



September 17, 2004

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

Dear Mr. Volovka,

Holy Spirit Hospital would like to express our appreciation for the opportunity to review and comment upon the 2003 Hospital Performance Report.

We would like to assure you and the public that all cases of patient mortality at Holy Spirit Hospital are thoroughly reviewed by Peer Review Committees of physicians for any deficiencies. Furthermore, the cases of mortality contained in the latest Hospital Performance Report received additional review by an outside auditor, National Health Services Inc, and were found to be appropriate given the patients conditions.

The higher than expected mortalities at Holy Spirit are due to several predictable factors. Advanced age and co-morbidities were significant factors contributing to their poor prognosis. "Do not resuscitate" or "comfort measures only" orders on the majority of the cases limited a more aggressive treatment plan. As a community healthcare institution, we care for each patient's unique health concerns and respectfully support end-of-life care in the appropriate setting.

The following comments reflect the information provided by PHCA directly to Holy Spirit Hospital on a special data report: This special report corrects for Holy Spirit Hospital's data processing error during the time period October 1, 2002 through March 31, 2003.

Comments for Congestive Heart Failure

A total of 519 patients were treated for congestive heart failure with 33 mortalities. The average age of these patients was 81. Significant contributing co-morbidities included; 45% had chronic renal disease, 24% had diabetes and 36% had Chronic Pulmonary Obstructive Disease (COPD). 45% of these patients had either "do not resuscitate" or "comfort measures only" orders on the chart. In 2004, Holy Spirit Hospital has started a congestive heart failure clinic to address the special care needs of patients in our community with this disease.

Comments for Infectious Pneumonia

A total of 456 patients were treated for pneumonia with 29 mortalities. The average age of these patients was 80. Significant contributing co-morbidities included; 44% had cancer, 41% had Chronic Obstructive Pulmonary Disease (COPD) and 37% had congestive heart failure or other cardiovascular disease. 89% of these patients had either "do not resuscitate" or "comfort measures only" orders on the chart.

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Comments for Heart Attack Medical Management

A total of 174 patients were treated for a heart attack with 38 mortalities. The average age of the patient was 77. Significant contributing co-morbidities included; 42% had history of congestive heart failure, 36% had cancer, 26% had chronic lung disease and 26% had chronic renal disease. 86% of these patients had either "do not resuscitate" or "comfort measures only" orders on the chart.

Comments for Gallbladder Removal – open, Stomach and Intestinal Bleeding DRG205 – Liver disease except cancer and DRG415 – Surgery for Infectious or Parasitic Disease

A total of 347 patients were treated with these diseases with 22 mortalities. The average age of the patient was 81. Significant contributing co-morbidities for these patients included: congestive heart failure, HIV, chronic renal disease, chronic lung disease and Cirrhosis of the liver. 50% of these patients had either "do not resuscitate" or "comfort measures only" orders on the chart.

Comments for Kidney Failure

A total of 151 patients were treated for kidney failure with 18 mortalities. The average age of these patients was 77. 50% of these patients had cancer. 44% had history of Congestive Heart Failure. 83% of these patients had "do not resuscitate orders" or "comfort measures only" orders on the chart.

Comments for Respiratory Failure with Mechanical Ventilation

A total of 44 patients were treated for Respiratory Failure with Mechanical Ventilation with 25 mortalities. The average age of the patient was 69. A majority of these patients presented to the emergency department with pneumonia, respiratory or cardiac arrest or with sepsis. Contributing factors included chronic obstructive pulmonary disease or cancer. 60% of these patients had either "do not resuscitate" or "comfort measures only" orders on the chart.

As a community health care institution, Holy Spirit Hospital takes seriously our responsibility to provide high quality healthcare to our community. We have also established a Bereavement/Palliative Care Team so that our care is complemented with a focus on the best quality of life in the face of serious chronic terminal disease or illness.

We greatly appreciate the work that PHC4 is doing to improve healthcare in the State of Pennsylvania.

Sincerely,



Charles DeLone, MD
Vice President Medical Affairs