

1200 Old York Road, Abington, PA 19001-3788

September 21, 2006

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 comment on the 2005 Hospital Performance Report, We have reviewed the medical records and would like to make the following observations related to the report.

After reviewing the medical records for patients readmitted after an admission for either Hip Practure-Surgical repair, Abnormal Heartbeat, or Kidney Failure, we found no quality of care trands which would account for the higher than expected readmission rate.

The overwhelming majority of patients readmitted after hip fracture surgery were over 85 years old and suffered from many complex medical issues. Abington's expected readmission number was up to 42 patients, and 43 patients were readmitted. There was one patient with a hip dislocation readmitted for a reason directly related to the hip surgery. The majority of readmissions occurred because of medical complications of immobility and included pneumonia, CHF, and UTI. We will continue to monitor this obtdome.

Most patients readmitted with Abnormal Heartbeat were readmitted with an arrhythmia such as strial fibrillation. Many of the patients were readmitted for recurrence of their arrhythmia despite treatment. They often required readmission to be monitored while new medications were started, electrophysiologic procedures were performed, or devices were inserted to treat the arrhythmia. None of these readmissions represent a quality of care issue that need be corrected.

Patients readmitted after admission for Kidney Failure represent a broad selection of very ill patients who are likely to require repeat hospitalization. There were no quality of care issues or trends identified in our chart review. We will continue to monitor this issue in the future.

Sincerety,

Kevin Zakrzewski, MD, FACP

Chairman, Utilization Management Committee