

*Excellence Every Day*



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Mark 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 2002 Hospital Performance Report. Members of the medical staff and Quality Assessment Committee have reviewed the data and compared it with our medical records. Overall, Evangelical Community Hospital compares favorably with other hospitals. We would, however, like to comment on the variance in two DRGs which had a higher than expected mortality rate. We offer the following observations:

Of the 53 patients in DRG 091 (Pediatric Pneumonia) one died. Statistically this represents a greater than expected mortality rate. Review of the medical record demonstrated that the patient failed outpatient oral antibiotic treatment, which was prescribed by a community-based physician. Furthermore, the child was septic on admission to the hospital with blood cultures positive for Group A streptococci. He was hospitalized for only two hours when he suffered a cardiorespiratory arrest. Resuscitation was initiated, but when it was evident that it would not be successful, the parents requested that efforts be discontinued.

A greater than expected mortality rate was also identified in DRG 096 (Bronchitis and Asthma, Complicated). Further investigation of the two mortalities revealed the patients were 88 and 89 years old and had multiple complicating conditions. One patient was undergoing treatment for her bronchitis when she developed a surgical abdomen. In consultation with her physicians the family agreed she was a poor surgical risk and opted for comfort measures only. The other patient developed multisystem organ failure and her condition continued to worsen. In consultation with her physician, the patient's husband approved a chemical code only.

Evangelical Community Hospital strives to provide quality care to each of its patients. In doing so, it is incumbent upon us to support the patient and their family as they make decisions about their care, including end-of-life decisions. We believe in each of the cases described above that the death was not unexpected. This is particularly true in light of the patients' multiple comorbidities and resuscitation status.

Thank you again for the opportunity to comment on this data. We hope the comments clarify the clinical conditions of the patients. Statistical review combined with our internal performance improvement process allows us to gain a much more accurate picture of the care provided.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthur H. McTighe".

Arthur H. McTighe, M.D.  
Vice President for Medical Affairs