



UCLA Health System

Apr - Jun 2013 (Q2)

Apr - Jun 2013 (Q2)

Jul 2012 - Jun 2013 (recent year)

	Relative Performance	Denom	Observed	VBP Performance Standard	VBP Benchmark	Rank		Relative Performance	Denom	Observed	VBP Performance Standard	VBP Benchmark	Rank
		N	Percent	Percent		x/n			N	Percent	Percent		x/n
Value Based Purchasing-Clinical Process of Care Measures (%)													
SCIP-Inf-9 Urinary catheter removed on postoperative day 1 or 2		63	100.0	92.9	99.9			256	99.6	92.9	99.9		
AMI-7a Fibrinolytic therapy received within 30 mins of arrival				80.7	96.3					80.7	96.3		
AMI-8a PCI received within 90 mins of arrival		12	100.0	93.4	100.0			28	100.0	93.4	100.0		
HF-1 Discharge instructions		66	83.3	92.7	100.0			257	89.1	92.7	100.0		
PN-3b Blood cultures in the ED prior to antibiotic		11	100.0	97.3	100.0			62	98.4	97.3	100.0		
PN-6 Antibiotic selection for CAP in immunocompetent patient		6	100.0	94.5	100.0			29	96.6	94.5	100.0		
SCIP-Inf-1a Antibiotic Received One Hour Prior to Surgical Incision		65	100.0	98.1	100.0			279	99.3	98.1	100.0		
SCIP-Inf-2a Antibiotic Selection for Surgical Patients		65	100.0	98.1	100.0			279	99.6	98.1	100.0		
SCIP-Inf-3a Antibiotics Discontinued Within 24/48 Hours After Surgery End		59	94.9	96.6	100.0			250	97.6	96.6	100.0		
SCIP-Inf-4 Cardiac surgery patients with controlled 6 AM postoperative serum glucose		27	92.6	96.3	100.0			114	95.6	96.3	100.0		
SCIP-Card-2 Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period		33	100.0	95.6	100.0			154	100.0	95.6	100.0		
SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery		67	100.0	94.9	99.8			287	100.0	94.9	99.8		
	Relative Performance	Denom	Observed	Target	UHC Median-TJC Method	Rank		Relative Performance	Denom	Observed	Target	UHC Median-TJC Method	Rank
		N	Percent	Percent		x/n			N	Percent	Percent		x/n
Composite Measures (%)													
CMS Appropriate Care Measure (Current)		419	85.2	90.0	94.1	149/166			1,750	86.9	90.0	93.5	155/181
Accountability Core Measure (TJC)		1,028	94.6	85.0	96.0	106/170			4,164	94.4	85.0	96.5	126/182
STK Composite		36	52.8	90.0	84.9	110/121							
VTE Composite		180	71.1	90.0	87.3	137/155							
AMI Composite		56	100.0	90.0	100.0	1/153			240	100.0	90.0	100.0	1/169
HBIPS Composite				90.0	39.2						90.0	32.6	
CAC Composite				90.0	93.6						90.0	89.5	
HF Composite		73	84.9	90.0	100.0	149/158			277	89.5	90.0	98.6	150/176
PN Composite		18	100.0	90.0	100.0	1/157			77	97.4	90.0	100.0	56/173
SCIP Composite		128	96.1	90.0	95.7	71/164			563	97.3	90.0	95.2	32/179
AMI Acute Myocardial Infarction (%)													
AMI-1 Aspirin at arrival		53	100.0	95.0	100.0	1/153			234	100.0	95.0	100.0	1/169
AMI-2 Aspirin prescribed at discharge		42	100.0	95.0	100.0	1/150			202	100.0	95.0	100.0	1/165
AMI-3 ACEI or ARB for LVSD		6	100.0	95.0	100.0	1/136			31	100.0	95.0	100.0	1/151
AMI-5 Beta blocker prescribed at discharge		43	100.0	95.0	100.0	1/151			191	100.0	95.0	100.0	1/167
AMI-8a PCI received within 90 mins of arrival		12	100.0	95.0	100.0	1/117			28	100.0	95.0	100.0	1/133
AMI-10 Statin Prescribed at Discharge		41	100.0	95.0	100.0	1/150			201	100.0	95.0	100.0	1/166

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	Relative Performance	Denom	Observed	Target	UHC Median-TJC Method	Rank	Relative Performance	Denom	Observed	Target	UHC Median-TJC Method	Rank
HF Heart Failure (%)												
HF-1 Discharge instructions	●	66	83.3	94.8	100.0	150/158	●	257	89.1	94.8	99.9	149/176
HF-2 Evaluation of LVS function	◎◎	73	100.0	95.0	100.0	1/158	◎◎	277	100.0	95.0	100.0	1/176
HF-3 ACEI or ARB for LVSD	◎◎!	21	95.2	95.0	100.0	123/155	◎◎	84	97.6	95.0	100.0	114/173
PN Pneumonia (%)												
PN-3a Blood culture within 24 hrs of arrival for patients transferred/admitted to ICU	◎◎!	8	100.0	95.0	100.0	1/153	◎◎!	22	100.0	95.0	100.0	1/168
PN-3b Blood cultures in the ED prior to antibiotic	◎◎!	11	100.0	95.0	100.0	1/156	◎◎	62	98.4	95.0	100.0	68/172
PN-6 Antibiotic selection for CAP in immunocompetent patient		6	100.0		100.0	1/155		29	96.6		100.0	89/170
PN-6a Antibiotic selection for CAP in immunocompetent ICU patient				90.0	100.0		◎◎!	4	100.0	90.0	100.0	1/134
PN-6b Antibiotic selection for CAP in immunocompetent non-ICU patient	◎◎!	6	100.0	95.0	100.0	1/155	◎◎!	25	96.0	95.0	100.0	113/170
PC Perinatal Care Conditions %												
PC-01 Elective Delivery	◎◎!	2	0.0	6.4	0.0	1/ 92			6.4	0.0		
PC-02 Cesarean Section		40	32.5		25.3	64/ 82				24.7		
PC-03 Antenatal Steroids				85.7	100.0				85.7	100.0		
PC-04 Health Care-Associated Bloodstream Infections in Newborns		7	14.3		0.0	91/100				0.0		
PC-05 Exclusive Breast Milk Feeding				52.7	53.9				52.7	48.3		
SCIP-Card-2 Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period												
SCIP-Card-2 Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period	◎◎	33	100.0	95.0	100.0	1/161	◎◎	154	100.0	95.0	100.0	1/176
SCIP-Inf-1 Antibiotic Received One Hour Prior to Surgical Incision												
SCIP-Inf-1a Overall	◎◎	65	100.0	95.0	100.0	1/162	◎◎	279	99.3	95.0	100.0	67/177
SCIP-Inf-1b CABG	◎◎!	13	100.0	95.0	100.0	1/ 98	◎◎	47	100.0	95.0	100.0	1/116
SCIP-Inf-1c Other cardiac surgery	◎◎!	9	100.0	95.0	100.0	1/ 97	◎◎	47	100.0	95.0	100.0	1/115
SCIP-Inf-1d Hip arthroplasty	◎◎!	12	100.0	95.0	100.0	1/155	◎◎	48	100.0	95.0	100.0	1/170
SCIP-Inf-1e Knee arthroplasty				95.0	100.0					95.0	100.0	
SCIP-Inf-1f Colon surgery	◎◎!	8	100.0	95.0	100.0	1/157	◎◎	38	100.0	95.0	100.0	1/171
SCIP-Inf-1g Hysterectomy	◎◎!	16	100.0	95.0	100.0	1/151	◎◎	72	98.6	95.0	100.0	109/164
SCIP-Inf-1h Vascular surgery	◎◎!	7	100.0	95.0	100.0	1/123	◎◎!	27	96.3	95.0	100.0	100/138
SCIP-Inf-2 Antibiotic Selection for Surgical Patients												
SCIP-Inf-2a Overall	◎◎	65	100.0	95.0	100.0	1/162	◎◎	279	99.6	95.0	100.0	38/176
SCIP-Inf-2b CABG	◎◎!	13	100.0	95.0	100.0	1/ 98	◎◎	47	100.0	95.0	100.0	1/116
SCIP-Inf-2c Other cardiac surgery	◎◎!	9	100.0	95.0	100.0	1/ 97	◎◎	47	100.0	95.0	100.0	1/115
SCIP-Inf-2d Hip arthroplasty	◎◎!	12	100.0	95.0	100.0	1/155	◎◎	48	100.0	95.0	100.0	1/170
SCIP-Inf-2e Knee arthroplasty				95.0	100.0					95.0	100.0	
SCIP-Inf-2f Colon surgery	◎◎!	8	100.0	95.0	100.0	1/157	◎◎	38	100.0	95.0	100.0	1/171
SCIP-Inf-2g Hysterectomy	◎◎!	16	100.0	95.0	100.0	1/151	◎◎	72	98.6	95.0	100.0	78/163
SCIP-Inf-2h Vascular surgery	◎◎!	7	100.0	95.0	100.0	1/123	◎◎!	27	100.0	95.0	100.0	1/138
SCIP-Inf-3 Antibiotics Discontinued Within 24/48 Hours After Surgery End												
SCIP-Inf-3a Overall	●	59	94.9	95.0	100.0	141/162	◎◎	250	97.6	95.0	100.0	116/176
SCIP-Inf-3b CABG	◎◎!	13	100.0	95.0	100.0	1/ 98	◎◎	44	100.0	95.0	100.0	1/116

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SCIP-Inf-3 Antibiotics Discontinued Within 24/48 Hours After Surgery End												
SCIP-Inf-3c Other cardiac surgery	8	100.0	95.0	100.0	1/ 97	⊙⊙!	44	100.0	95.0	100.0	1/115	
SCIP-Inf-3d Hip arthroplasty	9	66.7	95.0	100.0	150/155	●!	44	93.2	95.0	100.0	149/170	
SCIP-Inf-3e Knee arthroplasty			95.0	100.0					95.0	100.0		
SCIP-Inf-3f Colon surgery	7	100.0	95.0	100.0	1/157	⊙⊙!	33	97.0	95.0	100.0	117/170	
SCIP-Inf-3g Hysterectomy	15	100.0	95.0	100.0	1/151	⊙⊙!	62	100.0	95.0	100.0	1/163	
SCIP-Inf-3h Vascular surgery	7	100.0	95.0	100.0	1/123	⊙⊙!	23	91.3	95.0	100.0	117/138	
SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 AM Postoperative Serum Glucose												
SCIP-Inf-4 Cardiac surgery patients with controlled 6 AM postoperative serum glucose	27	92.6	95.0	100.0	83/ 99	●!	114	95.6	95.0	100.0	71/118	
SCIP-Inf-6 Surgery Patients with Appropriate Hair Removal												
SCIP-Inf-6 Surgery patients with appropriate hair removal	127	100.0	95.0	100.0	1/164	⊙⊙	543	100.0	95.0	100.0	1/179	
SCIP-Inf-9 Urinary catheter removed on postoperative day 1 or 2												
SCIP-Inf-9 Urinary catheter removed on postoperative day 1 or 2	63	100.0	95.0	98.9	1/162	⊙⊙	256	99.6	95.0	98.1	38/177	
SCIP-Inf-10 Surgery patients with perioperative temperature management												
SCIP-Inf-10 Surgery patients with perioperative temperature management	91	100.0	95.0	100.0	1/163	⊙⊙	407	100.0	95.0	100.0	1/178	
SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery												
SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	67	100.0	95.0	100.0	1/163	⊙⊙	287	100.0	95.0	100.0	1/178	
CAC-1 Relievers for Inpatient Asthma %												
CAC-1a Relievers for Inpatient Asthma (age 2 years through 17 years) - Overall Rate			95.0	100.0					95.0	100.0		
CAC-1b Relievers for Inpatient Asthma (age 2 years through 4 years)			90.0	100.0					90.0	100.0		
CAC-1c Relievers for Inpatient Asthma (age 5 years through 12 years)			95.0	100.0					95.0	100.0		
CAC-1d Relievers for Inpatient Asthma (age 13 years through 17 years)			90.0	100.0					90.0	100.0		
CAC-2 Systemic Corticosteroids for Inpatient Asthma %												
CAC-2a Systemic Corticosteroids for Inpatient Asthma (age 2 years through 17 years) - Overall Rate			95.0	100.0					95.0	100.0		
CAC-2b Systemic Corticosteroids for Inpatient Asthma (age 2 years through 4 years)			95.0	100.0					95.0	100.0		
CAC-2c Systemic Corticosteroids for Inpatient Asthma (age 5 years through 12 years)			95.0	100.0					95.0	100.0		
CAC-2d Systemic Corticosteroids for Inpatient Asthma (age 13 years through 17 years)			95.0	100.0					95.0	100.0		
CAC-3 Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver %												
CAC-3 Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver			87.5	95.8					87.5	90.0		

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	Relative Performance	Denom	Observed	Target	UHC Median-TJC Method	Rank	Relative Performance	Denom	Observed	Target	UHC Median-TJC Method	Rank
IMM Immunization												
IMM-1a Pneumococcal Immunization - Overall Rate	●	124	76.6	92.6	91.4	140/160	●	458	70.7	92.6	90.0	159/173
IMM-1b Pneumococcal Immunization - Age 65 and Older	●	77	84.4	94.9	95.9	134/159	●	288	76.7	94.9	94.4	158/173
IMM-1c Pneumococcal Immunization - High Risk Populations (Age 6 through 64 years)	●	47	63.8	86.7	84.1	141/159	●	170	60.6	86.7	83.5	164/173
IMM-2 Influenza Immunization	●						●	509	73.1	88.9	92.3	165/181
STK Stroke %												
STK-1 Venous Thromboembolism (VTE) Prophylaxis	●!	27	74.1	94.5	100.0	115/121						
STK-2 Discharged on Antithrombotic Therapy	●●!	24	100.0	95.0	100.0	1/121						
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter	●!	7	71.4	95.0	100.0	107/111						
STK-4 Thrombolytic Therapy	●!	5	60.0	78.2	100.0	68/ 89						
STK-5 Antithrombotic Therapy By End of Hospital Day 2	●●!	16	100.0	95.0	100.0	1/120						
STK-6 Discharged on Statin Medication	●●!	23	100.0	95.0	100.0	1/121						
STK-8 Stroke Education	●!	20	85.0	92.4	94.1	72/120						
STK-10 Assessed for Rehabilitation	●	33	81.8	95.0	100.0	116/121						
VTE Venous Thromboembolism Prophylaxis %												
VTE-1 Venous Thromboembolism Prophylaxis	●	105	77.1	91.0	89.1	128/154						
VTE-2 Intensive Care Unit Venous Thromboembolism Prophylaxis	●	31	93.5	94.3	100.0	96/151						
VTE-3 Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	●	42	78.6	95.0	100.0	147/154						
VTE-4 Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol	●●	35	97.1	95.0	100.0	120/147						
VTE-5 Venous Thromboembolism Discharge Instructions	●	33	42.4	76.5	82.8	127/154						
VTE-6 Incidence of Potentially-Preventable Venous Thromboembolism	●!	16	18.8	5.7	0.0	121/139						
AMI - Hospital Outpatient Department Quality Measures												
AMI-OP-2 Fibrinolytic Therapy Received Within 30 Minutes				61.6	100.0				61.6	20.0		
AMI-OP-4 Aspirin at Arrival				95.0	100.0				95.0	100.0		
CP - Hospital Outpatient Department Quality Measures												
CP-OP-4 Aspirin at Arrival				95.0	100.0				95.0	100.0		
CP-OP-16 Troponin Results Received Within 60 Minutes												
SCIP - Hospital Outpatient Department Quality Measures												
SCIP-OP-6 Antibiotic Timing	●	82	91.5	95.0	100.0	133/144	●	270	94.4	95.0	100.0	130/158
SCIP-OP-7 Antibiotic Selection	●	80	92.5	95.0	100.0	133/144	●●	269	96.7	95.0	99.9	114/158
STK - Hospital Outpatient Department Quality Measures												
STK-OP-23 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival				52.1	85.0				52.1	61.0		



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		N	Minutes	Minutes		x/n		N	Minutes	Minutes		x/n
ED - Emergency Department (Inpatient)												
ED-1a Median Time from ED Arrival to ED Departure for Admitted ED Patients - Overall Rate	●	123	529.5	282.7	337.5	147/156	●	493	535.3	282.7	352.3	155/168
ED-1b Median Time from ED Arrival to ED Departure for Admitted ED Patients - Reporting Measure	●	118	527.2	283.0	331.2	147/156	●	482	526.6	283.0	346.9	155/168
ED-1c Median Time from ED Arrival to ED Departure for Admitted ED Patients - Observation Patients	●	5	451.4	296.0	377.7	84/133				296.0	419.3	
ED-1d Median Time from ED Arrival to ED Departure for Admitted ED Patients - Psychiatric/Mental Health Patients	●	1	631.0	373.4	415.7	103/136				373.4	411.7	
ED-2a Admit Decision Time to ED Departure Time for Admitted Patients - Overall Rate	●	118	341.3	106.8	128.0	154/156	●	488	301.5	106.8	134.4	165/168
ED-2b Admit Decision Time to ED Departure Time for Admitted Patients - Reporting Measure	●	113	350.4	107.6	128.2	154/156	●	477	302.8	107.6	134.5	166/168
ED-2c Admit Decision Time to ED Departure Time for Admitted Patients -Psychiatric/Mental Health Patients	●	1	188.0	130.4	134.0	85/130				130.4	131.4	
AMI - Hospital Outpatient Department Quality Measures												
AMI-OP-1 Median Time to Fibrinolysis				32.7	15.0					32.7	50.8	
AMI-OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention					56.9						57.5	
AMI-OP-5 Median Time to ECG				9.8	7.5					9.8	7.7	
CP - Hospital Outpatient Department Quality Measures												
CP-OP-5 Median Time to ECG				9.8	7.4					9.8	7.5	
ED - Hospital Outpatient Quality Measures												
ED-OP-18a Median Time from ED Arrival to ED Departure for Discharged ED Patients - Overall Rate		110	241.5		180.4	113/148		410	238.4		190.3	113/156
ED-OP-18b Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure	●	93	204.0	142.3	174.7	99/148	●	354	219.5	142.3	184.4	113/156
ED-OP-18c Median Time from ED Arrival to ED Departure for Discharged ED Patients - Observation Patients				390.1	403.1					390.1	468.2	
ED-OP-18d Median Time from ED Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients	●	12	479.5	278.3	306.1	107/137	●	38	350.1	278.3	308.0	73/142
ED-OP-18e Median Time from ED Arrival to ED Departure for Discharged ED Patients - Transfer Patients	●	5	457.0	241.3	254.7	62/ 72	●	18	553.5	241.3	279.8	56/ 63
ED-OP-20 Door to Diagnostic Evaluation by a Qualified Medical Personnel	●	110	59.0	33.9	33.6	110/146	●	416	47.4	33.9	38.4	92/154
PM - Hospital Outpatient Department Quality Measures												
PM-OP-21 Median Time to Pain Management for Long Bone Fracture	●	25	77.0	65.3	62.1	104/145	●	107	66.9	65.3	64.2	78/153



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Symbol	Legend	HQA Hospital Quality Composite Measures	HQA Non-Risk-Adjusted Hospital Quality Measures (higher is better)	HQA Non-Risk-Adjusted Hospital Quality Measures (lower is better)
●	Substantially Worse than Target Range	< 75%	< lower target limit	> upper target limit
◐	Worse than Target Range	>= 75% and < 90%	N/A	N/A
◑	Within Target Range	>= 90% and < 97%	>= lower limit and <= upper limit	>= lower limit and <= upper limit
◑◑	Substantially Better than Target Range	>= 97%	> upper target limit	< lower target limit
!	Interpret with Caution	Denominator < 30 cases	Denominator < 30 cases	Denominator < 30 cases