



October 26, 2006

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

Re: PHC4 Report on Hospital Acquired Infection in Pennsylvania-CY 2005

Dear Mr. Volavka:

Jefferson Regional Medical Center has always been committed to providing the highest quality patient care and has implemented best practices identified in published scientific literature to reduce hospital-acquired infections. One of our intensive care units received a national VHA award this year for having no central line associated blood stream infections for twelve months. Best practices are in place to:

- Reduce if not eliminate blood stream infections related to central lines throughout the hospital.
- Use weight-based dosing of antibiotics given for surgery and that are infused within one hour of surgery.
- Improve tighter glucose control in all of our hospitalized patients.
- Reduce and or eliminate pneumonia resulting from use of ventilators.
- Encourage everyone - physicians, healthcare workers and visitors - to perform hand hygiene when entering or leaving a patient room.
- Reduce the use of foley catheters throughout the hospital.

We have participated in the voluntary data submission of hospital-acquired infections to the Centers of Disease Control and Prevention (CDC) since the 1980's. All hospitals in Pennsylvania have been required to submit data on hospital-acquired infections to the Pennsylvania Health Care Cost Containment Council (PHC4) since January of 2004. In November, PHC4 will publicly release its data analysis on hospital-acquired infections (HAI) for calendar year 2005. PHC4's technical notes emphasize the following:

1. *"The purpose of the report is to establish a baseline against which a hospital's future performance can be measured, rather than to compare hospitals to one another. Hospitals differ in terms of the volume and types of care provided and the completeness of infection reporting across hospitals may vary. For example, a low number of infections could mean that the hospital is doing an excellent job in preventing hospital acquired infections or that the hospital is underreporting their infection numbers to PHC4. Conversely, a hospital with a high number of infections might appear to be less effective at preventing HAIs or the hospital is doing a very good job of reporting identifying and reporting of infections."*
2. *"Hospital acquired infections are only required to be reported in the admission in which the HAI manifested; that is, readmissions due to a HAI are not required to be reported."*

We applaud the fact that PHC4 adopted the Centers for Disease Control and Prevention (CDC) definitions of hospital acquired infections. In those definitions, a surgical site infection is related to the surgical procedure if it occurs within 30 days of the procedure or within one year of the procedure if implants are used. With short lengths of stay, these types of infections are almost always identified after discharge. To meet the CDC criteria, Jefferson Regional Medical Center conducts a formal post-discharge surveillance system to identify patients with surgical site infections after discharge. Although PHC4 does not require it and other hospitals may choose not to, we choose to report all surgical site infections identified after discharge. We also report any site infection if it is linked by CDC criteria to the previous admission. We believe this is important to have a complete picture of our hospital, identify areas of improvement, look for any clustering of infection issues, and institute immediate control measures if necessary.

Our numbers may appear higher in the PHC4 data because of our approach to intervening within our own hospital. From the onset of required reporting in 2004, we have embraced the requirement of public reporting to help us influence change within our hospital and have reported all identified infections to PHC4 using CDC criteria (exceeding the requirement by PHC4 in the above second statement). Internally, we have used that data to initiate best practices, change equipment, revise policies and procedures, and educate our physicians and healthcare workers.

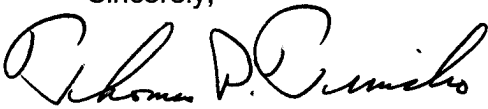
Further, the data tabulated by PHC4 in their public report is based on hospital discharges. There are no established benchmarks for such rates based on discharges. CDC calculates rates based on patient days, device days, or procedures as denominators. In the PHC4 table "Hospital Acquired Infections by Quarter", the "rate" may be interpreted by the public as a percentage. A clearer picture may be to take the number of infections as the numerator divided by the discharges times 100 to actually calculate a percentage.

By calculating rates using hospital discharges as the denominator, PHC4 is creating a new benchmark to chart hospitals progress in reducing hospital-acquired infections. When reviewing the way PHC4 is reporting hospital-acquired infections we need to take several factors into consideration:

- Not all hospitals collect or report data in the same manner.
- PHC4 data is not risk-adjusted to address severity and complexity of patient's medical conditions.
- Jefferson Regional Medical Center reports infections beyond PHC4 requirements using established CDC criteria. This may be most apparent in the surgical site infections, but is true with all infections.

At Jefferson Regional Medical Center, we will continue to identify and adopt best practices to reduce and/or eliminate hospital-acquired infections. It is our hope that PHC4, the medical community, and the media, can appreciate individual hospital resources and reporting variances, and utilize this information externally in the manner that PHC4 has stated in their intent, "to establish a baseline against which a hospital's future performance can be measured, rather than to compare hospitals to one another".

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas P. Timcho". The signature is fluid and cursive, with the first name being the most prominent.

Thomas P. Timcho
President & Chief Executive Officer