Ensuring standardized processes are in place so that all patients receive the appropriate measures to prevent blood clots throughout their stay.

- Implementing algorithms within our electronic systems that analyze all available information (vital signs, laboratory value, etc.) to alert providers to patients who may have very early signs of sepsis.
- Utilizing best-practice protocols to ensure each patient with sepsis receives timely and complete care.

We continue to implement processes to improve our mortality rate in patients with sepsis, and our rate of patients who develop blood clots. A few examples include:

- The measure of patients who develop deep vein clots who had not received potentially preventive treatment.
- 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. Limitations: 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.

Limitations:
- Colon SSI rates do not take into account some, but not all patient-specific risk factors 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.

<table>
<thead>
<tr>
<th>Outcome Measures:</th>
<th>CLABSI Lower is better</th>
<th>Colon SSI Lower is better</th>
<th>NTSV Lower is better</th>
<th>Sepsis Mortality Lower is better</th>
<th>VTE Lower is better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palmdale Regional Medical Center</td>
<td>0.37</td>
<td>0.74</td>
<td>Not a maternity hospital</td>
<td>23.89</td>
<td>7.00</td>
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<td>California Level</td>
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<td>National Level</td>
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<td>Measure Period</td>
<td>04/01/2017-03/31/2018</td>
<td>04/01/2017-03/31/2018</td>
<td>01/01/2017-12/31/2017</td>
<td>01/01/2017-12/31/2017</td>
<td>04/01/2017-03/31/2018</td>
</tr>
</tbody>
</table>

**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 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. SRs 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 bacterial) 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. SRs 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.

**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. Limitations: 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.

**VTE - Venous thromboembolism:** The measure of patients who develop deep vein clots who had not received potentially preventive treatment. Limitations: 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:**

Palmdale Regional Medical Center is committed to providing each of our patients with safe, high-quality care. As we strive to be a top performer in all areas, we utilize performance data to identify opportunities for improvement. Based on this performance period, our facility has identified Sepsis Mortality and VTE measures as opportunities for improvement.

- We continue to implement processes to improve our mortality rate in patients with sepsis, and our rate of patients who develop blood clots. A few examples include:
  - Utilizing best-practice protocols to ensure each patient with sepsis receives timely and complete care.
  - Implementing algorithms within our electronic systems that analyze all available information (vital signs, laboratory value, etc.) to alert providers to patients who may have very early signs of sepsis.
  - Ensuring standardized processes are in place so that all patients receive the appropriate measures to prevent blood clots throughout their stay.