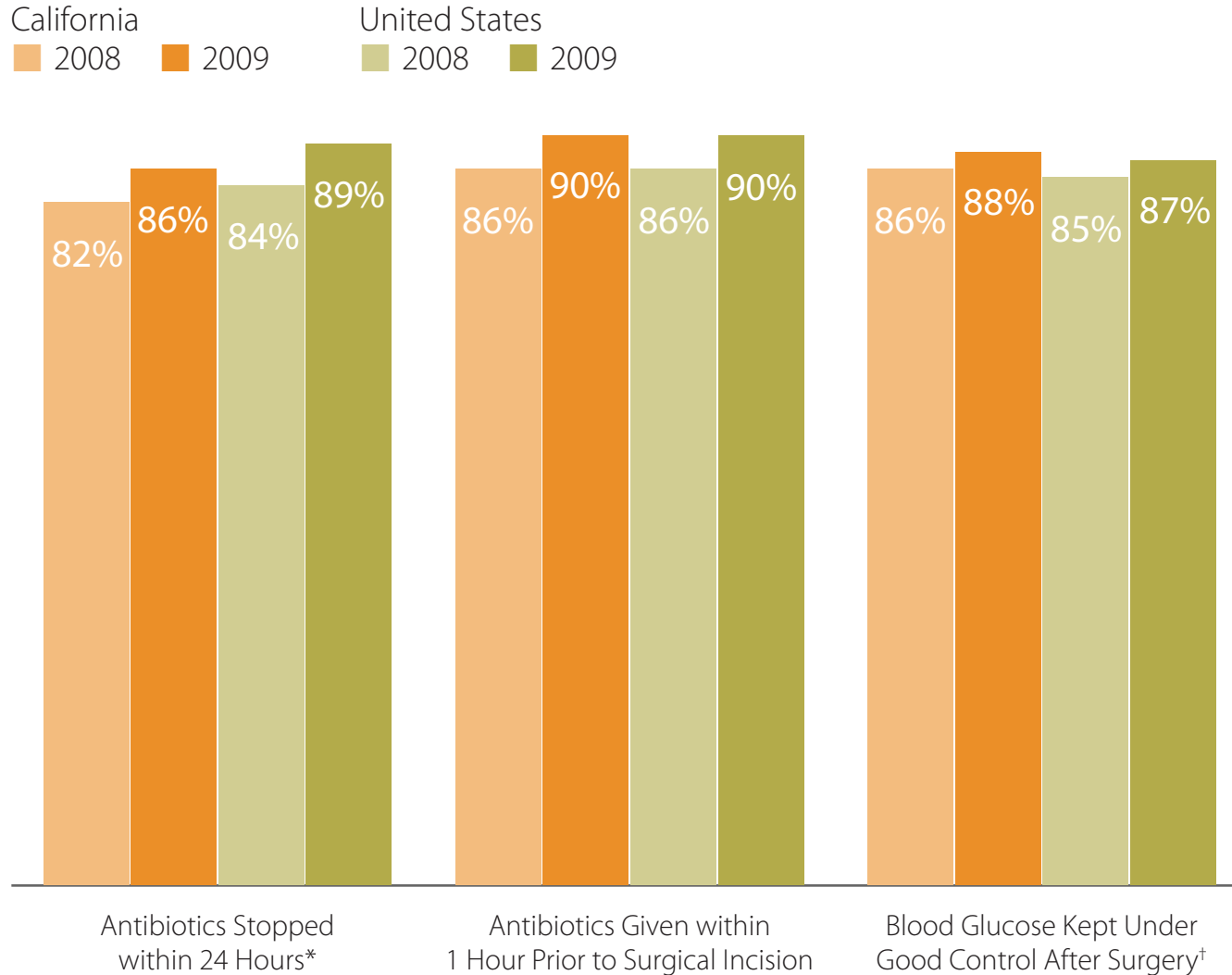
Patient Safety

[<< RETURN TO CONTENTS](#)

Since mandatory reporting of adverse events began in July 2007, California hospitals have reported 2,446 events, 7 percent of which were categorized as urgent events* requiring inspection within 48 hours. Pressure ulcers were the most reported event, representing nearly two-thirds of all events.

*An urgent event is one that involves “an ongoing threat of imminent danger of death or serious bodily harm.”

Infection Prevention Measures for Surgical Inpatients, California vs. United States, 2008 and 2009



From 2008 to 2009, California hospitals improved their performance on measures designed to prevent infections in surgical inpatients. However, California hospitals performed slightly worse than the national average on stopping antibiotics within 24 hours of surgery.

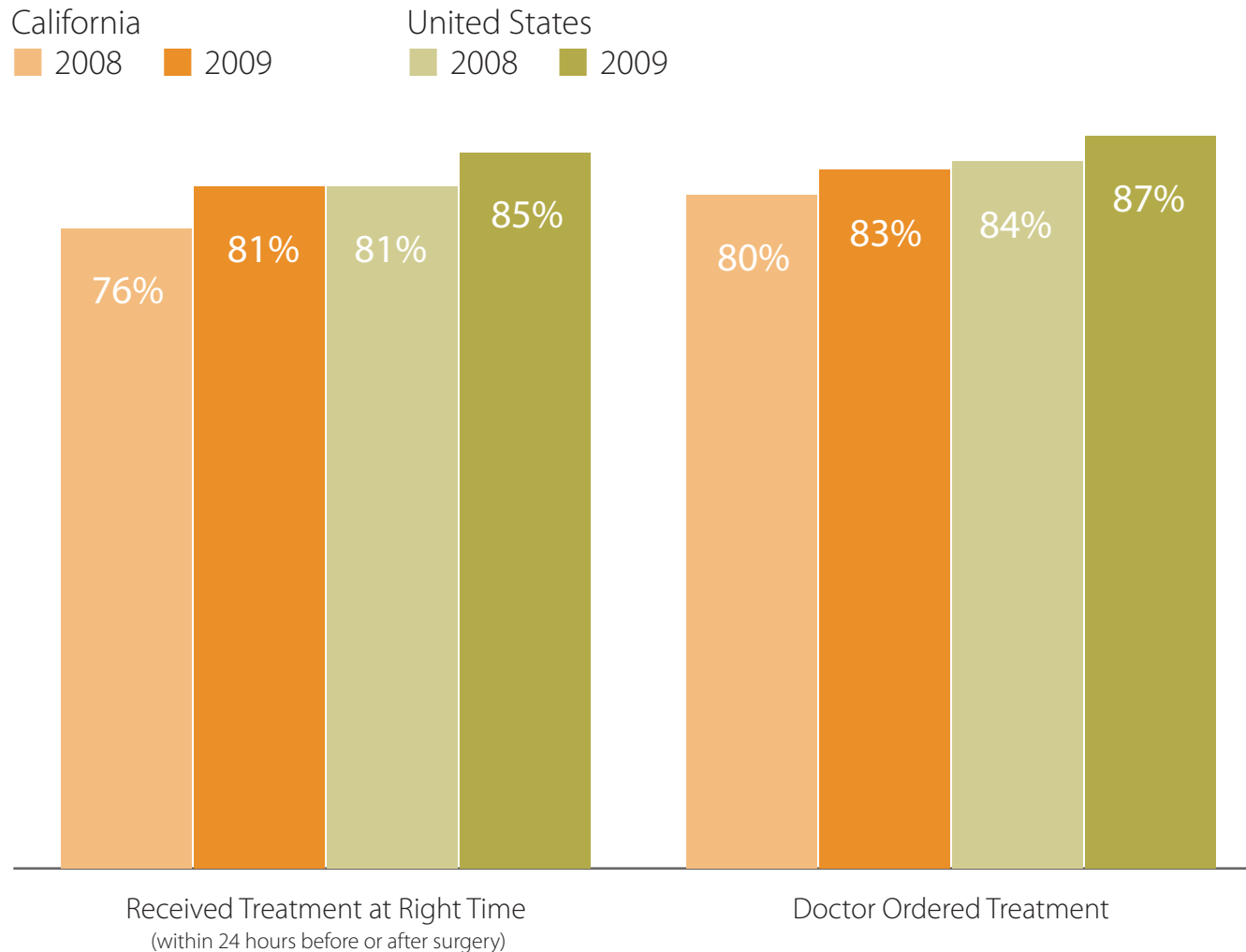
*Taking preventive antibiotics for more than 24 hours after routine surgery is usually not necessary.

†Heart surgery patients only.

Note: Data from July of previous year through June of stated year.

Source: Centers for Medicare & Medicaid Services, Hospital Compare, www.hospitalcompare.hhs.gov.

Clot Prevention Treatments Given to Surgical Inpatients, California vs. United States, 2008 and 2009



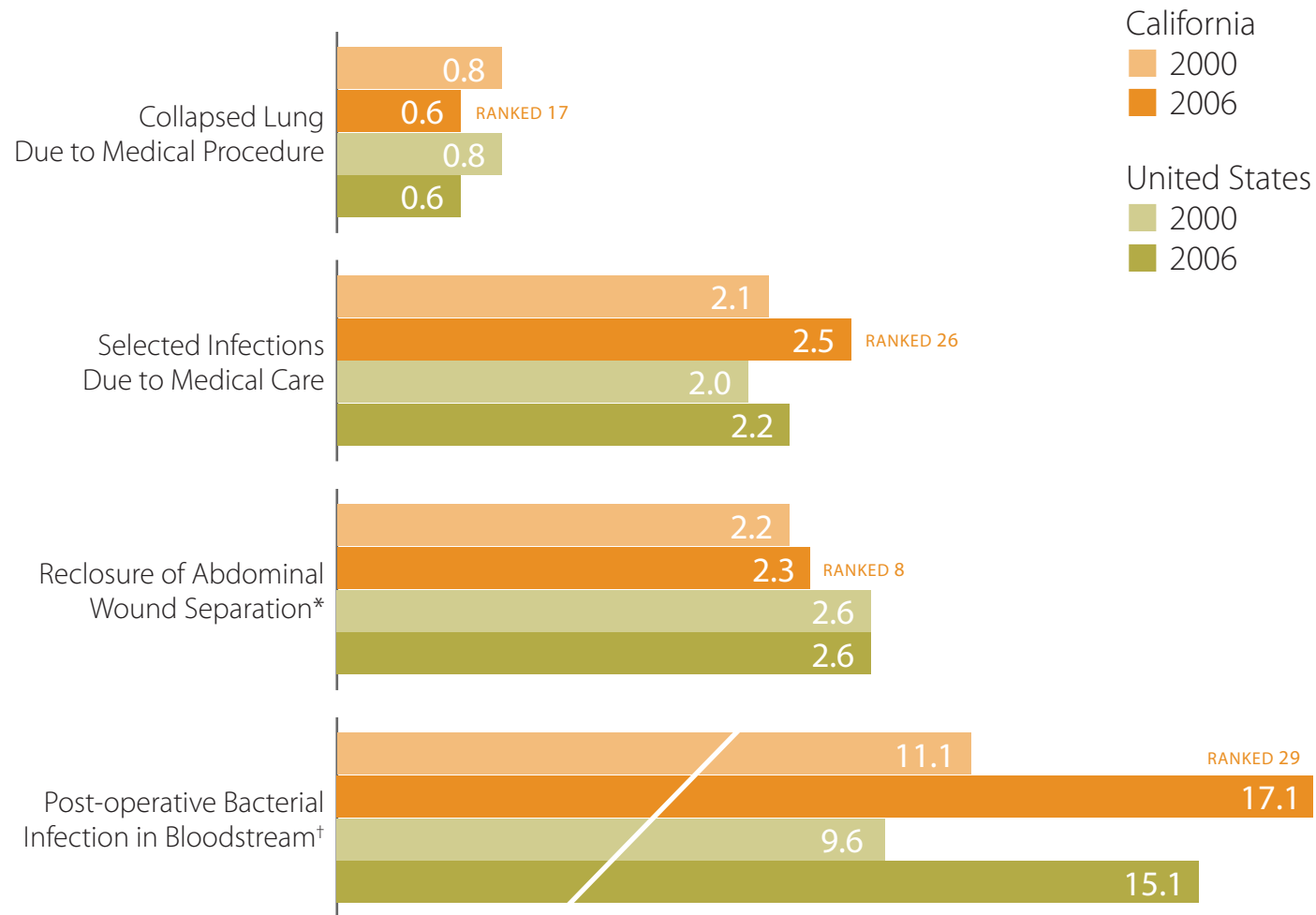
From 2008 to 2009, California hospitals improved their performance on two measures designed to prevent blood clots in surgical inpatients; however, California hospitals continue to lag the nation on these measures.

Note: Data from July of previous year through June of stated year.

Source: Centers for Medicare & Medicaid Services, Hospital Compare, www.hospitalcompare.hhs.gov.

Hospital Patient Safety Indicators, California vs. United States, 2000 and 2006

PER 1,000 HOSPITAL DISCHARGES, AGE 18 AND OLDER



*Per 1,000 abdominopelvic-surgery discharges.

†Per 1,000 elective-surgery discharges with an operating room procedure.

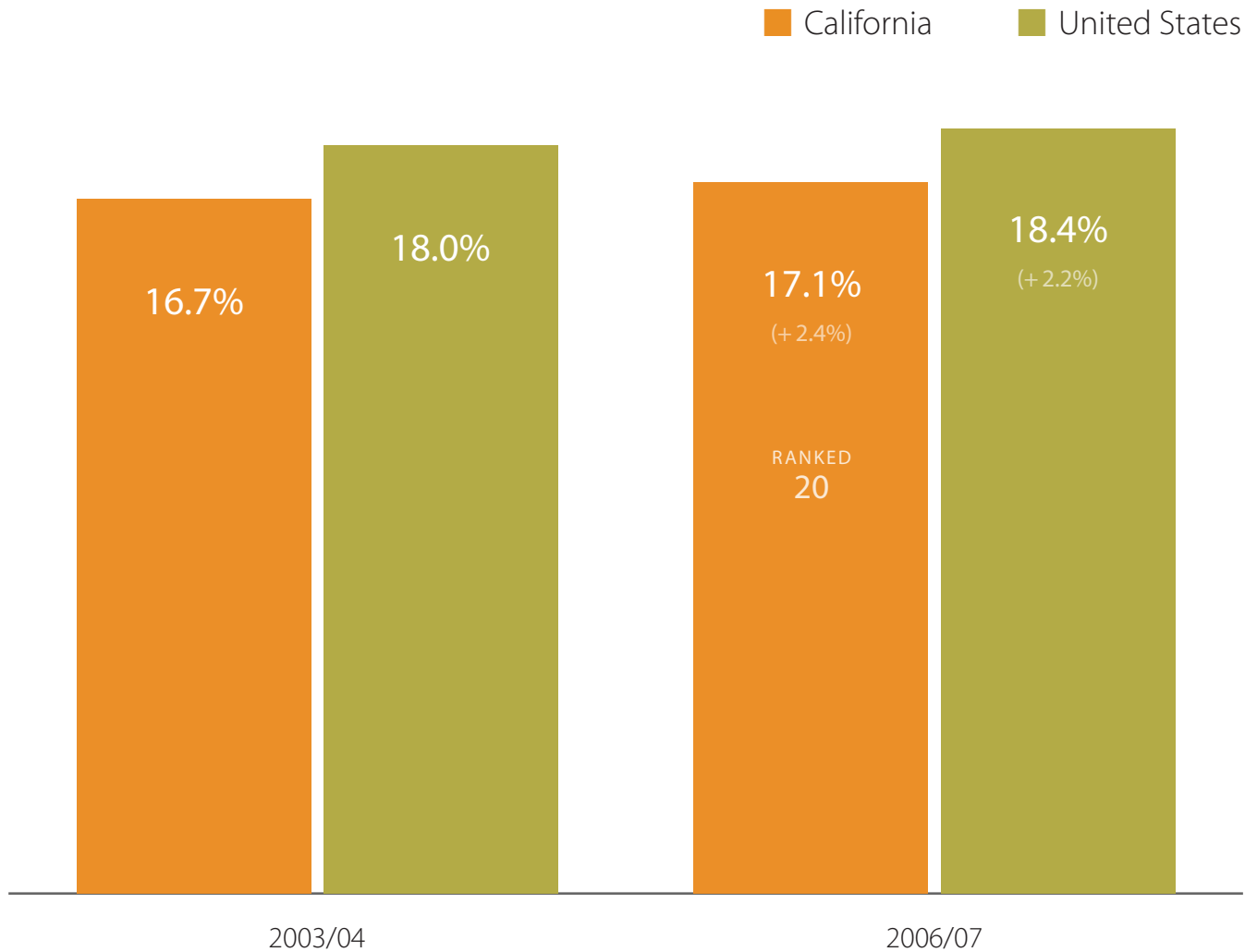
Note: Rates are adjusted by age, gender, age-gender interactions, comorbidities, and diagnosis-related group clusters. Ranks are out of 33 or 34 states that reported data.

Source: Agency for Healthcare Research and Quality (AHRQ), *National Healthcare Quality Report, 2009*, Data Tables Appendix.

Looking at a select set of patient safety outcomes reported by the Agency for Healthcare Research and Quality, California hospitals performed poorly on efforts to reduce both selected infections due to medical care and post-operative infection.

Medicare 30-Day Hospital Readmissions, California vs. United States, 2003/04 and 2006/07

AS A PERCENT OF ADMISSIONS



Note: Data includes Medicare fee-for-service beneficiaries 65 and older with initial admissions due to one of 31 select conditions.

Source: The Commonwealth Fund, State Scorecard on Health System Performance, 2009.

California performed better than the national average on percent of Medicare hospital patients that are readmitted within 30 days, ranking 20th of all states on this measure.

Patient Provider Communication in Hospitals, California, 2009

■ Always ■ Usually ■ Sometimes or Never

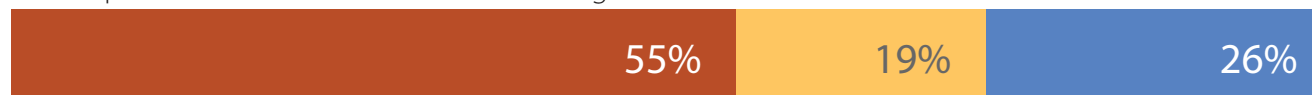
Nurses Communicated Well



Doctors Communicated Well



Staff Explained about Medicines Prior to Giving Them



■ Yes ■ No

Given Information about What to Do During Recovery at Home



Clear communication between hospital providers and patients is an important element of care delivery and quality, as poor communication can lead to prolonged illness and preventable readmissions. Approximately one quarter of California patients felt that staff sometimes or never explained about medicines and did not give them information about what to do during recovery.

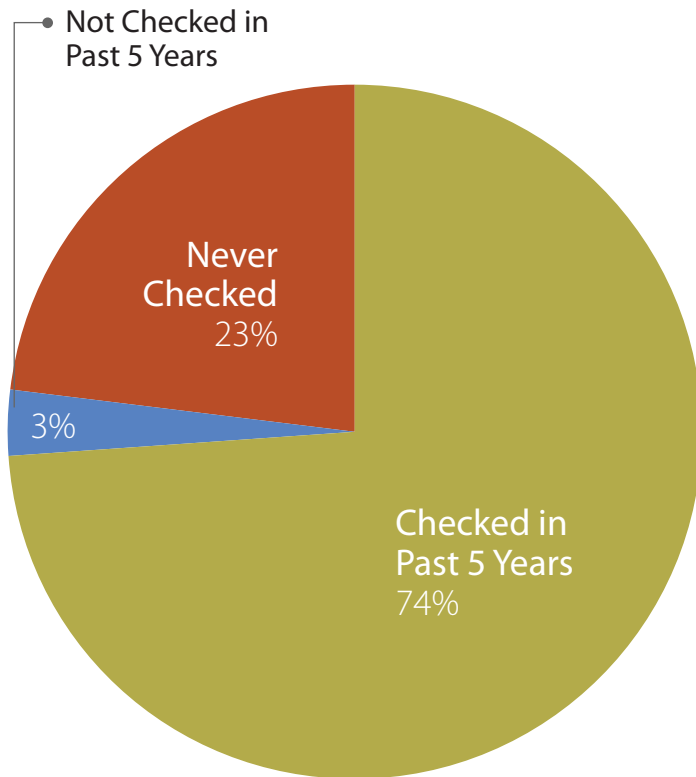
Note: Data from July 2008 through June 2009.

Source: Centers for Medicare & Medicaid Services, Hospital Compare, www.hospitalcompare.hhs.gov.

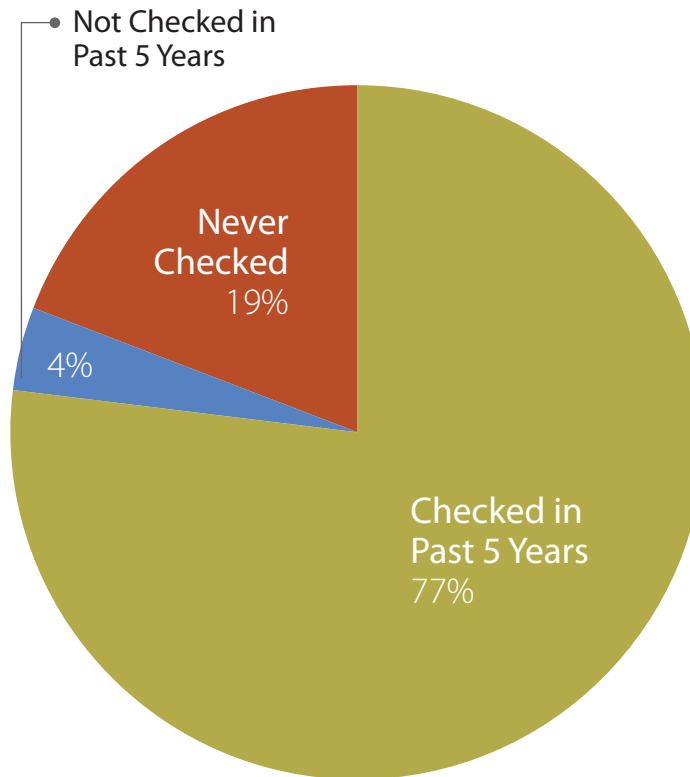
Cholesterol Checked, Adults, California vs. United States, 2009

Identifying and treating adults with high cholesterol is considered an important step in preventing heart disease. Compared to the national average, a higher percentage of Californians have never had their cholesterol checked.

CALIFORNIA



UNITED STATES



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, accessed July 8, 2010.

Heart Attack Outpatient Process-of-Care Measures, California vs. United States, 2009

HOSPITAL OUTPATIENTS WITH CHEST PAIN OR POSSIBLE HEART ATTACK

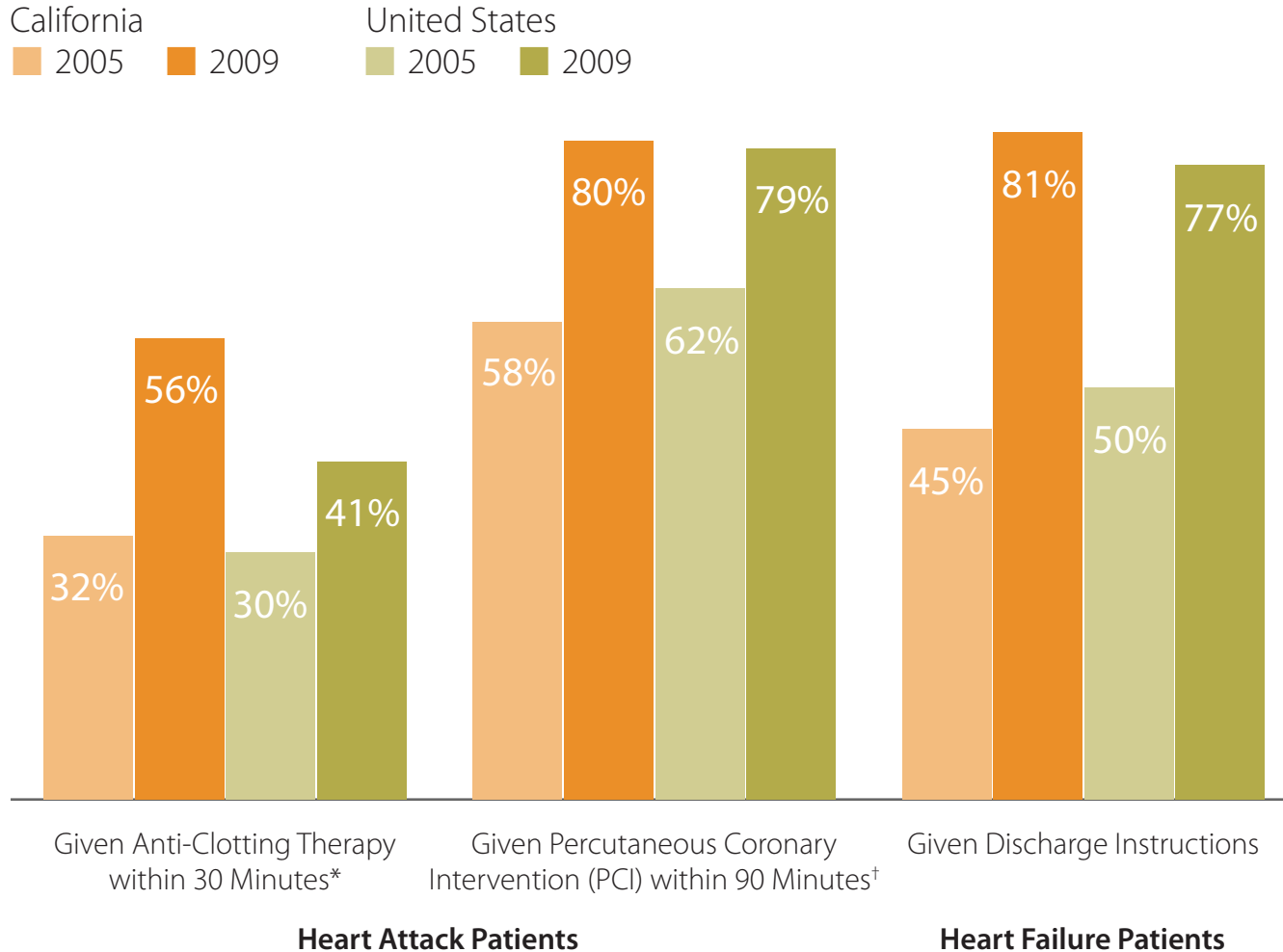
	CALIFORNIA	UNITED STATES
Average number of minutes before patient received ECG	11 Minutes	43 Minutes
Percent who got drugs to break up blood clots within 30 minutes of arrival	54%	47%
Percent who got aspirin within 24 hours of arrival or prior to transfer	94%	93%

California hospitals do a better job than the nation on two of three newly published measures on outpatient care for heart attack patients.

Note: Data from July 1, 2008 through September 30, 2009.

Source: Centers for Medicare & Medicaid Services, Hospital Compare, www.hospitalcompare.hhs.gov.

Process-of-Care Measures for Inpatient Heart Attack/ Failure Patients, California vs. United States, 2005 and 2009



California hospitals perform as well as or better than the nation on all publicly reported process-of-care measures for heart attack and heart failure patients. For eight of the 11 measures, California hospitals have achieved 90 percent or better compliance with accepted standards of care. For the three remaining measures, shown here, California hospitals have substantially improved their performance.

*2005 figures reflect percentage of patients given thrombolytic medication.

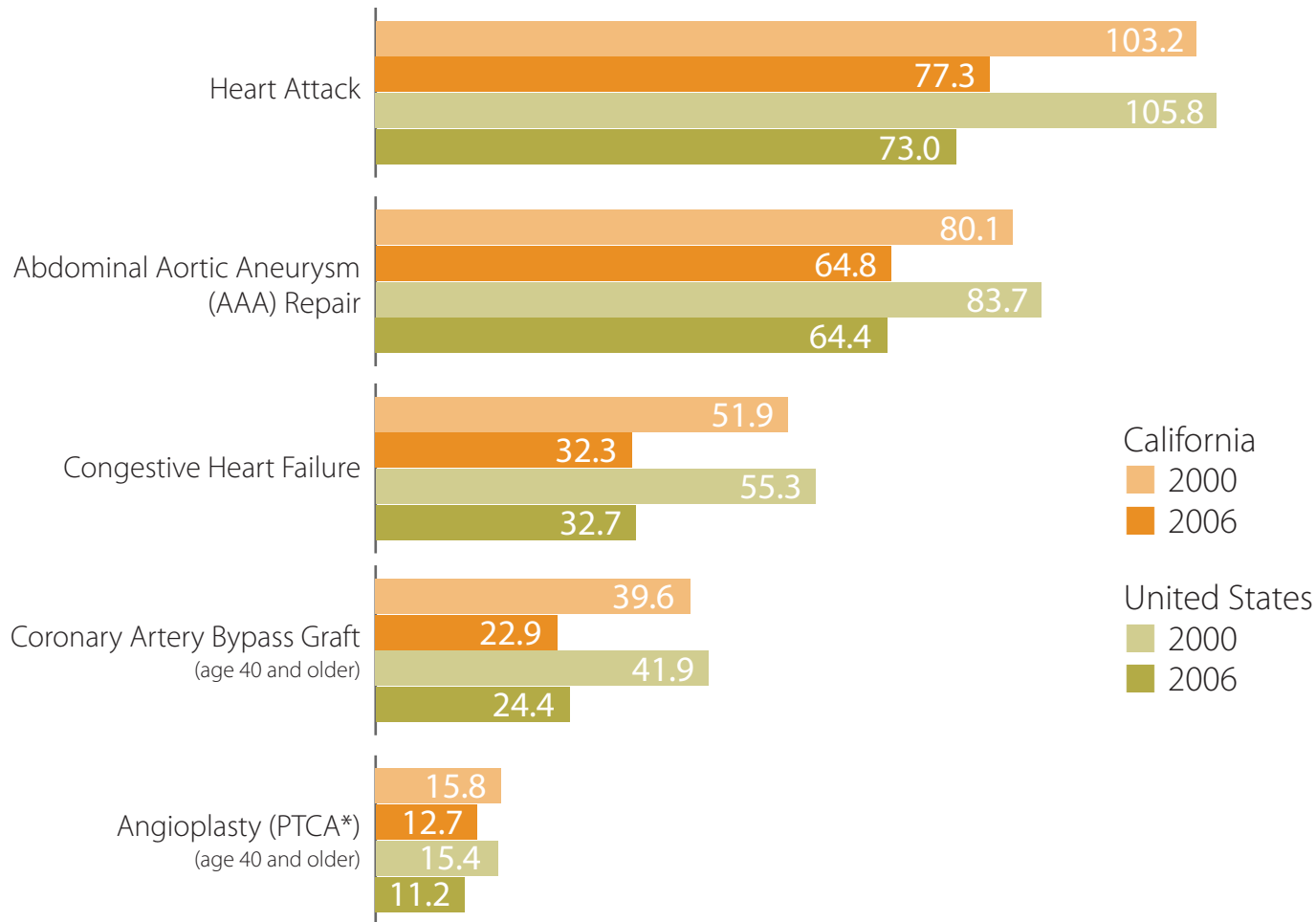
†2005 figures reflect percentage of patients given PCI within 120 minutes.

Notes: Data from July of previous year through June of stated year. Please see [Appendix A](#) for all measures.

Source: Centers for Medicare & Medicaid Services, Hospital Compare, www.hospitalcompare.hhs.gov.

Hospital Deaths from Heart Conditions and Procedures, California vs. United States, 2000 and 2006

PER 1,000 HOSPITAL ADMISSIONS



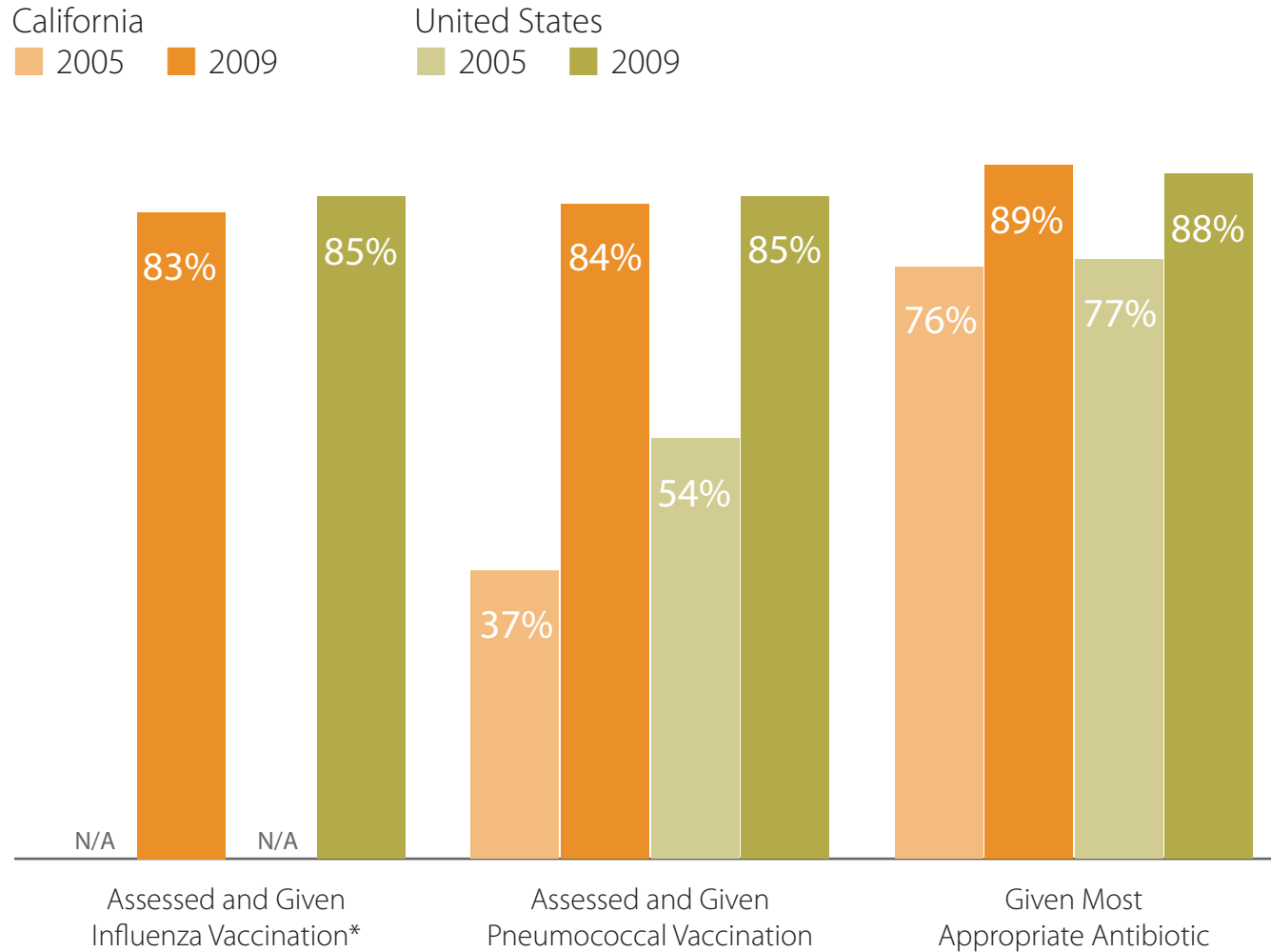
While California hospitals improved their performance on mortality rates for heart conditions and procedures from 2000 to 2006, they still remain higher than the national average for heart attack and angioplasty mortality rates.

*Percutaneous transluminal coronary angioplasties

Note: Rates are adjusted by age, gender, age-gender interactions, and All Patient Refined-Diagnosis Related Group (APR-DRG) risk of mortality score.

Source: Agency for Healthcare Research and Quality (AHRQ), *National Healthcare Quality Report, 2009*, Data Tables Appendix.

Process-of-Care Measures for Pneumonia Patients, California vs. United States, 2005 and 2009



California hospitals perform approximately the same as all U.S. hospitals on process-of-care measures for pneumonia patients. For three of the six measures, California hospitals have achieved 90 percent or better compliance. For the three remaining measures, shown here, California hospitals have significantly improved their performance since 2005.

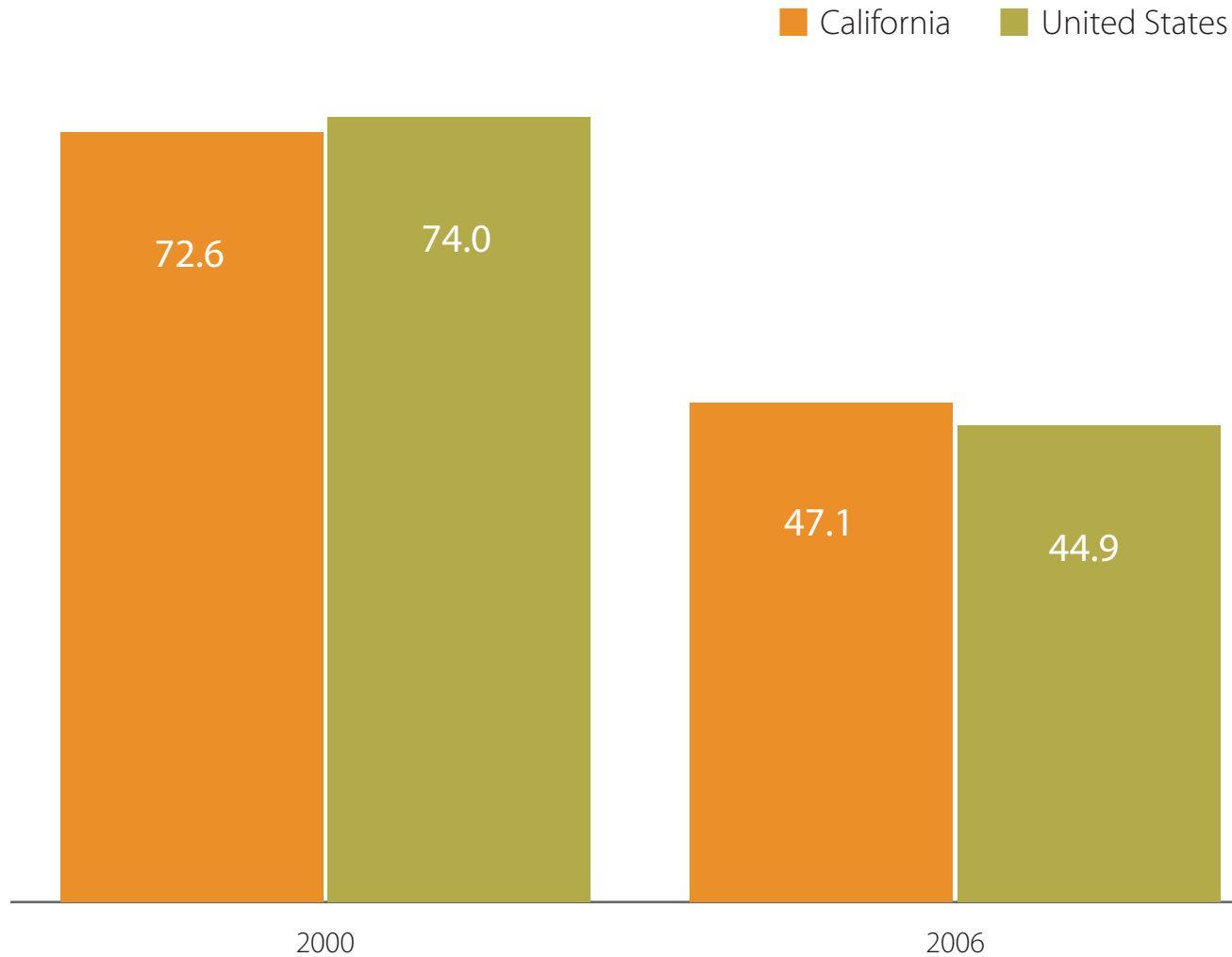
*Influenza vaccine measure was not tracked in 2005. In 2006, California hospitals averaged 58 percent versus 70 percent for U.S. hospitals.

Notes: Data from July of previous year through June of stated year. Please see [Appendix B](#) for all measures.

Source: Centers for Medicare & Medicaid Services, Hospital Compare, www.hospitalcompare.hhs.gov.

Deaths from Pneumonia, California vs. United States, 2000 and 2006

PER 1,000 ADMISSIONS

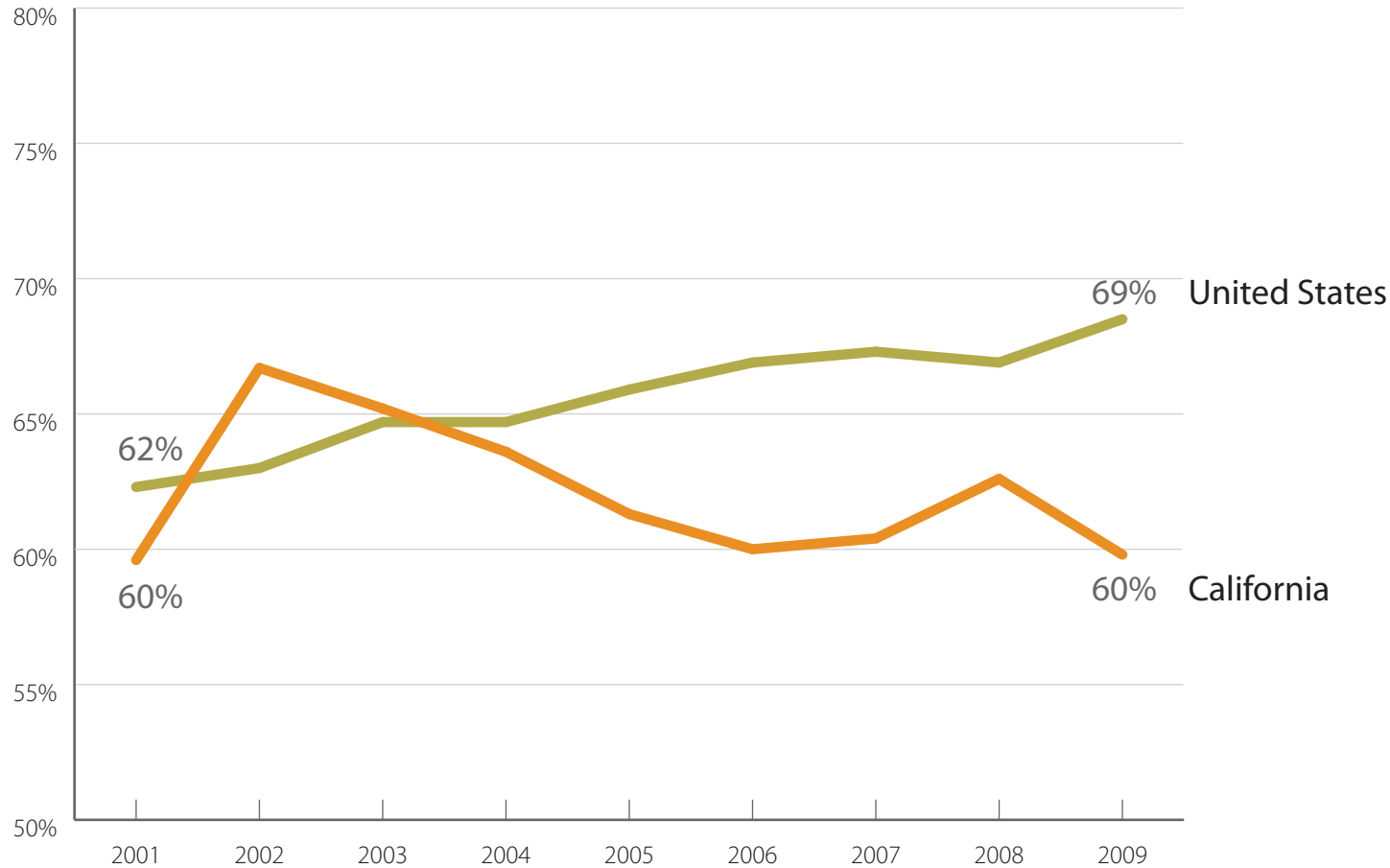


While deaths from pneumonia at California's hospitals dropped 35 percent from 2000 to 2006, the mortality rate for pneumonia slightly exceeded the national average in 2006.

Note: Rates are adjusted by age, gender, age-gender interactions, and All Patient Refined-Diagnosis Related Group (APR-DRG) risk of mortality score.

Source: Agency for Healthcare Research and Quality (AHRQ), *National Healthcare Quality Report, 2009*, Data Tables Appendix.

Seniors Receiving Any Pneumonia Vaccination, California vs. United States, 2001–2009

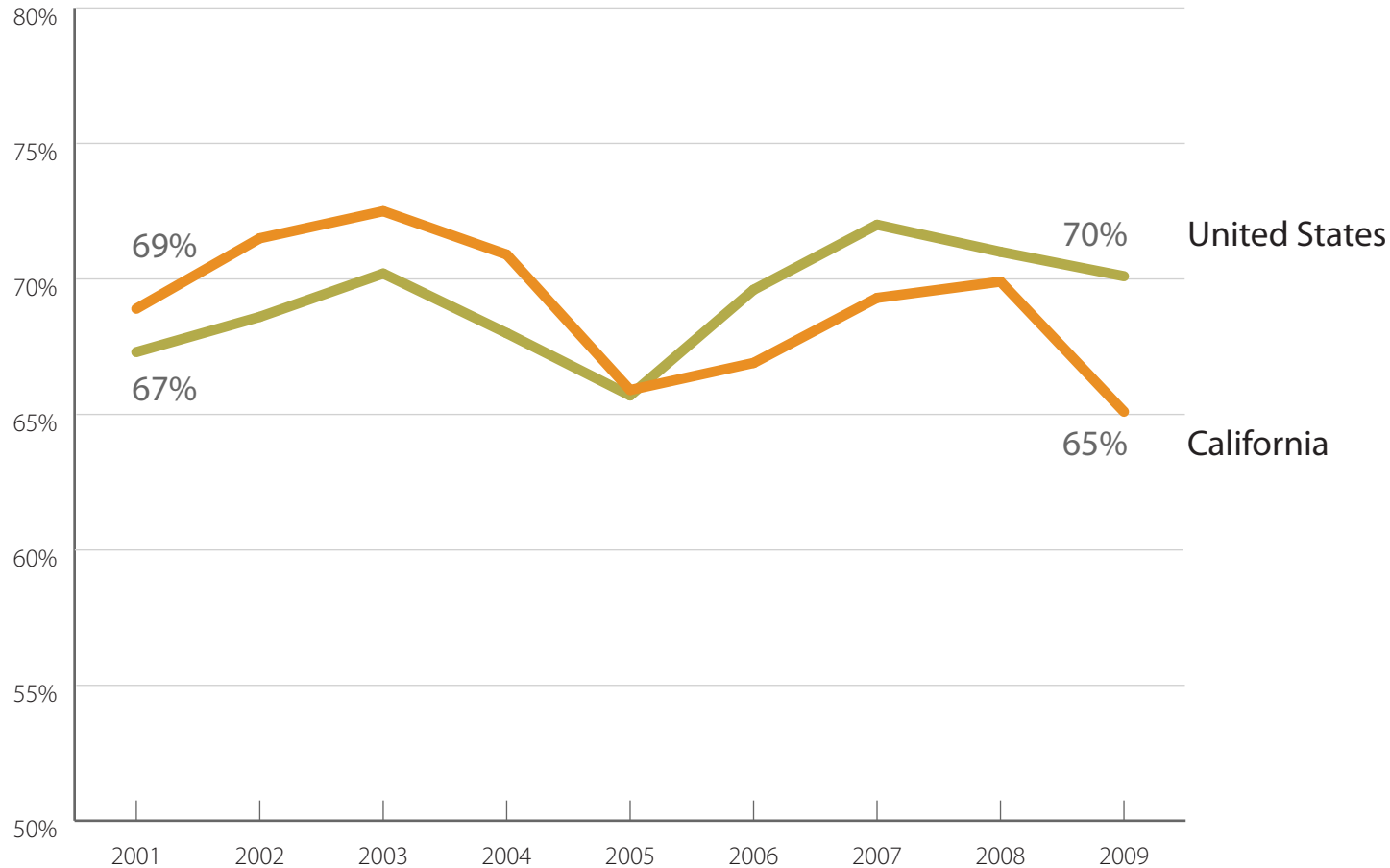


For the past five years, California has underperformed the nation in percent of seniors who have ever received the pneumonia vaccine. In 2009, California ranked last of all states on this measure (not shown).

Note: United States includes the 50 states and D.C.

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey Data, accessed May 15, 2009.

Seniors Receiving a Flu Shot within the Past Year, California vs. United States, 2001–2009



In the early part of the decade, California slightly outperformed the nation in the percent of seniors who received a flu shot.

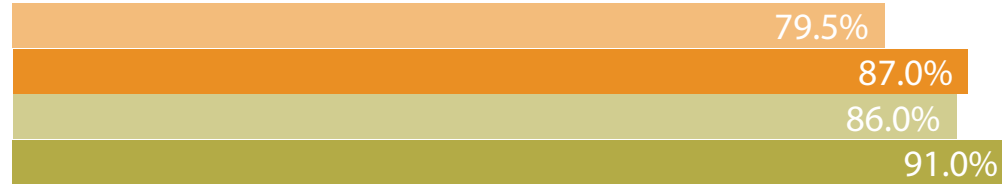
For the last four years, however, California has fallen below the national average, and in 2009, California ranked 46th of all states. The drop in seniors receiving flu shots in 2009 may be due to shortages of the vaccine in the fall.

Note: United States includes the 50 states and D.C.

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey Data, accessed May 17, 2010.

Nursing Home Patients Given Vaccines, California vs. United States, 2006 and 2009

Long-Stay Residents Given Flu Vaccination



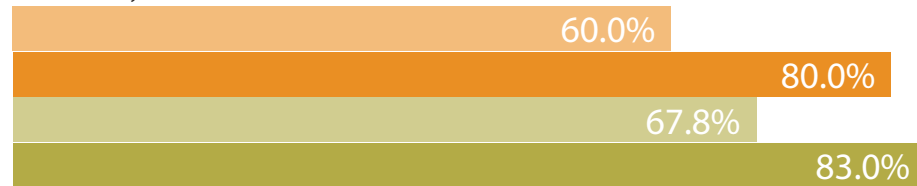
Long-Stay Residents Assessed and Given Pneumococcal Vaccination



Short-Stay Residents Given Flu Vaccination



Short-Stay Residents Assessed and Given Pneumococcal Vaccination



California

2006

2009

United States

2006

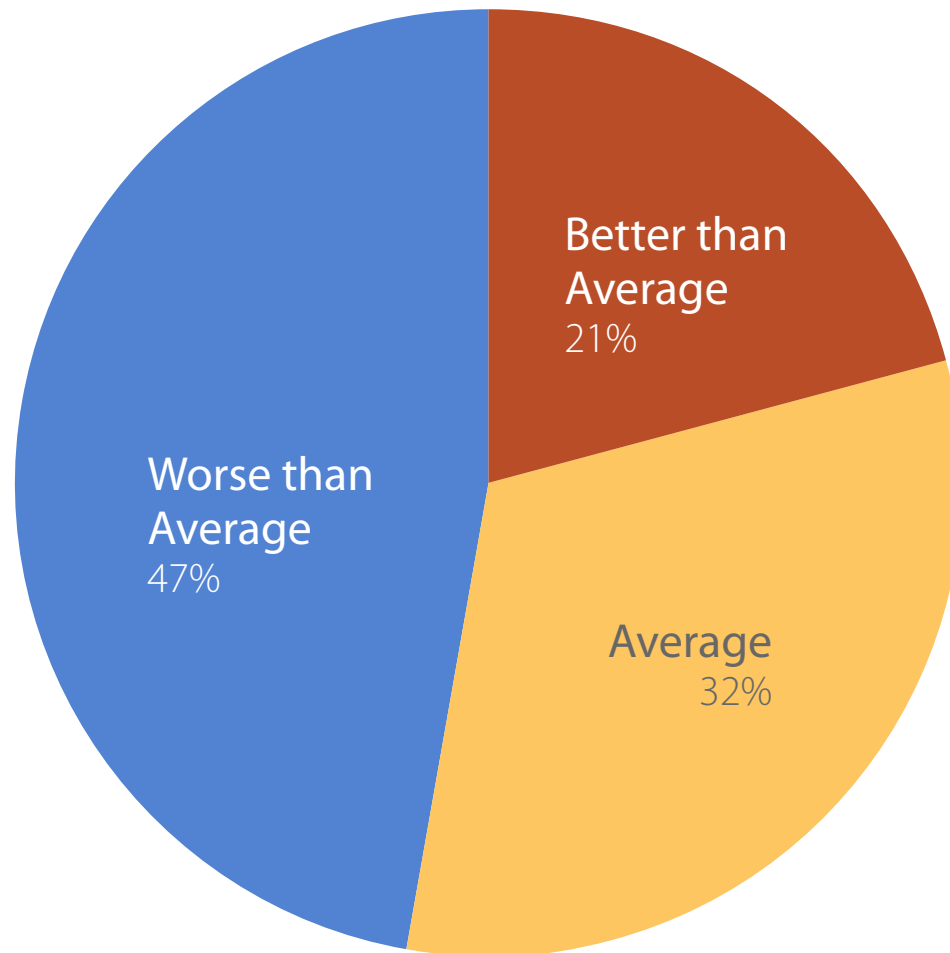
2009

Despite strong improvement in performance across the last three years, California's nursing homes still perform worse than the national average on vaccinations for flu and pneumonia for nursing home patients.

Sources: Centers for Medicare & Medicaid Services, Nursing Home Compare (2009 data); Agency for Healthcare Research and Quality (AHRQ), *National Healthcare Quality Report, 2009*, Data Tables Appendix (2006 data).

Performance on Nursing Home Quality Measures, 2009

CALIFORNIA COMPARED TO NATIONAL AVERAGE



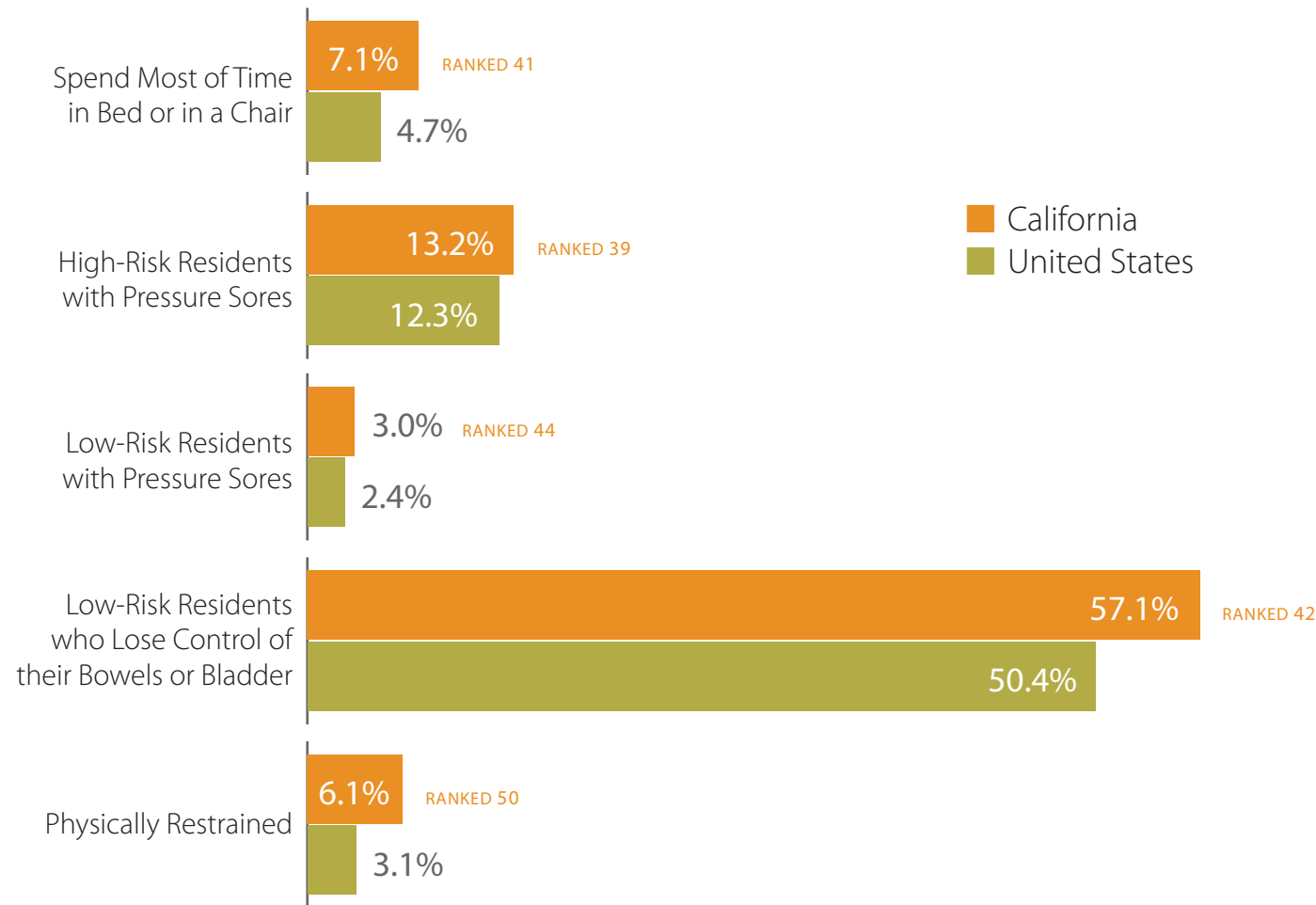
California nursing homes perform worse than the national average on nearly half of the 19 measures of quality of care published on the CMS Nursing Home Compare Web site. Quality measures include patients with pressure sores, patients with pain, and patients who lose too much weight.

Notes: Nineteen Nursing Home Compare measures; 2 percentage points or more above or below the national average categorized as better or worse than average. See the [Appendix C](#) for a full list of measures.

Source: Centers for Medicare & Medicaid Services, Nursing Home Compare, www.medicare.gov/nhcompare, accessed May 21, 2010.

Nursing Home Quality Measures with Poor Performance, California vs. United States, 2009

PERCENT OF LONG-STAY RESIDENTS

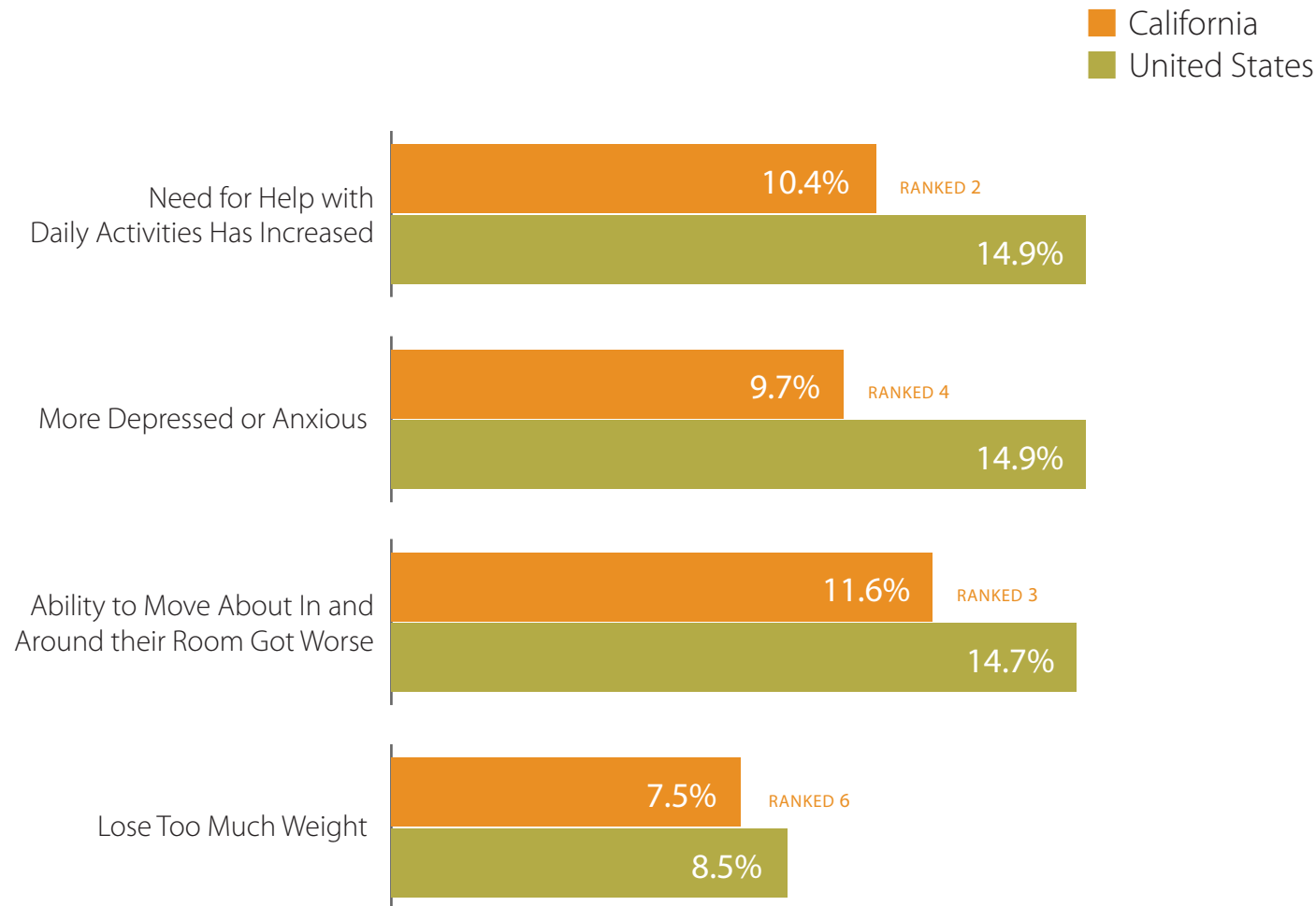


Notes: Data from fourth quarter 2009. Rank is out of 50 states and D.C. Long-stay patients are chronic care patients who typically remain in the nursing home for several months to several years.
 Source: Minimum Data Set (MDS) National Quality Indicator System, accessed July 1, 2010.

Despite some improvement over previous years, California nursing homes have the second to worst performance in the country for the percent of nursing home residents who are physically restrained. California nursing homes also perform somewhat worse than the nation on a handful of other quality measures.

Nursing Home Quality Measures with Good Performance, California vs. United States, 2009

PERCENT OF LONG-STAY RESIDENTS

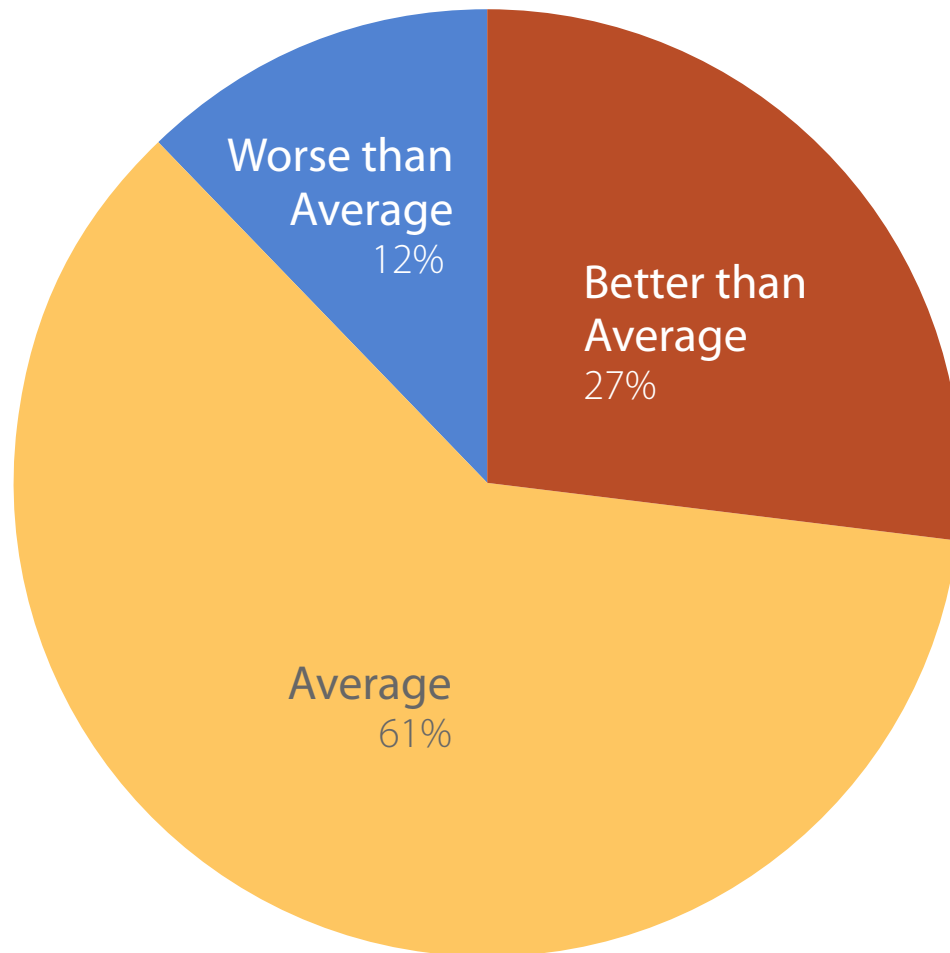


California nursing homes compare well to the nation on a number of measures for which a lower percentage indicates better quality. California has the second-best performance on the percent of nursing home residents whose need for help with daily activities increased.

Notes: Data from fourth quarter 2009. Rank is out of 50 states and D.C. Long-stay patients are chronic care patients who typically remain in the nursing home for several months to several years. Source: Minimum Data Set (MDS) National Quality Indicator System, accessed July 1, 2010.

Performance on Home Health Quality Measures, 2009

CALIFORNIA COMPARED TO NATIONAL AVERAGE



California's home health agencies perform as well as their national peers on 60 percent of the quality measures tracked by Medicare and perform better than their peers on over a quarter of the measures.*

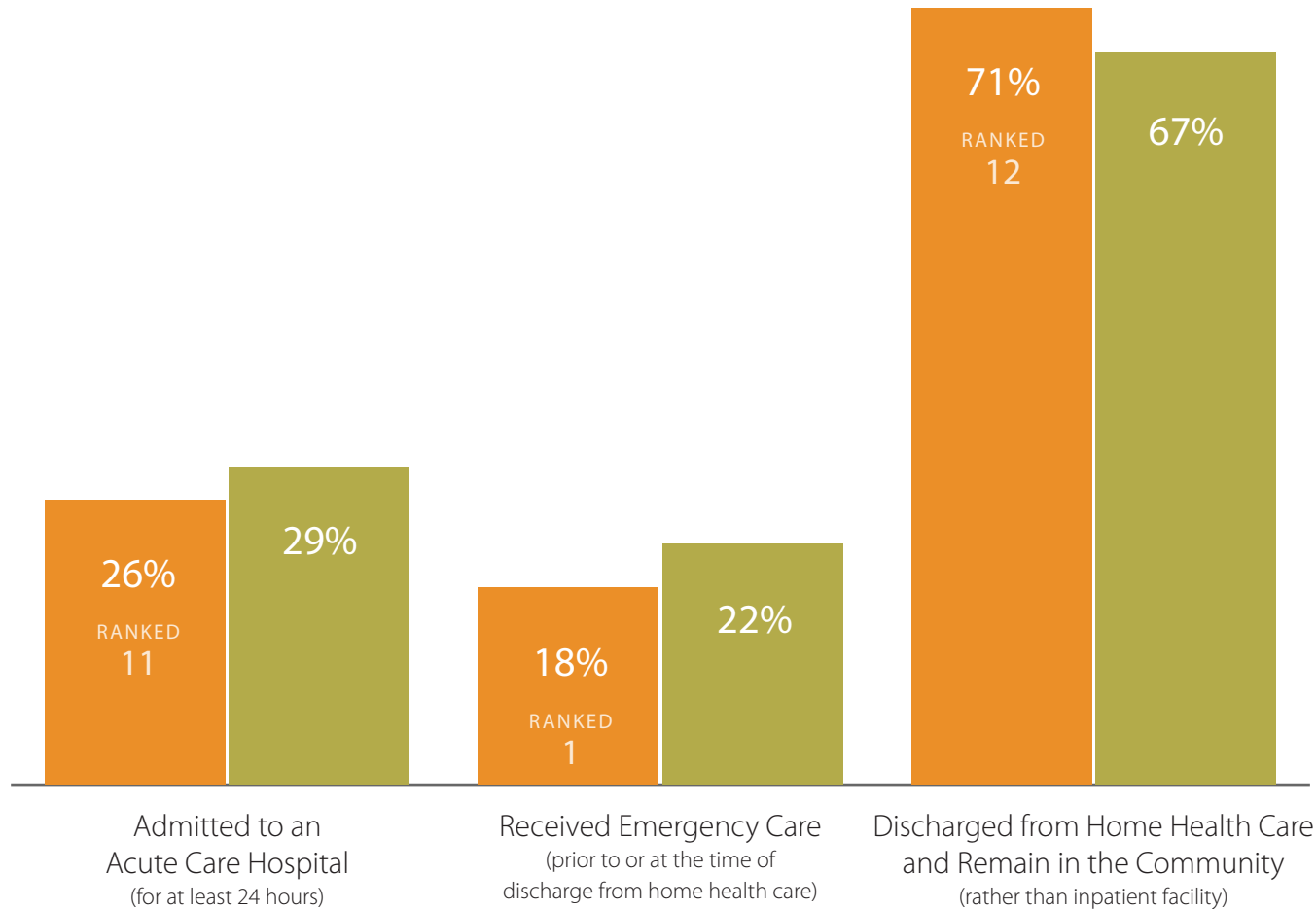
Notes: Forty-one OASIS measures; 2 percentage points or more above or below the national average categorized as better or worse than average. Data from October 2008 to September 2009.

Source: Centers for Medicare & Medicaid Services, OASIS Based Home Health Agency Patient Outcome and Case Mix Reports, accessed May 21, 2010.

*See [Appendix C](#) for complete set of measures.

Outcomes for Home Health Patients, California vs. United States, 2009

■ California
 ■ United States



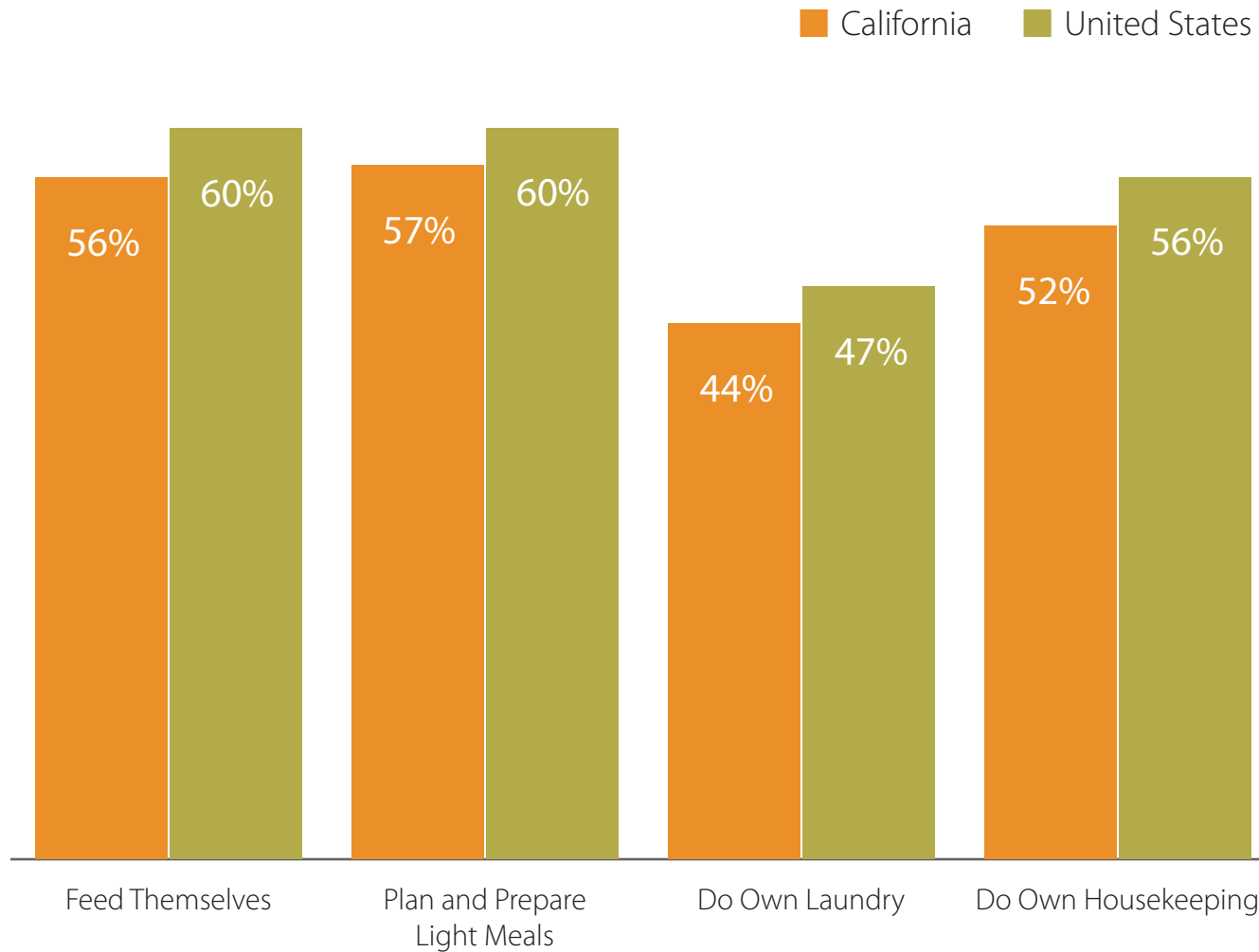
Notes: Data from October 2008 through September 2009. Rank is out of 50 states and D.C.

Source: Centers for Medicare & Medicaid Services, OASIS Based Home Health Agency Patient Outcome and Case Mix Reports, accessed May 21, 2010.

California home health agencies compare favorably to the national average performance on three measures related to intensity of care and patient disposition.

Home Health Patients Showing Improvement in Activities of Daily Living, California vs. United States, 2009

ABILITY TO...

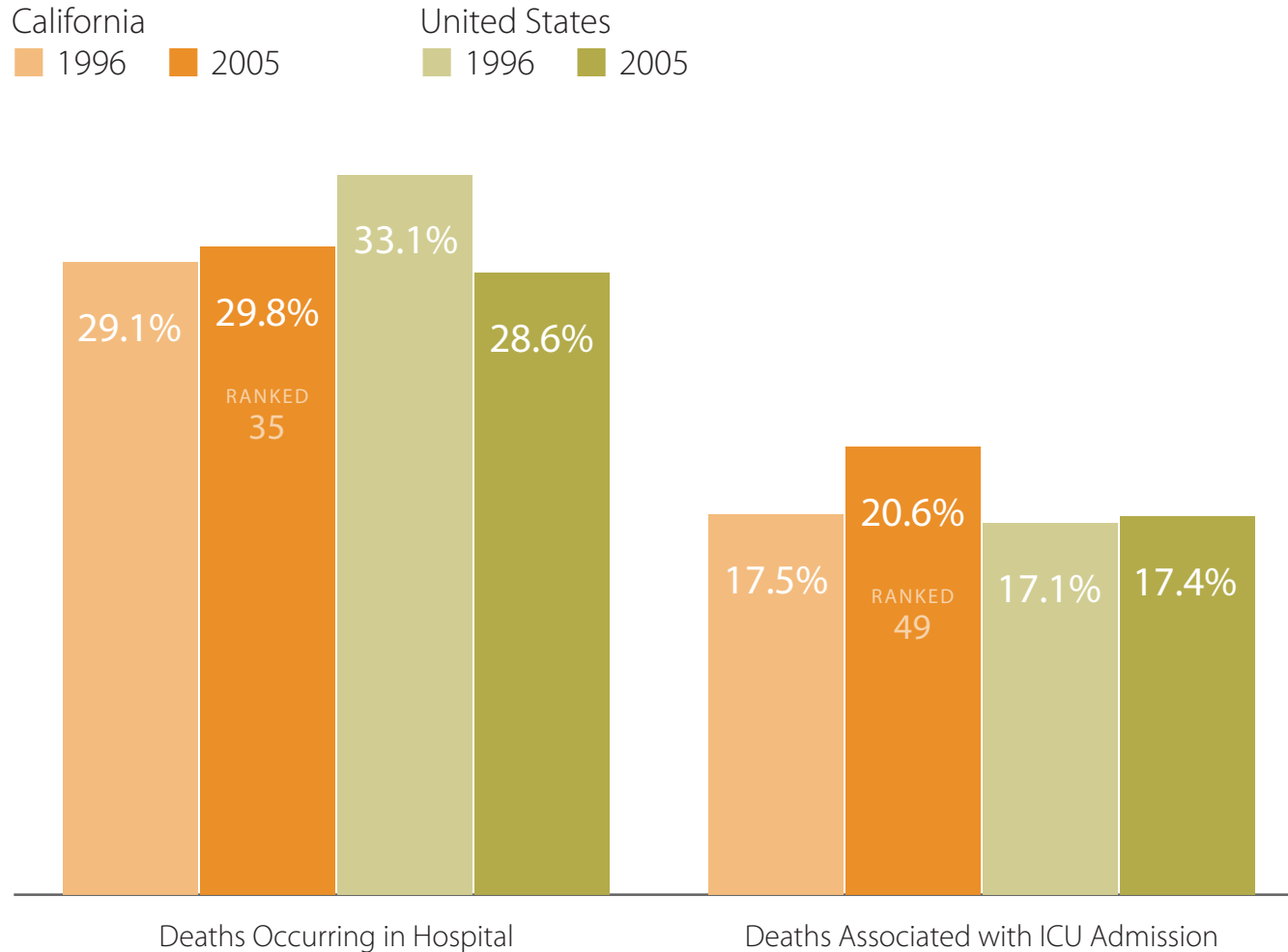


Notes: Data from October 2008 through September 2009.

Source: Centers for Medicare & Medicaid Services, OASIS Based Home Health Agency Patient Outcome and Case Mix Reports, accessed May 21, 2010.

As a group, California home health agencies perform worse than the nation on four measures addressing improvements in basic activities of daily living.

Deaths Occurring in Hospital, Medicare Patients, California vs. United States, 1996 and 2005

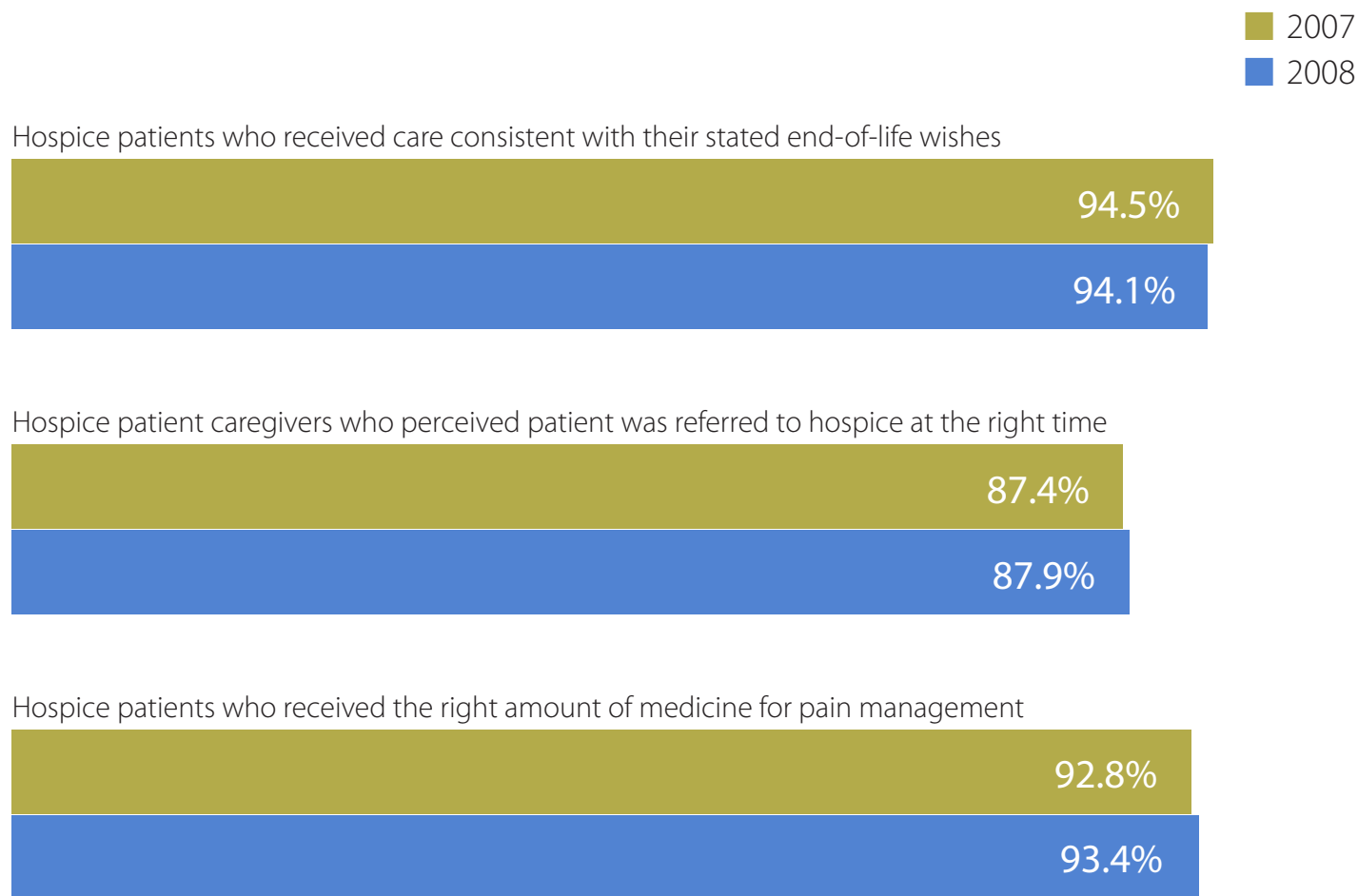


Note: Data population includes Medicare patients diagnosed with chronic illness during the last two years of life. Deaths occurring in hospital or associated with ICU admission suggest aggressive treatment of patients at the end of life.

Source: The Dartmouth Atlas of Health Care, www.dartmouthatlas.org, accessed July 6, 2010.

Though most people say they would prefer to die at home, 30 percent of California's Medicare enrollees with chronic illness die in the hospital. In 2005, one-fifth of Medicare deaths were associated with an ICU admission in California, more than nearly every other state.

Appropriateness of Hospice Care, California, 2007 and 2008



Quality of Care Facts and Figures

End-of-Life Care

[<< RETURN TO CONTENTS](#)

Over 90 percent of hospice patients in California received care consistent with their end-of-life wishes and received the right amount of pain medicine. Although the median hospice stay in 2008 was only 21 days, 88 percent of caregivers thought the patient was referred at the right time.*

Source: Agency for Healthcare Research and Quality (AHRQ), *National Healthcare Quality Report, 2009*, Data Tables Appendix.

*National Hospice and Palliative Care Organization, *NHPCO Facts and Figures: Hospice Care in America, 2009*.

Data Resources

- **Agency for Healthcare Research and Quality (AHRQ)**

National Healthcare Quality & Disparities Reports, 2008 and 2009

www.ahrq.gov/qual/qrd08.htm

www.ahrq.gov/qual/qrd09.htm

Annual report published by federal government with data on large selection of quality metrics; associated state profiles provide data for each state.

- **California Cancer Registry**

www.ccrca.org/publications.html

Publish reports on cancer diagnosis, incidence, and mortality in California, including an annual facts and figures report with county-level data.

- **Centers for Disease Control and Prevention (CDC)**

Behavioral Risk Factor Surveillance System Survey Data

apps.nccd.cdc.gov/brfss/index.asp

Chronic Disease Indicators

apps.nccd.cdc.gov/cdi

National Center for Health Statistics

www.cdc.gov/nchs

Publish annual reports on births and deaths, as well as other data.

National Center for Health Statistics, VitalStats

www.cdc.gov/nchs/vitalstats.htm

National Immunization Survey

www.cdc.gov

Publish data on child immunization rates, updated quarterly.

- **Centers for Medicare & Medicaid Services**

Hospital Compare

www.hospitalcompare.hhs.gov

All data reported covers the year from July to June (e.g. the 2008 data covers the time period from July 2007 to June 2008).

Minimum Data Set National Quality Indicator System

www.cms.hhs.gov

Provides 30 measures of nursing home quality with state and national averages, updated quarterly. Data reported is from fourth quarter 2009.

Nursing Home Compare

www.medicare.gov/nhcompare

The 2009 data covers long-stay patients from April 1 to December 31, 2009 and short-stay patients from January 1 to December 31, 2009; 2006 data covers long-stay patients from October 1 to December 31, 2006 and short-stay patients from July 1 to December 31, 2006.

OASIS Based Home Health Agency Patient Outcome and Case Mix Reports

www.cms.hhs.gov/oasis/09b_hhareports.asp

Forty-one measures of home health quality with state and national averages, updated quarterly. Data reported are from October 2008 and September 2009.

- **National Survey of Children's Health**

nschdata.org/content/default.aspx

Conduct survey every four years on various measures of children's health. Produce state-based reports on children's health and childhood obesity.

- **State Cancer Profiles**

statecancerprofiles.cancer.gov/index.html

Publish data on cancer incidence and mortality at state and national level, with some county-level detail.

Author

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FOR MORE INFORMATION



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HEALTHCARE
FOUNDATION**

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www.chcf.org

Appendix A: Process-of-Care Measures for Heart Attack / Failure Patients, California vs. United States, 2005 and 2009

	CALIFORNIA		UNITED STATES	
	2005	2009	2005	2009
Percent of Heart Attack Patients				
Administered Aspirin within 24 Hours of Admission	94%	97%	91%	94%
Aspirin Prescribed at Discharge	89%	94%	88%	93%
Beta Blocker Prescribed at Discharge	87%	95%	87%	94%
Prescribed an ACE Inhibitor or an Angiotensin Receptor Blocker for LVSD	80%	94%	80%	91%
Given PCI within 90 Minutes*	58.0%	80.0%	62.0%	79.0%
Given Fibrinolytic Medication within 30 Minutes†	32.0%	56.0%	30.0%	41.0%
Given Smoking Cessation Advice/Counseling	73.0%	96.0%	77.0%	96.0%
Percent of Heart Failure Patients				
Prescribed an ACE Inhibitor or Angiotensin Receptor Blocker at Discharge	81%	92%	80%	89%
Evaluation of Left Ejection Fraction in Hospital	82.0%	92.0%	80.0%	90.0%
Given Discharge Instructions	45.0%	81.0%	50.0%	77.0%
Given Smoking Cessation Advice/Counseling	68.0%	95.0%	71.0%	92.0%

*2005 figures reflect percentage of patients given PCI within 120 minutes.

†2005 figures reflect percentage of patients given thrombolytic medication.

Note: Data is from July of previous year through June of stated year.

Source: Centers for Medicare & Medicaid Services, Hospital Compare, www.hospitalcompare.hhs.gov.

Appendix B: Process-of-Care Measures for Pneumonia Patients, California vs. United States, 2005 and 2009

	CALIFORNIA		UNITED STATES	
	2005	2009	2005	2009
Percent of Pneumonia Patients				
Assessed and Given Influenza Vaccination*	N/A	83%	N/A	85%
Assessed and Given Pneumococcal Vaccination	37%	84%	54%	85%
Antibiotics within 6 Hours in Hospital†	N/A	93%	N/A	93%
Blood Cultures before Antibiotics in Hospital	82%	91%	82%	92%
Given Most Appropriate Antibiotic	76%	89%	77%	88%
Given Smoking Cessation Advice/Counseling	62%	91%	69%	90%

*Influenza vaccine measure was not tracked in 2005. In 2006, California hospitals averaged 58 percent versus 70 percent for U.S. hospitals.

†In 2005, measure tracked antibiotics within 4 hours. California hospitals averaged 72 percent versus 76 percent for U.S. hospitals.

Note: Data is from July of previous year through June of stated year.

Source: Centers for Medicare & Medicaid Services, Hospital Compare, www.hospitalcompare.hhs.gov.

Appendix C: Nursing Home Compare and Home Health OASIS Quality Measures

Nursing Home Compare Quality Measures

PERCENT OF LONG-STAY RESIDENTS...

Given influenza vaccination during the flu season
 Assessed and given pneumococcal vaccination
 Whose need for help with daily activities has increased
 Who have moderate to severe pain
 High-risk long-stay residents who have pressure sores
 Low-risk long-stay residents who have pressure sores
 Who were physically restrained
 Who are more depressed or anxious
 Who lose control of their bowels or bladder
 Who have/had a catheter inserted and left in their bladder
 Who spend most of their time in bed or in a chair
 Whose ability to move about in and around their room got worse
 Who had a urinary tract infection
 Who lose too much weight

PERCENT OF SHORT-STAY RESIDENTS...

Given influenza vaccination during the flu season
 Who were assessed and given pneumococcal vaccination
 Who have delirium
 Who had moderate to severe pain
 Who have pressure sores

Home Health OASIS Quality Measures

IMPROVEMENT OF ACTIVITIES OF DAILY LIVING

Ability to Groom Themselves
 Ability to Dress Themselves (Upper Body)
 Ability to Dress Themselves (Lower Body)
 Ability to Bathe Themselves
 Ability to Use Toilet or Commode
 Ability to Transfer In/Out of Bed
 Ability to Walk
 Ability to Feed Themselves

STABILIZATION IN ACTIVITIES OF DAILY LIVING

Ability to Groom Themselves
 Ability to Walk
 Ability to Transfer In/Out of Bed

IMPROVEMENT IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Ability to Plan and Prepare Light Meals
 Ability to do Own Laundry
 Ability to do Own Housekeeping
 Ability to Shop For One's Self
 Ability to Use the Telephone
 Ability to Prepare and Take Prescribed Oral Medications

STABILIZATION IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Ability to Plan and Prepare Light Meals
 Ability to do Own Laundry
 Ability to do Own Housekeeping
 Ability to Shop For One's Self

Ability to Use the Telephone
 Ability to Prepare and Take Prescribed Oral Medications

IMPROVEMENT IN PHYSIOLOGICAL HEALTH STATUS

Dyspnea (Shortness of Breath)
 Have Urinary Tract Infection
 Have Urinary Incontinence
 Have Bowel Incontinence
 Number of Surgical Wounds
 Healing of Surgical Wounds
 Pain that Interferes with Activity
 Ability to Use Speech to Communicate

STABILIZATION IN PHYSIOLOGICAL HEALTH STATUS

Ability to Use Speech to Communicate

IMPROVEMENT IN BEHAVIORAL HEALTH STATUS

Have Confusion Problem
 Have Anxiety
 Have Behavioral Problems
 Have Cognitive Problem

STABILIZATION IN BEHAVIORAL HEALTH STATUS

Have Anxiety
 Have Cognitive Problem

UTILIZATION OUTCOMES

Received Emergency Care
 Discharged from Home Health Care
 Admitted to an Acute Care Hospital