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# St. Joseph Medical Center

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*A spirit of innovation, a legacy of care.*

May 2, 2005

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

Dear Mr. Volavka:

St. Joseph Medical Center is appreciative of the opportunity to respond to the PHC4 Report on Total Hip and Knee Replacements for FY 2002. We are and have been committed to improving the health of the Berks County community and believe that reporting of outcome data is important to our institution.

In terms of responding to the report, it appears that we will be reporting higher than expected complications in the areas of deep joint infection and/or device problems as well as blood clots of the lung or leg. In addition, we scored higher than expected in the area of readmissions. As you know we have spent some time discussing this data with you and your staff and would make the following comments.

- ❖ The data is very old, consisting of total knee and hip replacements done from July 2001 thru June 2002. Our current administration, operating room staff and orthopedic procedures as well as our PI/QI staff has changed much in the past four years. This data certainly is not reflective of what currently exists here at St. Joseph's Medical Center.
- ❖ As our discussions have discovered, there is much confusion around the definition of the data elements. As you know St. Joseph's Medical Center chose not to exclude many cases from our data. Due to miscommunication during Phase two of the Hip/Knee Replacement process, there were a couple of specific cases which were inadvertently kept on the device problem complication list, which therefore attributed to our data revealing an increased number of cases in the device problem category, which would not have been present otherwise. This certainly makes it difficult to compare our data to other providers in this report.
- ❖ During the period of this report St. Joseph's Medical Center was on the leading edge to move forward on the use of uni-compartmental knee replacements as an alternative to total knee replacement for high risk patients. The decision of PHC4 to include these cases with total knee replacements has adversely affected our data for several reasons.

Primarily, these patients tended to be high risk and had multiple admissions for problems other than their knee replacements thus making the incidents of blood clots, joint infections and readmissions much higher than would be expected for routine total knee replacements. As well, many of these high risk patients had failure of their uni-compartmental knees as it was a new procedure and several months later had to have their replacement revised from a uni-compartment to a total knee replacement. Again including these procedures during that period of time has skewed our data compared to other institutions that were not as aggressive in adopting this new technology.

- ❖ As we have reported previously in regards to our PHC4 data St. Joseph's Medical Center's population tends to be a very elderly and poor population with an unusually high severity and unusual amount of co-morbidities. This stems from us being located in an inner city urban environment thus accepting patients who can not afford to go to other institutions in our area.

St. Joseph's Medical Center as a Catholic Healthcare Institution strives to be a community of respect and to support all patients and their families as they face ongoing chronic illness. We work with a community of patients for which there is no other opportunity to access the healthcare system and we are a provider of last choice, as there are no other facilities in the area which accept patients with certain insurances or no insurance at all. Clearly this population tends to skew our data. St. Joseph's Medical Center remains committed to providing the highest quality healthcare to our community. In this regard we have instituted outpatient and inpatient treatment protocols to address the issues that are noted above. I am confident that all of these issues have been resolved but we will continue to monitor as part of our ongoing quality assurance program.

Thank you for the opportunity to comment on your comprehensive report.

Respectfully,

Samuel L. Alfano, DO  
Vice President, Medical Affairs

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