

EXECUTIVE SUMMARY: KEY FINDINGS OF THE 2002-2004 REPORT ON HOSPITAL CARE FOR COMMUNITY-ACQUIRED PNEUMONIA

This is the second public report that the Office of Statewide Health Planning and Development (OSHPD) has published on Community-Acquired Pneumonia (CAP) outcomes for California hospitals. The report is based on analysis of Patient Discharge Data (PDD) records submitted to OSHPD by California-licensed acute care hospitals. The CAP patients were admitted to the hospital between January 2002 and November 2004. The previous report was based on PDD records for CAP admissions that occurred in 1999 through 2001. An additional study was conducted in 1996 for the purposes of CAP risk model development and data validation.

The quality of hospital performance was assessed by comparing each hospital's risk-adjusted mortality rate for CAP patients with the statewide rate. This method allows for fair comparison of each hospital's mortality rate with the statewide rate and with other hospitals by taking into account patients' severity of illness prior to admission. Hospitals are defined as "better" if their risk-adjusted mortality rates are statistically significantly lower than the state rate and "worse" if they are higher.

Key findings for this report:

- Between January 2002 and November 2004, a total of 203,647 patients (age 18 and above) were admitted to California hospitals with a diagnosis of CAP. Of these, 25,027 died within 30 days after admission, either in the hospital or following discharge.
- The statewide mortality rate for CAP patients was 12.29%.
- The strongest predictor of death for these patients was having a diagnosis of respiratory failure at the time of admission; for these patients the risk of dying was five times greater. Risk of death was three times higher for patients with diagnoses of lung cancer or other (non-lung) solid cancers. It was twice as high for patients with diagnoses of septicemia or coagulopathy.
- Another important predictor of dying was having a Do Not Resuscitate (DNR) order in place. For these CAP patients risk of death was four times greater. Twelve percent of the patients had DNR orders (similar to the percentage reported for CAP patients in 1999-2001).
- A total of 390 hospitals reported CAP cases for this time period. Of these, 25 hospitals had mortality rates that were "better than expected" and 28 had mortality rates that were "worse than expected." Most of the hospitals (309) were found to have mortality rates in the "expected" range and 28 had too few cases to be rated.
- When DNR was added to the statistical calculation for risk-adjustment, about a third of the hospitals with high mortality rates and a third with low mortality rates shifted toward the middle range (i.e., shifted to mortality rates similar to the overall statewide rate).

- For the 25 hospitals rated “better” the average risk-adjusted mortality rate was 8.1%. For the 28 hospitals rated “worse” the average adjusted mortality rate was more than twice as high (17.2%).

Such a large difference in outcomes, even after accounting for the severity of risk in patient mix, suggests that there are important differences in the clinical practices of these two groups of hospitals.

It is critical that all hospitals caring for CAP patients implement the “best practice” guidelines supported by the medical community. It is especially important that hospitals with poor outcomes review how they care for pneumonia patients to identify and correct any shortcomings.

The hospitals with “better” and “worse” mortality rates for the CAP patients are as follows:

Hospitals With “Better” (Lower) Mortality Rates	Hospitals With “Worse” (Higher) Mortality Rates
Alhambra Hospital-Alhambra	Community Medical Center-Clovis
Alvarado Hospital Medical Center	Coast Plaza Doctors Hospital
Beverly Hospital	Coastal Communities Hospital
California Pacific Medical Center	Dameron Hospital
Cedars-Sinai Medical Center	Desert Hospital
Columbia San Clemente Hospital Medical Center	Emanuel Medical Center
East Los Angeles Doctor’s Hospital	Kaiser Foundation-Sacramento
El Camino Hospital	Kaiser Foundation-South Sacramento
Garfield Medical Center	Kaiser Foundation-Panorama City
Irvine Regional Hospital & Medical Center	Kaiser Foundation-Riverside
John Muir Medical Center	Kaiser Foundation-Valley Medical Center
Kaiser Foundation, Rehabilitation Center-Vallejo	Los Angeles Co Harbor-UCLA Medical Center
Los Robles Regional Medical Center	Memorial Hospital Modesto
Marshall Hospital	Mercy Hospital-Bakersfield
Mercy Medical Center-Merced	Mercy Hospital-Folsom
Paradise Valley Hospital	Pacifica Hospital of The Valley
San Ramon Regional Medical Center	Palomar Medical Center
Scripps Memorial Hospital-Encinitas	Parkview Community Hospital
Sharp Chula Vista Medical Center	Placentia-Linda Community Hospital
St. Helena Hospital & Health Center	Pomerado Hospital
St. Louise Regional Hospital	Redlands Community Hospital
St. Rose Hospital	San Geronio Memorial Hospital
St. Vincent Medical Center	San Joaquin General Hospital
Univ. of California Irvine Medical Center	Sierra View District Hospital
Washington Hospital-Fremont	Sutter Roseville Medical Center
	Torrance Memorial Medical Center
	University Medical Center
	West Anaheim Medical Center

Of the 27 hospitals that appeared as “better” in the last CAP report released in 2004, 9 remain “better” in this report. Of the 32 hospitals that appeared as “worse” in the last report, 15 retain that rating. In total, slightly less than half of the hospitals that were performance outliers in the last report remain outliers in this report. In no instance, did a hospital’s rating go from “better” to “worse” or vice-versa between reports.