October 25, 2006

2200 Memorial Drive Farrell, PA 16121 724-981-9500 http://www.upmc.edu Marc P. Volavka
Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Volavka:

Data presented in this report demonstrates that UPMC Horizon's overall infection rate, mortality rate, average length of stay and average charges compare very favorably against Peer Group 3 and Statewide data. Prevention of hospital acquired infections is one of several initiatives at UPMC Horizon to provide high quality medical care. In addition to operating a comprehensive Infection Control program, the hospital endeavors to comply fully with the PHC4 Hospital Acquired Infection (HAI) reporting program.

Our reporting for calendar year 2005 reflects the continued phasing in of the reporting process. According to PHC4 guidelines for quarters one through three of 2005, UPMC Horizon's reporting was based upon a limited patient population, i.e. patients in the Intensive Care units with devices such as urinary catheters, ventilators or central venous catheters. Surgical site infection reporting was also limited to procedures such as total knee or hip replacement or arthroscopy procedures. During 2005, UPMC Horizon did not provide neurosurgery services and only a minimal number of circulatory system surgery procedures. Therefore, the volumes of hospital-acquired infections reported were limited.

Beginning October 2005, as required by PHC4, UPMC Horizon began to report all infections throughout the hospital, including both device-related and non-device related infections. In addition, all surgical site infections meeting CDC criteria were reported to PHC4.

There were some limited clerical reporting errors in the fourth quarter of 2005 that resulted in an inflated number of surgical site infections being reported from UPMC Horizon. Surgical site infections that developed and were diagnosed during the 30 days following discharge, but not readmitted to the hospital, were reported erroneously. The effect of such reporting made surgical site infections appear higher than they actually were. The error has been corrected and does not appear in subsequent reporting quarters.

Finally, for UPMC Horizon, the reported mortality rate associated with cases of Urinary Tract Infections was higher than Peer Group 3 and Statewide rates. The mortality rate is misleading because the two patients reported in the data did not expire as a direct result of urinary tract infections. It is a good example of the potential to reach erroneous conclusions from limited data, and is why the small number of cases treated in community hospitals must also be taken into consideration when interpreting this data.

UPMC Horizon recognizes the value of public release of meaningful data that can be useful for consumers in evaluating the quality of care, and for hospitals in improving the quality of care. We hope the points outlined above will enhance the reader's understanding of the infection data for UPMC Horizon.

Sincerely, Barks M.D.

Virginia Banks, M.D.

Medical Director, Infectious Disease