

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

December 23, 2010

Dear Ms. Holliday-Hanson:

The purpose of this letter is to provide review and comment on the California Office of Statewide Health Planning and Development's (OSHPD) release of hospital Inpatient Mortality Indicators for Kaiser Foundation Hospital Redwood City, in response to your letter of November 18, 2010.

We appreciate the opportunity to review the mortality data for 2008 and 2009 for our hospital. The data identifies higher than average mortality in three areas. I would like to provide relevant descriptive information about segments of our patient population who demonstrate higher acuity; identify clinical care improvements we have already accomplished, and describe efforts currently underway to improve clinical performance and so continue to decrease mortality.

Stroke: Kaiser Foundation Hospital Redwood City serves as a referral center for Northern California Kaiser Permanente patients and members of the community with complex neurosurgical conditions. Our neuro-interventional capabilities offer the opportunity to treat developing strokes aggressively with both surgical and non-surgical technologies that have saved many lives. Unfortunately some patients who are transferred to our hospital have more severe damage than we can repair and a higher than usual proportion of those patients do not survive their initial stroke. We note that nearly 44% of patients (36/82) designated with a "stroke" in the 2008/2009 data set also underwent a craniotomy. Stroke with craniotomy is not the standard for hospitals who are not Neurosurgical Centers with the advanced treatments and procedures we offer. As an example, 11 of these patients were transferred to Kaiser Foundation Hospital Redwood City from another acute care hospital, with extreme clinical compromise.

We are extremely proud of the Joint Commission certification we received in 2006 as a designated Stroke Center. In 2010, we also achieved "Gold Plus" status for excellence in stroke care from the American Heart Association/American Stroke Association.

Congestive Heart Failure (CHF): Our review shows us that our CHF mortality is decreasing. This improvement is attributed to robust adoption of case management and home telemonitoring programs, and strong physician and administrative leadership support for the program. In addition, through Kaiser Permanente's integrated care model that includes services that continue beyond hospitalization, linkages have been established with Palliative Care programs and Hospice to facilitate end of life care in the settings preferred by our patients with end-stage disease.

Pneumonia: We carefully follow The Joint Commission's recommendations for care of patients with pneumonia. Over the past two years, our performance in all of the "Core Measures" has steadily improved. Kaiser Foundation Hospital Redwood City has achieved near perfect scores for the Joint Commission Pneumonia Core Measure for 2010. We have put in place several processes to optimize our performance, which include: physician champions, small-scale performance improvement projects to monitor performance at the bedside, a Pneumonia interdisciplinary workgroup, and implementation of our electronic medical record with diagnosis-specific ordersets.

Kaiser Foundation Hospital Redwood City has demonstrated significant improvement, including more than one year perfect performance in initial appropriate antibiotic selection, on pneumonia measures. Studies on community-acquired pneumonia have shown that late mortality in community acquired pneumonia is influenced by the type of antibiotic therapy selected. Functional status at the time of hospital admission is also a powerful predictor of mortality. Ongoing education of our hospital providers on care for the pneumonia patient is provided by our Pulmonology team. We recognize that a major cause of hospital acquired pneumonia is the failure to mobilize patients. We expect that the care we provide will be positively influenced by a new patient mobilization Performance Improvement project we initiated in 2010.

I hope this information provides clarification for OSHPD and for members of the public regarding the complexity of segments of our patient population, and has effectively described the efforts we have undertaken to improve care for our patients. If you have questions or require additional information, please do not hesitate to contact me at (650) 299-2000.

Sincerely,



Linda Jensen, RN
Hospital Administrator
Kaiser Foundation Hospital Redwood City