



Marcie S. Caplan, CEO
Telephone No: (412) 488-5600
Fax No: (412) 488-5748

December 5, 2002

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

Dear Mr. Volavka:

This letter is written in anticipation of the publication of the *Pennsylvania Health Care Cost Containment Council's Hospital Performance Report* for calendar year 2001. UPMC South Side's medical and administrative leadership have reviewed the data and appreciate the opportunity to access hospital effectiveness benchmarks, which address the care delivery systems within our institution.

Our quality improvement initiatives rely upon clinical effectiveness data, such as MediQual Atlas Data, as a means to identify opportunities for improvement as well as to recognize significant results. Overall mortality, length of stay and total charge outcomes are "as expected" for 14 of 16 Code-Based Conditions and 12 of 12 DRGs in the CY2001 printed report and web site release.

Two Code-Based Conditions, Congestive Heart Failure and Hysterectomy-Vaginal, have higher than expected mortality rates. Review of hospital level data note the following findings:

Congestive Heart Failure: In 275 acute care cases of heart failure, 17 patients expired for a mortality rate of 6.6% compared to a 3.5% expected mortality rate. In the 17 mortality cases: Average Admission Severity Group (ASG) 2.5 with 42% of the mortalities having an ASG of 3, Average age 83 years, and Multiple co-morbidities including diabetes, chronic lung, heart and/or renal diseases.

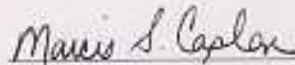
Hysterectomy-Vaginal: A total of 8 acute care cases of vaginal hysterectomy were performed in CY2001. One patient expired for a mortality rate of 14.3 % compared to a 0.3% expected mortality rate, statistically significant due to the low volume of total cases.

The mortality case involved an 84 year old patient admitted with third degree uterine prolapse, urinary incontinence, severe cervical ulceration and multiple co-morbid conditions including chronic obstructive lung disease, breast cancer, coronary artery disease with permanent pacemaker. The patient experienced cardiac arrest secondary to myocardial infarction on the third post-operative day.

In conclusion, review of the data supports that the patient population in the two Code-Based Conditions were compromised by age and co-morbid conditions on presentation to the hospital. We feel our review of this data indicates appropriate and high quality of care was provided for all patients in the categories discussed. UPMC South Side will continue to evaluate processes and outcomes of patient care through internal methods as well as in cooperation with UPMCHS Institute of Performance Improvement and Quality Insights of Pennsylvania.

Thank you for the opportunity to comment on the 2001 Hospital Performance Report.

Very truly yours,



Marcie S. Caplan
Chief Executive Officer

md

cc: Pamela B. Adomaitis
William M. Castillo, M.D.
Louis C. Glasso, M.D.
Mark T. Hopkins, M.D.
Mark Schmidhofer