

SHARP® Grossmont Hospital

February 28, 2013

Ms. 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,

This letter is in response to our receipt of the 2010 and 2011 Hospital Inpatient Mortality Indicators. Sharp Grossmont Hospital scored worse than expected in two areas: congestive heart failure and stroke. We appreciate the opportunity to provide feedback regarding our scores.

In response to our 2010 and 2011 OSHPD Congestive Heart Failure mortality data:

Sharp Grossmont Hospital is responding to the Risk Adjusted Inpatient Mortality Indicator results for Heart Failure in 2010 and 2011. Sharp Grossmont Hospital is a community hospital serving an area where many do not have access to primary care and there are a number of skilled nursing facilities in the area. When a patient without primary care access becomes ill, often there is late presentation to the hospital, which manifests in a severely ill patient. With an admission from a skilled facility, there are often multiple comorbidities or coexisting chronic conditions for these patients that directly affect outcomes. The hospital is working with their physicians to improve documentation and provide resources and reference materials for physician documentation according to best practice standards. We are confident this process will document the true risk of the fragile and elderly population we serve.

In our CY 2011 OSHPD Congested Heart Failure data, a 4.5% risk adjusted mortality rate was reported. All 38 Inpatient HF deaths were reviewed and the following findings were noted.

- 22/38 (58%) were palliative care/hospice/DNR/comfort care
- Age breakdown: 80-89 years 14 patients
90+ years 9 patients
100+ years 1 patient
- 24/38 (63%) ≥ 80 years old
- 13 patients admitted only 2 days or less (2 died the day they arrived)

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In our CY 2011 OSHPD stroke data, a 12.3% mortality rate was reported. All 75 cases were carefully reviewed and the following findings were noted.

- Ischemic Stroke 48%; SAH/ICH 49%, SDH 3%
- 28 patients \geq 80 years old
- Of the 75 cases reported 40% (30) arrived with significant neurological deficits, i.e. comatose, brain herniation and or fixed dilated pupils due to large hemorrhages.
- 27% (20) of the cases were ischemic strokes presented with severe neurologic deficits (National Institute of Health Stroke Score \geq 19)
- 5% (4) of the cases arrived in cardiac arrest.
- 1% (1) of the cases had advanced dementia with large ischemic stroke from SNF/ comfort care was requested
- 7% (5) of the cases were terminal due to advanced stage cancer.
- 3% (2) of the cases had large symptomatic hemorrhage post tPA administration or mechanical retrieval
- 1% (1) of the cases suffered a re-bleed from cavernous angioma before surgery could be done
- 1% (1) of the cases presented with large SDH, deeply comatose with multiple comorbidities- placed on comfort care per family request
- 1% (1) of the cases presented with bilateral SDH in setting of severe thrombocytopenia and leukopenia from liver cirrhosis; splenic embolization and burr hole performed; develop intractable seizures; placed on comfort care.

Thank you for allowing us to provide feedback on our programs.

Michele Tarbet

Michele Tarbet
Senior Vice President and
Chief Executive Officer