



St. John's Regional Medical Center
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June 20, 2018

Holly Hoegh, Ph.D., CCORP Manager
Office of Statewide Health Planning and Development
Information Services Division
2020 West El Camino Avenue, Suite 1100
Sacramento, CA 95833

Dear Dr Hoegh:

This letter is in response to our review of the California CABG Outcomes Reporting Program (CCORP) Preliminary 2015-2016 Hospital Report. St. John's Regional Medical Center scored worse than expected in two areas; CABG + Valve Mortality and Post-CABG Stroke. The Medical Staff evaluated all of these cases. There were no trends or common causes identified with our review of CABG or CABG/Valve cases and the care provided reflected appropriate standards of practice.

At St. John's Regional Medical Center we have a multidisciplinary team focused on quality improvement efforts for comprehensive cardiac care. We continually evaluate care, treatment and services and if appropriate, implement strategies to improve patient experience and patient outcomes.

Our commitment to excellent care in Ventura County is evident in other publicly reported data including isolated CABG mortality, 30-day readmission rate and internal mammary usage. We strive to make St. John's Regional Medical Center a recognized provider of advanced medical and surgical opportunities and continue to make improvements in our program. Thank you for this opportunity to comment on the 2015-2016 CCORP Report.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Lee", written over a white background.

Darren W. Lee
President and CEO



June 22, 2018

Holly Hoegh, Ph.D.
Manager, Clinical Data Unit
Healthcare Analytics Branch
Office of Statewide Health Planning and Development
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Dear Dr. Hoegh:

Thank you for the opportunity to respond to the 2015-2016 California CABG Outcomes Reporting Program (CCORP) Preliminary Report.

At UC Davis Health we strive to provide quality health care, and we evaluate all adverse outcomes on all of our cardiothoracic surgery patients, so we can identify opportunities for improvement. Historically since participating in CCORP from 2003, UC Davis Health has performed better than or as expected in all CCORP measures. In the 2015-2016 report, we rated well on all our CCORP measures with the exception of risk-adjusted isolated CABG mortality. After careful review of these cases with hospital quality and safety, there were no specific trends or common causes that could be identified, and we believe our isolated CABG mortality is not reflective of the quality of care we routinely provide nor the overall experience at our institution.

We believe the CCORP risk model does not accurately reflect the risk of our patient population, and coupled with our low denominator in the category of isolated CABG adversely impacted our rating. Our case volume for isolated CABG has increased in 2017, and importantly, our STS report shows CABG risk adjusted mortality for the period of 2017 is 1.2% in 86 cases, which is less than the national average.

Our aim is to provide the highest quality care and outcomes to our patients.

Sincerely,

A handwritten signature in black ink that reads 'J. Nilas Young, M.D.'.

J. Nilas Young, M.D., F.A.C.S.
Cardiothoracic Surgeon
Chief of Cardiothoracic Surgery
UC Davis Health