APPENDIX A: HOSPITAL STATEMENTS

CCORP provided each hospital with a preliminary report containing the risk-adjusted models, explanatory materials, and results for all hospitals. Hospitals were given a 60-day review period to submit statements to OSHPD for inclusion in this report. Three hospitals submitted letters, which are included here.

California Pacific Medical Center

A Sutter Health Affiliate

Date: October 8, 2010
Re: Response from CPMC on CCORP 2007-2008 CABG Mortality Report

California Pacific Medical Center (CPMC) delivers care to many cardiac patients with complicated medical conditions. Many of our patients undergo combined procedures involving replacement of a cardiac valve as well CABG.

In January 2007, a new chief of cardiac surgery was recruited to revitalize the cardiac surgery program at California Pacific Medical Center. We put evidence-based protocols in place, provided educational and skills-based training for staff, and formed multidisciplinary committees to identify and resolve quality issues. We created a culture emphasizing safety and have continued to improve our overall cardiac surgical results substantially.

The result of our efforts has been remarkable. We have had 100% in-hospital and 30-day survival among patients who had isolated coronary artery bypass surgery (without valve replacement) at CPMC in 2009 and during the first 3 quarters of 2010. Improving our practice and achieving the high standards we represent today remains our mission.

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DESERT REGIONAL MEDICAL CENTER

October 7, 2010

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SUBJECT: Hospital Statements regarding the 2007-2008 CCORP Preliminary Report

Pursuant to your letter dated August 9, 2010, Desert Regional Medical Center provides the following statement.

While the total number of mortalities is correct it has been determined that the risk factors were being under reported. With the new reports available in OSHPD CORC system we have been able to determine that the following factors were being under reported:

- Chronic Lung Disease
- NYHA Classification
- Mitral Insufficiency
- Body Mass Index

In July 2009 a new form was put into use to ensure more accurate reporting and abstraction of risk factors. Additionally, the hospital has implemented a Cardiovascular Performance Improvement Committee to review the data in a timely fashion and make the necessary educational improvements when detected. Unfortunately, with the age of the information being disseminated our system revisions will not be seen for approximately two years.

Questions pertaining to this correspondence should be directed to the undersigned
At 760-323-6799 or sandra.martin@tenethealth.com

Sandra Martin
Director Clinical Quality Improvement
1150 N. Indian Canyon
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GOOD SAMARITAN HOSPITAL

October 6, 2010

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Manager, Clinical Data Programs
Office of Statewide Health Planning and Development
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As consumers review comparisons of California hospital performance on Coronary Artery Bypass Grafts (CABG), we encourage the pubic to look at this report as a single thread in a complex fabric of quality reporting.

In this study, from 2008, there is a particularly broad spectrum for hospitals performing "as expected." While Good Samaritan Hospital's CABG mortality rate falls within the "as expected" range, our performance is better than the state average. Use of arteries from the chest wall (internal mammary) in selected patients is recognized as a best practice, and this study shows that Good Sam used this procedure in 100 per cent of cases where it was indicated.

Good Sam's approach to reporting performance in studies like this one is to report rigorously using the most detailed possible review of patient hospital records and interpretation of outcomes. This may mean that our strict interpretation disadvantages us in comparison with others who may use a more liberal interpretation.

We have done a case by case review of the surgeries contributing to the study's rating for us on the incidence of stroke following CABG. Following that review, we implemented a more aggressive strategy for management of atrial fibrillation, the most frequent cause of stroke following CABG, including earlier intervention with anti-coagulation therapy. We believe this strategy will be reflected in future years of the state's study, and that it will improve outcomes for patients.

This study is one of the many tools patients may use in making a choice about their healthcare. We recommend consumers also review information available through HospitalCompare, the Leapfrog Group and the Joint Commission. Above all else, patients should talk with their physicians about the experience, patient outcomes and clinical quality improvement programs at any specific hospital they are considering for their care.

Sincerely,

Arthur Douville, MD
Chief Medical Officer
Good Samaritan Hospital

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