



# Lancaster Regional Medical Center

*Trust us for life.*

December 10, 2002

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 respond to your "2001 Hospital Performance Report." Lancaster Regional Medical Center recognizes the importance and value of PHC4 and supports the intent of publishing this information.

Of the 28 inpatient diagnoses or conditions that are reported in the 2001 Hospital Performance Report, Lancaster Regional Medical Center demonstrated a higher mortality rate in the following two DRG's:

DRG 130 - Vascular Disorders except Heart, with Complications; and  
DRG 316 - Kidney Failure

There were 13 total mortalities in these two DRGs. The greater than expected mortality rate for the two DRG's is due in large part to the fact that 11 of the 13 patients (85%) had "Do Not Resuscitate" (DNR) orders. These orders represent patient and/or family requests that no resuscitation or extraordinary means be used to preserve or extend the patients' lives. In these cases, Lancaster Regional Medical Center provides medically appropriate care in respect of these wishes. In addition, the average age of the patients who died was 78.8 years. In these patient groups, the average admission severity for DRG 130 mortalities was 2.2 (on a scale of 0 to 4.0), higher than the regional and statewide averages of 1.6; the average admission severity for DRG 316 was 2.75, also higher than the regional average of 2.4 and the state average of 2.3.

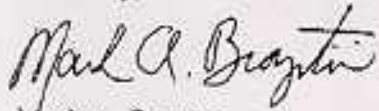
Each of the mortality cases for DRG's 130 and 316 have been reviewed in detail by medical professionals at Lancaster Regional Medical Center, and no negative quality trends were identified with these cases. The medical history of each of these patients identified multiple comorbidities, resulting in complex, end-of-life medical conditions. It is also noteworthy that Lancaster Regional Medical Center operates an inpatient hospice program. By definition of a hospice program, the patients admitted to the program are end-of-life, and the patients and their families have chosen admission to the unit for end of life care. These patient deaths are included in the mortalities of our PHC4 data, however inclusion of these patients was in error on the part of Lancaster Regional Medical Center.

Steps have been taken to ensure that inpatient hospice admissions will not be inappropriately included with Lancaster Regional Medical Center's submission of data in the future.

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We thank you for the opportunity to respond to the data provided in this report.

Sincerely,



Mark A. Brazitis  
CEO/Executive Director