



June 4, 2014

Merry Holliday-Hanson, Ph. D., Manager
Administrative Data Program
Office of Statewide Health Planning and Development
400 R Street, Room 250
Sacramento, CA 95811

Dear Ms. Holliday-Hanson,

This letter is in response to our receipt of the 2012 Hospital Inpatient Mortality Indicators. Sharp Grossmont Hospital has comments for four areas: Acute Myocardial Infarction, Acute Stroke (Hemorrhagic and Ischemic), and Heart Failure. We appreciate the opportunity to provide feedback regarding our scores.

In response to our CY 2012 Acute Myocardial Infarction mortality data (10%) 33/366: A careful chart review revealed the following:

- East San Diego County demographics demonstrate a significant elderly population. In our Acute MI mortality, 15/33 (45.5%) were greater than 85 years of age. In addition, 5/33 were over 90 years of age. In terms of resuscitation status, 76% (25/33) ultimately had DNR/comfort care orders indicating that they were at the end of life when they arrived.
- Sharp Grossmont Hospital (SGH), as a San Diego County STEMI Receiving Center, has a large catchment area, much of it remote. SGH sees more STEMI patients than any other hospital in the county, and has, historically, been the highest or among the highest volume STEMI patients in CA (CHART data, 2010). Many of these patients arrive in cardiogenic shock. Of our 33 deaths, 36% (12) were STEMI patients. Of the 33 deaths, 6 had CPR pre-hospital (18%), and 9 STEMI's had CPR prior to Cath Lab procedure.

In response to our 2012 Heart Failure mortality data (4.6%) 33/830:

- SGH, with our location in the East County region of San Diego County, has an older demographic than other hospitals in our county as well as a high percentage of unfunded, underfunded patients, which often results in delays seeking emergency medical treatment, especially for heart failure.
 - Of the 33 deaths, 18 (54.5%) were over 85 years of age, and 9 of these (27%) were greater than 90 years of age.
 - 14 of the 33 (42.4%) were admitted from Skilled Nursing Facilities, with 7 of these patients having short (1-2day) length of stay prior to death.

- 27 of the 33 (81.8%) had DNR orders on their charts, received comfort care and expired. 48% (13/27) had DNR prior to admission.
- Sharp Grossmont Hospital has established processes around patients with advanced heart failure who may qualify for cardiac assist devices and/or transplant services, and timely, appropriate transfer of care to Sharp Memorial is in place.

In response to our CY 2012 Total Acute Stroke mortality data (15.1%) 82/620; Hemorrhagic Stroke (34%) 26/82; and Ischemic Stroke (9%) 44/502. All cases were carefully reviewed and the following findings were noted:

- Forty six percent of the total stroke patient populations were hemorrhagic in nature.
- Thirty-nine of the eighty two cases reported were admitted in critical condition through the Emergency Department and were comatose, posturing and/or had signs of herniation.
- Over half of the patients presented with a National Institute of Health Stroke Score (NIHSS) 20 or greater upon arrival. A high NIHSS score indicates the patient had severe neurological impairment.
- Thirty-six of the eighty-two cases were 80 years of age or greater with twenty of these patients being 85 years or older and seven being 90 or older.

Thank you for allowing us to provide feedback on our programs,



Maryann Cone
Chief Operating Officer
Sharp Grossmont Hospital