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September 20, 2007

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

Dear Mr. Volavka:

We have received the PHC4's FFY 2006 Hospital Performance Report and appreciate the opportunity to review and comment on this data.

The report indicates our risk-adjusted mortality rates were not statistically different than expected for the DRGs reported, with the exception of kidney failure and pneumonia-infectious. Nason Hospital, however, provides service to a large nursing home population. We have reviewed all the mortality cases and have identified the following patient characteristics which account for this statistical difference as follows:

## Kidney Failure

- 1 of the 4 mortalities was admitted with a do-not-resuscitate status.
- 1 patient had history of previous stroke; 1 had history of previous CABG; 2 had history of CHF.
- All 4 patients had multiple comorbidities complicating their response to treatment, including chronic renal, lung, heart and/or neurological disorders.
- Patient's ages were 87, 81, 79 and 62.

## Pneumonia-Infectious

- 2 of the 7 mortalities were admitted with a do-not-resuscitate status and 1 patient's status was changed after admission.
- 4 of the patients had history of chronic lung disease; 1 had history of previous stroke
- All 7 patients had multiple comorbidities complicating their treatment, including chronic renal, lung, heart and/or neurological disorders.
- Patient's ages were 95, 92, 88, 86, 85, 85, and 69.

The report also indicates that our length of stay and readmissions for all of the DRGs reported was comparable to or better than that experienced in the region and state.

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Of note, there were 4 patients readmitted for complication/infection following *gallbladder removal* – *laparoscopic*. Those results included:

- 84-year old admitted 16 days after surgery with history of recurrent bowel obstructions
- 75-year old admitted 19 days after surgery with chest pain
- 50-year old admitted 4 days after surgery with abdominal pain from common bile duct leak undergoing an ERC with stent placement
- 34-year old admitted 6 days after surgery with abdominal pain, nausea and fever with bile leak undergoing an ERC, however, despite several attempts, the gastroenterologist was unable to obtain visualization or cannulation of the common bile duct. The patient was transferred to a tertiary center.

Overall, the PHC4's FFY 2006 Hospital Performance Report demonstrates that Nason Hospital continues to have quality patient outcomes. The information from this report will be utilized in our continuous quality improvement efforts.

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