



October 14, 2003 *UPMC Horizon*

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

Dear Mr. Volavka:

UPMC Horizon is pleased to have the opportunity to comment on the Pennsylvania Healthcare Cost Containment Council's Hospital Performance Report for the Federal Fiscal Year 2002. We have reviewed the information to be displayed in both the public report and on the PHC4 website. We would, accordingly, like to put forward the following information regarding the perception of increased mortality and length of stay with respect to two categories of patients.

We were asked specifically to respond to increasing mortality and length of stay for the category of Kidney and Urinary Tract Infections (DRGs 320, 321, 322) as compared to expected values. We conducted review of the nine (9) charts specifically referenced in the report, in particular to determine the presence of medical and surgical co-morbidities, which may have contributed to the increased length of stay.

Our review demonstrates these cases were not consistent with uncomplicated urinary tract infections. In all nine (9) cases, analysis revealed co-occurring medical conditions. These include Malignancy, Chronic Heart Failure, Cardiac Dysrhythmia, Acute Renal Failure and Cerebral Vascular Accident. In general these patients appeared to be suffering from multiple debilitating illnesses, often associated with an immunocompromised state. In four cases, more specific diagnosis of infection involving the urinary tract was pyelonephritis, which is a much more severe inflammation involving the upper urinary tract system. In two (2) cases initial presentation was that of abdominal pain suggesting gastroenterologic etiologies. Only after careful assessment was infection of the urinary tract to be determined, in the context of careful diagnostic analysis. One patient with history of spina bifida, urostomy and colostomy tube also had history of multiple admissions for urinary tract infections. These are typically associated with considerable pain secondary to chronic outlet obstruction and resistant organisms. Analysis leaves us a sense of comfort that these patients were treated in a safe manner and as expediently as possible given the multiple co-morbidities & physical debilitation characterizing these patients.

We have also conducted review regarding the six (6) mortalities for Respiratory Complications following Surgery (DRG 76). All six cases were assigned an Average Severity Grouping of 3 on admission. All patients had extensive co-morbidities, including four (4) patients with Metastatic Disease and two (2) with Pncumonia, Liver Disease, Spinal Meningitis, and severe Lung Infection. Analysis of the data gathered during review shows these patients were treated with appropriate quality of care, consistent with their high level of acuity.

We want to thank you for the opportunity to respond to this data. We consider this a valuable exercise to examine our own processes and patient course of care. It is through collaborative efforts with organizations such as PHC4 that we can effectively examine and develop safe and efficient health care models. Please notify us if we can be of any further assistance in this endeavor.

Sincerely,

A handwritten signature in blue ink that reads "Thomas M. Laton, D.O., MBA". The signature is written in a cursive style.

Thomas M. Laton, D.O., MBA
Medical Director, Quality/Risk