



November 30, 1999

Mr. Marc P. Volavka
PHC4 Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Volavka:

Please accept our comments addressed below relative to the soon to be released 1998 Hospital Performance Report - 15 Common Medical Procedures and Treatments.

Overall data for the 13 DRGs included in the report show Highlands mortality rate not different than expected. However, one DRG, DRG 316, Kidney Failure reflects a mortality rate greater than expected. Of the 13 cases falling into the DRG, five mortalities occurred for an actual rate of 38.5%. The expected rate was 16.3%. *All mortality cases are routinely submitted for peer review. The five mortality cases had been reviewed by physician reviewers and the care was found to be appropriate. No quality of care improvement opportunities were identified.*

Upon receipt of the preliminary report, the cases and the report were reviewed with the following findings for DRG 316, Kidney Failure:

- All five mortality cases had a Do Not Resuscitate order. All were ordered on the day of admission or within two days of admission.
- The average admission severity score for all Highlands patients in DRG 316 was 3.0. The comparative admission score was 2.7 for the region and 2.6 for the state. The admission severity score for the five mortality cases was 3.4.
- Four of the five patients had a history of chronic renal failure.
- All five mortality patients also had Congestive Heart Failure. Highlands actual mortality rate for DRG 127, Heart Failure and Shock, was below expected. It is sometimes difficult to distinguish one principal diagnosis in patients with multiple and concomitant diagnoses. It should be noted that both diagnoses could have been considered as principle diagnosis and of equal importance.

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- The 1997 Hospital Performance Report showed Highlands mortality rate was not significantly different than expected for all reported DRGs including DRG 316.
- The difference of one or two mortalities will greatly affect the mortality rate when the database is very small as in the case of DRG 316. Only 13 cases were included.
- Highlands services an older population. The percent of patients Age 65 or greater for Highlands (85.7%) was greater than the region (73.5%) and the State (67.5%).
- The average age of the patients who expired was 85.4 years of age.
- All five patients who expired had multiple medical conditions. The average number of secondary diagnoses was five.

Conclusion: *After careful review of the report and the mortality cases in DRG 316, Kidney Failure, it is felt the higher mortality rate is a result of the complex and severe medical condition of the patient population seen at Highlands Hospital. The data supports the conclusion that the patients are older and have a higher admission severity score than the average. Many of the patients were admitted in multiorgan failure and the family or patient requested no resuscitation efforts. Although no opportunities for quality improvement were noted, the hospital will continue to monitor and trend this specific DRG.*

We are grateful for the availability of comparative data and thank you for the opportunity to share our findings.

Sincerely,



Michael J. Evans
Chief Operating Officer