

February 15, 2009

Joseph Parker, PhD  
Healthcare Outcomes Center Director  
Office of Statewide Health Planning and Development  
400 R Street, Suite 250  
Sacramento, CA 95811

Dear Dr. Parker:

Thank you for the opportunity to comment on the recent release of in-hospital mortality rates for eight selected disease conditions and procedures for the years 2006 – 2007. For Torrance Memorial, one of these conditions, death by primary diagnosis of Gastrointestinal Hemorrhage (“GI Hemorrhage”) revealed a worse than expected in-hospital mortality rate.

Upon receiving the Office of Statewide Health Planning and Development (“OSHPD”) report in late November, 2008, we discovered that 15 of the 40 reported deaths from Gastrointestinal Hemorrhage did not actually expire at Torrance Memorial. In fact, many of the patients listed by OSHPD as deceased are still known to us to be alive.

A programming error was found in the electronic data transfer from the medical record system at Torrance Memorial to the data file submitted to OSHPD. The programming error has been corrected for data submissions beginning in January, 2008, but it is too late to correct 2006 – 2007 data.

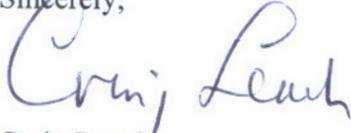
We believe a re-calculation of the in-hospital mortality without the 15 cases inadvertently classified as a death would result in a mortality rate which is well within the State average. Since we do not have access to the exact State methodology to “risk adjust” patient complexity, our conclusion could only be fully confirmed by OSHPD repeating the analysis with the corrected data.

With regard to the quality of care rendered to GI Hemorrhage patients, our internal review of the deaths by our physician reviewers did not reveal a problem or deviance from standard of care. But, to be completely certain, we engaged an outside quality of care expert, The Greely Company, to review a random selection of 25 patient deaths and 75 non-deaths between January, 2006 and December, 2008 with a primary diagnosis of GI Hemorrhage. The physician reviewer was Ciarán P. Kelly, M.D., Associate Professor of Medicine, Harvard Medical School and Director, Gastroenterology Fellowship Training Program, Beth Israel Deaconess Medical Center, Boston. He concluded that there are no substantive issues with patient care:

“In general the quality of care, as documented within the medical records, was excellent especially considering the acuity and high-risk nature of the cases reviewed together with the age, frailty and multiple co-morbidities of the patient population.”

We hope this information is helpful to those reviewing the mortality data. At Torrance Memorial, we remain committed to reviewing and improving our patient care in whatever way possible.

Sincerely,



Craig Leach  
President/CEO



Catherine Bannerman, M.D.  
Medical Director, Performance Improvement

CL:SE:dc