

## Appendix B: Hospital Comment Letters

The statute that mandates public reporting of hospital risk-adjusted outcomes by OSHPD specifies that hospitals and their medical staff be given 60 days to review their performance results before the report is released to the public. Hospitals and their chiefs of staff were encouraged, but not required, to submit written comments.

### Issues of Concern in Hospital Comment Letters

For the 2003-2005 community-acquired pneumonia (CAP) report, a total of seven hospital comment letters were received. Most letters concern the following topic areas:

#### **1. Increased quality assessment activities**

Four hospitals stated that while they applauded OSHPD's intentions regarding the release of this report, they were already actively engaged in other quality assurance activities. These included the Joint Commission on Accreditation of Healthcare Organization's (JCAHO) Core Measures set for pneumonia, the California Hospital and Reporting Taskforce's voluntary reporting initiative, and active promotion of practices such as oxygen assessment and administration of appropriate antibiotics within 4 hours of hospital arrival to improve the quality of care and outcomes for CAP patients. One hospital suggested that readers also consult their current performance on these other measures, some which are more timely.

Response: The Office of Statewide Health Planning and Development (OSHPD) is encouraged that these hospitals are using this report and findings from other quality assessment activities to take meaningful steps to improve care for pneumonia patients. Consumer decision-making is enhanced by having multiple, independent sources of quality information.

#### **2. Concerns about data quality and coding errors**

Three hospitals identified staff miscoding of source of admission as a problem that affected their results in a negative manner. They claimed that a number of patients from Skilled Nursing Facilities (SNF) and "board and care" facilities were mistakenly coded as coming from home. The report methodology excludes SNF patients in calculating hospital results because these patients are considered sicker and their pneumonia may not have been community-acquired. Another hospital had also miscoded diagnoses so that important risk factors (e.g., respiratory failure, history of cancer, septicemia) were missing when the hospital results were calculated.

Response: This is the third report on hospital pneumonia outcomes that California has issued over the last six years. Thus, hospitals have had time to put systems in place to improve coding practices at their institutions. Correct coding of "source of admission" is explained for reporting facilities in the *Patient Discharge Data Reporting Manual*. An update of the manual was mailed to each hospital in August, 1994, which explained how to code "source of admission" and subsequent training has also been provided.

OSHPD, along with federal, state, local, and other entities use the patient discharge data to make assessments about hospital care in California and rely on hospitals to submit accurate data. Furthermore, once these data are submitted to and accepted by OSHPD, hospitals are not allowed to make corrections. This policy enables OSHPD to release the data in a timelier manner. Facilities that identify shortcomings in their discharge data may benefit from review of their record abstraction process and introduce changes in staff training or instructions to prevent future errors.

### **3. Concerns about the risk model**

Two hospitals noted that a substantial number of their patients were admitted with Do Not Resuscitate (DNR) orders and that this information was not included in the risk model. In previous reports, DNR was included as a patient-level risk factor. Another two hospitals suggested that the analytic approach used for the CAP report is appropriate and provides a unique opportunity to evaluate their performance in relationship to other hospitals across the state.

Response: The Technical Advisory Committee (TAC) for OSHPD recommended that DNR not be used in the current risk model given the bias that is introduced to hospital results as noted in pages 5-6 of this report. OSHPD is currently working with its constituents to create a new indicator for “comfort care only” that might replace “DNR.”

### **4. Deaths that occur post-discharge**

Four hospitals were concerned that patients who died in hospices, skilled nursing facilities (SNFs), and other hospitals after discharge from their hospital (but within 30 days of admission for CAP) were counted when calculating their facility’s risk-adjusted death rate.

Response: Hospital discharge practices differ widely from one institution to the other. This results in some hospitals discharging their patients sooner than other hospitals, transferring many for full recovery at another site, discharging patients to on-site facilities such as hospices, or not being able to send dying patients anywhere. Thus, use of an in-hospital mortality measure would be unfair, giving hospitals with more discharge flexibility an ability to exert greater control of their risk-adjusted mortality rate through discharge practices. As such, most experts in hospital outcomes assessment have advised that the 30-day mortality rate is the fairest measure.

### **5. Other**

Two hospitals were concerned about the report using ‘old’ data when their clinical practices have improved since 2005.

Response: The data years for the current report are based on the availability of both the PDD (OSHPD) and Death (California Department of Public Health) data. The death data files for 2006 and onward were not available at the time of data analysis and report writing.

One hospital suggested that the hospital’s efforts towards patient lifestyle modification such as promoting smoking cessation and increasing preventative care efforts, which contribute to patients’ survival, should be included in the model.

Response: While OSHPD recognizes such activities as valuable additions, the mortality outcome can only be risk-adjusted for factors that can be measured and are currently available in the patient discharge abstract. Such information is not currently collected.



December 11, 2007

Joseph Parker, Ph.D  
Director, Healthcare Outcomes Center  
Office of Statewide Health Planning and Development  
400 R Street, Room 250  
Sacramento, CA 95811

Re: Coast Plaza Doctors Hospital  
Community Acquired Pneumonia Outcomes Report

Dear Dr. Parker:

We have reviewed the data of the Community Acquired Pneumonia Outcomes Report and immediately performed a retrospective review of 41 of the 57 mortalities identified in the three year report. After careful review we have identified the following issues:

1. 11 out of 41 of the cases were in fact transferred to other acute care facilities for continued care and expired after discharge. Another 10 out of 41 cases were treated and transferred to skilled nursing facilities. A total of 21 out of 41 deaths or approximately 51% expired at other facilities.
2. 13 out of 41 (32%) of the cases were designated as "Do Not Resuscitate".
3. 15 out of 41 (36.5%) of the cases were admitted through the Emergency Room from skilled nursing facilities which increases the population of patients who are at risk for Community Acquired Infections.
4. 2 of the 41 patients were brought to the Emergency Room in full arrest.
5. 34 of the 41 patients admitted were greater than 76 years of age with documented multiple system failure.

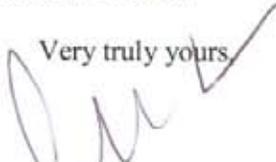
We support the State's efforts to improve the quality of care provided to patients that are admitted and treated for Community Acquired Pneumonia. We recognize the

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Joseph Parker, Ph.D  
December 11, 2007

States' obligation in a few instances to keep the public informed about these efforts. As an organization, we are concerned that the Community Acquired Outcomes Report is misleading and does not exclude the Do Not Resuscitate patients.

In summary, Coast Plaza Doctors Hospital believes that we provide high quality patient care to the community that we serve. We continually look for opportunities to improve the services that we provide and we want our patients and community to know how proud we are to serve their healthcare needs.

Very truly yours



Craig B. Garner  
Chief Executive Officer

CBG/tr

December 10, 2007

Joseph Parker, Ph.D.  
Director, Healthcare Outcomes Center  
Office of Statewide Health Planning and Development  
400 R. Street, Room 250  
Sacramento, CA 95811

Dear Mr. Parker:

Corona Regional Medical Center strives to be the healthcare organization in our region most concerned for those we serve, most chosen for the quality of our services, and most respected for the integrity, competency, and commitment of our employees, medical staff, and volunteers. We thank you for the opportunity to review the outcomes report on community acquired pneumonia.

We are concerned that the CAP Outcomes Report may mislead the public about the quality of care provided because of problems with the coding of source of admission, discharge diagnosis and the percentage of patients that requested hospice. Corona Regional Medical Center undertook an extensive retrospective review of the mortalities identified, several issues emerged which may have significantly contributed to the overall mortality rates.

We have identified that 20% of patients admitted to our hospital from Skilled Nursing Facilities and Board and Care Facilities were inadvertently given codes that identified them as being admitted from home. Patients admitted with pneumonia from Skilled Nursing or Board and Care facilities are often high risk for complications and death. The inclusion of these people as cases of community acquired pneumonia along with the people truly admitted from home with pneumonia cases is a substantial bias in mortality outcomes for this diagnosis. The risk-adjustment procedure used by the State would not overcome the upward bias in mortality outcomes for community acquired pneumonia.

In addition, 8% of the patients could have been excluded base on coding errors in the discharge diagnosis, 11% of the patients included in the study were discharged to Hospice for end of life care with terminal co-morbidities.

Corona Regional Medical Center is eager to work with OSHPD to assure that the CHOP project is successful and drives quality improvement, and we will continue working to assure documentation and coding in our medical records accurately reflects the excellent care provided to our patients.

Sincerely,



Ken Rivers  
Chief Executive Officer/Managing Director

December 4, 2007

Joseph Parker, Ph.D.  
Director of Healthcare Outcomes Center  
Office of Statewide Health Planning and Development  
400 R Street, Room 250  
Sacramento, CA 95811

RE: California Outcomes Report on Community Acquired Pneumonia, 2003-2005

Dr. Parker,

Kaiser Permanente Walnut Creek is committed to delivering high quality care to each member we serve. We would like to take the opportunity to thank the Office of Statewide Health Planning and Development (OSHPD) for their efforts to keep the public informed of the quality of care provided at their local hospitals. We feel that it is important to reflect current health care delivery when items are publicly reported. While we recognize the efforts of OSHPD, we would like to point out that the 2003-2005 report is outdated and does not recognize total care of the patient in 2007.

We believe that there is no finish line for quality outcomes. Therefore, timeliness of reporting is essential to stay on track. Choosing to focus on treatments that improve patient outcomes rather than co-morbidity risk assessment, Kaiser Permanente Walnut Creek actively participates in the California Hospital Assessment and Reporting Taskforce which provides current information to patients on key elements that affect a patient's outcome when diagnosed with community acquired pneumonia. Pneumonia core measure interventions and treatments are endorsed by the Joint Commission. Kaiser Permanente Walnut Creek's quality of care is rated in line with the California state average. Core Measure quality of care indicators includes best practices such as oxygen assessment, blood cultures, and appropriate antibiotics received within 4 hours of hospital arrival.

OSHPD looks at co-morbidities but does not include lifestyle modification efforts and preventative care which contribute to patients' 30 day post hospitalization survival rate. In the last few years Kaiser Permanente Walnut Creek has increased its efforts to support healthy members and a health community, scoring in the 90<sup>th</sup> percentile in advising a patient to quit smoking and administering pneumonia vaccines. Decreasing the incidence of the flu is essential in controlling community acquired pneumonia, and we have made it a high priority. Kaiser Permanente Walnut Creek not only scores above the California average in giving flu vaccines to their pneumonia patients but takes pride in its efforts to vaccinate all hospital and medical center employees at no cost.

Dr. Parker  
December 4, 2007  
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This year Kaiser Permanente Walnut Creek has chosen to participate in the Institute for Healthcare Improvement (IHI) 5 Million Lives Campaign Global Trigger Tool whose goal is to identify those clues associated with adverse hospital events. We are very excited to be involved with this evidence based methodology and feel it will greatly improve our patients' outcomes over the traditional co-morbidities risk assessment.

Though clinical focus, methodology, and timeliness of information may vary, Kaiser Permanente Walnut Creek and OSHPD share a common interest in improving outcomes and reducing mortality for those patients who develop community acquired pneumonia. Our physicians, nurses, administration, and staff are committed to delivering high quality patient care. Thank you for taking the time to consider our response to your 2003-2005 Community Acquired Pneumonia report.

Sincerely,



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Sandi Small, RN  
Senior Vice President & Area Manager  
Walnut Creek Medical Center  
Kaiser Foundation Health Plan, Inc.



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Sherie C. Hickman  
Chief Operating Officer  
Walnut Creek Medical Center  
Kaiser Foundation Hospital



*Memorial Hospitals  
Association*

A Sutter Health Affiliate

December 14, 2007

Office of Statewide Health Planning and Development  
Healthcare Quality and Analysis Division  
Healthcare Outcomes Center  
400 R Street, Suite 250  
Sacramento, California 95811

Attention: Joseph Parker, Ph.D.

Dear Dr. Parker:

Please accept this letter as a formal response to the California Hospital Outcomes Report on Community-Acquired Pneumonia, 2003-2005 for Memorial Medical Center Modesto.

We appreciate the opportunity to review the results of this study and to make comment based on our own internal evaluation of the data and information.

Upon review of the cases included in this study and focusing on the most recent year added to the study (2005), we found that there were a number of instances where our organization missed documentation and as a result, coding opportunities in the variables that are included in the risk model for predicting deaths. Namely, respiratory failure was present but not coded in eleven records, history of cancer was located in ten patient histories within the medical record but was not coded, and septicemia was present in documentation in three records but was not coded in the medical record.

Additionally, of the deaths that occurred in the hospital for the 2005 time period, we noted that 86% of the patients had palliative care or Do Not Resuscitate orders. In the last release of this study, this variable was included in the risk model. We do believe that patients have a right to make self-determination about the intensity of care they receive based on personal wishes. We believe including this variable may have changed the probability of death value for our facility.

We also find it interesting that diabetes is not a risk variable included in the predictive model. We noted a significant number of our patients had diabetes which is strong risk factor for other chronic health issues as well as a contributing factor in how well a patient can recover for any infectious process.

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Memorial Hospital Los Banos  
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Lastly, in the cases of death following hospital discharge for 2005, some patients in these deaths were transferred to hospice for end of life care.

We applaud the efforts of your organization in studying this important patient population and appreciate your inclusion of our response with the reported results.

Sincerely,

A handwritten signature in blue ink, appearing to read "David P. Benn".

David P. Benn  
Chief Executive Officer



**Oak Valley Hospital District**  
*A Division of Oak Valley Hospital District*  
An Affiliate of Catholic Healthcare West

November 15, 2007

Joseph Parker, Ph.D.  
Director, Healthcare Outcomes Center  
Office of Statewide Health Planning & Development  
400 R Street, Room 250  
Sacramento, CA 95811

RE: California Outcomes Report on Community-Acquired Pneumonia, 2003-2005

Dear Mr. Parker,

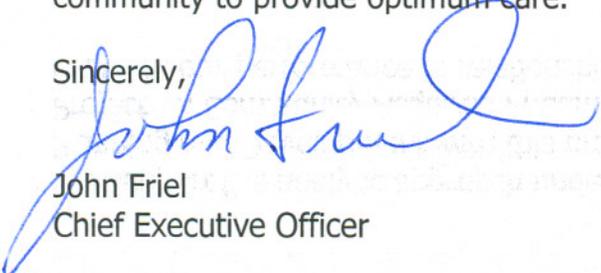
Oak Valley Hospital District (OVHD) is a 35 acute-bed rural facility located in the San Joaquin Valley. Oak Valley Hospital District is committed to ongoing clinical quality improvement, not only for patients with pneumonia, but all patients.

We support the analytic approach undertaken by the Office of Statewide Health Planning and Development with this project. The California Hospital Outcomes Project on Community-Acquired Pneumonia provides a unique opportunity to evaluate our performance in relationship to hospitals across the state.

OVHD utilizes continuous quality improvement methodologies to address care and treatment of our patients. Data is assessed on a continual basis and strategies are implemented and modified continuously to improve processes and outcomes. During the data collection period, Oak Valley Hospital focused on Community-Acquired Pneumonia as one of the core measures reported to the Joint Commission (JC). Overall, OVHD realized a risk-adjusted observed death rate lower than the state average. This improvement was achieved through continuous improvement activities initiated to decrease the death rate and optimize patient outcomes.

Our participation in the California Hospital Outcomes Report on Community-Acquired Pneumonia demonstrates our commitment to the residents of our community to provide optimum care.

Sincerely,



John Friel  
Chief Executive Officer

350 South Oak Avenue • Oakdale, CA 95361 • Phone: (209) 848-3011



*San Joaquin General Hospital / A Division of San Joaquin County Health Care Services*

December 10, 2007

Joseph Parker, Ph.D.  
Director, Healthcare Outcomes Center  
Office of Statewide Health Planning and Development  
400 R., Street, Room 250  
Sacramento, CA 95811

Dear Dr. Parker:

Thank you for the opportunity to review and comment on the Community Acquired Pneumonia (CAP) data provided for years 2003-2005. San Joaquin General Hospital (SJGH) is dedicated to providing quality healthcare to the members of its community. The hospital consistently performs well in the Community Acquired Pneumonia category of the Centers for Medicare and Medicaid Services' Hospital Quality Initiative and the Joint Commission's Core Measure programs. SJGH uses these indicators and many other evidence-based programs to improve its patients' health outcomes.

San Joaquin General Hospital completed an extensive review of the 2003-2005 data contained in this report and determined that the results do not accurately represent its performance. The hospital found that 29 of the 64 patients evaluated should not have been included as CAP-related mortalities. Sixteen patients were admitted from skilled nursing facilities but were erroneously coded by hospital staff as admitted from home. After review, the hospital determined that its actual mortality rate is better than that being reported and lower than the State average. San Joaquin General Hospital is eager to work with OSHPD to correct any other errors that may have been made in documentation and coding in the medical records so that future reports accurately represent the quality care that is provided to members of its community.

More importantly, the staff and physicians of San Joaquin General Hospital are working to assure that all patients admitted with Community Acquired Pneumonia receive appropriate and timely treatment. These steps include assuring that oxygenation and blood cultures are obtained upon presentation to the hospital, that pneumococcal and influenza vaccination status is assessed during hospitalization and that proper antibiotic therapy is initiated within four hours of arrival at the hospital.

Thank you for the opportunity to comment about the CAP data and do not hesitate to contact me if I can provide any additional information.

Sincerely,

Kenneth Cohen, Director  
San Joaquin County Healthcare Services

KB:cb

*Post Office Box 1020 / Stockton / California 95201 / 209 468-6000*



# Sutter Solano Medical Center

A Sutter Health Affiliate

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December 13, 2007

Joseph Parker, Ph.D.  
Director, Healthcare Outcomes Center  
Office of Statewide Health Planning and Development  
400 R Street, Room 250  
Sacramento, CA 95811

Dear Dr. Parker;

Sutter Solano Medical Center (SSMC) appreciates the opportunity to review and respond to the Community Acquired Pneumonia (CAP) mortality data provided for the years 2003 thru 2005, which concluded that our death rates exceeded expected volumes.

Total # CAP cases 2003-2005	# observed deaths	# predicted deaths	# deaths during admission	# deaths within 30 days after discharge
336	42	37	29	13

For the reporting period, 29 of the 42 deaths occurred during the initial hospitalization where the primary or secondary diagnosis was pneumonia, septicemia, or acute respiratory failure. Of these cases, 4 were hospitalized within 30 days prior to this admission with a diagnosis other than CAP. In the remaining 13 cases where the patients expired within 30 days after discharge from SSMC, the cause of death is not provided or known, and cannot with certainty be directly attributable to care received at Sutter Solano. These are just two significant examples of numerous variables that were provided in OSHPD's CAP model.

While we applaud OSHPD's stated goal and objective of improving the care of patients with community acquired pneumonia; it is not attainable employing flawed data and methodology. The uniform application of criteria to data sets with varying underlying flaws does not normalize or standardize the data.

It is unfortunate that the data in this report is 2 years old and not reflective the hospital's current performance. Community Acquired Pneumonia is one of the core measures identified by the Joint Commission, and one to which we submit our performance data. Our core measure performance based on CMS' benchmarks for CAP has improved over the past two years to top decile, and exceeds the U.S. performance average for all clinical indicators.

In sharing the OSHPD mortality data for CAP, which can be misleading to the public, the hospital would greatly appreciate the opportunity to refer the public to our own website at [www.suttersolano.org](http://www.suttersolano.org). Here they can review the most current information provided in our Quality Report listed under "About Us".

Sincerely,



Terry Glubka, CEO  
Sutter Solano Medical Center