



Heart of Lancaster
Regional Medical Center

Your Neighbor In Health

www.heartoflancaster.com

September 20, 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 review the hospital performance data from October 1, 2004 through September 30, 2005.

In two of the conditions/DRGs studied, the mortality rate was higher than expected.

The "Medical Back" DRG had 19 patients in the category with one death. The low volume skews results. This patient was over 90 years of age with a significant co-morbidity at admission of severe aortic stenosis. The patient was treated appropriately for her disorder. During the hospital course, the patient expired from cardiac complications of her co-morbid condition.

In the condition category of Kidney and Urinary Tract Infections, there were 47 patients with 4 deaths. Two patients had co-existing, profound metastatic cancer and were treated for end of life care. The remaining two patients had cardiac conditions that experienced unanticipated cardiac events unrelated to urosepsis.

There were three conditions listed with higher than expected readmission rates for any reason. The readmissions that fall into this category include readmissions for *any reason*, whether related or not to the original diagnosis.

Diabetes - Medical Management

There were 6 cases out of 32 that were readmitted for any reason during the year. 3 of the 6 cases were a result of patient non-compliance with diabetes management. The remaining 3 cases were readmitted due to other chronic conditions unrelated to diabetes.

Gallbladder Removal – Laparoscopic

There were 9 cases out of 44 that were readmitted for any reason during the year. 3 of the nine cases were not readmitted to this facility so no data is available. The remaining 6 readmissions to Heart of Lancaster Regional Medical Center were completely unrelated to the initial encounter and were not a result of a surgical complication or a previous admission.

Gallbladder Removal – Open

There were 3 cases out of 9 that were readmitted for any reason during the year. One of those patients was not readmitted to this facility so no data is available. One patient was readmitted for treatment of a dilated common bile duct and elevated liver enzymes prior to a scheduled outpatient visit for an ERCP. The remaining patient was readmitted with post-op wound drainage due to a subcutaneous abscess.

We support PHC4 in its efforts to provide the consumer with quality information to assist in medical decision-making.

Sincerely,



Lee Christenson
Chief Executive Officer