

Nazareth Hospital

October 14, 2003

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

Dear Mr. Volavka:

Nazareth Hospital is appreciative of the opportunity to respond to the *PHC4 Hospital Performance Report (2002)*. In reviewing the final analyses for 2002 we note two areas of mortality that are at a rate higher than expected. We will briefly address each of those as follows:

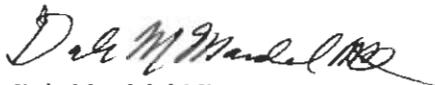
Gallbladder Removal - Open: There were 7 patients requiring *gallbladder removal – open* admitted to Nazareth Hospital of which 2 died. The mortality rate of 28.6% is explained by the fact that both of these elderly patients presented to the Emergency Department in shock due to sepsis. Emergency Surgery was performed as a life saving measure. By contrast, there were no deaths (0%) associated with the 106 patients with *gallbladder removal – laparoscopic*, which was below the expected rate of 0.2%.

DRG 154 – Stomach and Small Intestinal Operations, Complicated: Of the 10 patients admitted with this DRG there were 6 deaths. Of the six (6) deaths, five (5) were emergency cases due to a perforated organ in debilitated elderly patients. The sixth (6th) operation revealed malignancy that eventually resulted in the patient's death.

There were six disease categories that were shown to have a higher than expected rate of "Long LOS outlier" rates. It should be noted that changes made as a result of the 2001 PHC4 report are not reflected in this data. Nazareth Hospital continues to critically review all data not meeting or exceeding national and/or state best practice benchmarks and implement protocols to improve patient outcomes.

Thank you for the opportunity to comment on the PHC4's very comprehensive report on healthcare in the Commonwealth of Pennsylvania.

Sincerely,



Dale Mandel, M.D.
Chief Medical Officer

cc: Patricia DeAngelis
President/CEO Nazareth Hospital