

EASTON HOSPITAL QUALITY CARE. RIGHT HERE.

August 22, 2008

David H. Wilderman Acting Executive Director Pennsylvania Health Care Cost Containment Council 225 Market Street, Suite 400 Harrisburg, PA 17101

Dear Mr. Wilderman,

On behalf of Easton Hospital, we would like to thank you for the opportunity to comment on the 2005-2006 PHC4 Report on CABG and Valve Surgery.

Patients with advanced cardiac disease present a uniquely high risk of adverse events in the perioperative period. At Easton Hospital, the risks and benefits of surgery are meticulously reviewed with each patient, along with information regarding alternative treatments. Our cardiac surgeons pride themselves on obtaining truly informed consents before moving forward with any procedure.

Although the PHC4 data suggests a higher that expected mortality in the valve with CABG category, we believe, upon careful review, that statistical issues and medical status of patients should be examined to help provide a more exact picture of performance.

Specifically, after required exclusions, the sample size for the category was dramatically reduced. As our cardiac program continues to expand, a larger sample should become available which will lend itself to more representative statistical review.

Furthermore, we believe that the medical context within which these outcomes occurred should be considered. For example, one patient presented in the emergency department with advanced aortic dissection, while operative findings in another case identified a patent foramen ovale which required repair.

Patient histories and comorbid conditions also contributed to less favorable prognosis. In the case of a patient with a history of breast cancer, cardiac surgery was uneventful but findings included a mass of bronchoalveolar cancer and diffuse alveolar destruction which contributed to severe pulmonary edema post operatively. Another patient had a history of smoking four packs of cigarettes daily.

Finally, this group included individuals undergoing repeat CABG. One was found intraoperatively to have severe aortic calcification with aortic stenosis while another experienced an acute MI during the course of his hospitalization, preceding surgery.

Easton Hospital is proud of the excellent care we deliver and of our ongoing commitment to process improvement. We will continue to closely review, both concurrently and retrospectively, the quality of care provided to our cardiac patients and expected outcomes given advanced cardiac disease and in light of significant co-morbidities.

We appreciate the State of Pennsylvania's commitment to transparency in healthcare quality and outcomes, and we stand ready to assist in any way as this process evolves.

Sincerely yours,

Mary ellen Trench

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