

Hospital Statements

CCORP provided each hospital with a preliminary report containing the risk-adjusted models, explanatory materials, and results for all hospitals. Hospitals were given a 60-day review period to submit statements to CCORP for inclusion in this report. Two hospitals submitted statements, which are included here.



July 24, 2014

Holly Hoegh, Ph. D.
Manager Clinical Data Program
Office of Statewide Planning and Development
400 R Street, Room 250
Sacramento, CA 95811

Dear Dr. Hoegh:

Thank you for the opportunity to comment on the readmission rate for CABG surgery outcomes.

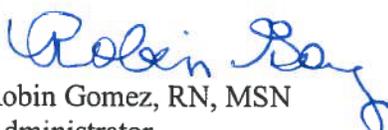
Alvarado Hospital evaluates any trends that do not meet expected standards. In 2012, Alvarado Hospital rated well on the 2012 CCORP Cardiac Surgery measures with the exception of 30 day readmissions.

Since 2012, Alvarado Hospital has embarked on quality improvement efforts by the formulation of a multi-disciplinary team to study hospital readmissions. This team looks at causes and patient care factors that lead to unplanned readmissions. Quality efforts have included immediate post discharge phone calls to patients, case reviews, patient education on medication use and follow-up care. These efforts have resulted in a current trend of decreasing readmission rates. Presently, we have not found any untoward trends in CABG readmissions.

Our aim is to continuously look at patterns and trends and focus on needed quality improvement in order to provide the best possible patient care.

Again, thank you for the opportunity to respond.

Sincerely,


Robin Gomez, RN, MSN
Administrator



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July 24, 2014

Holly Hoegh, Ph.D.
CCORP Manager
Office of Statewide Health Planning and Development
400 R Street, Room 250
Sacramento, CA 95811

Re: 2011-2012 CCORP Preliminary Report

Dear Dr. Hoegh,

On behalf of the UCSF Medical Center and Division of Adult Cardiothoracic Surgery, I would like to respond to the preliminary report of the 2011-2012 California CABG outcomes reporting program.

We have carefully analyzed the coronary bypass surgery deaths during that timeframe, and believe it is important to point out that these outcomes do not reflect the overall experience at our medical center. Our findings indicate that the patient risk profiles for these particular cases were adverse with a mean predicted Society of Thoracic Surgeons (STS) expected mortality of 7.8% (California statewide average was 2.1%). The majority of these patients were transferred to our institution for high risk revascularization and unfortunately, had multiple factors predictive of a poor outcome. Importantly, the UCSF coronary bypass surgery mortality for the period of 2013-2014 is less than 1% in 105 cases.

The UCSF Cardiothoracic Surgery program takes great pride in providing tertiary and quaternary care for advanced cardiac disease, and it is worth noting that our observed mortality for coronary bypass surgery since 2005 in the CCORP reporting program has averaged 1.45% with an observed to expected mortality ratio of 0.74. These results are consistent with our publically reported information in the databases of the Society of Thoracic Surgeons and the University Health Care Consortium.

UCSF participates in local, institutional and University-wide quality improvement programs, in addition to state and national quality reporting programs. We use established best practices from around the country and our own extensive experience to continuously improve the care we provide. Our goal is to provide the highest quality care and outcomes to our patients.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Adler". The signature is fluid and cursive, with a long horizontal stroke at the end.

Josh Adler, MD

Chief Medical Officer

UCSF Medical Center and UCSF Benioff Children's Hospital

