



Press Release

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**State Report shows Cardiac Mortality Rates among the Best in U.S.
*But No Hospital in State Performs Better than Expected in Combined Results***

Fremont, Calif. – The state of California released its annual CCORP (California CABG (Coronary Artery Bypass Graft) Reporting Program) study, which shows how hospitals are performing with regard to cardiac surgery. While study data shows that mortality, or death rates, at hospitals throughout California improved 28 percent in 2006, which is unprecedented, it also shows that no hospital in the state performed better than expected when 2005 and 2006 CCORP data is combined. Even with a year-after-year decline in mortality rates, which are among the lowest in the country, Washington Hospital has been categorized as “worse than expected” in CCORP’s combined two-year study results which does not accurately reflect this high level of performance or the excellent care provided at Washington Hospital.

“What the public needs to understand about the CCORP results this year, is that Washington Hospital kept pace with the rest of California’s hospitals at leading the country in terms of low cardiac mortality rates,” said Nancy Farber, chief executive officer of Washington Hospital Healthcare System. “Unfortunately, the study’s three classifications of ‘better than,’ ‘as expected’ and ‘worse than expected’ don’t take this into account, nor do they factor in the hospital’s designation as a Cardiac Receiving Center for Alameda County. This means Washington Hospital and the surgeons who practice here take care of patients who are sicker than most and cannot be cared for at area hospitals that do not perform open heart surgery. As a District hospital, we care for everyone regardless of sickness or circumstance.”

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As a Cardiac Receiving Center, Washington Hospital supports other hospitals in Southern Alameda County. This designation, which is determined by Alameda County Emergency Medical Services (EMS), is earned by hospitals that are able to provide a higher level of cardiac care and are capable of performing open-heart surgery. As a result, many of the cases that come from surrounding hospitals are unplanned and emergent in nature. As a result, patients who are admitted to the Hospital are usually sicker, which can result in higher mortality rates.

CCORP results are provided in two ways, single-year results and combined-year results. In each of the most recent single-year results, of 2005 and 2006, Washington Hospital was rated as performing “as expected.” However, when the two years were combined, the Hospital fell into the “worse than expected” category.

“With no hospital performing better than expected, in a year of dramatic improvement in mortality rates, it makes one wonder if the categories for the study results accurately describe the great progress made in 2005 and 2006 in terms of reducing death rates for bypass patients,” continued Farber. “We have formally requested that the state review and further analyze this year’s combined year CCORP report.”

CCORP was started in 1999 and Washington Hospital has submitted data to CCORP since the report’s inception. In 2001, submission of data by all hospitals in the state performing bypass surgery became mandatory. Washington Hospital’s mortality has improved year after year and through 2008, the most recent opportunity to submit data, this trend has continued.

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“What’s even more telling about the data is that the mortality rates in the study do not account for complications during a patient’s stay that may not be associated with the original reason for admission,” said Sang Lee, MD, thoracic surgeon and medical director of cardiovascular surgery at Washington Hospital. “If a non-cardiac related complication results in the death of the patient, the mortality is recorded as a cardiac mortality. What this means is actual deaths as a direct result of cardiac surgery may even be less than is reflected in the CCORP numbers.”

About Washington Hospital

Washington Hospital Healthcare System includes a 359-bed acute-care hospital; the Washington Heart Program, which includes cardiac surgery, cardiac catheterization and cardiac rehabilitation; the Washington Outpatient Catheterization Laboratory; the Taylor McAdam Bell Neuroscience Institute; The Gamma Knife[®] Center; Washington Radiation Oncology Center; Washington Outpatient Surgery Center; Washington Outpatient Rehabilitation Center; ; Washington Center for Joint Replacement; the Institute for Minimally Invasive and Robotic Surgery; and Washington West, a complex which houses Washington Women’s Center, Outpatient Imaging Center and additional outpatient hospital services and administrative facilities.

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