



UNIONTOWN HOSPITAL
Getting better is what we're all about

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Joseph Martin, Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Martin:

Uniontown Hospital would like to thank the Pennsylvania Health Care Cost Containment Council for the opportunity to comment on issues related to our data from October 1, 2008 through September 30, 2009. All of these cases have been reviewed as part of the hospital's performance improvement program as follows:

The hospital was identified as having a higher than expected number of mortalities involving patients with Congestive Heart Failure, Heart Attack with Medical Management, Acute Kidney Failure, Aspiration Pneumonia, Infectious Pneumonia, Septicemia, Non-Hemorrhagic Stroke, and Cancer of the Liver, Gallbladder, or Pancreas. All of the patients had several contributing factors such as advanced age, severity of illness at the time of admission, probability of death at the time of admission and pre-existing co-morbid conditions, i.e. chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, end stage renal disease, stroke, diabetes mellitus, pneumonia, end stage cancer with metastasis, senile dementia, etc.

- The average age of the patients who died with Congestive Heart Failure was 85 years, with 76% being 80 or older. Eighty-six percent (86%) of these patients had Do Not Resuscitate orders. These orders represent patient or family requests that no resuscitation or extraordinary measures be used to preserve or extend the patient's life due to the overall poor health condition of the patient.
- The average age of the patients who died with Heart Attack – Medical Management was 83 years, with 67% being 80 or older. Twenty-nine percent (29%) of these patients either expired on the day of admission or the next day, indicating the seriousness of their condition on admission. Seventy-six percent (76%) of these patients had Do Not Resuscitate orders.
- The average age of the patients who died with Acute Kidney Failure was 86 years, with 75% being 80 or older. Twenty-five percent (25%) of these patients either expired on the day of admission or the next day, indicating the seriousness of their condition on admission. Eighty-three percent (83%) of these patients had Do Not Resuscitate orders.
- The average age of the patients who died with Aspiration Pneumonia was 87 years, with 92% being 80 or older. Seventeen percent (17%) of these patients either expired on the day of admission or the next day, indicating the seriousness of their condition on admission. Ninety-two percent (92%) of these patients had Do Not Resuscitate orders.
- The average age of the patients who died with Infectious Pneumonia was 81 years, with 76% being 80 or older. Thirty-three percent (33%) of these patients either expired on the day of admission or the next day, indicating the seriousness of their condition on admission. Ninety percent (90%) of these patients had Do Not Resuscitate orders.
- The average age of the patients who died with Septicemia was 80 years, with 60% being 80 or older. Thirty-seven percent (37%) of these patients either expired on the day of admission or the next day, indicating the seriousness of their condition on admission. Eighty-seven percent (87%) of these patients had Do Not Resuscitate orders.

- The average age of the patients who died with Non-Hemorrhagic Stroke was 86 years, with 82% being 80 or older. Eighty-two percent (82%) of these patients had Do Not Resuscitate orders.
- The average age of the patients who died with Liver, Gallbladder, or Pancreatic Cancer was 76 years. All four of these patients were in the last stage of their disease and all had Do Not Resuscitate orders, wanting only to be kept comfortable.

The hospital was identified as having 24 of 292 Infectious Pneumonia patients with a shorter length of stay than expected. Sixteen of these patients were discharged and had no readmissions during the following thirty days. Four patients were readmitted for reasons other than Pneumonia and four were readmitted for Infectious Pneumonia. All four of these patients had a history of Chronic Obstructive Pulmonary Disease (COPD) and were progressing well prior to discharge. However, due to the chronic accumulation of secretions within the lungs, these patients are prone to recurrent respiratory problems such as pneumonia and exacerbation of their COPD.


The hospital was identified as having a higher than expected number of Infectious Pneumonia patients who were readmitted for a complication/infection within thirty days. The average length of stay of all of the patients with Infectious Pneumonia was 4.9 days and the average length of stay of the patients readmitted within thirty days was 5.5 days. Based on these statistics, premature discharge does not appear to be a reason for the readmissions. Sixty-eight percent (68%) of the patients were readmitted for complications/infections unrelated to their Infectious Pneumonia, i.e. Myocardial Infarction, GI Bleed, Aspiration Pneumonia, Urinary Tract Infection, Kidney Failure, etc. Thirty-two percent (32%) of the patients were readmitted for Infectious Pneumonia. Most of these patients have chronic COPD which puts them at high risk for readmissions for Pneumonia due to the chronic accumulation of secretions within the lungs along with chronic debilitation due to their poor respiratory status.

The hospital was identified as having 6 of 40 patients with Respiratory Failure and Mechanical Ventilation with a shorter length of stay than expected. All of these patients were progressing well prior to discharge and one had no further admissions during the following thirty days. Two of the patients were readmitted during the following thirty days, but the admissions were for reasons unrelated to their Respiratory Failure. The remaining three patients were readmitted. However, these patients have chronic COPD and Respiratory Failure which puts them at high risk for readmissions due to the chronic accumulation of secretions within the lungs along with chronic debilitation due to their poor respiratory status.

The hospital was identified as having a higher than expected number of patients with Respiratory Failure with Mechanical Ventilation who were readmitted within thirty days. Fifty-two percent (52%) of these patients were readmitted for reasons not related to Respiratory Failure. Forty-eight percent (48%) were readmitted for Acute/Chronic Respiratory Failure. As previously stated these patients have chronic COPD and Respiratory Failure which puts them at high risk for readmissions due to the chronic accumulation of secretions within the lungs along with chronic debilitation due to their poor respiratory status.

In conclusion, thank you for giving us the opportunity to address these issues. Patient care is an integral part of our Quality Improvement Process and patients with outcomes other than expected are reviewed by our Quality Management Department. It is the intent of Uniontown Hospital to provide optimal health care and to improve the health status of the people we serve, consistent with our goal of clinical and service quality excellence.

Sincerely,



Paul Bacharach
President/CEO