

Division of Hospital Medicine UHC Data Dashboard  
Updated to CY Q1 2013 Discharges

Confidential Quality Improvement Information: Protected by Evidence Codes 1156, 1157

	Measure	Units	Goal	Apr-Jun 2012 <small>2011 Risk Model</small>	Jul-Sep 2012 <small>2011 Risk Model</small>	Oct-Dec 2012 <small>2012 Risk Model</small>	Jan-Mar 2013 <small>2012 Risk Model</small>	Apr-Jun 2013 <small>2012 Risk Model</small>	YTD Avg Total N	YTD Trend	External Comparison	Comments / Improvement Activities
Patient Satisfaction	<b>Patient Satisfaction</b>											
	HCAHPS: Communication with Doctors – Top Box (DGIM & DHM)	% of Patients Rating "Always" survey n	>80%	72.6 86	75.7 97	75.2 123	73.7 200	78.4 166	75.7 586		82	Sum score of 3 MD Communication Question fo DHM Hospitalists Only
	HCAHPS: Communication with Doctors – Top Box ( DHM only)	% of Patients Rating "Always" survey n	>80%	73.9 80	72.7 78	74.1 105	74.2 188	80.2 140	75.6 511		82	Sum score of 3 MD Communication Question fo DHM Hospitalists and other Medicine Service Attendings
	HCAHPS: DHM Comm with Doctors – Explained in a way you could understand	% of Patients Rating "Always" survey n	>80%	63.3 79	65.0 123	66.7 103	67.7 186	74.8 139	66.1 491		80	One element of MD communication DHM Hospitalists and other Medicine Service Attendings
	HCAHPS DHM Staff Did everything to help with pain	% of Patients Rating "Always" survey n	>70%	70.2 57	66 94	73.6 72	67.2 122	70.8 89	68.7 345		75	One element of two pain related question
	HCAHPS DHM Discharge Information - Help after & symptoms to look for	% Yes survey n	>90%	82 64	81.6 115	84 95	82 162	89.6 111	82.3 436		85	One element of discharge information
Sepsis Bundle & Hand Hygiene	<b>Sepsis Bundle &amp; Hand Hygiene</b>											
	Lactate	% compliance N	>90	85 107	100 109	99 91	98 108	97 125	95.4 415		>100	Within 6 hours of time of presentation (TOP)
	Blood Cultures	% compliance N	>90	89 107	92 109	97 91	96 108	95 125	93.4 415		>100	Blood Cultures Prior to Antibiotics
	Antibiotics	% compliance N	>80	66 107	90 109	95 91	92 108	89 125	85.4 415		>80	Broad Spectrum antibiotics within 1 hour of TOP
	Fluids	% compliance N	>80	65 107	65 109	98 91	98 108	97 125	80.8 415		>80	Fluids for SBP <90 or Lactate >4
	Total Bundle Compliance	% compliance N	>80	42 107	82 109	93 91	85 108	80 125	74.9 415		>80	Compliance with all of the above measure
	Hand Hygiene	% compliance N	>90 N	90 98	92 97	95 153	96 109	95 131	93.5 457		>90	Compliance with Hospital Medicine hand hygiene
High Value Care	<b>High Value Care</b>											
	Telemetry discontinued at <48 hours	% discontinued N (telemetry)									N/A	Patients who had telemetry discontinued within 48 hours of admission
	% of Telemetry patients discharged on Telmetry	% discharged N (telemetry)	<50%								N/A	Patients who had telemetry discontinued at discharge
	Transfusions for Hgb ≤7.5	% compliance N (transfusions)	75%		45 402	46 415	48 366	52 386	47.7 1569		N/A	Percent of transfusions for a pre-transfusion Hgb <7.6
	Average number of Units Transfused per order	Average N (transfusions)	<1.5		1.65 402	1.66 415	1.64 366	1.76 386	1.7 1569		N/A	Number of transfusions ordered with a single order
	Nebulizer Utilization (14M)	Nebs/mo	<850 nebs/mo	1174	715	623	763	725	706.5		N/A	Number of nebulizer therapies given on 14M
	iCal Utilization	iCal/mo	<2000 iCal/mo	2775	1650	1508	1369		1826		N/A	iCal's ordered on the Medicine Service
	Vancomycin discontinued after 48 hours	% compliance N (vancomycin)	>50%								N/A	Number of patients receiving vancomycin for PNA or sepsis with vancomycin d/c within 48 hours
	Discharge by Noon	% by noon N	>20%		10.1 345	11.8 349	9.5 369	11.2 368	10.4 1063		N/A	Number of patients on 14L & 14M discharged by noon

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Transitions in Care	Any Follow up Appointments within 14 days of DC	% appt N, UCSF PCP DC	>100%				86.1 439	88.7 435	86.1 439		N/A	Percentage of patients discharged home who have any follow up appointment	
	Follow up Appointment with PCP within 14 days of DC	% appt N, UCSF PCP DC	>80%				72 439	69.2 435	72.0 439		N/A	Percentage of patients discharged home who have a follow up appointment with their PCP	
	AVS Quality	% compliance N, DHM ED	>75%					43.5 1140	43.5 1140		N/A	Presence of discharge diagnosis, follow up appointments and discharge instructions	
	PCP Communication (Discharge summary Routing)	% routed N discharges	>80%								N/A	Number of discharge summaries that are routed to PCPs	
	Parnassus Medicine Discharge Summary within 48 hrs	% routed N discharges	>80%								N/A	Number of discharge summaries done within 48 hours of discharge on Parnassus Medicine	
	All Medicine Discharge Summary within 48 hrs	% routed N discharges	>80%								N/A	Number of discharge summaries done within 48 hours of discharge on all Medicine	
Readmissions	All Cause 30 Day Readmissions												
	All 30-day readmissions (CMS definition)	% rate N	<15	13.9 961	17.4 974	15.7 990	15.6 1140	14.1 1068	12.4 5133		<15	CMS definition -	
	All 30-day readmissions >65 (CMS definition)	% rate N	<15	14.0 386	15.5 394	12.8 415	14.9 498	13.62 470	11.2 2163		<15		
	Sepsis	% rate N	<16	20.0 92	19.6 122	11.4 105	14.6 163		16.2 482		<15		
	Pneumonia	% rate N	<16	8.7 46	35.9 45	14.3 45	14.5 62		18.0 198		<15	UHC definition - 30 day readmissions in primary diagnosis of Pneumonia >65	
	Pneumonia (≥ 65 yo)	% rate N	<16	0.0 28	26.9 32	15.0 23	13.9 36		14.3 119		<18	UHC definition - 30 day readmissions in primary diagnosis of Pneumonia >65	
	Blood Diseases (Sickle cell)	% rate N	<20	48.5 34	45.5 22	37.5 32	28.0 25		40.2 113		<20	UHC definition - 30 day readmissions in primary diagnosis of Red Blood Cell disorders	
	Kidney and UTI	% rate N	<15	5.9 34	22.7 44	5.0 21	13.8 29		13.3 128		<16	UHC definition - 30 day readmissions in primary diagnosis of Kidney and UTI	
	COPD	% rate N	<18	9.1 22	24.2 33	27.3 22	14.3 35		18.7 112		<18	UHC definition - 30 day readmissions in primary diagnosis of COPD	
Core Measures	Pneumonia Core Measures												
	PN-3a: ICU Bcx w/in 24hrs	% compliance N	100%	100 3	100 12	100 3	100 6		100 24		100%	Blood Cultures Performed Within 24 Hours or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival	
	PN-3b: ED Bcx Before Initial Abx	% compliance N	100%	88.0 25	100 30	96.8 31	93.1 29		94.8 115		100%	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	
	PN-6a: ICU Abx Selection	% compliance N	100%	100 0	100 3	100 1	75.0 4		87.5 8		100%	Initial Antibiotic Selection for CAP in Immunocompetent - ICU Patient	
	PN-6b: Non-ICU Abx Selection	% compliance N	100%	100 7	100 5	100 18	100 8		100 38		100%	Initial Antibiotic Selection for CAP in Immunocompetent - Non ICU Patient	
	PN Composite	% compliance N	100%	88.9 27	100 31	97.1 34	93.1 29		95.05 121		100%		
Mortality	Observed to Expected Mortality for key diagnoses												
	Overall	O/E N	O/E < 1.0	1.21 1075	1.16 1137	0.95 1002	0.81 1166		1.03 4380		0.8		

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<b>Mort</b>	Sepsis	O/E	O/E < 1.0	1.09	1.31	1.33	0.90	1.13		0.6		
		N		92	122	105	163	482				
	Pneumonia	O/E	O/E < 1.0	0.00	2.66	0.96	0.00	0.82		0.6		
		N		46	45	45	62	198				
<b>Hospital quired Conditions</b>	<b>Hospital Acquired Conditions (HACs) - UHC Data using ICD-9 Codes &amp; POA (no)</b>											
	CAUTI	% rate	Target: <.1	0.09	0.18	0.00	0.00	0.07		0.1		
		N		1075	1137	1002	1166	4380				
	VTE	% rate	Target: <0.75	0.56	0.26	0.60	0.34	0.43		0.75		
		N		1075	1137	1002	1166	4380				
	Sepsis	% rate	Target: <1.3	1.02	1.32	1.60	0.51	1.09		1.15		
		N		1075	1137	1002	1166	4380				
	Respiratory Failure	% rate	Target: <2	1.77	2.11	2.50	1.72	2.01		1.9		
		N		1075	1137	1002	1166	4380				
	C-Diff	% rate	Target: <0.5	0.74	0.35	0.50	0.26	0.46		0.48		
N			1075	1137	1002	1166	4380					