Greater Hazleton Health Alliance

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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. This is due, in a large part, to an aggressive team approach to quality improvement throughout the Greater Hazleton Health Alliance.

This year's data contains one area of focus for Mortality Rating: Diabetes with Amputation. There were only nine cases involved in the time period, with only two deaths. Both charts were reviewed, and the care given was appropriate. Both patients had endstage disease, and had a number of co-morbid conditions that complicated their care. The number of cases in this category is small, and, therefore, is statistically insignificant.

There were a number of areas of increased focus regarding readmission rates: Congestive Heart Failure, Laparoscopic Removal of Gall Bladder, and Chest Pain. 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. The majority of the readmissions occurred more than 14 days after discharge, and were not related to the initial admission.

The readmission rate for Congestive Heart Failure was an area of concern in last year's report, and continued to be a problem during this report period as well. As you know, Congestive Heart Failure is the top reason for hospital readmission across the country, not just in our hospital. Our readmission rate has stayed fairly steady for the past two reporting periods. This is primarily due to our elderly patient population. The average age of the patients who were readmitted was 79.7, with 5 of the 22 readmissions being over the age of 90. These patients tend to have a number of co-existing medical problems, including renal failure, cancer, and emphysema. About half of these patients reside in some sort of long-term care facility. Because of this information, we assembled a team to re-evaluate our overall management of the CHF patient from admission to

discharge. We instituted a number of measures, including revisions of our clinical pathways and discharge instruction sets, which have significantly improved our overall outcomes. In fact, our hospital has been chosen to present our Congestive Heart Failure Improvement Program at the Healthcare Facilities Accreditation Program annual meeting. Unfortunately, much of the data contained in this years' report is almost two years old, and does not reflect the improvements gained by our interventions.

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,

Barbara A. Vitushis, DO
Associate Medical Director, GHHA