



**FORBES  
REGIONAL HOSPITAL**

WEST PENN ALLEGHENY HEALTH SYSTEM

2570 HAYMAKER ROAD, MONROEVILLE, PA 15146

412-858-2000

September 15, 2004

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

Dear Mr. Volavka:

This letter is to provide clarification on the results of Forbes Regional Hospital in the Hospital Performance Report for Federal Fiscal Year 2003. Two areas, Chest Pain and Infectious Pneumonia, were found to have statistically different rates of long length of stay outliers and three areas: Kidney and Urinary Tract Infections, Stomach and Intestinal Bleeding and Non-Hemorrhage Stroke, were identified as having statistically significant increased rates of readmission. We would like to comment on this issue.

Upon review of the records identified as long length of stay outliers, no trend was identified which would lead to a statistically significant long length of stay. Instead, each case had specific issues related to co-morbid conditions or the choice of a skilled nursing facility.

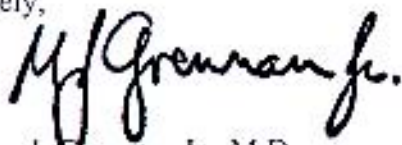
While DRG-specific benchmarks to predict length of stay do exist, the issue of length of stay is very patient - specific. The process of discharge planning actually begins at the time the patient is admitted to our facility. This process involves Clinical Care Coordinators, Social Workers, Nursing, members of the Medical Staff involved in the patient's care, and to a large extent, the patient and his/her family. This inter-disciplinary team assesses the patient's readiness for discharge or transfer to another level of care on a daily basis. Interqual® criteria is used to assist in the determination of the need for continued acute care or the appropriateness for discharge. Patients are only discharged when their medical condition warrants the transition to another level of care.

Regarding the three areas in which Forbes was found to have a statistically significant high rate of re-admissions, I will again point out that criteria are used to determine a patient's readiness for discharge as well as the medical necessity of a re-admission. Upon review of the medical records identified by the Council as re-admissions for Kidney and Urinary Tract Infections, Stomach and Intestinal Bleeding and Chest Pain, many of the patients had chronic co-morbid conditions that led to the patient's re-admission as opposed to a continuation or recurrence of the original condition.

Forbes monitors length of stay and readmission outliers on a regular basis and works with any physician who may have a statistically significant trend. This process is part of an overall Peer Review program which ensures the continuous improvement of the quality of care we provide to our patients.

Forbes Regional Hospital would like to thank the Council on the opportunity to provide comments on the results of the 2003 Hospital Performance Report. We applaud the efforts of the Council and its member hospitals to ensure the quality of health care provided to Pennsylvania residents.

Sincerely,

A handwritten signature in black ink, reading "M. Joseph Grennan, Jr." in a cursive style.

M. Joseph Grennan, Jr., M.D.  
Vice President, Clinical Quality and Resource Management

cc: Thomas J. Senker, FACHE, President and CEO, Forbes Regional Hospital