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NEW DATA COMPARES QUALITY OF CARE FOR TWELVE MEDICAL CONDITIONS AND PROCEDURES

SACRAMENTO –The Office of Statewide Health Planning and Development (OSHPD) today released information on the quality of care California's hospitals provide to patients with 12 different procedures and conditions. The report is part of a continuing effort to improve California's healthcare system through enhanced data analysis and reporting.

"Hospital Inpatient Mortality Indicators for California, 2010-2011" compares mortality rates for various procedures and conditions at hundreds of California hospitals. The report updates a previous report and examines quality of care for procedures and conditions that include stroke, hip fracture, brain surgery, abdominal aortic aneurysm repair, heart failure, heart attack, and pneumonia. The indicators are risk-adjusted, taking into account patients' pre-existing health problems to "level the playing field" and allow fair comparison among hospitals.

"These reports are part of a larger effort to make healthcare more transparent and accountable in California," said OSHPD Director Robert P. David. "We encourage hospitals to review their reports closely for any opportunities to improve the care they provide and we hope consumers will discuss this information with their physicians and families when considering treatment options."

For 2011, there are 331 hospitals included in the report. Findings from the report include:

- 65 hospitals were rated "Better" than the statewide observed rate on at least one indicator, and 95 were rated "Worse."
- 183 hospitals were rated as "Average," or not significantly different from the statewide observed rate on all 12 indicators.
- 70 hospitals were rated "Worse" on one indicator, 19 on two of the indicators, 5 on three indicators and 1 on five indicators.

- 46 hospitals were rated “Better” on one indicator, 15 on two of the indicators, and 4 on three indicators.

Individual hospitals showed relatively consistent performance across the 12 mortality indicators. That is, only a small number of hospitals had “mixed” results—fewer than 12 hospitals in a given year were ranked as “Better” on one indicator and “Worse” on another. In addition, many hospitals showed consistent performance across the two years. Hospitals that scored “Worse” on at least one indicator in 2010 were nearly six times more likely than other hospitals to score “Worse” on at least one indicator in 2011. This was also true for “Better” hospitals in 2010, which were six times more likely to perform “Better” in 2011.

The report uses indicators developed by the federal Agency for Healthcare Research and Quality (AHRQ) and implemented by OSHPD. These indicators have emerged as important national measures of hospital quality and are being published by many states and quality reporting groups across the country. The 2010-2011 report uses an updated version of AHRQ’s software and includes other important changes. For example, OSHPD no longer incorporates national data in benchmarking hospital performance – all hospital comparisons are with California data only. This has resulted in a more balanced number of “Better” and “Worse” performing hospitals. However, changing the measures also prevents comparisons of hospital performance with prior years.

OSHPD is the leader in collecting data and disseminating information about California’s healthcare infrastructure, promoting an equitably distributed healthcare workforce, and publishing valuable information about healthcare outcomes. OSHPD also monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities and provides loan insurance to facilitate the capital needs of California’s not-for-profit healthcare facilities.

Individual hospital information can be accessed at www.oshpd.ca.gov.

