



**SAN ANTONIO  
REGIONAL HOSPITAL**

Tuesday, December 01, 2015

Merry Holliday-Hanson, Ph. D., Manager  
Administrative Data Program  
Office of Statewide Health Planning and Development  
400 R Street, Room 250  
Sacramento, CA 95811

Dear Ms. Holliday-Hanson:

At San Antonio Regional Hospital we have always been focused on providing the highest quality of care to our patients throughout our 108 year history. As a Joint Commission accredited institution and Stroke Center we thank you for the opportunity to respond to the craniotomy data reported in the Hospital Inpatient Mortality Indicators for California 2014.

While we appreciate OSHPD's efforts to provide an outcome based data collection and are committed to utilize reports such as these to benchmark our performance, we have concerns on how this information might be interpreted by the public. All mortality cases are reviewed at SARH and, with regard to the cases that are the subject of this report, we found no deviation from the standard of care.

After reviewing the OSHPD Technical Note for Producing AHRQ Inpatient Mortality Indicators 2014 Data, we identified that there is no consideration for patients who have requested "do not resuscitate" (DNR) or terminal extubation at the time of admission due to the severe nature of their neurological condition. Also, in reviewing your 2014 mortality report the public will have no information that enumerates the caveats listed in your technical notes such as:

- The OSHPD analysis does not include a review of all clinical data in a patient's medical record, and,
- Since these indicators are about patient mortality, hospitals like SARH that are designated receiving centers (in this instance a stroke receiving center for two counties) may appear to perform worse. Hospitals that regularly transfer patients may appear to perform better because deaths occurring post-transfer are not included in their outcome scores.

We believe that if some of these factors were considered in the report that not only would our outcomes be more favorable but the public would be better served as they seek places to receive care.

Thank you for your consideration of these comments. We look forward to continued participation with the OSHPD-AHRQ Mortality Reports.

Sincerely,

Mario Lopez-Luna  
Dir. Quality Management/Inf. Prevention