UC Davis

Reports for the California Office of Statewide Health Planning and Development

Title

Third Report of the California Hospital Outcomes Project (1997): Report on Heart Attack, 1991-1993 Volume 1

Permalink

https://escholarship.org/uc/item/2wb1401z

Authors

Romano, Patrick S Luft, Harold S Rainwater, Julie A

Publication Date

1997-04-08

Users Guide

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT OFFICE OF THE DIRECTOR

1600 Ninth Street, Room 433 Sacramento, California 95814 (916) 654-1606 FAX (916) 653-1448



Dear Colleagues:

On behalf of California's Office of Statewide Health Planning and Development (OSHPD), I am pleased to preface our latest report on the outcomes of care in California's hospitals. These outcome studies, mandated by legislation (Assembly Bill 524) signed by Governor Wilson in 1991, are based on data routinely abstracted from hospital medical records and reported to OSHPD for every patient discharged from a California hospital.

This third report on heart attack mortality rates expands and improves upon earlier studies using a larger body of data, refined risk-adjustment methods, and linkage to death certificate information. The study, therefore, represents an important contribution in efforts to evaluate the quality of health care provided throughout the state.

OSHPD had overall responsibility for the project. Andra Zach, R.R.A., M.P.A., served as coordinator. The statistical studies were performed by a distinguished team of researchers from the University of California medical schools at Davis and San Francisco, led by Patrick S. Romano, M.D., M.P.H., and Harold S. Luft, Ph.D. In addition, the Project had the benefit of valuable suggestions from several advisory bodies: the California Health Policy and Data Advisory Commission; its technical advisory committee, made up of representatives of the health services research, hospital, nursing, medical, health information and consumer communities; and from a panel of clinical experts in the field of cardiovascular disease.

OSHPD's primary goal in conducting such studies on outcomes of care, and reporting the results, is to improve the quality of hospital care available to all California citizens. The report provides hospitals with systematic information about their patient care results in comparison to other facilities, and encourages them to examine their processes of care to determine those which result in the best outcomes.

The AB 524 legislation responded to needs expressed by health care purchasers, providers and consumers to have publicly available information that objectively compares hospital performance in patient care. The legislation called for selection of medical, surgical, and obstetrical conditions for study of outcomes of hospital care. The first conditions selected were heart attack (acute myocardial infarction), back surgery (cervical and lumbar disk excisions), and maternal outcomes of obstetrical care (vaginal and cesarean deliveries). Several reports related to these studies have already been published. A study on the outcomes of care of hip fractures is in progress.

The Office of Statewide Health Planning and Development has made a long-term commitment to provide public information describing the quality of care delivered in California hospitals and, eventually, in other settings of care as well. With the assistance of its advisory bodies and colleagues in the health care community, the Office seeks continued improvements in data collection and analytical methods so as to enhance our ability to evaluate the performance of California's health care institutions.

The Office welcomes your comments and suggestions regarding these reports.

Sincerely,

David Werdegar, M.D., M.P.H. Director

California Hospital Outcomes Project

Report on Heart Attack, 1991-1993

Office of Statewide Health Planning and Development

Lisa Simonson, Ph.D. Deputy Director

Andra Zach, R.R.A., M.P.A. Outcomes Project Manager

Study Consultants

University of California, Davis

Patrick S. Romano, M.D., M.P.H. Principal Investigator

Julie Rainwater, Ph.D. Project Director

Hong Zhou, Ph.D. Senior Statistician

Michael Schembri Statistician

Benjamin Chan, M.S. Assistant Statistician

University of California, San Francisco

Harold S. Luft, Ph.D. Principal Investigator

Linda L. Remy, Ph.D. Project Director

Theodore H. Clay, M.S. Statistician / Programmer Analyst

Acknowledgments

This report reflects the efforts of the contractors and staff in the Office of Statewide Health Planning and Development. Work was completed under contracts 93-4158 and 94-5321 with the University of California, Davis, and an intercampus agreement between the University of California, Davis (UC Davis), and the University of California, San Francisco (UC San Francisco). Suggestions to the formatting and presentation style of the *User's Guide* were provided under contract with the University of California, Los Angeles (UC Los Angeles).

Andra Zach, R.R.A., M.P.A. had overall responsibility for all aspects of the project, serving as liaison between OSHPD, the research team, and the included hospitals. OSHPD staff conducted the death certificate linkage and had primary responsibility for writing the *User's Guide*.

The contract team at UC Davis was supervised by Patrick S. Romano, M.D. and Julie Rainwater, Ph.D. The contract team at UC San Francisco was led by Harold S. Luft, Ph.D. Dr. Romano had primary responsibility for writing the *Technical Guide*. Dr. Luft and Dr. Romano had primary responsibility for writing materials accompanying the *Detailed Statistical Results*. Drs. Romano, Luft, and Rainwater, had primary responsibility for writing the *Hospital Guide*, with the assistance of Michael Schembri and Ben Chan, M.S.

Ben Chan, M.S. was responsible for most of the data processing and statistical analyses, with the assistance of Dr. Romano. Michael Schembri prepared the table for the *User's Guide* and provided programming for the *Detailed Statistical Results* and the *Hospital Guide*. Hong Zhou, Ph.D. consulted on statistical issues. Linda Remy, Ph.D., and Theodore Clay, M.S., created the study files from the OSHPD discharge data set.

Rebecka Levan, M.P.H., Leah Vriesman, M.H.A., M.B.A. and Gerald Kominsky, Ph.D. of UC Los Angeles provided suggestions for formatting and presentation style of the *User's Guide*.

A number of individuals provided guidance and advice in the design of the study and provided helpful comments on this or previous reports: Edward Hannan, Ph.D., Clifton Bailey, Ph.D., Lisa Iezzoni, M.D., Gregory S. Binns, Ph.D., along with members of the Technical Advisory Committee and the Clinical Panel.

Suggested Citation

Zach AP, Romano PS, Luft HS. Report on Heart Attack 1991-1993, Volume 1: User's Guide, Sacramento, CA: California Office of Statewide Health Planning and Development, December 1997.

California Health Policy and Data Advisory Commission

Clark E. Kerr, Chair

Jacquelyn Paige, Executive Director

Technical Advisory Committee

William A. Waite

Committee Chair; 1992 - 1997

Member, California Health Policy and Data Advisory

Commission

Jose Alberto Arevelo, M.D.; since 1992

Prudential Health Care of California

Douglas Bagley; since 1992

Los Angeles County Department of Health Services

Robert H. Brook, M.D., Sc.D.; since 1992 RAND/University of California, Los Angeles

Linda Blanchard, R.R.A., M.P.H.; since 1992

UCLA Medical Center

Mark Blumberg, M.D.; 1992 - 1997

Private consultant

David M. Carlisle, M.D., Ph.D.; since 1992

University of California, Los Angeles

David Chernof, M.D.; 1992 - 1997 Blue Cross of California, retired Jerry Royer, M.D., M.B.A.; since 1992

Committee Chair; since 1997

Member, California Health Policy and Data Advisory

Commission

Nancy Donaldson, R.N., D.N.Sc.; since 1997

Donaldson and Associates

Richard S. Frankenstein, M.D.; since 1992

Private practice, Garden Grove

Marcia Grant, R.N., D.N.Sc.; 1992 - 1997

City of Hope National Medical Center

Suzanne B. Henry, R.N., D.N.Sc.; since 1992

University of California, San Francisco

Lucy Johns, M.P.H.; since 1992 Health Care Planning & Policy

Peter I. Juhn, M.D.; since 1994

Kaiser Permanente

Ronald L. Williams, Ph.D.; 1992 - 1994 University of California, Santa Barbara

Heart Attack Clinical Panel

Melvin Cheitlin, M.D. University of California San Francisco

Myrvin Ellestad, M.D. Memorial Heart Institute

Long Beach

Mark Hlatky, M.D. Stanford University

Stanford

Julie Neil, R.N., A.R.T. University of California

Davis

James Ritchie, M.D. University of Washington

Seattle

Mary Woo, R.N., D.N.Sc. University of California

Los Angeles

TABLE OF CONTENTS

Overview: Report on Heart Attack The California Hospital Outcomes Project Content of the Report on Heart Attack	1
Section 1: Using this Guide. Employers and Health Care Purchasers Government Agencies Health Plans and Health Care Payers Individuals	3
Section 2: Evaluating Hospital Quality Measuring Health Care Quality Risk-Adjusted Outcomes Strengths and Weaknesses of Risk-Adjusted Outcomes Measurement	6
Section 3: Measuring Heart Attack Mortality Data Sources Risk Factors Outcomes Rates	9
Section 4: Interpreting the Results Unmeasured Risk Variations in Reporting Chance Quality of Care	12
Section 5: Mortality Results	14
Section 6: Comparing Observed to Expected Mortality	16
Alameda County	
Amador County	
Butte County	
Calaveras County	
Colusa County	
Contra Costa County	
Del Norte County	
El Dorado County	
Fresno County	
Glenn County	
Imperial County	
Inyo County	
Kern County	
Kings County	
Lake County	
Lassen County	
Los Angeles County	

TABLE OF CONTENTS, continued

Madera County	
Marin County	
Mariposa County	
Mendocino County	
Merced County	
Modoc County	30
Mono County	30
Monterey County	
Napa County	
Nevada County	
Orange County	
Placer County	
Plumas County	
Riverside County	
Sacramento County	
San Benito County	
San Bernardino County	
San Diego County	
San Francisco County	
San Joaquin County	
San Luis Obispo County	
San Mateo County	
Santa Barbara County	
Santa Clara County	
Santa Cruz County	
Shasta County	
Siskiyou County	
Solano County	
Sonoma County	
Stanislaus County	
Sutter County	
Tehama County	
Trinity County	
Tulare County	
Tuolomne County	
Ventura County	
Yolo County	
Yuba County	
Tuba County	
Continue 7. Communica Honrital Batan to the Otataviida Ba	4- 47
Section 7: Comparing Hospital Rates to the Statewide Ra	
Alameda County	
Amador County	
Butte County	
Calaveras County	48
Colusa County	48
Contra Costa County	49
Del Norte County	49
El Dorado County	
Fresno County	
Humboldt County	
Glenn County	
Imperial County	
Inyo County	

TABLE OF CONTENTS, continued

Kern County	52
Kings County	52
Lake County	52
Lassen County	
Los Angeles County	
Madera County	
Marin County	
Mariposa County	
Mendocino County	
Merced County	
Modoc County	
Mono County	
Monterey County	
Napa County	61
Nevada County	
Orange County	
Placer County	
Plumas County	
Riverside County	
Sacramento County	
San Benito County	
San Bernardino County	
San Diego County	
San Francisco County	
San Joaquin County	
San Luis Obispo County	71
San Mateo County	72
Santa Barbara County	73
Santa Clara County	
Santa Cruz County	
Shasta County	
Siskiyou County	
Solano County	
Sonoma County	
Stanislaus County	
Sutter County	
Tehama County	
Trinity County	
Tulare County	
Tuolomne County	
Ventura County	
Yolo County	
Yuba County	
·	
Additional Sources of Information About Quality	.78



Report on Heart Attack

The California Hospital Outcomes Project is an initiative mandated by the State of California, and conducted by the Office of Statewide Health Planning and Development (OSHPD), to develop public reports comparing hospital outcomes for selected conditions treated in hospitals throughout the state.

The Report on Heart Attack is intended to encourage all California hospitals to improve their care and give credit to the hospitals that are the leaders. It can also help insurers, employers, and consumers to select hospitals based on quality of care.

The California Hospital Outcomes Project

Heart attacks (acute myocardial infarctions or AMIs) were chosen as one of the first conditions to be reported upon by the California Hospital Outcomes Project because they are important, common, and deadly. Every year approximately 40,000 heart attack patients are admitted to 400 California hospitals. More than 5,000 of these persons die.

The mortality rates published in previous heart attack reports have been used in many ways. Hospitals have used their results to evaluate and improve their quality of care. Payers have used the reports to contract with the best hospitals. Consumers have used the reports to make more informed decisions.

The results published in this report are useful because:

- They have been risk-adjusted. Patient age, sex, type of heart attack, and chronic diseases were used to adjust for differences in patient risk when calculating hospital mortality rates.
- They have been validated. A major validation study involving nearly 1,000 heart attacks at 30 hospitals showed that variations in how hospitals report their data to OSHPD do not significantly affect their risk-adjusted death rates. In general, low-mortality hospitals treat heart attacks more aggressively than high-mortality hospitals.

Content of the Report on Heart Attack

This is the third report on heart attack. The first report was published in December of 1993 and the second report was published in May of 1996. This year's report includes heart attack cases from 1991 through 1993. Although 1991 and 1992 cases were included in last year's report, results shown in the current report may be different because the methodology has been improved. These improvements include:

- Linking with Vital Statistics records to ascertain deaths occurring outside the hospital.
- Refining certain patient risk-factor definitions based on the findings of the 1996 validation study.
- Using six months of pre-heart attack hospital records to more completely describe patient risk factors.

This year's report consists of five components:

The <u>User's Guide</u> (Volume 1) is intended for all those interested in hospital performance including hospital staff, employers, government agencies, health plans, and insurance companies. This volume provides a brief description of the study background and methods. It also contains two tables that display the results for individual hospitals based on heart attacks that occurred between 1991 and 1993.

The <u>Technical Guide</u> (Volume 2) is intended for health services researchers, health care providers, and others interested in the statistical methods used to calculate risk-adjusted death rates.

The <u>Detailed Statistical Results</u> (Volume 3) contains the numerical results for individual hospitals upon which the classifications in the *User's Guide* are based. In addition, there are tables that aggregate the results to the county level. It also contains a graphical representation of both individual hospital and county-wide results, which can be used to examine annual trends. An electronic version of the tables is available on diskette.

The <u>Hospital Comment Letters</u> (Volume 4) is intended to give readers of the Report on Heart Attack an appreciation of its strengths and weaknesses from the hospitals' perspectives.

The <u>Hospital Guide</u> accompanied patient specific information that was sent to each hospital several weeks before the *Report on Heart Attack* was published. Hospitals used this information to prepare their comment letters, which are provided with each volume of the report. More importantly, hospitals and their physicians can use this information to target areas where heart attack care might be improved.

To obtain these documents contact:

Office of Statewide Health Planning and Development Data User's Support Group 818 K Street Sacramento, CA 95814 (916) 322-2814

Documents, excluding the *Hospital Guide*, are available on the internet at **http:\\www.oshpd.cahwnet.gov**

Section

Using this Guide

The User's Guide of the Report on Heart Attack is intended for all those interested in hospital performance for heart attack care. These may be hospital staff, employers, government agencies, health plans, insurance companies, other health care purchasers and payers, as well as individual consumers..

Hospitals

The Report on Heart Attack compares heart attack mortality rates for all California hospitals after adjusting for differences in patients' age, sex, and physical health. One of the primary purposes of the report is to improve the quality of heart attack care in **all** California hospitals by encouraging members of the medical and nursing administrative staff and other hospital staff to incorporate this information into their quality management activities.

Use the information in this volume, which summarizes the risk-adjustment methodology and results, as a starting point. Use the graphs to compare your risk-adjusted mortality rates with the statewide benchmark. Examine the *Detailed Statistical Results* to compare your expected mortality rate with your actual mortality rate. Evaluate your hospital's performance along with the performance of other hospitals.

Use the information in the *Hospital Guide* and *Technical Guide* to target areas for potential improvement. For example, you may want to analyze how the risk-adjusted mortality rates in your hospital after a change in cardiac care protocols. After quality improvement interventions have been implemented, use the information in this report to determine if those interventions have been successful.

Employers and Health Care Purchasers

The information in this report can be useful in your interactions with both health insurance organizations and employees. Use this information, along with the information in the other volumes of this report, as one tool to select and negotiate with insurance carriers on behalf of your employees. Share this information with your employees to help them select a health plan.

This report examines only one dimension of hospital quality; it is not a comprehensive measure of overall quality. No such single measure exists. Other organizations, some of which are listed in the Appendix on page 78, monitor different aspects of health care quality. Information from these organizations can be used to augment the results published in this report.

Government Agencies

The information in this and the other volumes of the *Report on Heart Attack* can be useful to state and county agencies involved in arranging care for program beneficiaries. The results can be used in selecting hospitals and in negotiating with managed care organizations.

This report provides information on only one aspect of the quality of care at a particular hospital: the care of patients with heart attacks. It does not address the quality of care for any other condition and should not be used as a general measure of hospital quality.

Health Plans and Health Care Payers

The information contained in the *Report on Heart Attack* can help you select hospitals to provide services to your beneficiaries. For example, one large California insurer contacted all of its contracted hospitals. The insurance company asked hospitals how they used their heart attack mortality rates to improve the quality of patient care. Even though the published rates are several years old, a hospital's response can indicate something about its commitment to quality.

You may find it helpful to read the other volumes of the *Report on Heart Attack*. The *Technical Guide* will help you understand exactly how the study was done and how the results were calculated. The *Detailed Statistical Results* contains the exact numerical values upon which the results in this volume are based. It also presents graphs of each hospital's annual results.

Remember that this report examines a single dimension of hospital quality and should not be used to evaluate the quality of any hospital services other than heart attack care. Use information from other organizations to augment the findings of this report.

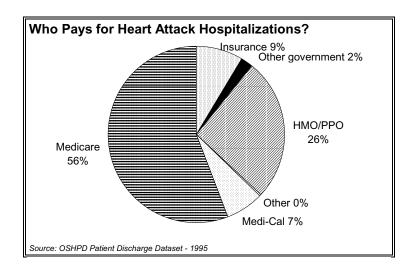
Individuals

Although this report is not specifically intended for individual consumers, it can help you make more informed health care decisions.

Use this information <u>now</u> to prepare yourself in the event that you or someone you know suffers a heart attack. Look at the hospitals you might use in the event of a heart attack. Discuss this information with your physician, health plan, or employer to understand the choices you have in hospital care.

Each year 900,000 people in the United States suffer a heart attack. Approximately 225,000 die. About half of these people die before they get to a hospital. The key to surviving a heart attack is getting to the hospital to begin

treatment as quickly as possible. Do not ignore or deny symptoms, do not be embarrassed to go to the hospital, do not wait to seek care.



Section 2

Evaluating Hospital Quality

Although this report focuses on outcomes, there are many ways of measuring health care quality. No single method is universally accepted as superior. However, some methods are better suited to answering specific types of questions.

Measuring Health Care Quality

Often quality is measured simply by asking patients if they find care satisfactory. The difficulty with this type of evaluation is that patients have very little clinical information upon which to base their judgments. *Patient satisfaction* may be driven by such things as personal interactions with physicians and nurses, the appearance of the facilities, and other factors not necessarily indicative of medical expertise or clinical quality.

One of the most common ways of evaluating health care quality is to examine the hospital's staff, equipment, and facilities. These attributes are called the **structure of care**. For example, one might look at staff credentials, staff-to-patient ratios, or the availability of specialized services. Although these characteristics are important and easy to measure, they tell more about the care patients *might* receive than the care patients *actually* receive.

Some quality assessment techniques do measure directly the care that is received. This approach evaluates the *process of care*, which includes such things as diagnostic accuracy and the appropriate use of drugs, tests, or treatments. This type of quality evaluation can be particularly useful to doctors, nurses, and hospitals even though the most appropriate care is not always easily defined or agreed upon. Measuring the process of care can be controversial and difficult for a non-clinician to interpret.

All of the above methods fall short of answering the question that is most important to patients — "Which hospital or doctor is most likely to make me better?" Answering this question requires measuring the *outcome of care*. Positive outcomes, such as improved health or improved functional status are very common but are also very subjective and difficult to measure. Adverse outcomes, such as complications, disability, or death are much less frequent. The easiest adverse outcome to measure is death but the others are also important to consider. Although measurement of outcomes seems to provide the most direct answers to questions about health care quality, it is perhaps the most technically complex measure.

Risk-Adjusted Outcomes

Comparing hospitals on their outcomes is difficult because different hospitals treat different types of patients. Some hospitals treat patients who are older or sicker than those at other hospitals. A technique called *risk-adjustment* accounts for these differences in patient characteristics. *Risk factors* are the patient characteristics that might influence the outcome of medical care.

In this report, we are evaluating death rates following heart attack. If one hospital receives sicker patients than another hospital, we would expect it to have more heart attack deaths. Adjusting for patient characteristics allows us to compare all hospitals with the statewide benchmark.

Strengths and Weaknesses of Risk-Adjusted Outcomes Measurement

The most important strength of risk-adjusted outcomes measurement is that it attempts to answer the questions that are most relevant and understandable to health care purchasers and consumers. They have a right to know the value of the health care that they pay for. In seeking economical care, they need reassurance that they will not sacrifice quality of care.

Risk-adjusted outcomes measurement is very useful to hospitals and physicians for targeting areas that need improvement. After the target areas are identified, hospitals and physicians need to know more about what they should do differently. For this reason, hospitals and physicians focus on the structure and process of care in their quality improvement activities. They can use risk-adjusted outcomes to determine if these activities have been successful.

The principal weakness of evaluating quality based on risk-adjusted outcomes is that it is impossible to account for every single risk factor that may influence a particular outcome. It is possible that an adverse outcome was the result of unmeasured risk rather than poor hospital quality. Furthermore, although the design of this study attempts to account for chance, it can be an important factor for hospitals treating a small number of heart attack cases. A high quality hospital may experience a large number of deaths, just as one may flip a coin several times and get all tails.

California is one of only a handful of states attempting to measure health care quality. The methods and techniques for measuring outcomes are still in development and may occasionally result in the misclassification of an individual hospital. However, the methods used in this study have been validated by reviewing approximately 1,000 medical records of heart attack patients throughout the state.

The primary objective of this report is not to single out individual hospitals but to motivate all hospitals to take a closer look at the care they provide for heart attack patients. The experience in other states provides some evidence that this can happen. Since 1990, New York has published hospital mortality rates for heart bypass surgery. During the subsequent 3 years, their statewide mortality rate dropped from 4.17 percent to 2.45 percent, a decrease of 41 percent.

FREQUENTLY ASKED QUESTIONS

Q: What was the time period covered?

A: Three years of data were included in the study: 1991, 1992, and 1993. Aggregate results are presented in this volume and annual results are presented in the *Detailed Statistical Results*.

Q: How many hospitals were included in the study?

A: 1991: 398 hospitals 1992: 401 hospitals 1993: 400 hospitals

Overall: 418 different hospitals were included for at least

one of the years

Section

Measuring Heart Attack Mortality

This heart attack study calculates the percent of hospital patients who died within 30 days following a heart attack. It compares the death rates among California hospitals after considering the fact that different patients have different chances of dying due to individual risk-factors.

Data Sources

The data used in this analysis came from two different sources: the California Hospital Discharge data set collected by OSHPD and the California Vital Statistics data base maintained by the California Department of Health Services. The discharge data base was used to identify heart attack patients and the risk factors. The vital statistics data base was used to determine which patients died within 30 days of suffering a heart attack.

The discharge data base contains information on all patients admitted to non-federal California hospitals. It includes patient demographic data such as age, race, and zip code of residence, and hospitalization data such as length of stay and total charges, as well as a list of diagnoses and procedures. This information was used to select the cases to be analyzed. The goal was to include all patients over 18 years of age who had just suffered a heart attack due to coronary artery disease. Patients hospitalized prior to 1991 and after 1993 were not included in this study.

All non-federal acute care hospitals in California were eligible to be included in this report. Some hospitals were not included for two possible reasons. First, some hospitals had no patients meeting the inclusion criteria. Second, some hospitals had eligible patients but were excluded because of unusual patterns in the discharge data they reported to the State. The most common such pattern was an implausibly low percentage of patients with a common risk factor, such as high blood pressure.

Risk Factors

Some hospitals have sicker patients than others. To make comparisons as fair as possible, we adjusted for severity of illness. A combination of clinical expertise and statistical tests were used to identify the risk factors that were used in the adjustment process. This process used all information reported by hospitals, including patient age, sex, the type and location of the heart attack, and the specific chronic diseases in the table on the next page.

Two different statistical models, or sets of risk factors, were used to adjust for patient differences. Some demographic factors, such as insurance status

and race, and some clinical factors, such as coma and shock, *may* reflect a patient's health at admission. Alternatively, they *may* be associated with the quality of care that the patient received or events that happened after admission. Factors that reflect quality of care should not be included in risk-adjustment models, because they are at least partially under the hospital's control.

The first model, called "Model A", is more conservative because the demographic and clinical risk factors it contains almost certainly were present when the patient entered the hospital and reflect his or her health at admission. The second model, called "Model B", is more comprehensive because it contains all of the risk factors in Model A as well as others that may be associated with *either* health at admission *or* quality of care. For example, patients without insurance may be sicker than insured patients when they enter the hospital. On the other hand, resource constraints associated with caring for uninsured patients may lead to worse care.

One cannot say whether one model is better than the other. Model A accounts only for differences in patient characteristics, not differences in the quality of care. Model B accounts for more of the variation in mortality across hospitals but may also provide for a weaker analysis of quality of care. To the extent that both models give similar results, one can be more confident of those results.

Most Important Risk Factors in Both Models

Age Sex

Type of heart attack

Chronic diseases, such as

Liver disease

Kidney disease

Heart disease

Neurologic disease

Cancer

Diabetes

Outcome Rates

The risk-adjustment models described above were used to estimate each patient's probability of death. The actual number of deaths at each hospital was then compared to the expected number of deaths derived by adding

these probabilities. The results are shown in the table in Section Six, "Comparing Observed to Expected Mortality". Risk-adjusted mortality rates were also estimated for each hospital, so that the performance of each hospital could be evaluated alongside that of other hospitals in the same community. The results are shown in Section Seven, "Comparing Hospital Rates to the Statewide Rate".

Statewide Frequencies

Year	Number of patients	Number of deaths	Death rate
1991	38,155	5,751	15.1%
1992	40,169	5,811	14.5%
1993	37,850	5,272	13.9%
TOTAL	116,174	16,834	14.5%

Section

Interpreting the Results

Quality of care is one reason a hospital's heart attack mortality rate may be unusually high or unusually low. It is important to understand the other three factors that may contribute to an individual hospital's results.

Unmeasured Risk

As mentioned earlier, the data reported to the State does not permit identification of all risk factors. For example, some hospitals treat a large percentage of patients who do not wish to be resuscitated if cardiac arrest should occur. Other hospitals may have few of these patients. Information on resuscitation status is not currently in the California data base, so it cannot be used as a risk factor. Therefore, if a hospital has an unusually large percentage of Do Not Resuscitate (DNR) patients, its risk-adjusted death rate may be too high when compared with a hospital that has very few DNR patients.

Variations in Reporting

Variations in reporting practices could cause a hospital to appear better than it really is or worse than it really is. Hospitals that neglect to report important risk factors could have risk-adjusted mortality rates that are too high. However, the heart attack validation study published in 1996 showed that differences in hospital reporting practices explain little of the variation in risk-adjusted mortality. Nevertheless this may be a problem for a few individual hospitals.

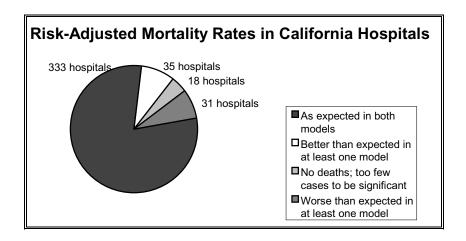
Chance

Chance is important to consider because no matter how careful the study, the results may have occurred randomly, particularly in hospitals with relatively few cases. For example, five coin tosses resulting in four heads and one tail (8 percent heads) is quite possible. Five hundred coin tosses resulting in four hundred heads (80 percent heads) is quite improbable. Statistical methods can compute how probable such an outcome would be. Researchers must decide where to draw the line between findings that should and should not be attributed to chance. A finding is called "statistically significant" when the probability of it being explained by chance is so low that the researcher is willing to risk incorrectly labeling the finding as true.

Statistical significance is measured in p-values. The p-value of 0.01 used in this report means that one time in 100 a hospital may be classified as an outlier due to chance alone.

Quality of Care

Finally, hospitals designated as having better or worse than expected outcomes in the table beginning on page 16 may provide better or worse quality of care than those not so designated. The process of care was not evaluated in this study, so the specific practices that may account for the performance of these facilities are not known. However, the validation study (published in 1996) identified several potential differences between hospitals with low risk-adjusted mortality and those with high risk-adjusted mortality. These include differences in the use of invasive treatments, such as angioplasty and coronary bypass surgery, and certain medications, such as heparin and aspirin.



Section 5

Mortality Results

Hospital results have been summarized in two tables. The first table, beginning on page 16, shows which hospitals have mortality rates significantly better or worse than expected. The second table, beginning on page 47, compares each hospital's overall risk-adjusted mortality rate with the statewide rate. Hospitals are listed alphabetically by county in both tables. If you cannot find a particular hospital, it is possible that the hospital does not treat heart attack patients or that it is listed under another name.

Comparing Observed and Expected Mortality

Overall Results

Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

■ Not significantly different than expected

Significantly worse than expected (p<0.01)

These symbols represent the four categories of overall results for 1991 through 1993. Hospitals having mortality rates significantly lower (better) than expected (p<.01), based on the characteristics of their patients, are represented by a bold star (\odot). Hospitals having mortality rates significantly higher (worse) than expected (p<.01) are represented by a solid circle (\odot). All other hospitals are in the middle category.

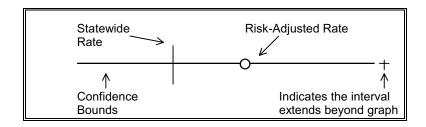
A special symbol (\Box) represents hospitals that had no deaths during these three years, but treated too few heart attack cases to be classified as significantly better than expected.

Some hospitals were excluded for all three years of the study because of limitations in the data they reported to OSHPD. Those hospitals are shown with the symbol *. Chapter Six in the *Technical Guide* gives more detail about the hospitals that were excluded.

Hospitals that submitted comment letters are designated by the symbol ‡. Those letters are published in an accompanying volume, *Hospital Comment Letters*. It is important to read these letters so that hospital results can be more completely understood.

Comparing Risk-Adjusted Rates with the Statewide Death Rate

Another way of evaluating a hospital is by comparing its risk-adjusted death rate to the statewide rate. The second table, which is a graphical representation of each hospital's aggregate risk-adjusted death rate, allows us to do that. The vertical line represents the statewide average. The circle on the horizontal bar is the hospital's risk-adjusted mortality rate. The bar represents the 98 percent confidence bounds surrounding that mortality rate. This means that there is a 98 percent probability the hospital's true risk-adjusted mortality rate falls somewhere on that bar. Therefore, if the bar crosses the state average, the hospital's overall results are not significantly different from the state average. In general, the more cases a hospital treats, the smaller the confidence bounds surrounding its risk-adjusted rate.





Additional Sources of Information About Quality

The Joint Commission on Accreditation of Health Care Organizations One Renaissance Boulevard Oakbrook Terrace, IL 60181 (630) 792-5000 www.jcaho.org Accredits hospitals that meet specific standards

California Department of Corporations 980 9th Street Sacramento, CA 95814 1-800-400-0815 www.corp.ca.gov Licenses HMOs that meet specific standards

Pacific Business Group on Health 33 Montgomery Street, Suite 450 San Francisco, CA 94105 (415) 281-8660 www.healthscope.org Works to improve the quality of health care for its 2.5 million represented employees, dependents, and retirees

California Public Employees Retirement System 400 P Street Sacramento, CA 95814 (916) 326-3000 www.calpers.ca.gov Publishes a report card on health plans

National Committee on Quality Assurance 1350 New York Avenue, NW Suite 700 Washington, DC 20005 (202) 628-5788 www.ncqa.org Accredits health plans that meet specific standards

Bay Area Consumers CHECKBOOK 52 Sylvan Way Oakland, CA 94610 (510) 397-8305 Rates the quality and prices of local service firms ranging from auto repair shops to hospitals



Comparing Observed to Expected Mortality

Report on Heart Attack, 1997	Model A	Model B
Alameda County		
Alameda County Medical Ctr-Fairmont Campus		. 🗆
Alameda County Medical Ctr-Highland Campus		•
Alameda Hospital		
Alta Bates Medical Center-Ashby Campus	•	•
Columbia San Leandro Hospital	•	
Eden Medical Center		
Kaiser Foundation Hospital-Hayward‡		
Kaiser Foundation Hospital-Oakland Campus‡		
St. Rose Hospital		
Summit Medical Center		· 🗆
Valley Memorial Hospital		
Vencor Hospital-San Leandro		
Washington Hospital	٥	٥

[•] Significantly better than expected (p<0.01)

[☑] No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
Amador County		
Sutter Amador Hospital		
Butte County		
Biggs Gridley Memorial Hospital		
Chico Community Hospital		
Enloe Hospital		
Feather River Hospital		
Oroville Hospital		
Calaveras County		
Mark Twain St. Joseph's Hospital		
Colusa County		
Colusa Community Hospital		

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01)
Hospital excluded due to data limitations
Comment letter received from hospital
or hospital system

[•] Significantly better than expected (p<0.01)

No deaths reported; too few cases for statistical significance

[□] Not significantly different than expected

Significantly worse than expected (p<0.01)

Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B	
Fresno County			
Clovis Community Hospital			
Coalinga Regional Medical Center	×	×	
Fresno Community Hospital and Medical Center			
Kingsburg District Hospital	$\overline{\mathbf{Z}}$		
Sanger General Hospital			
Selma District Hospital‡	×	×	
Sierra Hospital-Fresno			
Sierra Kings Hospital			
St. Agnes Medical Center‡		•	
University Medical Center			
Glenn County			
Glenn Medical Center	×	*	
Humboldt County			
General Hospital			
Mad River Community Hospital‡		•	
Redwood Memorial Hospital			
So. Humboldt Community Hospital District			
St. Joseph Hospital-Eureka			

[©] Significantly better than expected (p<0.01)

⊠ No deaths reported; too few cases for statistical significance

□ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B	
Imperial County			
Calexico Hospital			
El Centro Regional Medical Center			
Pioneers Memorial Hospital	•		
Inyo County			
Northern Inyo Hospital			
Southern Inyo Hospital			
Kern County			
Bakersfield Memorial Hospital			
Delano Regional Medical Center			
Good Samaritan Hospital-Bakersfield		\square	
Kern Medical Center	•		
Kern Valley Hospital District			
Mercy Hospital-Bakersfield			
Ridgecrest Community Hospital‡		•	
San Joaquin Community Hospital			
Tehachapi Hospital			
West Side District Hospital		$\overline{\mathbf{Z}}$	

Significantly better than expected (p<0.01)
 No deaths reported; too few cases for statistical significance
 Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
Kings County		
Avenal District Hospital		
Central Valley General Hospital		
Corcoran District Hospital		
Hanford Community Medical Center		
Lake County		
Redbud Community Hospital		
Sutter Lakeside Hospital		
Lassen County		
Lassen Community Hospital		

O Significantly better than expected (p<0.01)

✓ No deaths reported; too few cases for statistical significance

✓ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Significantly better than expected (p<0.01)

No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

[➤] Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Significantly better than expected (p<0.01)

No deaths reported; too few cases for statistical significance

[□] Not significantly different than expected

Significantly worse than expected (p<0.01)

Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

O Significantly better than expected (p<0.01)

[☑] No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

[✗] Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Significantly better than expected (p<0.01)

[☑] No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

[✗] Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Significantly better than expected (p<0.01)

[☑] No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

O Significantly better than expected (p<0.01)

[☑] No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Significantly better than expected (p<0.01)

[☑] No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
Madera County		
Chowchilla District Memorial Hospital	\square	
Madera Community Hospital		
Marin County		
Kaiser Foundation Hospital-San Rafael		
Marin General Hospital		
Novato Community Hospital		
Mariposa County		
John C. Fremont Hospital		
Mendocino County		
Frank R. Howard Memorial Hospital		
Mendocino Coast District Hospital		
Ukiah Valley Medical Center-Adventist Health		
Merced County		·
Bloss Memorial Healthcare District		
Memorial Hospital Los Banos		
Mercy Hospital & Health Services‡		•
Sutter Merced Medical Center		

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
Modoc County		
Modoc Medical Center	$\overline{\mathbf{Z}}$	
Surprise Valley Healthcare District	\square	
Mono County		
Mammoth Hospital		
Monterey County		
Community Hospital of the Monterey Peninsula		
George L. Mee Memorial Hospital	×	×
Natividad Medical Center‡		
Salinas Valley Memorial Hospital		
Napa County		
Nelson Holderman Memorial Ctr (Veterans Home of California)‡		
Queen of the Valley Hospital Napa Valley Med Ctr		
St. Helena Hospital		
Nevada County		
Sierra Nevada Memorial Hospital		
Tahoe Forest Hospital District	٥	

[©] Significantly better than expected (p<0.01)

✓ No deaths reported; too few cases for statistical significance

✓ Not significantly different than expected

Significantly worse than expected (p<0.01)
Hospital excluded due to data limitations
Comment letter received from hospital
or hospital system

O Significantly better than expected (p<0.01)

[☑] No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
Orange County, Continued		
Los Alamitos Medical Center		
Martin Luther Hospital-Anaheim		
Mission Hospital Regional Medical Center		
Orange Coast Memorial Medical Center		
Pacifica Hospital		
Placentia-Linda Community Hospital		
Saddleback Memorial Medical Center‡		
Santa Ana Hospital Medical Center		
South Coast Medical Center		
St. Joseph Hospital-Orange		
St. Jude Medical Center		
Tustin Hospital Medical Center		
University of California, Irvine Medical Center		•
Vencor Hospital-Orange Co		
Western Medical Center Anaheim‡		
Western Medical Center Santa Ana‡		

O Significantly better than expected (p<0.01)
☑ No deaths reported; too few cases for statistical significance

Not significantly different than expected

Significantly worse than expected (p<0.01)
Hospital excluded due to data limitations
Comment letter received from hospital
or hospital system

Report on Heart Attack, 1997	Model A	Model B
Placer County		
Sutter Auburn Faith Hospital		
Sutter Roseville Medical Center	•	•
Plumas County		
Eastern Plumas Healthcare District	$\overline{\checkmark}$	
Indian Valley Healthcare District	$\overline{\checkmark}$	$\overline{\checkmark}$
Plumas District Hospital	٥	$\overline{\mathbf{A}}$
Seneca Hospital		

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
Riverside County		
Corona Regional Rehab Center-Magnolia		
Desert Hospital		
Eisenhower Memorial Hospital	•	
Hemet Valley Medical Center		
Inland Valley Regional Medical Center		
John F. Kennedy Memorial Hospital		
Kaiser Foundation Hospital-Riverside‡		•
Lakeside Hospital	$\overline{\square}$	
Menifee Valley Medical Center		•
Moreno Valley Community Hospital		
Palo Verde Hospital		
Parkview Community Hospital Medical Center		
Riverside Community Hospital‡		
Riverside General Hospital University Med Ctr		
San Gorgonio Memorial Hospital		•
Sharp Healthcare Murietta		П

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01)
Hospital excluded due to data limitations
Comment letter received from hospital
or hospital system

Report on Heart Attack, 1997	Model A	Model B
Sacramento County		
Kaiser Foundation Hospital-Sacramento‡		
Kaiser Foundation Hospital-South Sacramento‡		
Mercy American River/Mercy San Juan Hospital, American River Campus‡		
Mercy American River/Mercy San Juan Hospital, San Juan Campus‡	0	
Mercy General Hospital		
Mercy Hospital of Folsom‡		
Methodist Hospital of Sacramento		
Sutter General Hospital		
Sutter Memorial Hospital		
U.C. Davis Medical Center		
San Benito County		
Hazel Hawkins Memorial Hospital-San Benito Healthcare District		

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system ‡

Significantly better than expected (p<0.01)

No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

[★] Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
San Diego County		
Alvarado Hospital Medical Center		
Fallbrook District Hospital		
Green Hospital of Scripps Clinic		
Grossmont Hospital		
Harbor View Medical Center		
Kaiser Foundation Hospital-San Diego‡	•	
Mercy Hospital & Medical Center-San Diego		
Mission Bay Memorial Hospital		
Palomar Medical Center		
Paradise Valley Hospital‡	•	
Pomerado Hospital		
San Diego Physician's and Surgeons Hospital	$\overline{\mathbf{Z}}$	\square
Scripps Hospital-East County	•	•
Scripps Memorial Hospital-Chula Vista		
Scripps Memorial Hospital-Encinitas		•
Scripps Memorial Hospital-La Jolla		
Sharp Cabrillo Hospital		
Sharp Chula Vista Medical Center		

Significantly better than expected (p<0.01)
 No deaths reported; too few cases for statistical significance
 Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
San Diego County, Continued		
Sharp Coronado Hospital		
Sharp Memorial Hospital		
Tri-City Medical Center		
UCSD Medical Center		
UCSD/Thornton Hospital		
Vencor Hospital-San Diego		
Villa View Community Hospital	×	×

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Significantly better than expected (p<0.01)

[☑] No deaths reported; too few cases for statistical significance

[☐] Not significantly different than expected

Significantly worse than expected (p<0.01)

Hospital excluded due to data limitations

Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
San Joaquin County		
Dameron Hospital		
Doctors Hospital of Manteca		
Lodi Memorial Hospital		
San Joaquin General Hospital		
St. Dominic's Hospital		
St. Josephs Medical Center		
Sutter Tracy Community Hospital		
San Luis Obispo County		
Arroyo Grande Community Hospital		
French Hospital Medical Center	•	
San Luis Obispo County General Hospital		
Sierra Vista Regional Medical Center		
Twin Cities Community Hospital		

O Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01)
Hospital excluded due to data limitations
Comment letter received from hospital
or hospital system

Report on Heart Attack, 1997	Model A	Model B
San Mateo County		
Kaiser Foundation Hospital-Redwood City‡		
Kaiser Foundation Hospital-South San Francisco‡		
Mills Health Center		
Peninsula Medical Center		•
San Mateo County General Hospital		
Sequoia Hospital		
Seton Medical Center		
Seton Medical Center-Coastside		
Santa Barbara County		
Goleta Valley Cottage Hospital		
Lompoc Hospital District		
Marian Medical Center		
Santa Barbara Cottage Hospital	•	
Santa Ynez Valley Cottage Hospital		
St. Francis Medical Center of Santa Barbara		
Valley Community Hospital		

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
	model A	Model B
Santa Clara County		
Alexian Brothers Hospital		
Columbia Good Samaritan Hospital		
Columbia San Jose Medical Center		
Columbia South Valley Hospital		
Community Hospital of Los Gatos		
El Camino Hospital		
Kaiser Foundation Hospital-Santa Clara‡		
Kaiser Foundation Hospital-Santa Teresa Community Hospital‡	•	•
O'Connor Hospital		
Santa Clara Valley Medical Center		
St. Louise Hospital		
Stanford University Hospital	•	•
Santa Cruz County		
Dominican Santa Cruz Hospital		
Watsonville Community Hospital		

O Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
Shasta County		
Mayers Memorial Hospital		
Mercy Medical Center-Redding		
Redding Medical Center		
Siskiyou County		
Mercy Medical Center Mt. Shasta		
Siskiyou General Hospital	×	×
Solano County		
Kaiser Foundation Hospital-Vallejo‡		
Northbay Medical Center‡		
Sutter Solano Medical Center		
VacaValley Hospital‡		

O Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

Not significantly different than expected

Significantly worse than expected (p<0.01)
Hospital excluded due to data limitations
Comment letter received from hospital
or hospital system

Report on Heart Attack, 1997	Model A	Model B
Sonoma County		
Columbia Healdsburg General Hospital		
Columbia Palm Drive Hospital		
Kaiser Foundation Hospital-Santa Rosa‡	0	
Petaluma Valley Hospital‡		
Santa Rosa Memorial Hospital		
Sonoma Valley Hospital		
Sutter Medical Center of Santa Rosa‡		
Warrack Medical Center Hospital		
Stanislaus County		
Del Puerto Hospital		\square
Doctors Medical Center		
Emanuel Medical Center	_	
Memorial Hospital Association	_	_
Memorial Hospital Ceres	П	П
Oak Valley District Hospital	П	
Stanislaus Medical Center		
0	<u>u</u>	
Sutter County		
Fremont Medical Center‡		
Significantly better than expected (p<0.01) Significantly better than expected (p<0.01)	antly worse than expecte	

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
Tehama County		
St. Elizabeth Community Hospital		
Trinity County		
Trinity Hospital	×	×
Tulare County		
Alta Hospital District		
Kaweah Delta Health Care District‡		
Lindsay Distric Hospital		
Memorial Hospital at Exeter		
Sierra View District Hospital		
Tulare District Healthcare System‡		•
Visalia Community Health Center		
Tuolumne County		
Sonora Community Hospital		
Tuolumne General Hospital		

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system

Report on Heart Attack, 1997	Model A	Model B
Ventura County		
Columbia Los Robles Hospital Medical Center	٥	
Community Memorial Hospital-San Buenaventura		
Ojai Valley Community Hospital		
Santa Paula Memorial Hospital		
Simi Valley Hospital & Health Care Services		
St. John's Pleasant Valley Hospital		
St. John's Regional Medical Center		
Ventura County Medical Center‡		
Yolo County		
Sutter Davis Hospital		
Woodland Healthcare		
Yuba County		
Rideout Memorial Hospital‡		

[©] Significantly better than expected (p<0.01)

☑ No deaths reported; too few cases for statistical significance

☐ Not significantly different than expected

Significantly worse than expected (p<0.01) Hospital excluded due to data limitations Comment letter received from hospital or hospital system



Comparing Hospital Rates to the Statewide Rate

Report on Heart Attack, 1997 **Overall Risk Adjusted Mortality Rates**

Model A

Model B

Alameda County

Alameda County Medical Ctr-Fairmont Campus

Alameda County Medical Ctr-Highland Campus

Alameda Hospital

Alta Bates Medical Center-Ashby Campus

Columbia San Leandro Hospital

Eden Medical Center

Kaiser Foundation Hospital-Hayward‡

Kaiser Foundation Hospital-Oakland Campus‡

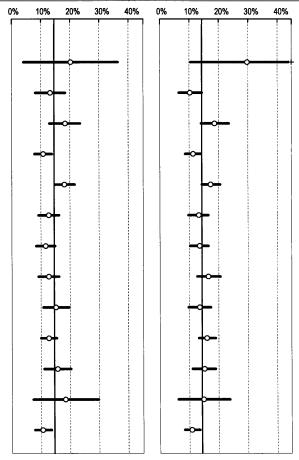
St. Rose Hospital

Summit Medical Center

Valley Memorial Hospital

Vencor Hospital-San Leandro

Washington Hospital



 [‡] Hospital sent comment letter
 † The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



Model B

Amador County

Sutter Amador Hospital

Butte County

Biggs Gridley Memorial Hospital

Chico Community Hospital

Enloe Hospital

Feather River Hospital

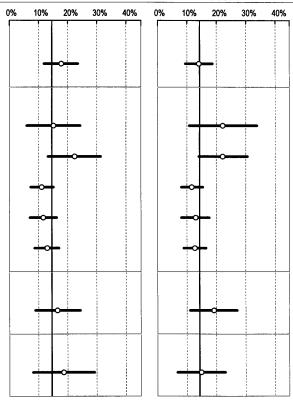
Oroville Hospital

Calaveras County

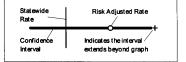
Mark Twain St. Joseph's Hospital

Colusa County

Colusa Community Hospital



Hospital sent comment letter
 The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



Contra Costa County

Contra Costa Regional Medical Center

Doctors Medical Center, Pinole Campus‡

Doctors Medical Center, San Pablo Campus

John Muir Medical Center

Kaiser Foundation Hospital-Martinez‡

Kaiser Foundation Hospital-Richmond‡

Kaiser Foundation Hospital-Walnut Creek‡

Los Medanos Community Hospital

Mt. Diablo Medical Center

San Ramon Regional Medical Center

Sutter Delta Medical Center

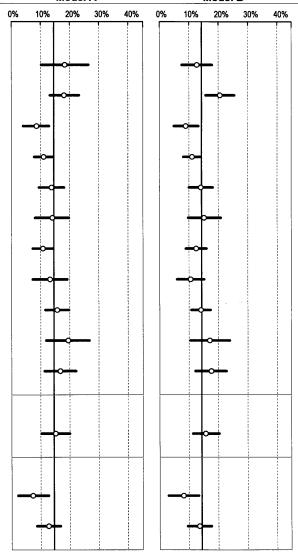
Del Norte County

Sutter Coast Hospital

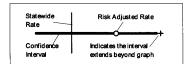
El Dorado County

Barton Memorial Hospital

Marshall Hospital



The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Fresno County

Clovis Community Hospital

Coalinga Regional Medical Center

Fresno Community Hospital and Medical Center

Kingsburg District Hospital

Sanger General Hospital

Selma District Hospital‡

Sierra Hospital-Fresno

Sierra Kings Hospital

St. Agnes Medical Center‡

University Medical Center†

Glenn County

Glenn Medical Center

Humboldt County

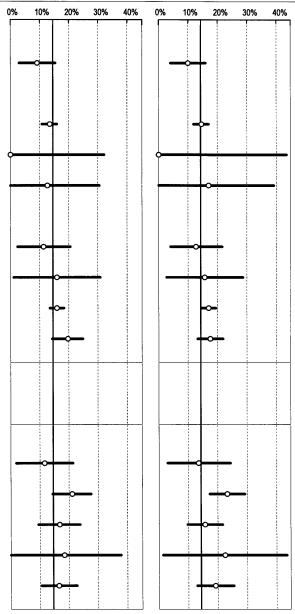
General Hospital

Mad River Community Hospital‡†

Redwood Memorial Hospital

So. Humboldt Community Hospital District

St. Joseph Hospital-Eureka



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Imperial County

Calexico Hospital

El Centro Regional Medical Center

Pioneers Memorial Hospital

Inyo County

Northern Inyo Hospital

Southern Inyo Hospital

Kern County

Bakersfield Memorial Hospital

Delano Regional Medical Center

Good Samaritan Hospital-Bakersfield

Kern Medical Center†

Kem Valley Hospital District

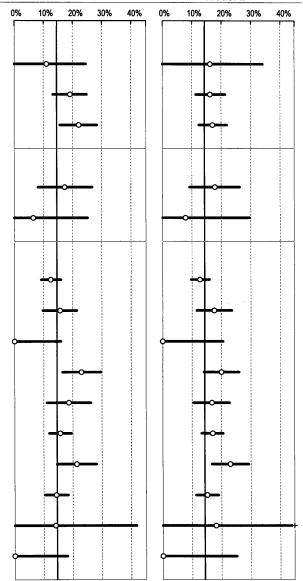
Mercy Hospital-Bakersfield

Ridgecrest Community Hospital‡

San Joaquin Community Hospital

Tehachapi Hospital

West Side District Hospital



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Model B

Kings County

Avenal District Hospital

Central Valley General Hospital

Corcoran District Hospital

Hanford Community Medical Center

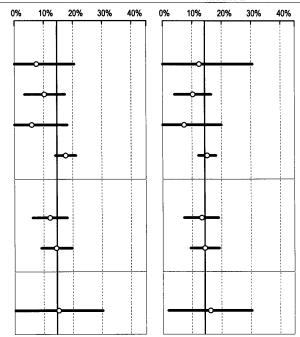
Lake County

Redbud Community Hospital

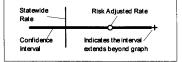
Sutter Lakeside Hospital

Lassen County

Lassen Community Hospital



Hospital sent comment letter
 The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



Los Angeles County

Alhambra Hospital‡

Antelope Valley Hospital

Avalon Municipal Hospital and Clinic

Barlow Respiratory Hospital

Bay Harbor Hospital‡

Bellflower Medical Center

Bellwood General Hospital

Beverly Hills Medical Center

Beverly Hospital

Brotman Medical Center

California Hospital Medical Center

Cedars-Sinai Medical Center

Centinela Hospital Medical Center

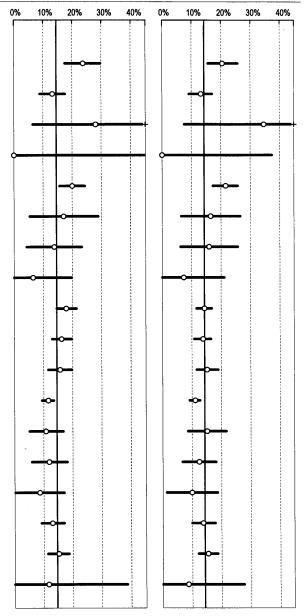
Century City Hospital

Cigna Hospital of Los Angeles

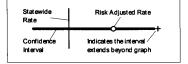
Citrus Valley Med Ctr, Inter-Community Campus

Citrus Valley Med Ctr, Queen of the Valley Campus

City of Hope National Medical Center‡



 [‡] Hospital sent comment letter
 † The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



Model B

Los Angeles County, Continued

Coast Plaza Doctors Hospital

Columbia West Hills Medical Center‡

Community & Mission Hospitals-Huntington Park

Community Hospital of Gardena

Covina Valley Community Hospital

Daniel Freeman Marina Hospital‡

Daniel Freeman Memorial Hospital‡

Desert Palms Community Hospital

Doctors Hospital of West Covina

Dominguez Medical Center†

Downey Community Hospital

East Los Angeles Doctors Hospital

Encino Tarzana Regional Medical Center-Encinco

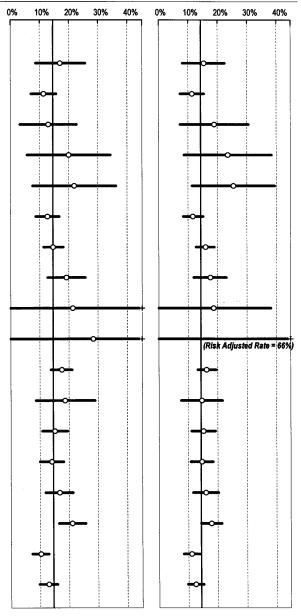
Encino Tarzana Regional Medical Center-Tarzana

Foothill Presbyterian Hospital

Garfield Medical Center‡

Glendale Adventist Medical Center

Glendale Memorial Hospital and Health Center



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Good Samaritan Hospital†

Granada Hills Community Hospital

Greater El Monte Community Hospital

Hawthorne Hospital

Henry Mayo Newhall Memorial Hospital‡

Hollywood Community Hospital

Huntington East Valley Hospital‡

Huntington Memorial Hospital

Kaiser Foundation Hospital-Bellflower‡

Kaiser Foundation Hospital-Harbor City‡

Kaiser Foundation Hospital-Los Angeles‡

Kaiser Foundation Hospital-Panorama City‡

Kaiser Foundation Hospital-West Los Angeles Med Ctr‡

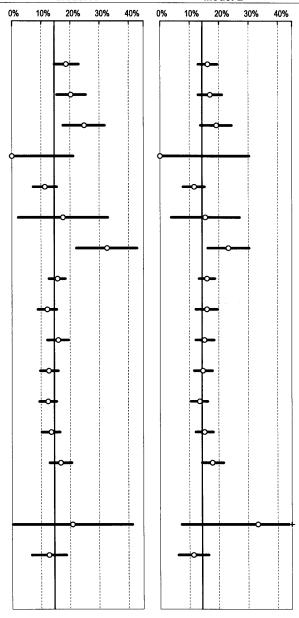
Kaiser Foundation Hospital-Woodland Hills‡

L.A. Co/Harbor-UCLA Medical Center

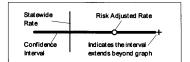
L.A. Co/High Desert Hospital

L.A. Co/Martin Luther King Charles R. Drew Med Ctr

L.A. Co/Olive View-UCLA Medical Center



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

L.A. Co/Rancho Los Amigos Hospital

L.A. Co/USC Medical Center

Lakewood Regional Medical Center

Lancaster Community Hospital

Lincoln Hospital Medical Center

Little Company of Mary Hospital‡

Long Beach Community Medical Center

Long Beach Doctor's Hospital

Long Beach Memorial Medical Center

Los Angeles Community Hospital

Los Angeles Community Hospital of Norwalk

Los Angeles Metropolitan Medical Center

Memorial Hospital of Gardena

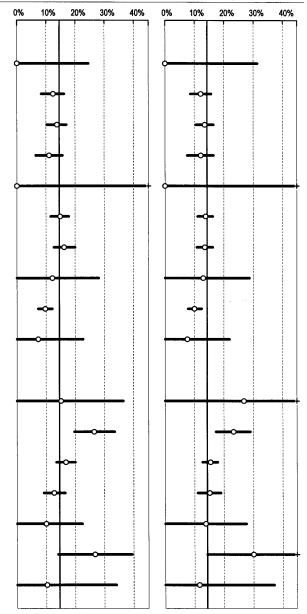
Methodist Hospital of Southern California

Midway Hospital Medical Center

Mission Community Hospital-Panorama

Mission Community Hospital-San Fernando†

Mission Hospital



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Monrovia Community Hospital

Monterey Park Hospital

Motion Picture and Television Fund Hospital

North Hollywood Medical Center

Northridge Hospital Med Ctr, Roscoe Boulevard Campus

Northridge Hospital Med Ctr, Sherman Way Campus

Orthopaedic Hospital

Pacific Alliance Medical Center

Pacific Hospital of Long Beach†

Pacifica Hospital of the Valley

Pico Rivera Medical Center

Pioneer Hospital

Pomona Valley Hospital Medical Center‡

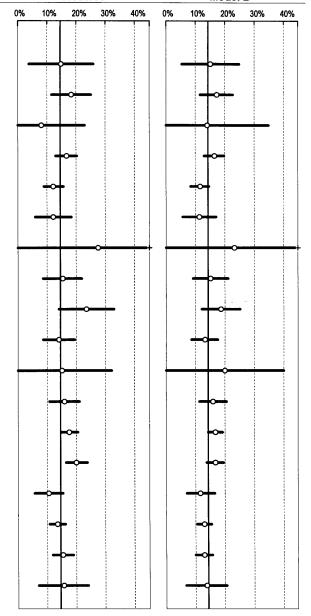
Presbyterian Intercommunity Hospital

Providence Holy Cross Medical Center

Providence Saint Joseph Medical Center

Queen of Angels-Hollywood Presbyterian Med Ctr

Rio Hondo Memorial Hospital



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Robert F. Kennedy Medical Center

Salik Health Care Speciality Hospital

San Dimas Community Hospital

San Gabriel Valley Medical Center†

San Pedro Peninsula Hospital‡†

Santa Marta Hospital

Santa Monica UCLA Medical Center

Santa Teresita Hospital

Sherman Oaks Hospital & Health Center

South Bay Hospital

Specialty Hospital of Southern California‡

St. Francis Medical Center-Lynwood

St. John's Health Center

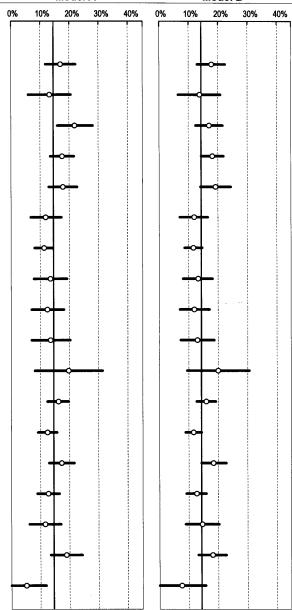
St. Luke Medical Center

St. Mary Medical Center

St. Vincent Medical Center

Suburban Medical Center

Temple Community Hospital



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Terrace Plaza Medical Center

Thompson Memorial Medical Center†

Torrance Memorial Medical Center

Tri City Regional Medical Center

UCLA Medical Center

USC Kenneth Noris Jr. Cancer Hospital‡

USC University Hospital‡

Valley Hospital-Pomona

Valley Presbyterian Hospital

Verdugo Hills Hospital

Washington Medical Center

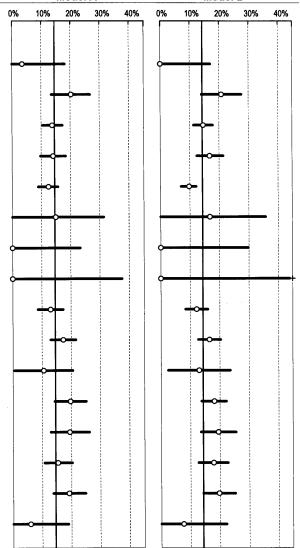
West Valley Hospital and Health Center†

Westside Hospital

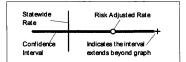
White Memorial Medical Center

Whittier Hospital Medical Center†

Woodruff Community Hospital



[‡] Hospital sent comment letter † The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



Model B

Madera County

Chowchilla District Memorial Hospital

Madera Community Hospital

Marin County

Kaiser Foundation Hospital-San Rafael

Marin General Hospital

Novato Community Hospital

Mariposa County

John C. Fremont Hospital

Mendocino County

Frank R. Howard Memorial Hospital

Mendocino Coast District Hospital

Ukiah Valley Medical Center-Adventist Health

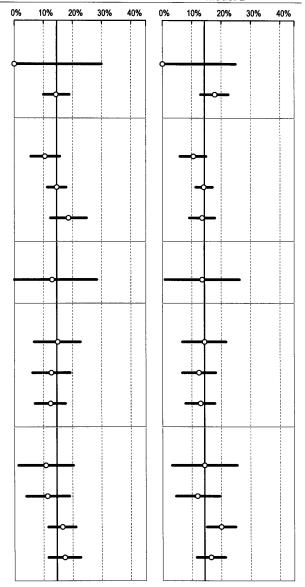
Merced County

Bloss Memorial Healthcare District

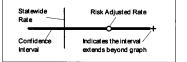
Memorial Hospital Los Banos

Mercy Hospital & Health Services‡

Sutter Merced Medical Center



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Modoc County

Modoc Medical Center

Surprise Valley Healthcare District

Mono County

Mammoth Hospital

Monterey County

Community Hospital of the Monterey Peninsula

George L. Mee Memorial Hospital

Natividad Medical Center‡

Salinas Valley Memorial Hospital

Napa County

Nelson Holderman Memorial Ctr (Veterans Home of California)‡

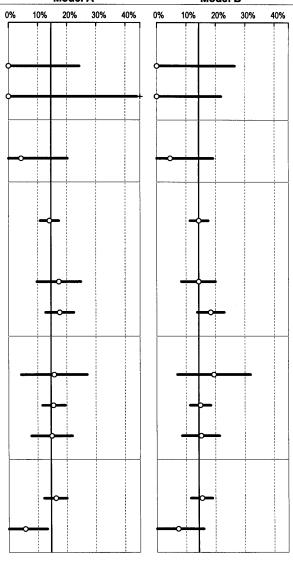
Queen of the Valley Hospital Napa Valley Med Ctr

St. Helena Hospital

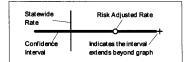
Nevada County

Sierra Nevada Memorial Hospital

Tahoe Forest Hospital District



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Orange County

Anaheim General Hospital

Anaheim General Hospital-Buena Park Campus

Anaheim Memorial Medical Center

Brea Community Hospital

Chapman Medical Center

Coastal Communities Hospital

College Hospital Costa Mesa

Columbia Huntington Beach Hospital and Med Ctr

Columbia San Clemente Hospital Med Ctr

Columbia West Anaheim Medical Center

Doctors Hospital of Santa Ana†

Fountain Valley Regional Hospital and Med Ctr-Fountain Valley

Friendly Hills Regional Medical Center‡

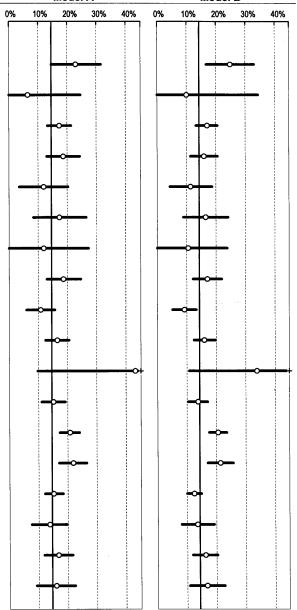
Garden Grove Hospital and Med Ctr, Tenet Corp.

Hoag Memorial Hospital Presbyterian

Irvine Medical Center

Kaiser Foundation Hospital-Anaheim‡

La Palma Intercommunity Hospital



The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Orange County, Continued

Los Alamitos Medical Center

Martin Luther Hospital-Anaheim

Mission Hospital Regional Medical Center

Orange Coast Memorial Medical Center

Pacifica Hospital

Placentia-Linda Community Hospital†

Saddleback Memorial Medical Center‡

Santa Ana Hospital Medical Center

South Coast Medical Center

St. Joseph Hospital-Orange

St. Jude Medical Center

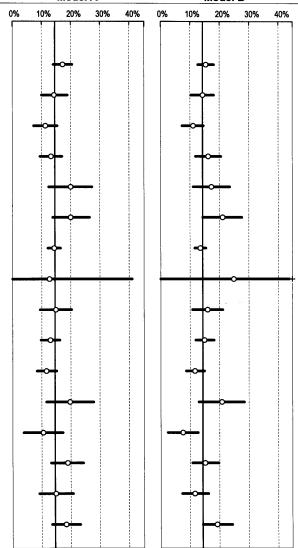
Tustin Hospital Medical Center

University of California, Irvine Medical Center

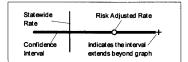
Vencor Hospital-Orange Co

Western Medical Center Anaheim‡

Western Medical Center Santa Ana‡†



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Placer County

Sutter Auburn Faith Hospital

Sutter Roseville Medical Center

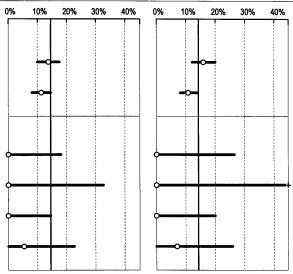
Plumas County

Eastern Plumas Healthcare District

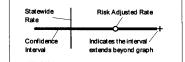
Indian Valley Healthcare District

Plumas District Hospital

Seneca Hospital



 [‡] Hospital sent comment letter
 † The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



Riverside County

Corona Regional Rehab Center-Magnolia

Desert Hospital

Eisenhower Memorial Hospital

Hemet Valley Medical Center

Inland Valley Regional Medical Center

John F. Kennedy Memorial Hospital

Kaiser Foundation Hospital-Riverside‡

Lakeside Hospital

Menifee Valley Medical Center

Moreno Valley Community Hospital

Palo Verde Hospital

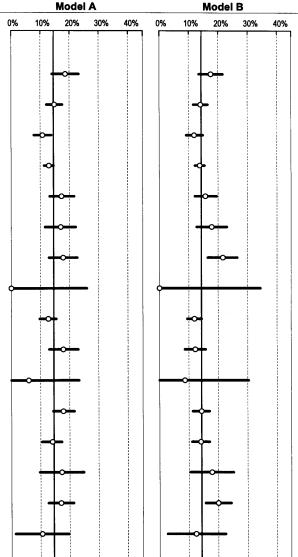
Parkview Community Hospital Medical Center

Riverside Community Hospital‡

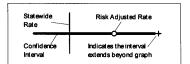
Riverside General Hospital University Med Ctr

San Gorgonio Memorial Hospital

Sharp Healthcare Murietta



The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Model A

Model B

Sacramento County

Kaiser Foundation Hospital-Sacramento‡

Kaiser Foundation Hospital-South Sacramento‡

Mercy American River/Mercy San Juan Hospital, American River Campus‡

Mercy American River/Mercy San Juan Hospital, San Juan Campus‡

Mercy General Hospital

Mercy Hospital of Folsom‡

Methodist Hospital of Sacramento

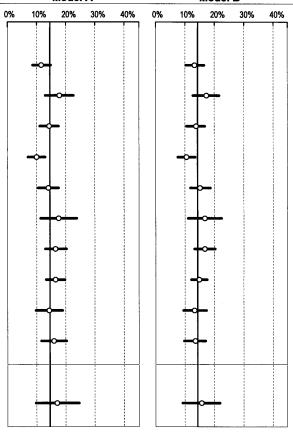
Sutter General Hospital

Sutter Memorial Hospital

U.C. Davis Medical Center

San Benito County

Hazel Hawkins Memorial Hospital-San Benito **Healthcare District**



 [‡] Hospital sent comment letter
 † The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



San Bernardino County

Barstow Community Hospital

Bear Valley Community Hospital

Columbia Chino Valley Medical Center

Community Hospital of San Bernadino†

Hi Desert Medical Center†

Kaiser Foundation Hospital-Fontana‡

Loma Linda University Community Medical Center

Loma Linda University Medical Center

Mountains Community Hospital

Needles-Desert Communities Hospital

Redlands Community Hospital

San Antonio Community Hospital

San Bernardino County Medical Center†

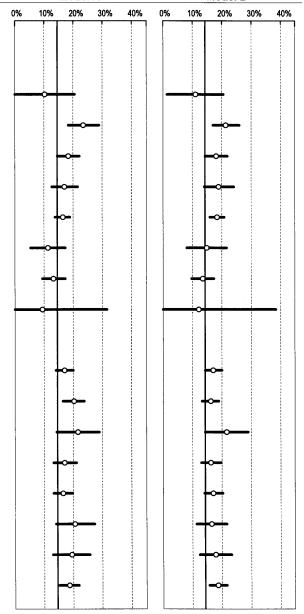
St. Bernardine Medical Center

St. Mary Regional Medical Center

U.S. Family Care Medical Center, Montclair

Vencor Hospital-Ontario

Victor Valley Community Hospital‡



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

San Diego County

Alvarado Hospital Medical Center

Fallbrook District Hospital

Green Hospital of Scripps Clinic

Grossmont Hospital

Harbor View Medical Center

Kaiser Foundation Hospital-San Diego‡

Mercy Hospital & Medical Center-San Diego

Mission Bay Memorial Hospital

Palomar Medical Center

Paradise Valley Hospital‡

Pomerado Hospital

San Diego Physician's and Surgeons Hospital

Scripps Hospital-East County

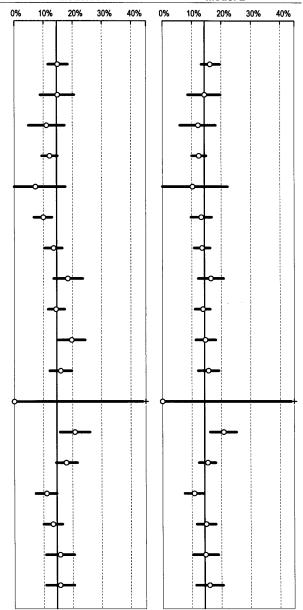
Scripps Memorial Hospital-Chula Vista

Scripps Memorial Hospital-Encinitas

Scripps Memorial Hospital-La Jolla

Sharp Cabrillo Hospital

Sharp Chula Vista Medical Center



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

San Diego County, Continued

Sharp Coronado Hospital

Sharp Memorial Hospital

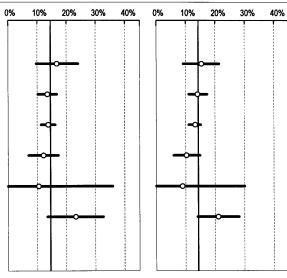
Tri-City Medical Center

UCSD Medical Center

UCSD/Thornton Hospital

Vencor Hospital-San Diego†

Villa View Community Hospital



 [‡] Hospital sent comment letter
 † The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



San Francisco County

California Pacific Med Ctr-California Campus

California Pacific Med Ctr-Pacific Campus

Chinese Hospital

Davies Medical Center‡

Kaiser Foundation Hospital-San Francisco‡

Med Ctr at the University of Calif San Francisco

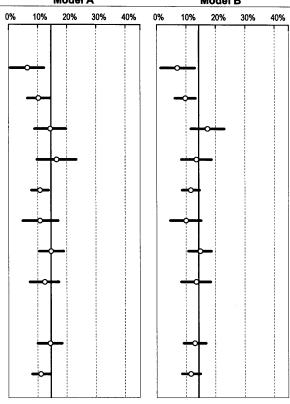
San Francisco General Hospital

St. Francis Memorial Hospital

St. Luke's Hospital

St. Mary's Medical Center

UCSF/Mt. Zion Medical Center



[‡] Hospital sent comment letter † The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



San Joaquin County

Dameron Hospital

Doctors Hospital of Manteca

Lodi Memorial Hospital

San Joaquin General Hospital

St. Dominic's Hospital

St. Josephs Medical Center

Sutter Tracy Community Hospital

San Luis Obispo County

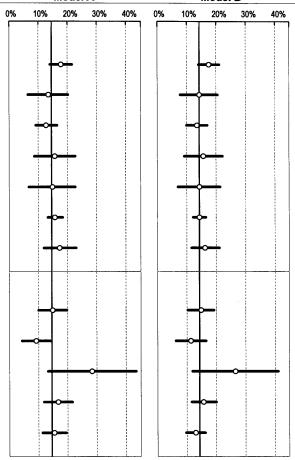
Arroyo Grande Community Hospital

French Hospital Medical Center

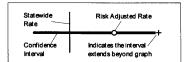
San Luis Obispo County General Hospital†

Sierra Vista Regional Medical Center

Twin Cities Community Hospital



The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

San Mateo County

Kaiser Foundation Hospital-Redwood City‡

Kaiser Foundation Hospital-South San Francisco‡

Mills Health Center

Peninsula Medical Center

San Mateo County General Hospital

Sequoia Hospital

Seton Medical Center

Seton Medical Center-Coastside

Santa Barbara County

Goleta Valley Cottage Hospital

Lompoc Hospital District

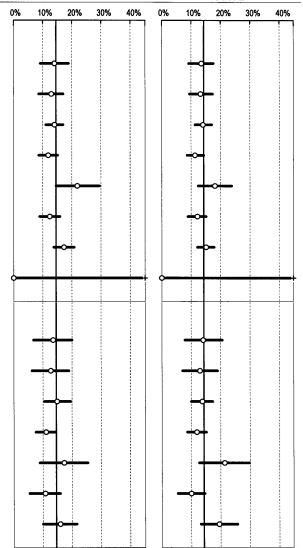
Marian Medical Center

Santa Barbara Cottage Hospital

Santa Ynez Valley Cottage Hospital

St. Francis Medical Center of Santa Barbara

Valley Community Hospital



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Santa Clara County

Alexian Brothers Hospital

Columbia Good Samaritan Hospital

Columbia San Jose Medical Center

Columbia South Valley Hospital

Community Hospital of Los Gatos

El Camino Hospital

Kaiser Foundation Hospital-Santa Clara‡

Kaiser Foundation Hospital-Santa Teresa Community Hospital‡

O'Connor Hospital

Santa Clara Valley Medical Center

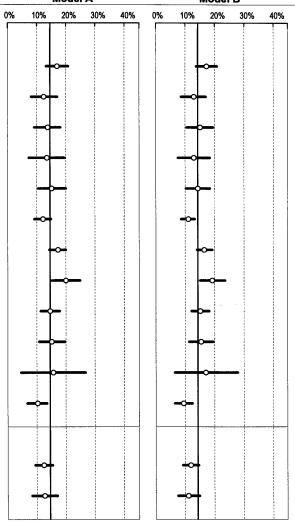
St. Louise Hospital

Stanford University Hospital

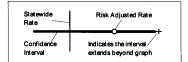
Santa Cruz County

Dominican Santa Cruz Hospital

Watsonville Community Hospital



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Shasta County

Mayers Memorial Hospital

Mercy Medical Center-Redding

Redding Medical Center

Siskiyou County

Mercy Medical Center Mt. Shasta

Siskiyou General Hospital

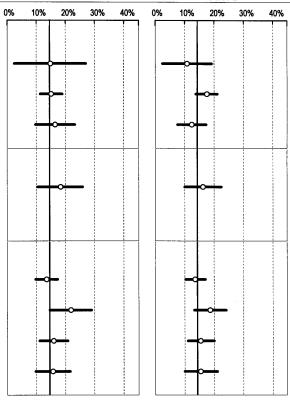
Solano County

Kaiser Foundation Hospital-Vallejo‡

Northbay Medical Center‡†

Sutter Solano Medical Center

VacaValley Hospital‡



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Model A

Model B

Sonoma County

Columbia Healdsburg General Hospital

Columbia Palm Drive Hospital

Kaiser Foundation Hospital-Santa Rosa‡

Petaluma Valley Hospital‡

Santa Rosa Memorial Hospital

Sonoma Valley Hospital

Sutter Medical Center of Santa Rosa‡

Warrack Medical Center Hospital

Stanislaus County

Del Puerto Hospital

Doctors Medical Center

Emanuel Medical Center

Memorial Hospital Association

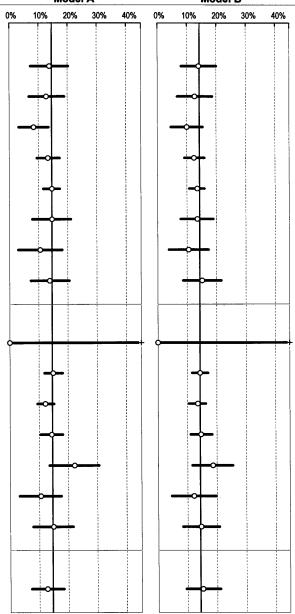
Memorial Hospital Ceres

Oak Valley District Hospital

Stanislaus Medical Center

Sutter County

Fremont Medical Center‡



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter

Model A

Model B

Tehama County

St. Elizabeth Community Hospital

Trinity County

Trinity Hospital

Tulare County

Alta Hospital District

Kaweah Delta Health Care District‡

Lindsay Distric Hospital

Memorial Hospital at Exeter

Sierra View District Hospital

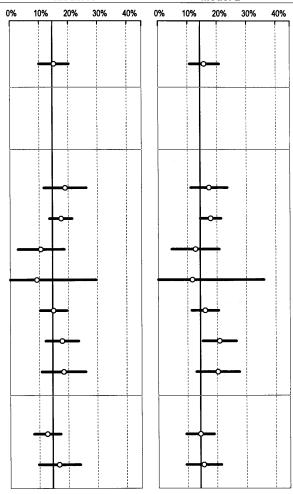
Tulare District Healthcare System‡

Visalia Community Health Center

Tuolumne County

Sonora Community Hospital

Tuolumne General Hospital



[‡] Hospital sent comment letter † The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



Ventura County

Columbia Los Robles Hospital Medical Center

Community Memorial Hospital-San Buenaventura

Ojai Valley Community Hospital

Santa Paula Memorial Hospital

Simi Valley Hospital & Health Care Services

St. John's Pleasant Valley Hospital

St. John's Regional Medical Center

Ventura County Medical Center‡

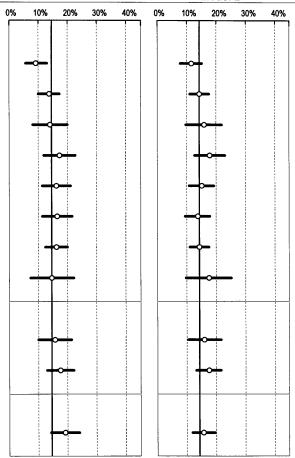
Yolo County

Sutter Davis Hospital

Woodland Healthcare

Yuba County

Rideout Memorial Hospital‡



[†] The estimated confidence limits for one of this hospital's risk-adjusted mortality rates have been adjusted to be consistent with the exact p-value shown in the Detailed Statistical Results.



[‡] Hospital sent comment letter