



September 13, 2004

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

Dear Mr. Volavka,

I would like to respond regarding the information for Riddle Memorial Hospital (PAF 1520) being published in the *Hospital Performance Report* (Federal fiscal year 2003 data). In this report, the mortality data for Riddle Memorial Hospital is flagged as being significantly higher than expected for Heart Attack – Medical Management. In investigation, the following information was found.

For Heart Attack – Medical Management, there were 19 actual mortalities reported; the Pennsylvania Health Care Cost Containment Council (PHC4) reported the expected range of mortalities as 6 – 18. PHC4 based the mortality rate on a denominator of 57 patients as it excludes patients that are transferred out of the admitting hospital for further treatment at another acute care institution. Seventy-eight (78) patients were transferred out, as they were candidates for more aggressive treatment that is not currently available at Riddle Memorial Hospital; thus, the transfer of these 78 patients represents the appropriate care decision for this population. If the 78 that were transferred out are included in the denominator, our denominator is increased to 135 and the mortality rate is then 14.1%, well within an expected range.

The average Admission Severity Grade of those who expired was 3.3 (scale of 0 – 4), indicating that these patients were very ill on admission. The average age was 85.6 years. Fourteen (14) of the 19 had orders to "Do Not Resuscitate" on the chart in honor of the patient or family wishes; 3 of the remaining 5 patients had resuscitation attempted. All mortalities were reviewed and no quality of care issues were identified.

The Pennsylvania Health Care Cost Containment Council provides a valuable service in providing this information to the public and by allowing the opportunity for organizations involved to respond to any concerns that may be raised. However, we strongly urge PHC4 to consider DNR status when developing the database and statistical analysis for reporting. Thank you for this opportunity to address this information.

Sincerely,

Diane L. Christie  
Director, Quality/Risk Management