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September 18, 2007

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

Dear Mr. Volavka:

On behalf of Hahnemann University Hospital, we would like to thank you for the opportunity for comment on the PHC4 Performance Report.

The PHC4 report indicates there was a higher than expected mortality rate, representing six deaths in DRG 567/568 (formally DRG 154 – Stomach and Small Intestinal Operations, complicated).

Upon review of these individual cases, one case represented a trauma patient with multiple gunshot wounds suffering a cardiac arrest with uncontrollable bleeding. The remaining cases had an average age of 70.8 years with multiple co-morbid conditions upon admission including: metastatic, cervical and gastric cancer, portal vein thrombosis, kidney transplantation, hypertension, pulmonary fibrosis, cirrhosis of the liver, coronary artery disease and respiratory failure. Of these cases, 40% had been transferred in from other facilities after lengthy hospitalizations and 80% had a family requested Do Not Resuscitate status. These patients had multiple significant comorbidities leading to increased mortality.

In reviewing the Readmission Rate for Infections or Other Complications, our investigation revealed these probable causes: The higher than expected readmission rate for CHF is because we are a Cardiac Transplant center. Consequently, we see many patients on IV medications and assistive devices awaiting cardiac transplant. In addition, Hahnemann University Hospital operates a highly complex wound treatment program and has a large end stage renal disease population. For the DRG 415, the readmission rate is higher due to complex wound care and end-stage renal disease patients requiring dialysis many of whom have significant problems with access grafts requiring frequent interventions.

We are committed to providing the highest level of quality care here at Hahnemann University Hospital and we appreciate the opportunity to comment on these cases.

Sincerely,

George Amrom, M.D. Vice President, Medical Affairs

