

September 13, 2005

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

Dear Mr. Volavka,

Carlisle Regional Medical Center reviewed the records for the patients who had outcomes in this report and determined that appropriate care was provided. Our conclusions were based on the overall contributing factors in each case, such as advanced age, severity of illness at the time of admission, probability of death at the time of admission and other serious health factors combined with reasons for admission, and in some cases readmission.

We are committed to honoring our patients' wishes for Do Not Resuscitate – these orders represent patient and/or family requests that no resuscitation or extraordinary means be used to preserve or extend the patients' lives. Do Not Resuscitate orders were in place for 85% of cases where mortality occurred in patients diagnosed with CHF; 83% of cases where mortality occurred in patients diagnosed with septicemia; and 86% of cases where mortality occurred in patients undergoing colorectal procedures. The Biomedical Ethics Committee at Carlisle Regional Medical Center has shown tremendous leadership in facilitating policies and procedures that assist patients, their families, and their physicians in making optimal end-of-life decisions. In the identified cases, Carlisle Regional Medical Center provided medically appropriate care in respect of these decisions.

Our physicians, nursing staff and hospital leadership are committed to keeping high quality of care a priority at Carlisle Regional Medical Center on behalf of our patients and their families.

Sincerely,

William H. Leonard Chief Executive Officer

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