

Bon Secours Holy Family Hospital Pennsylvania Heath Care Cost Containment Council Calendar Year Data October 1, 2002 through September 30, 2003 Mortality Analysis

There were three (3) code-based conditions and one (1) DRG listed in the Hospital Performance Report as having a higher than expected mortality rate. The patients in this mortality analysis had multiple disease processes, co-morbidities, at various stages of severity. The multiple co-morbidities included: Renal Failure. Diabetes Mellitus, Stroke, Chronic Lung Diseases, Chronic Heart Diseases, Chronic Cardiovascular Diseases, Cancer, Blood Dyscrasia, Hypothyroidism, and Dementia. As the citizens in our community become older, they are often at a high risk of death as disease processes progress and become more serious

Intestinal Obstruction - 6 Deaths

The average age of the patients who expired was 83.5 years of age.
Two (2) patients had an Advanced Directive of "Do Not Resuscitate."
All patients had multiple co-morbidities.
All patients had Chronic Heart Disease at various stages of deterioration.

Stomach and Intestinal Bleeding - 6 Deaths

The average age of the patients who expired was 84 years of age.

All six (6) patients had an Advanced Directive of "Do Not Resuscitate."

All patients had multiple co-morbidities.

All patients had Chronic Cardiovascular Disease.

Colorectal Procedures - 4 Deaths

The average age of the patients who expired was 78.3 years of age.

All four (4) patients had an Advanced Directive of "Do Not Resuscitate."

All patients had multiple co-morbidities.

DRG #182 Stomach and Intestinal Infections and Disorders Complicated - 3 Deaths

The average age of the patients who expired was \$1 years of age.

One (1) patient had an Advanced Directive of "Do Not Resuscitate."

All patients had multiple co-morbidities.

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Pennsylvania Heath Care Cost Containment Council
Federal Fiscal Year Data October 1, 2002 through September 30, 2003

Length of Stay Outlier Analysis
Readmissions for Complication/Infection Analysis

Blood Clot in Extremities

A longer length of stay was identified as significantly higher than expected in the Hospital Effectiveness Report for four (4) patients with this condition. The patient care evaluations on each patient revealed that multiple co-merbidities contributed to the longer length of stay. Three (3) of these patients were admitted from long term care facilities and required additional days of treatment due to other long standing medical conditions prior to their discharge back to the long-term care facilities. One (1) patient had a history of drug abuse and had cerebral deterioration requiring additional attention.

Stomach and Intestinal Bleeding

Readmission within thirty-one (31) days of the previous discharge for Complication/Infection was identified as significantly higher than expected in the Hospital Effectiveness Report for eleven (11) patients. All patients were medically stable upon the first discharge and exhibited no clinical symptoms of any developing scate medical problem. A summary of each patient care evaluation is provided.

- Five (5) patients were readmitted with a diagnosis of pneumonia.
- One (1) patient was readmitted with a diagnosis of heart attack.
- . One (1) patient fell at home and was readmitted for a frectured hip.
- Two (2) patients were readmitted for reoccurrence of bleeding from a stomach ulcer.
- One (1) patient was readmitted twice. Once for a reoccurrence of intestinal bleeding and once for Septicemia (blood poisoning). The patient was at the terminal end stage of colon cancer. Both readmissions were due to the progression of the disease process.

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