



VIA FAX #717-232-7029
VIA EMAIL rgreenawalt@phc4.org

September 16, 2004

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

RE: FFY 2003 Hospital Performance Report

Dear Mr. Volavka:

Thank you for providing Shamokin Area Community Hospital the opportunity to review the data and submit comments. I would like to reply on those cases involving a significantly higher mortality rating.

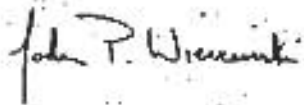
- Patients who expired with the conditions under *Diabetes – Medical Management*:
There were 4 deaths, which include one patient from a nursing facility and one patient from a prison facility. These patients suffered from multiple comorbid conditions including, but not limited to myocardial infarction, sepsis, renal failure, and a patient with the diagnosis of terminal Hepatitis C. One of these patients requested comfort measures only.
- Patients who expired with the conditions under *Kidney and Urinary Tract Infections*: There were a total of 6 deaths; five out of the six came from a nursing facility. Two of the admissions were designated as “no resuscitation”; one was “limited resuscitation”. Two patients were found unresponsive prior to admission. The comorbid conditions range from diabetes, anemia, pneumonia, CVA, Parkinson’s, and renal failure. The average age of these patients was 86.
- Patients who expired with the conditions under *Stomach and Intestinal Bleeding (these comments include those patients with OR procedures)*:
There were a total of 9 deaths. Three patients came from a nursing facility, one from an assisted living facility. One of the patients had complications of cancer. One patient had mesenteric thrombosis with gangrene and perforation. Three patients had “Do Not Resuscitate” orders. Some of the comorbid conditions include severe anemia, diabetes, COPD, CAD, cerebral infarcts, cardiac amyloidosis, and dilated cardiomyopathy.

- Patients who expired with the conditions under *Hip Fracture, Surgical Repair*:
There were eight deaths. Two patients came from a nursing facility; one came from an assisted living facility. One patient had a pathological fracture due to metastatic disease. One of the patients was at home for two days prior to being admitted with a hip fracture; another patient was home four days prior to being admitted. One of the patients suffered an MI at the time of hip fracture which was discovered on admission to the Emergency Department. The comorbid conditions range from Alzheimer's, COPD, osteoporosis, diabetes, coronary artery disease including aortic stenosis, and chronic renal failure.

- Patients who expired with the conditions under *Chest Pain*:
There were a total of 11 deaths. Two patients came from nursing facilities, one from assisted living facility, and one from a prison facility. Three of the patients were admitted unresponsive status post resuscitation. The comorbid conditions included ischemic cardiomyopathy, acute renal failure, end-stage hepatitis C, pulmonary edema, Alzheimer's, nursing home-acquired pneumonia, CVA, end-stage Parkinson's disease, CA of the prostate, gangrene of the foot, ischemic colitis, chronic GI bleed, acute CHF, and seizure disorder.

My purpose in replying to the report is to provide additional information regarding these cases. Shamokin Area Community Hospital prides itself in providing excellent care in a cost-efficient manner.

Sincerely,



John P. Wiercinski, CHE
President and Chief Executive Officer