



700 East Broad Street
Hazleton, PA 18201
570.501.4000
www.ghha.org

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Marc 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 respond to this year's report.

We are very pleased with the results of the data presented to us by the Health Care Cost Containment Council. We have seen a great deal of improvement in our data over the last few years, due in a large part to an aggressive team approach to quality improvement throughout the Greater Hazleton Health Alliance. This team effort consists of case management, discharge planners, nursing, medical staff and administrative personnel working together to improve the quality of services provided by Alliance facilities.

This year's data reveals five areas of increased focus: an increased mortality rating for Intestinal Obstruction, Abdominal Hysterectomy, and Chest pain, high rate of readmissions for Pneumonia, and a poor rating for Blood Clot in Extremities. I will discuss each category separately.

The mortality cases were reviewed, and all were determined to have been unavoidable. The patients in the Intestinal Obstruction category were of advanced age with exceptionally complex problems. There was only one death out of 42 cases in the Abdominal Hysterectomy category, and this occurred in a very sick patient with a multitude of medical problems. The single death in the Chest pain category was due to an unrelated cause, and I question whether it should have been included in the Chest Pain category.

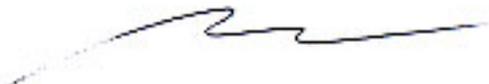
The high readmission rate for Pneumonia is, in my opinion, a "red herring". Of the 274 admissions due to Pneumonia, 66 patients were readmitted to an acute care hospital within 30 days of discharge. Of the 66, only 19 were readmitted for pulmonary complications. This number was well within the expected range for readmissions due to complications. The other 45 patients were readmitted for problems completely unrelated to their initial pulmonary problem. In other words, our hospital is considered responsible for a patient who is admitted due to a car accident 29 days after he is cured of his pneumonia.

Our *heart* is in healthcare.

The final poor rating, Blood Clot in Extremities, was given to our hospital because our length of stay was actually shorter than expected. We were given a substandard rating despite the fact that our patients spent less time in the hospital, utilized less resources than in other hospitals, but had outcomes comparable to other hospitals. In this case, we are being penalized for practicing cost effective medicine.

We at the Hazleton General Campus of the Greater Hazleton Health Alliance are committed to providing quality, cost effective health care to our customers. We look forward to working with you in the future to achieve this goal.

Yours truly,



Barbara A. Vilushis, DO
Associate Medical Director, GHHA