

June 17, 2021

Merry Holliday-Hanson, Ph.D.
Manager, Administrative Data Unit
Office of Statewide Health Planning and Development
2020 West El Camino Avenue, Suite 1100
Sacramento, CA 95833

Dear Ms. Holliday-Hanson,

This letter is in response to our receipt of the 2019 OSHPD public release of Inpatient Mortality Indicators. Sharp Grossmont Hospital (SGH) appreciates the opportunity to provide feedback regarding our scores:

AMI

The OSPHD report for CY 2019 found that Grossmont Hospital had a risk adjusted AMI mortality rate of 8.9% (34/363), which is higher than the statewide mean rate of 5.6%.

Performance Improvement:

- Education on 4th Edition AMI Diagnosis Physician Tool.
- Education and algorithm for High Sensitivity Troponin around conversion to this metric and the importance of consistent documentation of these values.
- Education and Clinical Documentation Improvement specialists monitoring documentation accuracy on comorbidities and diagnoses.
- Implementation of Advanced Illness Management consult or Hospice in Emergency Department.
- Rollout of Cardiogenic Shock Algorithm, which includes early mechanical circulatory assist support.
- Consistent placement of patient on high volume cardiac unit.
- Multidisciplinary review of AMI mortality weekly.

ACUTE STROKE

The OSPHD report for CY 2019 found that Grossmont Hospital had a risk adjusted Stroke Mortality Rate of 6.6% (41/568) and total Acute Stroke Mortality Rate of 11.0% (88/734) for CY 2019.

Sharp Grossmont Hospital has the largest stroke volume in San Diego County. In context, an analysis of our mortality cases reveals:

- 52% of patients were 80 years of age or older
- 9 patients were over 90
- 3 patients were over 100 years old

Performance Improvement:

- In 2020, Grossmont Hospital achieved Joint Commission Certification as a **Comprehensive Stroke Center**.
- **Gold and Gold Plus Achievement Award** by Get with the Guidelines (GWTG) by American Heart Association.
- Further defined inclusion criteria for Alteplase and Endovascular Thrombectomy for acute ischemic stroke per AHA 2019 updates.
- Early involvement of Advanced Illness Medicine involvement in the emergency department to assist families with decision-making.
- CT Perfusion study added to assess patients in the 6-24 hour window for possible Endovascular Thrombectomy.
- RAPID AI software platform added for immediate notification of occlusive strokes.
- CT and CTA for all stroke patients to capture possible occlusions.
- Quality review through "Real Learning" solutions to address process fallouts and peer review.
- One hundred percent Mortality case review.
- Neuro-interventional report cards released to teams biannually to review outcomes.

Thank you for allowing us to provide feedback on our program. In the event you have any questions, feel free to reach me anytime.

Regards,



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Sharp Healthcare Grossmont Hospital
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