



# Quality Transparency Dashboard

Outcome Measures:	CLABSI Lower is Better	Colon SSI Lower is Better	NTSV Lower is Better	Sepsis Mortality Lower is Better	VTE Lower is Better
<b>Goleta Valley Cottage Hospital</b>	<b>Not Available</b>	<b>Not Available</b>	<b>Not Available</b>	<b>2.9%</b>	<b>Not Available</b>
<i>California Level</i>	0.89	0.92	25.0%	18.3%	2.0%
<i>National Level</i>	1.00	1.00	25.7%	25.0%	2.0%
<i>Measure Period</i>	04/01/2016-03/31/2017	04/01/2016-03/31/2017	01/01/2016-12/31/2016	01/01/2014-12/31/2014	04/01/2016-03/31/2017

## Program Status:

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>This hospital has a Maternity Safety Program in place.</b> A maternity safety program provides a coordinated approach and emergency response to risks associated with pregnancy and childbirth.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>This hospital has a Sepsis Protocol in place.</b> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>This hospital has a Respiratory Monitoring program in place.</b> 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.

## 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. **Limitation:** 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. **Limitation:** 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

**NTSV - Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate:** The percentage of cesarean (surgical) births among first-time mothers who are at least 37 weeks pregnant with one baby in a head down position (not breech or transverse). Lower values indicate that fewer cesareans were performed in the hospital among primarily low risk, first-time mothers. **Limitation:** NTSV rates do not take into account certain obstetric conditions, such as placenta previa, that may make Cesarean delivery the safer route for both mother and infant.

**Sepsis Mortality:** Percent of patients, with a severe infection, who die in the hospital. Most sepsis cases (over 90%) start outside the hospital. Lower percentage of death indicates better survival. **Limitation:** Use of discharge/administrative data is limiting since such data has lower specificity for diagnoses than clinical data. In addition, without risk adjustment for differences in patient-specific factors, comparing rates among hospitals is difficult.

**VTE - Venous thromboembolism:** The measure of patients who develop deep vein clots who had not received potentially preventive treatment. **Limitation:** Although not adjusted to account for patient-specific risk factors, this rate is helpful in distinguishing a hospital's adherence to the best practice of administration of appropriate VTE prophylaxis to all appropriate patients.

## Hospital Comments:



## Data Sources, Notes, and Explanations

**CLABSI - Central line-Associated Blood Stream Infection & Colon SSI - Colon Surgical Site Infection:** Data were retrieved from CMS Hospital Compare HAI files, which are updated quarterly in April, July, October, and December. The file used for the estimates was updated on [12/21/2017](http://www.medicare.gov/hospitalCompare/Data/data-updated.html#). ([www.medicare.gov/hospitalCompare/Data/data-updated.html#](http://www.medicare.gov/hospitalCompare/Data/data-updated.html#))

**NTSV - Nulliparous, Term, Singleton, Vertex Cesarean Birth Rate:** Data were retrieved from CMQCC (California Maternal Quality Care Collaborative), which are updated once a year. The file used for the estimates was updated on [12/15/2017](http://www.cmqcc.org/focus-areas/quality-improvement/ntsv-c-sections). ([www.cmqcc.org/focus-areas/quality-improvement/ntsv-c-sections](http://www.cmqcc.org/focus-areas/quality-improvement/ntsv-c-sections)) The national rate is sourced from "Table 13. Selected medical and health characteristics of births, by race and Hispanic origin of mother: United States, 2016" from Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2016. National Vital Statistics Reports; vol 67 no 1. Hyattsville, MD: National Center for Health Statistics. 2018. ([www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf))

**Sepsis Mortality Rate:** Data are based on OSHPD Inpatient Discharge Public Use Files (2010-2014), which are updated annually around August. The file used for the estimates was updated on [09/29/2015](http://www.oshpd.ca.gov/HID/Data_Request_Center/PUF.html). ([www.oshpd.ca.gov/HID/Data\\_Request\\_Center/PUF.html](http://www.oshpd.ca.gov/HID/Data_Request_Center/PUF.html)). ICD-9-CM Codes used in updated Dombrovskiy et al. (2007) method to identify sepsis cases are available upon request (original method: Dombrovskiy, V. Y., Martin, A. A., Sunderram, J., & Paz, H. L. (2007). Rapid increase in hospitalization and mortality rates for severe sepsis in the United States: a trend analysis from 1993 to 2003. Critical care medicine, 35(5), 1244-1250). The national rate is from "eFigure 3. Sepsis Trends in Hospitals with Continuous Data from 2009-2014: A) Incidence, B) In-Hospital Mortality" supplementary online content for Rhee C, Dantes R, Epstein L, Murphy DJ, Seymour CW, Iwashyna TJ, Kadri SS, Angus DC, Danner RL, Fiore AE, Jernigan JA, Martin GS, Septimus E, Warren DK, Karcz A, Chan C, Menchaca JT, Wang R, Gruber S, Klompas M, . Incidence and Trends of Sepsis in US Hospitals Using Clinical vs Claims Data, 2009-2014. JAMA. 2017;318(13):1241-1249. doi:10.1001/jama.2017.13836. ([jamanetwork.com/journals/jama/article-abstract/2654187](http://jamanetwork.com/journals/jama/article-abstract/2654187))

**VTE - Venous Thromboembolism:** Data were retrieved from CMS Hospital Compare Timeliness & Effectiveness of Care files, which are updated quarterly in April, July, October, and December. The file used for the estimates was updated on [12/21/2017](http://www.medicare.gov/hospitalCompare/Data/data-updated.html#). ([www.medicare.gov/hospitalCompare/Data/data-updated.html#](http://www.medicare.gov/hospitalCompare/Data/data-updated.html#))