

**FINDINGS FROM THE  
SURVEY OF HOSPITAL PERFORMANCE MEASUREMENT  
ACTIVITIES IN CALIFORNIA**

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**Survey developed by  
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# **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?

## INTRODUCTION

Increased attention to and demand for public reporting of hospital performance is in large part the result of recent developments in the health care marketplace—such as pay for performance, formation of tiered hospital networks, and the rise of consumer cost sharing— all of which increase the value of hospital quality performance information. Not only have we seen increased market demand for hospital performance information, hospitals themselves are increasingly willing to participate in performance reporting. Early in 2003, the Hospital Association of Southern California (HASC)<sup>1</sup> and the California Healthcare Association (CHA) proposed that the California HealthCare Foundation (CHCF) convene a multi-stakeholder work group to reach consensus, where possible, on a standard set of principles and objectives for public report cards so hospitals can be more proactive and support a coordinated effort. Since July 2003, CHCF has convened the Hospital Report Card Working Group (Working Group). As one part of this process, the Working Group decided it needed a picture of what measure sets, measures, and standards hospitals are currently collecting; which organizations they report them to; whether they are willing to make the data publicly available and if not, why not. A questionnaire was developed and the National Health Foundation (NHF) was commissioned to administer and analyze the data collected.

For efficiency reasons, NHF recommended conducting the survey electronically rather than through the mail. Collecting the data electronically would speed up the process and maximize data accuracy in at least three ways. First, given that HASC maintains a statewide database of hospital contact information,<sup>2</sup> the survey could be distributed electronically in two hours. Second, answering the survey online resulted in the data going immediately into a database, thereby eliminating the need for separate data entry and its accompanying error potential. Finally, following up with respondents electronically is more efficient than by telephone.

This report presents the findings from the analysis of the data gathered from the survey of Hospital Performance Measurement Activities in California. The activities involved in conducting this survey and data analysis highlights are presented in the Methods and Findings sections respectively. A brief summary is also provided along with tables presenting all the findings in Appendices B through E.

## METHOD

The Pacific Business Group on Health (PBGH), a member of the Working Group, took the lead in developing the survey and CHCF obtained feedback from the other members. NHF then translated the paper survey into an electronic, web-based version and made minor content modifications.

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<sup>1</sup> Please refer to the acronym glossary in Appendix A for all acronyms used in this report.

<sup>2</sup> As is discussed in the Method section of this report, HASC's database included all but seven of the operating licensed acute care hospitals in California.

The processes of getting the survey onto a web site and assuring high survey response and completion rates are described under the three following headings: a) Development, b) Distribution and c) Follow up.

### **a. Development**

Development activities focused on making sure the electronic version of the survey was easy to use and that it worked correctly. This required careful conceptual development and extensive testing.

Two primary factors shaped the development process: the survey format was already established and there was a wide range of technical/computer capability among those completing the survey. In the paper version, responses to questions were provided in three ways: written out, checking off and writing in pre-coded responses. This primarily tabular format reduced repetition, but in the case of the pre-coded responses required respondents to look through four pages of reference materials to obtain the appropriate codes. In creating the web-based survey, NHF retained the tabular format and designed and programmed the tables so that all reference materials were available in drop down boxes on the same page.

Because of the wide range of technical/computer capabilities amongst those completing the survey, the web based version had to be easy to complete for the most technologically challenged individuals while not being so tedious that the technologically savvy would be frustrated. The technologically savvy are comfortable with drop down boxes and how to move from them to the next question. The technologically challenged needed instructions about how to do this. Thus, font types, size and color were all used to cue respondents to where they were in the table and to visually tie the concise narrative instructions provided at the head of each table to the steps necessary to move through it.

One section of the survey was developed and tested for clarity and ease of navigation. Those intimately involved in developing the paper version conducted content testing,<sup>3</sup> and once the template was functioning properly, this format was replicated for all other tables in the survey.

In addition to testing clarity and content, the login and data entry processes were also tested. These processes, which assure data confidentiality and that the data entered into the web survey go directly into the correct database fields, were tested using data created for 15 “dummy” organizations.

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<sup>3</sup> Pacific Business Group on Health was extremely generous with its staff time and worked closely with NHF staff to assure the paper and web-based versions of the survey captured the same information.

The final web site, in addition to providing access to the electronic survey, also included a downloadable, printable version. The electronic survey included six distinct sections:

<b>Survey section</b>	<b>Content</b>
About Your Hospital	Hospital name, address, contact person, contact information, number of licensed beds and numbers of admissions in the last 12 months (with the exception of the admissions data, each data cell was automatically completed from the HASC database and respondents only had to correct it).
Table of Contents	Allowed respondents to go straight to a particular survey section.
Patient Experience	Focused on patient experience surveys.
Patient Safety Measures	Focused on patient safety measures, measure sets and standards.
Quality of Care Measures	Focused on quality of care measures and measure sets.
Databases	Included a list of databases to which hospitals can contribute.

**b. Distribution**

Prior to distribution, HASC expanded its database to include contact information for Directors of Quality. Additionally, HASC obtained the endorsement of the regional hospital councils and sent an email to hospital CEOs urging them to participate. On December 12<sup>th</sup>, the survey was electronically distributed to 381 hospitals<sup>4</sup> and mailed to 15 hospitals; the requested completion date was January 7, 2004.

Upon distribution, several collaborators expressed concern that the survey had only been distributed to 396 hospitals when many thought there were well over 400 in California. To address this issue, the 2003 Office of Statewide Health Planning and Development (OSHPD) Facility Listings database (which shows 459 general acute care hospitals in California) was compared to the HASC database; this suggested that 78 hospitals were missing from the HASC database. However, after considerable research most of these hospitals were shown either to a) be on the “campus” of another hospital, b) have closed, c) have “down-serviced” or d) have undergone name changes. Of the initial 78, 7 required surveys,<sup>5</sup> which were mailed December 17<sup>th</sup>. Thus surveys were sent to 403 hospitals.

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<sup>4</sup> Surveys went to the Directors of Quality with copies to the CEOs or to the CEOs where Director of Quality contact information was not available.

<sup>5</sup> These hospitals had not been included in the distribution database prepared by HASC either because they did not belong to a regional hospital association or because they were currently without CEOs.

The distribution went well except for two software incompatibility issues. Respondents had to use the Internet Explorer browser, and those who could not turn off their pop-up blocking software were provided another link to the survey website.

**c. Follow up**

A flow chart was developed and a script programmed that allowed us to determine which of the survey sections had been completed. Four sections--Patient Experience, Patient Safety, Quality of Care and Databases--defined a 100% completion.<sup>6</sup> Using this approach, respondents were categorized into three groups:

<b>Group</b>	<b>Definition</b>
Non-attempters	Those who had not answered any questions.
Attempters	A broad range from those that had answered one question to those that had answered all but one question.
Completers	Those that had completed all four sections (using the modified definition of completion)

Follow up activities began in 2004. Different follow up strategies were used with the “non-attempters” and “attempters.” Initial efforts went into moving hospitals from the non-attempters to the attempters group. Follow up activities before the deadline can be summarized as follows:

<b>Group</b>	<b>Follow up</b>
Non-attempters	<ul style="list-style-type: none"> <li>▪ All hospitals received two follow-up emails from HASC’s President and a 2 ½ week deadline extension.</li> <li>▪ Systems affiliated hospitals were, where possible, approached by their system-level Directors of Quality.</li> <li>▪ The President/Vice President of the appropriate Hospital Association contacted independent hospitals.</li> <li>▪ HASC’s Hospital Quality Committee was asked to encourage survey participation at their respective hospitals</li> </ul>
Attempters	<ul style="list-style-type: none"> <li>▪ All hospitals received two emails from HASC’s President (about one week apart) showing the status of each of the four sections of their surveys</li> </ul>

<sup>6</sup> Although respondents were asked to complete the number of admissions in the About Your Hospital section, we did not make this a “completion requirement” because these data were otherwise available.

Group	Follow up
	as “complete” or “incomplete.” Respondents returning to the survey found all incomplete areas highlighted in red. <ul style="list-style-type: none"> <li>▪ The above information was sent to Systems-level Directors of Quality for their hospitals so that they could encourage completion.</li> </ul>
Completers	<ul style="list-style-type: none"> <li>▪ Once their surveys were completed, hospitals were sent thank you emails confirming receipt of the completed survey.</li> </ul>

Once the deadline had passed, follow up activities focused on moving hospitals that had completed three of the four sections. All these hospitals (81 or 32% of the final total) were successfully moved to the completed group through individual emails and telephone calls. We made two other decisions that affected the final response rate. First, we expanded our definition of “complete” to include all surveys where at least two of the four sections had been completed. This increased the total by 19 (8% of the final total). Second, we removed the Veteran’s Administration hospitals from the universe of hospitals.<sup>7</sup> As a result, the final adjusted response rate was 63% (249/395).

**FINDINGS**

Survey results are presented in five sections: information about participating hospitals, patient experience, patient safety, quality of care, and databases to which hospitals may contribute.

**About Participating Hospitals**

In addition to analyzing the data from the entire group (249), data were also analyzed across four different hospitals groupings. These are: 1) systems affiliated versus independent hospitals and hospitals by 2) size, 3) type and 4) region. In addition to comparing system affiliated and independent hospitals, a sub-set of system affiliated hospitals was defined to provide an “across systems” perspective. Criteria for these groupings are as follows:

Systems affiliated versus independent hospitals: This information came from the HASC database, was automatically entered into the survey, and hospitals corrected it if necessary. In addition, hospital systems that included five or more hospitals and where 75% of the hospitals in the system had responded to the survey were identified. As a result, eight hospitals systems constituted the group for the across systems perspective.

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<sup>7</sup> Eight VA Hospitals in California received the survey but were not included in the final analyses because the measure sets in the survey did not include the VA measures.

Hospitals by size: These groups were based on the number of licensed beds<sup>8</sup>. This information came from the HASC database, was automatically entered into the survey, and hospitals corrected it if necessary. Hospitals were categorized as follows:

<b>Size</b>	<b>Number of beds</b>	<b>Number of hospitals</b>
Small	1-99	69
Medium	100-199	66
Large	200-299	52
Very large	300+	62

Hospitals by type: Three types of hospitals were identified using OSHPD categories (for OSHPD criteria go to [www.oshpd.cahwnet.gov](http://www.oshpd.cahwnet.gov)). The types include teaching hospitals (17), small rural hospitals (40) or other hospitals (192).

Hospitals by Region: The 14 Health Services Areas (HSA) were combined to create seven regional categories as follows:

<b>Region for analysis</b>	<b>Counties</b>	<b>Health Service Area(s)</b>	<b>Number of hospitals</b>
Region 1	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba.	1 and 2	32
Region 2	Napa, Solano, Sonoma, Marin, San Francisco, San Mateo, Santa Clara	3, 4, and 7	32
Region 3	Alameda, Contra Costa, Amador, Calaveras, Merced, San Joaquin, Stanislaus, Tuolumne	5 and 6	30
Region 4	Monterey, San Benito, San Luis Obispo, Santa Cruz, Fresno, Kern, Kings, Madera, Mariposa, Tulare, Santa Barbara, Ventura	8, 9 and 10	35
Region 5	Los Angeles	11	57

<sup>8</sup> Swing and psychiatric beds were not included.

Region for analysis	Counties	Health Service Area(s)	Number of hospitals
Region 6	Inyo, Mono, Riverside, San Bernardino, Imperial, San Diego	12 and 14	39
Region 7	Orange	13	24

**Patient experience**

This section of the survey identified five vendors: 1) Avatar, 2) Gallup, 3) National Research Corporation (NRC)/Picker Group, 4) Press-Ganey, 5) Professional Research Consultants (PRC) and 6) “Other”. Respondents were asked which survey instruments they used in the last 12 months and to whom the data were reported. This section also includes questions about hospitals’ participation, and reasons for not participating, in the Patient Evaluation for Performance in California project (PEP-C), as well as their plans to adopt the Hospital Consumer Assessment of Health Plans Survey (HCAHPS) being developed by the federal Agency for Healthcare Research and Quality (AHRQ) in partnership with the Centers for Medicare and Medicaid Services (CMS), once it is finalized. For tabular information on the answers to the questions in this section, please refer to Appendix B.

Frequency of use. Some patient experience surveys were more used than others and there is variation across the comparison groups. These findings can be summarized as follows:

- Of the six patient experience surveys vendors listed, most hospitals report using only one (66%) or two (21%) of them, 11% report not using any of them.
- The three most commonly used vendors are NRC/Picker Group (31%), Press-Ganey (30%) and Other (28%). Avatar (0.4%) is the least used. This pattern holds whether or not hospitals are affiliated with systems.
- Comparisons across hospitals groups:
  - Very large and small hospitals rank first and second respectively in the frequency of use of the NRC/Picker Group, Press-Ganey and Other surveys<sup>9</sup>.
  - Press-Ganey is used by more teaching hospitals (53%) and NRC/Picker Group is used by more small/rural hospitals (43%). This is not surprising since CHCF provided a full subsidy for small/rural hospitals to participate in PEP-C II.
  - There is considerable variation across the seven Regions in use of vendors. More hospitals (47%) in Region 2 use the NRC/Picker survey,

<sup>9</sup> Intuitively, one would expect an increase across the small-medium-large-very large hospital continuum.

more (46%) in Region 6 use Press-Ganey, and more (63%) in Region 7 use Other.

Reported to. Seventeen different “reported to” options were provided. For the initial analysis, these were collapsed into ten groups: Centers for Medicare and Medicaid Services (CMS/CMRI); California Department of Health Services (CDHS), Other government agencies; Health plans; Internal; Joint Commission on Accreditation of Healthcare Organizations (JCAHO); PEP-C; Purchasers; and Other. These findings can be summarized as follows:

- Overall, these data are not being reported to outside agencies; however data from the most used surveys are reported internally (NRC/Picker 72%; Press-Ganey 93%; Other 86%)
- Of those hospitals using the NRC/Picker Group survey, 82% report their data to PEP-C and 33% report them to health plans.
- Only data from NRC/Picker and Other surveys are reported to Purchasers and very few hospitals report them (3% each).

PEP-C & HCAHPS. Hospitals’ participation in PEP-C shows considerable variation, however most are currently or are intending to participate in HCAHPS. These findings can be summarized as follows:

- Over half (51%) of the hospitals participated in the PEP-C Project (2003); participation by hospitals affiliated with systems is slightly higher (53%) than for independent hospitals (45%).
- In terms of size, the percentage of hospitals participating in PEP-C is greatest for very large (63%) and least for medium sized (41%) hospitals.
- Geographically, more hospitals (75%) in Region 2 and fewest in Regions 5 (32%) and 6 (31%) participate in PEP-C.
- The four key reasons why hospitals did not participate in PEP-C in 2003 were 1) preferring not to field two surveys (21%), 2) because it is not mandatory (18%), 3) cost (16%), and 4) preference for another survey instrument (16%).
- As for the HCAHPS survey, 31% anticipate they will adopt it, 32% have not yet decided but are likely to adopt, and 32% have not yet decided and have no pre-existing opinion about whether they will adopt it.

## Patient safety

This section asks questions about the following twelve measures, measure sets, and standards:

- ❖ NQF SRE<sup>10</sup> - Surgical Events
- ❖ NQF SRE - Product or Device Events
- ❖ NQF SRE - Patient Protection Events
- ❖ NQF SRE - Care Management Events
- ❖ NQF SRE - Environmental Events
- ❖ NQF SRE - Criminal Events
- ❖ NQF-Endorsed Patient Safety Measures
- ❖ AHRQ Patient Safety Indicators
- ❖ Practices Identified in AHRQ Report: *Making Healthcare Safer*
- ❖ The Leapfrog Group Computer Physician Order Entry Standard
- ❖ The Leapfrog Group ICU Physician Staffing Standard
- ❖ National Nosocomial Infections Surveillance (NNIS) system

Respondents were also asked to list all the organizations to which they report these data, whether they are willing to publicly report them and if not, why not. Those not collecting all or any of the listed measures were asked why. For tabular information on the answers to the questions in this section, please refer to Appendix C.

Frequency of use. These data show that some hospitals are carrying an enormous data collection load while a small minority is not collecting any data. These findings can be summarized as follows:

- Over three-quarters (77%) of the hospitals use six or more of these measures/measure sets/standards (61% use 6 to 10; 16% use 11 or 12), 9% report using none of them.
- For the six NQF-SREs, over two-thirds (67%-74% depending on the measures)<sup>11</sup> of the hospitals report collecting all of them.
- For the NQF-Endorsed Patient Safety Measures, only 39% of the hospitals report collecting all of them, although another 35% collect some of them. More hospitals that do not collect any of these measures, or who only collect some of them report that this is because they use different measures.
- Between 20% and 24% report not collecting any NQF measures.

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<sup>10</sup> National Quality Forum's Serious Reportable Events

<sup>11</sup> Throughout this report, response ranges are provided where the discussion applies to a group of different measures or measure sets.

- For the AHRQ Patient Safety Indicators, only 29% collect all the measures in it, although another 44% collect some of them. For AHRQ's *Making Healthcare Safer*, 53% document some of its standards, while only 7% document all of them.
- Compliance with the Leapfrog Computer Physician Order Entry Standard (CPOE) and ICU standards is not tracked by 71% and 59% respectively.
- Almost three-quarters (73%) do not participate in the NNIS system.
- Comparing different groups of hospitals shows:
  - More systems affiliated than independent hospitals report collecting all the patient safety measures, although there is considerable variation across the eight hospital systems.
  - Two-thirds of the hospitals follow a pattern across the small-medium-large-very large continuum of increasing frequency of collecting data on all the measures/measure sets/standards.
  - There is not a lot of variation by type of hospital for the NQF-SREs. However, fewer small rural than teaching hospitals are tracking compliance with the Leapfrog Group CPOE Standard (5% small rural: 47% teaching), the Leapfrog Group ICU Physician Staffing Standard (8% small rural: 53% teaching) and the NNIS system (10% small rural and 47% teaching).
  - More hospitals in Region 7 are collecting all the measures for the NQF-SREs and more hospitals in Region 2 report tracking compliance with the Leapfrog standards.

Reported to. Twenty-one different options were provided and for the analysis these were collapsed into eleven groups: CMS/CMRI; DHS, Federal Drug Administration (FDA), Other government agencies; Health plans; Internal; JCAHO; Leapfrog; Purchasers; and Other. These findings can be summarized as follows:

- Overall, these data are not being widely reported to outside agencies.
- Almost all hospitals (91%-97%) use the data they collect internally, except for the Leapfrog compliance data.
- Among those tracking Leapfrog compliance, over two thirds report these data internally (CPOE 71% and ICU 67%) and over half report them to Leapfrog (CPOE 61% and ICU 55%).
- Between 32% and 51% of the hospitals report data from the six NQF SREs to the California Department of Health Services.

- More hospitals (20%-24%) report their Leapfrog and NNIS data than their other data (3%-11%) to health plans.

Why measures not collected. Hospitals were given ten choices, including other and were asked to select the key factors. Choices included: validity concerns, public reporting concerns, negative publicity concerns, liability concerns, cost, insufficient staff, no automated data collection, use different measurement set, and not mandatory. These findings can be summarized as follows:

- The key reasons hospitals do not collect all of the listed measures include not having sufficient staff (21%-46%), no automated data collection (13%-43%), collection is not mandatory (27%-37%), and cost (17%-34%).
- Hospitals are less concerned about data validity (4%-18%), liability (4%-15%), public reporting (4%-11%) and negative publicity (2%-10%).

Willingness/unwillingness to publicly report. Hospitals were provided six reasons for being unwilling to publicly report. These included validity concerns, public reporting concerns, negative publicity concerns, liability concerns, timeliness of report and other. Findings include:

- More than half the hospitals documenting compliance with the Leapfrog standards are willing to publicly report this information (CPOE 62%, ICU 60%) while among hospitals using the other patient safety measures, 73%-88% are unwilling to publicly report.
- The key reasons hospitals are unwilling to publicly report are concerns about liability (25%-66%), “other” concerns, e.g., corporate policy and public interpretation (14%-58%), negative media attention (13%-41%), and validity concerns (11%-34%).
- More hospitals that are unwilling to report the Leapfrog and NNIS data gave reasons in the “other” category, e.g., methodological interpretation and automated data collection in the future (39%-58% compared to 14%-25% for all other measure sets).

## Quality of care

This section focused on the following thirteen measures and measure sets:

### *General*

- ❖ AHRQ Hospital Inpatient Quality Indicators

### *Cardiac*

- ❖ JCAHO Acute Myocardial Infarction Core (AMI) Measure Set
- ❖ CMRI / CMS Acute Myocardial Infarction Measures
- ❖ American Hospital Association Acute Myocardial Infarction (AHA AMI) Measures

- ❖ JCAHO Heart Failure Core Measure Set
- ❖ CMRI / CMS Heart Failure Measures
- ❖ Additional NQF-Endorsed Measures

*Pediatric*

- ❖ NQF-Endorsed Measures

*Pneumonia*

- ❖ JCAHO Community Acquired Pneumonia (CAP) Core Measure Set
- ❖ CMRI / CMS Pneumonia (PNE) Measures

*Pregnancy/Childbirth*

- ❖ JCAHO Pregnancy Core Measure Set
- ❖ NQF-Endorsed Pregnancy Measures

*Surgical*

- ❖ CMRI / CMS Surgical Infection Prevention (SIP) Measures

Respondents were asked to identify the sources used for collecting these data, to list all the organizations to which they report them, whether they are willing to publicly report them and if not, why. Those not collecting all or any of the measures were asked why. For tabular information on the answers to the questions in this section, please refer to Appendix D.

Frequency of use. Over one-third of the hospitals use eleven or more of the thirteen measure sets listed. Different patterns of use across the various hospital groupings are difficult to discern.

- All reporting hospitals use one or more of these measure sets. Over three quarters (76%) use six or more of them (39% use 6 to 10 and 37% use 11 to 13).
- For cardiac, pneumonia and pregnancy/childbirth services, more hospitals use JCAHO quality of care measures (JCAHO AMI Core Measure Set [73%]; JCAHO Heart Failure Core Measure Set [81%], JCAHO CAP Core Measure Set [64%] and JCAHO Pregnancy Core Measure Set [66%]).
- Most (90%) of the hospitals providing pediatric services and two-thirds (66%) of those providing surgical services do not collect any of the listed measures.
- Comparisons across different hospitals groupings show:
  - For eight of the thirteen measures sets, more system affiliated hospitals report collecting all the measures. There is considerable variation in use frequency across systems.
  - Two measures sets (AHRQ Hospital Inpatient Quality Indicators and JCAHO AMI Core Measure Set) show increasing frequency of use across the small-medium-large-very large continuum, but for nine of

the thirteen measure sets this pattern does not hold, although more very large than small hospitals collect all the measures.

- There is variation in which type of hospital collects more measures on which measure sets, but generally more teaching hospitals collect all or some measures than small rural or other hospitals.
- For 10 of the 13 measure sets, more hospitals in Region 7 collect all or some measures than in any other Region.

Data sources. Hospitals were given four options: 1) Hospital Discharge/Administrative data, 2) Data Collection Tool (e.g., Society of Thoracic Surgeons (STS) Vendor Software for STS measures), 3) Electronic Medical Record, and 4) Medical Record Abstraction. Hospital responses can be summarized as follows:

- For all measure sets except those relating to pregnancy/childbirth, most hospitals gather the data using medical record abstraction (70% to 91%); for the pregnancy/childbirth measure sets, data are primarily gathered from hospital discharge or administrative sources (68% and 69%).
- Only 13% to 23% of the hospitals use electronic medical records to generate these data.

Reported to. Seventeen different options were provided for the analysis these were collapsed into nine groups: CMS/CMRI; CDHS, Other government agencies; Health plans; Internal; JCAHO; Purchasers; and Other. Findings highlights are as follows:

- These data are primarily reported to Others, e.g., Premier, UHC, MHA (12%-91%), internally (75%-89%), and to JCAHO (7%-89%)
- The three measure sets most likely to be reported to Other include: CMRI/CMS SIP Measures (91% to Other, 24% to CMS/CMRI), CMRI/CMS PNE Measures (85% to Other, 59% to CMS/CMRI) and JCAHO CAP Core Measures Set (81% to Other, 84% to JCAHO).

Why measures not collected. Hospitals were asked why all of the listed measures were not collected. The options provided include: validity concerns, public reporting concerns, negative publicity concerns, liability concerns, cost, insufficient staff, no automated data collection, and use different measurement set. Their reasons can be summarized as follows:

- Hospitals do not collect all these data primarily because they use different measure sets (17%-44%), collecting them is not mandatory (20%-43%), they have insufficient staff (11%-40%) and they do not have automated data collection (7%-38%).

- Hospitals are less concerned about data validity (0%-8%), public reporting (0%-7%), liability issues (2%-6%) and negative publicity (1%-4%).

Willingness/unwillingness to publicly report. Hospitals were provided with six reasons for being unwilling to publicly report. They included validity concerns, public reporting concerns, negative publicity concerns, liability concerns, timeliness of report and other. Findings include:

- More hospitals are willing to publicly report quality of care data (18%-73%) than patient safety data (11%-62%).
- Hospitals collecting cardiac and pneumonia related measures are equally willing to publicly report JCAHO and CMR/CMS measure sets--JCAHO AMI Core Measure Set (73%), CMRI/CMS AMI Measures (70%), JCAHO Heart Failure Core Measure Set (71%), CMRI/CMS Heart Failure Measures (69%), JCAHO CAP Core Measure Set (68%) and CMR/CMS PNE Measures (69%).
- The primary reasons for being unwilling to publicly report quality of care data are concerns about liability (40%-62%), public reporting concerns (25%-56%), concerns about negative media attention (17%-43%) and concerns about data validity (22%-41%).

### **Database activities**

In addition to the quality of care measure sets included in the previous section, several databases run by professional societies and private sector organizations have become de facto standards for quality measurement in specific clinical areas. The databases listed in this section include:

#### *Cardiac*

- ❖ National Adult Cardiac Events Database
- ❖ National Cardiovascular Data Registry
- ❖ California CABG Mortality Reporting Program (CCMRP) 2000-2002 Voluntary Program
- ❖ National Registry of Myocardial Infarction

#### *ICU*

- ❖ Acute Physiology and Chronic Health Evaluation (APACHE)
- ❖ CALICO
- ❖ Project Impact

#### *Oncology*

- ❖ National Cancer Data Base
- ❖ International Bone Marrow Transplant Registry
- ❖ Autologous Blood Marrow Transplant Registry

#### *Other*

- ❖ American Joint Replacement Registry

- ❖ California Nursing Outcomes Database (CaNOC)
- ❖ California Perinatal Quality of Care Collaborative (CPQCC)
- ❖ Vermont Oxford Network (Neonatology)
- ❖ The Society of American Gastrointestinal Endoscopic Surgeons (SAGES) Outcome Initiative

Respondents were also asked to provide the names of other databases in which they participate. Finally, they were asked about their participation in the American Hospital Association, the Association of American Medical Colleges and the Federation of American Hospitals (AHA/AAMC/FAH) Quality Initiative, which entails public reporting of select NQF-endorsed JCAHO core measures.

Frequency of participation. Four out of five hospitals participate in one or more of these databases and there is considerable variation in participation across the various hospital groupings. Findings include:

- While 19% of the hospitals do not contribute to any of the listed databases, 48% contribute to between 1 and 3, 47% to between 4 and 6, and 6% to between 7 and 10.
- The databases most frequently contributed to include the National Cancer Data Base (56%), the California Nursing Outcomes Database (43%), and the CCMRP 2000-2002 Voluntary Program (41%).
- Over half (57%) are participating in the AHA/AAMC/FAH Quality Initiative.
- Almost all hospitals (90%) participating in the AHA/AAMC/FAH Quality Initiative will be publicly reporting their data by the end of Spring 2004.
- Comparisons across different hospital groupings suggest:
  - More systems affiliated hospitals participate in the four cardiac related databases (21%-39%) and in the California Nursing Outcomes Database (51%). More independent hospitals (31%) participated in the CALICO (ICU) database. The across systems perspective shows wide variation.
  - For three-fifths of these databases, the frequency of participation across the small-medium-large-very large hospital continuum increased. Only the very large hospitals (5%) participated in Project Impact (ICU).
  - For all but the SAGES Outcome Initiative database, more teaching than small rural or other hospitals contribute to the databases. Only Other hospitals contribute to the SAGES database.
  - There is considerable variation across the regions with each of them having the highest hospital contribution to specific databases.

However, Region 7 has the highest hospital contribution for 4 of the 15 listed databases.

Willingness/unwillingness to publicly report. Hospitals were provided with six reasons for being unwilling to publicly report. They included validity concerns, public reporting concerns, negative publicity concerns, liability concerns, timeliness of report and other. Findings include:

- More hospitals appear willing to independently publicly report the data they contribute to the listed databases (33% to 76%) than they are their patient safety (11% to 62%) or quality of care (18% to 73%) data.
- Over two-thirds of the reporting hospitals are willing to independently publicly report the data in five databases: CCMRP 2000-2002 Voluntary Program (76%), American Joint Replacement Registry (75%), National Registry of Myocardial Infarction (71%), CALICO (69%) and California Perinatal Quality of Care Collaborative (69%).
- Excluding databases for which 10 or fewer hospitals responded, key reasons for being unwilling to publicly report include liability concerns (23%-55%), timeliness of the report (13%-40%) validity concerns (7%-39%), and concerns about negative media publicity (19%-35%).

## SUMMARY

The information generated by the Hospital Performance Measurement Activities survey is hard to generalize and is likely to be most useful at the level of comparisons between measure sets and measures for specific clinical areas. Nevertheless, it is clear that some hospitals are collecting a great deal of data and that most of the data collected are used internally. Proportionally more system affiliated, teaching and very large hospitals collect these data, and collection patterns vary across the state. Where patient safety and quality of care data are not collected, the primary reasons are insufficient staff, no automated data collection, and collection not being mandatory.

Of the hospitals that do collect data, more are willing to publicly report the data they contribute to the professional societies' and private organizations' databases than are willing to publicly report patient safety and quality of care data. The key reasons for being unwilling to publicly report these data include concerns about liability, public reporting and negative media attention.

These data suggest at least four issues for consideration. First, given the wide variation in the measures, measure sets and standards used; can a logical and acceptable grouping of them be identified for a report card? Second, given that hospitals are not externally reporting much of the data they collect, what needs to

occur to assure greater reporting compliance? Third, concerns about public reporting for patient safety and quality of care measures seem to revolve around liability, what can be done to minimize this constraint? And fourth, contributions to professional societies' and private organizations' databases appear uneven, can participation be made more attractive and can other databases be added? If the Working Group can agree on approaches and solutions to these issues and problems, California could be well on its way to having a workable Hospital Report Card.

## **APPENDIX A – ACRONYM GLOSSARY**

- CHCF - California Health Care Foundation
- AAMC/FAH - Association of American Medical Colleges
- AHA - American Hospital Association
- AHRQ - Agency for Healthcare Research and Quality
- AMI - Acute Myocardial Infarction
- APACHE - Acute Physiology and Chronic Health Evaluation
- HCAHPS - Hospital Consumer Assessment of Health Plans Survey
- CAP - Community Acquired Pneumonia
- CCMRP - California CABG Mortality Reporting Program
- CMS/CMRI - Centers for Medicare and Medicaid Services
- CPOE (Leapfrog) - Computer Physician Order Entry Standard
- CDHS - California Department of Health Services
- FAH - Federation of American Hospitals
- HAS - Health Services Areas
- HASC - Hospital Association of Southern California
- NHF - National Health Foundation
- NNIS - National Nosocomial Infections Surveillance
- NQF-SRE - National Quality Forum's Serious Reportable Events
- NRC - National Research Corporation
- OSHPD - Office of Statewide Health Planning
- PEP - C - Patient Evaluation for Performance in California project
- PNE - Pneumonia
- PRC - Professional Research Consultants
- SAGES - The Society of American Gastrointestinal Endoscopic Surgeons
- SIP - Surgical Infection Prevention
- STS - Society Thoracic Surgeon

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## A. PATIENT EXPERIENCE (PE) - OVERALL FREQUENCIES

**N= 249**

**Question: Which of the following patient experience surveys has your hospital fielded in the last 12 months?**

PATIENT EXPERIENCE SURVEYS	FREQUENCY			PERCENTAGE		
	YES	NO	NO DATA	YES	NO	NO DATA
1. Avatar	1	248	0	0.4%	99.6%	0%
2. Gallup	47	202	0	19%	81%	0%
3. National Research Corporation (NRC) / Picker Group	76	173	0	31%	69%	0%
4. Press-Ganey	75	174	0	30%	70%	0%
5. Professional Research Consultants (PRC)	14	235	0	6%	94%	0%
6. Other	70	106	73	28%	43%	29%
<b>Low</b>	1	106	0	0%	43%	
<b>High</b>	127	248	73	51%	100%	

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**B. PATIENT EXPERIENCE (PE) - AGENCIES REPORTED**

**N= 249**

Question: If collecting measures, list all organizations to which you report your hospital results for the measure (if any.)

PATIENT EXPERIENCE SURVEYS	(n)*	CMS/ CMRI	DHS	Other GA**	Health Plans	Internal	JCAHO	PEP-C	Purchaser	Other	Not Reported
1. Avatar	1	0	0	0	0	1	0	0	0	0	0
2. Gallup	47	0	0	0	1	45	2	4	0	1	4
3. National Research Corporation (NRC) / Picker Group	76	1	1	0	25	55	5	62	2	1	5
4. Press-Ganey	75	0	0	0	1	70	11	8	0	0	3
5. Professional Research Consultants (PRC)	14	0	0	0	10	9	0	0	0	1	5
6. Other	70	2	3	1	3	60	13	20	2	4	6

\*(n): Number of hospitals reported participating in the survey.

\*\* Other GA - Other government agencies.

## **B. PATIENT EXPERIENCE (PE) - AGENCIES REPORTED**

**N= 249**

Question: If collecting measures, list all organizations to which you report your hospital results for the measure (if any.)

PATIENT EXPERIENCE SURVEYS	(n)*	CMS/ CMRI	DHS	Other GA**	Health Plans	Internal	JCAHO	PEP-C	Purchaser	Other	Not Reported
1. Avatar	1	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%
2. Gallup	47	0%	0%	0%	2%	96%	4%	9%	0%	2%	9%
3. National Research Corporation (NRC) / Picker Group	76	1%	1%	0%	33%	72%	7%	82%	3%	1%	7%
4. Press-Ganey	75	0%	0%	0%	1%	93%	15%	11%	0%	0%	4%
5. Professional Research Consultants (PRC)	14	0%	0%	0%	71%	64%	0%	0%	0%	7%	36%
6. Other	70	3%	4%	1%	4%	86%	19%	29%	3%	6%	9%
<b>Range</b>	<b>Low</b>	0%	0%	0%	0%	64%	0%	0%	0%	0%	0%
	<b>High</b>	3%	4%	1%	71%	100%	19%	82%	3%	7%	36%

\*(n): Number of hospitals reported participating in the survey.

\*\* Other GA - Other government agencies.

## C. PATIENT EXPERIENCE (PE) - OTHER QUESTIONS

N= 249

7. Did you participate in the the 2003 PEP-C Project?

Yes	127	51%
No	122	49%

8. If you did not participate in PEP-C in 2003, why not? Please check the key factor(s) that apply to your hospital.

A. Validity concerns	17	7%
B. Public reporting concerns	19	8%
C. Negative publicity concerns	11	4%
D. Liability concerns	9	4%
E. Cost	41	16%
F. Prefer not to field two surveys	53	21%
G. Prefer another survey instrument	41	16%
H. Not mandatory	44	18%
I. Other	37	15%

9. Do you anticipate that your hospital will adopt the HCAHPS survey once it is finalized? Please check one response.

A. Yes	77	31%
B. Not yet decided, but likely to adopt	80	32%
C. Not yet decided, and no pre-existing opinion	80	32%
D. Not yet decided, but unlikely to adopt	2	1%
E. No	4	2%
F. Not aware that national standard was under development	6	2%

10. If you selected either D or E above, why are you unlikely to adopt HCAHPS? Please check the key factor(s) that apply to your hospital.

A. Will continue to field the patient survey instrument in current use by our hospital in order to have consistent trend data	5	83.3%
B. Need to know more about the HCAHPS survey before making decision to use	4	66.7%
C. Concerned that participation in national standard will ultimately lead to public reporting of results	0	0%
D. Do not plan to field any patient experience survey in near term	0	0%

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## D. PATIENT EXPERIENCE (PE) - SYSTEM VS. NON-SYSTEM

PATIENT EXPERIENCE SURVEYS	SYSTEM 185		NON-SYSTEM 64	
	YES	NO	YES	NO
1. Avatar	0	185	1	63
2. Gallup	47	138	0	64
3. National Research Corporation (NRC) / Picker Group	58	127	18	46
4. Press-Ganey	59	126	16	48
5. Professional Research Consultants (PRC)	8	177	6	58
6. PEP-C Project (2003)	98	87	29	35
7. Other	51	134	19	45

PATIENT EXPERIENCE SURVEYS	SYSTEM 185		NON-SYSTEM 64	
	YES	NO	YES	NO
1. Avatar	0%	100%	2%	98%
2. Gallup	25%	75%	0%	100%
3. National Research Corporation (NRC) / Picker Group	31%	69%	28%	72%
4. Press-Ganey	32%	68%	25%	75%
5. Professional Research Consultants (PRC)	4%	96%	9%	91%
6. PEP-C Project (2003)	53%	47%	45%	55%
7. Other	28%	72%	30%	70%

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**E. PATIENT EXPERIENCE (PE) - ACROSS SYSTEM COMPARISON**

PATIENT EXPERIENCE SURVEYS	SYSTEM 1 (16+ Hosp)		SYSTEM 2 (1-15 Hosp)		SYSTEM 3 (1-15 Hosp)		SYSTEM 4 (1-15 Hosp)		SYSTEM 5 (1-15 Hosp)		SYSTEM 6 (1-15 Hosp)		SYSTEM 7 (16+ Hosp)		SYSTEM 8 (16+ Hosp)	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Avatar	0	27	0	6	0	14	0	5	0	5	0	5	0	20	0	31
2. Gallup	27	0	6	0	0	14	0	5	5	0	0	5	0	20	0	31
3. National Research Corporation (NRC) / Picker Group	6	21	2	4	14	0	1	4	0	5	0	5	7	13	0	31
4. Press-Ganey	1	26	0	6	0	14	0	5	5	0	5	0	20	0	2	29
5. Professional Research Consultants (PRC)	0	27	0	6	0	14	0	5	0	5	0	5	0	20	1	30
6. PEP-C Project (2003)	15	12	5	1	14	0	5	0	0	5	0	5	19	1	3	28
7. Other	3	24	2	4	0	14	5	0	0	5	0	5	0	20	20	11

PATIENT EXPERIENCE SURVEYS	SYSTEM 1 (16+ Hosp)		SYSTEM 2 (1-15 Hosp)		SYSTEM 3 (1-15 Hosp)		SYSTEM 4 (1-15 Hosp)		SYSTEM 5 (1-15 Hosp)		SYSTEM 6 (1-15 Hosp)		SYSTEM 7 (16+ Hosp)		SYSTEM 8 (16+ Hosp)	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Avatar	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%
2. Gallup	100%	0%	100%	0%	0%	100%	0%	100%	100%	0%	0%	100%	0%	100%	0%	100%
3. National Research Corporation (NRC) / Picker Group	22%	78%	33%	67%	100%	0%	20%	80%	0%	100%	0%	100%	35%	65%	0%	100%
4. Press-Ganey	4%	96%	0%	100%	0%	100%	0%	100%	100%	0%	100%	0%	100%	0%	6%	94%
5. Professional Research Consultants (PRC)	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	3%	97%
6. PEP-C Project (2003)	56%	44%	83%	17%	100%	0%	100%	0%	0%	100%	0%	100%	95%	5%	10%	90%
7. Other	11%	89%	33%	67%	0%	100%	100%	0%	0%	100%	0%	100%	0%	100%	65%	35%

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## F. PATIENT EXPERIENCE (PE) - HOSPITAL SIZE COMPARISON

PATIENT EXPERIENCE SURVEYS	SMALL	69	MEDIUM	66	LARGE	52	VERY LARGE	62
	YES	NO	YES	NO	YES	NO	YES	NO
1. Avatar	0	69	0	66	1	51	0	62
2. Gallup	10	59	11	55	13	39	13	49
3. National Research Corporation (NRC) / Picker Group	20	49	15	51	14	38	27	35
4. Press-Ganey	21	48	17	49	15	37	22	40
5. Professional Research Consultants (PRC)	2	67	6	60	1	51	5	57
6. PEP-C Project (2003)	37	32	27	39	24	28	39	23
7. Other	19	50	22	44	10	42	19	43

PATIENT EXPERIENCE SURVEYS	SMALL	69	MEDIUM	66	LARGE	52	VERY LARGE	62
	YES	NO	YES	NO	YES	NO	YES	NO
1. Avatar	0%	100%	0%	100%	2%	98%	0%	100%
2. Gallup	14%	86%	17%	83%	25%	75%	21%	79%
3. National Research Corporation (NRC) / Picker Group	29%	71%	23%	77%	27%	73%	44%	56%
4. Press-Ganey	30%	70%	26%	74%	29%	71%	35%	65%
5. Professional Research Consultants (PRC)	3%	97%	9%	91%	2%	98%	8%	92%
6. PEP-C Project (2003)	54%	46%	41%	59%	46%	54%	63%	37%
7. Other	28%	72%	33%	67%	19%	81%	31%	69%

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## G. PATIENT EXPERIENCE (PE) - HOSPITAL TYPE COMPARISON

PATIENT EXPERIENCE SURVEYS	TEACHING 17		SMALL/RURAL 40		OTHER 192	
	YES	NO	YES	NO	YES	NO
1. Avatar	0	17	0	40	1	191
2. Gallup	2	15	6	34	39	153
3. National Research Corporation (NRC) /	6	11	17	23	53	139
4. Press-Ganey	9	8	12	28	54	138
5. Professional Research Consultants (PRC)	2	15	1	39	11	181
6. PEP-C Project (2003)	11	6	23	17	93	99
7. Other	4	13	6	34	60	132

PATIENT EXPERIENCE SURVEYS	TEACHING 17		SMALL/RURAL 40		OTHER 192	
	YES	NO	YES	NO	YES	NO
1. Avatar	0%	100%	0%	100%	1%	99%
2. Gallup	12%	88%	15%	85%	20%	80%
3. National Research Corporation (NRC) / Picker Group	35%	65%	43%	58%	28%	72%
4. Press-Ganey	53%	47%	30%	70%	28%	72%
5. Professional Research Consultants (PRC)	12%	88%	3%	98%	6%	94%
6. PEP-C Project (2003)	65%	35%	58%	43%	48%	52%
7. Other	24%	76%	15%	85%	31%	69%

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## H. PATIENT EXPERIENCE (PE) - REGIONS COMPARISON

PATIENT EXPERIENCE SURVEYS	REGION 1 32		REGION 2 32		REGION 3 30		REGION 4 35		REGION 5 57		REGION 6 39		REGION 7 24	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Avatar	0	32	0	32	0	30	0	35	1	56	0	39	0	24
2. Gallup	6	26	6	26	7	23	7	28	9	48	11	28	1	23
3. National Research Corporation (NRC) / Picker	14	18	15	17	10	20	12	23	12	45	8	31	5	19
4. Press-Ganey	11	21	10	22	9	21	4	31	16	41	18	21	7	17
5. Professional Research Consultants (PRC)	1	31	3	29	1	29	4	31	3	54	2	37	0	24
6. PEP-C Project (2003)	22	10	24	8	20	10	21	14	18	39	12	27	10	14
7. Other	4	28	5	27	5	25	9	26	25	32	7	32	15	9

PATIENT EXPERIENCE SURVEYS	REGION 1 32		REGION 2 35		REGION 3 32		REGION 4 30		REGION 5 57		REGION 6 63		REGION 7 64	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Avatar	0%	100%	0%	100%	0%	100%	0%	100%	2%	98%	0%	100%	0%	100%
2. Gallup	19%	81%	19%	81%	23%	77%	20%	80%	16%	84%	28%	72%	4%	96%
3. National Research Corporation (NRC) / Picker Group	44%	56%	47%	53%	33%	67%	34%	66%	21%	79%	21%	79%	21%	79%
4. Press-Ganey	34%	66%	31%	69%	30%	70%	11%	89%	28%	72%	46%	54%	29%	71%
5. Professional Research Consultants (PRC)	3%	97%	9%	91%	3%	97%	11%	89%	5%	95%	5%	95%	0%	100%
6. PEP-C Project (2003)	69%	31%	75%	25%	67%	33%	60%	40%	32%	68%	31%	69%	42%	58%
7. Other	13%	88%	16%	84%	17%	83%	26%	74%	44%	56%	18%	82%	63%	38%

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APPENDIX C

**A. PATIENT SAFETY MEASUREMENT (PSM) - OVERALL FREQUENCIES**

**N= 249**

Question: Which of the following patient safety measures have you collected within the last 12 months?

	PATIENT SAFETY MEASURES	FREQUENCY				PERCENTAGE			
		ALL	NONE	SOME	NO DATA	ALL	NONE	SOME	NO DATA
1	NQF SRE - Surgical Events	183	50	12	4	73%	20%	5%	2%
2	NQF SRE - Product or Device Events	176	61	11	1	71%	24%	4%	0%
3	NQF SRE - Patient Protection Events	167	60	21	1	67%	24%	8%	0%
4	NQF SRE - Care Management Events	171	51	25	2	69%	20%	10%	1%
5	NQF SRE - Environmental Events	184	55	7	3	74%	22%	3%	1%
6	NQF SRE - Criminal Events	182	60	5	2	73%	24%	2%	1%
7	NQF-Endorsed Patient Safety Measures	98	61	88	2	39%	24%	35%	1%
8	AHRQ Patient Safety Indicators	73	64	110	2	29%	26%	44%	1%
9	Practices Identified in AHRQ Report: <i>Making Healthcare Safer</i>	18	98	131	2	7%	39%	53%	1%
	<b>PATIENT SAFETY MEASURES</b>	<b>TRACK COMPLIANCE</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>N/A</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>N/A</b>	<b>NO DATA</b>
10	The Leapfrog Group Computer Physician Order Entry Standard	66	178	0	5	27%	71%	0%	2%
11	The Leapfrog Group ICU Physician Staffing Standard	83	147	14	5	33%	59%	6%	2%
	<b>PATIENT SAFETY MEASURES</b>	<b>PARTICIPATE</b>	<b>DO NOT PARTICIPATE</b>	<b>N/A</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>DO NOT PARTICIPATE</b>	<b>SOME</b>	<b>NO DATA</b>
12	National Nosocomial Infections Surveillance (NNIS) System	63	183	0	3	25%	73%	0%	1%
				<b>Range</b>	<b>Low</b>	7%	20%	0%	0%
					<b>High</b>	74%	73%	53%	2%

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## **B. PATIENT SAFETY MEASURE (PSM) - AGENCIES REPORTED**

**N= 249**

Question: If collecting measures, list all organizations to which you report your hospital results for the measure (if any.)

PATIENT SAFETY MEASURE SETS	(n)*	CMS/ CMRI	DHS	FDA	Other GA**	Health Plans	Internal	JCAHO	Leapfrog	Purchaser	Other	Not Reported
1. NQF SRE - Surgical Events	195	4	63	6	15	21	184	10	1	0	7	5
2. NQF SRE - Product or Device Events	187	4	65	84	17	20	176	14	0	1	6	4
3. NQF SRE - Patient Protection Events	188	4	89	5	17	21	179	12	0	0	6	5
4. NQF SRE - Care Management Events	196	5	85	15	15	21	185	17	1	0	12	5
5. NQF SRE - Environmental Events	191	9	95	6	15	21	181	14	0	0	6	4
6. NQF SRE - Criminal Events	187	2	96	2	56	21	174	10	0	0	17	3
7. NQF-Endorsed Patient Safety Measures	186	3	15	2	2	6	180	7	0	0	28	3
8. AHRQ Patient Safety Indicators	183	3	21	5	1	6	171	8	0	0	9	7
9. Practices Identified in AHRQ Report: Making Healthcare Safer	149	3	9	0	0	6	136	4	2	0	5	10
10. The Leapfrog Group Computer Physician Order Entry Standard	66	0	0	0	0	15	47	0	40	0	2	1
11. The Leapfrog Group ICU Physician Staffing Standard	83	0	0	0	0	17	56	1	46	0	2	3
12. National Nosocomial Infections Surveillance (NNIS) System	63	0	0	0	1	15	58	2	1	0	21	3

\*(n): Number of hospitals reported collecting all or some of the measures.

\*\* Other GA - Other government agencies.

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## **B. PATIENT SAFETY MEASURE (PSM) - AGENCIES REPORTED**

**N= 249**

Question: If collecting measures, list all organizations to which you report your hospital results for the measure (if any.)

PATIENT SAFETY MEASURE SETS	(n)*	CMS/ CMRI	DHS	FDA	Other GA**	Health Plans	Internal	JCAHO	Leapfrog	Purchaser	Other	Not Reported
1. NQF SRE - Surgical Events	195	2%	32%	3%	8%	11%	94%	5%	1%	0%	4%	3%
2. NQF SRE - Product or Device Events	187	2%	35%	45%	9%	11%	94%	7%	0%	1%	3%	2%
3. NQF SRE - Patient Protection Events	188	2%	47%	3%	9%	11%	95%	6%	0%	0%	3%	3%
4. NQF SRE - Care Management Events	196	3%	43%	8%	8%	11%	94%	9%	1%	0%	6%	3%
5. NQF SRE - Environmental Events	191	5%	50%	3%	8%	11%	95%	7%	0%	0%	3%	2%
6. NQF SRE - Criminal Events	187	1%	51%	1%	30%	11%	93%	5%	0%	0%	9%	2%
7. NQF-Endorsed Patient Safety Measures	186	2%	8%	1%	1%	3%	97%	4%	0%	0%	15%	2%
8. AHRQ Patient Safety Indicators	183	2%	11%	3%	1%	3%	93%	4%	0%	0%	5%	4%
9. Practices Identified in AHRQ Report: Making Healthcare Safer	149	2%	6%	0%	0%	4%	91%	3%	1%	0%	3%	7%
10. The Leapfrog Group Computer Physician Order Entry Standard	66	0%	0%	0%	0%	23%	71%	0%	61%	0%	3%	2%
11. The Leapfrog Group ICU Physician Staffing Standard	83	0%	0%	0%	0%	20%	67%	1%	55%	0%	2%	4%
12. National Nosocomial Infections Surveillance (NNIS) System	63	0%	0%	0%	2%	24%	92%	3%	2%	0%	33%	5%
<b>Range</b>	<b>Low</b>	0%	0%	0%	0%	3%	67%	0%	0%	0%	2%	2%
	<b>High</b>	5%	51%	45%	30%	24%	97%	9%	61%	1%	33%	7%

\*(n): Number of hospitals reported collecting all or some of the measures.

\*\* Other GA - Other government agencies.

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**C. PATIENT SAFETY MEASURE (PSM) - WHY ALL MEASURES NOT COLLECTED**

**N=249**

**Question:** If you do not collect all measures within the set, please use the following key to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

PATIENT SAFETY MEASURE SETS	(n)	Validity	Public reporting	Negative publicity	Liability	Cost	Insufficient staff	No automated data collection	Use different measurement set	Not mandatory	Other
1. NQF SRE - Surgical Events	66	5	6	5	5	14	23	19	14	21	18
2. NQF SRE - Product or Device Events	73	13	8	7	9	17	25	20	13	24	22
3. NQF SRE - Patient Protection Events	82	8	7	3	8	14	22	18	12	23	33
4. NQF SRE - Care Management Events	78	6	7	3	8	15	20	10	13	21	33
5. NQF SRE - Environmental Events	65	7	7	4	10	16	24	13	14	20	20
6. NQF SRE - Criminal Events	67	8	7	3	9	14	23	14	13	21	20
7. NQF-Endorsed Patient Safety Measures	151	17	7	5	11	38	61	58	53	56	26
8. AHRQ Patient Safety Indicators	176	25	14	12	19	45	68	69	58	55	33
9. Practices Identified in AHRQ Report: <i>Making Healthcare Safer</i>	231	28	14	8	20	71	106	100	59	84	43
10. The Leapfrog Group Computer Physician Order Entry Standard	183	11	8	3	7	63	38	64	16	51	72
11. The Leapfrog Group ICU Physician Staffing Standard	152	8	7	4	7	50	47	46	12	48	59
12. National Nosocomial Infections Surveillance (NNIS) System	186	8	7	3	8	48	72	67	25	69	14

\*(n): Number of hospitals reported collecting some or none of the measures.

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**C. PATIENT SAFETY MEASURE (PSM) - WHY ALL MEASURES NOT COLLECTED**

**N=249**

**Question:** If you do not collect all measures within the set, please use the following key to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

PATIENT SAFETY MEASURE SETS	(n)	Validity	Public reporting	Negative publicity	Liability	Cost	Insufficient staff	No automated data collection	Use different measurement set	Not mandatory	Other
1. NQF SRE - Surgical Events	66	8%	9%	8%	8%	21%	35%	29%	21%	32%	27%
2. NQF SRE - Product or Device Events	73	18%	11%	10%	12%	23%	34%	27%	18%	33%	30%
3. NQF SRE - Patient Protection Events	82	10%	9%	4%	10%	17%	27%	22%	15%	28%	40%
4. NQF SRE - Care Management Events	78	8%	9%	4%	10%	19%	26%	13%	17%	27%	42%
5. NQF SRE - Environmental Events	65	11%	11%	6%	15%	25%	37%	20%	22%	31%	31%
6. NQF SRE - Criminal Events	67	12%	10%	4%	13%	21%	34%	21%	19%	31%	30%
7. NQF-Endorsed Patient Safety Measures	151	11%	5%	3%	7%	25%	40%	38%	35%	37%	17%
8. AHRQ Patient Safety Indicators	176	14%	8%	7%	11%	26%	39%	39%	33%	31%	19%
9. Practices Identified in AHRQ Report: <i>Making Healthcare Safer</i>	231	12%	6%	3%	9%	31%	46%	43%	26%	36%	19%
10. The Leapfrog Group Computer Physician Order Entry Standard	183	6%	4%	2%	4%	34%	21%	35%	9%	28%	39%
11. The Leapfrog Group ICU Physician Staffing Standard	152	5%	5%	3%	5%	33%	31%	30%	8%	32%	39%
12. National Nosocomial Infections Surveillance (NNIS) System	186	4%	4%	2%	4%	26%	39%	36%	13%	37%	8%
<b>Range</b>	<b>Low</b>	4%	4%	2%	4%	17%	21%	13%	8%	27%	8%
	<b>High</b>	18%	11%	10%	15%	34%	46%	43%	35%	37%	42%

\*(n): Number of hospitals reported collecting some or none of the measures.

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**D. PATIENT SAFETY MEASURE (PSM)- WILLING TO PUBLICLY REPORT**

**N=249**

**Question:** If you do collect measures within the set, would your hospital seriously consider putting your results—aggregated at the hospital level—into the public domain?

Measure Sets	(n)*	FREQUENCY			PERCENTAGE		
		YES	NO	NO DATA	YES	NO	NO DATA
1. NQF SRE - Surgical Events	195	25	167	3	13%	86%	2%
2. NQF SRE - Product or Device Events	187	27	159	1	14%	85%	1%
3. NQF SRE - Patient Protection Events	188	23	163	2	12%	87%	1%
4. NQF SRE - Care Management Events	196	22	172	2	11%	88%	1%
5. NQF SRE - Environmental Events	191	24	166	1	13%	87%	1%
6. NQF SRE - Criminal Events	187	27	157	3	14%	84%	2%
7. NQF-Endorsed Patient Safety Measures	186	39	144	3	21%	77%	2%
8. AHRQ Patient Safety Indicators	183	29	151	3	16%	83%	2%
9. Practices Identified in AHRQ Report: Making Healthcare Safer	149	29	118	2	19%	79%	1%
10. The Leapfrog Group Computer Physician Order Entry	66	41	24	1	62%	36%	2%
11. The Leapfrog Group ICU Physician Staffing Standard	83	50	32	1	60%	39%	1%
12. National Nosocomial Infections Surveillance (NNIS) System	63	16	46	1	25%	73%	2%
<b>Range</b>	<b>Low</b>	16	24	1	11%	36%	1%
	<b>High</b>	50	172	3	62%	88%	2%

\*(n): Number of hospitals reported collecting all or some of the measures.

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**E. PATIENT SAFETY MEASURE (PSM) - WHY NOT WILLING TO PUBLICLY REPORT**

**N=249**

**Question:** If you would not be willing to publicly report the measures, please use the key below to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

PATIENT SAFETY MEASURE SETS	(n)*	Validity concerns	Public reporting	Negative publicity	Liability concerns	Timeliness of report	Other concerns
1. NQF SRE - Surgical Events	167	45	64	62	109	24	42
2. NQF SRE - Product or Device Events	159	42	64	58	105	21	36
3. NQF SRE - Patient Protection Events	163	45	65	63	103	22	39
4. NQF SRE - Care Management Events	172	49	68	71	113	22	35
5. NQF SRE - Environmental Events	166	45	69	66	110	24	37
6. NQF SRE - Criminal Events	157	42	66	62	103	27	37
7. NQF-Endorsed Patient Safety Measures	144	43	53	48	85	21	20
8. AHRQ Patient Safety Indicators	151	49	55	51	90	21	24
9. Practices Identified in AHRQ Report: <i>Making Healthcare Safer</i>	118	40	45	36	58	18	21
10. The Leapfrog Group Computer Physician Order Entry Standard	24	3	2	3	6	1	14
11. The Leapfrog Group ICU Physician Staffing Standard	32	6	7	8	10	2	16
12. National Nosocomial Infections Surveillance (NNIS) System	46	5	9	6	18	3	18

\*(n): Number of hospitals reported collecting all or some of the measures but are not willing to publicly report.

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**E. PATIENT SAFETY MEASURE (PSM) - WHY NOT WILLING TO PUBLICLY REPORT**

**N=249**

**Question:** If you would not be willing to publicly report the measures, please use the key below to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

PATIENT SAFETY MEASURE SETS	(n)*	Validity concerns	Public reporting	Negative publicity	Liability concerns	Timeliness of report	Other concerns
1. NQF SRE - Surgical Events	167	27%	38%	37%	65%	14%	25%
2. NQF SRE - Product or Device Events	159	26%	40%	36%	66%	13%	23%
3. NQF SRE - Patient Protection Events	163	28%	40%	39%	63%	13%	24%
4. NQF SRE - Care Management Events	172	28%	40%	41%	66%	13%	20%
5. NQF SRE - Environmental Events	166	27%	42%	40%	66%	14%	22%
6. NQF SRE - Criminal Events	157	27%	42%	39%	66%	17%	24%
7. NQF-Endorsed Patient Safety Measures	144	30%	37%	33%	59%	15%	14%
8. AHRQ Patient Safety Indicators	151	32%	36%	34%	60%	14%	16%
9. Practices Identified in AHRQ Report: <i>Making Healthcare Safer</i>	118	34%	38%	31%	49%	15%	18%
10. The Leapfrog Group Computer Physician Order Entry Standard	24	13%	8%	13%	25%	4%	58%
11. The Leapfrog Group ICU Physician Staffing Standard	32	19%	22%	25%	31%	6%	50%
12. National Nosocomial Infections Surveillance (NNIS)	46	11%	20%	13%	39%	7%	39%
<b>Range</b>	<b>Low</b>	11%	8%	13%	25%	4%	14%
	<b>High</b>	34%	42%	41%	66%	17%	58%

\*(n): Number of hospitals reported collecting all or some of the measures but are not willing to publicly report.

## F. PATIENT SAFETY MEASURE (PSM) - SYSTEM VS. NON-SYSTEM

	SYSTEM 185				NON-SYSTEM 64			
PATIENT SAFETY MEASURES	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	140	8	37	0	43	4	13	4
2. NQF SRE - Product or Device Events	137	7	41	0	39	4	20	1
3. NQF SRE - Patient Protection Events	127	17	41	0	40	4	19	1
4. NQF SRE - Care Management Events	136	14	34	1	35	11	17	1
5. NQF SRE - Environmental Events	139	6	38	2	45	1	17	1
6. NQF SRE - Criminal Events	140	2	42	1	42	3	18	1
7. NQF-Endorsed Patient Safety Measures	79	56	49	1	19	32	12	1
8. AHRQ Patient Safety Indicators	60	73	51	1	13	37	13	1
9. Practices Identified in AHRQ Report: Making Healthcare Safer	14	97	73	1	4	34	25	1
	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>
10. The Leapfrog Group Computer Physician Order Entry Standard	61	0	122	2	5	0	56	3
11. The Leapfrog Group ICU Physician Staffing Standard	70	6	107	2	13	8	40	3
	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>
12. National Nosocomial Infections Surveillance (NNIS) System	52	0	131	2	11	0	52	1

	SYSTEM 185				NON-SYSTEM 64			
PATIENT SAFETY MEASURES	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	76%	4%	20%	0%	67%	6%	20%	6%
2. NQF SRE - Product or Device Events	74%	4%	22%	0%	61%	6%	31%	2%
3. NQF SRE - Patient Protection Events	69%	9%	22%	0%	63%	6%	30%	2%
4. NQF SRE - Care Management Events	74%	8%	18%	1%	55%	17%	27%	2%
5. NQF SRE - Environmental Events	75%	3%	21%	1%	70%	2%	27%	2%
6. NQF SRE - Criminal Events	76%	1%	23%	1%	66%	5%	28%	2%
7. NQF-Endorsed Patient Safety Measures	43%	30%	26%	1%	30%	50%	19%	2%
8. AHRQ Patient Safety Indicators	32%	39%	28%	1%	20%	58%	20%	2%
9. Practices Identified in AHRQ Report: Making Healthcare Safer	8%	52%	39%	1%	6%	53%	39%	2%
	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>
10. The Leapfrog Group Computer Physician Order Entry Standard	33%	0%	66%	1%	8%	0%	88%	5%
11. The Leapfrog Group ICU Physician Staffing Standard	38%	3%	58%	1%	20%	13%	63%	5%
	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>
12. National Nosocomial Infections Surveillance (NNIS) System	28%	0%	71%	1%	17%	0%	81%	2%

**G. PATIENT SAFETY MEASURE (PSM) - ACROSS SYSTEM COMPARISON**

PATIENT SAFETY MEASURES	SYSTEM 1 (16+ Hosp)				SYSTEM 2 (1-15 Hosp)				SYSTEM 3 (1-15 Hosp)				SYSTEM 4 (1-15 Hosp)			
	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	20	1	6	0	3	0	3	0	14	0	0	0	5	0	0	0
2. NQF SRE - Product or Device Events	21	1	5	0	3	0	3	0	14	0	0	0	5	0	0	0
3. NQF SRE - Patient Protection Events	22	0	5	0	3	0	3	0	14	0	0	0	5	0	0	0
4. NQF SRE - Care Management Events	21	1	5	0	3	0	3	0	14	0	0	0	4	1	0	0
5. NQF SRE - Environmental Events	22	0	5	0	3	0	3	0	14	0	0	0	5	0	0	0
6. NQF SRE - Criminal Events	21	0	6	0	3	0	3	0	14	0	0	0	5	0	0	0
7. NQF-Endorsed Patient Safety Measures	15	6	6	0	2	1	3	0	0	0	14	0	2	3	0	0
8. AHRQ Patient Safety Indicators	12	10	5	0	1	2	3	0	0	0	14	0	3	2	0	0
9. Practices Identified in AHRQ Report: Making Healthcare Safer	3	16	8	0	0	2	4	0	0	0	14	0	0	5	0	0
	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>
10. The Leapfrog Group Computer Physician Order Entry Standard	8	0	19	0	2	0	4	0	14	0	0	0	3	0	2	0
11. The Leapfrog Group ICU Physician Staffing Standard	10	1	16	0	2	0	4	0	14	0	0	0	3	0	2	0
	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>
12. National Nosocomial Infections Surveillance (NNIS) System	6	0	21	0	3	0	3	0	14	0	0	0	3	0	2	0

PATIENT SAFETY MEASURES	SYSTEM 1 (16+ Hosp)				SYSTEM 2 (1-15 Hosp)				SYSTEM 3 (1-15 Hosp)				SYSTEM 4 (1-15 Hosp)			
	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	74%	4%	22%	0%	50%	0%	50%	0%	100%	0%	0%	0%	100%	0%	0%	0%
2. NQF SRE - Product or Device Events	78%	4%	19%	0%	50%	0%	50%	0%	100%	0%	0%	0%	100%	0%	0%	0%
3. NQF SRE - Patient Protection Events	81%	0%	19%	0%	50%	0%	50%	0%	100%	0%	0%	0%	100%	0%	0%	0%
4. NQF SRE - Care Management Events	78%	4%	19%	0%	50%	0%	50%	0%	100%	0%	0%	0%	80%	20%	0%	0%
5. NQF SRE - Environmental Events	81%	0%	19%	0%	50%	0%	50%	0%	100%	0%	0%	0%	100%	0%	0%	0%
6. NQF SRE - Criminal Events	78%	0%	22%	0%	50%	0%	50%	0%	100%	0%	0%	0%	100%	0%	0%	0%
7. NQF-Endorsed Patient Safety Measures	56%	22%	22%	0%	33%	17%	50%	0%	0%	0%	100%	0%	40%	60%	0%	0%
8. AHRQ Patient Safety Indicators	44%	37%	19%	0%	17%	33%	50%	0%	0%	0%	100%	0%	60%	40%	0%	0%
9. Practices Identified in AHRQ Report: Making Healthcare Safer	11%	59%	30%	0%	0%	33%	67%	0%	0%	0%	100%	0%	0%	100%	0%	0%
	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>
10. The Leapfrog Group Computer Physician Order Entry Standard	30%	0%	70%	0%	33%	0%	67%	0%	100%	0%	0%	0%	60%	0%	40%	0%
11. The Leapfrog Group ICU Physician Staffing Standard	37%	4%	59%	0%	33%	0%	67%	0%	100%	0%	0%	0%	60%	0%	40%	0%
	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>
12. National Nosocomial Infections Surveillance (NNIS) System	22%	0%	78%	0%	50%	0%	50%	0%	100%	0%	0%	0%	60%	0%	40%	0%

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	SYSTEM 5 (1-15 Hosp)				SYSTEM 6 (1-15 Hosp)				SYSTEM 7 (16+ Hosp)				SYSTEM 8 (16+ Hosp)			
	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
<b>PATIENT SAFETY MEASURES</b>																
1. NQF SRE - Surgical Events	3	0	2	0	5	0	0	0	9	2	9	0	25	2	4	0
2. NQF SRE - Product or Device Events	3	0	2	0	5	0	0	0	9	2	9	0	22	2	7	0
3. NQF SRE - Patient Protection Events	3	0	2	0	5	0	0	0	8	2	10	0	19	5	7	0
4. NQF SRE - Care Management Events	3	1	1	0	5	0	0	0	11	1	8	0	23	3	5	0
5. NQF SRE - Environmental Events	3	0	2	0	5	0	0	0	11	1	8	0	23	2	5	1
6. NQF SRE - Criminal Events	3	0	2	0	5	0	0	0	11	0	9	0	24	2	5	0
7. NQF-Endorsed Patient Safety Measures	3	1	1	0	2	3	0	0	7	7	6	0	18	7	6	0
8. AHRQ Patient Safety Indicators	2	2	1	0	5	0	0	0	5	7	8	0	13	11	7	0
9. Practices Identified in AHRQ Report: Making Healthcare Safer	1	3	1	0	0	5	0	0	0	10	10	0	5	15	11	0
	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>
10. The Leapfrog Group Computer Physician Order Entry Standard	4	0	1	0	5	0	0	0	5	0	15	0	1	0	30	0
11. The Leapfrog Group ICU Physician Staffing Standard	4	0	1	0	5	0	0	0	8	0	12	0	5	0	26	0
	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>
12. National Nosocomial Infections Surveillance (NNIS) System	2	0	3	0	4	0	1	0	3	0	17	0	3	0	28	0

	SYSTEM 5 (1-15 Hosp)				SYSTEM 6 (1-15 Hosp)				SYSTEM 7 (16+ Hosp)				SYSTEM 8 (16+ Hosp)			
	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
<b>PATIENT SAFETY MEASURES</b>																
1. NQF SRE - Surgical Events	60%	0%	40%	0%	100%	0%	0%	0%	45%	10%	45%	0%	81%	6%	13%	0%
2. NQF SRE - Product or Device Events	60%	0%	40%	0%	100%	0%	0%	0%	45%	10%	45%	0%	71%	6%	23%	0%
3. NQF SRE - Patient Protection Events	60%	0%	40%	0%	100%	0%	0%	0%	40%	10%	50%	0%	61%	16%	23%	0%
4. NQF SRE - Care Management Events	60%	20%	20%	0%	100%	0%	0%	0%	55%	5%	40%	0%	74%	10%	16%	0%
5. NQF SRE - Environmental Events	60%	0%	40%	0%	100%	0%	0%	0%	55%	5%	40%	0%	74%	6%	16%	3%
6. NQF SRE - Criminal Events	60%	0%	40%	0%	100%	0%	0%	0%	55%	0%	45%	0%	77%	6%	16%	0%
7. NQF-Endorsed Patient Safety Measures	60%	20%	20%	0%	40%	60%	0%	0%	35%	35%	30%	0%	58%	23%	19%	0%
8. AHRQ Patient Safety Indicators	40%	40%	20%	0%	100%	0%	0%	0%	25%	35%	40%	0%	42%	35%	23%	0%
9. Practices Identified in AHRQ Report: Making Healthcare Safer	20%	60%	20%	0%	0%	100%	0%	0%	0%	50%	50%	0%	16%	48%	35%	0%
	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>
10. The Leapfrog Group Computer Physician Order Entry Standard	80%	0%	20%	0%	100%	0%	0%	0%	25%	0%	75%	0%	3%	0%	97%	0%
11. The Leapfrog Group ICU Physician Staffing Standard	80%	0%	20%	0%	100%	0%	0%	0%	40%	0%	60%	0%	16%	0%	84%	0%
	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>
12. National Nosocomial Infections Surveillance (NNIS) System	40%	0%	60%	0%	80%	0%	20%	0%	15%	0%	85%	0%	10%	0%	90%	0%

### H. PATIENT SAFETY MEASURE (PSM) - HOSPITAL SIZE COMPARISON

PATIENT SAFETY MEASURES	SMALL 69				MEDIUM 66				LARGE 52				VERY LARGE 62			
	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	41	2	23	3	48	7	10	1	42	0	10	0	52	3	7	0
2. NQF SRE - Product or Device Events	39	3	27	0	46	4	15	1	39	3	10	0	52	1	9	0
3. NQF SRE - Patient Protection Events	37	7	25	0	44	4	17	1	37	4	11	0	49	6	7	0
4. NQF SRE - Care Management Events	35	9	24	1	47	7	11	1	36	6	10	0	53	3	6	0
5. NQF SRE - Environmental Events	42	1	25	1	48	4	12	2	41	0	11	0	53	2	7	0
6. NQF SRE - Criminal Events	39	3	26	1	50	1	14	1	41	1	10	0	52	0	10	0
7. NQF-Endorsed Patient Safety Measures	26	20	22	1	24	26	15	1	17	21	14	0	31	21	10	0
8. AHRQ Patient Safety Indicators	21	26	21	1	19	30	16	1	13	25	14	0	20	29	13	0
9. Practices Identified in AHRQ Report: Making Healthcare Safer	3	28	37	1	7	33	25	1	3	28	21	0	5	42	15	0
	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA
10. The Leapfrog Group Computer Physician Order Entry Standard	7	0	60	2	15	0	49	2	18	0	33	1	26	0	36	0
11. The Leapfrog Group ICU Physician Staffing Standard	11	12	44	2	20	1	43	2	22	1	28	1	30	0	32	0
	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA
12. National Nosocomial Infections Surveillance (NNIS) System	5	0	62	2	14	0	51	1	17	0	35	0	27	0	35	0

PATIENT SAFETY MEASURES	SMALL 69				MEDIUM 66				LARGE 52				VERY LARGE 62			
	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	59%	3%	33%	4%	73%	11%	15%	2%	81%	0%	19%	0%	84%	5%	11%	0%
2. NQF SRE - Product or Device Events	57%	4%	39%	0%	70%	6%	23%	2%	75%	6%	19%	0%	84%	2%	15%	0%
3. NQF SRE - Patient Protection Events	54%	10%	36%	0%	67%	6%	26%	2%	71%	8%	21%	0%	79%	10%	11%	0%
4. NQF SRE - Care Management Events	51%	13%	35%	1%	71%	11%	17%	2%	69%	12%	19%	0%	85%	5%	10%	0%
5. NQF SRE - Environmental Events	61%	1%	36%	1%	73%	6%	18%	3%	79%	0%	21%	0%	85%	3%	11%	0%
6. NQF SRE - Criminal Events	57%	4%	38%	1%	76%	2%	21%	2%	79%	2%	19%	0%	84%	0%	16%	0%
7. NQF-Endorsed Patient Safety Measures	38%	29%	32%	1%	36%	39%	23%	2%	33%	40%	27%	0%	50%	34%	16%	0%
8. AHRQ Patient Safety Indicators	30%	38%	30%	1%	29%	45%	24%	2%	25%	48%	27%	0%	32%	47%	21%	0%
9. Practices Identified in AHRQ Report: Making Healthcare Safer	4%	41%	54%	1%	11%	50%	38%	2%	6%	54%	40%	0%	8%	68%	24%	0%
	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA
10. The Leapfrog Group Computer Physician Order Entry Standard	10%	0%	87%	3%	23%	0%	74%	3%	35%	0%	63%	2%	42%	0%	58%	0%
11. The Leapfrog Group ICU Physician Staffing Standard	16%	17%	64%	3%	30%	2%	65%	3%	42%	2%	54%	2%	48%	0%	52%	0%
	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA
12. National Nosocomial Infections Surveillance (NNIS) System	7%	0%	90%	3%	21%	0%	77%	2%	33%	0%	67%	0%	44%	0%	56%	0%

## I. PATIENT SAFETY MEASURE (PSM) - HOSPITAL TYPE COMPARISON

PATIENT SAFETY MEASURES	Teaching 17				Small/Rural 40				Other 192			
	ALL	NONE	SOME	NO DATA	ALL	NONE	SOME	NO DATA	ALL	NONE	SOME	NO DATA
1. NQF SRE - Surgical Events	11	4	2	0	28	9	1	2	144	37	9	2
2. NQF SRE - Product or Device Events	13	4	0	0	27	11	2	0	136	46	9	1
3. NQF SRE - Patient Protection Events	12	4	1	0	27	11	2	0	128	45	18	1
4. NQF SRE - Care Management Events	13	3	1	0	25	10	5	0	133	38	19	2
5. NQF SRE - Environmental Events	13	4	0	0	28	11	1	0	143	40	6	3
6. NQF SRE - Criminal Events	13	4	0	0	29	11	0	0	140	45	5	2
7. NQF-Endorsed Patient Safety Measures	6	3	8	0	17	10	13	0	75	48	67	2
8. AHRQ Patient Safety Indicators	1	5	11	0	15	9	16	0	57	50	83	2
9. Practices Identified in AHRQ Report: Making Healthcare Safer	0	5	12	0	3	21	16	0	15	72	103	2
	TRACK COMPLIANCE	DO NOT TRACK COMPLIANCE	N/A	NO DATA	TRACK COMPLIANCE	DO NOT TRACK COMPLIANCE	N/A	NO DATA	TRACK COMPLIANCE	DO NOT TRACK COMPLIANCE	N/A	NO DATA
10. The Leapfrog Group Computer Physician Order Entry Standard	8	9	0	0	2	37	0	1	56	132	0	4
11. The Leapfrog Group ICU Physician Staffing Standard	9	8	0	0	3	26	10	1	71	113	4	4
	PARTICIPATE	DO NOT PARTICIPATE	N/A	NO DATA	PARTICIPATE	DO NOT PARTICIPATE	N/A	NO DATA	PARTICIPATE	DO NOT PARTICIPATE	N/A	NO DATA
12. National Nosocomial Infections Surveillance (NNIS) System	8	9	0	0	4	35	0	1	51	139	0	2

PATIENT SAFETY MEASURES	Teaching 17				Small/Rural 40				Other 192			
	ALL	NONE	SOME	NO DATA	ALL	NONE	SOME	NO DATA	ALL	NONE	SOME	NO DATA
1. NQF SRE - Surgical Events	65%	24%	12%	0%	70%	23%	3%	5%	75%	19%	5%	1%
2. NQF SRE - Product or Device Events	76%	24%	0%	0%	68%	28%	5%	0%	71%	24%	5%	1%
3. NQF SRE - Patient Protection Events	71%	24%	6%	0%	68%	28%	5%	0%	67%	23%	9%	1%
4. NQF SRE - Care Management Events	76%	18%	6%	0%	63%	25%	13%	0%	69%	20%	10%	1%
5. NQF SRE - Environmental Events	76%	24%	0%	0%	70%	28%	3%	0%	74%	21%	3%	2%
6. NQF SRE - Criminal Events	76%	24%	0%	0%	73%	28%	0%	0%	73%	23%	3%	1%
7. NQF-Endorsed Patient Safety Measures	35%	18%	47%	0%	43%	25%	33%	0%	39%	25%	35%	1%
8. AHRQ Patient Safety Indicators	6%	29%	65%	0%	38%	23%	40%	0%	30%	26%	43%	1%
9. Practices Identified in AHRQ Report: Making Healthcare Safer	0%	29%	71%	0%	8%	53%	40%	0%	8%	38%	54%	1%
	TRACK COMPLIANCE	DO NOT TRACK COMPLIANCE	N/A	NO DATA	TRACK COMPLIANCE	DO NOT TRACK COMPLIANCE	N/A	NO DATA	TRACK COMPLIANCE	DO NOT TRACK COMPLIANCE	N/A	NO DATA
10. The Leapfrog Group Computer Physician Order Entry Standard	47%	53%	0%	0%	5%	93%	0%	3%	29%	69%	0%	2%
11. The Leapfrog Group ICU Physician Staffing Standard	53%	47%	0%	0%	8%	65%	25%	3%	37%	59%	2%	2%
	PARTICIPATE	DO NOT PARTICIPATE	N/A	NO DATA	PARTICIPATE	DO NOT PARTICIPATE	N/A	NO DATA	PARTICIPATE	DO NOT PARTICIPATE	N/A	NO DATA
12. National Nosocomial Infections Surveillance (NNIS) System	47%	53%	0%	0%	10%	88%	0%	3%	27%	72%	0%	1%

**J. PATIENT SAFETY MEASURE (PSM) - REGIONS COMPARISON**

	REGION 1 32				REGION 2 32				REGION 3 30				REGION 4 35			
PATIENT SAFETY MEASURES	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	22	1	8	1	20	4	8	0	20	0	10	0	20	2	11	2
2. NQF SRE - Product or Device Events	22	0	10	0	23	0	9	0	19	3	8	0	20	2	12	1
3. NQF SRE - Patient Protection Events	19	3	10	0	20	3	9	0	21	1	8	0	22	1	11	1
4. NQF SRE - Care Management Events	21	3	8	0	20	4	8	0	19	1	9	1	22	1	11	1
5. NQF SRE - Environmental Events	22	1	9	0	23	1	8	0	21	0	8	1	22	0	12	1
6. NQF SRE - Criminal Events	22	1	9	0	22	0	10	0	21	1	7	1	22	0	12	1
7. NQF-Endorsed Patient Safety Measures	11	12	9	0	8	10	14	0	12	8	9	1	11	10	13	1
8. AHRQ Patient Safety Indicators	10	12	10	0	4	13	15	0	7	14	8	1	8	13	13	1
9. Practices Identified in AHRQ Report: Making Healthcare Safer	2	13	17	0	1	14	17	0	2	14	13	1	1	11	22	1
	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA
10. The Leapfrog Group Computer Physician Order Entry Standard	3	0	28	1	17	0	15	0	8	0	20	2	10	0	23	2
11. The Leapfrog Group ICU Physician Staffing Standard	6	4	21	1	16	2	14	0	11	1	16	2	11	4	18	2
	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA
12. National Nosocomial Infections Surveillance (NNIS) System	6	0	25	1	12	0	20	0	6	0	23	1	5	0	29	1

	REGION 1 32				REGION 2 35				REGION 3 32				REGION 4 30			
PATIENT SAFETY MEASURES	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	69%	3%	25%	3%	63%	13%	25%	0%	67%	0%	33%	0%	57%	6%	31%	6%
2. NQF SRE - Product or Device Events	69%	0%	31%	0%	72%	0%	28%	0%	63%	10%	27%	0%	57%	6%	34%	3%
3. NQF SRE - Patient Protection Events	59%	9%	31%	0%	63%	9%	28%	0%	70%	3%	27%	0%	63%	3%	31%	3%
4. NQF SRE - Care Management Events	66%	9%	25%	0%	63%	13%	25%	0%	63%	3%	30%	3%	63%	3%	31%	3%
5. NQF SRE - Environmental Events	69%	3%	28%	0%	72%	3%	25%	0%	70%	0%	27%	3%	63%	0%	34%	3%
6. NQF SRE - Criminal Events	69%	3%	28%	0%	69%	0%	31%	0%	70%	3%	23%	3%	63%	0%	34%	3%
7. NQF-Endorsed Patient Safety Measures	34%	38%	28%	0%	25%	31%	44%	0%	40%	27%	30%	3%	31%	29%	37%	3%
8. AHRQ Patient Safety Indicators	31%	38%	31%	0%	13%	41%	47%	0%	23%	47%	27%	3%	23%	37%	37%	3%
9. Practices Identified in AHRQ Report: Making Healthcare Safer	6%	41%	53%	0%	3%	44%	53%	0%	7%	47%	43%	3%	3%	31%	63%	3%
	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA	TRACK COMPLIANCE	N/A	DO NOT TRACK COMPLIANCE	NO DATA
10. The Leapfrog Group Computer Physician Order Entry Standard	9%	0%	88%	3%	53%	0%	47%	0%	27%	0%	67%	7%	29%	0%	66%	6%
11. The Leapfrog Group ICU Physician Staffing Standard	19%	13%	66%	3%	50%	6%	44%	0%	37%	3%	53%	7%	31%	11%	51%	6%
	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA	PARTICIPATE	N/A	DO NOT PARTICIPATE	NO DATA
12. National Nosocomial Infections Surveillance (NNIS) System	19%	0%	78%	3%	38%	0%	63%	0%	20%	0%	77%	3%	14%	0%	83%	3%

REGION 5	57	REGION 6	39	REGION 7	24
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SURVEY OF HOSPITAL PERFORMANCE MEASUREMENT ACTIVITIES IN CALIFORNIA  
APPENDIX C

PATIENT SAFETY MEASURES	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	48	3	5	1	32	2	5	0	21	0	3	0
2. NQF SRE - Product or Device Events	44	5	8	0	29	0	10	0	19	1	4	0
3. NQF SRE - Patient Protection Events	36	10	11	0	32	1	6	0	17	2	5	0
4. NQF SRE - Care Management Events	40	8	9	0	30	5	4	0	19	3	2	0
5. NQF SRE - Environmental Events	44	2	10	1	31	2	6	0	21	1	2	0
6. NQF SRE - Criminal Events	45	2	10	0	30	0	9	0	20	1	3	0
7. NQF-Endorsed Patient Safety Measures	28	20	9	0	17	17	5	0	11	11	2	0
8. AHRQ Patient Safety Indicators	14	33	10	0	19	16	4	0	11	9	4	0
9. Practices Identified in AHRQ Report: Making Healthcare Safer	6	37	14	0	4	25	10	0	2	17	5	0
	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>
10. The Leapfrog Group Computer Physician Order Entry Standard	13	0	44	0	10	0	29	0	5	0	19	0
11. The Leapfrog Group ICU Physician Staffing Standard	21	1	35	0	12	2	25	0	6	0	18	0
	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>
12. National Nosocomial Infections Surveillance (NNIS) System	12	0	45	0	15	0	24	0	7	0	17	0

	REGION 5 57				REGION 6 63				REGION 7 24			
PATIENT SAFETY MEASURES	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA	ALL	SOME	NONE	NO DATA
1. NQF SRE - Surgical Events	84%	5%	9%	2%	82%	5%	13%	0%	88%	0%	13%	0%
2. NQF SRE - Product or Device Events	77%	9%	14%	0%	74%	0%	26%	0%	79%	4%	17%	0%
3. NQF SRE - Patient Protection Events	63%	18%	19%	0%	82%	3%	15%	0%	71%	8%	21%	0%
4. NQF SRE - Care Management Events	70%	14%	16%	0%	77%	13%	10%	0%	79%	13%	8%	0%
5. NQF SRE - Environmental Events	77%	4%	18%	2%	79%	5%	15%	0%	88%	4%	8%	0%
6. NQF SRE - Criminal Events	79%	4%	18%	0%	77%	0%	23%	0%	83%	4%	13%	0%
7. NQF-Endorsed Patient Safety Measures	49%	35%	16%	0%	44%	44%	13%	0%	46%	46%	8%	0%
8. AHRQ Patient Safety Indicators	25%	58%	18%	0%	49%	41%	10%	0%	46%	38%	17%	0%
9. Practices Identified in AHRQ Report: Making Healthcare Safer	11%	65%	25%	0%	10%	64%	26%	0%	8%	71%	21%	0%
	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>	<b>TRACK COMPLIANCE</b>	<b>N/A</b>	<b>DO NOT TRACK COMPLIANCE</b>	<b>NO DATA</b>
10. The Leapfrog Group Computer Physician Order Entry Standard	23%	0%	77%	0%	26%	0%	74%	0%	21%	0%	79%	0%
11. The Leapfrog Group ICU Physician Staffing Standard	37%	2%	61%	0%	31%	5%	64%	0%	25%	0%	75%	0%
	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>	<b>PARTICIPATE</b>	<b>N/A</b>	<b>DO NOT PARTICIPATE</b>	<b>NO DATA</b>
12. National Nosocomial Infections Surveillance (NNIS) System	21%	0%	79%	0%	38%	0%	62%	0%	29%	0%	71%	0%

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**A. QUALITY OF CARE MEASURES (QCM) - OVERALL FREQUENCIES**

**N= 249**

Question: Which of the following quality of care measures have you collected within the last 12 months?

QUALITY OF CARE MEASURES	CATEGORY	FREQUENCIES					PERCENTAGES				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	16	121	86	24	2	7%	54%	39%	10%	0.8%
2. JCAHO AMI Core Measure Set	Cardiac	164	31	30	23	1	73%	14%	13%	9%	0.4%
3. CMRI / CMS AMI Measures	Cardiac	115	29	82	21	2	51%	13%	36%	8%	0.8%
4. AHA AMI Measures	Cardiac	42	54	116	35	2	20%	25%	55%	14%	0.8%
5. JCAHO Heart Failure Core Measure Set	Cardiac	185	2	40	21	1	81%	1%	18%	8%	0.4%
6. CMRI / CMS Heart Failure Measures	Cardiac	122	7	95	23	2	54%	3%	42%	9%	0.8%
7. Additional NQF-Endorsed Measures	Cardiac	26	31	100	89	3	17%	20%	64%	36%	1.2%
8. NQF-Endorsed Measures	Pediatric	10	5	142	90	2	6%	3%	90%	36%	0.8%
9. JCAHO CAP Core Measure Set	Pneumonia	147	21	60	19	2	64%	9%	26%	8%	0.8%
10. CMRI / CMS PNE Measures	Pneumonia	102	20	101	24	2	46%	9%	45%	10%	0.8%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	126	23	43	55	2	66%	12%	22%	22%	0.8%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	79	25	82	61	2	42%	13%	44%	24%	0.8%
13. CMRI / CMS SIP Measures	Surgical	55	19	148	25	2	25%	9%	67%	10%	0.8%
<b>Range</b>	Low	10	2	30	19	1	6%	1%	13%	8%	0%
	High	185	121	148	90	3	81%	54%	90%	36%	1%

## **B. QUALITY OF CARE MEASURE (QCM) - DATA SOURCES**

**N= 249**

**Question:** If you do not collect all measures within the set, please use the following key to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

QUALITY OF CARE MEASURES	CATEGORY	(n)	ADM	DCT	EMR	MRA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	139	97	41	19	98
2. JCAHO AMI Core Measure Set	Cardiac	196	100	112	32	147
3. CMRI / CMS AMI Measures	Cardiac	146	80	75	28	118
4. AHA AMI Measures	Cardiac	98	55	55	13	74
5. JCAHO Heart Failure Core Measure Set	Cardiac	188	94	110	31	138
6. CMRI / CMS Heart Failure Measures	Cardiac	131	73	66	26	102
7. Additional NQF-Endorsed Measures	Cardiac	60	29	34	14	42
8. NQF-Endorsed Measures	Pediatric	17	10	3	3	12
9. JCAHO CAP Core Measure Set	Pneumonia	170	90	81	28	137
10. CMRI / CMS PNE Measures	Pneumonia	124	70	56	22	105
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	151	102	44	29	80
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	106	73	27	23	65
13. CMRI / CMS SIP Measures	Surgical	76	31	20	10	69

\*(n): Number of hospitals reported collecting all or some of the measures.

ADM=Hospital Discharge / Administrative data

DCT= Data Collection Tool (e.g. STS Vendor Software for STS measures)

EMR=Electronic Medical Record

MRA=Medical Record Abstraction

## **B. QUALITY OF CARE MEASURE (QCM) - DATA SOURCES**

**N= 249**

**Question:** If you do not collect all measures within the set, please use the following key to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

QUALITY OF CARE MEASURES	CATEGORY	(n)	ADM	DCT	EMR	MRA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	139	70%	29%	14%	71%
2. JCAHO AMI Core Measure Set	Cardiac	196	51%	57%	16%	75%
3. CMRI / CMS AMI Measures	Cardiac	146	55%	51%	19%	81%
4. AHA AMI Measures	Cardiac	98	56%	56%	13%	76%
5. JCAHO Heart Failure Core Measure Set	Cardiac	188	50%	59%	16%	73%
6. CMRI / CMS Heart Failure Measures	Cardiac	131	56%	50%	20%	78%
7. Additional NQF-Endorsed Measures	Cardiac	60	48%	57%	23%	70%
8. NQF-Endorsed Measures	Pediatric	17	59%	18%	18%	71%
9. JCAHO CAP Core Measure Set	Pneumonia	170	53%	48%	16%	81%
10. CMRI / CMS PNE Measures	Pneumonia	124	56%	45%	18%	85%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	151	68%	29%	19%	53%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	106	69%	25%	22%	61%
13. CMRI / CMS SIP Measures	Surgical	76	41%	26%	13%	91%
<b>Range</b>	Low	17	41%	18%	13%	53%
	High	196	70%	59%	23%	91%

\*(n): Number of hospitals reported collecting all or some of the measures.

ADM=Hospital Discharge / Administrative data

DCT= Data Collection Tool (e.g. STS Vendor Software for STS measures)

EMR=Electronic Medical Record

MRA=Medical Record Abstraction

## C. QUALITY OF CARE MEASURE (QCM) - WHY ALL NOT COLLECTED

N= 249

**Question:** If you do not collect all measures within the set, please use the following key to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

QUALITY OF CARE MEASURES	CATEGORY	(n)	Validity	Public reporting	Negative publicity	Liability	Cost	Insufficient staff	No automated data collection	Use different measurement set	Not mandatory	Other
1. AHRQ Hospital Inpatient Quality Indicators	Overall	207	14	11	8	13	52	83	69	36	88	71
2. JCAHO AMI Core Measure Set	Cardiac	61	3	3	1	1	5	7	4	11	12	37
3. CMRI / CMS AMI Measures	Cardiac	111	4	3	2	2	13	18	16	42	30	36
4. AHA AMI Measures	Cardiac	170	3	5	4	6	35	51	35	68	52	34
5. JCAHO Heart Failure Core Measure Set	Cardiac	42	1	0	1	1	7	10	6	10	11	15
6. CMRI / CMS Heart Failure Measures	Cardiac	102	0	2	1	2	13	21	17	39	38	22
7. Additional NQF-Endorsed Measures	Cardiac	131	3	5	3	3	26	34	21	58	36	24
8. NQF-Endorsed Measures	Pediatric	147	8	5	2	6	32	48	44	35	51	38
9. JCAHO CAP Core Measure Set	Pneumonia	81	1	2	1	4	18	23	17	25	24	29
10. CMRI / CMS PNE Measures	Pneumonia	121	4	5	2	3	18	36	23	45	47	19
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	66	5	2	1	2	9	12	14	12	26	15
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	107	7	7	3	5	18	20	16	33	46	18
13. CMRI / CMS SIP Measures	Surgical	167	5	8	4	5	42	64	63	30	72	37

\*(n): Number of hospitals reported collecting "SOME" or "NONE" of the measures.

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### C. QUALITY OF CARE MEASURE (QCM) - WHY ALL NOT COLLECTED

N= 249

**Question:** If you do not collect all measures within the set, please use the following key to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

QUALITY OF CARE MEASURES	CATEGORY	(n)	Validity	Public reporting	Negative publicity	Liability	Cost	Insufficient staff	No automated data collection	Use different measurement set	Not mandatory
1. AHRQ Hospital Inpatient Quality Indicators	Overall	207	7%	5%	4%	6%	25%	40%	33%	17%	43%
2. JCAHO AMI Core Measure Set	Cardiac	61	5%	5%	2%	2%	8%	11%	7%	18%	20%
3. CMRI / CMS AMI Measures	Cardiac	111	4%	3%	2%	2%	12%	16%	14%	38%	27%
4. AHA AMI Measures	Cardiac	170	2%	3%	2%	4%	21%	30%	21%	40%	31%
5. JCAHO Heart Failure Core Measure Set	Cardiac	42	2%	0%	2%	2%	17%	24%	14%	24%	26%
6. CMRI / CMS Heart Failure Measures	Cardiac	102	0%	2%	1%	2%	13%	21%	17%	38%	37%
7. Additional NQF-Endorsed Measures	Cardiac	131	2%	4%	2%	2%	20%	26%	16%	44%	27%
8. NQF-Endorsed Measures	Pediatric	147	5%	3%	1%	4%	22%	33%	30%	24%	35%
9. JCAHO CAP Core Measure Set	Pneumonia	81	1%	2%	1%	5%	22%	28%	21%	31%	30%
10. CMRI / CMS PNE Measures	Pneumonia	121	3%	4%	2%	2%	15%	30%	19%	37%	39%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	66	8%	3%	2%	3%	14%	18%	21%	18%	39%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	107	7%	7%	3%	5%	17%	19%	15%	31%	43%
13. CMRI / CMS SIP Measures	Surgical	167	3%	5%	2%	3%	25%	38%	38%	18%	43%
<b>Range</b>	Low	42	0%	0%	1%	2%	8%	11%	7%	17%	20%
	High	207	8%	7%	4%	6%	25%	40%	38%	44%	43%

\*(n): Number of hospitals reported collecting "SOME" or "NONE" of the measures.

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## **D. QUALITY OF CARE MEASURE (QCM) - AGENCIES REPORTED**

**N= 249**

Question: If collecting measures, list all organizations to which you report your hospital results for the measure (if any.)

QUALITY OF CARE MEASURES	CATEGORY	(n)*	CMS/ CMRI	DHS	Other GA**	Health Plans	Internal	JCAHO	Purchaser	Other	Not Reported
1. AHRQ Hospital Inpatient Quality Indicators	Overall	139	9	3	5	7	123	24	0	17	11
2. JCAHO AMI Core Measure Set	Cardiac	196	66	2	3	22	167	174	0	53	2
3. CMRI / CMS AMI Measures	Cardiac	146	86	2	2	6	117	67	0	28	4
4. AHA AMI Measures	Cardiac	98	25	2	3	6	85	47	0	38	2
5. JCAHO Heart Failure Core Measure Set	Cardiac	188	64	2	1	21	156	168	1	40	2
6. CMRI / CMS Heart Failure Measures	Cardiac	131	77	1	2	6	99	73	1	19	4
7. Additional NQF-Endorsed Measures	Cardiac	60	3	2	6	5	45	4	2	42	3
8. NQF-Endorsed Measures	Pediatric	17	0	2	1	4	14	2	0	12	0
9. JCAHO CAP Core Measure Set	Pneumonia	170	52	1	3	7	145	142	1	137	1
10. CMRI / CMS PNE Measures	Pneumonia	124	73	1	1	2	106	65	1	105	4
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	151	22	2	1	21	126	97	1	80	3
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	106	7	2	2	5	94	25	0	65	6
13. CMRI / CMS SIP Measures	Surgical	76	18	2	1	0	64	5	2	69	5

\*(n): Number of hospitals reported collecting "SOME" or "ALL" measures.

\*\* Other GA - Other government agencies.

## D. QUALITY OF CARE MEASURE (QCM) - AGENCIES REPORTED

**N= 249**

Question: If collecting measures, list all organizations to which you report your hospital results for the measure (if any.)

QUALITY OF CARE MEASURES	CATEGORY	(n)*	CMS/ CMRI	DHS	Other GA**	Health Plans	Internal	JCAHO	Purchaser	Other	Not Reported
1. AHRQ Hospital Inpatient Quality Indicators	Overall	139	6%	2%	4%	5%	88%	17%	0%	12%	8%
2. JCAHO AMI Core Measure Set	Cardiac	196	34%	1%	2%	11%	85%	89%	0%	27%	1%
3. CMRI / CMS AMI Measures	Cardiac	146	59%	1%	1%	4%	80%	46%	0%	19%	3%
4. AHA AMI Measures	Cardiac	98	26%	2%	3%	6%	87%	48%	0%	39%	2%
5. JCAHO Heart Failure Core Measure Set	Cardiac	188	34%	1%	1%	11%	83%	89%	1%	21%	1%
6. CMRI / CMS Heart Failure Measures	Cardiac	131	59%	1%	2%	5%	76%	56%	1%	15%	3%
7. Additional NQF-Endorsed Measures	Cardiac	60	5%	3%	10%	8%	75%	7%	3%	70%	5%
8. NQF-Endorsed Measures	Pediatric	17	0%	12%	6%	24%	82%	12%	0%	71%	0%
9. JCAHO CAP Core Measure Set	Pneumonia	170	31%	1%	2%	4%	85%	84%	1%	81%	1%
10. CMRI / CMS PNE Measures	Pneumonia	124	59%	1%	1%	2%	85%	52%	1%	85%	3%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	151	15%	1%	1%	14%	83%	64%	1%	53%	2%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	106	7%	2%	2%	5%	89%	24%	0%	61%	6%
13. CMRI / CMS SIP Measures	Surgical	76	24%	3%	1%	0%	84%	7%	3%	91%	7%
<b>Range</b>	Low	17	0%	1%	1%	0%	75%	7%	0%	12%	0%
	High	196	59%	12%	10%	24%	89%	89%	3%	91%	8%

\*(n): Number of hospitals reported collecting "SOME" or "ALL" measures.

\*\* Other GA - Other government agencies.

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**E. QUALITY OF CARE MEASURE (QCM) - WILLING TO PUBLICLY REPORT**

**N=249**

**Question:** If you do collect measures within the set, would your hospital seriously consider putting your results—aggregated at the hospital level—into the public domain?

QUALITY OF CARE MEASURES	CATEGORY	(n)*	FREQUENCY			PERCENTAGE		
			YES	NO	NO DATA	YES	NO	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	139	53	82	4	38%	59%	3%
2. JCAHO AMI Core Measure Set	Cardiac	196	143	51	2	73%	26%	1%
3. CMRI / CMS AMI Measures	Cardiac	146	102	41	3	70%	28%	2%
4. AHA AMI Measures	Cardiac	98	58	38	2	59%	39%	2%
5. JCAHO Heart Failure Core Measure Set	Cardiac	188	133	53	2	71%	28%	1%
6. CMRI / CMS Heart Failure Measures	Cardiac	131	90	39	2	69%	30%	2%
7. Additional NQF-Endorsed Measures	Cardiac	60	35	23	2	58%	38%	3%
8. NQF-Endorsed Measures	Pediatric	17	3	12	2	18%	71%	12%
9. JCAHO CAP Core Measure Set	Pneumonia	170	115	50	5	68%	29%	3%
10. CMRI / CMS PNE Measures	Pneumonia	124	86	35	3	69%	28%	2%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	151	72	75	4	48%	50%	3%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	106	51	53	2	48%	50%	2%
13. CMRI / CMS SIP Measures	Surgical	76	38	35	3	50%	46%	4%
<b>Range</b>	Low	17	3	12	2	18%	26%	1%
	High	196	143	82	5	73%	71%	12%

\*(n): Number of hospitals reported collecting "ALL" or "SOME" measures

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**F. QUALITY OF CARE MEASURE (QCM) - WHY NOT WILLING TO PUBLICLY REPORT**

**N=249**

**Question:** If you would not be willing to publicly report the measures, please use the key below to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

QUALITY OF CARE MEASURES	CATEGORY	(n)	Validity concerns	Public reporting	Negative publicity	Liability concerns	Timeliness of report	Other concerns
1. AHRQ Hospital Inpatient Quality Indicators	Overall	82	28	38	26	44	14	17
2. JCAHO AMI Core Measure Set	Cardiac	51	11	28	16	27	11	9
3. CMRI / CMS AMI Measures	Cardiac	41	16	23	15	24	8	11
4. AHA AMI Measures	Cardiac	38	12	15	11	20	6	10
5. JCAHO Heart Failure Core Measure Set	Cardiac	53	18	29	23	33	15	9
6. CMRI / CMS Heart Failure Measures	Cardiac	39	12	18	13	22	8	9
7. Additional NQF-Endorsed Measures	Cardiac	23	5	10	5	12	3	8
8. NQF-Endorsed Measures	Pediatric	12	3	3	2	7	2	2
9. JCAHO CAP Core Measure Set	Pneumonia	50	16	25	17	25	8	5
10. CMRI / CMS PNE Measures	Pneumonia	35	8	15	11	16	3	4
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	75	31	26	21	30	10	16
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	53	16	19	16	24	9	11
13. CMRI / CMS SIP Measures	Surgical	35	11	13	7	17	4	7

\*(n): Number of hospitals reported collecting "ALL" or "SOME" measures but "NO" to willing to publicly report.

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**F. QUALITY OF CARE MEASURE (QCM) - WHY NOT WILLING TO PUBLICLY REPORT**

**N=249**

**Question:** If you would not be willing to publicly report the measures, please use the key below to note why.

Among the reasons listed below, please select the key factor(s) that apply to your hospital.

QUALITY OF CARE MEASURES	CATEGORY	(n)	Validity concerns	Public reporting	Negative publicity	Liability concerns	Timeliness of report	Other concerns
1. AHRQ Hospital Inpatient Quality Indicators	Overall	82	34%	46%	32%	54%	17%	21%
2. JCAHO AMI Core Measure Set	Cardiac	51	22%	55%	31%	53%	22%	18%
3. CMRI / CMS AMI Measures	Cardiac	41	39%	56%	37%	59%	20%	27%
4. AHA AMI Measures	Cardiac	38	32%	39%	29%	53%	16%	26%
5. JCAHO Heart Failure Core Measure Set	Cardiac	53	34%	55%	43%	62%	28%	17%
6. CMRI / CMS Heart Failure Measures	Cardiac	39	31%	46%	33%	56%	21%	23%
7. Additional NQF-Endorsed Measures	Cardiac	23	22%	43%	22%	52%	13%	35%
8. NQF-Endorsed Measures	Pediatric	12	25%	25%	17%	58%	17%	17%
9. JCAHO CAP Core Measure Set	Pneumonia	50	32%	50%	34%	50%	16%	10%
10. CMRI / CMS PNE Measures	Pneumonia	35	23%	43%	31%	46%	9%	11%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	75	41%	35%	28%	40%	13%	21%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	53	30%	36%	30%	45%	17%	21%
13. CMRI / CMS SIP Measures	Surgical	35	31%	37%	20%	49%	11%	20%
<b>Range</b>	Low	12	22%	25%	17%	40%	9%	10%
	High	82	41%	56%	43%	62%	28%	35%

\*(n): Number of hospitals reported collecting "ALL" or "SOME" measures but "NO" to willing to publicly report.

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## G. QUALITY OF CARE MANAGEMENT (QCM) - SYSTEM VS. NON-SYSTEM

QUALITY OF CARE MEASURES	CATEGORY	SYSTEM					NON-SYSTEM				
		ALL	SOME	NONE	NO DATA	N/A	ALL	SOME	NONE	NO DATA	N/A
1. AHRQ Hospital Inpatient Quality Indicators	Overall	13	90	65	1	16	3	31	21	1	8
2. JCAHO AMI Core Measure Set	Cardiac	133	25	14	1	12	31	6	16	0	11
3. CMRI / CMS AMI Measures	Cardiac	94	22	55	1	13	21	7	27	1	8
4. AHA AMI Measures	Cardiac	38	42	82	1	22	4	12	34	1	13
5. JCAHO Heart Failure Core Measure Set	Cardiac	143	0	32	1	9	42	2	8	0	12
6. CMRI / CMS Heart Failure Measures	Cardiac	95	5	70	1	14	27	2	25	1	9
7. Additional NQF-Endorsed Measures	Cardiac	23	27	74	2	59	3	4	26	1	30
8. NQF-Endorsed Measures	Pediatric	7	2	108	1	67	3	3	34	1	23
9. JCAHO CAP Core Measure Set	Pneumonia	110	16	48	1	10	37	5	12	1	9
10. CMRI / CMS PNE Measures	Pneumonia	79	15	76	1	14	23	5	25	1	10
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	100	18	32	1	34	26	5	11	1	21
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	65	20	62	1	37	14	5	20	1	24
13. CMRI / CMS S/P Measures	Surgical	40	16	113	1	15	15	3	35	1	10

QUALITY OF CARE MEASURES	CATEGORY	SYSTEM					NON-SYSTEM				
		ALL	SOME	NONE	NO DATA	N/A	ALL	SOME	NONE	NO DATA	N/A
1. AHRQ Hospital Inpatient Quality Indicators	Overall	8%	54%	39%	1%	9%	5%	56%	38%	2%	13%
2. JCAHO AMI Core Measure Set	Cardiac	77%	15%	8%	1%	6%	58%	11%	30%	0%	17%
3. CMRI / CMS AMI Measures	Cardiac	55%	13%	32%	1%	7%	38%	13%	49%	2%	13%
4. AHA AMI Measures	Cardiac	23%	26%	51%	1%	12%	8%	24%	68%	2%	20%
5. JCAHO Heart Failure Core Measure Set	Cardiac	82%	0%	18%	1%	5%	81%	4%	15%	0%	19%
6. CMRI / CMS Heart Failure Measures	Cardiac	56%	3%	41%	1%	8%	50%	4%	46%	2%	14%
7. Additional NQF-Endorsed Measures	Cardiac	19%	22%	60%	1%	32%	9%	12%	79%	2%	47%
8. NQF-Endorsed Measures	Pediatric	6%	2%	92%	1%	36%	8%	8%	85%	2%	36%
9. JCAHO CAP Core Measure Set	Pneumonia	63%	9%	28%	1%	5%	69%	9%	22%	2%	14%
10. CMRI / CMS PNE Measures	Pneumonia	46%	9%	45%	1%	8%	43%	9%	47%	2%	16%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	67%	12%	21%	1%	18%	62%	12%	26%	2%	33%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	44%	14%	42%	1%	20%	36%	13%	51%	2%	38%
13. CMRI / CMS S/P Measures	Surgical	24%	9%	67%	1%	8%	28%	6%	66%	2%	16%

### H. QUALITY OF CARE MANAGEMENT (QCM) - ACROSS SYSTEM COMPARISON

QUALITY OF CARE MEASURES	CATEGORY	SYSTEM 1 (16+ Hosp)					SYSTEM 2 (1-15 Hosp)					SYSTEM 3 (1-15 Hosp)					SYSTEM 4 (1-15 Hosp)					
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	
1. AHRQ Hospital Inpatient Quality Indicators	Overall	0	11	13	3	0	1	2	3	0	0	0	0	14	0	0	0	0	0	5	0	0
2. JCAHO AMI Core Measure Set	Cardiac	15	5	5	2	0	6	0	0	0	0	14	0	0	0	0	3	1	0	1	0	
3. CMRI / CMS AMI Measures	Cardiac	9	6	10	2	0	5	1	0	0	0	0	0	14	0	0	2	1	1	1	0	
4. AHA AMI Measures	Cardiac	1	9	14	3	0	0	2	4	0	0	0	0	14	0	0	1	1	2	1	0	
5. JCAHO Heart Failure Core Measure Set	Cardiac	20	0	7	0	0	5	0	1	0	0	14	0	0	0	0	2	0	2	1	0	
6. CMRI / CMS Heart Failure Measures	Cardiac	14	1	12	0	0	5	0	1	0	0	0	0	14	0	0	2	0	2	1	0	
7. Additional NQF-Endorsed Measures	Cardiac	3	1	12	11	0	1	2	2	1	0	0	0	14	0	0	3	0	0	2	0	
8. NQF-Endorsed Measures	Pediatric	1	0	17	9	0	0	0	6	0	0	0	0	14	0	0	1	0	1	3	0	
9. JCAHO CAP Core Measure Set	Pneumonia	16	4	7	0	0	5	0	1	0	0	3	0	11	0	0	1	1	2	1	0	
10. CMRI / CMS PNE Measures	Pneumonia	4	7	15	1	0	5	0	1	0	0	0	0	14	0	0	2	0	2	1	0	
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	16	2	7	2	0	3	1	1	1	0	11	0	0	3	0	4	1	0	0	0	
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	6	5	11	5	0	1	1	3	1	0	0	0	11	3	0	4	1	0	0	0	
13. CMRI / CMS SIP Measures	Surgical	5	5	14	3	0	0	0	6	0	0	0	0	14	0	0	4	0	0	1	0	

QUALITY OF CARE MEASURES	CATEGORY	SYSTEM 1 (16+ Hosp)					SYSTEM 2 (1-15 Hosp)					SYSTEM 3 (1-15 Hosp)					SYSTEM 4 (1-15 Hosp)				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	0%	41%	48%	11%	0%	17%	33%	50%	0%	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	0%
2. JCAHO AMI Core Measure Set	Cardiac	56%	19%	19%	7%	0%	100%	0%	0%	0%	0%	100%	0%	0%	0%	0%	60%	20%	0%	20%	0%
3. CMRI / CMS AMI Measures	Cardiac	33%	22%	37%	7%	0%	83%	17%	0%	0%	0%	0%	0%	100%	0%	0%	40%	20%	20%	20%	0%
4. AHA AMI Measures	Cardiac	4%	33%	52%	11%	0%	0%	33%	67%	0%	0%	0%	0%	100%	0%	0%	20%	20%	40%	20%	0%
5. JCAHO Heart Failure Core Measure Set	Cardiac	74%	0%	26%	0%	0%	83%	0%	17%	0%	0%	100%	0%	0%	0%	0%	40%	0%	40%	20%	0%
6. CMRI / CMS Heart Failure Measures	Cardiac	52%	4%	44%	0%	0%	83%	0%	17%	0%	0%	0%	0%	100%	0%	0%	40%	0%	40%	20%	0%
7. Additional NQF-Endorsed Measures	Cardiac	11%	4%	44%	41%	0%	17%	33%	33%	17%	0%	0%	0%	100%	0%	0%	60%	0%	0%	40%	0%
8. NQF-Endorsed Measures	Pediatric	4%	0%	63%	33%	0%	0%	0%	100%	0%	0%	0%	0%	100%	0%	0%	20%	0%	20%	60%	0%
9. JCAHO CAP Core Measure Set	Pneumonia	59%	15%	26%	0%	0%	83%	0%	17%	0%	0%	21%	0%	79%	0%	0%	20%	20%	40%	20%	0%
10. CMRI / CMS PNE Measures	Pneumonia	15%	26%	56%	4%	0%	83%	0%	17%	0%	0%	0%	0%	100%	0%	0%	40%	0%	40%	20%	0%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	59%	7%	26%	7%	0%	50%	17%	17%	17%	0%	79%	0%	0%	21%	0%	80%	20%	0%	0%	0%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	22%	19%	41%	19%	0%	17%	17%	50%	17%	0%	0%	0%	79%	21%	0%	80%	20%	0%	0%	0%
13. CMRI / CMS SIP Measures	Surgical	19%	19%	52%	11%	0%	0%	0%	100%	0%	0%	0%	0%	100%	0%	0%	80%	0%	0%	20%	0%

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QUALITY OF CARE MEASURES	CATEGORY	SYSTEM 5 (1-15 Hosp)					SYSTEM 6 (1-15 Hosp)					SYSTEM 7 (16+ Hosp)					SYSTEM 8 (16+ Hosp)				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	0	2	3	0	0	0	4	0	1	0	0	11	7	2	0	3	20	6	2	0
2. JCAHO AMI Core Measure Set	Cardiac	4	1	0	0	0	4	0	0	1	0	13	4	2	1	0	28	2	1	0	0
3. CMRI / CMS AMI Measures	Cardiac	4	1	0	0	0	0	0	4	1	0	7	3	9	1	0	27	4	0	0	0
4. AHA AMI Measures	Cardiac	1	0	3	1	0	2	1	1	1	0	2	2	14	2	0	20	7	1	3	0
5. JCAHO Heart Failure Core Measure Set	Cardiac	1	0	4	0	0	4	0	0	1	0	18	0	2	0	0	30	0	1	0	0
6. CMRI / CMS Heart Failure Measures	Cardiac	0	0	5	0	0	0	0	4	1	0	9	1	8	2	0	27	1	3	0	0
7. Additional NQF-Endorsed Measures	Cardiac	0	1	3	1	0	2	1	0	2	0	0	3	6	11	0	6	6	10	9	0
8. NQF-Endorsed Measures	Pediatric	0	0	2	3	0	0	0	1	4	0	0	0	12	8	0	0	0	16	15	0
9. JCAHO CAP Core Measure Set	Pneumonia	1	1	3	0	0	3	0	1	1	0	9	1	9	1	0	27	4	0	0	0
10. CMRI / CMS PNE Measures	Pneumonia	0	0	5	0	0	1	0	3	1	0	6	0	12	2	0	30	0	0	1	0
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	4	0	0	1	0	3	0	0	2	0	12	2	3	3	0	9	5	12	5	0
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	2	0	2	1	0	3	0	0	2	0	6	0	11	3	0	11	5	10	5	0
13. CMRI / CMS SIP Measures	Surgical	1	0	4	0	0	1	3	0	1	0	3	1	15	1	0	8	2	19	2	0

QUALITY OF CARE MEASURES	CATEGORY	SYSTEM 5 (1-15 Hosp)					SYSTEM 6 (1-15 Hosp)					SYSTEM 7 (16+ Hosp)					SYSTEM 8 (16+ Hosp)				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	0%	40%	60%	0%	0%	0%	80%	0%	20%	0%	0%	55%	35%	10%	0%	10%	65%	19%	6%	0%
2. JCAHO AMI Core Measure Set	Cardiac	80%	20%	0%	0%	0%	80%	0%	0%	20%	0%	65%	20%	10%	5%	0%	90%	6%	3%	0%	0%
3. CMRI / CMS AMI Measures	Cardiac	80%	20%	0%	0%	0%	0%	0%	20%	0%	35%	15%	45%	5%	0%	87%	13%	0%	0%	0%	
4. AHA AMI Measures	Cardiac	20%	0%	60%	20%	0%	40%	20%	20%	0%	10%	10%	70%	10%	0%	65%	23%	3%	10%	0%	
5. JCAHO Heart Failure Core Measure Set	Cardiac	20%	0%	80%	0%	0%	80%	0%	0%	20%	0%	90%	0%	10%	0%	97%	0%	3%	0%	0%	
6. CMRI / CMS Heart Failure Measures	Cardiac	0%	0%	100%	0%	0%	0%	0%	80%	20%	0%	45%	5%	40%	10%	0%	87%	3%	10%	0%	0%
7. Additional NQF-Endorsed Measures	Cardiac	0%	20%	60%	20%	0%	40%	20%	0%	40%	0%	0%	15%	30%	55%	0%	19%	19%	32%	29%	0%
8. NQF-Endorsed Measures	Pediatric	0%	0%	40%	60%	0%	0%	0%	20%	80%	0%	0%	0%	60%	40%	0%	0%	0%	52%	48%	0%
9. JCAHO CAP Core Measure Set	Pneumonia	20%	20%	60%	0%	0%	60%	0%	20%	0%	45%	5%	45%	5%	0%	87%	13%	0%	0%	0%	
10. CMRI / CMS PNE Measures	Pneumonia	0%	0%	100%	0%	0%	20%	0%	60%	20%	0%	30%	0%	60%	10%	0%	97%	0%	0%	3%	0%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	80%	0%	0%	20%	0%	60%	0%	0%	40%	0%	60%	10%	15%	15%	0%	29%	16%	39%	16%	0%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	40%	0%	40%	20%	0%	60%	0%	0%	40%	0%	30%	0%	55%	15%	0%	35%	16%	32%	16%	0%
13. CMRI / CMS SIP Measures	Surgical	20%	0%	80%	0%	0%	20%	60%	0%	20%	0%	15%	5%	75%	5%	0%	26%	6%	61%	6%	0%

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**I. QUALITY OF CARE MANAGEMENT (QCM) - HOSPITAL SIZE COMPARISON**

QUALITY OF CARE MEASURES	CATEGORY	SMALL 69					MEDIUM 66					LARGE 52					VERY LARGE 62				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
		1. AHRQ Hospital Inpatient Quality Indicators	Overall	4	23	28	13	1	2	33	24	6	1	2	30	17	3	0	8	35	17
2. JCAHO AMI Core Measure Set	Cardiac	26	15	11	16	1	43	12	8	3	0	40	2	6	4	0	55	2	5	0	0
3. CMRI / CMS AMI Measures	Cardiac	20	12	24	12	1	28	12	20	5	1	29	2	17	4	0	38	3	21	0	0
4. AHA AMI Measures	Cardiac	6	10	32	20	1	13	16	30	6	1	9	12	24	7	0	14	16	30	2	0
5. JCAHO Heart Failure Core Measure Set	Cardiac	43	1	10	14	1	51	0	12	3	0	38	1	9	4	0	53	0	9	0	0
6. CMRI / CMS Heart Failure Measures	Cardiac	31	4	21	12	1	32	0	28	5	1	24	2	20	6	0	35	1	26	0	0
7. Additional NQF-Endorsed Measures	Cardiac	1	2	20	44	2	4	6	27	28	1	8	2	28	14	0	13	21	25	3	0
8. NQF-Endorsed Measures	Pediatric	1	1	28	38	1	2	2	37	24	1	4	0	34	14	0	3	2	43	14	0
9. JCAHO CAP Core Measure Set	Pneumonia	40	6	11	11	1	45	5	12	3	1	22	5	20	5	0	40	5	17	0	0
10. CMRI / CMS PNE Measures	Pneumonia	25	6	25	12	1	29	5	25	6	1	18	4	24	6	0	30	5	27	0	0
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	23	6	9	30	1	35	8	10	12	1	34	4	6	8	0	34	5	18	5	0
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	13	4	18	33	1	19	11	22	13	1	18	5	20	9	0	29	5	22	6	0
13. CMRI / CMS SIP Measures	Surgical	11	5	36	16	1	16	4	40	5	1	11	5	33	3	0	17	5	39	1	0

QUALITY OF CARE MEASURES	CATEGORY	SMALL 69					MEDIUM 66					LARGE 52					VERY LARGE 62				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
		1. AHRQ Hospital Inpatient Quality Indicators	Overall	7%	42%	51%	19%	1%	3%	56%	41%	9%	2%	4%	61%	35%	6%	0%	13%	58%	28%
2. JCAHO AMI Core Measure Set	Cardiac	50%	29%	21%	23%	1%	68%	19%	13%	5%	0%	83%	4%	13%	8%	0%	89%	3%	8%	0%	0%
3. CMRI / CMS AMI Measures	Cardiac	36%	21%	43%	17%	1%	47%	20%	33%	8%	2%	60%	4%	35%	8%	0%	61%	5%	34%	0%	0%
4. AHA AMI Measures	Cardiac	13%	21%	67%	29%	1%	22%	27%	51%	9%	2%	20%	27%	53%	13%	0%	23%	27%	50%	3%	0%
5. JCAHO Heart Failure Core Measure Set	Cardiac	80%	2%	19%	20%	1%	81%	0%	19%	5%	0%	79%	2%	19%	8%	0%	85%	0%	15%	0%	0%
6. CMRI / CMS Heart Failure Measures	Cardiac	55%	7%	38%	17%	1%	53%	0%	47%	8%	2%	52%	4%	43%	12%	0%	56%	2%	42%	0%	0%
7. Additional NQF-Endorsed Measures	Cardiac	4%	9%	87%	64%	3%	11%	16%	73%	42%	2%	21%	5%	74%	27%	0%	22%	36%	42%	5%	0%
8. NQF-Endorsed Measures	Pediatric	3%	3%	93%	55%	1%	5%	5%	90%	36%	2%	11%	0%	89%	27%	0%	6%	4%	90%	23%	0%
9. JCAHO CAP Core Measure Set	Pneumonia	70%	11%	19%	16%	1%	73%	8%	19%	5%	2%	47%	11%	43%	10%	0%	65%	8%	27%	0%	0%
10. CMRI / CMS PNE Measures	Pneumonia	45%	11%	45%	17%	1%	49%	8%	42%	9%	2%	39%	9%	52%	12%	0%	48%	8%	44%	0%	0%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	61%	16%	24%	43%	1%	66%	15%	19%	18%	2%	77%	9%	14%	15%	0%	60%	9%	32%	8%	0%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	37%	11%	51%	48%	1%	37%	21%	42%	20%	2%	42%	12%	47%	17%	0%	52%	9%	39%	10%	0%
13. CMRI / CMS SIP Measures	Surgical	21%	10%	69%	23%	1%	27%	7%	67%	8%	2%	22%	10%	67%	6%	0%	28%	8%	64%	2%	0%

## J. QUALITY OF CARE MANAGEMENT (QCM) - HOSPITAL TYPE COMPARISON

QUALITY OF CARE MEASURES	CATEGORY	Teaching 17					Small/Rural 40					Other 192				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	5	8	4	0	0	4	12	16	8	0	7	101	66	16	2
2. JCAHO AMI Core Measure Set	Cardiac	14	0	3	0	0	11	10	8	11	0	139	21	19	12	1
3. CMRI / CMS AMI Measures	Cardiac	12	0	5	0	0	9	6	18	7	0	94	23	59	14	2
4. AHA AMI Measures	Cardiac	1	5	10	1	0	2	5	22	11	0	39	44	84	23	2
5. JCAHO Heart Failure Core Measure Set	Cardiac	11	0	5	1	0	23	1	6	10	0	151	1	29	10	1
6. CMRI / CMS Heart Failure Measures	Cardiac	11	0	5	1	0	15	3	15	7	0	96	4	75	15	2
7. Additional NQF-Endorsed Measures	Cardiac	3	6	7	1	0	1	1	13	24	1	22	24	80	64	2
8. NQF-Endorsed Measures	Pediatric	1	2	13	1	0	1	1	20	18	0	8	2	109	71	2
9. JCAHO CAP Core Measure Set	Pneumonia	6	4	6	1	0	23	4	7	6	0	118	13	47	12	2
10. CMRI / CMS PNE Measures	Pneumonia	4	4	8	1	0	13	5	16	6	0	85	11	77	17	2
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	13	0	2	2	0	12	4	9	15	0	101	19	32	38	2
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	8	1	6	2	0	7	3	12	18	0	64	21	64	41	2
13. CMRI / CMS SIP Measures	Surgical	4	1	12	0	0	6	4	19	11	0	45	14	117	14	2

QUALITY OF CARE MEASURES	CATEGORY	Teaching 17					Small/Rural 40					Other 192				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	29%	47%	24%	0%	0%	13%	38%	50%	20%	0%	4%	58%	38%	8%	1%
2. JCAHO AMI Core Measure Set	Cardiac	82%	0%	18%	0%	0%	38%	34%	28%	28%	0%	78%	12%	11%	6%	1%
3. CMRI / CMS AMI Measures	Cardiac	71%	0%	29%	0%	0%	27%	18%	55%	18%	0%	53%	13%	34%	7%	1%
4. AHA AMI Measures	Cardiac	6%	31%	63%	6%	0%	7%	17%	76%	28%	0%	23%	26%	50%	12%	1%
5. JCAHO Heart Failure Core Measure Set	Cardiac	69%	0%	31%	6%	0%	77%	3%	20%	25%	0%	83%	1%	16%	5%	1%
6. CMRI / CMS Heart Failure Measures	Cardiac	69%	0%	31%	6%	0%	45%	9%	45%	18%	0%	55%	2%	43%	8%	1%
7. Additional NQF-Endorsed Measures	Cardiac	19%	38%	44%	6%	0%	7%	7%	87%	60%	3%	17%	19%	63%	33%	1%
8. NQF-Endorsed Measures	Pediatric	6%	13%	81%	6%	0%	5%	5%	91%	45%	0%	7%	2%	92%	37%	1%
9. JCAHO CAP Core Measure Set	Pneumonia	38%	25%	38%	6%	0%	68%	12%	21%	15%	0%	66%	7%	26%	6%	1%
10. CMRI / CMS PNE Measures	Pneumonia	25%	25%	50%	6%	0%	38%	15%	47%	15%	0%	49%	6%	45%	9%	1%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	87%	0%	13%	12%	0%	48%	16%	36%	38%	0%	66%	13%	21%	20%	1%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	53%	7%	40%	12%	0%	32%	14%	55%	45%	0%	43%	14%	43%	21%	1%
13. CMRI / CMS SIP Measures	Surgical	24%	6%	71%	0%	0%	21%	14%	66%	28%	0%	26%	8%	66%	7%	1%

### K. QUALITY OF CARE MANAGEMENT (QCM) - REGIONS COMPARISON

QUALITY OF CARE MEASURES	CATEGORY	REGION 1					REGION 2					REGION 3					REGION 4				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	3	9	13	7	0	1	14	16	1	0	1	12	12	4	1	1	14	16	3	1
2. JCAHO AMI Core Measure Set	Cardiac	18	4	4	6	0	24	5	2	1	0	19	7	3	0	1	19	4	7	5	0
3. CMRI / CMS AMI Measures	Cardiac	12	3	13	4	0	11	6	14	1	0	9	7	12	1	1	14	2	13	5	1
4. AHA AMI Measures	Cardiac	1	4	18	9	0	1	6	23	2	0	3	8	16	2	1	2	7	19	6	1
5. JCAHO Heart Failure Core Measure Set	Cardiac	24	0	2	6	0	24	0	7	1	0	22	1	6	0	1	21	0	11	3	0
6. CMRI / CMS Heart Failure Measures	Cardiac	9	2	14	7	0	12	0	18	2	0	13	2	13	1	1	14	0	17	3	1
7. Additional NQF-Endorsed Measures	Cardiac	0	2	14	15	1	1	5	18	8	0	1	1	14	13	1	4	2	16	12	1
8. NQF-Endorsed Measures	Pediatric	0	0	19	13	0	0	0	26	6	0	0	1	20	8	1	1	2	21	10	1
9. JCAHO CAP Core Measure Set	Pneumonia	16	3	8	5	0	14	3	14	1	0	20	2	6	1	1	23	2	7	2	1
10. CMRI / CMS PNE Measures	Pneumonia	12	1	13	6	0	11	2	17	2	0	8	4	15	2	1	10	4	17	3	1
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	18	1	5	8	0	16	3	4	9	0	13	4	5	7	1	17	4	5	8	1
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	6	1	13	12	0	5	3	15	9	0	6	3	13	7	1	10	4	11	9	1
13. CMRI / CMS SIP Measures	Surgical	8	3	16	5	0	6	0	25	1	0	3	2	20	4	1	3	3	22	6	1

QUALITY OF CARE MEASURES	CATEGORY	REGION 1					REGION 2					REGION 3					REGION 4				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	12%	36%	52%	22%	0%	3%	45%	52%	3%	0%	4%	48%	48%	13%	3%	3%	45%	52%	9%	3%
2. JCAHO AMI Core Measure Set	Cardiac	69%	15%	15%	19%	0%	77%	16%	6%	3%	0%	66%	24%	10%	0%	3%	63%	13%	23%	14%	0%
3. CMRI / CMS AMI Measures	Cardiac	43%	11%	46%	13%	0%	35%	19%	45%	3%	0%	32%	25%	43%	3%	3%	48%	7%	45%	14%	3%
4. AHA AMI Measures	Cardiac	4%	17%	78%	28%	0%	3%	20%	77%	6%	0%	11%	30%	59%	7%	3%	7%	25%	68%	17%	3%
5. JCAHO Heart Failure Core Measure Set	Cardiac	92%	0%	8%	19%	0%	77%	0%	23%	3%	0%	76%	3%	21%	0%	3%	66%	0%	34%	9%	0%
6. CMRI / CMS Heart Failure Measures	Cardiac	36%	8%	56%	22%	0%	40%	0%	60%	6%	0%	46%	7%	46%	3%	3%	45%	0%	55%	9%	3%
7. Additional NQF-Endorsed Measures	Cardiac	0%	13%	88%	47%	3%	4%	21%	75%	25%	0%	6%	6%	88%	43%	3%	18%	9%	73%	34%	3%
8. NQF-Endorsed Measures	Pediatric	0%	0%	100%	41%	0%	0%	0%	100%	19%	0%	0%	5%	95%	27%	3%	4%	8%	88%	29%	3%
9. JCAHO CAP Core Measure Set	Pneumonia	59%	11%	30%	16%	0%	45%	10%	45%	3%	0%	71%	7%	21%	3%	3%	72%	6%	22%	6%	3%
10. CMRI / CMS PNE Measures	Pneumonia	46%	4%	50%	19%	0%	37%	7%	57%	6%	0%	30%	15%	56%	7%	3%	32%	13%	55%	9%	3%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	75%	4%	21%	25%	0%	70%	13%	17%	28%	0%	59%	18%	23%	23%	3%	65%	15%	19%	23%	3%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	30%	5%	65%	38%	0%	22%	13%	65%	28%	0%	27%	14%	59%	23%	3%	40%	16%	44%	26%	3%
13. CMRI / CMS SIP Measures	Surgical	30%	11%	59%	16%	0%	19%	0%	81%	3%	0%	12%	8%	80%	13%	3%	11%	11%	79%	17%	3%

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APPENDIX D

QUALITY OF CARE MEASURES	CATEGORY	REGION 5 57					REGION 6 39					REGION 7 24				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	4	34	14	5	0	3	22	11	3	0	3	16	4	1	0
2. JCAHO AMI Core Measure Set	Cardiac	41	4	7	5	0	24	5	6	4	0	19	2	1	2	0
3. CMRI / CMS AMI Measures	Cardiac	34	4	14	5	0	20	4	12	3	0	15	3	4	2	0
4. AHA AMI Measures	Cardiac	14	17	17	9	0	10	9	16	4	0	11	3	7	3	0
5. JCAHO Heart Failure Core Measure Set	Cardiac	45	0	6	6	0	29	1	6	3	0	20	0	2	2	0
6. CMRI / CMS Heart Failure Measures	Cardiac	37	1	13	6	0	21	2	14	2	0	16	0	6	2	0
7. Additional NQF-Endorsed Measures	Cardiac	8	11	19	19	0	6	5	15	13	0	6	5	4	9	0
8. NQF-Endorsed Measures	Pediatric	5	1	25	26	0	2	1	23	13	0	2	0	8	14	0
9. JCAHO CAP Core Measure Set	Pneumonia	37	5	9	6	0	22	3	12	2	0	15	3	4	2	0
10. CMRI / CMS PNE Measures	Pneumonia	30	6	14	7	0	15	2	20	2	0	16	1	5	2	0
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	26	7	14	10	0	24	1	8	6	0	12	3	2	7	0
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	22	10	15	10	0	18	1	13	7	0	12	3	2	7	0
13. CMRI / CMS SIP Measures	Surgical	14	5	32	6	0	9	5	22	3	0	12	1	11	0	0

QUALITY OF CARE MEASURES	CATEGORY	REGION 5 57					REGION 6 63					REGION 7 24				
		ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA	ALL	SOME	NONE	N/A	NO DATA
1. AHRQ Hospital Inpatient Quality Indicators	Overall	8%	65%	27%	9%	0%	8%	61%	31%	8%	0%	13%	70%	17%	3%	0%
2. JCAHO AMI Core Measure Set	Cardiac	79%	8%	13%	9%	0%	69%	14%	17%	10%	0%	86%	9%	5%	5%	0%
3. CMRI / CMS AMI Measures	Cardiac	65%	8%	27%	9%	0%	56%	11%	33%	8%	0%	68%	14%	18%	5%	0%
4. AHA AMI Measures	Cardiac	29%	35%	35%	16%	0%	29%	26%	46%	10%	0%	52%	14%	33%	8%	0%
5. JCAHO Heart Failure Core Measure Set	Cardiac	88%	0%	12%	11%	0%	81%	3%	17%	8%	0%	91%	0%	9%	5%	0%
6. CMRI / CMS Heart Failure Measures	Cardiac	73%	2%	25%	11%	0%	57%	5%	38%	5%	0%	73%	0%	27%	5%	0%
7. Additional NQF-Endorsed Measures	Cardiac	21%	29%	50%	33%	0%	23%	19%	58%	33%	0%	40%	33%	27%	23%	0%
8. NQF-Endorsed Measures	Pediatric	16%	3%	81%	46%	0%	8%	4%	88%	33%	0%	20%	0%	80%	36%	0%
9. JCAHO CAP Core Measure Set	Pneumonia	73%	10%	18%	11%	0%	59%	8%	32%	5%	0%	68%	14%	18%	5%	0%
10. CMRI / CMS PNE Measures	Pneumonia	60%	12%	28%	12%	0%	41%	5%	54%	5%	0%	73%	5%	23%	5%	0%
11. JCAHO Pregnancy Core Measure Set	Pregnancy / Childbirth	55%	15%	30%	18%	0%	73%	3%	24%	15%	0%	71%	18%	12%	18%	0%
12. NQF-Endorsed Pregnancy Measures	Pregnancy / Childbirth	47%	21%	32%	18%	0%	56%	3%	41%	18%	0%	71%	18%	12%	18%	0%
13. CMRI / CMS SIP Measures	Surgical	27%	10%	63%	11%	0%	25%	14%	61%	8%	0%	50%	4%	46%	0%	0%

SURVEY OF HOSPITAL PERFORMANCE MEASUREMENT ACTIVITIES IN CALIFORNIA  
APPENDIX E

## A. DATABASE ACTIVITIES (DB)- OVERALL FREQUENCIES

**N= 249**

Question: Which of the following database activities do you participate in?

DATABASE	CATEGORY	FREQUENCY			PERCENTAGE		
		YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	69	128	52	35%	65%	21%
2. National Cardiovascular Data Registry	Cardiac	37	162	50	19%	81%	20%
3. CCMRP 2000-2002 Voluntary Program	Cardiac	85	124	40	41%	59%	16%
4. National Registry of Myocardial Infarction	Cardiac	70	141	38	33%	67%	15%
5. APACHE	ICU	18	205	26	8%	92%	10%
6. CALICO	ICU	51	177	21	22%	78%	8%
7. Project Impact	ICU	3	223	23	1%	99%	9%
8. National Cancer Data Base	Oncology	117	93	39	56%	44%	16%
9. International Bone Marrow Transplant Registry	Oncology	11	154	84	7%	93%	34%
10. Autologous Blood Marrow Transplant Registry	Oncology	6	160	83	4%	96%	33%
11. American Joint Replacement Registry	Other	4	222	23	2%	98%	9%
12. California Nursing Outcomes Database (CaNOC)	Other	103	134	12	43%	57%	5%
13. California Perinatal Quality of Care Collaborative (CPQCC)	Other	65	151	33	30%	70%	13%
14. Vermont Oxford Network (Neonatology)	Other	41	166	42	20%	80%	17%
15. SAGES Outcome Initiative	Other	3	226	20	1%	99%	8%
	<b>Low</b>	3	93	12	1%	44%	5%
	<b>High</b>	117	226	84	56%	99%	34%
<b>Range</b>							

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APPENDIX E

**B. DATABASE ACTIVITIES (DB) - WILLING TO INDEPENDENTLY PUBLICLY REPORT**

**N=249**

**Question:** If you do participate in the databases, would your hospital seriously consider putting your results—aggregated at the hospital level—into the public domain?

DATABASE	CATEGORY	(n)*	FREQUENCY			PERCENTAGE		
			YES	NO	NO DATA	YES	NO	NO DATA
1. National Adult Cardiac Events Database	Cardiac	69	45	24	0	65%	35%	0%
2. National Cardiovascular Data Registry	Cardiac	37	19	18	0	51%	49%	0%
3. CCMRP 2000-2002 Voluntary Program	Cardiac	85	65	20	0	76%	24%	0%
4. National Registry of Myocardial Infarction	Cardiac	70	50	20	0	71%	29%	0%
5. APACHE	ICU	18	8	10	0	44%	56%	0%
6. CALICO	ICU	51	35	15	1	69%	29%	2%
7. Project Impact	ICU	3	1	2	0	33%	67%	0%
8. National Cancer Data Base	Oncology	117	75	37	5	64%	32%	4%
9. International Bone Marrow Transplant Registry	Oncology	11	6	5	0	55%	45%	0%
10. Autologous Blood Marrow Transplant Registry	Oncology	6	3	3	0	50%	50%	0%
11. American Joint Replacement Registry	Other	4	3	1	0	75%	25%	0%
12. California Nursing Outcomes Database (CalNOC)	Other	103	48	53	2	47%	51%	2%
13. California Perinatal Quality of Care Collaborative (CPQCC)	Other	65	45	20	0	69%	31%	0%
14. Vermont Oxford Network (Neonatology)	Other	41	25	15	1	61%	37%	2%
15. SAGES Outcome Initiative	Other	3	1	2	0	33%	67%	0%
<b>Range</b>	<b>Low</b>	3	1	1	0	33%	24%	0%
	<b>High</b>	117	75	53	5	76%	67%	4%

\*(n): Number of hospitals reported participating in that database

### C. DATABASE ACTIVITIES (DB) - WHY NOT WILLING TO PUBLICLY REPORT

**N=249**

**Question:** If you would not be willing to publicly report the measures, please use the key below to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

DATABASE	CATEGORY	(n)	Validity concerns	Public reporting	Negative publicity	Liability concerns	Timeliness of report	Other concerns
1. National Adult Cardiac Events Database	Cardiac	24	5	14	6	7	6	6
2. National Cardiovascular Data Registry	Cardiac	18	7	8	5	5	3	4
3. CCMRP 2000-2002 Voluntary Program	Cardiac	20	6	13	7	10	7	4
4. National Registry of Myocardial Infarction	Cardiac	20	6	9	4	11	8	6
5. APACHE	ICU	10	1	1	1	1	0	1
6. CALICO	ICU	15	4	8	5	6	2	4
7. Project Impact	ICU	2	2	0	0	1	0	0
8. National Cancer Data Base	Oncology	37	8	18	8	19	8	10
9. International Bone Marrow Transplant Registry	Oncology	5	0	2	1	2	1	1
10. Autologous Blood Marrow Transplant Registry	Oncology	3	0	1	1	2	1	1
11. American Joint Replacement Registry	Other	1	0	1	1	1	0	0
12. California Nursing Outcomes Database (CaNOC)	Other	53	12	24	10	12	10	22
13. California Perinatal Quality of Care Collaborative (CPQCC)	Other	20	6	10	7	11	8	6
14. Vermont Oxford Network (Neonatology)	Other	15	1	8	5	7	3	4
15. SAGES Outcome Initiative	Other	2	1	0	0	2	0	0

### C. DATABASE ACTIVITIES (DB) - WHY NOT WILLING TO PUBLICLY REPORT

**N=249**

**Question:** If you would not be willing to publicly report the measures, please use the key below to note why. Among the reasons listed below, please select the key factor(s) that apply to your hospital.

DATABASE	CATEGORY	(n)	Validity concerns	Public reporting	Negative publicity	Liability concerns	Timeliness of report	Other concerns
1. National Adult Cardiac Events Database	Cardiac	24	21%	58%	25%	29%	25%	25%
2. National Cardiovascular Data Registry	Cardiac	18	39%	44%	28%	28%	17%	22%
3. CCMRP 2000-2002 Voluntary Program	Cardiac	20	30%	65%	35%	50%	35%	20%
4. National Registry of Myocardial Infarction	Cardiac	20	30%	45%	20%	55%	40%	30%
5. APACHE	ICU	10	10%	10%	10%	10%	0%	10%
6. CALICO	ICU	15	27%	53%	33%	40%	13%	27%
7. Project Impact	ICU	2	100%	0%	0%	50%	0%	0%
8. National Cancer Data Base	Oncology	37	22%	49%	22%	51%	22%	27%
9. International Bone Marrow Transplant Registry	Oncology	5	0%	40%	20%	40%	20%	20%
10. Autologous Blood Marrow Transplant Registry	Oncology	3	0%	33%	33%	67%	33%	33%
11. American Joint Replacement Registry	Other	1	0%	100%	100%	100%	0%	0%
12. California Nursing Outcomes Database (CalNOC)	Other	53	23%	45%	19%	23%	19%	42%
13. California Perinatal Quality of Care Collaborative (CPQCC)	Other	20	30%	50%	35%	55%	40%	30%
14. Vermont Oxford Network (Neonatology)	Other	15	7%	53%	33%	47%	20%	27%
15. SAGES Outcome Initiative	Other	2	50%	0%	0%	100%	0%	0%
<b>Range</b>	<b>Low</b>	1	0%	0%	0%	10%	0%	0%
	<b>High</b>	53		100%	100%	100%	40%	42%

\*(n): Number of hospitals reported participating in all or some of the databases but are unwilling to publicly report.

## D. DATABASE ACTIVITIES (DB) - OTHER QUESTIONS

N= 249

1. Are you participating in the AHA/AAMC/FAH Quality Initiative, which entails public reporting of select NQF-endorsed JCAHO core measures?

Yes	143	57%
No	106	43%

2. If yes, please note when you plan to begin public reporting of your performance data? Please circle one.

Fall 2003	52	36%
Winter 2004	38	27%
Spring 2004	38	27%
Summer 2004	8	6%
Fall 2004	3	2%
Winter 2005	2	1%
Spring 2005	2	1%

3. If you are a member of Premier, do you plan to participate in the CMS/Premier Demonstration project?

Yes	18	7%
No	52	21%
N/A	179	72%

SURVEY OF HOSPITAL PERFORMANCE MEASUREMENT ACTIVITIES IN CALIFORNIA  
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## E. DATABASE ACTIVITIES (DB) - SYSTEM VS. NON-SYSTEM

DATABASE	CATEGORY	SYSTEM 185			NON-SYSTEM 64		
		YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	57	89	39	12	39	13
2. National Cardiovascular Data Registry	Cardiac	31	118	36	6	44	14
3. CCMRP 2000-2002 Voluntary Program	Cardiac	71	85	29	14	39	11
4. National Registry of Myocardial Infarction	Cardiac	58	101	26	12	40	12
5. APACHE	ICU	17	154	14	1	51	12
6. CALICO	ICU	34	140	11	17	37	10
7. Project Impact	ICU	2	171	12	1	52	11
8. National Cancer Data Base	Oncology	88	68	29	29	25	10
9. International Bone Marrow Transplant Registry	Oncology	8	114	63	3	40	21
10. Autologous Blood Marrow Transplant Registry	Oncology	5	118	62	1	42	21
11. American Joint Replacement Registry	Other	2	169	14	2	53	9
12. California Nursing Outcomes Database (CalNOC)	Other	92	87	6	11	47	6
13. California Perinatal Quality of Care Collaborative	Other	49	112	24	16	39	9
14. Vermont Oxford Network (Neonatology)	Other	33	120	32	8	46	10
15. SAGES Outcome Initiative	Other	2	170	13	1	56	7

DATABASE	CATEGORY	SYSTEM 185			NON-SYSTEM 64		
		YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	39%	61%	21%	24%	76%	20%
2. National Cardiovascular Data Registry	Cardiac	21%	79%	19%	12%	88%	22%
3. CCMRP 2000-2002 Voluntary Program	Cardiac	46%	54%	16%	26%	74%	17%
4. National Registry of Myocardial Infarction	Cardiac	36%	64%	14%	23%	77%	19%
5. APACHE	ICU	10%	90%	8%	2%	98%	19%
6. CALICO	ICU	20%	80%	6%	31%	69%	16%
7. Project Impact	ICU	1%	99%	6%	2%	98%	17%
8. National Cancer Data Base	Oncology	56%	44%	16%	54%	46%	16%
9. International Bone Marrow Transplant Registry	Oncology	7%	93%	34%	7%	93%	33%
10. Autologous Blood Marrow Transplant Registry	Oncology	4%	96%	34%	2%	98%	33%
11. American Joint Replacement Registry	Other	1%	99%	8%	4%	96%	14%
12. California Nursing Outcomes Database (CalNOC)	Other	51%	49%	3%	19%	81%	9%
13. California Perinatal Quality of Care Collaborative	Other	30%	70%	13%	29%	71%	14%
14. Vermont Oxford Network (Neonatology)	Other	22%	78%	17%	15%	85%	16%
15. SAGES Outcome Initiative	Other	1%	99%	7%	2%	98%	11%

## F. DATABASE ACTIVITIES (DB) - ACROSS SYSTEM COMPARISON

DATABASE	CATEGORY	SYSTEM 1 (16+ Hosp)			SYSTEM 2 (1-15 Hosp)			SYSTEM 3 (1-15 Hosp)			SYSTEM 4 (1-15 Hosp)		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	8	15	4	2	4	0	1	0	13	3	0	2
2. National Cardiovascular Data Registry	Cardiac	6	18	3	2	4	0	1	0	13	0	3	2
3. CCMRP 2000-2002 Voluntary Program	Cardiac	10	15	2	2	4	0	1	0	13	3	0	2
4. National Registry of Myocardial Infarction	Cardiac	16	9	2	1	5	0	0	0	14	3	1	1
5. APACHE	ICU	1	26	0	0	6	0	0	14	0	1	3	1
6. CALICO	ICU	7	20	0	1	5	0	0	14	0	0	4	1
7. Project Impact	ICU	1	26	0	0	6	0	0	14	0	0	4	1
8. National Cancer Data Base	Oncology	12	13	2	3	3	0	0	0	14	5	0	0
9. International Bone Marrow Transplant Registry	Oncology	0	20	7	0	4	2	0	0	14	0	3	2
10. Autologous Blood Marrow Transplant Registry	Oncology	0	20	7	0	4	2	0	0	14	0	3	2
11. American Joint Replacement Registry	Other	0	27	0	0	6	0	0	14	0	0	5	0
12. California Nursing Outcomes Database (CaNOC)	Other	24	3	0	1	5	0	14	0	0	3	2	0
13. California Perinatal Quality of Care Collaborative (CPQCC)	Other	7	20	0	0	6	0	11	0	3	3	2	0
14. Vermont Oxford Network (Neonatology)	Other	4	20	3	1	5	0	4	7	3	1	3	1
15. SAGES Outcome Initiative	Other	1	26	0	0	6	0	0	14	0	0	5	0

DATABASE	CATEGORY	SYSTEM 1 (16+ Hosp)			SYSTEM 2 (1-15 Hosp)			SYSTEM 3 (1-15 Hosp)			SYSTEM 4 (1-15 Hosp)		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	35%	65%	15%	33%	67%	0%	100%	0%	93%	100%	0%	40%
2. National Cardiovascular Data Registry	Cardiac	25%	75%	11%	33%	67%	0%	100%	0%	93%	0%	100%	40%
3. CCMRP 2000-2002 Voluntary Program	Cardiac	40%	60%	7%	33%	67%	0%	100%	0%	93%	100%	0%	40%
4. National Registry of Myocardial Infarction	Cardiac	64%	36%	7%	17%	83%	0%	0%	0%	100%	75%	25%	20%
5. APACHE	ICU	4%	96%	0%	0%	100%	0%	0%	100%	0%	25%	75%	20%
6. CALICO	ICU	26%	74%	0%	17%	83%	0%	0%	100%	0%	0%	100%	20%
7. Project Impact	ICU	4%	96%	0%	0%	100%	0%	0%	100%	0%	0%	100%	20%
8. National Cancer Data Base	Oncology	48%	52%	7%	50%	50%	0%	0%	0%	100%	100%	0%	0%
9. International Bone Marrow Transplant Registry	Oncology	0%	100%	26%	0%	100%	33%	0%	0%	100%	0%	100%	40%
10. Autologous Blood Marrow Transplant Registry	Oncology	0%	100%	26%	0%	100%	33%	0%	0%	100%	0%	100%	40%
11. American Joint Replacement Registry	Other	0%	100%	0%	0%	100%	0%	0%	100%	0%	0%	100%	0%
12. California Nursing Outcomes Database (CaNOC)	Other	89%	11%	0%	17%	83%	0%	100%	0%	0%	60%	40%	0%
13. California Perinatal Quality of Care Collaborative	Other	26%	74%	0%	0%	100%	0%	100%	0%	21%	60%	40%	0%
14. Vermont Oxford Network (Neonatology)	Other	17%	83%	11%	17%	83%	0%	36%	64%	21%	25%	75%	20%
15. SAGES Outcome Initiative	Other	4%	96%	0%	0%	100%	0%	0%	100%	0%	0%	100%	0%

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DATABASE	CATEGORY	SYSTEM 5 (1-15 Hosp)			SYSTEM 6 (1-15 Hosp)			SYSTEM 7 (16+ Hosp)			SYSTEM 8 (16+ Hosp)		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	3	2	0	3	0	2	6	12	2	6	19	6
2. National Cardiovascular Data Registry	Cardiac	0	5	0	2	1	2	4	13	3	2	25	4
3. CCMRP 2000-2002 Voluntary Program	Cardiac	2	3	0	4	0	1	9	9	2	12	16	3
4. National Registry of Myocardial Infarction	Cardiac	2	2	1	1	3	1	13	7	0	3	26	2
5. APACHE	ICU	0	5	0	0	4	1	3	15	2	3	25	3
6. CALICO	ICU	1	4	0	0	4	1	4	14	2	5	24	2
7. Project Impact	ICU	0	5	0	0	4	1	0	18	2	0	29	2
8. National Cancer Data Base	Oncology	3	2	0	4	0	1	6	11	3	13	14	4
9. International Bone Marrow Transplant Registry	Oncology	1	3	1	2	1	2	1	10	9	1	22	8
10. Autologous Blood Marrow Transplant Registry	Oncology	1	3	1	0	3	2	1	10	9	0	23	8
11. American Joint Replacement Registry	Other	0	5	0	0	4	1	0	19	1	0	29	2
12. California Nursing Outcomes Database (CaINOC)	Other	1	4	0	3	2	0	16	4	0	0	29	2
13. California Perinatal Quality of Care Collaborative	Other	0	4	1	3	0	2	5	14	1	4	21	6
14. Vermont Oxford Network (Neonatology)	Other	0	4	1	3	0	2	3	12	5	3	21	7
15. SAGES Outcome Initiative	Other	0	5	0	0	4	1	0	17	3	0	29	2

DATABASE	CATEGORY	SYSTEM 5 (1-15 Hosp)			SYSTEM 6 (1-15 Hosp)			SYSTEM 7 (16+ Hosp)			SYSTEM 8 (16+ Hosp)		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	60%	40%	0%	100%	0%	33%	33%	67%	14%	24%	76%	19%
2. National Cardiovascular Data Registry	Cardiac	0%	100%	0%	67%	33%	33%	24%	76%	21%	7%	93%	13%
3. CCMRP 2000-2002 Voluntary Program	Cardiac	40%	60%	0%	100%	0%	17%	50%	50%	14%	43%	57%	10%
4. National Registry of Myocardial Infarction	Cardiac	50%	50%	4%	25%	75%	17%	65%	35%	0%	10%	90%	6%
5. APACHE	ICU	0%	100%	0%	0%	100%	17%	17%	83%	14%	11%	89%	10%
6. CALICO	ICU	20%	80%	0%	0%	100%	17%	22%	78%	14%	17%	83%	6%
7. Project Impact	ICU	0%	100%	0%	0%	100%	17%	0%	100%	14%	0%	100%	6%
8. National Cancer Data Base	Oncology	60%	40%	0%	100%	0%	17%	35%	65%	21%	48%	52%	13%
9. International Bone Marrow Transplant Registry	Oncology	25%	75%	4%	67%	33%	33%	9%	91%	64%	4%	96%	26%
10. Autologous Blood Marrow Transplant Registry	Oncology	25%	75%	4%	0%	100%	33%	9%	91%	64%	0%	100%	26%
11. American Joint Replacement Registry	Other	0%	100%	0%	0%	100%	17%	0%	100%	7%	0%	100%	6%
12. California Nursing Outcomes Database (CaINOC)	Other	20%	80%	0%	60%	40%	0%	80%	20%	0%	0%	100%	6%
13. California Perinatal Quality of Care Collaborative	Other	0%	100%	4%	100%	0%	33%	26%	74%	7%	16%	84%	19%
14. Vermont Oxford Network (Neonatology)	Other	0%	100%	4%	100%	0%	33%	20%	80%	36%	13%	88%	23%
15. SAGES Outcome Initiative	Other	0%	100%	0%	0%	100%	17%	0%	100%	21%	0%	100%	6%

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## G. DATABASE ACTIVITIES (DB) - HOSPITAL SIZE COMPARISON

DATABASE	CATEGORY	SMALL 69			MEDIUM 66			LARGE 52			VERY LARGE 62		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	3	43	23	7	45	14	19	23	10	40	17	5
2. National Cardiovascular Data Registry	Cardiac	1	47	21	6	47	13	8	33	11	22	35	5
3. CCMRP 2000-2002 Voluntary Program	Cardiac	9	46	14	16	39	11	22	19	11	38	20	4
4. National Registry of Myocardial Infarction	Cardiac	19	40	10	12	42	12	16	25	11	23	34	5
5. APACHE	ICU	4	50	15	4	55	7	3	47	2	7	53	2
6. CALICO	ICU	12	43	14	16	46	4	7	43	2	16	45	1
7. Project Impact	ICU	0	55	14	0	61	5	0	50	2	3	57	2
8. National Cancer Data Base	Oncology	17	37	15	25	28	13	27	18	7	48	10	4
9. International Bone Marrow Transplant Registry	Oncology	1	40	28	1	41	24	2	35	15	7	38	17
10. Autologous Blood Marrow Transplant Registry	Oncology	0	41	28	1	41	24	1	36	15	4	42	16
11. American Joint Replacement Registry	Other	0	54	15	2	62	2	1	49	2	1	57	4
12. California Nursing Outcomes Database (CalNOC)	Other	17	42	10	24	41	1	27	25	0	35	26	1
13. California Perinatal Quality of Care Collaborative	Other	9	44	16	17	42	7	16	32	4	23	33	6
14. Vermont Oxford Network (Neonatology)	Other	0	45	24	5	52	9	11	39	2	25	30	7
15. SAGES Outcome Initiative	Other	0	55	14	1	63	2	2	49	1	0	59	3

DATABASE	CATEGORY	SMALL 69			MEDIUM 66			LARGE 52			VERY LARGE 62		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	7%	93%	33%	13%	87%	21%	45%	55%	19%	70%	30%	8%
2. National Cardiovascular Data Registry	Cardiac	2%	98%	30%	11%	89%	20%	20%	80%	21%	39%	61%	8%
3. CCMRP 2000-2002 Voluntary Program	Cardiac	16%	84%	20%	29%	71%	17%	54%	46%	21%	66%	34%	6%
4. National Registry of Myocardial Infarction	Cardiac	32%	68%	14%	22%	78%	18%	39%	61%	21%	40%	60%	8%
5. APACHE	ICU	7%	93%	22%	7%	93%	11%	6%	94%	4%	12%	88%	3%
6. CALICO	ICU	22%	78%	20%	26%	74%	6%	14%	86%	4%	26%	74%	2%
7. Project Impact	ICU	0%	100%	20%	0%	100%	8%	0%	100%	4%	5%	95%	3%
8. National Cancer Data Base	Oncology	31%	69%	22%	47%	53%	20%	60%	40%	13%	83%	17%	6%
9. International Bone Marrow Transplant Registry	Oncology	2%	98%	41%	2%	98%	36%	5%	95%	29%	16%	84%	27%
10. Autologous Blood Marrow Transplant Registry	Oncology	0%	100%	41%	2%	98%	36%	3%	97%	29%	9%	91%	26%
11. American Joint Replacement Registry	Other	0%	100%	22%	3%	97%	3%	2%	98%	4%	2%	98%	6%
12. California Nursing Outcomes Database (CalNOC)	Other	29%	71%	14%	37%	63%	2%	52%	48%	0%	57%	43%	2%
13. California Perinatal Quality of Care Collaborative	Other	17%	83%	23%	29%	71%	11%	33%	67%	8%	41%	59%	10%
14. Vermont Oxford Network (Neonatology)	Other	0%	100%	35%	9%	91%	14%	22%	78%	4%	45%	55%	11%
15. SAGES Outcome Initiative	Other	0%	100%	20%	2%	98%	3%	4%	96%	2%	0%	100%	5%

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## H. DATABASE ACTIVITIES (DB) - HOSPITAL TYPE COMPARISON

DATABASE	CATEGORY	TEACHING 17			SMALL/RURAL 40			OTHER 192		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	10	6	1	0	29	11	59	93	40
2. National Cardiovascular Data Registry	Cardiac	4	12	1	0	29	11	33	121	38
3. CCMRP 2000-2002 Voluntary Program	Cardiac	9	7	1	4	28	8	72	89	31
4. National Registry of Myocardial Infarction	Cardiac	5	10	2	9	26	5	56	105	31
5. APACHE	ICU	2	15	0	0	29	11	16	161	15
6. CALICO	ICU	6	11	0	7	23	10	38	143	11
7. Project Impact	ICU	1	16	0	0	30	10	2	177	13
8. National Cancer Data Base	Oncology	14	3	0	13	18	9	90	72	30
9. International Bone Marrow Transplant Registry	Oncology	5	7	5	0	24	16	6	123	63
10. Autologous Blood Marrow Transplant Registry	Oncology	3	9	5	0	24	16	3	127	62
11. American Joint Replacement Registry	Other	1	14	2	0	29	11	3	179	10
12. California Nursing Outcomes Database (CaNOC)	Other	9	8	0	9	24	7	85	102	5
13. California Perinatal Quality of Care Collaborative	Other	8	9	0	5	27	8	52	115	25
14. Vermont Oxford Network (Neonatology)	Other	8	8	1	0	27	13	33	131	28
15. SAGES Outcome Initiative	Other	0	16	1	0	30	10	3	180	9

DATABASE	CATEGORY	TEACHING 17			SMALL/RURAL 40			OTHER 192		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	63%	38%	6%	0%	100%	28%	39%	61%	21%
2. National Cardiovascular Data Registry	Cardiac	25%	75%	6%	0%	100%	28%	21%	79%	20%
3. CCMRP 2000-2002 Voluntary Program	Cardiac	56%	44%	6%	13%	88%	20%	45%	55%	16%
4. National Registry of Myocardial Infarction	Cardiac	33%	67%	12%	26%	74%	13%	35%	65%	16%
5. APACHE	ICU	12%	88%	0%	0%	100%	28%	9%	91%	8%
6. CALICO	ICU	35%	65%	0%	23%	77%	25%	21%	79%	6%
7. Project Impact	ICU	6%	94%	0%	0%	100%	25%	1%	99%	7%
8. National Cancer Data Base	Oncology	82%	18%	0%	42%	58%	23%	56%	44%	16%
9. International Bone Marrow Transplant Registry	Oncology	42%	58%	29%	0%	100%	40%	5%	95%	33%
10. Autologous Blood Marrow Transplant Registry	Oncology	25%	75%	29%	0%	100%	40%	2%	98%	32%
11. American Joint Replacement Registry	Other	7%	93%	12%	0%	100%	28%	2%	98%	5%
12. California Nursing Outcomes Database (CaNOC)	Other	53%	47%	0%	27%	73%	18%	45%	55%	3%
13. California Perinatal Quality of Care Collaborative	Other	47%	53%	0%	16%	84%	20%	31%	69%	13%
14. Vermont Oxford Network (Neonatology)	Other	50%	50%	6%	0%	100%	33%	20%	80%	15%
15. SAGES Outcome Initiative	Other	0%	100%	6%	0%	100%	25%	2%	98%	5%

**I. DATABASE ACTIVITIES (DB) - REGIONS COMPARISON**

DATABASE	CATEGORY	REGION 1 32			REGION 2 32			REGION 3 30			REGION 4 35			REGION 5 57			REGION 6 39			REGION 7 24		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	5	21	6	11	13	8	6	15	9	10	17	8	17	30	10	13	20	6	7	12	5
2. National Cardiovascular Data Registry	Cardiac	4	22	6	5	18	9	5	17	8	3	25	7	12	35	10	5	28	6	3	17	4
3. CCMRP 2000-2002 Voluntary Program	Cardiac	10	17	5	11	13	8	10	14	6	7	22	6	18	31	8	17	18	4	12	9	3
4. National Registry of Myocardial Infarction	Cardiac	15	14	3	9	14	9	12	13	5	7	23	5	10	39	8	9	25	5	8	13	3
5. APACHE	ICU	4	25	3	0	29	3	1	26	3	5	26	4	2	49	6	4	30	5	2	20	2
6. CALICO	ICU	7	22	3	6	23	3	8	20	2	6	25	4	14	39	4	6	29	4	4	19	1
7. Project Impact	ICU	0	29	3	1	28	3	0	27	3	0	31	4	1	51	5	0	35	4	1	22	1
8. National Cancer Data Base	Oncology	16	10	6	10	12	10	6	15	9	14	18	3	31	22	4	25	11	3	15	5	4
9. International Bone Marrow Transplant Registry	Oncology	0	22	10	2	14	16	1	17	12	0	23	12	3	40	14	4	25	10	1	13	10
10. Autologous Blood Marrow Transplant Registry	Oncology	0	22	10	1	15	16	1	17	12	0	23	12	1	43	13	2	27	10	1	13	10
11. American Joint Replacement Registry	Other	0	29	3	0	32	0	1	27	2	0	31	4	1	50	6	1	32	6	1	21	2
12. California Nursing Outcomes Database (CalNOC)	Other	18	12	2	20	12	0	16	13	1	14	18	3	16	38	3	12	25	2	7	16	1
13. California Perinatal Quality of Care Collaborative	Other	6	22	4	8	21	3	8	19	3	9	22	4	14	36	7	12	20	7	8	11	5
14. Vermont Oxford Network (Neonatology)	Other	3	22	7	4	24	4	2	22	6	4	27	4	14	34	9	9	22	8	5	15	4
15. SAGES Outcome Initiative	Other	0	27	5	1	31	0	0	28	2	0	32	3	0	52	5	0	34	5	2	22	0

DATABASE	CATEGORY	REGION 1 32			REGION 2 35			REGION 3 32			REGION 4 30			REGION 5 57			REGION 6 63			REGION 7 24		
		YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
1. National Adult Cardiac Events Database	Cardiac	19%	81%	19%	46%	54%	25%	29%	71%	30%	37%	63%	23%	36%	64%	18%	39%	61%	15%	37%	63%	13%
2. National Cardiovascular Data Registry	Cardiac	15%	85%	19%	22%	78%	28%	23%	77%	27%	11%	89%	20%	26%	74%	18%	15%	85%	15%	15%	85%	10%
3. CCMRP 2000-2002 Voluntary Program	Cardiac	37%	63%	16%	46%	54%	25%	42%	58%	20%	24%	76%	17%	37%	63%	14%	49%	51%	10%	57%	43%	8%
4. National Registry of Myocardial Infarction	Cardiac	52%	48%	9%	39%	61%	28%	48%	52%	17%	23%	77%	14%	20%	80%	14%	26%	74%	13%	38%	62%	8%
5. APACHE	ICU	14%	86%	9%	0%	100%	9%	4%	96%	10%	16%	84%	11%	4%	96%	11%	12%	88%	13%	9%	91%	5%
6. CALICO	ICU	24%	76%	9%	21%	79%	9%	29%	71%	7%	19%	81%	11%	26%	74%	7%	17%	83%	10%	17%	83%	3%
7. Project Impact	ICU	0%	100%	9%	3%	97%	9%	0%	100%	10%	0%	100%	11%	2%	98%	9%	0%	100%	10%	4%	96%	3%
8. National Cancer Data Base	Oncology	62%	38%	19%	45%	55%	31%	29%	71%	30%	44%	56%	9%	58%	42%	7%	69%	31%	8%	75%	25%	10%
9. International Bone Marrow Transplant Registry	Oncology	0%	100%	31%	13%	88%	50%	6%	94%	40%	0%	100%	34%	7%	93%	25%	14%	86%	26%	7%	93%	26%
10. Autologous Blood Marrow Transplant Registry	Oncology	0%	100%	31%	6%	94%	50%	6%	94%	40%	0%	100%	34%	2%	98%	23%	7%	93%	26%	7%	93%	26%
11. American Joint Replacement Registry	Other	0%	100%	9%	0%	100%	0%	4%	96%	7%	0%	100%	11%	2%	98%	11%	3%	97%	15%	5%	95%	5%
12. California Nursing Outcomes Database (CalNOC)	Other	60%	40%	6%	63%	38%	0%	55%	45%	3%	44%	56%	9%	30%	70%	5%	32%	68%	5%	30%	70%	3%
13. California Perinatal Quality of Care Collaborative	Other	21%	79%	13%	28%	72%	9%	30%	70%	10%	29%	71%	11%	28%	72%	12%	38%	63%	18%	42%	58%	13%
14. Vermont Oxford Network (Neonatology)	Other	12%	88%	22%	14%	86%	13%	8%	92%	20%	13%	87%	11%	29%	71%	16%	29%	71%	21%	25%	75%	10%
15. SAGES Outcome Initiative	Other	0%	100%	16%	3%	97%	0%	0%	100%	7%	0%	100%	9%	0%	100%	9%	0%	100%	13%	8%	92%	0%