



June 11, 2014

Merry Holliday-Hanson, Ph.D., Manager
Administrative Data Program, Office of Statewide Health Planning and Development
400 R Street, Room 250
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FAX: 916-322-9718

RE: Comment Letter to AHRQ Hospital Mortality Indicators 2012 Report

Dear Ms. Holliday-Hanson:

Thank you for your letter of May 12, 2014. We have reviewed our data in comparison to that in the OSHPD report. We are requesting clarification and/or correction of the following:

1. PN Mortality:
 - Dameron identified 9 patients using the CMS inclusion DRG's of 195, 194, and 193 for PN mortality; OSHPD identified an additional 8 cases by using additional DRG of 207 and 208
 - By adding these 2 additional DRG, the OSHPD PN mortality risk adjusted increased from 3.5% to 6.7%
 - We are requesting a correction to the OSHPD report by removing the non-CMS DRG.

2. AMI Morality
 - Dameron and OSHPD both identified 18 of 274 who met the AMI mortality criteria for risk adjusted rate. Using the same numbers, Dameron calculated an AMI mortality risk adjusted rate of 10.61% using the formula provided in the OSHPD technical manual. OSHPD reported a rate of 18.27%.
 - We are requesting a confirmation of the actual formula used to calculate the 18.27%
 - We are also requesting identification of the specific inclusions and exclusions used.

Dameron has focused improvement efforts on PN and AMI indicators since 2012 as well as mortality reduction strategies for sepsis, heart failure, and stroke. The implementation of a sepsis simulation training, revised order sets, and best practice protocols have enhanced the quality of care and treatment provided to Dameron patients.

We appreciate the opportunity to comment on the OSHPD Public Release and look forward to seeing the corrections and clarifications.

Sincerely,

Lorraine P. Auerbach, FACHE
President and Chief Executive Officer