



Lower Bucks Hospital
501 Bath Rd.
Bristol, Pa. 19007

October 13, 2003

Pennsylvania Health Care Cost Containment Council
225 Market St.
Suite 400
Harrisburg, Pa. 17101

To Whom It May Concern,

We have received and reviewed the PHC4 Final Outcome Data for fiscal year 2002 and would like to comment on the cases in the Length of Stay Report and DRG 410 short length of stay.

DRG 410 Chemotherapy except for Acute Leukemia

In all three of the cases ---all for the same patient---the patient was admitted to the hospital as a one day length of stay for Intravenous Chemotherapy . On the first admission the chemotherapeutic agent infusion was completed after approximately 4 (four) hours. Initial respiratory side effects resolved after appropriate treatment and the patient was discharged to home with physician approval. On the 2 (two) subsequent admissions, the agents used were administered by Intravenous injection or over a two (2) hour period with the total dosage infused within three (3) hours. The patient was in stable condition at discharge for all three (3) episodes.

DRG 78 Pulmonary Embolism

Case 1 This admission was complicated by the complete occlusion of the left common femoral artery requiring three separate arteriographies with injection of thrombolytic agent with each procedure. Heparin protocol continued until the day before discharge to ensure therapeutic laboratory values .INR was not therapeutic until the day of discharge

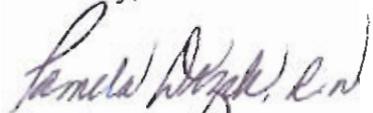
DRG 78 Pulmonary Embolism continued

Case 2 Co morbid conditions included dehydration, history of carcinoma of the lung and secondary malignant neoplasm of the brain. Anticoagulation with Heparin continued until the sixth (6) day of the stay and discharge planning was in progress but a shortage of nursing home beds complicated the discharge as well as concern from the family regarding nursing home placement. There was then a two (2) day wait for the facility to interview the patient and family as part of the initial evaluation.

Case 3 The patient was still symptomatic with chest pain and shortness of breath until the fifth (5) day of the stay During the initial discharge planning process he refused short term rehabilitation and did not agree to this until the fifth (5) day of the stay. The patient had recurrent pulmonary problems and also developed urinary symptoms that required the consultation of a urologist. It was also necessary for the patient to receive an infusion of a renal dose of Dopamine and the administration of intravenous diuretic. The renal dose of Dopamine continued until the day prior to discharge. The patient was discharged to a short- term rehabilitation unit for Physical Therapy on the fourteenth (14) day of the stay.

We continually strive to provide the highest quality care while being cost efficient. Due to complicating conditions the lengths of stay were extended. We are sure the enclosed information will alleviate the concerns over length of stay for these two (2) DRGs.

Sincerely,



Pamela R. Drzik, R.N.
Director, Case Management