

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 two areas of increased focus: an increased mortality rating for Stomach and Intestinal Complications (DRG 188), and increased length of stay rating for Chest Pain (DRG 143). I will discuss each category separately.

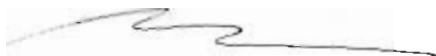
The mortality cases in DRG 188 were reviewed, and all were determined to have been unavoidable. This DRG consists of a wide range of diagnoses from simple bleeding from hemorrhoids to perforated internal organs. All of these patients were admitted on an emergency basis for severe, life threatening bowel disease. Also, they each had more than two comorbid conditions, which further complicated their care. Finally, in each case, family members refused the aggressive surgical interventions advised by the physicians, due to the patients' advanced ages and low probability of success.

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 St. Joseph 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,

A handwritten signature in black ink, appearing to read 'Barbara A. Vilushis', is written over a light gray rectangular background.

Barbara A. Vilushis, DO
Associate Medical Director, GHHA