



Sentara Northern Virginia Medical Center  
2300 Opitz Boulevard  
Woodbridge, VA 22191

March 16, 2015

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 2013 Cardiac Care Mortality Report for Sentara Northern Virginia Medical Center.

The mortality significance for cardiac catheterization (cath) procedures was reflected as "Greater than Expected" for discharges occurring during 2013. This represented 3 deaths that upon further review reveal that these cases should not have been included in the cardiac cath category placing our mortality rate at 0%. A clinical review showed the following:

- 100% of the patients were emergent admissions that came through the Emergency Department (ED).
- None of the mortalities were directly related to the cardiac procedure performed.
- Accurate coding would have placed our mortality rate in the cardiac cath category at 0%.
  - One patient presented to the ED with multiple and severe comorbidities one week following a cardiac procedure in a Maryland hospital. Further review of this case suggests appropriate placement in the medical cardiology category.
  - One patient with multiple comorbidities had temporary pacer wires inserted in the cath lab to stabilize his severe heart arrhythmia and was miscoded as a cardiac cath.
  - Patient presented with acute exacerbation of chronic congestive heart failure (CHF) and acute respiratory failure with multiple comorbidities. The patient had a right heart cath to assess the degree of heart failure and to provide clinical information to help manage the patient's care. Based upon the patient's medical condition and the results of the cath, a decision was made to transition the patient to "comfort care only" to allow for a natural death. The patient expired 5 days later. The associated V code (V66.7), which would have identified this patient as comfort care, would have met VHI exclusion criteria.

We instituted a new coding audit review process in 2014 having recognized additional opportunities to improve the accuracy of our data. We are implementing further control measures to ensure that our coding processes correctly reflect the acuity and classification of our patients.

Sincerely,

Marlene M. Bolster

A handwritten signature in black ink, appearing to read 'Marlene M. Bolster', written over the printed name.