

SAINT VINCENT HEALTH CENTER

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November 30, 1999

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

Dear Mr. Volavka:

Saint Vincent Health Center is supportive of the publishing of Hospital Performance Reports. We would suggest the following comments as means to improve future reports:

1. The selection of DRGs for study seems unusual. The report includes a number of DRGs which, in our experience, have very low volumes, making them questionable for valid comparisons. These include DRG 79, 110, 210, 294 and 478.
2. The cutoff of only five cases for study inclusion limits the report's ability to substantiate conclusions. Numerous studies have shown the difficulty in determining quality based on mortality rates.¹ Some studies have suggested sample sizes of at least 1,000 patients is necessary to reach any kind of valid conclusions.²
3. Our experience has shown that, even with larger volume DRGs, mortality rates vary widely from year to year. DRGs with statistically high mortality rates often can have zero mortality rates the following or previous year. We look at three year's of data to distinguish a one-year blip from a real trend.
4. The inclusion of DRGs 121-123 (AMI) can also be misleading, as this includes different types of patients at different hospitals. For a hospital with significant cardiovascular services, patients admitted with an AMI often undergo catherization or even cardiac bypass surgery - and end up in a different DRG than 121-123. Often, sicker patients, who have less chance for survival, do not undergo such treatment, therefore skewing the mortality of the patients remaining in the AMI DRGs. The detailed study performed by PHC4 in the past accounts for this by including all patients with an admitting diagnosis of AMI (not just those ending up in the AMI DRGs), and by comparing hospitals with like cardiac capability. For this reason, we would not include these DRGs in the general Hospital Performance Report.

Sincerely,

SAINT VINCENT HEALTH CENTER

A handwritten signature in cursive script, appearing to read "Stephen D. Osborn".

Stephen D. Osborn
Program Leader, Medical Staff Administration

¹ Iezzoni LI. "The Risks of Risk Adjustment", *JAMA*. 1997. Vol. 278(19): 1600-1607.

² Zalkind DV, Eastaugh SR. "Mortality Rates as an Indicator of Hospital Quality", *Hospitals and Health Services Administration*. 1997. Vol. (1): .3-15