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February 6, 2017

Michael Lundberg, Executive Director  
Virginia Health Information  
102 N. 5<sup>th</sup> Street  
Richmond, VA 23219

Dear Mr. Lundberg:

Thank you for the opportunity to comment on the 2015 Cardiac Care Readmission Report for Sentara Norfolk General Hospital.

The 30-day related readmissions for Heart Failure patients were assessed as "Greater than Expected." Sentara Norfolk General Hospital and Sentara Heart Hospital consistently monitor heart failure care delivery model to ensure we are applying evidence-based care. We pride ourselves on providing excellent care to all patients. As you are aware, Heart failure is a chronic disease resulting in some of the sickest population of patients, particularly at Sentara Heart Hospital/SNGH where Advanced Heart Failure care is provided. These include patients who are eventually treated with Donor Heart transplantation, Mechanical Circulatory support devices, continuous diuretic therapies or Prostacycline therapies for those patients suffering from Right sided heart failure. Readmissions of heart failure patients to our hospital reflect a combination of both planned readmissions and emergency readmissions.

SNGH conducted a detailed review of those patients as part of our ongoing Quality Improvement process. Of the 476 charts reviewed, 12 patients left against medical advice or were discharged with hospice/bridge to hospice services and their inclusion in the population was felt to be questionable. Seventeen percent of the readmissions were planned for procedures, while another 10% were readmitted with arrhythmias. Eleven percent of patients readmitted had either continuous drips (Milrinone, Dobutamine, etc.) or left ventricular assist devices (LVADs) due to the severe nature of their disease. An additional 3% of patients were noted to have questionable coding at discharge, which may have impacted their inclusion in the patient population.

We also calculated the impact of planned readmissions on the observed readmission rates for both Medical Cardiology and Invasive Cardiology. When we account for the 53 planned readmissions in the Invasive Cardiology category, we calculated an observed readmission rate of 10.2%, which is not statistically significant from what would be expected. Furthermore, applying the same analysis to Medical Cardiology admissions and removing the 28 planned

readmissions from the population, we calculated an observed readmission rate of 13.6%, also not statistically significant from what would be expected.

One concern identified during our detailed review is that 67% of Medical Cardiology/heart failure patients were discharged from SNGH without follow up services documented. Sentara Healthcare recognizes the challenges of reducing potentially avoidable early readmissions in patients with chronic diseases. As a result, Sentara has established a system-wide focus on reducing preventable readmissions for heart failure patients. This includes a focus on supportive services and follow up for all patients after discharge.

We appreciate VHI's transparency with healthcare data to support our ongoing priority of improving clinical care.

Respectfully,



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Paul Chidester, VPMA SNGH

Cc: Deborah Roberson, Director, Clinical Effectiveness, Sentara Healthcare