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Marc P. Volavka, PHC4 Executive Director
Pennsylvania Health Care Cost Containment Council
Suite 400, 225 Market Street
Harrisburg, PA 17101

September 17, 2004

Dear Mr. Volavka:

Thank you for the opportunity to comment on the FFY2003 Hospital Performance Report. We at Mount Nittany Medical Center support the use of reports, such as the Hospital Performance Report, in identifying potential opportunities for improvement in the health care system. We use the same data to create similar reports on a regular basis throughout the year as one part of our internal performance improvement process.

Overall, our Medical Center compares favorably with other hospitals, however we would like to comment on the variance in four conditions with a mortality rate greater than the expected.

All of the patients who died with a diagnosis of Non Hemorrhagic Stroke had a Do Not Resuscitate (DNR) status designated. DNR means that measures such as cardiopulmonary resuscitation and mechanical breathing support will not be used if the patient stops breathing or his heart stops beating. DNR status is determined through discussion with the patient or family, and in consideration of the patient's previous wishes as expressed in an advance directive. Six of these patients died within a day of admission due to the severity of their condition. In recognition of the importance of stroke care, the Medical Center formed an interdisciplinary performance improvement team in 2002. The team developed standardized, evidence-based stroke orders and promoted continuing medical education on stroke.

Of the patients with Aspiration Pneumonia, Infectious Pneumonia, and Heart Failure who died, 92% had a DNR status designated. However, we continue to look for opportunities to improve care to patients with these conditions and we are participating in the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the Center for Medicare and Medicaid Services (CMS) hospital quality initiatives regarding community acquired pneumonia and heart failure.

We believe that these deaths were not unexpected, given the severity of the patients' illnesses and the expressed wishes of the patients and family. However, we continue to evaluate care to these patient populations through attention to evidence-based performance measures and individual case review.

We welcome information that helps us improve our care to our patients and we thank the Council for providing regular comparative reports.

Sincerely,

Marilyn K. Pesci, MSN, RN, CNAA
Senior Vice President for Patient Care Services
Mount Nittany Medical Center

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