

September 13, 2005

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

Dear Mr. Volavka:

Thank you for the opportunity to respond to this year's report.

We are very pleased with the results of the data presented to us by the Health Care Cost Containment Council. We have seen a great deal of improvement in our data over the last few years, especially in the area of Mortality Analysis. This is due, in a large part, to an aggressive team approach to quality improvement throughout the Greater Hazleton Health Alliance. This team effort consists of case management, discharge planners, nursing, medical staff and administrative personnel working together to improve the quality of services provided by Alliance facilities.

This year's data reveals a number of areas of increased focus regarding readmission rates for four categories: Congestive Heart Failure, Kidney Failure, Removal of Blockage of Neck Vessels, and Hypotension and Fainting. These cases involve patients who were readmitted within 30 days of discharge for either a complication or an infection. All the medical records pertaining to these diagnoses were reviewed. These patients received appropriate care during their hospital stays. There is no evidence of premature discharge on any of these patients. Two of these categories, Removal of Blockage of Neck Vessels and Hypotension, contained small numbers of patients (five in each category), not enough to reflect statistically significant trending information.

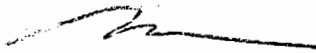
The two other categories, Congestive Heart Failure and Kidney Failure, have more significant numbers of patients. Some interesting trends appear upon review of these records. For example, we found that there were a small number of patients who accounted for several admissions in both these categories. In other words, a single patient might have severe chronic kidney failure which results in congestive heart failure, causing frequent, recurrent admissions to the hospital. Three patients accounted for eleven readmissions. These patients received appropriate care during these admissions, but, unfortunately, they had endstage disease, and tended to decompensate after discharge.

Most of the other cases were readmitted more than 14 days post-discharge, suggesting that they were stable at the time of their discharge. However, many of these patients were elderly and poor, with documented poor compliance with diet and medication. This

information leads to the conclusion that other factors, such as financial status and lack of family/community support systems, are negatively impacting our patients. These, unfortunately, need to be addressed at the societal level. We will continue to do our best to identify these patients-at-risk, and to try to obtain the necessary services they require for continued good health.

We at Hazleton General Hospital are committed to providing quality, cost effective health care to our customers. We look forward to working with you in the future to achieve this goal.

Yours truly,

A handwritten signature in black ink, appearing to read 'Barbara A. Vilushis', with a long horizontal flourish extending to the right.

Barbara A. Vilushis, DO
Associate Medical Director, GHHA