HANOVERHOSPITAL
When performance counts.

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

Dear Mr. Volavka,

Hanover Hospital welcomes the opportunity to comment on your report for hospital-acquired infections in Pennsylvania during calendar year 2006. For calendar year 2006, 4,345 surgeries were performed at Hanover Hospital including both inpatient and outpatient surgeries. Our internal methodology continues to monitor all of those surgical infections including those done as outpatients and those readmitted to the hospital. We understand, however, that PHC4 only requires us to report those infections acquired as inpatients and most recently during the last two quarters readmissions. However, for calendar year 2006, only inpatient infections were required to be reported. Hanover Hospital monitors procedures for infections and reports internally to our surgeons and to numerous other agencies including the PHC4. We include our data on our hospital's website. The internal reporting is used for performance standards and quality improvements. Our internal reporting includes all infections up to thirty days post-op and one year for those with implantable devices.

We are pleased to note that our rates are, in general, lower than both our peer group and state data. Our charges are also lower at $29,000 per case compared to $86,000 per case for our peer group or $153,000 per case for state data. More importantly, our mortality rate for all post-op wound infections is zero compared to 6.5 for our peer group and 9.8 for the State. Our post-op wound rate is 1.60 through September 2007. Surgical site infection rates, as published in 2004 by the National Nosocomial Infections Surveillance System (NNIS), range from 0.36 to 11.25 per 100 procedures, depending upon the type of procedure performed and the patient's risk factors. We continue to survey all post-discharge infections through a unique reporting system by our surgeons on a monthly basis and we use this to supplement our standard case findings for post-operative wounds.

Upon reviewing the report, our post-op wound rate reflects contamination of quarter one 2006 data with additional infections from our internal reporting method. Therefore, our 2006 rate reflects infections, as per CDC criteria, including readmissions and outpatient reporting which were not required to be reported. We were not permitted to change these data, as this discovery was made past the permitted period for change. This results in a rate much higher

than our peer group for quarter one and averaged into the year's data a higher rate for the peer group for the year. However, for all infections combined, our overall rate is not significantly different from that of our peer group or the State and this result reflects a much lower rate for infections other than post-operative wound infections. Our quarter four data for post-operative wound infections reflects a cluster of colon and gastrointestinal surgery infections that was apparent to us within that quarter and was dealt with through our peer review process. The benchmark rate for these surgeries is higher than for other surgical classes. As reflected in our 2007 data, this is no longer a problem.

Despite the increased rate, our published rate for post-operative wound infections per PHC4 actually matches our internal methodology and corresponds to CDC benchmarks. Our total internal rate for 2006 was 1.84 post-operative wound infections per 100 cases (18.4 per 1,000 cases). If our data are corrected for those infections not required to be reported to PHC4, our rate is 8.87 per 1,000 cases or 0.887 per 100 cases.

We can neither explain nor have been given an adequate explanation for the very low rates as reported by PHC4 compared to national benchmarks and CDC and peer review literature. The national benchmarks for surgical site infections range from 0.36 to 11.25 per 100 procedures, depending upon the type of procedure. As a small hospital with no open heart surgery, we strive for a rate of less than 2.0 per 100 cases. The PHC4 data for post-op wound infections for our peer group is 4 per 1,000 cases which would be a rate of 0.4 per 100 cases. For the State, 4.2 wound infections per 1,000 cases or a 0.42 per 100 case rate is an unusually low wound rate in any hospital doing routine surgery, unless there is underreporting. To have a rate of 4.0 per 1,000 means that with a denominator similar to ours (i.e., that of our peer group) a hospital would only have 5.85 post-op wound infections per year or approximately only 1.46 per quarter. We remain puzzled by the discrepancy between the NNIS benchmark and those reported by PHC4 for post-operative wounds. It is interesting that this is the only class of infection with a different denominator.

We appreciate the opportunity to comment on this report.

Sincerely,

Carol V. Freer, M.D
Hospital Epidemiologist
Vice President of Medical Affairs

Michael A. Hockenberry
Interim President and CEO