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> Wayne W. Johnston President & CEO

September 17, 2004

Marc P. Volavka, Executive Director Pennsylvania Health Care Cost Containment Council 224 Market Street, Suite 400 Harrisburg, PA 17101

Dear Mr. Volavka:

Thank you for the opportunity to respond to the Health Care Cost Containment Council's *Hospital Performance Report* for Federal fiscal year 2003. In analyzing the cases receiving higher than expected marks, it becomes evident that administrative data and clinical severity of illness codes do not adequately portray the nature of all chronic and end-stage diseases.

The higher than expected mortality rating in infectious pneumonia cases, all of which had been previously reviewed, failed to take three important issues into consideration. Half of these patients were admitted from nursing homes indicating their chronic debility. All but one patient's record was designated as "Do Not Resuscitate". Lastly, the ICD-9-CM codes do not designate that a co-morbidity is in its end-stage of the disease process. This holds true for the COPD mortalities also, with 4 out of 5 being "Do Not Resuscitate" and at the end-stage of their disease.

Readmission higher than expected rankings follow a similar pattern. For stomach or intestinal bleeding readmissions, 1/3 were readmitted for unrelated reasons. The other patients were dealing with chronic disease issues such as the fine line between anticoagulation to prevent stroke versus gastrointestinal bleeding. Others had chronic illnesses known to cause bleeding. The last group refused or delayed surgical intervention to correct the problem.

Readmissions in DRG 205, the administrative grouping for liver disease patients, includes those admitted for the effects on other body systems due to cirrhosis or hepatitis. Chronic to end-stage alcoholic or non-alcoholic cirrhosis and hepatitis patients become disoriented for one of many reasons that increases their ammonia level resulting in encephalopathy. It is normal for them to be brought back to the hospital because of this increased disorientation.

In conclusion, Sharon Regional Health System appreciates the opportunity to comment on these cases. Chart review demonstrated that diagnosis, treatment, and outcomes were appropriate in all cases.

Sincerely,

Wayne W Johnston

WWJ:sb