620 HOWARD AVENUE
ALTOONA, PA 16601-4899

814.946.2226
Fax 814.946.7994

JAMES W. BARNER
PRESIDENT/CHIEF EXECUTIVE OFFICER

MICHAEL-GERARD MONCMAN, DO, MSc
PRESIDENT, MEDICAL STAFF

altoona hospital
CENTER FOR MEDICINE

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

Dear Mr. Volavka,

The Altoona Hospital again welcomes the opportunity to comment on the statistical conclusions of the annual PHC4's Hospital Performance Report. We affirm the numbers and are pleased to offer a considered interpretation of their meaning. Only analysis of the individual cases can determine whether or not the patients received quality care.

In the category of 28 primary conditions, the report identified a statistically significant increased mortality in DRG 079 Lung Infections, Complicated. The 18 patients in this DRG who died were generally quite elderly and all had multiple medical problems. 13 of these patients were categorized DNR. All but one had an Adjusted Severity index of 3 or 4, indicating a non-negligible risk of death at the time of admission. In at least 15 of these patients, pulmonary aspiration of food and vomit was implicated. Pulmonary aspiration is often recurrent, refractory to antibiotics, and reflects severe patient debility. In keeping with the Medical Staff policy, all patient deaths are reviewed by Peer Review Committees. No deficiencies in patient care have been identified. We have also supplemented routine reviews with focused reviews, again without findings. We believe the patient mortality in DRG 079 is attributable to the refractory nature of the patients' underlying diseases.

Among the category of secondary DRGs, there were several additional variances in mortality. Again, it is to be emphasized that Peer Review Committees of Physicians systematically review all deaths for deficiencies.

In DRG 012 Degenerative Neurologic Disorders, there were but two deaths. One was 76 years old and the other was 80. Both had multiple medical problems, were DNR, and expired in the Palliative Care Unit. DRG 203 Liver, Gallbladder or Pancreatic Cancer accounted for seven deaths. These patients were generally quite elderly, and five were DNR. In five of the patients, their liver cancer was metastatic. One of the remaining two was a 79-year-old patient with Cancer of the Pancreas. The remaining patient with

primary liver cancer also had idiopathic hepatic cirrhosis with ascites among other problems. Analysis of DRG 310 Transurethral Procedures except Prostatectomy, Complicated revealed that the two patients who died were in their 80's and had advanced heart disease as well as multiple other medical problems. Both had cancer of the urinary tract, and in one case, the cancer was metastatic from one of two non-urinary primaries. In DRG 403 Lymphoma & Non-Acute Leukemia, Complicated, eight of the nine patients were DNR. The several patients in their 60's generally had very advanced disease, including multiple primaries. A single patient of 48 years had history of another primary and a cerebral hemorrhage related to a fall in a public building. In each of these cases and with the very best of care, the prognosis on admission was ominous. Moreover, focused Peer Review failed to disclose deficiencies in care.

Among both the primary and secondary categories, it is noted that hospital data shows statistically significant short Length of Stay in the areas of Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Hemorrhagic Stroke, DRG 138/139 Uncomplicated and Complicated Abnormal Heart Beat, as well as DRG 141 Complicated Hypotension & Fainting. While these might be categorized as hasty discharges, in none of these categories is there evidence of increased patient mortality. There are some statistically insignificant variations in readmission rates. In the past we have reviewed such matters and found that subjectivity often enters into readmission decisions. We do note that the appearance of these variances correlates in time with the maturing of our hospitalist program and seems to reflect prompt and incisive interventions by hospitalist physicians who are in house and immediately available. The absence of excessive lengths of stay also indicates effective patient care. We believe that this factor accounts for the statistical variance, which has not adversely affected patients.

In summary, we believe that the HC4 data support our conclusion that the Altoona Hospital and its physicians achieve the mission of providing high quality cost effective healthcare to the people of central Pennsylvania.

Sincerely,

M.D.

Robert F. Barnes, M.D.
Medical Director

Cc: James W. Barner