

SURVEY OF HOSPITAL PERFORMANCE MEASUREMENT ACTIVITIES IN CALIFORNIA

EXECUTIVE SUMMARY

In response to proposal from the Hospital Association of Southern California and the California Healthcare Association, the California HealthCare Foundation convened a multi-stakeholder Hospital Report Card Working Group to reach consensus on a standard set of principles and objectives for public report cards. As part of this process, this Working Group wanted a picture of current performance measurement activities among hospitals in California. A questionnaire was developed, and the National Health Foundation was commissioned to administer and analyze the data collected. This online survey was designed to increase understanding of which measures, measure sets, and standards hospitals use, where they report the data, and their willingness to make it public.

Surveys were distributed to 403 hospitals; the adjusted response was 63% and 249 responses were included in the analyses. Highlights of the findings from the four survey sections are presented below. Throughout this report, response ranges are provided where the discussion applies to a group of different measures or measure sets.

Patient experience

- Two out of three California hospitals (66%) use only one patient experience survey, and one out of ten (11%) do not survey patients at all.
- Survey tools from NRC/Picker Group and Press-Ganey surveys are the most commonly used (31% and 30% respectively).
- Half of the hospitals (51%) participated in the PEP-C Project (2003).

Patient safety

- Over three-quarters of the hospitals (77%) use six or more measures, 9% use none.
- Over two-thirds (67-74%) collect all the measures in the six NQF-SREs.
- Overall, the patient safety data are not being widely reported to outside agencies, although 32-51% report their NQF-SRE data to the California Department of Health Services and more hospitals (20-24%) report their Leapfrog data to health plans.

Quality of care

- All reporting hospitals used one or more of the 13 measures/measure sets/standards; over three-quarters (76%) use six or more.
- These data are primarily gathered using medical record abstraction (70-91%); few hospitals use electronic medical records (13-23%).
- Hospitals do not widely report these data to outside agencies.
- More hospitals are willing to publicly report quality of care data (18-73%) than patient safety data (11-62%).

Database activities

- Four out of five hospitals contribute to one or more of the professional societies' or private organizations' databases.

- The most frequently contributed to include a) National Cancer Data Base (56%); b) California Nursing Outcomes Database (43%); and CCMRP 2000-2002 Voluntary Program (41%).
- More hospitals are willing to independently publicly report the data they contributed to these databases (33-76%) than are willing to publicly report patient safety (11-62%) and quality of care (18-73%) data.

These findings make clear that some hospitals are gathering a great deal of performance-related data and others collect very little. The data that are collected are primarily used internally. For those that do not collect patient safety and quality of care data, the three main reasons given include insufficient staff, no automated data collection, and collection not being mandatory. More hospitals are willing to publicly report the data they contribute to the listed databases than their patient safety or quality of care data. Unwillingness to report is primarily due to concerns about liability, public reporting, and negative publicity.

This portrayal of current activities raises issues and questions in at least four areas. For example, given the wide variation in data collection for patient safety and quality of care, can a logical grouping of measure sets and measures be identified? Also, given that hospitals are not externally reporting much of their data, what can take place that would assure greater reporting compliance? What can be done to minimize hospitals' concerns about public reporting and liability? And, finally, data contributions to the national and statewide databases appear uneven; can participation be made more attractive? Could other types of databases be included?