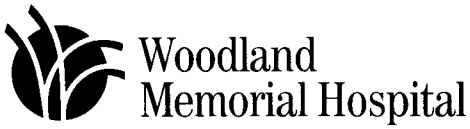

6 December 1995

David Werdegar, MD, MPH
Office of Statewide Health Planning and Development
1600 Ninth Street, Room 433
Sacramento, CA 95814

RE: 1994 CALIFORNIA HOSPITAL OUTCOMES PROJECT

Thank you for the opportunity to review and respond to the results of the 1994 OSHPD report on risk-adjusted measures of outcomes. Woodland Healthcare and Woodland Memorial hospital remain committed to continual improvement in clinical quality, and welcome this occasion to evaluate our performance in relationship to hospitals across the state.

In response to these results, our organization conducted a review of each case, and we offer the following comments for publication:

Acute Myocardial Infarction

1. Six cases were inappropriately included in the study:

   a. 2 patients reported as deaths, did not expire and were, as of July 25, 1995, still living;

   b. 4 patients were transferred to our hospital from skilled /intermediate care facilities. The selection criteria listed in this report indicated that such patients were to be excluded from the study.

Excluding the four patients (cited in "b" above) from the number of cases reported, and correcting the number of observed outcomes (cited in "a" and "b" above) would decrease our observed outcome rate to within 0.2% of the statewide outcome rate. This is a significant difference from the reported results.

2. Twelve cases--41% of our sample--were found to have "Do Not Resuscitate" or "Chemical Code Only" orders in the patient's medical record. Failure of this study to account for such restraints on medical intervention may result in erroneous assumptions and conclusions regarding quality of care as related to outcomes.

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12/6/95

3. Two cases were identified as having CPR in progress upon arrival at our hospital. Elapsed time prior to initiation of care in the field, the medical management of the patients prior to arrival in our Emergency Department have a significant impact on patient outcome--an impact which cannot necessarily be corrected or reversed by hospital intervention.

One obvious and critical limitation of this report is that it provides interested readers with only a retrospective assessment of hospital performance and does not demonstrate ongoing improvements or current outcomes. Additionally, the study methodology does not address the differences among hospitals--large vs. small, urban vs. rural, academic vs private--which can have a significant impact on outcomes. Hospital "demographics" such as size, complexity, and scope of services vary greatly and conclusions regarding measures of outcomes should not be generalized across the entire spectrum.

In summary, we support the goal of OSHPD to develop realistic performance measures and encourage continued efforts to refine and improve this methodology.

Once again, thank you for the opportunity to respond to the results of this study.

Sincerely,

Jack Hudock
CEO

Dominic Erba, MD
President, WMH Medical Staff

Alton Curtis, MD
Chairperson,
Quality Improvement Committee

JH/DE/AC:hk