SHARON REGIONAL HEALTH SYSTEM



Advanced Care Close to Home

Advanced Wound Recovery Center Behavioral Health Services Brain Attack/Stroke Center **Breast Care Center** Cancer Care Center Chest Pain Emergency Center Corporate Health Services **Diabetes Center Emergency Care Center Express Care** Family Medicine Centers HealthPLACE **Heart Institute** Home Health Agency Hospital Hospice Home Care LifeFlight **Lung Center** Personal Fitness Center RehabCenter Rehab Unit School of Nursing School of Radiography Skilled Care Center Women's Center

Facility Locations:
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Main Campus 740 East State Street Sharon, PA 16146-3395 724 983-3911 www.sharonregional.com

> Wayne W. Johnston President & CEO

September 9, 2005

Marc P. Volavka, Executive Director Pennsylvania Health Care Cost Containment Council 225 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 2004. 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 chronic, emergent, or end-stage diseases.

All mortality cases are reviewed. The higher than expected mortality rating in aspiration pneumonia patients does not give a clear picture of the following factors: 100% of the patients were designated as "Do Not Resuscitate"; 80% aspirated while in a nursing home or assisted living facility indicating their chronic debility. For DRG 203, Pancreatic Cancer, all of the patients were at the terminal stage of their illness. Lastly, for colorectal procedures, most of these patients were known to be a poor surgical risk but, due to the bowel obstruction or gangrenous colon, there was no other option to alleviate their symptoms.

Readmission rankings that were higher than expected also do not tell the whole story. For DRG 97, Bronchitis and Asthma readmissions with infections/complications, 3 of the 4 patients were treated appropriately during their first admission with no evidence of pneumonia but were readmitted with pneumonia between 16-25 days post discharge. The other patient's readmission was unrelated to the asthma.

For removal of blockage of neck vessels readmissions for complications, one of our readmissions was actually an elective admission to have the other carotid artery done. The other known cases were readmitted for treatment of minor issues that were not unexpected.

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

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