Sunbury Community Hospital & OUTPATIENT CENTER "Community is our middle name."

December 16, 2002

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

Dear Mr. Volavka:

Sunbury Community hospital would like to thank the Pennsylvanian Health Care Cost Containment. Council for the opportunity to review & comment on certain issues relating to our 2001 data.

In the current report, DRG 316 (Kidney Failure) had a mortality rate significantly higher than expected. In concordance with & respect for all of the families/patients wishes, all of the deaths had a "Do Not Resuscitate" (DNR) order. Average age was 86 years & the average severity on admission was 2.9.

DRG Code 130 (Vascular Disorder except heart, Complicated) had a mortality rate significantly higher than expected. The average age for the two patients was 68 years. One of the two patients had a DNR order, while the other patient was here less than 6 hours, which is indicative of the catastrophic nature of the event. Average severity on admission was 1.5.

DRG code 154 (Stomach & Small Intestinal Operations, Complicated) had a mortality rate significantly higher than expected. The average age was 74 years. One of the two patients had a DNR order. The other patient had a significant past medical history of suffering. He had gastric surgery times two & had been relying mainly on tube feeding for nutrition. The average seventy code on admission was 2.5.

DRG code 180 (Stomach & Intestinal Obstruction, Complicated) had a mortality rate significantly higher than expected. The average age was 85 years, with all eight patients having a DNR order. Average severity on admission was 2.62. Three patients expired within 24 hours and one patient had sudden cardiac death. This again suggests the extreme condition of these patients.

DRG 79 & 89 (Pneumonia) had a mortality rate significantly higher than expected. The average age for 23 patients was 81 years, all having DNR order. Average severity on admission was 2.78. One patient was here less than five hours, which again is indicative of the catastrophic event & one patient experienced sudden cardiac death.

In conclusion, after reviewing the cases carefully, the outcomes were not unexpected given the clinical presentation & comorbidities of the patients.

The Sunbury Community Hospital appreciates the efforts of the Pennsylvania Health Care Cost Containment Council in taking a lead role in comparing hospital performance & we will continue to strive toward improving the quality of patient care.

Sincerely,

Quera g. Morton, RN

Debra J. Morton, RN Director of Quality Management

CC: Dr. Edward Hansen, CEO Colleen Paige-Albright, Vice President of Administration & HR