

# *Hospitals - Purchase* Rx for cardiac unit

## Hospitals' merger pays off in improved surgery program

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SANTA CRUZ — After news accounts in 1989 and 1990 of a higher than average death rate, Dominican Hospital's heart surgery program went into cardiac arrest.

Dr. Lee Griffith, Dominican's cardiac surgeon, said he almost lost his practice because of the loss of public confidence.

But much has changed since Dominican bought Community Hospital and the two cardiac surgery programs were combined in August. Hospital officials say patients are regaining confidence, the

program is growing and the mortality rate is below the state average.

Dr. Noel Fishman, the cardiac surgeon who came over from Community, credits the improvements to experience and the new surgical team.

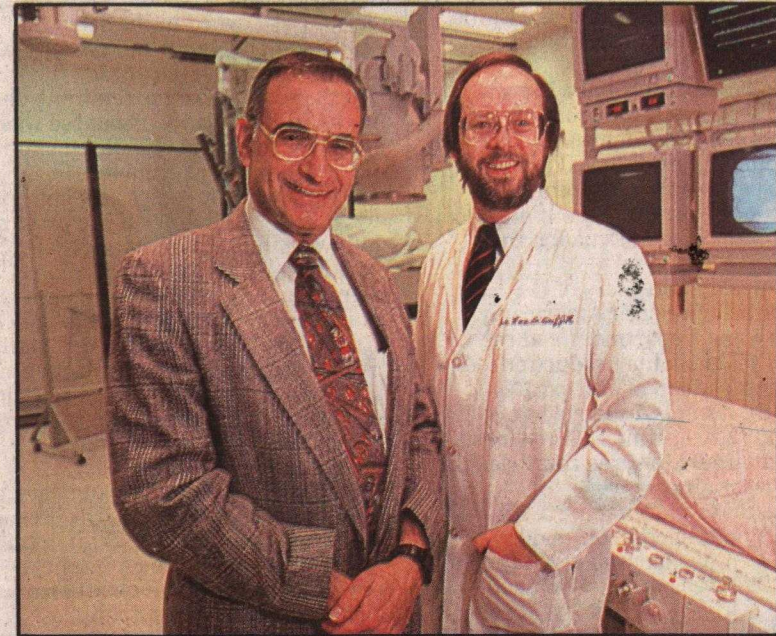
"A lot of lessons were learned along the way," he said. "The program has matured. When Dominican arranged for the combination of the two hospitals, it arranged to have the best benefits of both programs. ... It retained the best nurses at Dominican and brought over the best from Community. It brought over the chief anesthesiologist, Dr. Bruce Hultgren, from Community."

Community Hospital had a lower mortality rate for cardiac surgeries than Dominican, but hospital officials and the two surgeons say it's wrong to assume Community's program was better and, therefore, improved the new program.

"The problem wasn't that you had a bad program and a good program. You just had different philosophies," said Dr. Larimore Cummins, Dominican's medical director.

When Dominican's program started in April of 1989, the hospital accepted all patients, including those with a high risk of dying from surgery. Community's pro-

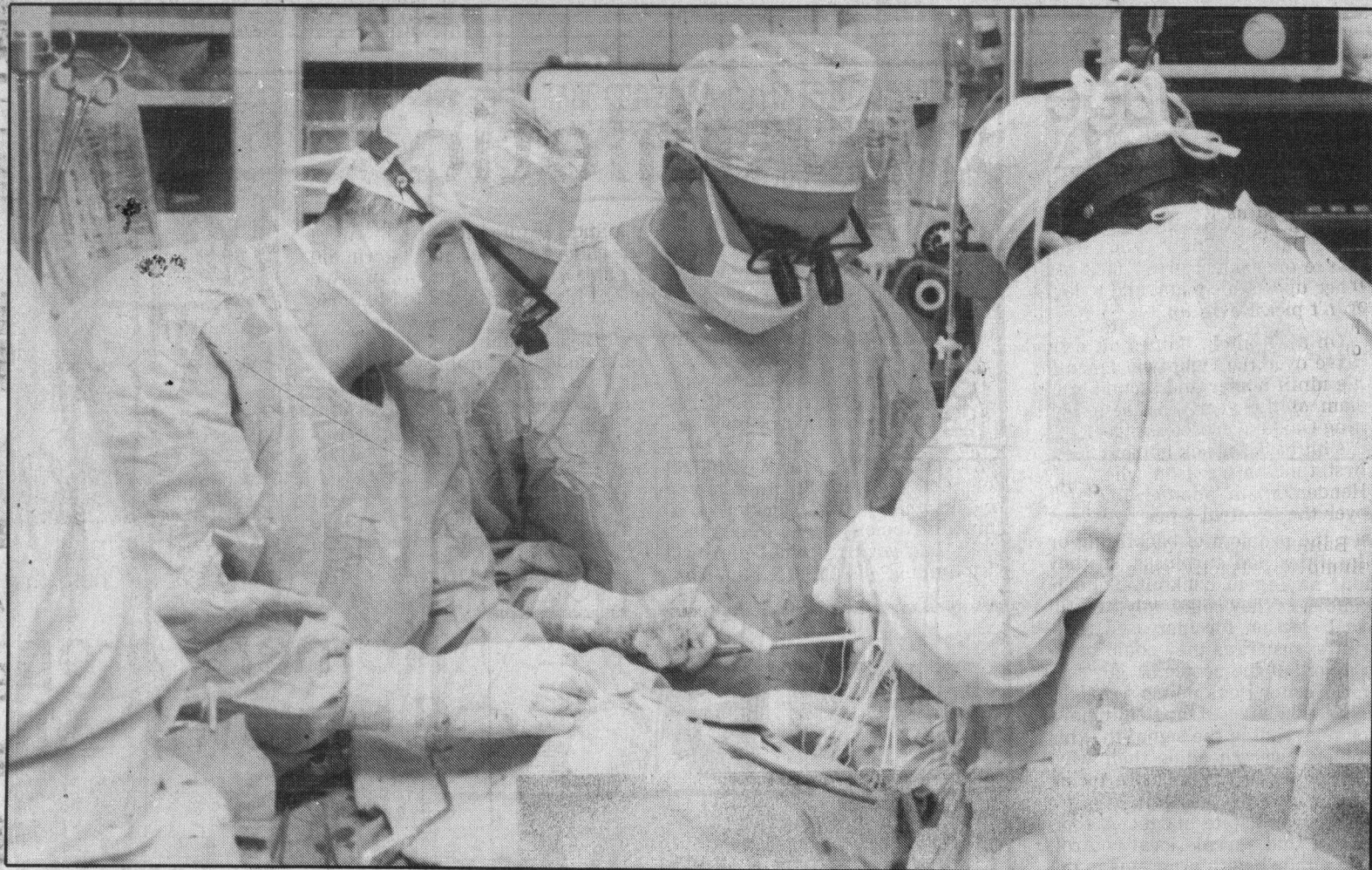
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Surgeons Noel Fishman, left, and Lee Griffith head the Dominican Hospital cardiac surgery program.

Bill Lovejoy/Sentinel





Ted Benhari/Dominican Hospital

Dr. Noel Fishman, who headed Community's cardiac program before the merger with Dominican, operates on a patient.

## Cardiac program on the mend

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gram initially sent high-risk patients to Seton Hospital in Daly City.

When news reports came out about the high mortality rate from Griffith's surgeries, the doctor was devastated. What the public didn't understand, he said, was that he was losing patients because he was taking the high-risk ones.

Both an internal review and an external review by Stanford University were done on Dominican's program. The Stanford review, according to local cardiologist Dr. Robert Finegan, found that the mortality rate was equal to the national average when the risk factor was considered.

Fishman said he purposely transferred out the high-risk patients when Community's program was first established "because we were anxious to establish a good reputation and we thought it was unfair to put undue responsibility on a new team. As the program went on, fewer and fewer were transferred out of the county."

Since the merger, Fishman has not transferred any patients to Seton. Griffith is still transferring those who have an 80-90 percent chance of dying. The doctors operate separately, but with the same surgical team of nurses and anesthesiologists.

Since the adverse publicity, Griffith began working with Dr. Tom Fogarty, an internationally recognized cardiovascular surgeon from Sequoia Hospital in Redwood City.

"When I came to Dominican, I was put into a difficult situation because Dominican wanted to do high-risk patients because they advertised comprehensive care. ... Early on, this may not have been a wise decision, but it was

the only justification to have that second program," Griffith said.

Community already had established its cardiac surgery program in 1987 and there was some question whether a second program was needed in the county.

Sister Julie Hyer, president and chief operating officer at Dominican, said the hospital didn't change its philosophy on treating high-risk patients, the patients and cardiologists did.

Going out of the county for surgery, she said, "are the kinds of decisions that are between family members, their physicians and the surgeons. ... If the community doesn't want high-risk surgeries, then we won't offer them."

Before the two competing programs were combined, Community had a mortality rate of less than 1 percent. Dominican's program was losing 8.5 percent of its bypass patients.

These rates don't include heart-valve surgeries because the state average of 4.9 percent is only for bypass surgeries. Community's mortality rate for all heart surgeries was 1 percent, com-

pared to 12 percent at Dominican.

Since the merger, Griffith and Fishman have performed 79 coronary bypass surgeries. One patient has died. That works out to a mortality rate of 1.3 percent.

The estimated mortality rate before patients are operated on for bypass surgery is 9.6 percent, Griffith said.

The program's low rate is particularly good, the two doctors noted, because this community tends to have an older-than-average population. Older patients, they said, usually have other health problems and a higher risk of dying from surgery.

The combined program is inching closer to the 150 patients annually the state recommends to keep surgical teams efficient. In the 11 months since consolidation, 95 bypass and valve surgeries have been performed, 17 in the last month.

"There was a step down in the confidence of the public," admitted Cummins, Dominican's medical director. "But the numbers are crescendoing and that means we are having an increase in the

confidence of the public and of the medical community. They are realizing we have a first-class cardiac surgery unit."

But the numbers are still lower than what they should be in a community this size. A rule of thumb, said Fishman, is there should be one heart surgery per year for every 1,000 residents. That means Dominican's program, the only one in the county, should be performing 230 surgeries a year in this community of 230,000.

The lower numbers could mean patients are still skittish about Dominican's program, Cummins said. But it also could reflect that in this older-than-average community, many patients are getting second surgeries and are returning to their former surgeons, cardiologist Finegan said.

When Dominican purchased Community, it wasn't required to honor the contract the former hospital had with the cardiac surgery team there. Hyer said the decision was made to combine the best of both programs.

"With the combination of Dr. Griffith's skill and knowledge in the high-risk area and the achievements of the program at Community Hospital, we felt if we could blend those two philosophies and create a new philosophy, we would have a cardiac program that was stronger than either hospital had individually," she said.

Cummins said the focus on the number of deaths strikes him as strange.

"Hearts and heart attacks kill way more people in this country than cancer," he said. "These doctors are dealing with the main killer in this country. I hear people focusing on the deaths. To me, it is a miracle that the other 99 percent lived."

### Mortality rates for heart surgeries

	Bypass surgeries	Deaths	Mortality rate
<b>Community Hospital 1987-1990</b>	<b>160</b>	<b>1</b>	<b>0.6%</b>
<b>Dominican Hospital April 1989-July 1990</b>	<b>59</b>	<b>5</b>	<b>8.5%</b>
<b>Consolidated program Aug. 1990-June 1991</b>	<b>79</b>	<b>1</b>	<b>1.3%</b>
<b>State average mortality rate: 4.9%</b>			