

29 November 1999

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 1998 Hospital Performance Report. We have a major issue with the methodology used to determine the actual mortality rate for DRG 121-123, Medical Heart Attack. The methodology utilized is prejudicial to hospitals that do not have cardiac catheterization labs and in no way accurately represents the performance of St. Luke's Quakertown Hospital in cardiac care.

As a small community hospital, in 1998 we admitted 53 patients with Myocardial Infarction. Many of those patients were initially diagnosed and stabilized and then appropriately transferred for cardiac catheterization to the Bethlehem campus of the St. Luke's Health Network. Unfortunately, the 35 patients who were transferred are not included in the denominator of calculating mortality rate. Therefore, the 10 patients who died with this diagnosis at St. Luke's Quakertown Hospital were counted against only a total number of the remaining 18 admissions. Of those 10 patients who expired, the average age of 9 of them was 86 years. The tenth patient was a 53-year-old woman with end-stage ovarian carcinoma who survived for a few hours after an outpatient cardiac arrest. Five of the patients were nursing home residents. All 10 patients who expired were "Do Not Resuscitate" at the time of their admission.

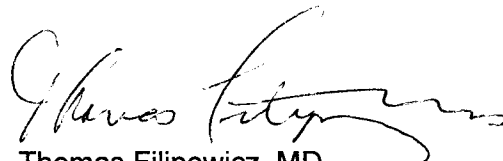
We have managed to identify the outcomes of the 35 patients who were transferred. All but two of them survived and were discharged. Had the actual mortality rate been based on the total number of patients treated (53 patients), the actual mortality rate would have been 22.6%, not 55.6%. An actual rate of 22.6% is well within the expected rate of 25.2%.

We urge you to change the methodology of calculating the rate prior to publishing this information. Once the information is published, it has the potential to inappropriately sway individuals from going to the closest facility for treatment in an acute situation such as a Myocardial Infarction. We also might point out that we participate in network studies, as well as studies done by KePRO. These studies measure important parameters of the management of Myocardial Infarction, such as institution of timely thrombolytic therapy, use of aspirin, use of Heparin, beta-blockers, etc. St. Luke's Quakertown Hospital has always met or exceeded the established acceptable parameters of treatment in these studies.

Please contact us at 215-538-4510 to discuss any of our comments.

Sincerely,


Fred Sprissler
President & CEO


Thomas Filipowicz, MD
Medical Director