

A Look at Nevada Health Care Quality Performance: Using Public Data to Support Transformation

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February 9, 2006

EXHIBIT E Health Care Document consists of 25 slides & 12 pages

- Entire document provided.
- Due to size limitations, pages _____ provided.

A copy of the complete document is available through the Research Library
(775/684-6827 or e-mail library@icb.state.nv.us). Meeting Date: February 9, 2006



Who is HealthInsight?

- **A private, non-profit 501(c)3 corporation**
 - ✓ **Dedicated to improving health care quality for all citizens**
 - ✓ **Community-based governance**
 - ✓ **30+ years experience working on quality**
 - ✓ **~25 local staff in Nevada**
- **Federally-designated Medicare quality improvement organization (QIO) for Utah & Nevada**
- **Unbiased, respected convener & catalyst**

Success Stories

The staff at Regent Care Center in Reno, NV, worked with HealthInsight to identify key areas for improvement in pain management. As a result of these interventions, the percentage of residents with pain has decreased from 16% to 3%.

Success Stories

Working with HealthInsight over the last contract period, In-House Home Health Inc in Las Vegas, NV improved their targeted outcome from 46.57% in August 2002 to 65.33% in August 2004. This improvement continues with their rate at 65.86% in May 2005.

Success Stories

Working with HealthInsight, Mountain View Hospital in Las Vegas, NV revised their vaccine process to a pharmacy driven protocol. They improved their pneumonia vaccination rate by 1200%.

Success Stories

A rural Nevada primary care clinic participating in HealthInsight's Diabetes Collaborative improved care for their patients by implementing an electronic diabetes registry. Patients having at least two HbA1c tests in the previous year increased from 8.3% at baseline to 53.0%, and the percent having an HbA1c below 9.5% went from 27.4% to 69.9%.

Learning from our current experience

- **We seek a health care system that provides the right care for every patient, every time**
- **This vision is achievable**
- **The current performance is not consistent with this aim**
- **The pace of change in the health care system is too slow**

Issues

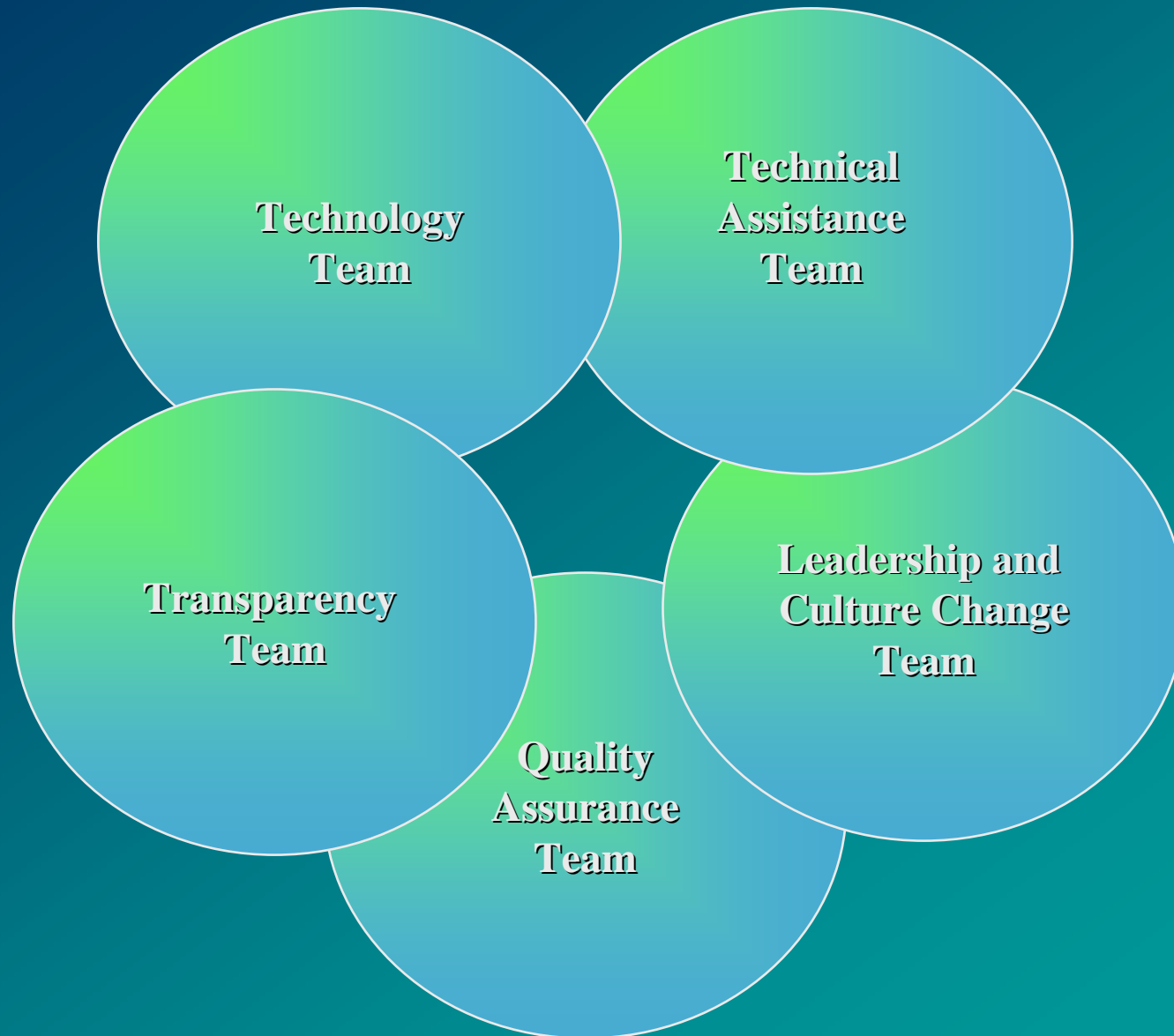
Primary issues and problems related to monitoring the quality of care in nursing homes and hospitals in Nevada;

- **Coordination of measures and methods among regulators and payers.**
- **Measurement of patient centeredness, timeliness**
- **Iatrogenic injuries and medical errors**
- **Sustained leadership focus on quality**
- **Limited adoption of information technology**

Transforming Quality in Medicare: Strategies for Improvement in Nevada

- **Help make the current performance of the system visible and understandable (Transparency)**
- **Align financial incentives with quality goals**
- **Encourage adoption & use of information technology**
- **Develop capacity to Redesign systems to make it easier for providers and patients to do the right thing**
- **Work with leaders to promote a culture of safety & quality**

Overview Diagram: The HealthInsight Strategy for Transforming Nevada Healthcare



Transparency as a Change Strategy: CMS Public Reporting Data

- **Clinical, all payer measures of health care quality in every state available by provider**
 - ✓ You can link to these data from our website www.healthinsight.org
 - ✓ Hospital data includes measures on Heart Failure, Pneumonia, and Heart Attacks
 - ✓ Nursing Home Data: 14 MDS-derived measures
 - ✓ Home Health Data: 6 OASIS outcomes indicators
 - ✓ Soon to add surgical care measures and standardized survey results on patient experience in hospitals
 - ✓ Data on primary care physician performance will be available through DOQ-IT in the future
 - ✓ We also have a recognition program for high performing providers

Understanding the Measures

- **Strengths**

- ✓ **All payer**
- ✓ **Self-reported**
- ✓ **Broadly vetted and supported**
- ✓ **Process measures bypass risk adjustment problems & arguments**
- ✓ **Clinically relevant links to outcomes**
- ✓ **Can be summarized**

Understanding the Measures

- **Limitations**
 - ✓ **New data set needs time to stabilize: measurement “noise” is common in the early stages**
 - ✓ **Weak audit mechanisms**
 - ✓ **Current summarization methods don't prioritize among measures**
 - ✓ **Limited snapshot of care**
 - ✓ **Insufficient number of data points as of yet to show time series and trends**

Nevada vs. National Performance

CMS Ten Measure Starter Set: Discharges from April 2004 through March 2005



The CMS Website



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 Search

Hospital Compare - A quality tool for adults, including people with Medicare

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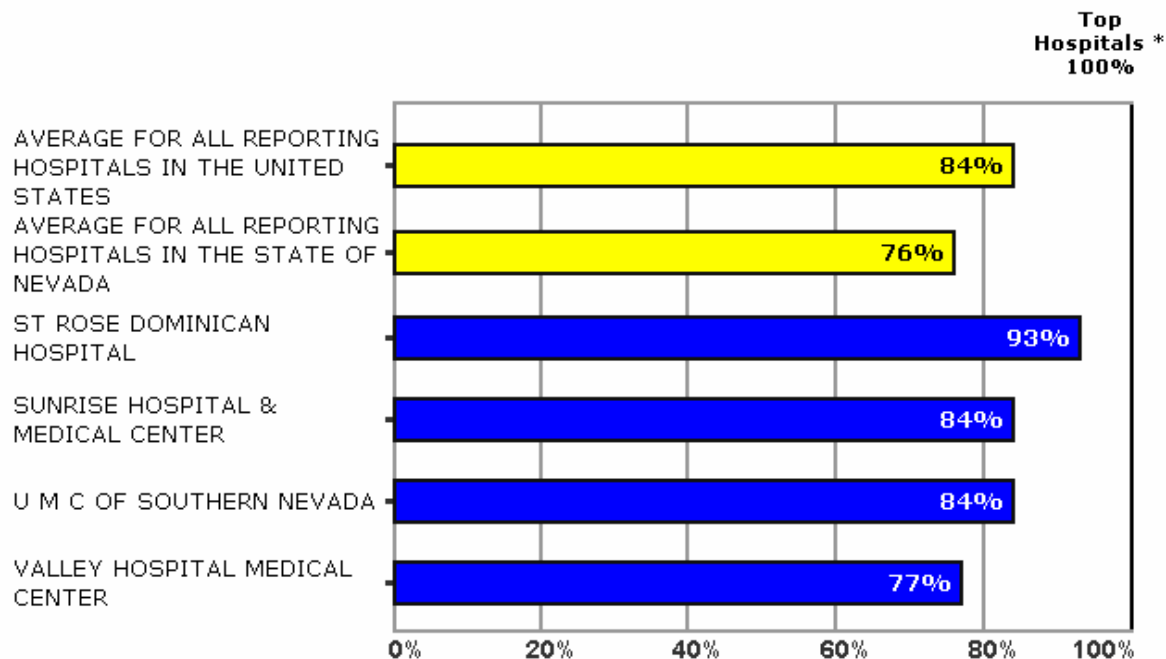
This tool provides you with information on how well the hospitals in your area care for all their adult patients with certain **medical** conditions. This information will help you compare the quality of care hospitals provide. Hospital Compare was created through the efforts of the Centers for Medicare and Medicaid Services (CMS) and organizations that represent hospitals, doctors, employers, accrediting organizations, other Federal agencies and the public.

Talk to your doctor about this information to help you, your family and your friends make your best hospital care decisions.

[Start a New Search](#)

This website has:	How would you like to search for a Hospital?
<ul style="list-style-type: none"> • Hospital Information Get the address, telephone number and other important information for all Medicare-certified hospitals in the United States. • Quality Measures There are treatments for certain conditions that are known to get the best results for most adult patients. Certain types of hospitals have agreed to submit data on their patients with a 	<p>By Geography I want to search for all hospitals within a:</p> <p style="text-align: center;">State</p> <p style="text-align: center;">County</p> <p style="text-align: center;">City</p> <p style="text-align: center;">ZIP Code</p>

Percent of Heart Attack Patients Given Beta Blocker at Discharge



* Top Hospitals represents the top 10% of hospitals nationwide. Top hospitals achieved a 100% rate or better.

Why is this Important?

Beta blockers are a type of medicine that is used to lower blood pressure, treat chest pain (angina) and heart failure, and to help prevent a heart attack. Beta blockers relieve the stress on your heart by slowing the heart rate and reducing the force with which your heart muscles contract to pump blood. They also help keep blood vessels from constricting in your heart, brain, and body. If you have a heart attack, you should get a prescription for a beta blocker before you leave the hospital.

Higher percentages are better.

Nevada Hospital Level Performance¹

Hospital Name	Number of Measures ²	Targeted Care Delivery ³			Summary Nat'l Percentile ⁴
		AMI	HF	Pneumonia	
St. Rose DeLima	9	98%	96%	75%	86th
Washoe	10	95%	95%	75%	76th
Carson-Tahoe	9	95%	87%	84%	72nd
St. Mary's Regional	9	96%	88%	82%	69th
St. Rose Siena	9	94%	96%	70%	63rd
Southern Hills	9	91%	93%	79%	47th
UMC	9	94%	92%	67%	40th
MountainView	9	90%	92%	77%	34th
Sunrise	10	91%	92%	73%	32nd
Northern Nevada	8	72%	92%	87%	27th
Summerlin	9	86%	85%	68%	19th
Valley	10	86%	84%	68%	13th
North Vista	9	91%	75%	65%	12th
Desert Springs	9	84%	81%	69%	8th
Spring Valley	8	69%	80%	65%	2nd

1. Ten measure CMS starter set from April 1, 2004 through March 31, 2005.
2. The number of measures reported by each hospital of the 10 measure starter set that had at least 15 cases. Measures with less than 15 cases were excluded to ensure reliability of the results.
3. Percent of patients (weighted average) receiving recommended care across each set of disease-specific indicators (AMI=Acute Myocardial Infarction, HF = Heart Failure)
4. This column represents performance averaged over the specified four quarters. To be included, each hospital must report on at least eight of the 10 measures.



Top Performing Nevada Nursing Homes¹

Facility Name	Number of Quarters ²	Summary Nat'l Percentile ³
Manor Care Health Services	12	90th
Highland Manor-Mesquite⁴	10	85th
Regent Care Center of Reno	12	83rd
TLC Care Center	12	80th
Life Care Center of Paradise Valley⁴	12	79th
Silver Ridge Healthcare Center⁴	12	76th
Cheyenne Residential Nursing Center⁴	12	70th
Emmanuel Health Care Center	12	63rd
Silver Hills Health Care Center	12	60th
Boulder City Hospital – SNF	9	52nd

1. Based on publicly-reported scores for four CMS priority clinical measures derived from self-reported MDS data from July 1, 2004 through June 30, 2005.
2. Four measures were analyzed over a period of three quarters. The maximum number of reported measures for the quarters is 12. Facilities with less than 9 (# of quarters multiplied by # of measures) are not included in the rankings.
3. The national rankings are approximated based on the national average for each of the three quarters. Facilities must report on three or more of the CMS measures to be included in this analysis.
4. These facilities had a G level or higher deficiency or a substandard quality of care deficiency from January 2004 to October 2005.

Top Performing Nevada Home Health Agencies¹

Agency Name	Number of Measures ²	Summary Nat'l Percentile ³
Perspective Home Health, Inc.	9	99th
Allied Home Health Care Services, Inc.	7	94th
In House Home Health, Inc.	9	93rd
Valley Home Health	9	92nd
The Guardians Home Health Care	9	92nd
Washoe Home Care	9	90th
St. Rose Dominican Hospital Home Health	9	87th
Southern Nevada Home Health Care	9	84th
Apple Home Healthcare, Inc.	9	83rd
Gentiva Health Services	9	82nd
Saguaro Home Health Services	9	82nd
Always Better Care	9	81st
Green Valley Home Care	9	81st
Home Health Services of Nevada	9	78th
Integrity Home Health Care, Inc.	9	75th

1. Scores for nine clinical outcomes measures derived from self-reported OASIS outcome measures from September 2004 through August 2005.
2. The number of measures reported by each home health agency of the nine CMS measures.
3. Agencies must have sufficient data to report on at least eight of the nine measure to be included in this analysis.
4. Agencies must report on Acute Care Hospitalization (ACH) and six additional measures to be included in the rankings. The national rankings are computed based on a weighted average to reflect the CMS emphasis on reducing avoidable hospitalizations in this population. ACH and the average of the other eight measures are given equal weight.

HealthInsight Website

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National Rankings for Hospitals

We computed hospital rankings using publicly reported data downloaded from the CMS Hospital Compare web site (www.hospitalcompare.hhs.gov - last accessed 9/1/05*). This data set contains hospital-specific performance on 20 quality measures for over 4,000 hospitals nationwide. We restricted our analysis to the 10 measure starter set^T. To ensure reliability and stability of the overall hospital rankings, all hospital and measure-specific performance rates based on a denominator of less than 15 cases were removed from the analysis database. We ranked hospital performance on each measure for the remaining observations, with the ranks then standardized to range from 0 to 1. We computed an average for each hospital of these standardized ranks, with all (up to 10) measures weighted equally, as an overall measure of performance. For the 2,378 hospitals with 8 or more measures included in the analysis database (i.e., those hospitals with 15 or more cases for each of 8 or more measures), we computed national rankings of overall performance. These rankings are presented as percentiles in the results tables. Results will be displayed in a new window.

Please select your state's initials and how you wish to sort the results from the list and press the **Show Results** button. You can display the results for every listing type by changing the sorting type and selecting the **Show Results** button again.

Select your State by initial:

Select your sort type for hospital listing:

What's Next: National Quality Measurement and Reporting Infrastructure?

- **Better audit mechanisms**
- **More measures:**
 - ✓ **Ambulatory Quality Alliance (AQA) measures**
 - ✓ **Appropriateness of care measure & Surgical Care**
 - ✓ **CAHPS surveys**
 - ✓ **Information technology use & other structural measures**
 - ✓ **Infection rates?**
 - ✓ **Mortality? Complications?**
 - ✓ **Additional measures vetted through researchers, partners, and NQF**

Aligning Payments with Quality

- **Preparing providers for Medicare Pay for Performance (P4P) programs**
- **Partnering with Medicaid on:**
 - ✓ **Nursing Home Quality Incentives**
 - ✓ **Hospitals quality measures and P4P**
- **Partnering with commercial purchasers on alignment of measures and incentives**
(E.g., Southern Nevada Health Care Purchasing Coalition, Nevada Business Coalition in Reno, State Employee Benefits Program)

Additional HealthInsight Strategies

- **Partnership with providers on measurement, technical assistance, and leadership engagement**
- **Focused intervention groups:**
 - ✓ **Nursing Home “Wellspring” Project**
 - ✓ **Hospital intensified assistance groups:**
 - **Surgical Care Improvement Project**
 - **Appropriate Care Measurement Project**
 - **Information Technology Systems Adoption Project**
 - **Rural Safety Culture Project**
 - ✓ **“Executive Session” for Health Care Leaders**
- **Working to align accountability and improvement agendas at the state and federal level**
- **Supporting development of a health information exchange (HIE) infrastructure**

What Can the Nevada Legislature Do to Help Move Quality Forward

- **Support and encourage development of meaningful alignment of payments with quality in Medicaid, CHIP, and other state-funded programs**
- **Piggy-back on the federal investment in quality measurement; encourage others to do the same**
- **Partner with providers and other stakeholders on the development of additional key measures**
- **Support alignment of regulatory and improvement efforts**
- **Support emerging HIE initiatives in Nevada**

Questions?

Interpreting National Hospital Performance Rankings: Data Limitations and Analytic Considerations

Data source: We computed hospital rankings using publicly reported data downloaded from the CMS Hospital Compare web site (www.hospitalcompare.hhs.gov - last accessed 12/15/05¹). This data set contains hospital-specific performance on 20 quality measures for over 4,000 hospitals nationwide. The data presented on Hospital Compare comes from hospitals that volunteered to submit their data for public reporting. Approximately 98% of eligible hospitals nationwide are participating. Those not participating have no data posted on the website and are not included in the rankings.

Beginning with discharges in 2004, eligible PPS hospitals could elect to report quality data in order to receive the incentive payment established by Section 501(b) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). To obtain increased payment, the provision requires eligible hospitals to report on an initial set of 10 quality performance measures² (the "starter set") and to agree to have their data publicly displayed.

The majority of hospitals are voluntarily providing data on additional measures that have been identified by the Hospital Quality Alliance (HQA). This measure set currently consists of 20 measures:

- The ten "starter set" measures
- Seven new measures first published in April 2005
- Three new measures first published in September 2005

For the additional measures beyond the ten starter set measures, hospitals can choose whether to submit data, and once submitted, elect to withhold the data from display on Hospital Compare.

¹ This currently includes data from the 4/1/04 to 3/31/05. To obtain a copy of the data base, go to <http://www.hospitalcompare.hhs.gov/Hospital/Static/Resources-Links.asp?dest=NAV|Home|Resources|RelatedWebsites#TabTop> click on "Download Database".

² These measures are:

Heart Attack (Acute Myocardial Infarction or AMI)

- Aspirin at arrival
- Aspirin at discharge
- ACE Inhibitor for Left Ventricular Systolic Dysfunction
- Beta Blocker at arrival
- Beta Blocker at discharge

Heart Failure

- Assessment of Left Ventricular Function
- ACE Inhibitor for Left Ventricular Systolic Dysfunction

Pneumonia

- Oxygenation Assessment
- Initial Antibiotic Timing
- Pneumococcal Vaccination

Hospital Compare displays data provided by acute care (prospective payment hospitals – PPS) and critical access hospitals (CAHs). Long-term acute and acute rehabilitation hospitals are not eligible to report data.

CAHs that have also agreed to participate in the HQA, do not receive any financial incentive to report their data. These hospitals can elect to submit data for any or all of the measures, and can elect to withhold the data from display on Hospital Compare.

Data limitations:

- While a great deal of time and study has been devoted developing a clinically valid and reliable public hospital performance reporting system, the system is still relatively new. The CMS rollout of the Hospital Compare web site was in April 2005. Other national public reporting efforts – within and beyond health care – have experienced a period of instability wherein opportunities for improving data quality were recognized and acted upon. There are insufficient data to analyze trends in performance ranking over time.
- The measures used to compute rankings were drawn from three clinical topic areas – heart attack, heart failure, and pneumonia – even within these areas, they reflect only a portion of the patient care experience. Patient satisfaction and quality of care for other conditions are not reported and are not incorporated into the rankings.
- Data submission to Hospital Compare is subject to auditing procedures and edit checks, which assess whether data submitted is consistent with defined parameters for sample size, outliers, and missing data. The data are subject to validation to verify that the data abstracted and reported by the hospitals is consistent and reproducible. The limitations of this process are such that for each quarter of data submitted, a random sample of five medical records across all topics are selected for each hospital, regardless of the number of cases submitted.
- Hospital Compare displays data from discharges that occurred between 9 and 18 months ago. More recent changes in the reliability of hospital performance are not reflected in the rankings.
- Because of differences in hospital size, the types of patients they care for, and sampling strategies, the numbers of patients used to compute reported performance rates varies by hospital, clinical topic, and measure. This impacts the precision with which performance can be ranked.

Analytic considerations:

- Hospital performance measures reflect processes of care supported by clinical science rather than patient outcomes. For these types of measures, risk adjustment is not considered necessary. 100% performance is thought to be achievable for all measures used in the rankings.

- Our ranking approach attempts to emphasize and anticipate a hospital's ability to improve performance across their system rather than only within focused areas.
- Each indicator contributes equally to the overall ranking even though some indicators reflect clinical processes that are more critical to patient outcomes or may reflect a larger number of patients than others.
- While percentile scores, by definition, always range from 0-100, reported performance on a given indicator may cluster very tightly.
- A single composite performance score or ranking can mask either strong or weak performance in specific indicators.

Interpreting National Nursing Home Performance Rankings: Data Limitations and Analytic Considerations

We computed nursing home rankings using publicly reported data that appear on the CMS Medicare web site (www.medicare.gov). On this website, CMS displays facility-specific, risk adjusted, performance on 15 quality measures for over 14,000 nursing homes nationwide. In these data, CMS suppresses reporting for agencies with small numbers of cases. Four measures that form the focus of a CMS national initiative were used in the rankings.¹

The data displayed focus on twelve long-term and three short-stay measures related to a resident's condition and reflect only a portion of the nursing home resident's care experience. Patient satisfaction measures are not reported. We advise interpreting this information cautiously and supplementing it with information from the ombudsman's office, the State survey agency, or other sources.

Data limitations:

- While a great deal of time and study has been devoted developing a clinically valid and reliable public nursing home performance reporting system, the system is still relatively new. The CMS rollout of the Nursing Home Compare web site was in November 2002. Other national public reporting efforts – within and beyond health care – have experienced a period of instability wherein opportunities for improving data quality were recognized and acted upon. There are insufficient data to analyze trends in performance ranking over time.
- Nursing home performance measures reflect resident outcomes and therefore require rigorous risk adjustment. Underlying differences in resident conditions or in the types of care provided at the facility may not be fully accounted for by risk adjustment strategies. The best achievable rates for these measures are not well understood at this time.
- The data presented on the CMS Medicare web site, Nursing Home Compare, come from the national database known as the Minimum Data Set (MDS) repository. All of these data are reported by the nursing homes themselves. Data are reviewed by nursing home inspectors, but not formally audited to ensure that it is accurate.
- Nursing Home Compare displays data collected on residents between 6 and 9 months ago. Recent changes in performance are not reflected in the rankings.
- Because of differences in facility size and the clinical conditions of the residents they care for, the number of residents used to compute reported performance rates varies by facility and measure. This impacts the precision with which performance can be ranked.

¹ These measures are:

- Percent of Residents Who Have Moderate to Severe Pain
- Percent of High-Risk Residents Who Have Pressure Sores
- Percent of Residents Who Were Physically Restrained
- Percent of Residents Who are More Depressed or Anxious

Analytic considerations:

- Each measure used in the rankings was given the equal weight in the analysis regardless of the eligible number of residents for each nursing home or any assessment of the relative importance of the measure.
- While percentile scores, by definition, always range from 0-100, reported performance on a given measure may cluster very tightly.
- A single composite performance score or ranking can mask either strong or weak performance in specific measures.

Interpreting National Home Health Performance Rankings: Data Limitations and Analytic Considerations

We computed home health care rankings using publicly reported data downloaded from the CMS Medicare web site (www.medicare.gov/Download/DownloadDB.asp - last accessed 12/15/05). This data set contains agency-specific, risk-adjusted, performance on 10 quality measures for over 7,600 agencies nationwide. Nine measures that form the focus of a CMS national initiative were used in this analysis.¹ To ensure reliability and stability of the measures reported, CMS suppresses reporting for agencies with small numbers of cases.

The data displayed focuses on three measures related to improvement in getting around, four measures related to meeting the patient's activities of daily living, two measures related to patient medical emergencies, and one measure related to living at home after an episode of home health care ends. These measures reflect only a portion of the patient care experience. Patient satisfaction measures are not reported. We advise interpreting this information cautiously and supplementing it with information from the ombudsman's office, the State survey agency, or other sources.

Data limitations:

- While a great deal of time and study has been devoted developing a clinically valid and reliable public nursing home performance reporting system, the system is still relatively new. The CMS rollout of the Home Health Compare web site was in October 2003. Other national public reporting efforts – within and beyond health care – have experienced a period of instability wherein opportunities for improving data quality were recognized and acted upon. There are insufficient data to analyze trends in performance ranking over time.
- Home health performance measures reflect resident outcomes and therefore require rigorous risk adjustment. While the quality measures are risk-adjusted to account for the fact that some agencies treat sicker patients, underlying differences in patient conditions or in the types of care provided by the agencies may not be fully accounted for by risk adjustment strategies. The best achievable rates for these measures are not well understood at this time.
- The data presented on Home Health Compare comes from information collected by Medicare and Medicaid-certified home health agencies. This information is called the Outcome and Assessment Information Set (OASIS). OASIS is a group

¹ These measures are:

- Percentage of patients who get better at walking or moving around
- Percentage of patients who get better at getting in and out of bed
- Percentage of patients whose bladder control improves
- Percentage of patients who have less pain when moving around
- Percentage of patients who get better at bathing
- Percentage of patients who get better at taking their medicines correctly (by mouth)
- Percentage of patients who are short of breath less often
- Percentage of patients who had to be admitted to the hospital
- Percentage of patients who stay at home after an episode of home health care ends

of elements that represent core items of a comprehensive assessment for an adult home care patient. All of these data are reported by the home health agencies themselves and not formally audited to ensure accuracy.

- The OASIS data displayed on the website are updated monthly and represent a rolling 12 months of data but have a two-three month data lag time. Recent improvements made by the nursing home will not be evident in the rankings.
- Because of differences in the number of patients served by agencies the clinical conditions of the patients they care for, the number of patients used to compute reported performance rates varies by agency and measure. This impacts the precision with which performance can be ranked.

Analytic considerations:

- Performance on the measure “Percentage of patients who had to be admitted to the hospital” contributed half to each agency’s national ranking. The remaining measures were given equal weight in the analysis regardless of the eligible number of patients for each agency or of any assessment of the relative importance of the measure.
- While percentile scores, by definition, always range from 0-100, reported performance on a given measure may cluster very tightly.
- A single composite performance score or ranking can mask either strong or weak performance in specific measures.

Nevada Hospital Rankings Based on CMS Measures
 Covering April 1, 2004 though March 31, 2005

Hospital	Number of Measures reported (of 10 starter set), with 15 or more observations ¹	National ranking (percentile) among 2,348 hospitals. Must report eight or more measures to be included ²	Actual Performance - AMI ²					AMI - targeted care delivery rate (percent) ³	Actual Performance - Heart Failure ²			Heart Failure - targeted care delivery (percent) ³	Actual Performance - Pneumonia ²				Pneumonia - targeted care delivery (percent) ³
			ACE Inhibitors	Aspirin at Adm.	Aspirin at D/C	Beta Blocker at Adm.	Beta Blocker at D/C		ACE Inhibitors	LVEF Assess.	Pneu. Vaccination		Antibiotics w/i 4 hours	Oxyg. Assess.			
ST. ROSE DOMINICAN HOSPITAL - DeLIMA	9	86 th		97%	100%	98%	97%	98%	93%	96%	96%	38%	69%	100%	75%		
CHURCHILL COMMUNITY HOSPITAL	4									89%	89%	60%	82%	100%	84%		
WASHOE MEDICAL CENTER	10	76 th	92%	99%	96%	92%	93%	95%	95%	95%	95%	55%	59%	100%	75%		
CARSON-TAHOE HOSPITAL	9	72 nd		97%	94%	95%	91%	95%	89%	87%	87%	57%	85%	100%	84%		
ST. MARYS REGIONAL MEDICAL CENTER	9	69 th		100%	97%	94%	95%	96%	62%	90%	88%	70%	69%	100%	82%		
ST. ROSE DOMINICAN HOSPITAL-SIENA	9	63 rd		98%	94%	90%	94%	94%	96%	96%	96%	30%	63%	100%	70%		
SOUTHERN HILLS HOSPITAL & MEDICAL CENTER	9	47 th		97%	65%	92%	95%	91%	71%	96%	93%	54%	68%	100%	79%		
CARSON VALLEY MEDICAL CENTER	4									29%	29%	14%	91%	100%	76%		
WASHOE MEDICAL CENTER SOUTH MEADOWS	4									76%	76%	22%	79%	100%	75%		
U M C OF SOUTHERN NEVADA	9	40 th		100%	96%	92%	88%	94%	91%	92%	92%	24%	46%	98%	67%		
BOULDER CITY HOSPITAL	5			67%				67%		82%	82%	48%	81%	100%	80%		
NORTHEASTERN NEVADA REGIONAL HOSPITAL	6			94%		86%		90%		66%	66%	35%	84%	100%	79%		
MOUNTAINVIEW HOSPITAL	9	34 th		95%	93%	83%	87%	90%	63%	95%	92%	65%	60%	100%	77%		
SUNRISE HOSPITAL & MEDICAL CENTER	10	32 nd	69%	95%	96%	82%	88%	91%	83%	93%	92%	40%	59%	100%	73%		
NORTHERN NEVADA MEDICAL CENTER	8	27 th		86%	67%	68%	56%	72%		92%	92%	71%	82%	100%	87%		
SOUTH LYON MEDICAL CENTER	4									50%	50%	15%	74%	100%	69%		
NYE REGIONAL MEDICAL CENTER	4									19%	19%	0%	76%	100%	72%		
SUMMERLIN HOSPITAL MEDICAL CENTER	9	19 th		95%	93%	75%	81%	86%	94%	84%	85%	35%	52%	99%	68%		
VALLEY HOSPITAL MEDICAL CENTER	10	13 th	60%	93%	92%	79%	79%	86%	70%	85%	84%	41%	46%	100%	68%		
NORTH VISTA HOSPITAL	9	12 th		98%	85%	87%	88%	91%	71%	75%	75%	9%	53%	99%	65%		
DESERT SPRINGS HOSPITAL	9	8 th		96%	87%	78%	75%	84%	61%	82%	81%	33%	55%	99%	69%		
SPRING VALLEY HOSPITAL	8	2 nd		81%	78%	55%	56%	69%		80%	80%	21%	54%	98%	65%		
GROVER C. DILS MEDICAL CENTER	1									0%	0%						
HUMBOLDT GENERAL HOSPITAL	0																

¹The number of measures reported by each hospital of the 10 measure starter set that had at least 15 cases. Measures with less than 15 cases are excluded to ensure the reliability of the results.

²These columns represent performance averaged over the specified four quarters. To be included, each hospital must report at least eight of the ten measures. Blank spaces indicate an insufficient number of measures. (AMI=Acute Myocardial Infarction)

³Percent of patients (weighted average) receiving recommended care across each set of disease-specific indicators.

Nevada Nursing Home Rankings Based on CMS Measures
 Covering July 1, 2004 through June 30, 2005

Facility	Total Number of Measures Reported over 3 quarters (of possible 12) ¹	Approximate national ranking (percentile) among 13,229 facilities. Must report 3 or more measures to be included ²	Approximate National Rankings for Targeted Measures ²				Average Performance Q3 2004 through Q2 2005 ⁴			
			High Risk Pressure Sores ³	Pain	Physical Restraints	Depression Anxiety	High Risk Pressure Sores ³	Pain	Physical Restraints	Depression Anxiety
MANOR CARE HEALTH SERVICES	12	90 th	71%	78%	69%	74%	10%	2%	3%	9%
HIGHLAND MANOR-MESQUITE	10	85 th	98%	14%	100%	61%	3%	12%	0%	11%
REGENT CARE CENTER OF RENO	12	83 rd	75%	74%	69%	50%	9%	3%	3%	13%
TLC CARE CENTER	12	80 th	75%	44%	77%	64%	9%	6%	2%	11%
LIFE CARE CENTER OF PARADISE VALLEY	12	79 th	66%	93%	22%	79%	10%	11%	12%	8%
SILVER RIDGE HEALTHCARE CENTER	12	76 th	80%	63%	61%	48%	8%	4%	4%	14%
CHEYENNE RESIDENTIAL NURSING CENTER	12	70 th	99%	8%	77%	55%	2%	15%	2%	12%
EMMANUEL HEALTH CARE CENTER	12	63 rd	53%	19%	63%	91%	12%	10%	3%	5%
SILVER HILLS HEALTH CARE CENTER	12	60 th	47%	53%	55%	66%	13%	5%	5%	10%
BOULDER CITY HOSPITAL SNF	9	52 nd		11%	100%	45%	0%	13%	0%	14%
LAS VEGAS HEALTHCARE & REHABILITATION CENTER	12	47 th	27%	11%	100%	62%	17%	13%	0%	11%
ELJEN CONVALESCENT HOSPITAL	12	45 th	51%	67%	2%	77%	13%	3%	29%	8%
HENDERSON HEALTHCARE CENTER	12	43 rd	80%	26%	37%	50%	8%	8%	8%	13%
THE PLAZA REGENCY AT SUN MOUNTAIN	12	37 th	66%	2%	57%	59%	10%	24%	4%	12%
NEVADA STATE VETERANS HOME	12	36 th	55%	18%	87%	22%	12%	10%	1%	20%
BERRYMAN REHABILITATION CENTER	12	35 th	10%	85%	25%	59%	22%	2%	11%	12%
SOUTH LYON MEDICAL CENTER	10	31 st	85%	1%	18%	68%	7%	27%	13%	10%
TORREY PINES CARE CENTER	12	23 rd	29%	26%	12%	90%	17%	8%	16%	6%
EVERGREEN CARSON CITY HEALTH & REHABILITATION	11	21 st	27%	60%	31%	36%	17%	4%	9%	16%
HEARTHSTONE OF NORTHERN NEVADA	12	21 st	93%	41%	5%	13%	5%	6%	22%	24%
DELMAR GARDENS OF GREEN VALLEY	12	19 th	73%	8%	51%	16%	9%	15%	5%	23%
CARSON CONVALESCENT CENTER	12	18 th	49%	78%	5%	14%	13%	2%	23%	23%
EVERGREEN MOUNTAINVIEW HEALTH & REHABILITATION	12	16 th	62%	41%	23%	15%	11%	6%	12%	23%
MOUNTAINVIEW CARE CENTER AT BOULDER CITY	12	16 th	34%	5%	17%	84%	16%	17%	14%	7%
EVERGREEN AT PAHRUMP HEALTH & REHABILITATION	9	11 th		4%	17%	72%	20%	18%	14%	9%
COLLEGE PARK REHABILITATION CENTER	12	8 th	7%	11%	51%	45%	24%	13%	5%	14%
MANOR HEALTHCARE	12	6 th	16%	22%	13%	55%	20%	9%	16%	12%
WASHOE PROGRESSIVE CARE CENTER	12	5 th	37%	32%	9%	24%	15%	7%	18%	20%
NORTH LAS VEGAS CARE CENTER	12	4 th	18%	21%	26%	33%	19%	10%	11%	17%

Nevada Nursing Home Rankings Based on CMS Measures
Covering July 1, 2004 through June 30, 2005

Facility	Total Number of Measures Reported over 3 quarters (of possible 12) ¹	Approximate national ranking (percentile) among 13,229 facilities. Must report 3 or more measures to be included ²	Approximate National Rankings for Targeted Measures ²				Average Performance Q3 2004 through Q2 2005 ⁴			
			High Risk Pressure Sores ³	Pain	Physical Restraints	Depression Anxiety	High Risk Pressure Sores ³	Pain	Physical Restraints	Depression Anxiety
DESERT LANE CARE CENTER	12	3 rd	2%	7%	45%	36%	29%	16%	6%	16%
LIFE CARE CENTER OF LAS VEGAS	12	3 rd	43%	25%	14%	8%	14%	9%	15%	27%
LIFE CARE CENTER OF RENO	12	3 rd	22%	38%	3%	25%	18%	6%	26%	19%
HIGHLAND MANOR OF ELKO	12	1 st	10%	34%	4%	14%	22%	7%	24%	23%
WHITE PINE CARE CENTER	12	1 st	11%	8%	17%	22%	22%	15%	14%	20%

¹Four measures were analyzed over a period of three quarters. The maximum number of reported measures for three quarters is 12. Facilities with less than 9 (# of quarters multiplied by # of measures) are not included in the rankings.

²The national rankings are approximated based on the national average for each of the three quarters.

³Facilities that do not have a denominator of 30 high risk residents do not have a reported score in high risk pressure sores.

⁴Average performance on measures as reported on Nursing Home Compare (www.medicare.gov). A lower percentage is desirable.

Empty cells represent insufficient data reported for that measure.

Highlighted facilities had a G level or higher deficiency or a substandard quality of care deficiency from January 2004 to October 2005.

**Nevada Home Health Rankings Based on CMS Measures
Covering September 2004 through August 2005**

Agency	Home Health Compare reported measures (of 9 included in analysis), with sufficient data for reporting ¹	National ranking (percentile) among 5,898 agencies. Must report 7 or more measures to be included ²
PERSPECTIVE HOME HEALTH, INC.	9	99 th
ALLIED HOME HEALTH CARE SERVICES, INC.	7	94 th
IN HOUSE HOME HEALTH, INC.	9	93 rd
VALLEY HOME HEALTH	9	92 nd
THE GUARDIANS HOME HEALTH CARE	9	92 nd
WASHOE HOME CARE	9	90 th
ST. ROSE DOMINICAN HOSPITAL HOME HEALTH	9	87 th
SOTHERN NEVADA HOME HEALTH CARE	9	84 th
APPLE HOME HEALTHCARE, INC.	9	83 rd
GENTIVA HEALTH SERVICES	9	82 nd
SAGUARO HOME HEALTH SERVICES	9	82 nd
ALWAYS BETTER CARE	9	81 st
GREEN VALLEY HOME CARE, INC.	9	81 st
HOME HEALTH SERVICES OF NEVADA	9	78 th
INTEGRITY HOME HEALTH CARE, INC.	9	75 th
CREEKSIDE HEALTH CARE	9	72 nd
HEALTH ESSENTIALS HOME CARE	9	72 nd
FIVE STAR HOME HEALTH CARE, INC.	9	72 nd
SOUTH LYON HOME HEALTH	8	71 st
LORIAN HOME SYSTEMS, INC. OF LAS VEGAS	9	70 th
SAINT MARYS HOME CARE SERVICES	9	66 th
CARING NURSES, INC.	9	65 th
FAMILY HEALTHCARE SERVICES	9	60 th
BOULDER CITY HOSPITAL HOME HEALTH	9	59 th
GENTIVA HEALTH SERVICES	9	58 th
PRESTIGE HOME HEALTH CARE, INC.	9	52 nd
HEALTHSOUTH HOME HEALTH OF HENDERSON	9	52 nd
DYNAMIC HOME HEALTH CARE, LLC	9	51 st
AT HOME HEALTH SERVICE	8	46 th
EXCELL HOME HEALTH SERVICES	8	44 th
HOME CARE PLUS	9	40 th
ALL CARE HOME HEALTH	9	39 th
HORIZON HOME HEALTH	9	39 th
VISION HEALTH CARE, INC.	8	39 th
ADVANCED VITAL CARE, INC.	9	36 th

Approximate National Rankings for Targeted Measures ²								
Ambulation	Bed Transfer	Bladder Control	Pain w/ Movement	Bathing	Oral Meds	Dyspnea	ACH ³	D/C to Comm.
97%	62%	100%	96%	99%	92%	99%	92%	91%
89%	75%		1%	91%		98%	90%	76%
92%	87%	69%	27%	88%	66%	52%	87%	91%
58%	41%	88%	82%	78%	91%	63%	84%	83%
100%	99%	6%	100%	99%	66%	97%	77%	72%
75%	32%	34%	36%	91%	82%	66%	90%	94%
39%	29%	61%	36%	44%	82%	52%	95%	95%
58%	72%	92%	29%	89%	88%	77%	73%	68%
92%	44%	98%	96%	81%	58%	63%	69%	60%
43%	58%	89%	24%	67%	76%	52%	81%	83%
82%	69%	63%	27%	63%	91%	52%	77%	76%
53%	55%	69%	36%	88%	69%	34%	81%	76%
48%	58%	53%	29%	54%	54%	40%	87%	88%
82%	69%	48%	55%	84%	91%	34%	69%	79%
43%	72%	84%	19%	67%	98%	95%	65%	72%
39%	38%	82%	36%	49%	69%	46%	77%	68%
58%	48%	63%	9%	24%	32%	40%	87%	68%
53%	62%	98%	66%	78%	62%	89%	60%	45%
94%	100%	17%	27%	89%	91%		60%	64%
79%	62%	28%	19%	67%	45%	29%	77%	79%
39%	32%	80%	62%	49%	49%	49%	69%	72%
79%	48%	69%	66%	78%	90%	43%	56%	56%
63%	51%	55%	72%	28%	58%	70%	60%	56%
53%	9%	8%	14%	28%	2%	15%	90%	76%
19%	3%	69%	16%	35%	36%	46%	77%	76%
53%	62%	48%	21%	63%	54%	43%	60%	41%
30%	38%	93%	39%	67%	73%	46%	52%	60%
39%	51%	89%	39%	49%	49%	66%	52%	53%
8%	8%		2%	8%	19%	8%	84%	60%
58%	35%		27%	40%	54%	95%	48%	53%
34%	41%	45%	27%	78%	93%	40%	44%	49%
16%	21%	75%	47%	67%	22%	43%	52%	45%
43%	38%	36%	80%	91%	73%	66%	36%	32%
96%	66%		72%	89%	73%	98%	20%	15%
63%	44%	55%	10%	67%	45%	34%	44%	49%

Actual Performance for Targeted Measures ⁴								
Ambulation	Bed Transfer	Bladder Control	Pain w/ Movement	Bathing	Oral Meds	Dyspnea	ACH ³	D/C to Comm.
57%	54%	88%	83%	87%	52%	87%	18%	78%
47%	58%	0%	25%	73%	0%	79%	19%	73%
49%	63%	54%	53%	71%	41%	58%	20%	78%
38%	48%	62%	70%	67%	51%	61%	21%	75%
73%	82%	19%	95%	87%	41%	77%	23%	72%
42%	45%	40%	56%	73%	46%	62%	19%	80%
34%	44%	51%	56%	59%	46%	58%	16%	81%
38%	57%	65%	54%	72%	49%	65%	24%	71%
49%	49%	73%	82%	68%	39%	61%	25%	69%
35%	53%	63%	52%	64%	44%	58%	22%	75%
44%	56%	52%	53%	63%	51%	58%	23%	73%
37%	52%	54%	56%	71%	42%	52%	22%	73%
36%	53%	48%	54%	61%	38%	54%	20%	77%
44%	56%	46%	61%	69%	51%	52%	25%	74%
35%	57%	60%	50%	64%	64%	75%	26%	72%
34%	47%	59%	56%	60%	42%	56%	23%	71%
38%	50%	52%	43%	54%	33%	54%	20%	71%
37%	54%	72%	64%	67%	40%	70%	27%	65%
51%	83%	30%	53%	72%	51%	0%	27%	70%
43%	54%	37%	50%	64%	36%	50%	23%	74%
34%	45%	58%	63%	60%	37%	57%	25%	72%
43%	50%	54%	64%	67%	50%	55%	28%	68%
39%	51%	49%	66%	55%	39%	63%	27%	68%
37%	32%	21%	47%	55%	16%	41%	19%	73%
29%	25%	54%	48%	57%	34%	56%	23%	73%
37%	54%	46%	51%	63%	38%	55%	27%	64%
32%	47%	66%	57%	64%	43%	56%	29%	69%
34%	51%	63%	57%	60%	37%	62%	29%	67%
24%	31%	0%	30%	45%	29%	34%	21%	69%
38%	46%	0%	53%	58%	38%	74%	30%	67%
33%	48%	45%	53%	67%	53%	54%	31%	66%
28%	40%	56%	59%	64%	30%	55%	29%	65%
35%	47%	41%	69%	73%	43%	62%	33%	61%
55%	55%	0%	66%	72%	43%	79%	39%	53%
39%	49%	49%	44%	64%	36%	52%	31%	66%

**Nevada Home Health Rankings Based on CMS Measures
Covering September 2004 through August 2005**

Agency	Home Health Compare reported measures (of 9 included in analysis), with sufficient data for reporting ¹	National ranking (percentile) among 5,898 agencies. Must report 7 or more measures to be included ²
WE CARE HOME HEALTH SERVICES	8	34 th
FIRST CHOICE HOME HEALTHCARE, LLC	9	31 st
OASIS HOME HEALTH, INC.	9	26 th
THE HELPING ANGELS	9	20 th
HARMONY HOME HEALTH, LLC	8	19 th
COLONIAL HOME CARE	9	17 th
MARY HOME HEALTH, INC.	8	17 th
V I P HOME HEALTH, INC.	9	17 th
PHYSICIANS CHOICE HOME HEALTH CARE, INC.	9	15 th
ROYALE HEALTH SYSTEMS, INC.	8	11 th

Approximate National Rankings for Targeted Measures ²									
Ambulation	Bed Transfer	Bladder Control	Pain w/ Movement	Bathing	Oral Meds	Dyspnea	ACH ³	D/C to Comm.	
14%	21%		74%	71%	90%	80%	33%	22%	
63%	58%	80%	72%	81%	88%	34%	20%	17%	
30%	23%	38%	17%	19%	36%	40%	44%	45%	
4%	55%	23%	19%	86%	12%	15%	33%	45%	
16%	27%		21%	22%	32%	43%	36%	41%	
34%	72%	34%	32%	44%	28%	22%	25%	27%	
53%	21%		7%	44%	84%	25%	25%	20%	
48%	55%	50%	74%	67%	58%	60%	8%	9%	
26%	44%	21%	86%	19%	12%	74%	20%	22%	
19%	19%		3%	17%	36%	22%	30%	24%	

Actual Performance for Targeted Measures ⁴									
Ambulation	Bed Transfer	Bladder Control	Pain w/ Movement	Bathing	Oral Meds	Dyspnea	ACH ³	D/C to Comm.	
27%	40%	0%	67%	65%	50%	66%	34%	57%	
39%	53%	58%	66%	68%	49%	52%	39%	54%	
32%	41%	42%	49%	52%	34%	54%	31%	65%	
20%	52%	34%	50%	70%	26%	41%	34%	65%	
28%	43%	0%	51%	53%	33%	55%	33%	64%	
33%	57%	40%	55%	59%	32%	46%	37%	59%	
37%	40%	0%	41%	59%	47%	48%	37%	56%	
36%	52%	47%	67%	64%	39%	60%	48%	47%	
31%	49%	33%	72%	52%	26%	64%	39%	57%	
29%	39%	0%	32%	51%	34%	46%	35%	58%	

¹Nine measures that form the focus of a CMS national initiative were used in this analysis. The 10th measure on Home Health Compare, "Percentage of patients needing unplanned, emergency care," is excluded from analysis as well as agencies with small numbers of cases.

²Agencies must report on Acute Care Hospitalization (ACH) AND six additional measures to be included in the rankings. The national rankings are computed based on a weighted average to reflect the CMS emphasis on reducing avoidable hospitalizations in this population. ACH and the average of the other eight measures are given equal weight.

³ACH is given equal weight as the other eight measures combined.

⁴These columns represent performance averaged over the specified four quarters.

Empty cells represent insufficient data reported for that measure.