



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

December 10, 2002

Dear Mr. Volavka,

Phoenixville Hospital appreciates the efforts of the Health Care Cost Containment Council. We have reviewed the findings of the Year 2001 report and have a few general comments. The quality management committees at Phoenixville Hospital regularly review extensive Atlas reports concerning mortality, non-responder, and readmission rates. Consequently, the areas analyzed in the current HC4 report have already been reviewed at our hospital.

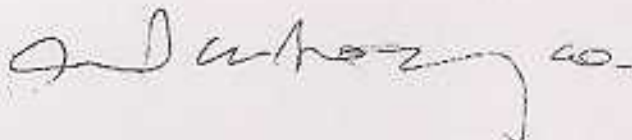
The HC4 report has identified a much higher than anticipated mortality rate for the diagnoses "Heart Attack - Medical Management." We have analyzed this finding quite carefully. Phoenixville Hospital is a community hospital that is owned by the University of Pennsylvania Health System. Consequently, we have a close relationship with the Hospital of The University of Pennsylvania. This has resulted in a much higher than usual rate of transfer of patients with acute myocardial infarction to a university hospital for aggressive treatment. Our transfer rate is 55.8% compared to the rate for Southeastern Pennsylvania of 26.9% and for the State of 27.9%. As a result, it would appear that we are sending our salvageable acute MI's to tertiary care hospitals and that a large percentage of those who stay at Phoenixville are frequently those with end-stage illness who would often be anticipated to expire. Indeed, 63% of the cardiac deaths identified by this year's statistics were either "DNR" on admission, or shortly after admission, given what was generally their advanced age, numerous co morbidities, and severe presenting illness. I have no doubt that if the DNR cases were eliminated from the tally that our mortality rate would no longer be statistically significant. Therefore, I view the higher than anticipated mortality rate of this population to be an odd statistical aberration that in no way represents a breach of quality care. The severity adjustments built into the analysis of this data are simply unable to adequately address the issues that are inherent in our patient population. When all is said and done, it would appear that all of these patients were treated appropriately and humanely.

Similarly, a higher than anticipated mortality rate was noted for DRG 138, Cardiac Arrhythmia and Conduction Disorders with complication and/or co morbidity. Once again, this was an unusually ill population and our transfer rate was much higher than would be typical (11.2% at Phoenixville Hospital compared to 4.8% for Southeastern Pennsylvania and 5.5% statewide). The 6 deaths in this category were not unexpected.

Finally, your report indicated a higher than anticipated mortality rate for Radical Prostatectomy. We had only twenty such cases performed at Phoenixville Hospital in this period of time. One of the twenty patients expired accounting for the "high" mortality rate. This case was reviewed in our Procedural Review Committee and no quality of care issues were identified. It is hard to understand how a sample size of only 20 cases can yield a statistically significant mortality rate when only one death occurred, which in fact was the only mortality in at least the last 6 years.

Again, we appreciate the efforts of the Health Care Cost Containment Council. We would be happy to discuss these issues further at any time.

Sincerely,



David W. Stepanky, M.D.
Medical Director, Quality Improvement