



Hospital of the University of Pennsylvania
Administration

October 14, 2003

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

Dear Mr. Volavka:

The Hospital of the University of Pennsylvania appreciates the commitment and effort of the Pennsylvania Health Care Cost Containment Council in the publication of the 2002 Hospital Performance Report. We would like to acknowledge the Council's change from a DRG (Diagnosis Related Group) based approach to the "code-based conditions" in the published report, which focuses on disease conditions rather than groups of diagnoses. We appreciate the opportunity to comment on the performance report.

Within the published report the Hospital of the University of Pennsylvania did not have a higher than expected mortality for any code based conditions. One DRG on the web report did indicate a higher than expected mortality. Therefore, the Hospital of the University of Pennsylvania will only comment on the one DRG with the higher than expected mortality rate.

The report also indicates a rating for Length of Stay Outliers, either for shorter or longer lengths of stay. The Hospital of the University of Pennsylvania will make a general comment for these issues, which are indicated as higher than expected.

Comment for DRG 180 - Stomach & Intestinal Obstruction, Complicated – Web Report

Patients assigned to this Diagnosis Related Group have a variety of secondary diagnoses and co-morbid conditions. All of the patients that died at the Hospital of the University of Pennsylvania within this DRG had terminal and non-reversible conditions: 50% had metastatic cancer, 25% had multi-system disease, and one patient or 25% had severe and progressive dementia. In addition, 75% of the patients where death was the outcome in this DRG had a "do not resuscitate" status with only comfort measures being maintained.

Comment for higher than expected Length of Stay for Outliers (Short)

An outlier for shorter length of stay was indicated only for DRG 180, Stomach and Intestinal Obstruction, complicated, which the majority of patients had metastatic cancer. Due to the nature of the underlying diagnosis, these patients required hospitalization in order to prevent further complications. Once the acute phase was managed the patients are discharged appropriately.

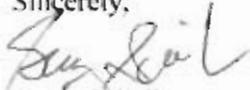
Mr. Marc P. Volavka
Page 2
October 14, 2003

Comment for higher than expected **Length of Stay for Outliers (Long)**

The Hospital of the University of Pennsylvania had three indicators for a longer length of stay than expected, which included Kidney Failure, Stroke Non-Hemorrhagic, and DRG 087, Fluid in Lung and Breathing Failure. In review of the lengths of stay, all patients were extremely complex with multiple system problems. Most often the patients were admitted through the Emergency Department or from a referring hospital and most required further treatment after hospitalization, which necessitated proper placement for continuity of care.

In summary, within the quality activities of the Hospital of the University of Pennsylvania outcomes, such as, patient mortality and length of stay, are routinely reviewed. The Hospital of the University of Pennsylvania serves as a tertiary care center. Many of the hospital admissions are patients that are transferred emergently from multiple primary hospitals after attempts to resolve the patient condition have not been successful.

Sincerely,



Garry Scheib

Executive Director

Hospital of the University of Pennsylvania