

APPENDIX 3



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date : December 10, 2014

To : All Healthcare Staff

From : Quality Management Section

Subject : New and Improved Health Care Services Dashboard 4.1

A critical component of a robust Quality Management System is an organizational Dashboard that displays key performance indicators. The primary goal of the Dashboard is to provide staff with information that supports improvements in the health care delivery system and patient outcomes.

Upon release of the beta version of Dashboard 4.0 in February 2014, several questions and suggestions were submitted to the Quality Management Section by field staff and other stakeholders in various program areas. After careful consideration of the feedback received, new features, measures and methodologies were developed for Dashboard 4.1. A summary of updates and modifications are noted below. Detailed explanations of the changes can be found in the Appendix and in the Dashboard Glossary.

NEW FEATURES

Institution Trended View

Dashboard 4.1 includes a new Institution Trended View which shows 6 or 12 month trended scores for all measures at one institution. The trended view can be accessed via the link at the top right corner of the Dashboard, entitled “Trended View”.

Click Here to Access New Feature

Trended View	Comparison View
Candy Cane Chart	Dashboard Glossary



Performance Improvement Report

The Prioritizing Institutions for Performance Improvement Report (otherwise known as the Candy Cane Chart) contains a subset of aggregated measures from the Dashboard. This report will now be released concurrently with the other Dashboard views and can be accessed using the “Candy Cane Chart” link.

Click Here to Access New Feature

Trended View	Comparison View
Candy Cane Chart	Dashboard Glossary

EXECUTIVE REPORTS

- Timely Availability of Health Information (September 2014)
- Managing High Risk Patients (November 2013)
- MedSATS and Scheduling Process Improvement (November 2013)
- Candy Cane Chart (Last Month's Report)

Choose a Month from the List Here



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

NEW FEATURES (CONTINUED)

Patient Level Detail

With the Patient Detail Report, you can see the individual patient records that are used to calculate your score and which ones are in or out of compliance. This report can be accessed via the link within a drilldown window, which allows you to select any measure of your choice. You can also click on a score within the drilldown window to default directly to that measure. Records are only available at the institution level and individual component measure level (i.e. not available at the Statewide view or composite measure level). Because the Patient Detail Report contains confidential health information, additional permissions are required to access this report.

CDC Number	Hospital Admission Date	Hospital Discharge Date	Document Type	Scanning Due Date	Days Between Discharge & Actual Scan Date	Actual Score	Scored Within 3 Days
AS075	05/01/14	05/08/14	Non-CDC Hospital Admission Report	05/11/14	3	05/11/14	Yes
A9489	06/19/13	07/21/13	Non-CDC Hospital Admission Report	08/24/13	2	05/23/14	Yes
AS022	06/29/14	08/03/14	Non-CDC Hospital Admission Report	08/08/14	8	05/08/14	No
AS085	05/08/14	05/08/14	Non-CDC Hospital Admission Report	05/08/14	3	05/08/14	Yes

MEASURE NAME	APR	MAY	JUN	JUL	AUG	SEP	6 Mo. Trend
Community Hospital Records	67%	56%	67%	70%	64%	67%	

Click Here to Choose Your Own Measure

Click Here to Default to this Select Measure

NEW MEASURES

Population Health Management

Dashboard 4.1 includes a new **End Stage Liver Disease (ESLD)** Care measure under the Population Health Management Domain. This measure replaces the HCV Treatment measure.

Also available, as a separate decision support tool, is the new ESLD Registry which can be accessed [here](#) or through the [Master Registry](#). Continuing Medical Education (CME) on managing ESLD and using the new ESLD registry will be offered in two parts with an “enduring material” CME activity associated with two credits which is available on the QM portal Training Presentations page located [here](#).

Availability of Health Information

This domain now contains 5 measures, instead of 3. The new measures include **Dictated Documents** measure (separated out from the **Non-Dictated Documents** measure) and **Scanning Accuracy**. The drilldown for Dictated Documents is broken out into Medical, Mental Health and Specialty. It also allows you to view how much time (in days) it takes to complete each step of the dictation process including Dictation Time, Transcription Time, Sign Time, Scan Time and Total Time. The timeframes of some of the Availability of Health Information measures have been changed as well. Please see Appendix and Glossary for details.

MEASURE NAME	APR	MAY	JUN	JUL	AUG	SEP	6 Mo. Trend
Dictated Documents	20%	32%	42%	52%	51%	36%	
Dictation Time in Days	0.1	0.2	0.1	0.1	0.1	0.1	0.2
Transcription Time in Days	7.2	4.1	2.8	2.2	2.5	3.1	
Sign Time in Days	3.6	3.0	3.1	3.4	3.1	3.6	
Scan Time in Days	1.7	1.5	1.5	1.5	1.4	1.7	
Total Time in Days	12.7	9.6	7.5	7.2	7.1	8.6	
Medical Dictated Documents 5 Days	9%	20%	36%	46%	41%	22%	
Dictation Time in Days	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Transcription Time in Days	7.5	4.4	3.0	2.3	2.6	3.2	
Sign Time in Days	3.8	3.0	3.1	3.5	3.2	3.6	
Scan Time in Days	1.5	1.4	1.3	1.3	1.2	1.6	
Total Time in Days	13.0	9.7	7.5	7.2	7.2	8.5	
Mental Health Dictated Documents 5 Days	24%	41%	44%	54%	57%	40%	
Dictation Time in Days	0.5	0.7	0.4	0.3	0.7	1.7	



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

NEW METHODOLOGY

Population Health Management

All Population Health Management measures will now be updated monthly instead of quarterly, with the exception of one Diabetes component measure – Blood Pressure <140/90 mm Hg. Considering the one year residency requirement and the time required for chart reviews, this measure will continue to be updated quarterly but still used in the monthly calculation of the Diabetes Care composite measure.

The **Diagnostic Monitoring** measure has been updated to reflect the new monitoring requirements that have been developed by Mental Health leadership. Measures have had their timeframes changed (for most laboratory monitoring measures) and some additional requirements have been added. Based on these modifications, the Mental Health Registry and Sub-Registries were also revised and is now called “Diagnostic Monitoring Registry” which is available for viewing now via the [QM Portal](#), [Master Registry](#) or this link: [Diagnostic Monitoring Registry](#). In early 2015, Mental Health leadership plans to provide training sessions on the revised registries in conjunction with new Care Guides related to managing patients with various mental health conditions.

Formulary Management

The methodology regarding formulary management was adjusted last month (in the September 2014 Dashboard) to include prescriptions from Central Fill, so previous formulary rates are not comparable to rates obtained with the new methodology. Changes in compliance may be noticeable among institutions who prescribe medications primarily from Central Fill.

HELP US RAISE AWARENESS ABOUT THE NEW DASHBOARD

Please make it a priority to notify staff of the updates to the Dashboard and make staff aware of the available tools and training. To ensure widespread awareness of Dashboard information, please discuss relevant Dashboard information in a variety of forums, such as the local Quality Management Committee and Subcommittees, supervisory meetings and care team meetings.

Please send any comments about the Dashboard to qmstaff@cdcr.ca.gov. Thank you for your feedback and continued efforts to monitor and improve patient care.

ARE YOU READY TO SEE DASHBOARD 4.1?

CLICK HERE >>>





CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

APPENDIX: DETAILED METHODOLOGY CHANGES & NEW MEASURES

POPULATION HEALTH MANAGEMENT

All Population Health Management data will now be updated monthly, instead of quarterly, with the exception of Blood Pressure checks for Diabetes Care, which will continue to be updated quarterly.

The HCV Treatment and Flu Vaccination Measures have been removed from the Dashboard.

Diagnostic Monitoring

Measure	Change
Antipsychotics	Patients on either typical or atypical (second generation) antipsychotics are now included in the measures below
Lipid Monitoring 12 Months	Timeframe changed from 6 months to 12 months
Blood Sugar 12 Months	Timeframe changed from 6 months to 12 months
CBC 12 Months	New Measure
CMP 12 Months	New Measure
Thyroid Monitoring 5 Years	New Measure
Clozapine	
Blood Sugar 12 Months	Timeframe changed from 6 months to 12 months
Lipid Monitoring 12 Months	Timeframe changed from 6 months to 12 months
CBC 30 Days	Name changed to CBC 30 days from WBC 30 Days, checks for entire CBC panel, eliminates need for ANC 30 Days measure
ANC 30 Days	Deleted
CMP 12 Months	Name changed to CMP 12 Months from ALT 12 Months, and checks for entire CMP, instead of just ALT.
AIMS 12 Months	New Measure
Thyroid Monitoring 5 Years	New Measure
Med Consent 12 Months	New Measure
Mood Stabilizers	
Carbamazepine	
Carbamazepine Level 12 Months	Timeframe changed from 6 months to 12 months
CBC 12 Months	Name changed to CBC 12 Months from WBC 6 Months, checks for entire CBC, instead of just WBC, and timeframe changed from 6 months to 12 months
CMP 12 Months	Name changed to CMP 12 Months from ALT 6 Months, checks for entire CMP, instead of just ALT, and timeframe changed from 6 months to 12 months
Depakote	
Depakote Level 12 Months	Timeframe changed from 6 months to 12 months
CBC w/ PLT 12 Months	Name changed to CBC w/ PLT 12 Months from PLT 6 Months, checks for entire CBC, instead of just Platelets, and timeframe changed from 6 months to 12 months
CMP 12 Months	Name changed to CMP 12 Months from ALT 6 Months, checks for entire CMP, instead of just ALT, and timeframe changed from 6 months to 12 months



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

Diagnostic Monitoring (continued)

Measure	Change
Mood Stabilizers (continued)	
Lithium	
Lithium Level 12 Months	Timeframe changed from 6 months to 12 months
Thyroid Monitoring 12 Months	Timeframe changed from 6 months to 12 months
Creatinine & BUN 12 Months	Now checks for Creatinine and BUN test, and timeframe changed from 6 months to 12 months
Antidepressants	
Med Consent 12 Months	Previously, only patients on Tricyclic antidepressants or selective serotonin reuptake inhibitors (SSRI) antidepressants were checked for a med consent (in 2 separate measures). Now patients on any antidepressants are included.
Thyroid Monitoring 5 Years	New Measure
SSRI AD Med Consent 12 Months	Deleted

End Stage Liver Disease

This measure is replacing the HCV Treatment measure. It is a composite measure composed of the following submeasures:

- The percentage of patients with end stage liver disease (ESLD) who receive an Esophagogastroduodenoscopy (EGD) procedure within the past three years.
- The percentage of patients with ESLD who receive an ultrasound or other imaging procedure for screening purposes within the previous 12 months to assess for Hepatocellular Carcinoma (HCC).
- The percentage of patients with ESLD who have not received a prescription for NSAID medications ≥ 30 days within the previous 90 days.
- Average of the following four measures:
 - The percentage of patients with ESLD who have a diagnosis of spontaneous bacterial peritonitis (SBP) or who have had a TIPS procedure who are receiving Ciprofloxacin or Sulfamethoxazole.
 - The percentage of patients with ESLD who have a diagnosis of ascites who are receiving Spironolactone and Furosemide.
 - The percentage of patients with ESLD who have a diagnosis of varices who are receiving a non-selective beta-blocker.
 - The percentage of patients with ESLD who have a diagnosis of hepatic encephalopathy who are receiving Lactulose and/or Rifaximin.



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

AVAILABILITY OF HEALTH INFORMATION

A number of changes have been made to this domain.

- Documents Scanned: This measure has been divided into two measures: Non-Dictated Records and Dictated Records, each with a different time requirement.
- Specialty Notes: Previously both completed Specialty appointments and completed Radiology appointments in MedSATS were the denominator for this measure. Now, Radiology appointments have been removed, as those records can be viewed in the Radiology Imaging System/Picture Archiving System (RIS/PACS).
- Scanning Accuracy: This is a new measure and is based on Health Information Management staff monthly audits of the accuracy of documents scanned into the electronic Unit Health Record (eUHR).
- Goal: The goal for each measure has also been changed: previously the goal was 95% compliance, the new goal is 85% compliance, except for Scanning Accuracy, which has a goal of 95%.

Timeframe: The timeframe for some measures has changed, as summarized in the following table:

Measure	Old Requirement	New Requirement
Non-Dictated Records *	1 Business Day	3 Calendar Days
Dictated Records*	1 Business Day	5 Calendar Days
Specialty Notes	3 Calendar Days	5 Calendar Days
Community Hospital Records	3 Calendar Days- No change	
<i>* Previously Documents Scanned measure</i>		