



700 East Broad Street  
Hazleton, PA 18201  
570.501.4000  
[www.ghha.org](http://www.ghha.org)

October 14, 2003

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, due in a large part to an aggressive team approach to quality improvement throughout the Greater Hazleton Health Alliance. This team effort consists of case management, discharge planners, nursing, medical staff and administrative personnel working together to improve the quality of services provided by Alliance facilities.

This year's data reveals four areas of increased focus: an increased mortality rating for Stomach and Intestinal infections (DRG 182), Extensive Cardiovascular Complication (DRG 144), and Gallbladder removal (open), and increased length of stay rating for Chest Pain (DRG 143). I will discuss each category separately.

The mortality cases in DRG's 182 and 144 were reviewed, and all were determined to have been unavoidable. All of these patients were admitted on an emergency basis for severe, life threatening disease. None of these patients was under the age of 72, with the majority of the patients over the age of 80. All suffered from a number of other medical conditions, such as cancer and end stage renal failure, which affected their ability to survive an acute, catastrophic event.

More troubling is the increased mortality rating in the Gallbladder removal (open) category, as this was also identified last year as a problematic category. However, after intensive review of these records by a team of physicians, we find no quality issues with the care rendered in these cases. Again, both mortality cases involved extremely complex patients who required extensive, emergency surgery. Neither patient expired as a direct result of the surgical procedure. It should also be noted that a total of only 6 charts were considered in this category. This brings into question the statistical validity of so small a sampling. However, this surgical category has been presented to the Chairman of the Department of Surgery for focused review.

Long length of stay for simple chest pain has been an ongoing problem in our facilities. Simple chest pain is simply that: chest pain of unclear cause. The national trend is to observe the patient overnight to rule out a heart attack, and then schedule any further testing on an outpatient basis. This helps to keep down the costs of inpatient care. Our physicians, however, have real concerns about safety of discharging patients home without a clear diagnosis, in light of the predominantly elderly population we serve. In many cases, these patients have no family in the area to make sure that they follow through with outpatient testing. They are lost to follow-up until they finally present with a medical crisis. We work very closely with local agencies to obtain the necessary services for these patients, but some do require a longer length of stay. Unfortunately, this results in a poor statistical result. We are willing to accept this, if this means that our patients are safe.

We at the Hazleton General Campus of the Greater Hazleton Health Alliance 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,

Barbara A. Vilushis, DO  
Associate Medical Director, GHHA