Quality Transparency Dashboard

Hospital Quality Institute

Outcome Measures:	CLABSI (Lower is Better)	Colon SSI (Lower is Better)	Sepsis Mortality (Lower is Better)
UC San Diego Health - Hillcrest Medical Center	0.23	0.35	0.98
UC San Diego Health - Jacobs Medical Center	0.50	0.62	1.14
UC San Diego Health	**0.38**	**0.54**	**1.07**
California Level	*1.07*	*0.80*	*1.34*
National Level	*0.95*	*0.83*	*1.33*
Source	*CMS*	*CMS*	*Vizent*
Measure Period	CMS FY 2021-2022 (Jul-Mar 2022)	CMS FY 2021-2022 (Jul-Mar 2022)	July 2020 to June 2021

Program Status Measures:

☑ Yes ☐ No ☐ Not a maternity hospital	**This hospital has a Maternity Safety Program in place.** A maternity safety program provides a coordinated approach and emergency response to risks associated with pregnancy and childbirth.
☑ Yes ☐ No	**This hospital has a Sepsis Protocol in place.** A sepsis protocol provides guidance for a coordinated approach to identification and treatment of an infection and inflammatory response which is present throughout the body.
☑ Yes ☐ No	**This hospital has a Respiratory Monitoring program in place.** Respiratory monitoring provides guidance for assessment of risk of respiratory depression, and includes continuous monitoring of breathing and functioning of the lungs and circulatory system when indicated.

Outcome Measure Definitions:

CLABSI - Central line-Associated Blood Stream Infection: A serious infection that occurs when germs enter the bloodstream through a central line. A central line is a special intravenous catheter (IV) that allows access to a major vein close to the heart and can stay in place for weeks or months. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. **Limitations:** In the calculation of the Standardized Infection Ratio (SIR), the CDC adjusts for differences between hospitals. However, patient risk factors are not taken into account. These patient-specific variables (e.g., poor skin integrity, immunosuppression) can increase the risk of developing a central line infection. Hence, the SIR for hospitals that care for more medically complex or immunosuppressed patients may not be adequately adjusted to account for those patient-specific risk factors.

Colon SSI - Colon Surgical Site Infection: An infection (usually bacteria) that occurs after a person has colorectal surgery that occurs at the body site where the surgery took place. While some involve only the skin, others are more serious and can involve tissues under the skin, organs, or implanted material. The value shown above is a Standardized Infection Ratio (SIR), which is the ratio of observed-to-expected infections during the measure period. SIRs below 1.00 indicate that the observed number of infections during the measure period was lower than would be expected under normal conditions, whereas values above 1.00 indicate that the observed number of infections was higher than expected. **Limitations:** Some, but not all patient-specific risk factors are included in the adjustment of the SIR for these types of infections. However, not all relevant risk factors are included (e.g., trauma, emergency procedures). Hence, the SIRs for hospitals performing more complex procedures or with larger volumes of trauma or emergency procedures may not be adequately adjusted to account for those patient-specific risk factors

Sepsis Mortality: Sepsis is a complication that occurs when your body has an extreme response to an infection. It causes damage to organs in the body and can be life-threatening if not treated. Sepsis can sometimes turn into septic shock, which has a higher risk of death. Identifying sepsis early and starting appropriate care quickly increase the chances of survival. The value shown above is a mortality index, which is the ratio of observed-to-expected mortalities during the measure period. A mortality index below 1.00 indicates that the observed or actual number of mortalities during the measure period was lower than would be expected under normal conditions; whereas a value over 1.00 indicates that the observed number of mortalities is higher than expected. Reporting this ratio allows for comparison of outcomes among hospitals. **Limitations:** Use of coded administrative data is limiting since such data has lower specificity for capturing all diagnoses and/or co-morbidities than actual clinical data.

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