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Joseph Martin
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Dear Sir,

I wish to address comments regarding the recent reporting of PHC4. I would like to address is the rating that was given to me for CABG surgery. I do not dispute the reporting of PHC4, but I do question the model under which the determined mortalities are made and I question the logic of re-reporting previously reported data.

This year as with previous years, PHC4 is reporting two years at a time. Only one of those years, 2008, has already been previously reported. It is illogical to re-report previous years. In this specific instance, the combination of data from 2008 and 2009 has resulted in a worse than expected outcome for CABG surgery. While curiously, the 2007/2008 combined data did not result in a higher than expected outcome. This calls into question the reason years are reported twice as they do not give an accurate picture of mortalities in hospitals in Pennsylvania.

For the category CABG, there were 5 mortalities listed, three of which were previously reported and occurred in 2008. The STS Risk Assessment Calculations for all five are as follows:

2008	
#1 CABG x3	Pre-op Mortality: 5.5%
#2 CABG x2	Pre-op Mortality: 9.5%
#3 Emergent CABG x2	Pre-op Mortality: 28.0%
2009	
#4 CABG x4	Pre-op Mortality: 1.2%
#5 Emergency Salvage CABG x1	Pre-op Mortality: 74.6%

The first patient developed HIT with thrombosis and died from small bowel infarction. The family did not wish the patient to have abdominal surgery and withdrew care.

The second patient had developed massive hematemesis and bright red blood per rectum. The patient went asystolic and in the process of trying to place a permanent pacemaker expire from massive exsanguination.

The third patient had a massive acute myocardial infarction on the day of admission, was in cardiogenic shock with ongoing ischemia. The patient died of severe anemia, Hemoglobin less than 3, because the patient refused blood for religious reasons.

The forth patient lied to all medical personnel involved about his alcohol consumption. The patient went into delirium tremens and eventually died of hepatic failure.

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The fifth patient had a perforated coronary during an angioplasty procedure. The patient was in cardiac arrest from tamponade when they arrived in the operating room.

By including the results from 2008 again, this is greatly affecting the data which is being presented. Without the 2008 results there would only be two mortalities in the CABG data not five. One of those two patients being extremely high risk with a mortality over 74%. This is not reflected in the presented data but is reflected in the STS Database data.

If the data is being accumulated over a two year period so as to have sufficient numbers for reporting, then one of two things must occur: 1) The data is only reported every other year so that results are not duplicated otherwise they will not provide an accurate picture. 2) PHC4 should be using a more accurate predictor of cardiac surgical morbidity and mortality such as the STS Database. This would eliminate the need for Biannual Reporting.

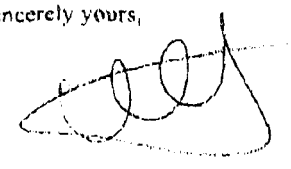
PHC4 by not excluding patients who are mortalities that are a result of cardiac angiographic procedures and patients who refuse transfusion for religious reason, the surgeon is being encouraged to not offer these types of patients possibly life saving procedure.

PHC4 risk assessment model places the expected mortality for the combine CABG data at 1.5%. With the mortalities listed above as calculated by the STS Database, the average mortality of the remaining 126 cases would have to be 0.6% which is completely unrealistic in today's patient environment. The PHC4 model does not appropriately risk asses patients.

Antiquated systems of reporting of cardiac surgery morbidity and mortality data need to step aside for more accurate ways of reporting this data. There Society of Thoracic Surgeons to make the STS Database is the National Standard for cardiac surgery reporting and uses public reporting. This makes all the other methods of reporting obsolete.

I want to thank you for the opportunity to make comments with regard to the PHC4 reporting.

Sincerely yours,



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