



When performance counts.

300 Highland Avenue
Hanover, PA 17331-2297
717-637-3711/1-800-673-2426
www.hanoverhospital.org

October 26, 2006

Marc P. Volavka
Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street
Suite 400
Harrisburg, PA 17101

Dear Mr. Volavka:

We welcome the opportunity to comment on your report for hospital acquired infections in Pennsylvania calendar year 2005. For the calendar year 2005, 4,469 surgical procedures were performed at Hanover Hospital. The hospital monitors these procedures for infections and reports internally to our surgeons and to numerous other agencies state-wide and nation-wide. We also publish all of our infection control data including our surgical wound infection rate on our web site for public transparency. The internal reporting is used for performance standards and quality improvements. One of the agencies using this information is the Pennsylvania Health Care Cost Containment Council, known as PHC4.

Hanover Hospital has a long standing system of surgical wound surveillance based on the Centers for Disease Control definition and guidelines, in that we report post-operative wounds from the time of surgery to 30 days after surgery and for those surgeries that involve implants for up to 1 year post-surgery.

In reviewing our report, we see that our post-operative wound infection rate per 1,000 cases is 28.7 compared to 5.8 for our peer group and 5.2 for the state. We would have hoped that someone seeing this huge discrepancy would have brought this to our attention before this. However, in reviewing these data ourselves we have been able to explain the discrepancy.

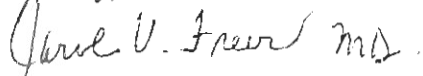
The PHC4 is reporting on a percentage of the procedures done at Hanover using a definite population of procedure descriptions and using procedures that it feels are prone to infection. PHC4 only requires reporting of the infections that were manifested during the actual hospitalization for a specific procedure defined by the council. Hanover Hospital on the other hand has chosen to report all surgical site infections within the hospitalization period and up to 30 days during the recovery stage for the continuum of care using CDC criteria. In addition we report all infections involving implantable devices up to 1 year. Therefore, unlike the concern that the Healthcare Cost Containment Council has about under reporting we have over-reported post-operative wound rates. According to our guidelines, and CDC criteria, Hanover Hospital has reported 34 post-operative wounds within 2005. The PHC4 report used 1,184 defined procedures within

that year, divided this by the 34 reported infections for the year to achieve the reported rate of 28.7 per 1000 cases. If we exclude those infections not required to be reported by PHC4, we would have 7 infections for this period divided by the denominator of 1,184 giving us a rate 5.91 per 1000 cases which is well within range of both the peer group and the state.

We would like to note that our post operative wound data are available on our web site transparent to the public and have been for over a year. Our National Nosocomial Infection Survey (NNIS) risk-adjusted post-operative wound rate is 1.72, with a benchmark of 4.60. We would also like to note that we have a unique system in place at Hanover Hospital where our surgeons actually report their infection rates back to us on a monthly basis. We use this to supplement standard case-finding methods for post-operative wounds.

Hanover Hospital's post-operative wound infection rate using the CDC criteria is and has always been lower than the national benchmark (NNIS). We thank you for the opportunity to comment on this report.

Sincerely,



Carol V. Freer, MD
Vice President, Medical Affairs
Hospital Epidemiologist



William Walb
President, Hanover Hospital
Chief Executive Officer