

September 20, 2007

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

Dear Mr. Volavka:

Thank you for the opportunity to respond to this year's report.

We are very pleased with the results of the data presented to us by the Health Care Cost Containment Council. We have seen a great deal of improvement in our data over the last few years. This is due, in a large part, to an aggressive team approach to quality improvement throughout the Greater Hazleton Health Alliance.

This year's data contains one area of focus for Mortality Rating: Kidney failure. This is the first time that we have had a problem in this category. As a matter of hospital policy, all mortalities are reviewed for quality and appropriateness of care. None of our kidney failure cases were flagged as problematic. Most of these cases involved end-stage renal failure patients who expired of complications from their long-standing underlying medical problems. We will continue to monitor this category of patients closely.

There were a number of areas of increased focus regarding readmission rates: Congestive Heart Failure, Stomach and Intestinal Bleeding, and Surgical Repair of Hip Fractures. These cases involve patients who were readmitted within 30 days of discharge for either a complication or an infection. All the medical records pertaining to these diagnoses were reviewed. These patients received appropriate care during their hospital stays. There is no evidence of premature discharge on any of these patients. Most of the readmissions occurred more than 10 days after discharge, and were not related to the initial admission. Because of the changing demographics of the Hazleton area, we are seeing a larger number of uninsured patients, as well as patients who have no primary care physician for follow-up. This is one of the contributing factors in the increased readmission rates for Stomach and Intestinal Bleeding. Our Surgical Department closely monitors readmissions after surgical procedures for problematic practice patterns, and will continue to do so.

The readmission rate for Congestive Heart Failure has been an area of concern in previous reports, and continues to be a problem during this report period as well. As you know, Congestive Heart Failure is the top reason for hospital readmission across the country, not just in our hospital. We have worked very hard to improve the quality of care given to our CHF patients over the last few years, and we have seen significant

improvements in our statistics. That is why I am a bit confused by this year's findings. We had decreased our CHF readmission rate to one-half the national average by December of 2006. Hazleton General Hospital is the top hospital out of 35 hospitals in our Identified Participant Group for the Congestive Heart Failure Appropriate Care Measure Project. We participate in the "Get with the Guidelines" program, and have met the requirements necessary for a Performance Award from the program. We have received national recognition for our quality improvement programs, and, yet, we **still** fall short on our readmission rate. If this trend continues, I will have to question the validity of these reports. That would be a shame, as we use the PHC4 report as one of our key resources in our quality efforts.

We at Hazleton General Hospital are committed to providing quality, cost effective health care to our customers. We look forward to working with you in the future to achieve this goal.

Yours truly,

A handwritten signature in black ink, appearing to read 'Barbara A. Vilushis', with a stylized, wavy line extending from the end.

Barbara A. Vilushis, DO
Associate Medical Director, GHHA