



December 9, 2002

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

Dear Mr. Volavka,

The following is our response to the 2001 Hospital Performance Report. Please include these comments in the printed version of the public report.

Every chart for mortalities in each category has been reviewed by a physician. These charts were previously reviewed by the medical staff since the hospital requires a 100% mortality review. An important part of mortality review at the hospital includes patient's rights and dignity issues such as advance directives, living wills and do not resuscitate (DNR) orders.

In the 2001 Hospital Performance Report, there are perceived higher than expected rates in the Heart Attack Management and Complicated Lung Infection categories. But looking beyond the statistics, the reality is that all of the patients who subsequently died were admitted in such critical condition that they were on DNR status.

Central Montgomery Medical Center supports each patient's right to participate actively in health care decision making. We acknowledge the patient's request to formulate an advance directive for health care. Central Montgomery encourages patients, their families and health care practitioners to be aware and discuss their personal values that influence health care decision-making. (Advance directive: a patient makes his/her wishes known as to the types of life saving or heroic measures that should be taken. DNR: a patient makes a decision that at the time of cardiac or respiratory arrest, he/she does not wish to be resuscitated.)

In addition, most of these patients had high severity scores at the time of admission. Admission severity group is a value based on the patient's probability of death at the time of admission. It is measured by age, gender and clinical findings. Patients are grouped from 0 to 4, with 4 being the most critically ill and with the greatest probability of death.

It should also be noted that Central Montgomery currently serves a generally older population. There are 13 nursing care facilities with a total of 1,534 beds in the hospital's primary service area. That is more than twice the number of nursing home beds served by our closest competitive hospital. Many nursing home residents have multiple conditions that complicate their care.

Heart Attack Management There were 137 patients in this category treated at Central Montgomery with 18 deaths. All of the 18 patients had orders for DNR. Of the 18 deaths, the average age was 80 and the average severity score on admission was 2.85.

Additionally, three of the patients had unique situations beyond the norm. One patient had terminal lung cancer; another had a prior 7-vessel bypass; and, one patient was found outside a public building and transported to the hospital. The exact time that the heart attack occurred is unknown.

DRG 079 Complicated Lung Infections There were 39 patients in this category treated at Central Montgomery with 12 deaths. All of the 12 patients had orders for DNR. Of the 12 deaths, the average age was 80 and the average severity score upon admission was 2.75. All of the patients lived in nursing homes and had extremely complicated coexisting conditions beyond the lung infection itself.

There are two other categories we would like to respond to that were not age related:

DRG 449 Complicated Poisoning and Toxic Effects of Drugs There were 24 patients in this category treated at Central Montgomery with 4 deaths. All of the patients were admitted for a drug overdose. It is unclear in these four cases whether or not the overdose was intentional.

Radical Prostatectomy There were 21 patients in this category treated at Central Montgomery with 1 death. This patient suffered a massive stroke after surgery. The patient was evaluated by neurologists and cardiologists who could find no surgical cause for this event. The family decided to discontinue life support.

Sincerely,



Marc D. Miller
Chief Executive Officer