

# 2021 Edition — Quality of Care: Providers

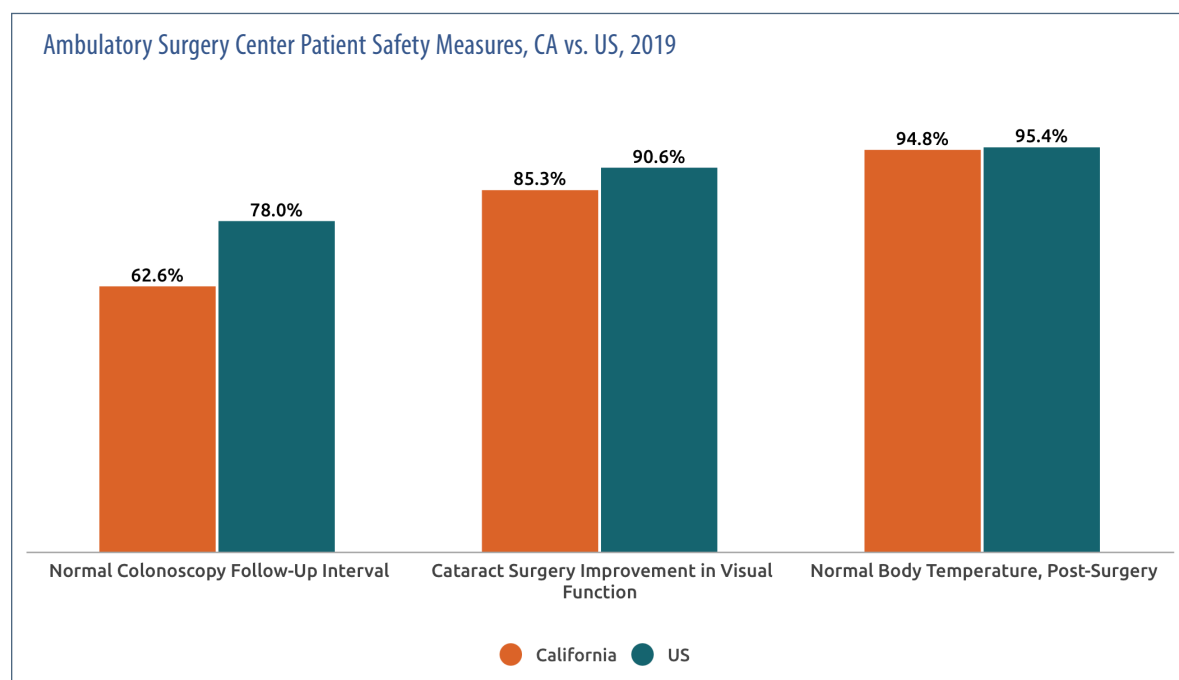
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Over the last few decades, there has been significant growth in the measurement and reporting of health care quality outcomes. As health care delivery evolves, it is important to continue to monitor and report on the quality of care delivered to patients in California and across the US. This is part of a series of measures that CHCF is publishing on the quality of care in our state. Topics range from maternal to end-of-life care, and include measures on behavioral health, chronic conditions, and providers.

This set of quality measures focuses on providers, including ambulatory surgery centers, emergency departments, inpatient hospitals, nursing homes, home health care, and hospice.

## California’s ambulatory surgery centers perform worse than the national average on two patient safety measures.

In California, a smaller portion of ambulatory surgery center (ASC) patients received the recommended follow up after a normal colonoscopy, or had improved vision function after cataract surgery compared to patients nationwide.

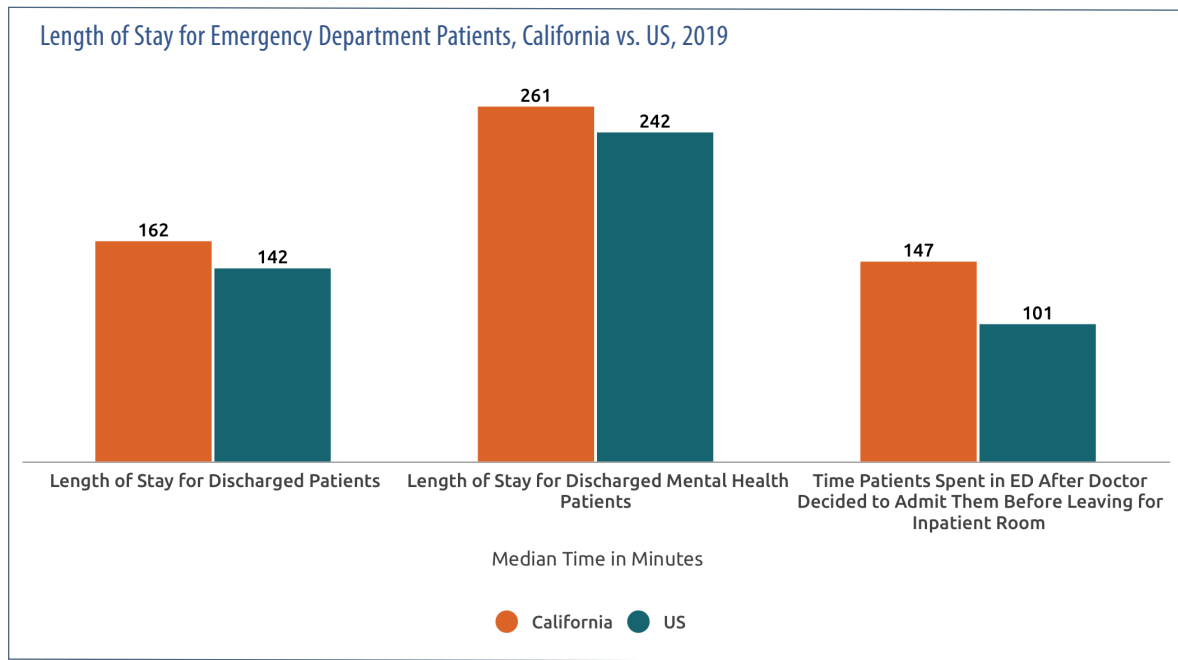


Notes: Data for Medicare Part B fee-for-service patients only. Normal Colonoscopy: patients age 50 to 75 receiving a screening colonoscopy without biopsy or polypectomy with documented recommended follow-up of at least 10 years for repeat colonoscopy. Cataract Surgery Improvement: patients age 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following surgery. Normal Body Temperature: patients who received anesthesia who had a body temperature of 96.8 Fahrenheit within 15 minutes of arriving in the post-anesthesia care unit. Higher rates are better. Not Shown: Unplanned Additional Eye Surgery: cataract surgeries that had an unplanned additional eye surgery (anterior vitrectomy) (CA: 0.5%; US: 0.4%); lower rates are better.

Source: “Hospital Compare Datasets,” Centers for Medicare & Medicaid Services, last updated August 27, 2020.

**California patients spend more time in emergency departments than patients nationwide.**

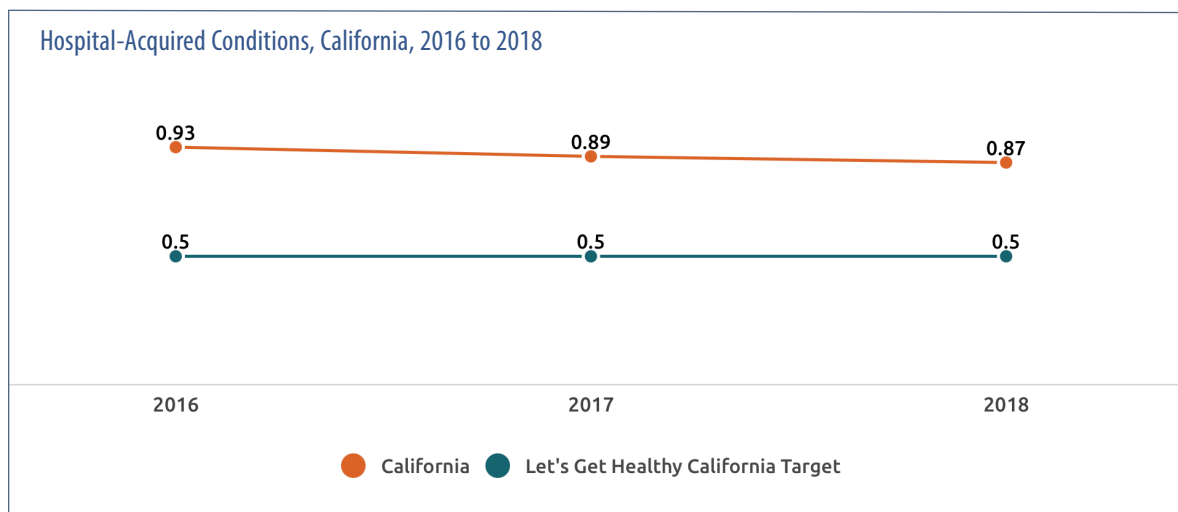
Patients visiting California emergency departments (EDs) have longer lengths of stay than patients nationwide — especially patients admitted to the hospital from the ED. In California, these patients spend nearly two and a half hours in the ED after a doctor has decided to admit before leaving for their inpatient room.



Source: "Hospital Compare Datasets," Centers for Medicare & Medicaid Services, last updated August 27, 2020.

**Hospital-acquired conditions are declining in California but remain a serious concern.**

According to Let's Get Healthy California, hospital-acquired conditions cost California more than \$3 billion every year. A composite measure of these conditions declined slightly from 2016 to 2018 but remained above the Let's Get Healthy California target of 0.5.

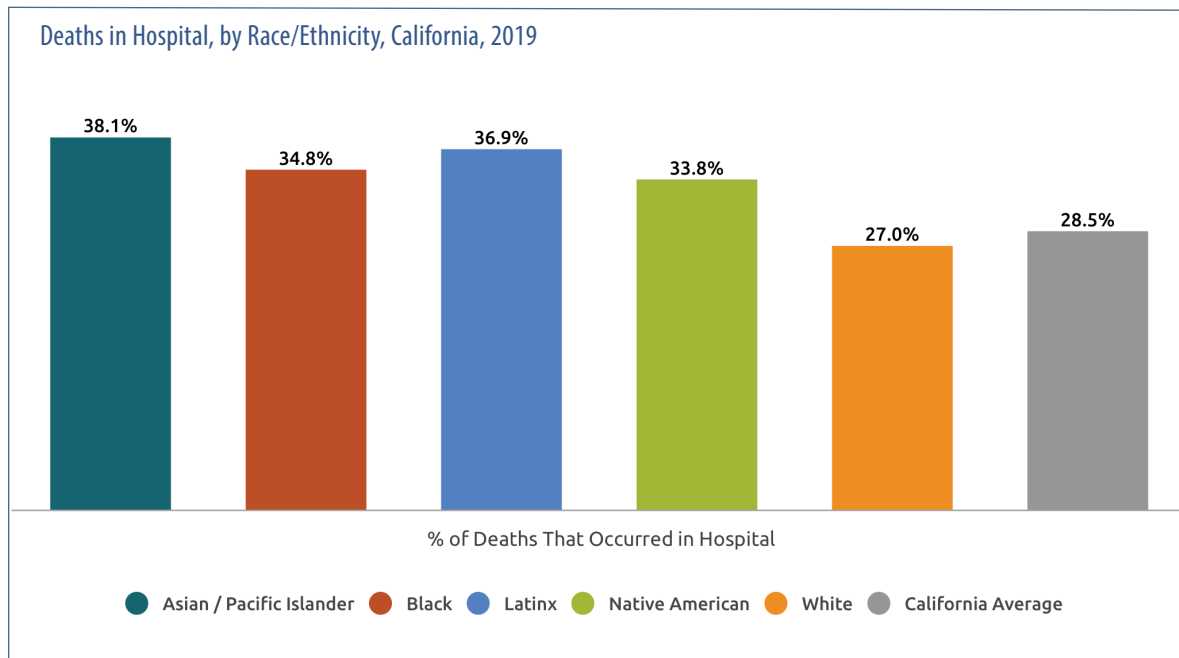


Notes: Composite measure includes pressure ulcer, iatrogenic pneumothorax, central venous catheter-related bloodstream infection, postoperative hip fracture, perioperative pulmonary embolism, deep vein thrombosis, postoperative sepsis, postoperative wound dehiscence, accidental puncture, laceration. Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs with 10-year improvement targets for 39 health care indicators.

Source: Let's Get Healthy California.

**White Californians are less likely to die in the hospital than Californians of other races and ethnicities.**

While a recent survey of Californians found that only 15% would prefer to die in the hospital, a third or more of Asian, Latinx, Black, and Native American Californians died in the hospital in 2019.<sup>1</sup>



Note: Source uses American Indian or Alaska Native, Asian or Pacific Islander, Black or African American, and Hispanic or Latino.  
Source: "Underlying Cause of Death," WONDER database, CDC.

The companion Excel data file, which provides these data and more, as well as links to each data source, is available for download at [www.chcf.org/almanac-2021-quality-providers](http://www.chcf.org/almanac-2021-quality-providers). These materials are part of CHCF’s California Health Care Almanac, an online clearinghouse for key data and analyses describing the state’s health care landscape. See our entire collection of current and past editions of Quality of Care at [www.chcf.org/collection/quality-care-almanac](http://www.chcf.org/collection/quality-care-almanac).

**Endnotes:**

1. Help Wanted: Californians’ Views and Experiences of Serious Illness and End-of-Life Care, California Health Care Foundation, 2019