



October 10, 2003

Mark 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 participate and comment on the 2002 Hospital Performance Report. Members of our medical staff and Quality Improvement Department compared the report's findings with our medical records and now provide the following observations:

The greater than expected mortality rate for patients hospitalized with Congestive Heart Failure (CHF) is due to a combination of factors including advanced age (66 % of cases were over age 75) and patients' desires to not have heroic measures performed (84% had an advanced directive requesting no resuscitation or extraordinary means to preserve their lives). Often this resulted in patients being hospitalized for terminal care and prevented aggressive treatment of congestive heart failure. Approximately 50% of the deaths occurred in patients transferred from an alternative level of care (Nursing Home) and more than one-third (35%) expired within 24 hours of admission.

The management of congestive heart failure is exceedingly complex and requires a coordinated effort between multiple care settings and providers. Recognizing the need to shift from a crisis intervention model to a chronic care or disease management model, Lancaster General Hospital has established a Heart Failure Program that addresses inpatient care through evidenced-based protocols and coordination of care in the outpatient setting. Palliative care is an integral component of this program to support end-of-life care in the appropriate setting. As a Top 100 Hospital™ for Treatment of Cardiovascular Disease (Solucient), Lancaster General is proactively addressing the needs of this chronically ill population.

Again, thank you for the opportunity to comment on the information included in your latest report.

Sincerely,

Bruce H. Pokorney, M.D.
Senior Vice President, Medical Affairs

Medical and Dental Staff Office

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