

CALIFORNIA HEALTH CARE ALMANAC



Quality of Care Facts and Figures

AUGUST 2009

Introduction

Over the last decade, government agencies and nonprofit organizations have launched numerous efforts to report on various health care quality measures. Today, agencies and organizations track measures that span a patient's life cycle, from birth to end of life. These efforts have revealed significant variation across the health care system and among geographic regions. Reducing this variation has the potential to both improve patient satisfaction and decrease health care costs. *Quality of Care Facts and Figures* provides an overview of California's performance on a wide variety of quality measures.

KEY FINDINGS INCLUDE:

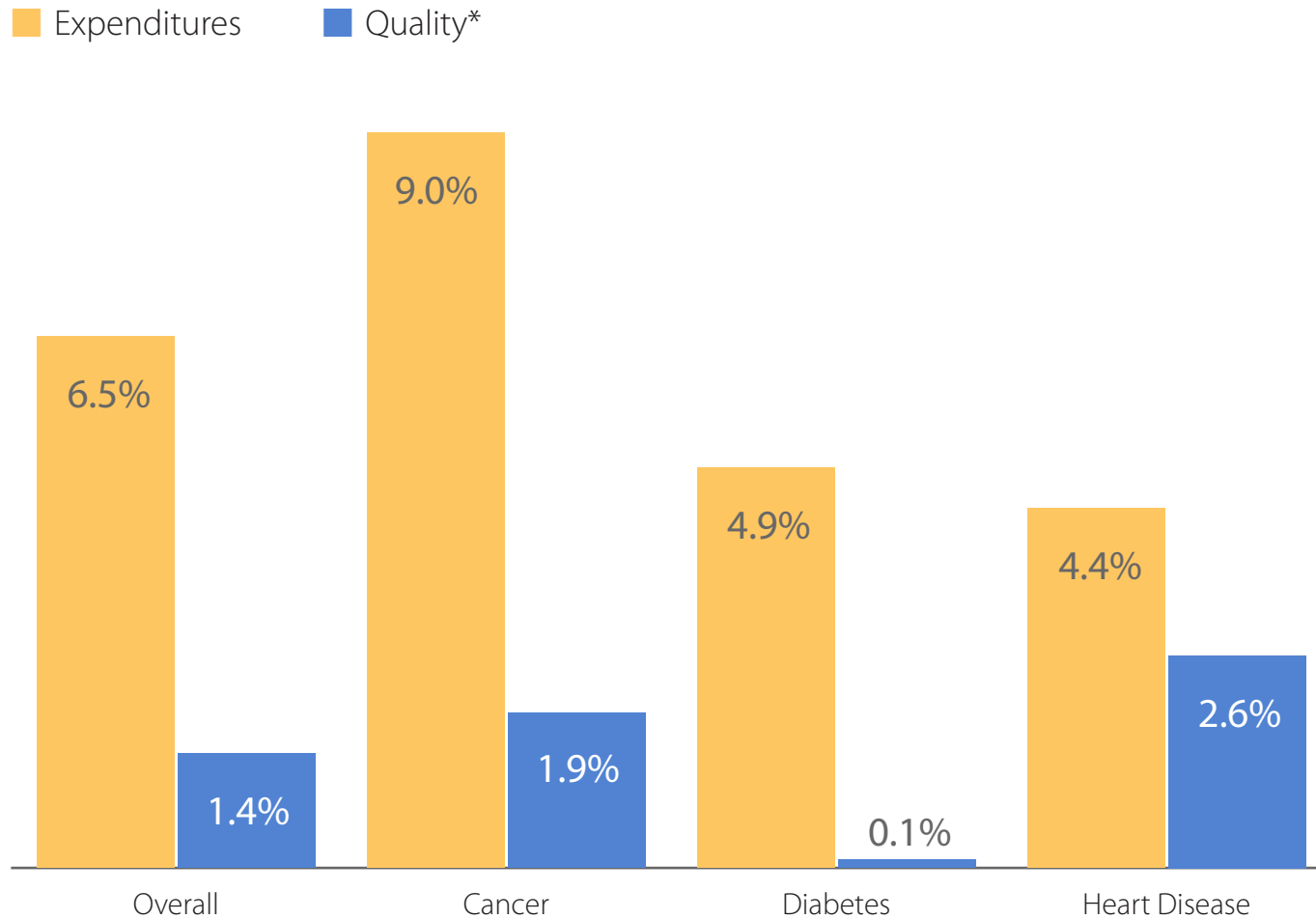
- Compared to national averages, California's overall performance is mixed, suggesting room for improvement on a number of measures.
- California performs better than the national average on a number of maternal and child health measures but trails in the care of older populations.
- California hospitals perform at or above the national average on the majority of measures that track the care of those who suffer a heart attack, heart failure, and pneumonia.
- California's performance on prevention-oriented measures is mixed, with good performance on preventing hospitalization for conditions that can be treated in an ambulatory care setting but poor performance on vaccinations for elderly patients.
- California's nursing homes perform worse than the national average on a large number of quality measures, notably the use of restraints.

CONTENTS

Overview.....	3
Maternal and Child Health.....	4
Cancer	8
Diabetes.....	12
Patient Safety.....	14
Heart Conditions and Procedures.....	19
Pneumonia.....	23
Vaccines.....	25
Nursing Homes.....	29
Home Health.....	31
End-of-Life Care	34
Data Resources	36
Appendix.....	37

Change in Health Care Expenditures and Quality, United States, 2001–2005

AVERAGE ANNUAL CHANGE IN...



*The change in quality represents the median annual rate of change in the NHQR measures from 2001 to 2005 for the entire measure set and for each condition area.

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

A new U.S. government report finds that health care quality has only experienced modest improvements. From 2001 to 2005, overall quality improved 1.4 percent annually while health care expenditures grew 6.5 percent. However, these data should be interpreted cautiously, as quality reporting is a new discipline and health care quality is not measured as comprehensively as health care expenditures.

Childbirth-Related Quality Measures, California vs. United States, 2006

	CALIFORNIA	RANK	U.S.
Pregnant Women Receiving Prenatal Care in First Trimester	85.9%	8	83.2%
Low Birthweight* Births (as % of all births)	6.8%	6	8.3%
Infant Deaths (per 1,000 live births)	5.04	3	6.69

*Birth weight of less than 2,500 grams.

California is a strong performer on select measures related to childbirth, ranking in the top ten states for prenatal care, low birthweight, and low infant mortality rates.

Birth-Related Trauma, California vs. United States, 2000 and 2005

PER 1,000 LIVE BIRTHS OR DELIVERIES

	CALIFORNIA			UNITED STATES	
	2000	2005	2005 Rank [†]	2000	2005
Injury to Baby	5.6	1.5	7	5.1	1.8
Obstetric Trauma per 1,000 Cesarean Deliveries*	3.5	3.2	8	4.7	4.1
Obstetric Trauma per 1,000 Vaginal Deliveries without Instrument Assistance*	41.6	34.8	8	51.7	40.1
Obstetric Trauma per 1,000 Instrument-assisted Vaginal Deliveries*	159.3	145.1	3	204.0	168.0

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

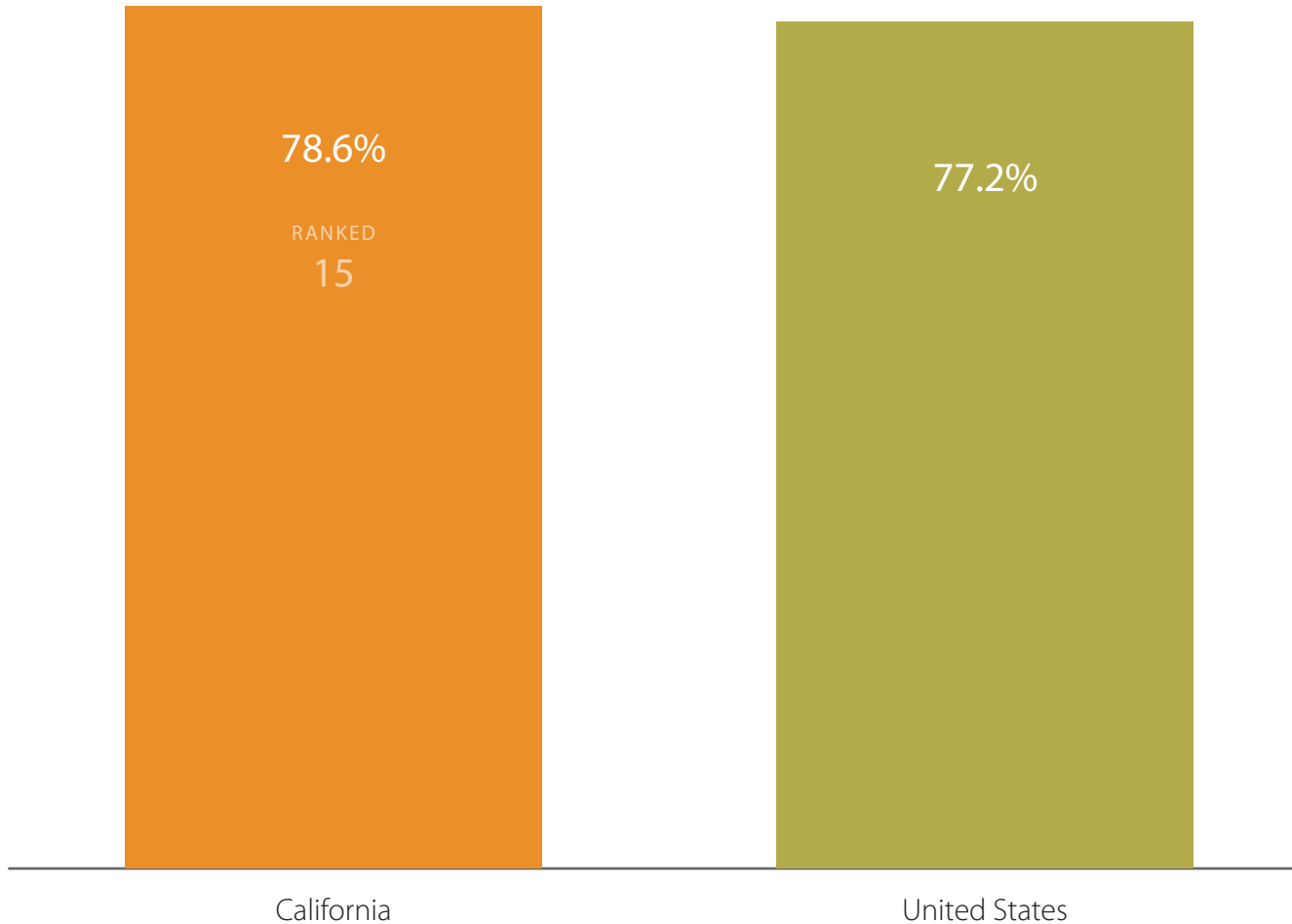
†Thirty-one states reported data for these measures.

From 2000 to 2005, California improved its performance on four measures concerning trauma to babies and mothers during childbirth. In 2005, California ranked in the top ten states on all four measures.

Note: Injury to neonate rates 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*, Data Tables Appendix.

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



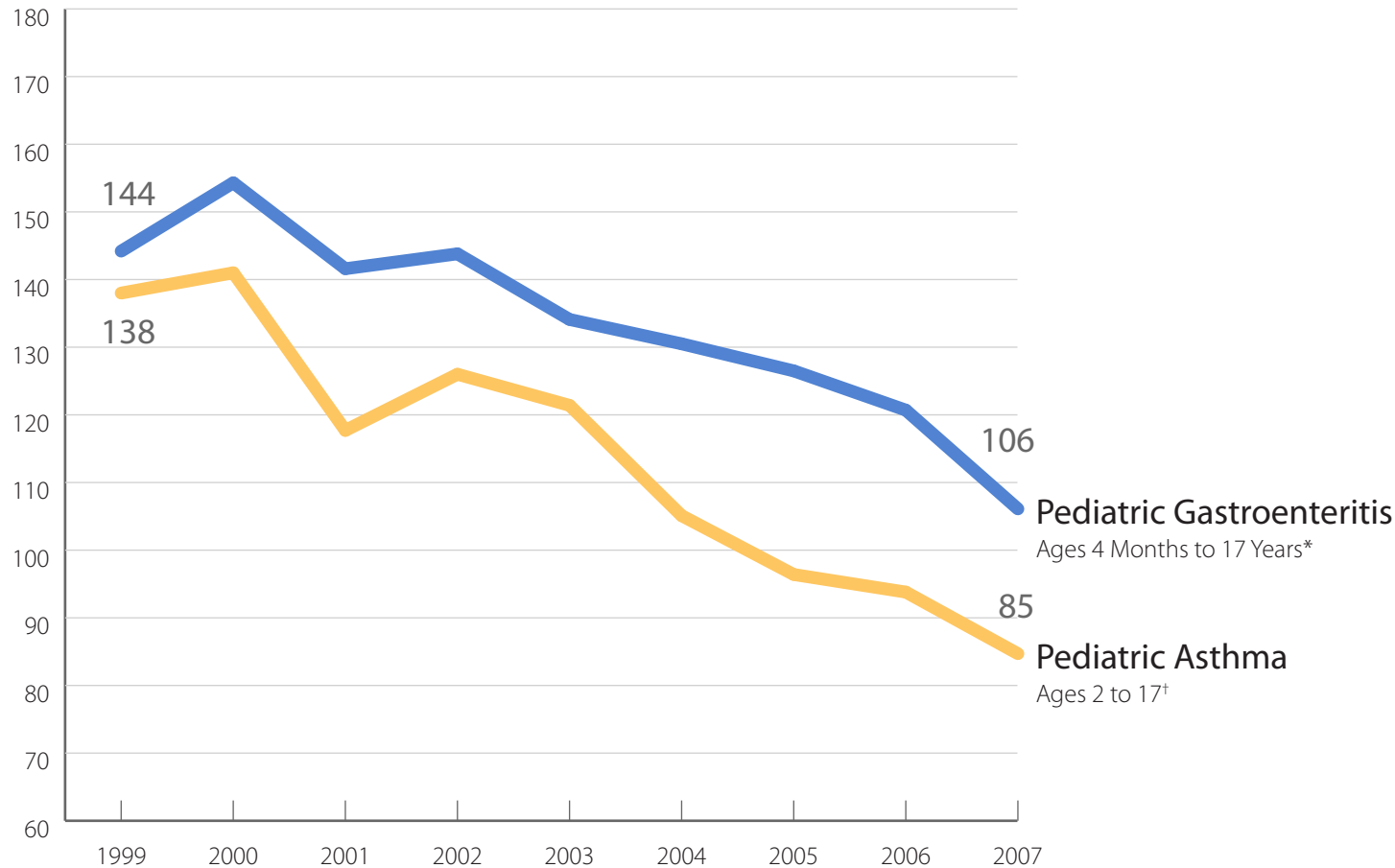
A higher percentage of California children receive all recommended vaccines than children nationwide. Recent concerns about the safety of vaccines may have impeded efforts to increase the vaccination rate.

Note: Data covers July 2007 through June 2008. 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.

Admission Rates for Two Pediatric Conditions, California, 1999–2007

PER 100,000 POPULATION



From 1999 to 2007, hospital admission rates for two conditions that can be treated in an ambulatory setting declined markedly among California children: asthma admissions dropped 39 percent and gastroenteritis admissions dropped 26 percent. Appropriate outpatient care has the potential to prevent a large portion of these types of hospitalizations.

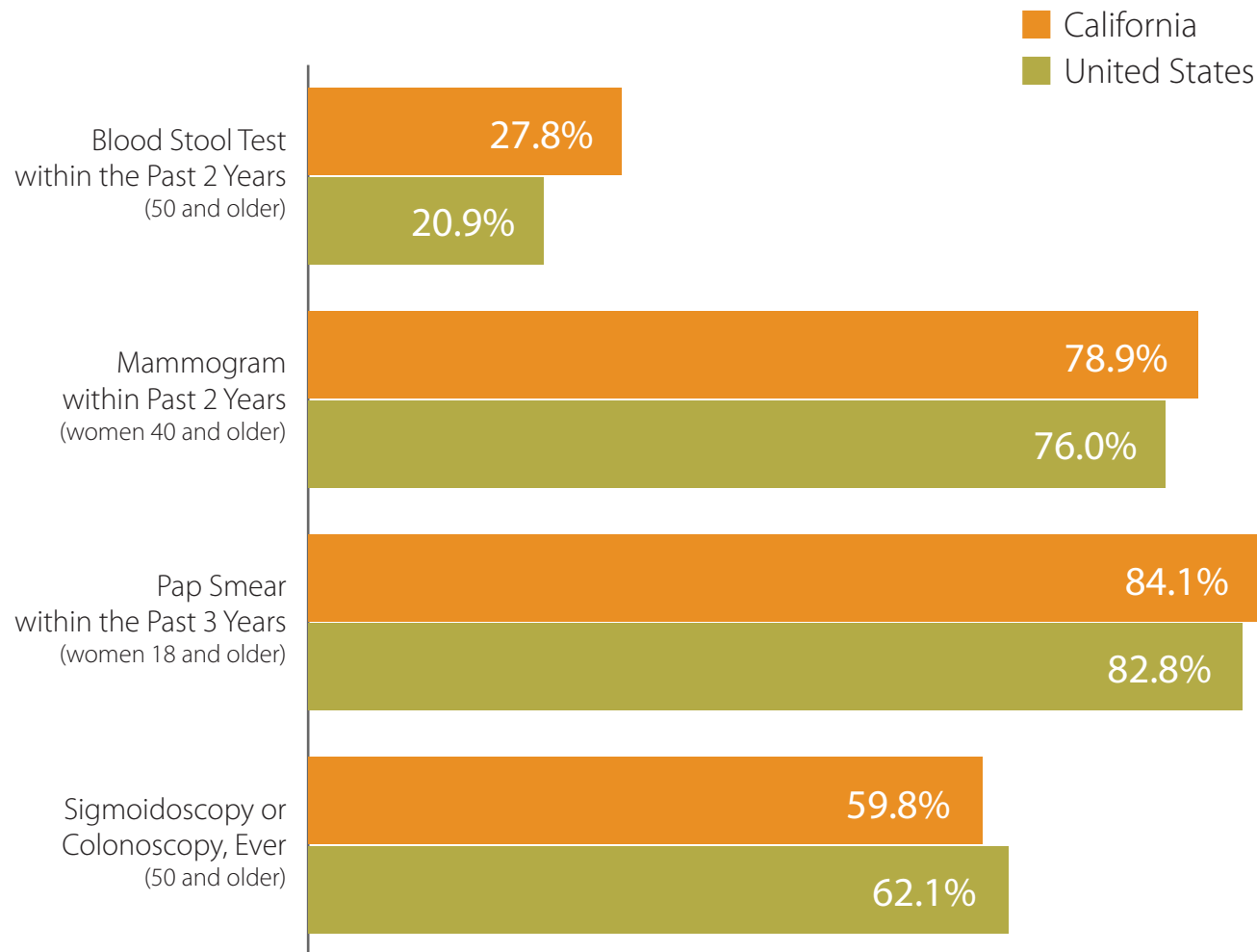
*Excluding patients with gastrointestinal abnormalities or bacterial gastroenteritis.

†Excluding patients with cystic fibrosis or anomalies of the respiratory system.

Note: Observed rates (no adjustment for age, sex and/or race); rates exclude transfers from other facilities

Source: State of California, Office of Statewide Health Planning and Development, Healthcare Information Resources Center, Personal Communication with R.G. Gartz, March 13, 2009.

Cancer Screening Tests, California vs. United States, 2008



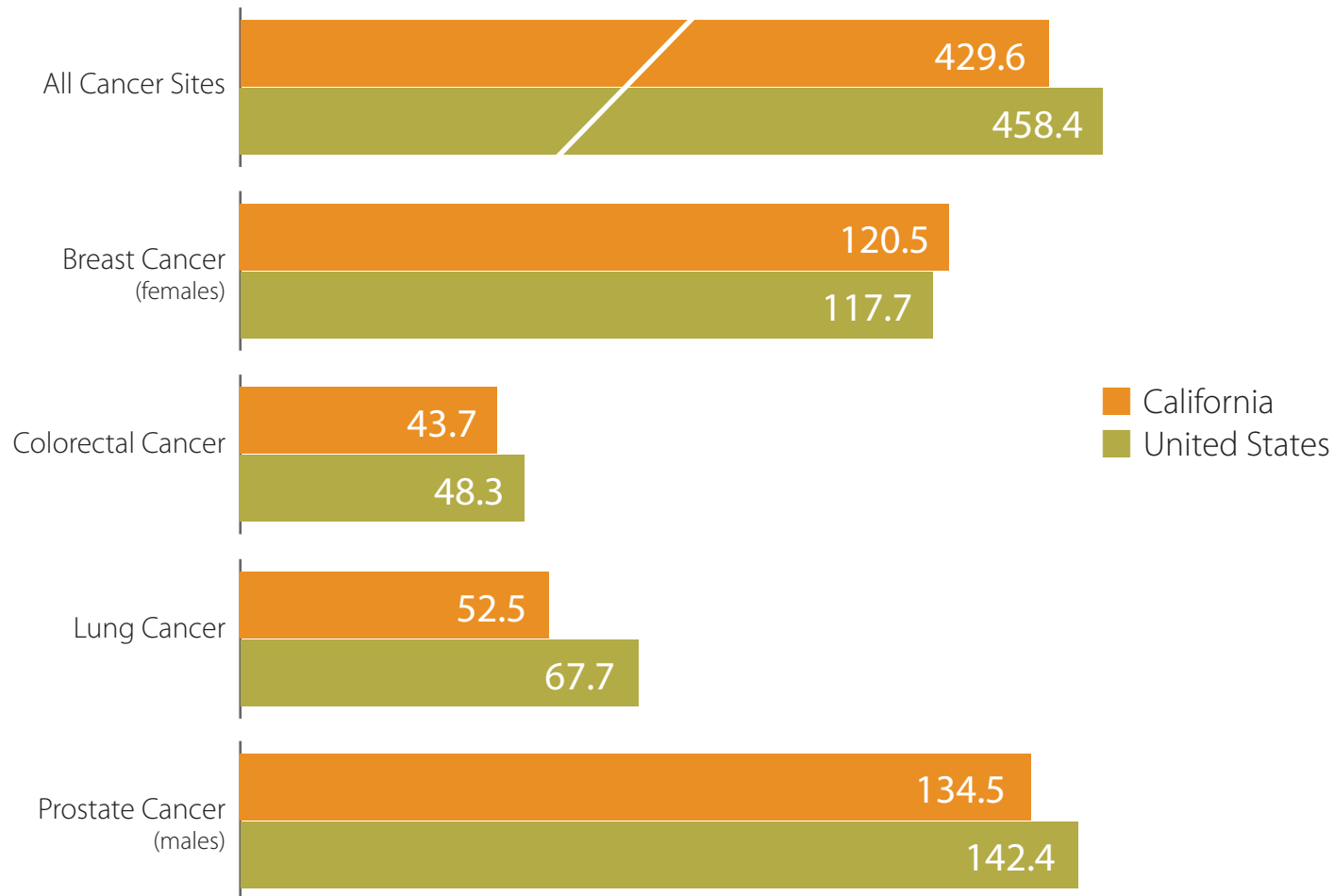
Note: Nation is median rate for 50 states and D.C.

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, 2005

PER 100,000 POPULATION



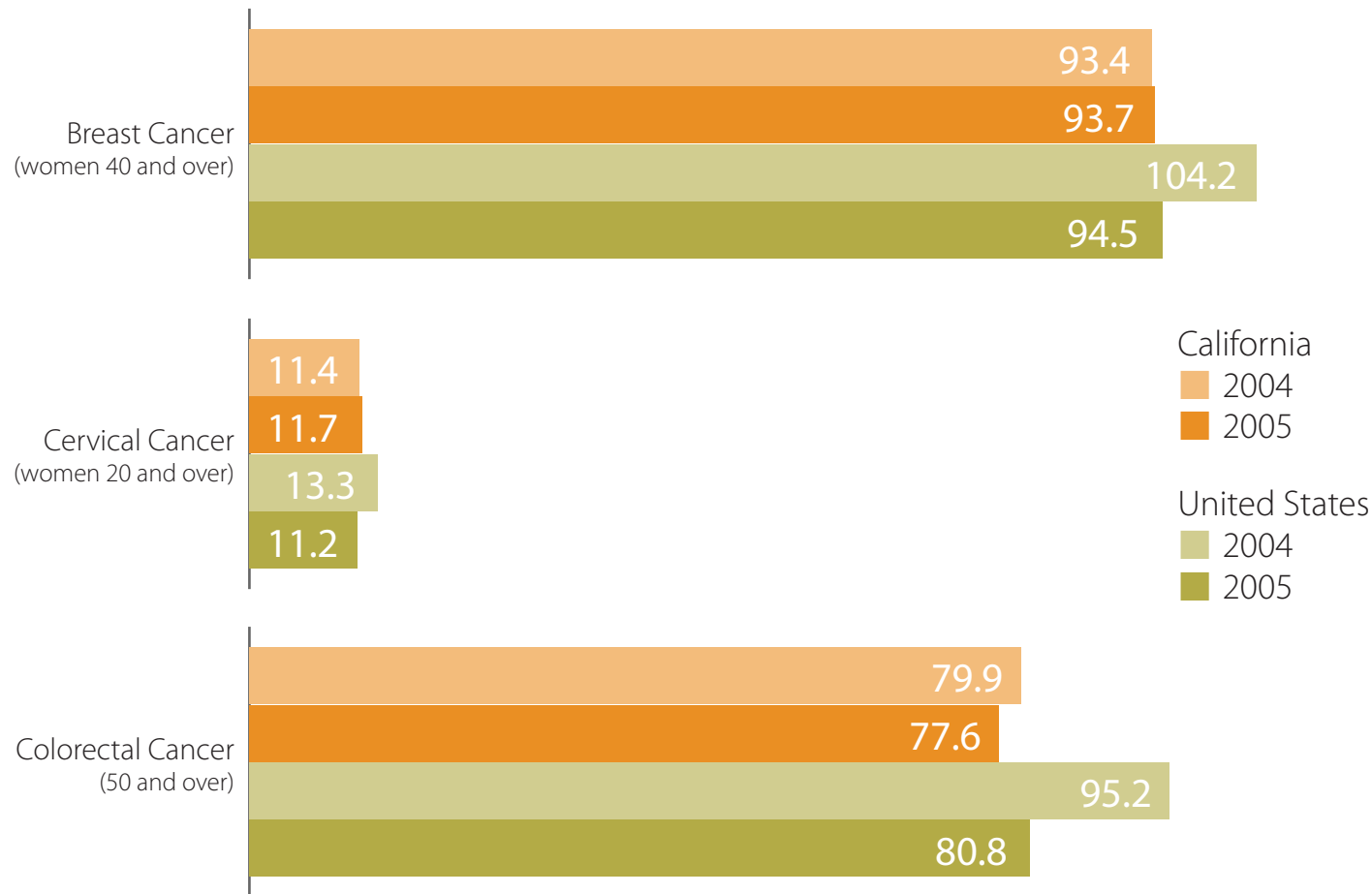
Note: Rates are age-adjusted.

Source: Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, State Cancer Facts, accessed March 30, 2009.

Compared to the national average, California has a lower incidence of cancer, with a diagnosis rate of 430 new cancer cases per 100,000 population in 2005 compared to 458 for the nation.

Cancer Diagnosed at Advanced Stage, California vs. United States, 2004 and 2005

PER 100,000 POPULATION



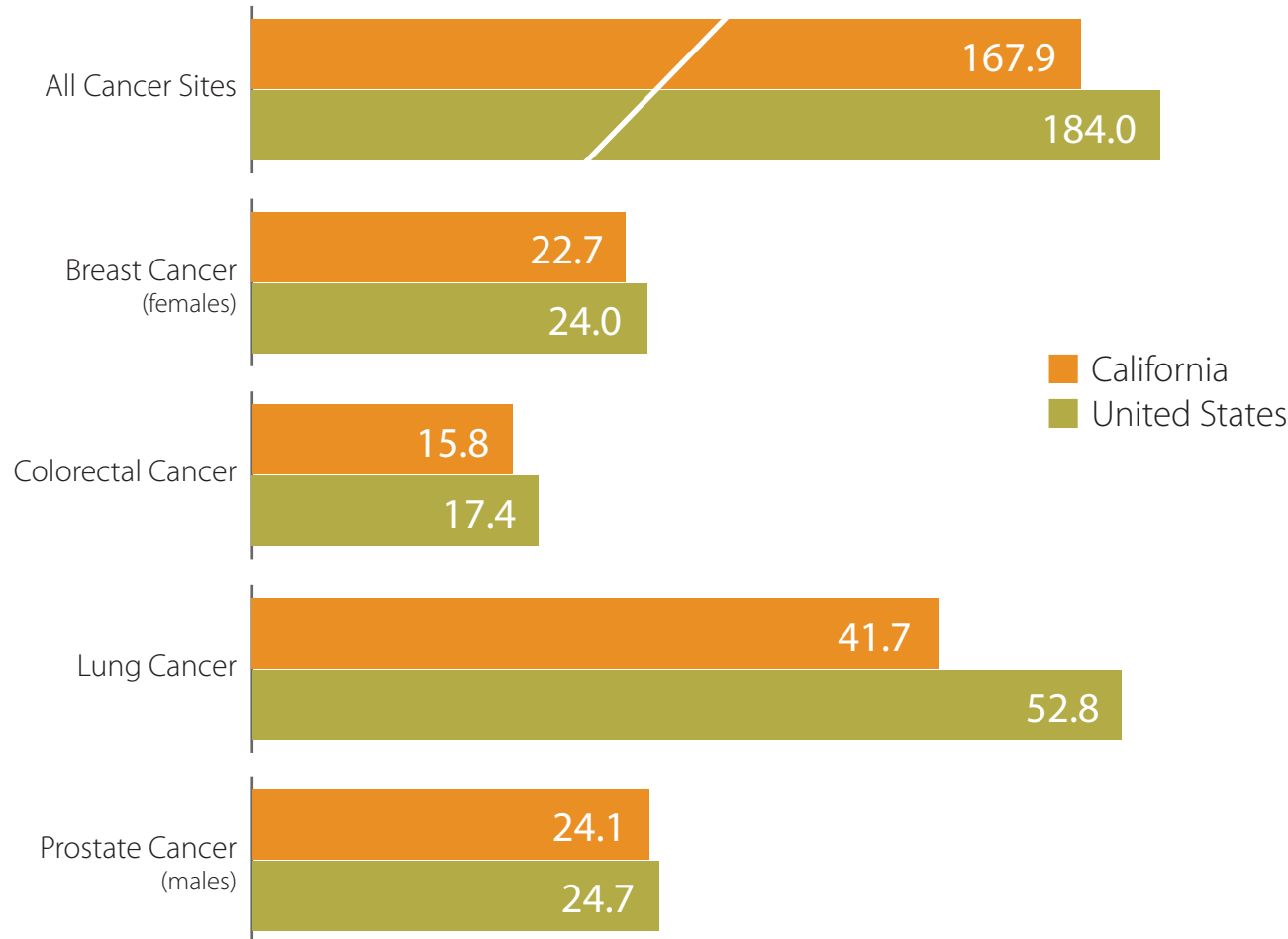
Note: Rates are age-adjusted.

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

California does better than the national average in diagnosing breast and colorectal cancers before they reach an advanced stage; however, from 2004 to 2005 California failed to match the national improvement in diagnosing cancers early.

Cancer Mortality Rates, California vs. United States, 2005

PER 100,000 POPULATION



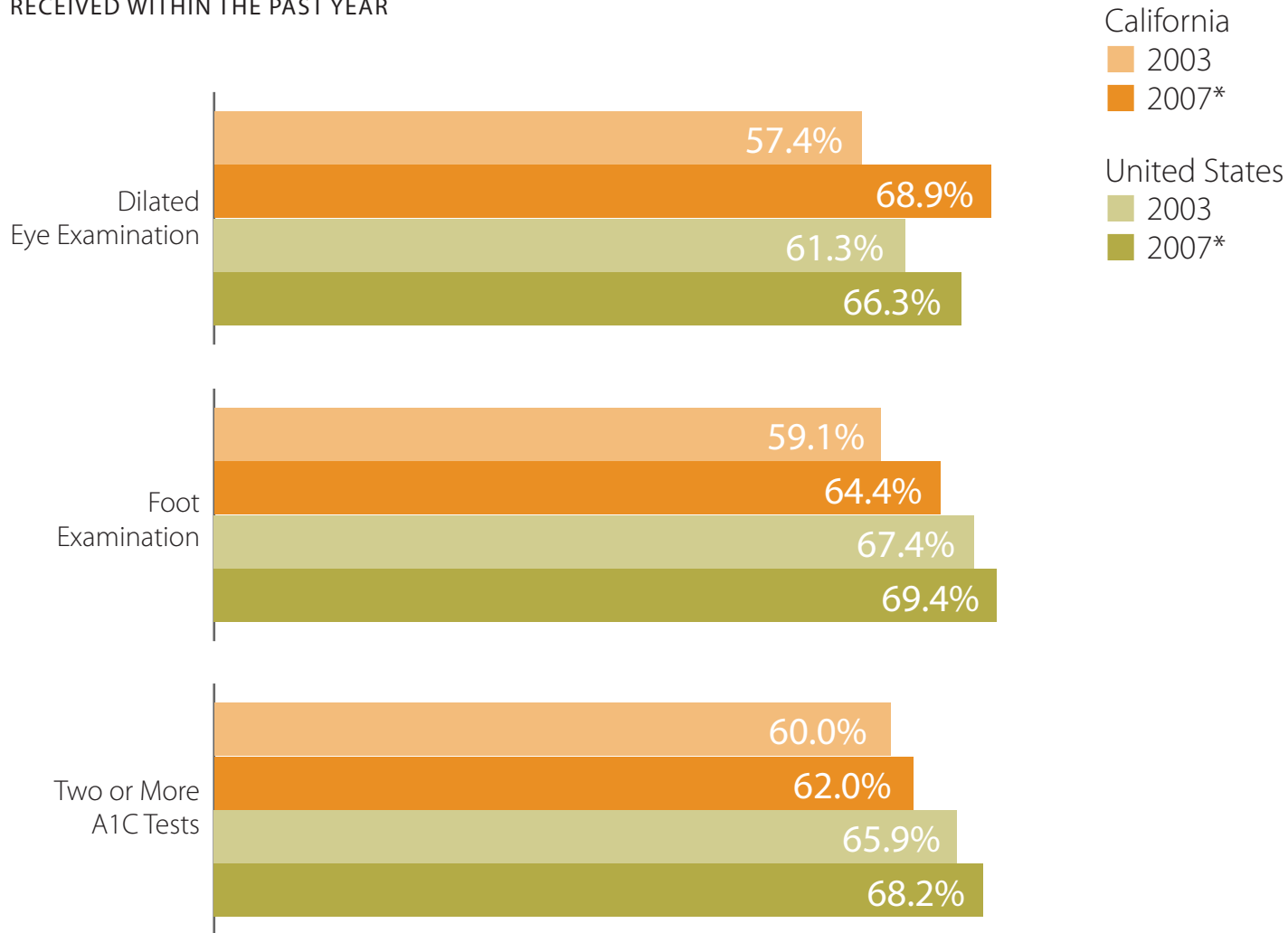
Note: Rates are age-adjusted.

Source: Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, State Cancer Facts, accessed March 30, 2009.

California also has lower cancer mortality rates, with 168 cancer deaths per 100,000 population in 2005 compared to 184 for the nation. The figures for breast cancer are particularly notable: California has a lower than average mortality rate despite a higher than average incidence rate.

Chronic Disease Measures for Adults with Diabetes, California vs. United States, 2003 and 2007*

RECEIVED WITHIN THE PAST YEAR



Since 2003, California has improved its management of adults with diabetes, especially in providing dilated-eye exams. However, California still lags the nation in the percentage of diabetics who receive foot exams and A1C tests.

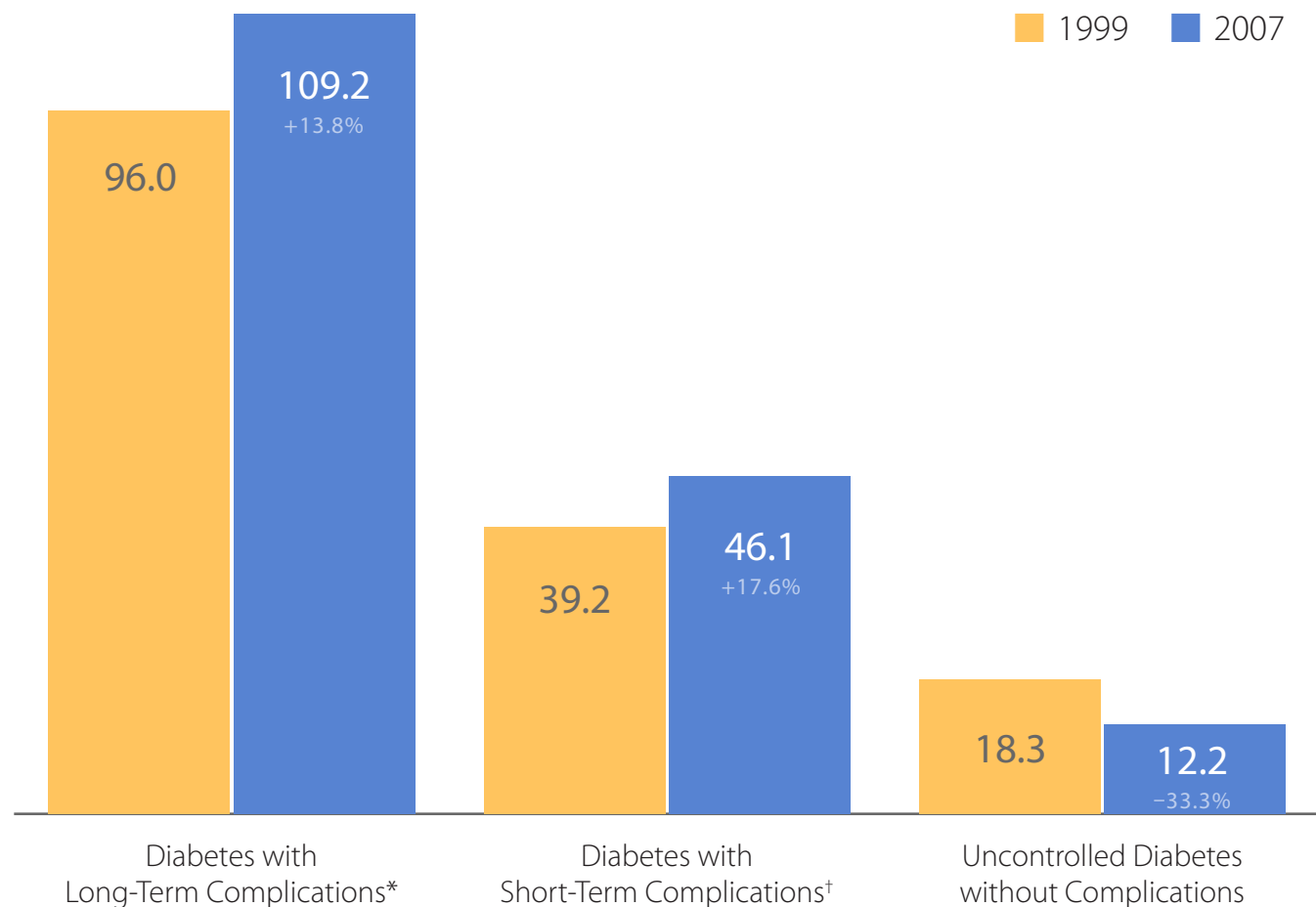
*Exception: the data for "Two or More A1C Tests" is from 2006 instead of 2007.

Note: A1C tests measure the percentage of hemoglobin coated with sugar (glycated) and provide average blood sugar levels for the past two to three months.

Sources: Centers for Disease Control and Prevention, Chronic Disease Indicators and National Diabetes Surveillance System, both accessed April 8, 2009.

Diabetes Admission Rates, California, 1999 and 2007

PER 100,000 POPULATION



*Long-term complications include renal, eye, neurological, and circulatory disorders.

†Short-term complications include diabetic ketoacidosis, hyperosmolarity, and coma.

Notes: Excludes obstetric admissions and transfers from other facilities; rates for adults age 18 and older. Observed rates (no adjustment for age, sex and/or race).

Sources: State of California, Office of Statewide Health Planning and Development, Healthcare Information Resources Center, Personal Communication with R.G. Gartz, March 13, 2009; Agency for Healthcare Research and Quality (AHRQ), *National Healthcare Quality Report, 2008*, Data Tables Appendix. Centers for Disease Control and Prevention, *Diabetes Data and Trends*, apps.nccd.cdc.gov/ddtstrs/statesurvdata.aspx, accessed April 30, 2009.

Quality of Care Facts and Figures

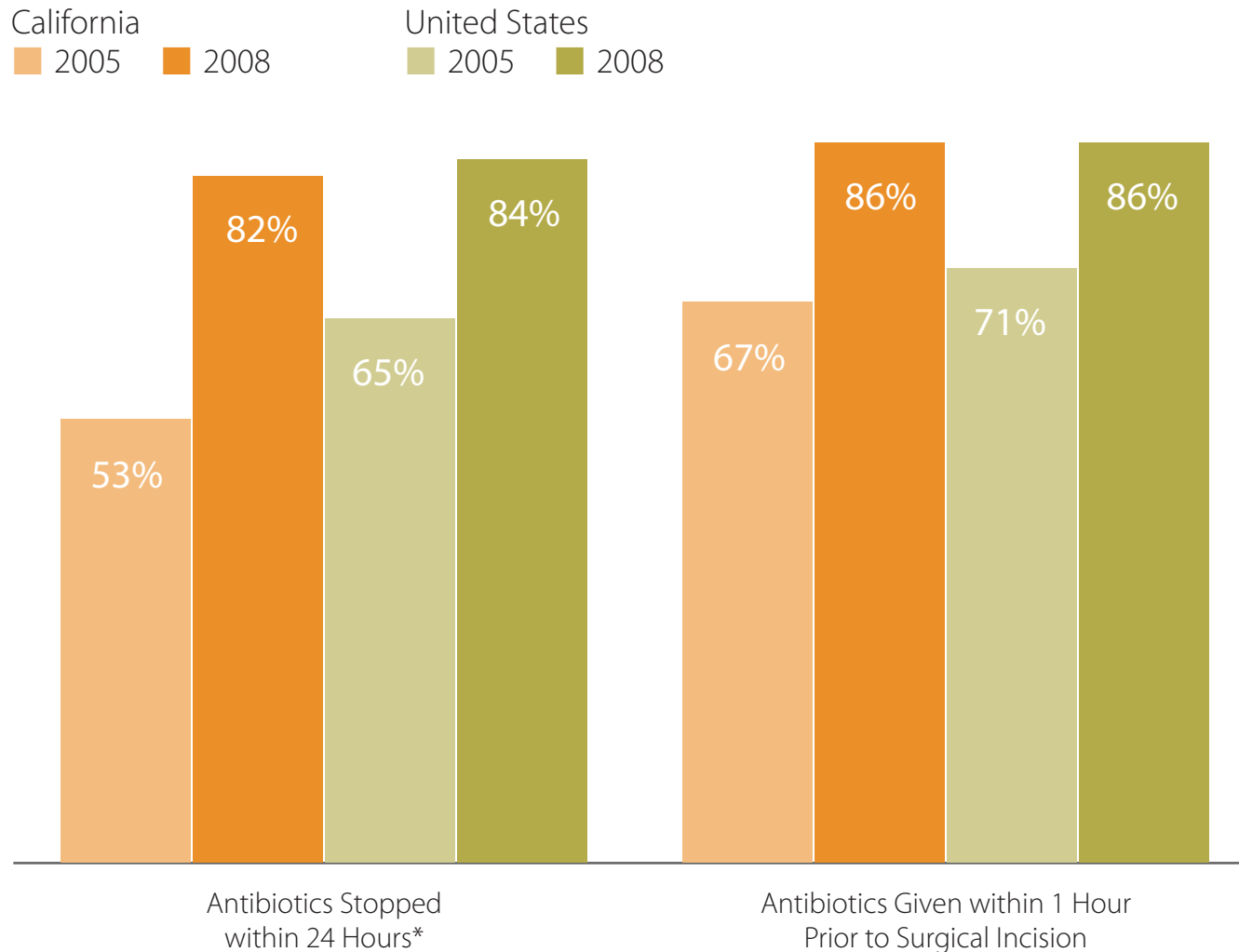
Diabetes

<< RETURN TO CONTENTS

California hospitals experienced double-digit increases in admission rates for cases of diabetes with complications from 1999 to 2007. However, the number of Californians diagnosed with diabetes increased at an even higher rate, 44 percent, over the same period.‡ In 2005, the most recent year with comparable national data, California's admission rates were below the national average for these three measures.

‡1,135,000 new cases in 2007, up from 1,480,000 in 1999.

Antibiotic Use for Surgical Inpatients, California vs. United States, 2005 and 2008

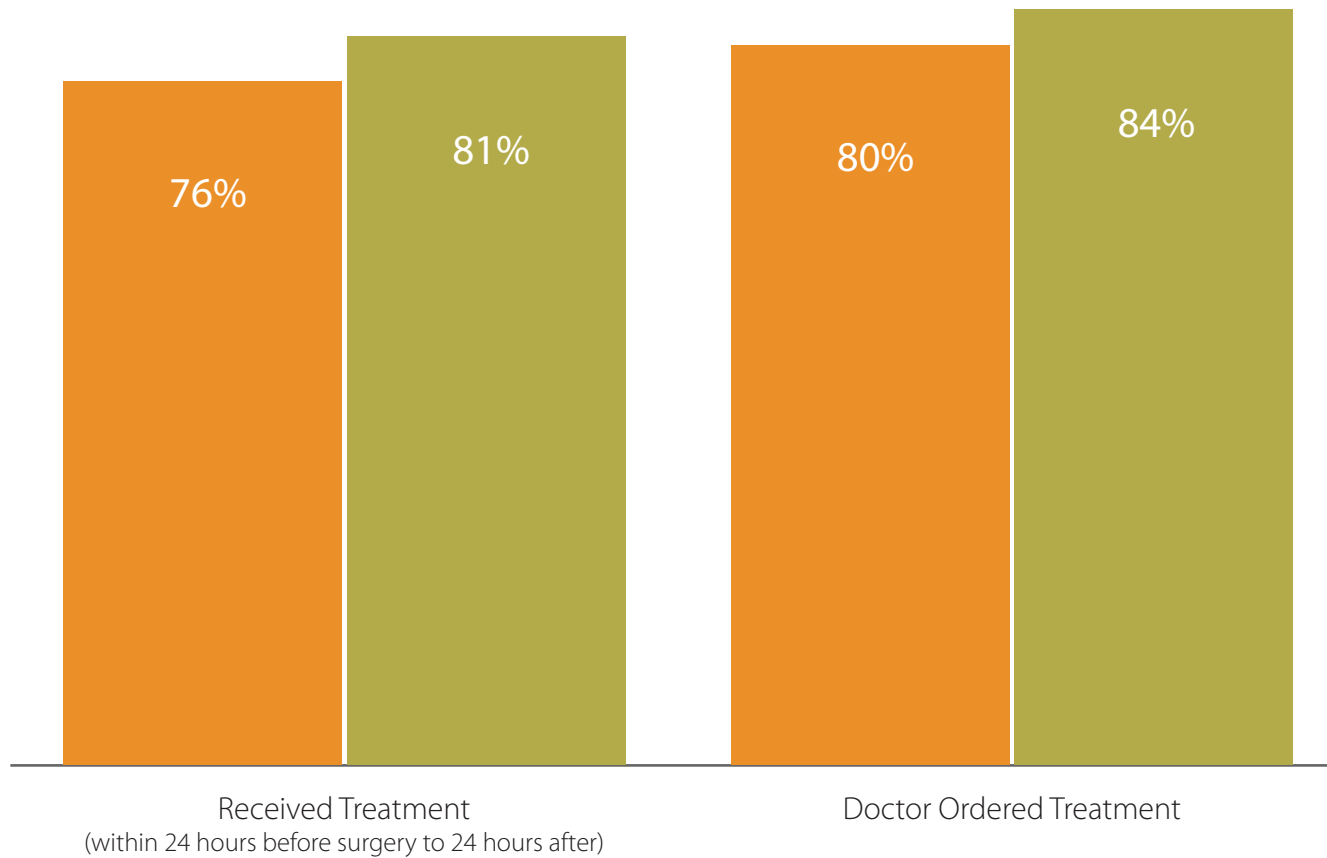


*Taking preventive antibiotics for more than 24 hours after routine surgery is usually not necessary.
Source: Centers for Medicare & Medicaid Services, Hospital Compare, www.hospitalcompare.hhs.gov.

Over the last three years, California hospitals have improved their performance in the use of antibiotics to prevent surgical infections to be on par with the national average.

Surgical Inpatients Given Treatment to Prevent Blood Clots, California vs. United States, 2008

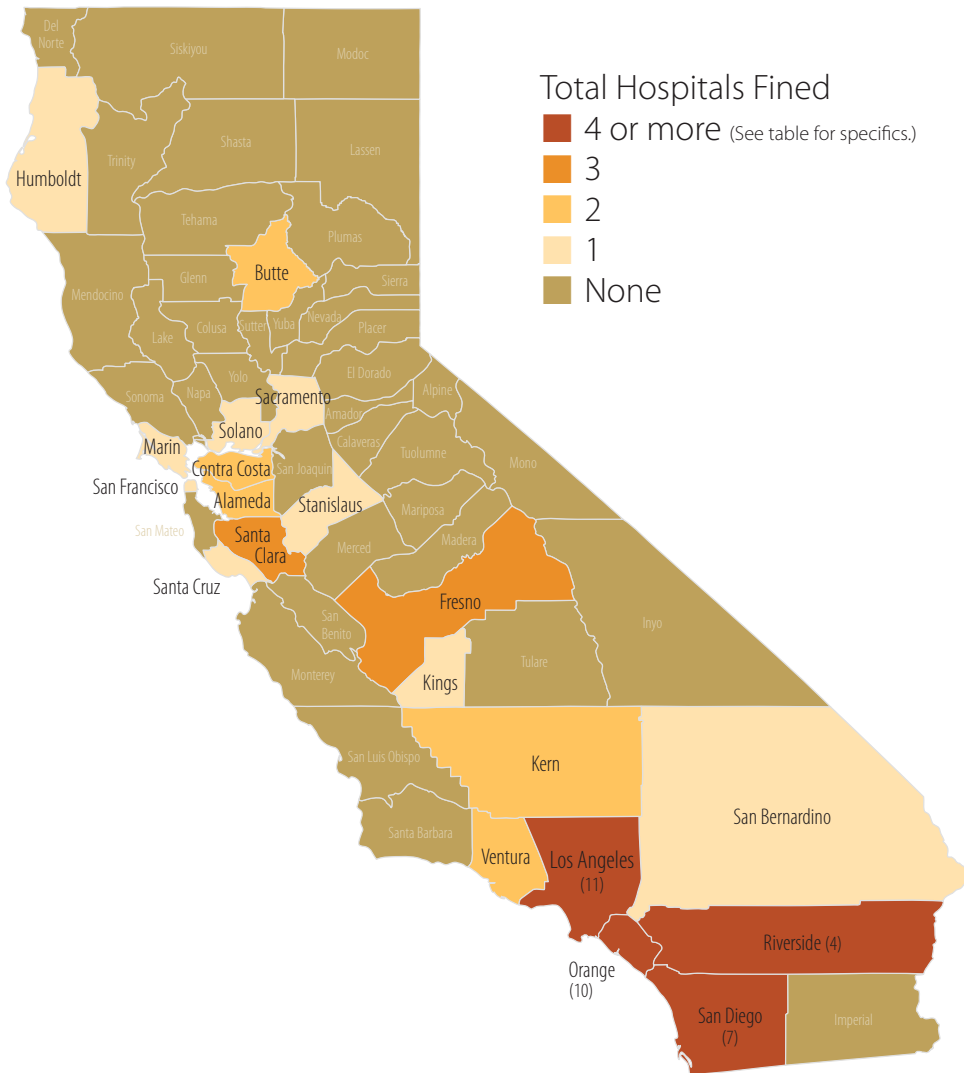
California United States



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

California hospitals performed below the national average for two newly reported quality measures concerning prevention of blood clots in surgical inpatients.

California Hospitals Fined for Immediate Jeopardy, 2007–08



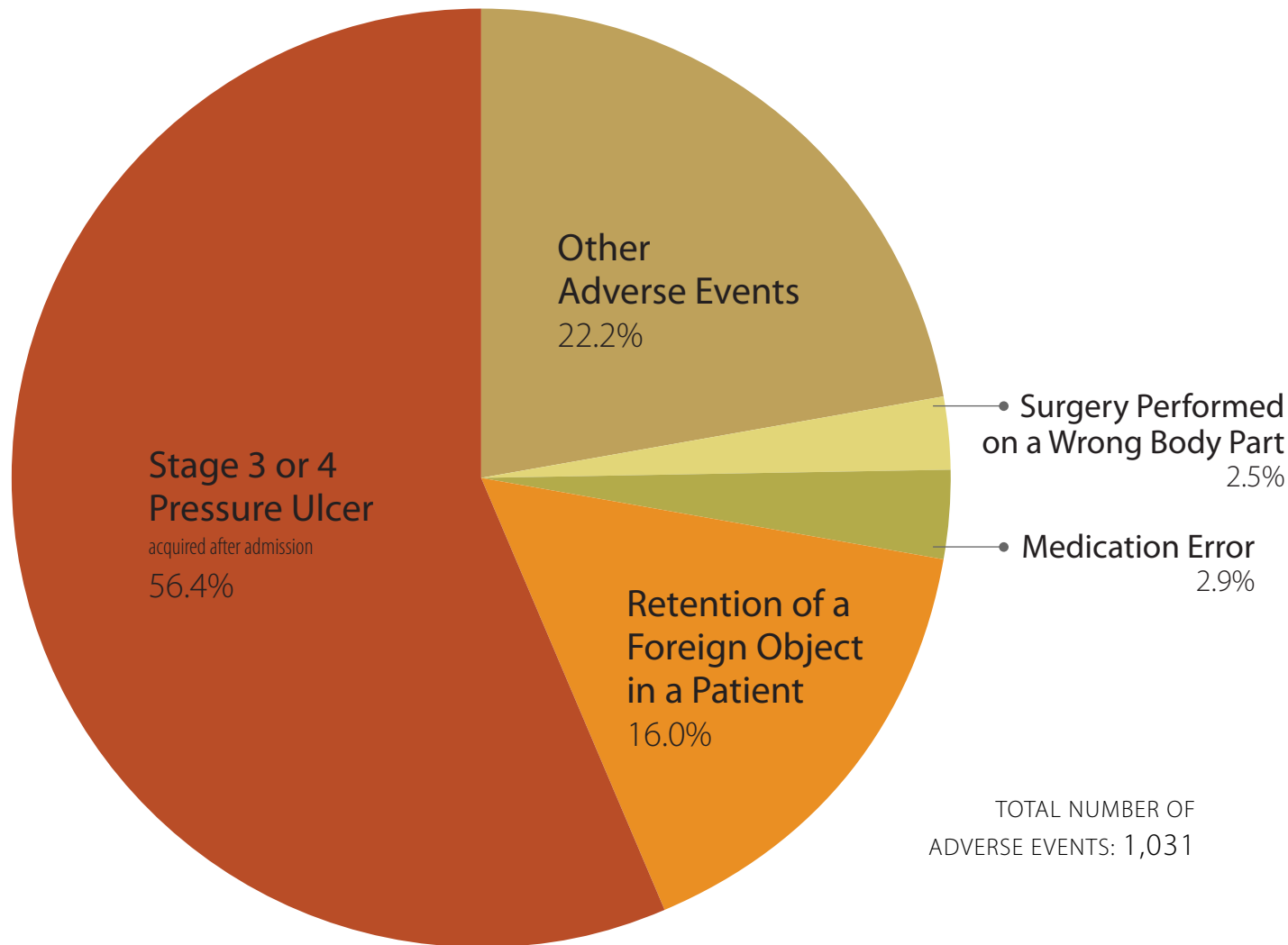
COUNTY/ ZIP CODES	HOSPITALS FINED (Total/per Zip Code)
Los Angeles	11
90028, 90033, 90048, 90059, 90231, 90262, 90509, 90605, 91204, 91342, 91767	1
Orange	10
90720, 92663, 92704, 92705, 92708, 92804, 92835, 92843	1
92868	2
Riverside	4
92220, 92262, 92505, 92562	1
San Diego	7
91942, 92064, 92105	1
92037, 92103	2
Southern California Four-County Total	32

Since the beginning of 2007, 57 California hospitals have been fined \$25,000 for each licensure violation constituting an immediate jeopardy to the health and safety of a patient. Hospitals located in four Southern California counties accounted for more than half of the total number fined.

Note: Administrative penalties assessed and posted on CDPH Web site from January 1, 2007 through May 20, 2009. Some hospitals have received more than one penalty. Starting with 2009 violations, fines start at \$50,000 and ramp up to \$125,000 for multiple violations. Examples of violations include: leaving a sponge in a patient, administering a lethal dose of tPA (a clot dissolving drug), and failure to turn on a ventilator for a patient being transferred.

Source: California Department of Public Health, Hospital Administration Penalties by County Summary, www.cdph.ca.gov/certlic/facilities/pages/counties.aspx, accessed May 21, 2009.

Preventable Adverse Events at California Hospitals, 2008

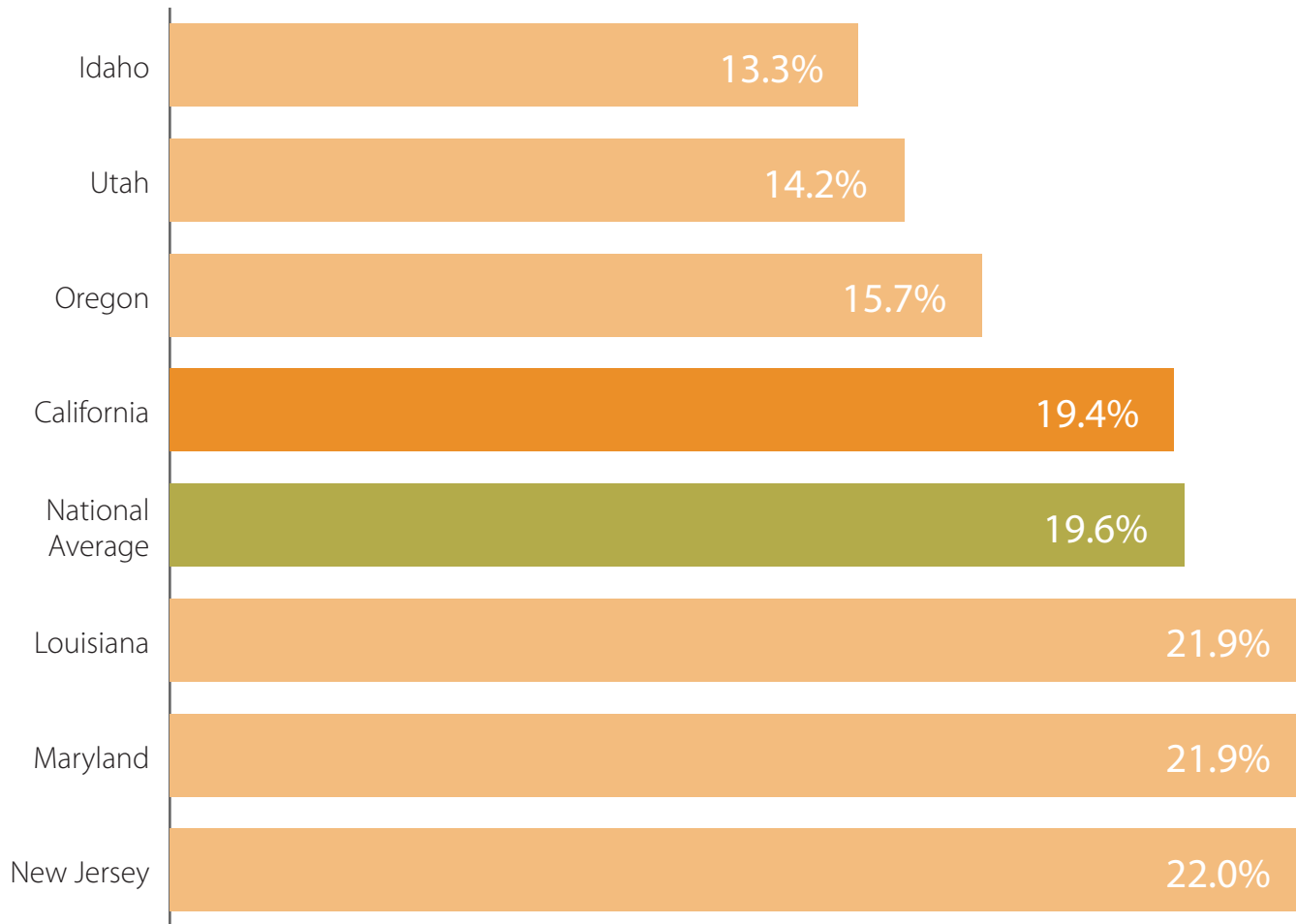


In July 2007, California began requiring hospitals to report 28 types of adverse events. In the first year of reporting, more than half of the reported events concerned patients acquiring stage 3 or 4 pressure ulcers after admission. Hospitals also reported 165 instances of foreign objects left in a patient's body and 26 surgeries performed on a wrong body part.

Note: Events reported from July 1, 2007 to June 30, 2008.

Source: California Department of Public Health.

Rehospitalization within 30 Days after Hospital Discharge, Medicare Fee-for-Service Patients, California vs. Top and Bottom 3 States, 2004



A recent study found that 19.6 percent of Medicare inpatients nationwide were rehospitalized within 30 days of discharge. California's performance was just below the national average. The study estimated that only 10 percent of the rehospitalizations were planned. Unnecessary rehospitalizations could be the result of inadequate follow-up care after hospital discharge or a poor transition to nursing home or home health care.

Note: Rate includes Medicare fee-for-service patients discharged between October 1, 2003 and September 30, 2004.

Source: S. F. Jencks, M. V. Williams, and E. A. Coleman, "Rehospitalizations Among Patients in the Medicare Fee-for-Service Program," *New England Journal of Medicine*, April 2, 2009 360(14):1418–28.

Process-of-Care Measures for Heart Attack Patients, California vs. United States, 2005 and 2008

	CALIFORNIA		UNITED STATES	
	2005	2008	2005	2008
Administered Aspirin within 24 Hours of Admission	94%	97%	91%	94%
Aspirin Prescribed at Discharge	89%	94%	88%	92%
Beta-blocker Prescribed at Discharge	87%	94%	87%	93%
Prescribed an ACE Inhibitor or an Angiotensin Receptor Blocker for LVSD	80%	91%	80%	90%
Given PCI within 90 Minutes*	58%	72%	62%	73%
Given Fibrinolytic Medication within 30 Minutes†	32%	45%	30%	41%

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

†2005 figures reflect percentage of heart attack patients given *thrombolytic* medication.

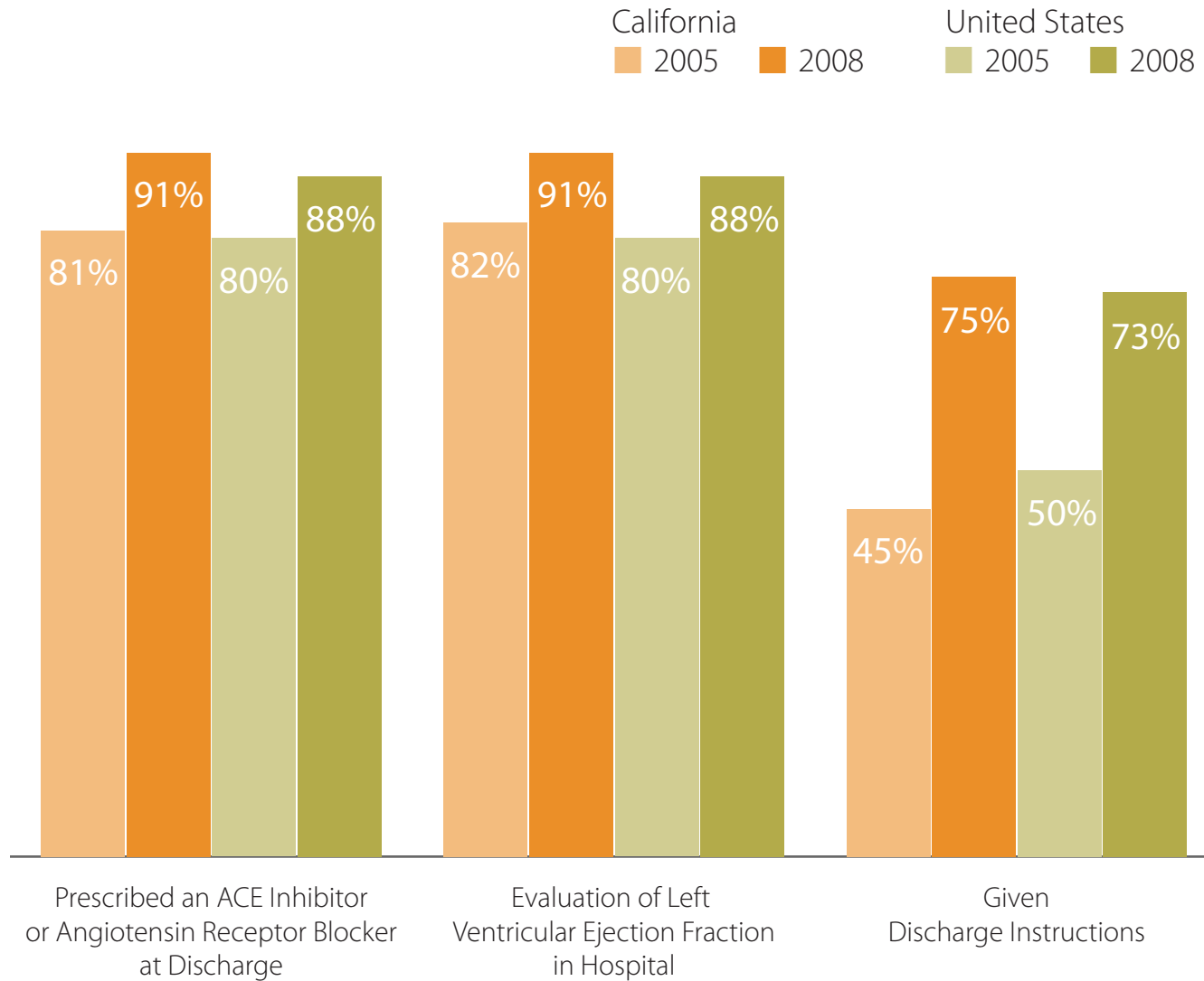
Quality of Care Facts and Figures

Heart Conditions and Procedures

[<< RETURN TO CONTENTS](#)

California hospitals perform as well as or better than the national average in adhering to accepted standards of care for heart attack patients, achieving 90 percent compliance for four of the six measures.

Process-of-Care Measures for Heart Failure Patients, California vs. United States, 2005 and 2008

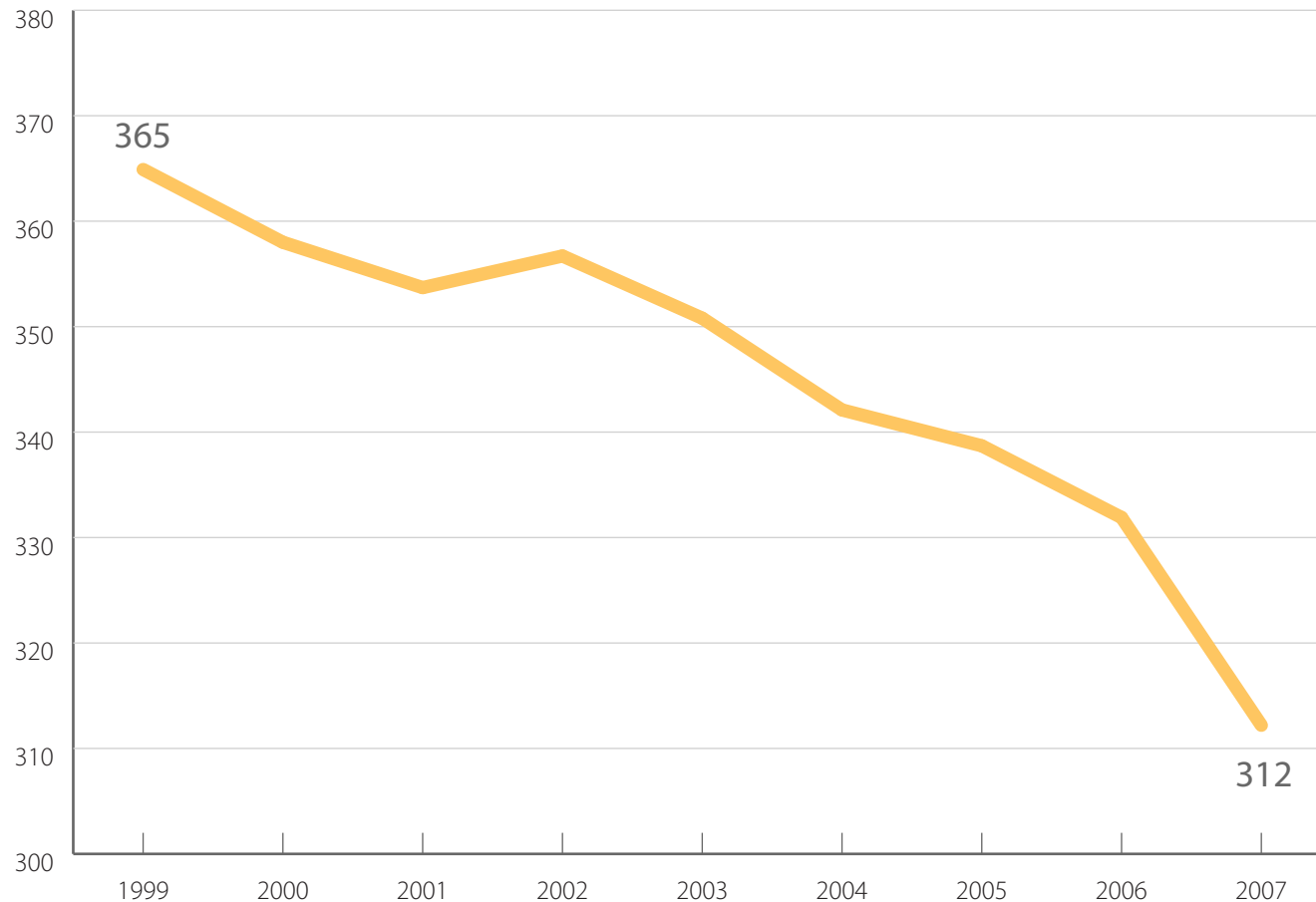


California hospitals perform better than the national average on accepted standards of care for heart failure patients.

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

Congestive Heart Failure Admission Rates, California, 1999–2007

PER 100,000 POPULATION



Note: Excludes transfers from other facilities and patients with cardiac procedures, obstetric and neonatal conditions. Observed rates (no adjustment for age, sex and/or race) for adults age 18 and older.

Sources: State of California, Office of Statewide Health Planning and Development, Healthcare Information Resources Center, Personal Communication with R.G. Gartz, March 13, 2009; Agency for Healthcare Research and Quality (AHRQ), *National Healthcare Quality Report, 2008*, Data Tables Appendix.

Quality of Care Facts and Figures

Heart Conditions and Procedures

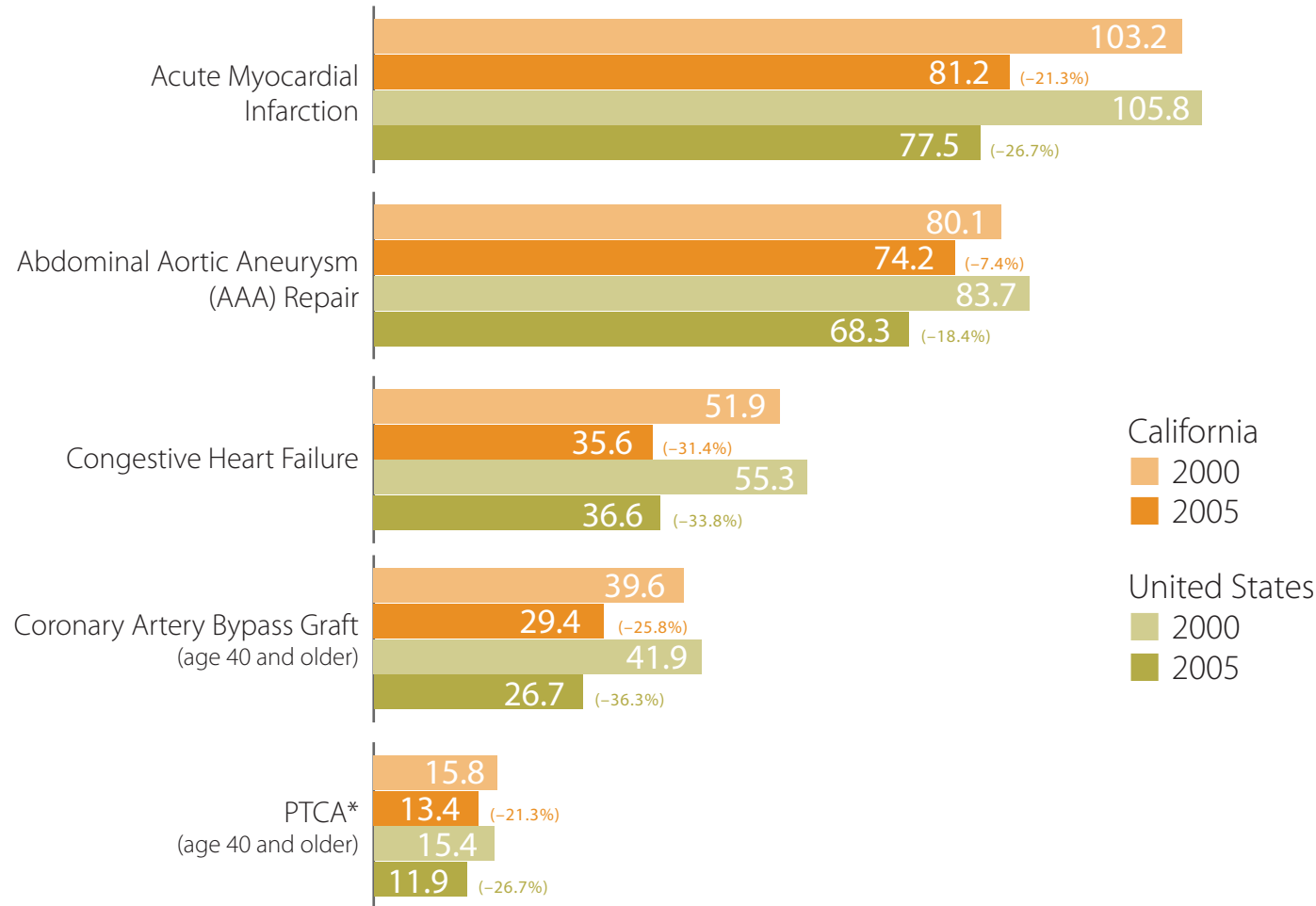
[<< RETURN TO CONTENTS](#)

Hospital admission rates for congestive heart failure (CHF), a condition that can be treated in an outpatient setting, declined 14 percent in California from 1999 to 2007. In 2005, the most recent year with comparable national data, California performed better than the national average, with 92 fewer CHF admissions per 100,000 people.*

*The California data presented here uses a different methodology than nationally reported data.

Deaths from Heart Conditions and Procedures, California vs. United States, 2000 and 2005

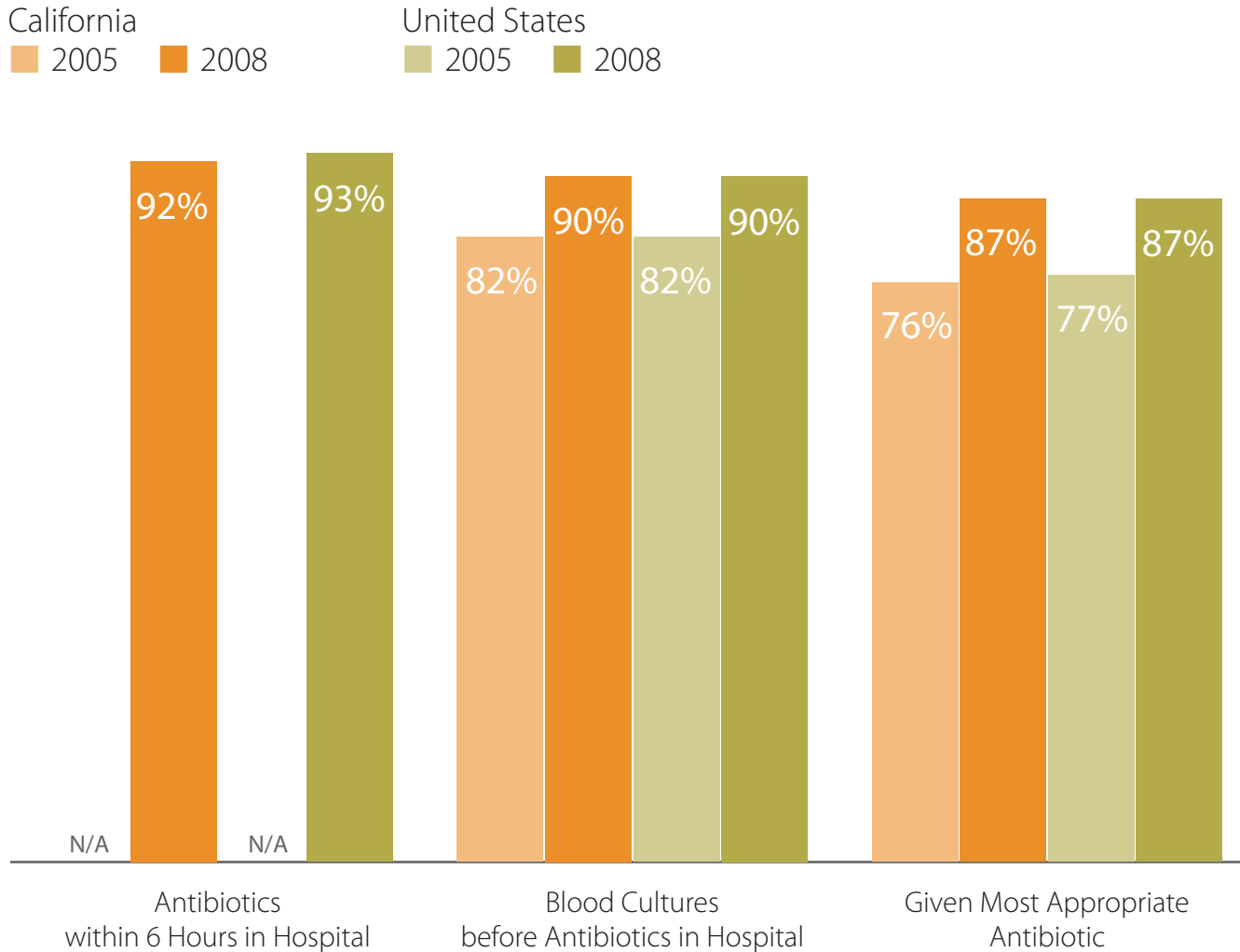
PER 1,000 HOSPITAL ADMISSIONS



*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, 2008*, Data Tables Appendix.

From 2000 to 2005, California hospitals improved their performance on mortality rates for heart conditions and procedures, although hospitals nationwide improved at a greater rate.

Process-of-Care Measures for Pneumonia Patients, California vs. United States, 2005 and 2008

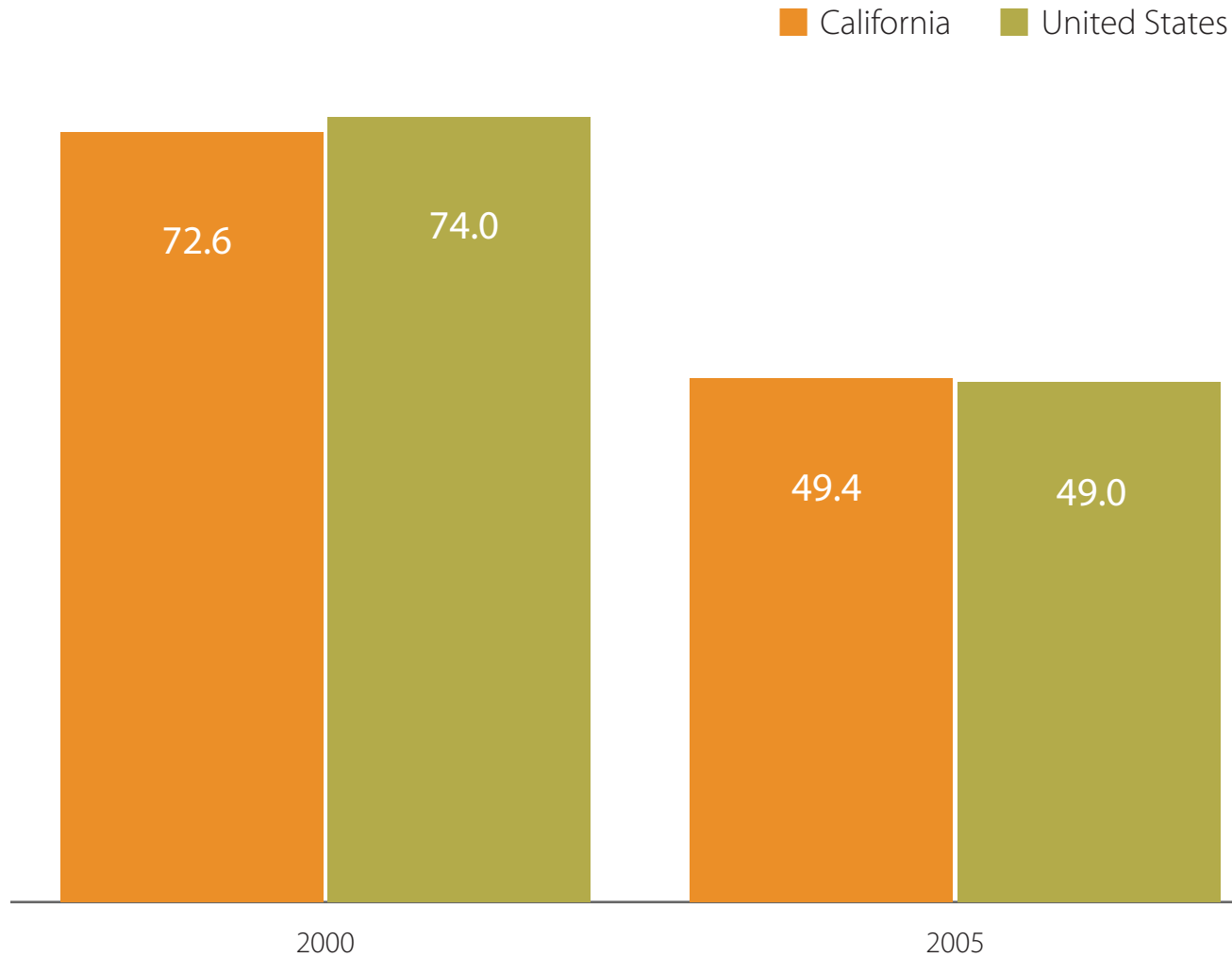


Over the last three years, California hospitals have improved their adherence to accepted standards of care for pneumonia patients at virtually the same rate as U.S. hospitals overall.

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

Deaths from Pneumonia, California vs. United States, 2000 and 2005

PER 1,000 ADMISSIONS

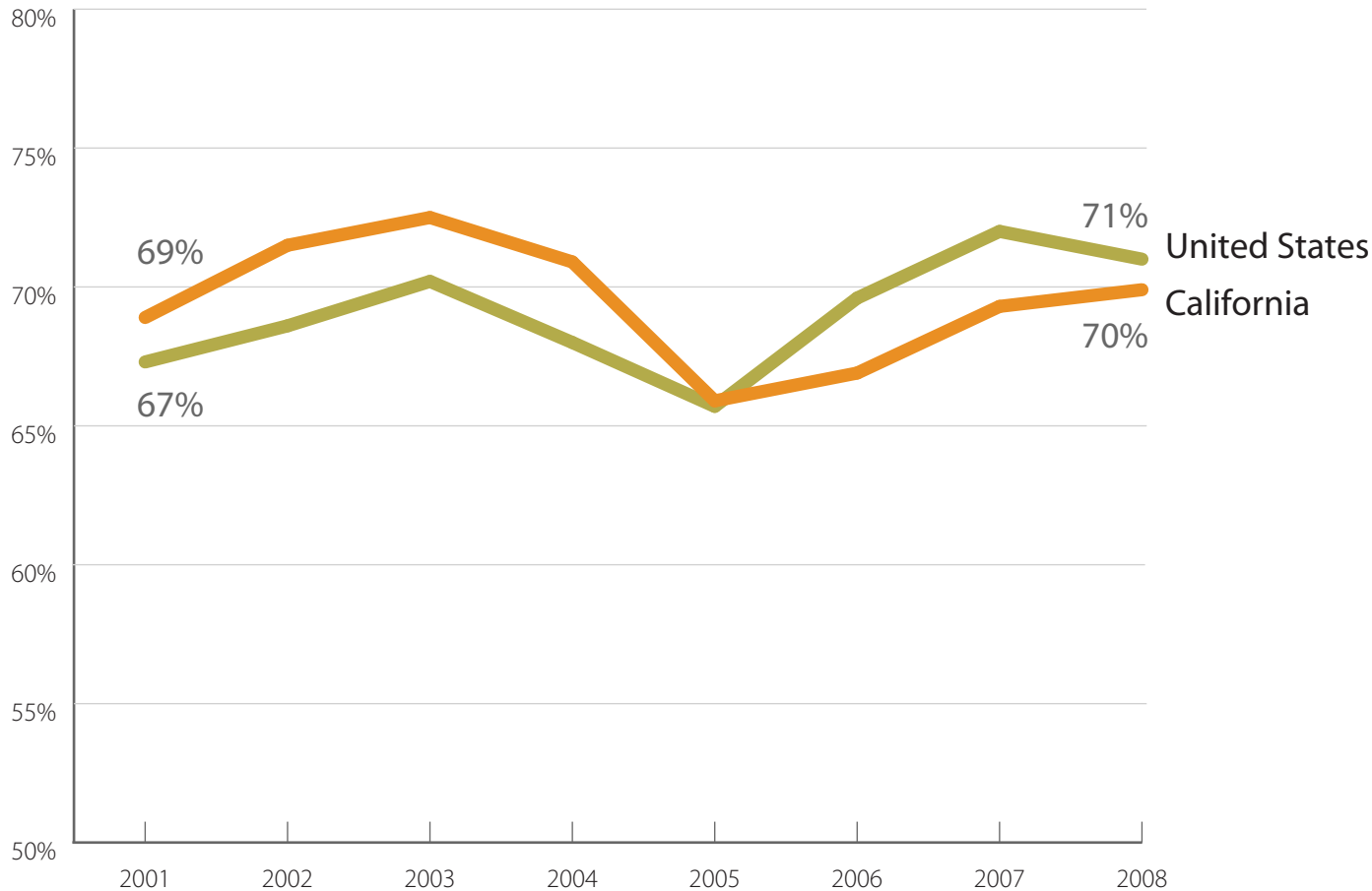


Note: Rates are adjusted by age, gender, age-gender interactions, and All Patient Refined-Diagnosis Related Group (APR-DRG) risk of mortality score.

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

From 2000 to 2005, hospitals in California and the nation dramatically improved their performance on pneumonia mortality.

Seniors Receiving a Flu Shot within the Past Year, California vs. United States, 2001–2008

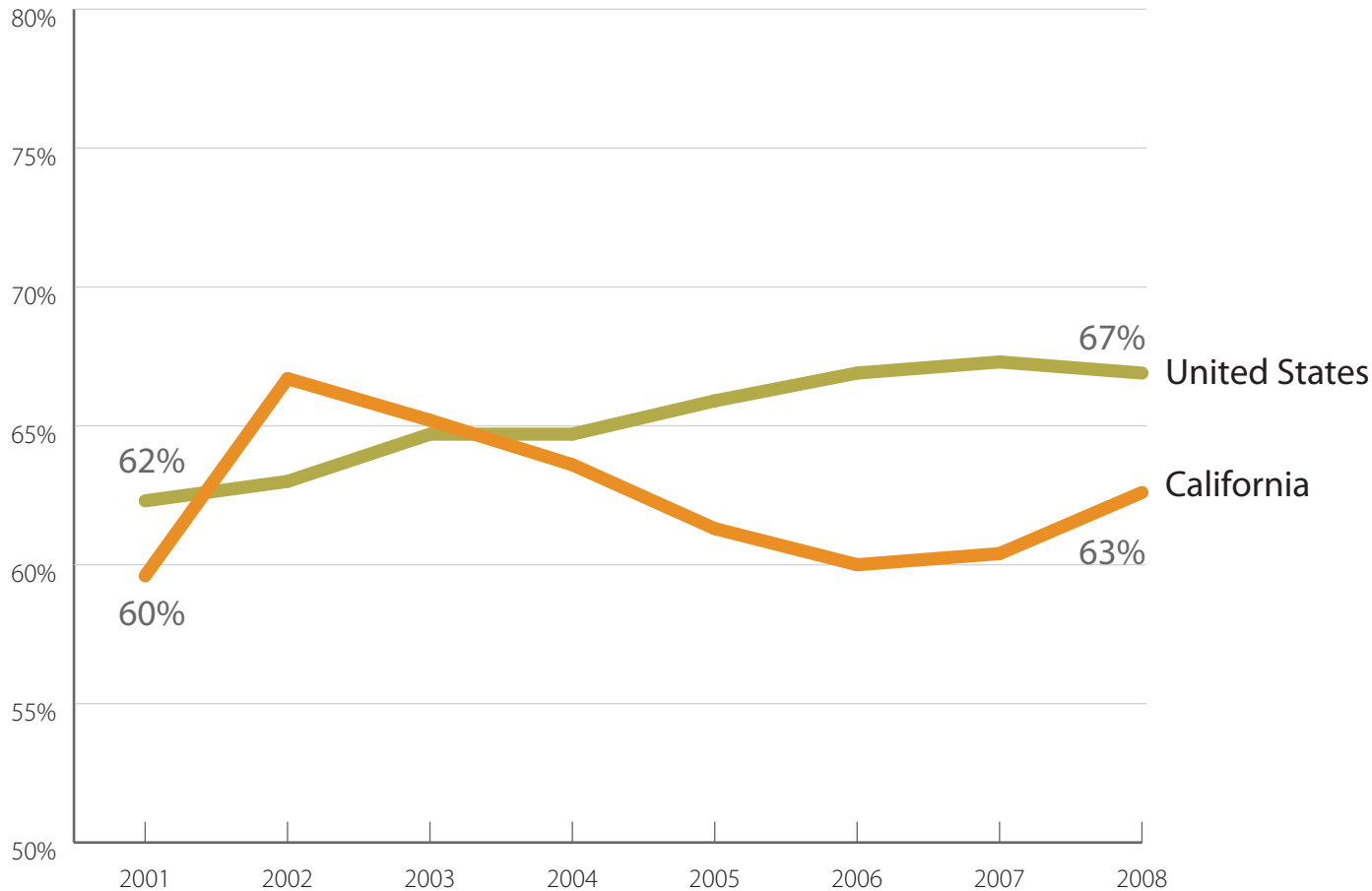


In the early part of the decade, California outperformed the nation in the percent of adults aged 65 and older who received a flu shot, which can help prevent hospitalizations for flu and pneumonia. However, for the last three years, California has fallen below the national average. In 2008, California ranked 34th of all states.

Note: Nation 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 Reporting Any Pneumonia Vaccination, California vs. United States, 2001–2008



For the past five years, California has under-performed the nation in percent of adults ages 65 and older who have ever received the pneumonia vaccine. In 2008, California ranked 46th of all states on this measure.

Note: Nation includes the 50 states and D.C.

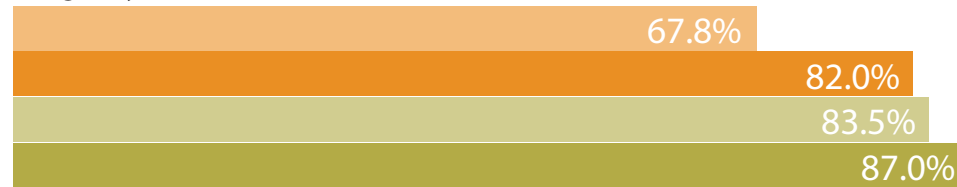
Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System Survey Data, accessed May 15, 2009.

Nursing Home Patients Given Vaccines, California vs. United States, 2006 and 2008

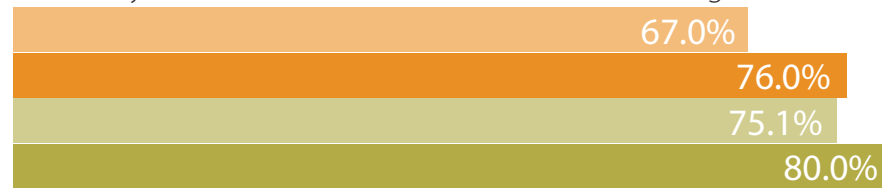
Long-Stay Residents Given Influenza Vaccination during Flu Season



Long-Stay Residents Assessed and Given Pneumococcal Vaccination



Short-Stay Residents Given Influenza Vaccination during the Flu Season



Short-Stay Residents Assessed and Given Pneumococcal Vaccination



California

2006

2008

United States

2006

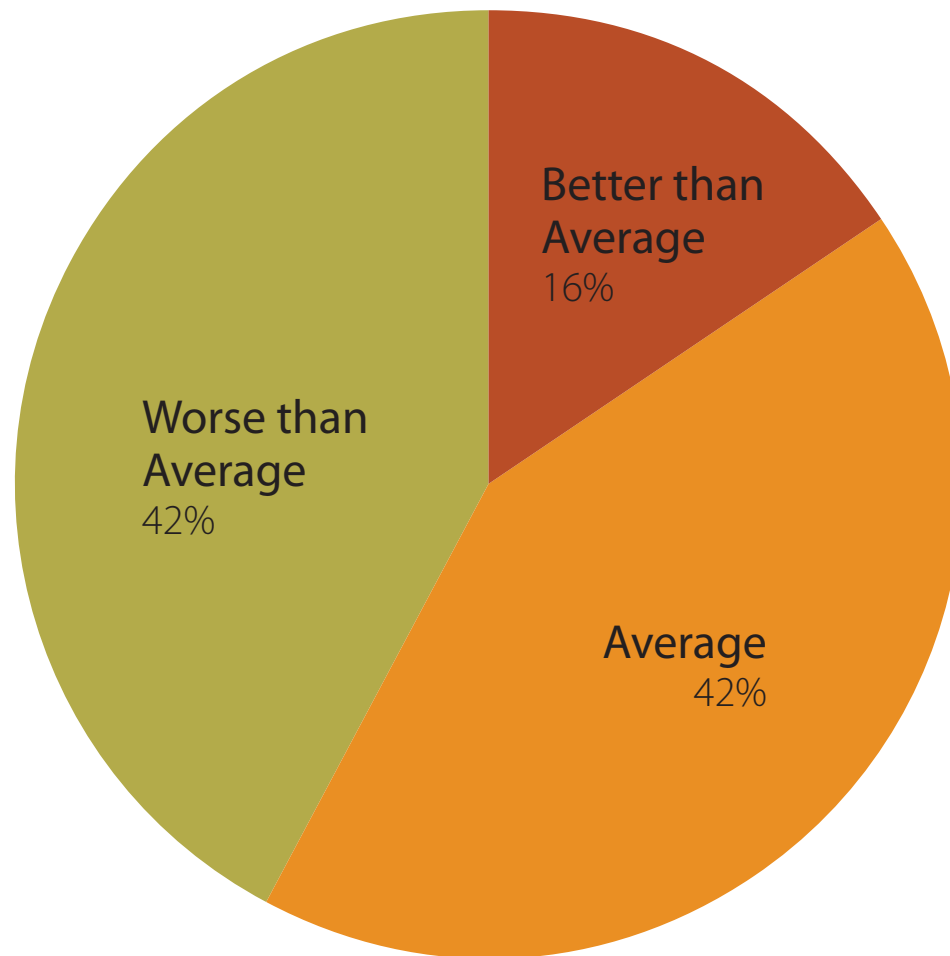
2008

Despite strong improvement over the last two years, California still ranks in the bottom ten states on vaccinations for flu and pneumonia for nursing home patients. California's performance lags the national averages both for patients with usual nursing home stays of 90 days or more (long stay) and those with usual stays of less than 30 days (short stay).

Sources: Centers for Medicare & Medicaid Services, Nursing Home Compare (2008 data); Agency for Healthcare Research and Quality, *2007 State Snapshots* (2006 data).

Performance on Nursing Home Quality Measures, 2008

CALIFORNIA COMPARED TO NATIONAL AVERAGE



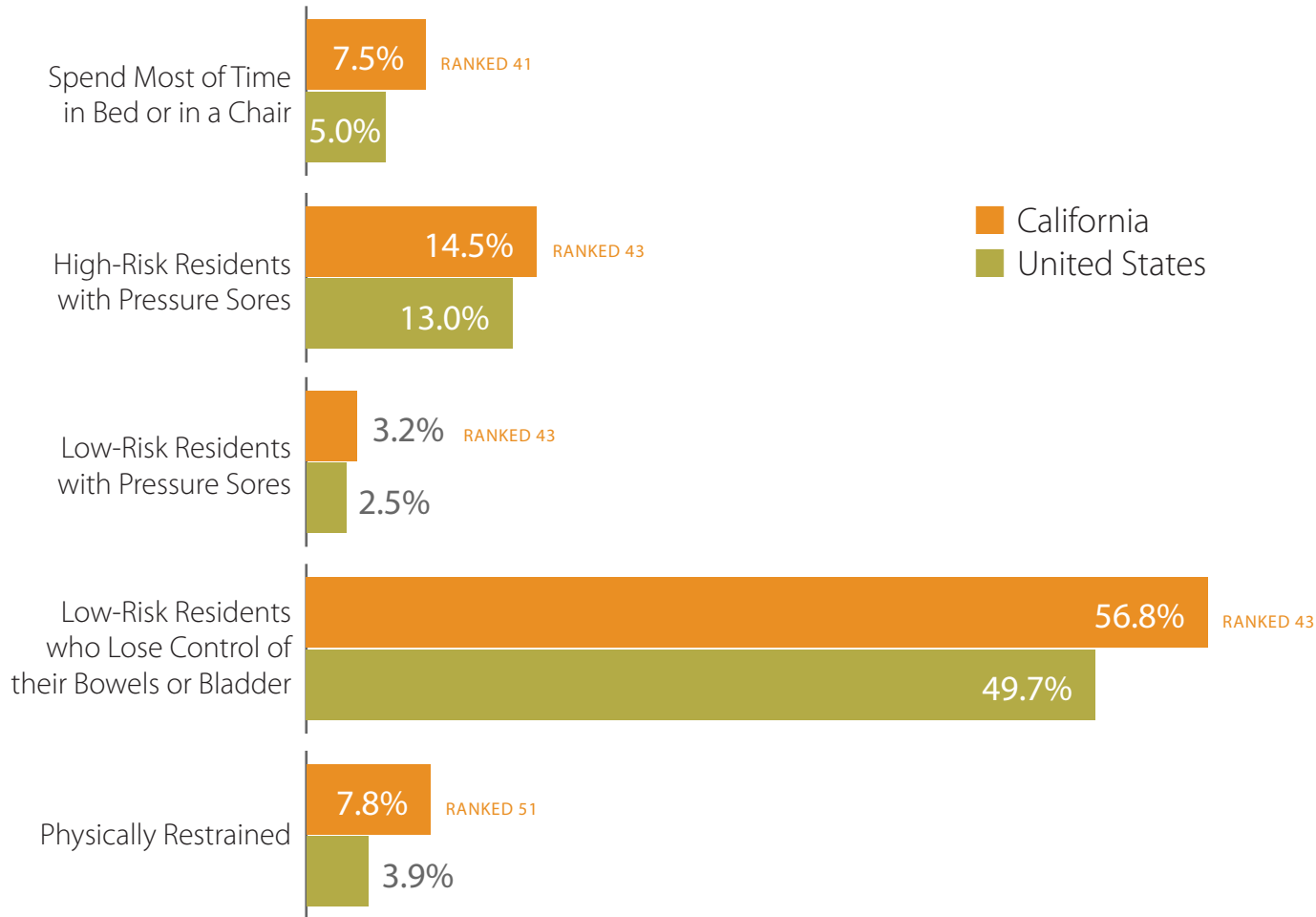
Compared to the national results for 19 measures of quality of care published on the CMS Nursing Home Compare site, California nursing homes perform below average on nearly half the measures.

Note: 19 Nursing Home Compare measures; 2 percentage points or more above or below the national average categorized as better or worse than average.

Source: Centers for Medicare & Medicaid Services, Nursing Home Compare, www.medicare.gov/nhcompare, accessed April 23, 2009.

Nursing Home Quality Measures with Poor Performance, California vs. United States, 2008

PERCENT OF LONG-STAY RESIDENTS



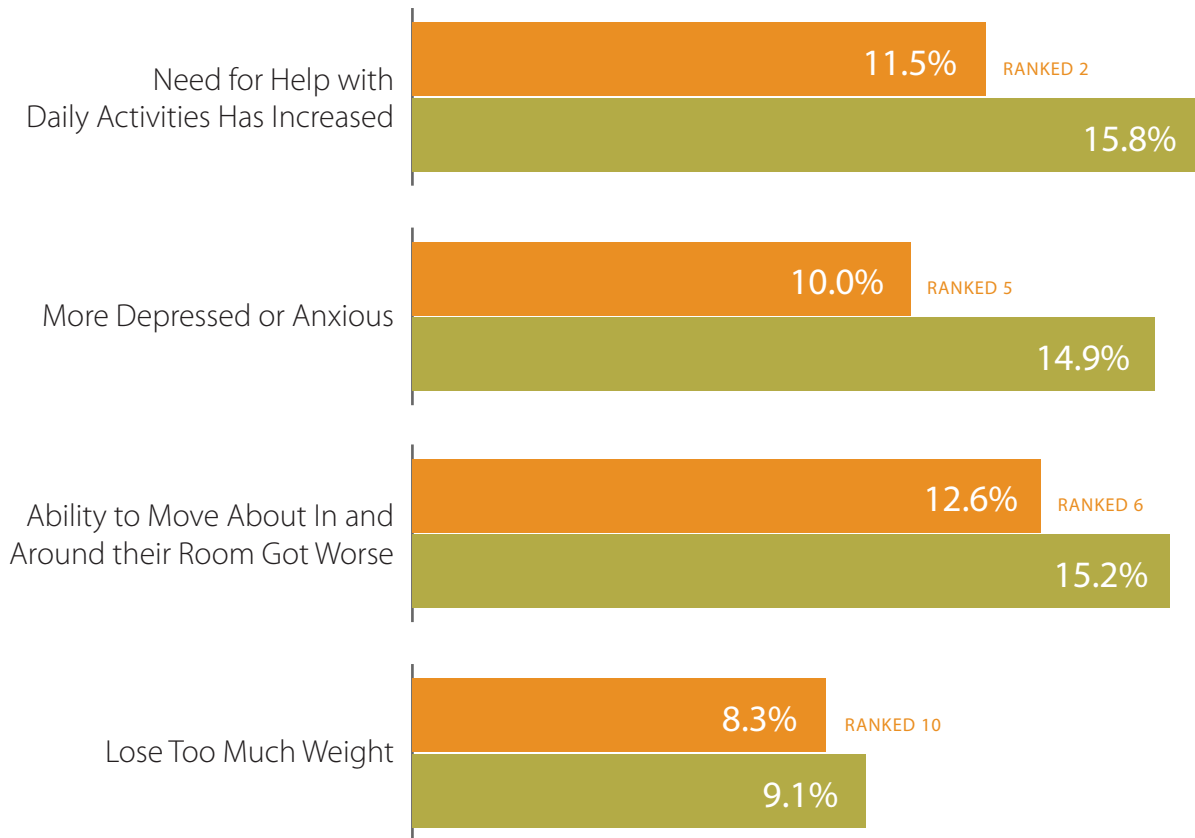
Note: Data from fourth quarter 2008.

Source: Minimum Data Set (MDS) National Quality Indicator System, accessed May 13, 2009.

California has the worst record in the country (behind all U.S. states and the District of Columbia) for the percent of nursing home residents who were physically restrained. In addition, California nursing homes struggle with preventing pressure sores, ranking 43rd in both of the two pressure sore measures for long-term residents.

Nursing Home Quality Measures with Good Performance, California vs. United States, 2008

■ California
■ United States



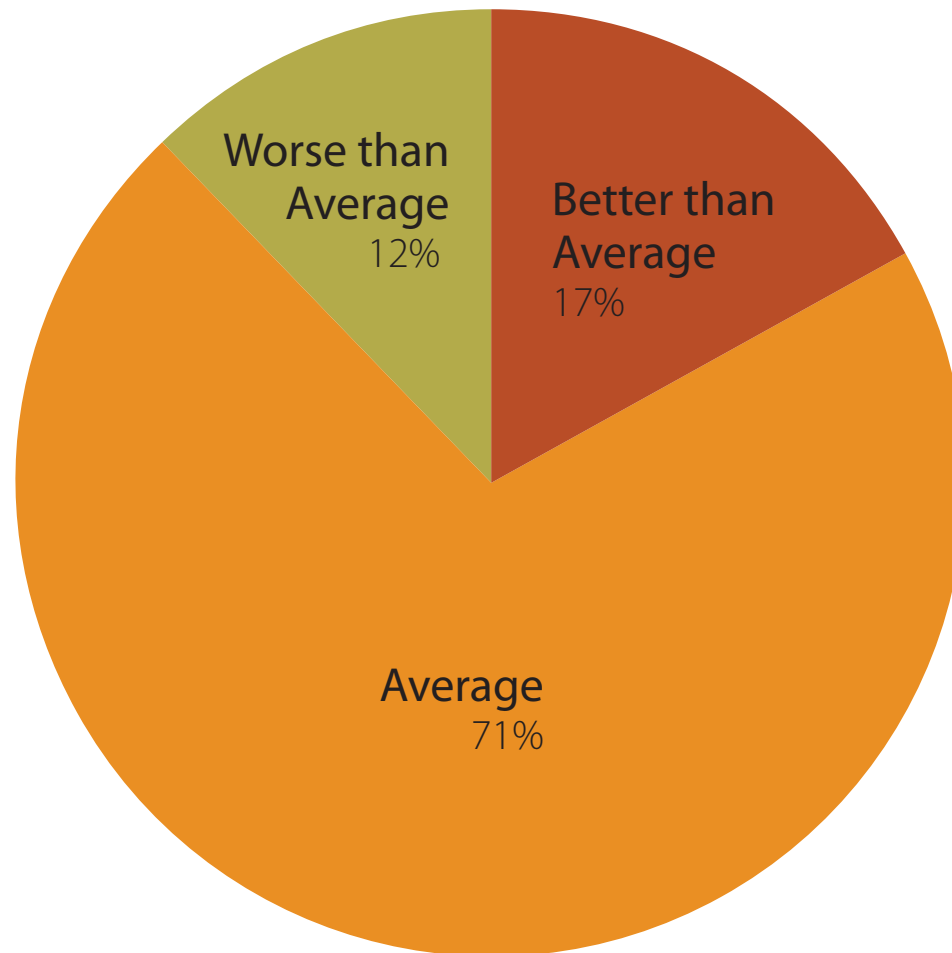
California nursing homes perform well compared to the national average on a number of measures for which a lower percentage indicates better quality. Notably, California has the second-best performance in the nation on the percent of nursing home residents whose need for help with daily activities increased.

Note: Data from fourth quarter 2008.

Source: Minimum Data Set (MDS) National Quality Indicator System, accessed May 13, 2009.

Performance on Home Health Quality Measures, 2008

CALIFORNIA COMPARED TO NATIONAL AVERAGE



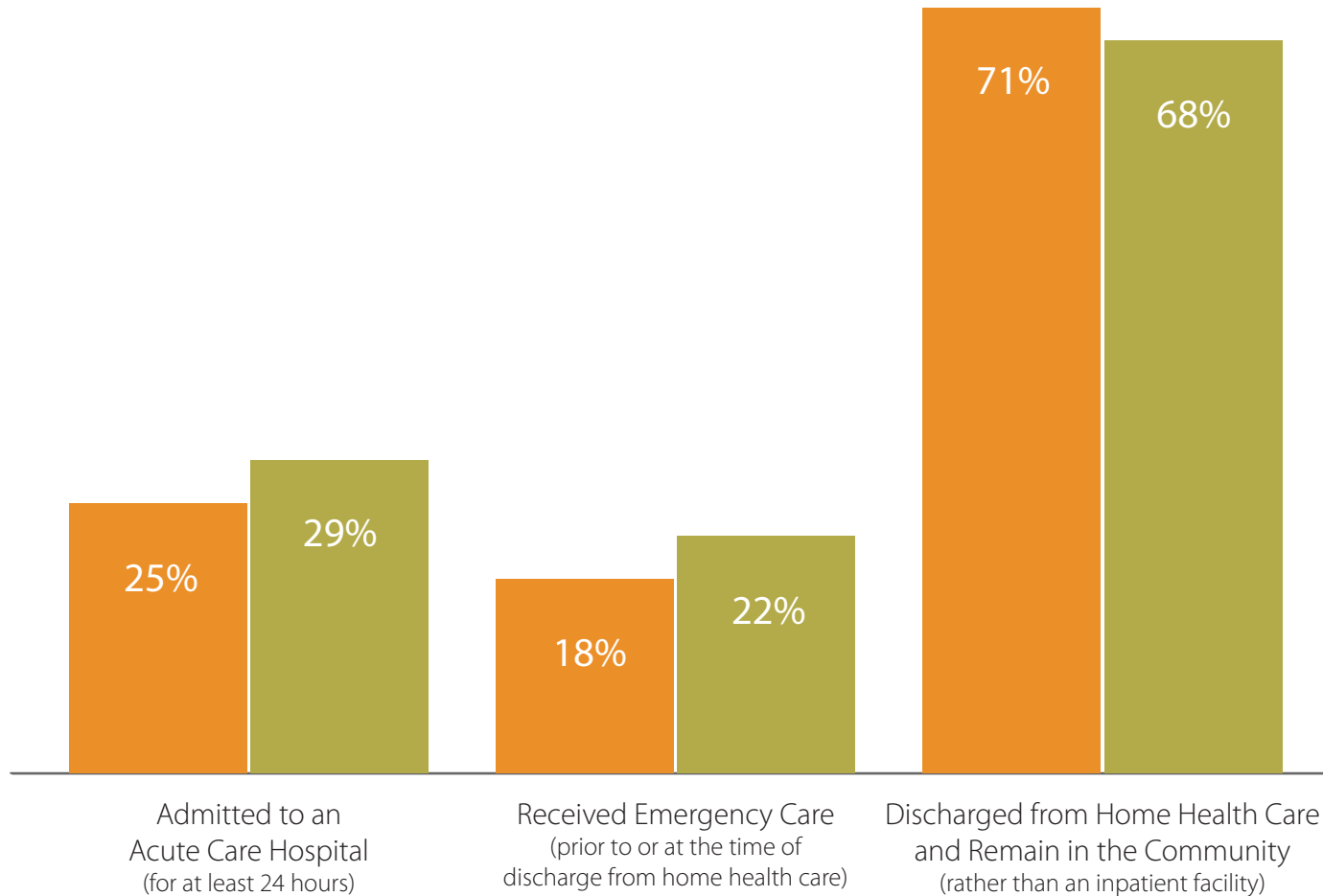
As a group, California's home health agencies were average performers on quality measures, exceeding the national result on seven measures out of the 41 collected by Medicare and lagging on five (see Appendix for examples).

Note: Forty-one OASIS measures; 2 percentage points or more above or below the national average categorized as better or worse than average.

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

Outcomes for Home Health Patients, California vs. United States, 2008

California United States

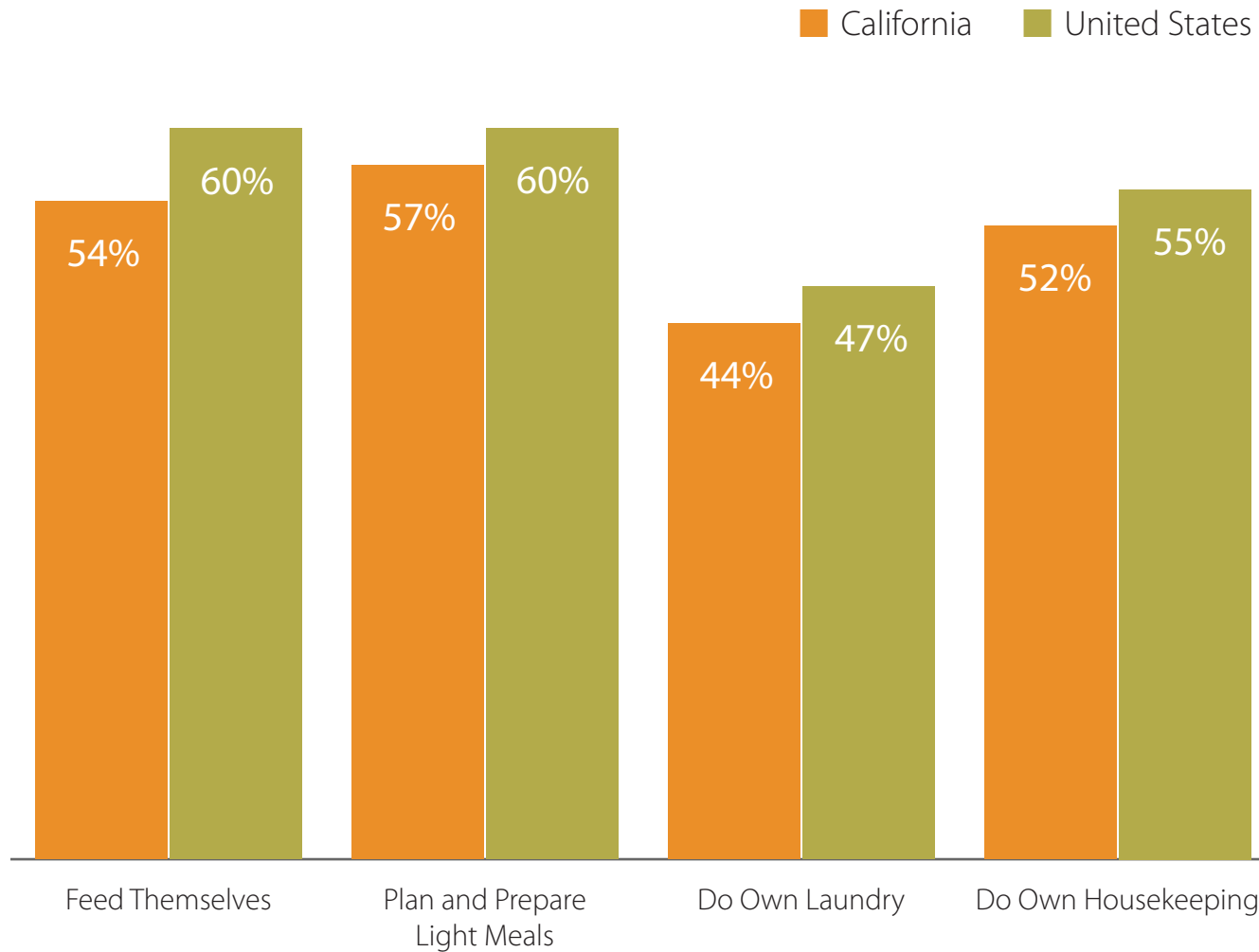


Source: Centers for Medicare & Medicaid Services, OASIS Based Home Health Agency Patient Outcome and Case Mix Reports.

Compared to those in other states, California home health agencies rank in the top quartile on three home health measures related to intensity of care and patient disposition. Notably, California is tied for the best performance among all states for home health patients receiving emergency care.

Home Health Patients Showing Improvement in Activities of Daily Living, California vs. United States, 2008

ABILITY TO...

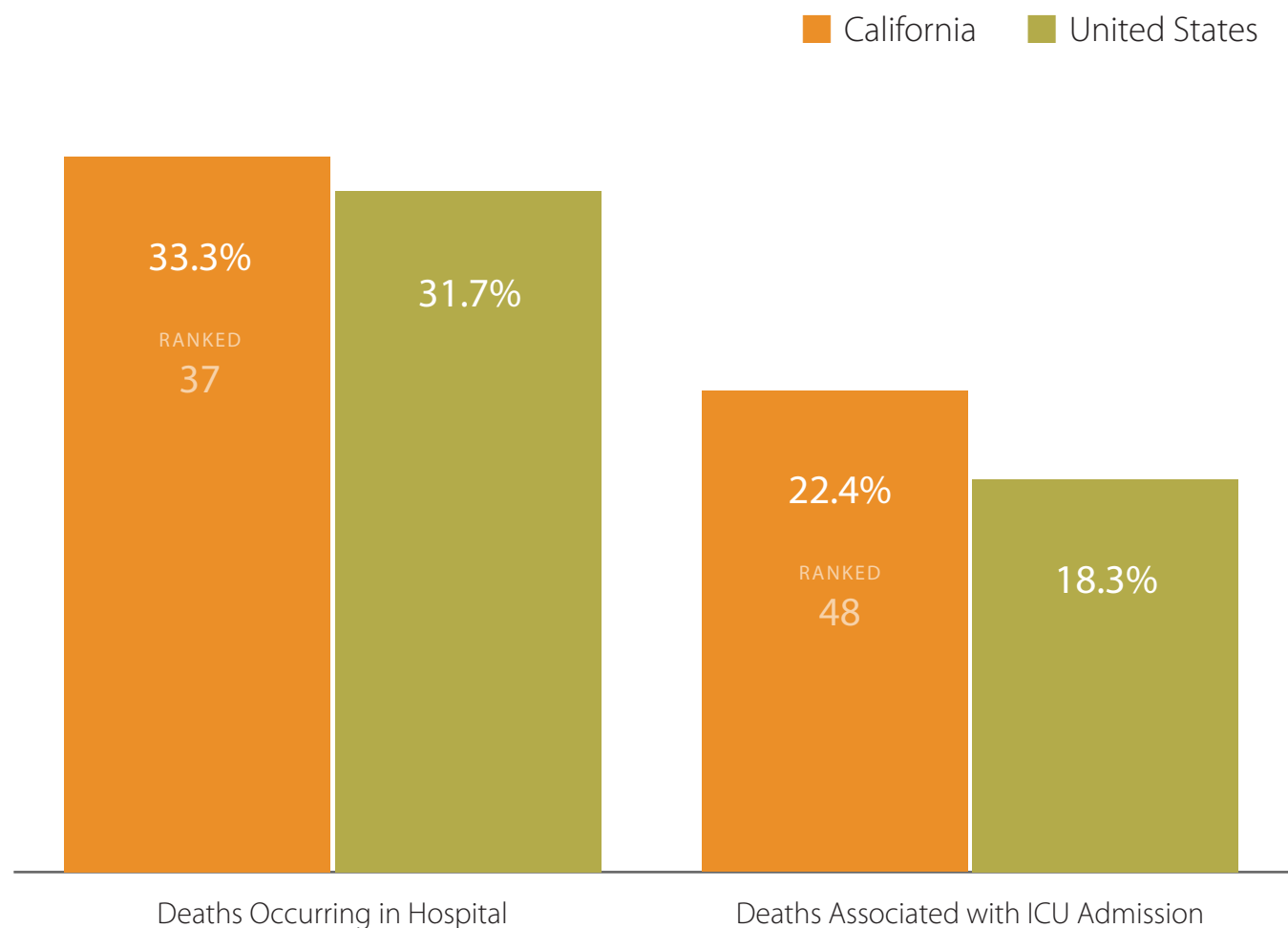


Note: Improvement between start/resumption of care and discharge.

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

California's home health agencies lag the national averages for four measures addressing improvement in basic activities of daily living.

End-of-Life Care Measures for Medicare Patients, California vs. United States, 2001–2005



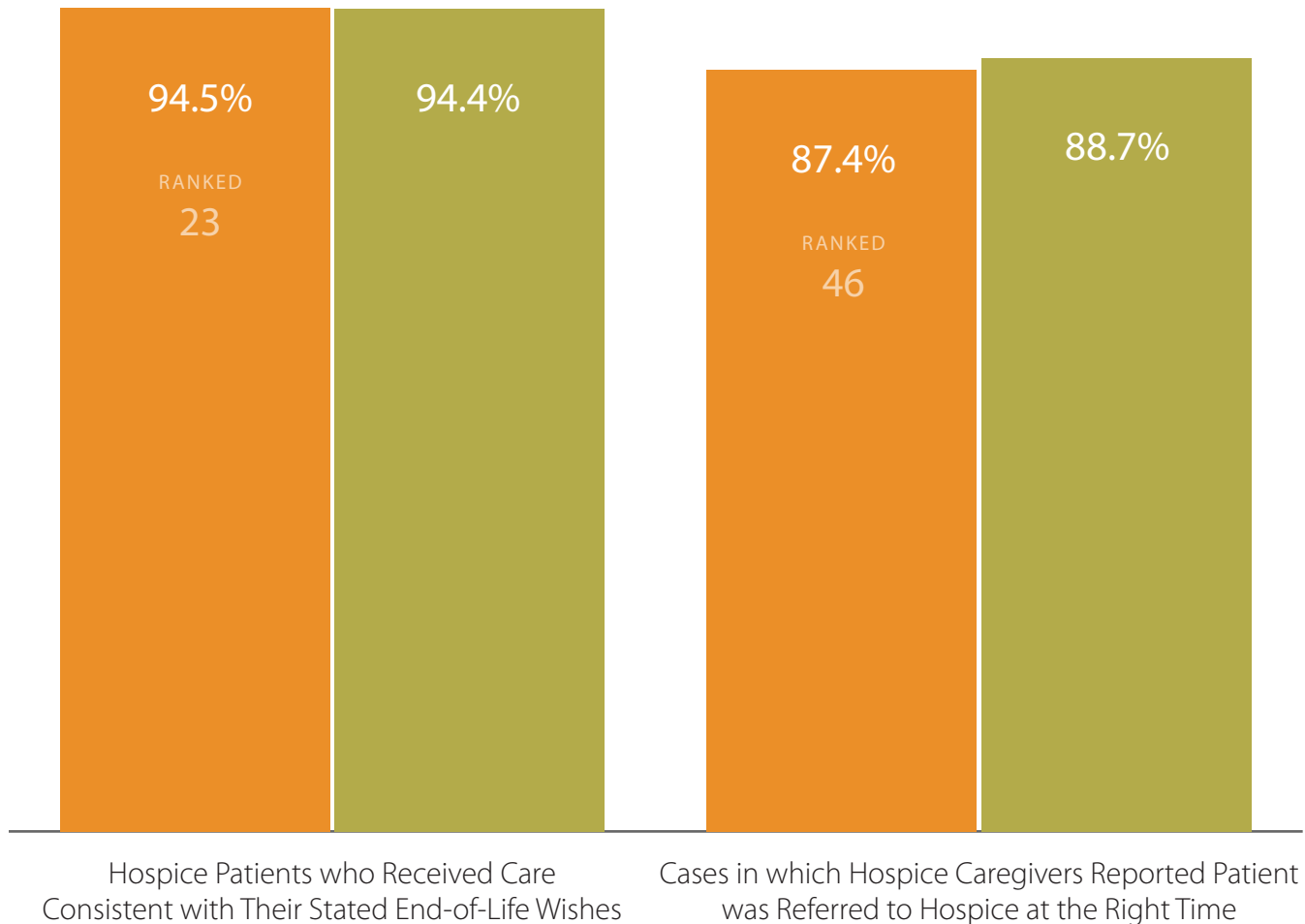
Though most people say they would prefer to die at home, Californians with chronic illness die in the hospital at a higher rate than the national average. In California, 33 percent of Medicare patients with chronic illness died in the hospital; 22 percent of deaths were associated with an ICU admission.

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/data_tools.shtml, accessed May 8, 2009.

Appropriateness of Hospice Care, California vs. United States, 2007

California United States



Quality of Care Facts and Figures

End-of-Life Care

[<< RETURN TO CONTENTS](#)

Nearly 95 percent of hospice patients in California received care consistent with their end-of-life wishes. In 87 percent of all cases, hospice caregivers thought the patient was referred to hospice at the appropriate time.

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

Data Resources

- **Agency for Healthcare Research and Quality**
National Healthcare Quality Report, 2008
www.ahrq.gov/qual/qdr08.htm
- **Centers for Disease Control and Prevention (CDC)**
Behavioral Risk Factor Surveillance System Survey Data
www.cdc.gov/brfss

Chronic Disease Indicators
apps.nccd.cdc.gov/cdi

Division of Cancer Prevention and Control, State Cancer Facts
apps.nccd.cdc.gov/statecancerfacts

National Center for Health Statistics, VitalStats
www.cdc.gov/nchs/vitalstats.htm

- **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/mdspubqlandresrep/02_qmreport.asp#topofpage
Data reported is from fourth quarter 2008.

Nursing Home Compare
www.medicare.gov/nhcompare
2008 data for long-stay residents covers residents in nursing homes in the fourth quarter of 2008. 2008 data for short-stay residents covers residents in nursing homes from July 1, 2008 to December 31, 2008.

OASIS Based Home Health Agency Patient Outcome and Case Mix Reports
www.cms.hhs.gov/oasis
2008 data is from October 1, 2007 to September 30, 2008.
- **National Immunization Survey**
www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis
2008 data covers July 2007 through June 2008.

Author

Jennifer Joynt, consultant

Quality of Care Facts and Figures

<< RETURN TO CONTENTS

GIVE US YOUR FEEDBACK

Was the information provided in this report of value? Are there additional kinds of information or data you would like to see included in future reports of this type? Is there other research in this subject area you would like to see? We would like to know.



PLEASE CLICK HERE
to give us your feedback.
Thank you.

FOR MORE INFORMATION



California HealthCare Foundation
1438 Webster Street, Suite 400
Oakland, CA 94612

**CALIFORNIA
HEALTHCARE
FOUNDATION**

510.238.1040
www.chcf.org

Appendix: Nursing Home Compare and Home Health OASIS Quality Measures

[<< RETURN TO CONTENTS](#)

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