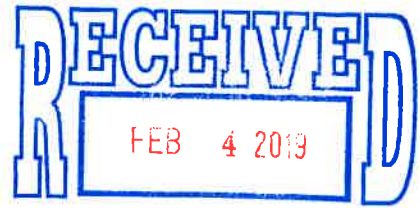




SENTARA™

February 1, 2019

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



By: _____

Dear Mr. Lundberg:

Thank you for the opportunity to comment on the 2017 Cardiac Mortality and Readmission Report for Sentara Norfolk General Hospital.

The **Total 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 to ensure we are applying evidence-based care. At Sentara Norfolk General Hospital, where advanced heart failure care is provided, we see many of the sickest patients with this chronic disease. Though risk adjustment has been performed, it is imperfect and may not reflect the severity of the patients treated.

An intentional review of heart failure patients readmitted in 2017 revealed that only 39% of the patients were readmitted with a diagnosis of recurrent heart failure. The other 61% were admitted for a procedure or diagnosis other than heart failure on the readmission encounter.

As part of our ongoing quality improvement process, a system-wide initiative was created in 2017 to address readmissions for heart failure patients. A playbook was created including the implementation of:

- A readmission risk assessment
- Enhanced patient education
- Revised clinical pathways
- Utilization of interdisciplinary checklists
- Planning for appropriate follow up care upon discharge

As a result of this work, heart failure readmissions improved by nearly 3% in 2018 (January – October) over 2017. A reduction in mortality for this patient population was also noted in 2018 (January – October) over 2017.

The **Total 30-day Related Readmissions for Percutaneous Cardiovascular** patients were also assessed as Greater than Expected. A review of this patient population as provided by VHI revealed that 75% of these patients presented as emergent or urgent with the index admission. Upon discharge from the index admission, 1% left Against Medical Advice and 10% were discharged with a plan for readmission for further treatment. In this situation, these readmissions are not representative of a failed discharge plan but rather a continuation of care, treatment, and services as intended for each patient.

It is important to note that SNGH/SHH mortality rates for the Percutaneous Intervention patient population as reported by the VHI Cardiac Care Mortality Report were much better than expected, with an actual rate of 0.37% as compared to an expected rate of 1.27%, a mortality ratio (observed /expected or O/E) of 0.29.

The **Mortality for Cardiac Catheterization** patients were assessed as Greater than Expected. Sentara Norfolk General Hospital and Sentara Heart Hospital consistently monitor care delivery to ensure we are applying evidence-based care. As a cardiac referral center, we are tasked with treating a particularly high risk group of patients, including those with advanced heart failure and pulmonary hypertension.

We reviewed the records of all eight patients that were included in the cardiac catheterization mortality measure. Cardiac catheterization generally refers to procedures such as coronary angiography and/or Left Heart Catheterization. A medical record review of the eight deaths revealed that these patients had undergone Right Heart Catheterization only, as part of the assessment of advanced heart failure and/or pulmonary hypertension. Left Heart Catheterization or Coronary Angiography was not performed in any of these patients.

Also of note, four out of the eight patients were transferred from another acute inpatient hospital setting seeking a higher level of care. One patient declined hospice care as recommended, and another four patients were involved with palliative care and/or comfort care either prior to or during this admission, indicating the late stages and natural progression of these disease states.

In summary, none of the patient deaths occurred in the cardiac catheterization lab, or as a result of complications related to catheterization. The VHI Cardiac Care Mortality Report assesses our overall mortality for Medical, Invasive, and Open Heart care as expected or better than expected.

We continue to monitor and trend mortality and readmissions along with other clinical data in order to provide and maintain the best care possible for our patients.

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

Respectfully,



Thomas Klevan, MD
Medical Director, Cardiac Service Line, Sentara Healthcare



Michael H. Hooper
VP, Medical Affairs/SNGH/SHH

cc. Audrey Douglas-Cooke, VP, SNGH/SHH