ARROWHEAD
REGIONAL MEDICAL CENTER
OWNED AND OPERATED BY THE COUNTY OF SAN BERNARDINO

The Heart of a Healthy Community
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Joseph Parker, PhD, Director
Office of Statewide Health Planning & Development
Healthcare Outcomes Center
400 R Street, Suite 250
Sacramento, California 95811-6213

Re: MORTALITY REPORT FOR 2006 AND 2007

Dear Dr. Parker:

I am writing this letter in response to the 2006 and 2007 Mortality data report. At Arrowhead Regional Medical Center (ARMC), providing the highest quality of care to patients is part of our mission. We take pride in the fact that we have the only Burn Center for five counties, the only American College of Surgeons certified Trauma Center in the Inland Empire, and the second busiest Emergency Room in the state of California.

I appreciate the opportunity to share with you our findings in our Medical Record Reviews on the patients that you included in your study, prior to the report being released to the media.

Here are the findings of our medical record review:

2006 Mortality Medical Record Review

Stroke Mortalities
65.8% of the patients were classified as "stroke" patients.

- Of these stroke patients, 72.1% were transferred from other Acute Care Hospitals.
- 32.5% of the transferred patients arrived to ARMC with a Glasgow Coma Scale (GCS) of 3 or below. This GCS constitutes "Brain Death". Should not these mortality findings be charged to the sending hospital instead of ARMC?
- In addition, 50% of Stroke patients in the study were "Do Not Resuscitate" (DNR) status per patient and/or family preference.

Craniotomy Mortalities
21.5% of the patients were classified as Craniotomy patients.

- Of these 21.5% Craniotomy patients, only 1 patient had an actual Craniotomy for a large malignant brain tumor with a very poor prognosis.
- The other patients reviewed under Craniotomy were patients who had suffered subarachnoid hemorrhages, basal ganglia bleed, and had a ventriculostomy for drainage purposes to relieve intracranial pressure.
- 70% of the patients classified as Craniotomies were transferred from other acute Care Hospitals.
- 50% of the Craniotomy patients arrived to ARMC with a GCS of 6 or less.
- 35% of the Craniotomy patients were DNR status per patient and/or family request.

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Acute G.I. Bleed

8.8% of the patients were classified as G.I. Bleed patients.

- 100% of the G.I. Bleed Mortality patients had irreversible co-morbidities including end stage liver disease, hepatitis, and septic shock.
- 50% of the G.I. Bleed Mortalities were DNR status per patient and/or family preference.

*Please note that other findings in the 2006 Mortality Report include:

- 2 patients expired in 2007, not in 2006.
- 2 patients expired in 2008, not in 2006
- 2 patients had no record of a death at ARMC.

2007 Mortality Medical Record Review

Stroke Mortalities

82.2% of all patients for 2007 were classified as "stroke" patients.

- 62.7% of these patients were transferred from other Acute Care Facilities.
- 52.7% of these transfers arrived to ARMC with a GCS of 3 or less, which constitutes "Brain Death". Shouldn't these mortality findings be charged to the sending hospital instead of ARMC?
- 33.3% of these Transfers were DNR status per patient and/or family preference.

Craniotomy Mortalities

3.2% of all patients for 2007 were classified as "craniotomy" patients.

- 0% had an actual Craniotomy; they had ventriculostomies performed to insert a drain to relieve intra-cranial pressure.
- 100% of these patients were transferred from other hospitals.
- 100% arrived to ARMC with a GCS of 3 or 4, constituting "Brain Death". Should not these mortality findings be charged to the sending hospital instead of ARMC?
- 50% of these patients were determined to be DNR status.

G. I. Bleed Mortalities

16.1% of the 2007 mortality patients were classified as G.I. Bleeds.

- 43% of these patients were transferred from other Acute Care Hospitals.
- 50% of these patients were determined to be DNR status.
- 85% of these patients had irreversible co-morbidities including, end stage liver disease, cirrhosis, history of IV drug abuse, and septic shock.

*Other Notes:

- 2 of these patients listed in the 2007 mortality report did not expire in 2007, both expired in 2008.

These Medical Record findings were validated with ARMC's Chief of Internal Medicine, Chief of Neuro-Surgery, and Medical Director. Again, I appreciate the opportunity to respond to your Mortality Report for 2006 and 2007. Please do not hesitate to notify me if you need any additional information.

Sincerely,

Patrick Petre, Director

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