



UNIONTOWN HOSPITAL
Getting better is what we're all about

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September 14, 2009

David H. Wilderman, Acting Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Wilderman:

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, 2007 through September 30, 2008. 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 Septicemia, Respiratory Failure without mechanical Ventilation, Congestive Heart Failure, and Aspiration Pneumonia. 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 Septicemia was 83 years, with 63% being 81 or older. Thirty-four percent (34%) 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. 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 Respiratory Failure without Mechanical Ventilation was 79 years, with 75% being 73 or older. Fifty-six percent (56%) of these patients either expired on the day of admission or the next day, indicating the seriousness of their condition on admission. Ninety-four percent (94%) of these patients had Do Not Resuscitate orders.
- The average age of the patients who died with Congestive Heart Failure was 86 years, with 74% being 80 or older. Twenty-two percent (22%) of these patients either expired on the day of admission or the next day, indicating the seriousness of their condition on admission. Ninety-one percent (91%) of these patients had Do Not Resuscitate orders.
- The average age of the patients who died with Aspiration Pneumonia was 84 years, with 94% being 80 or older. Twenty-two percent (22%) of these patients either expired on the day of admission or the next day, indicating the seriousness of their condition on admission. All of these patients (100%) had Do Not Resuscitate orders.

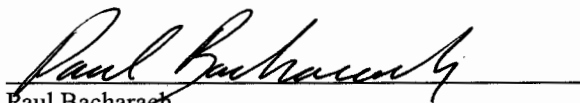
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The hospital was identified as having fifteen Diabetic admissions with a length of stay that was longer than expected. Nine of these admissions were for the same patient, whose blood sugars are very difficult to control and has stage III renal failure, ulcerative colitis and diabetic gastroparesis. The remaining six of these patients had several pre-existing co-morbid conditions, i.e., pneumonia, renal failure, chronic obstructive pulmonary disease, ketoacidosis, cardiomyopathy, diabetic neuropathy, etc.

The hospital was identified as having a higher than expected number of Chronic Obstructive Pulmonary Disease (COPD) patients who were readmitted for a complication/infection within thirty days. The average length of stay of all of the patients with COPD was 4.9 days, and the average length of stay of the patients readmitted within thirty days was 5.2 days. Based on these statistics, premature discharge does not appear to be a reason for the readmissions. Thirty-four percent (34%) of the patients were readmitted for reasons unrelated to their COPD, i.e., myocardial infarction, GI bleed, aspiration pneumonia, etc. Twenty-one percent (21%) of the patients were readmitted for bacterial/viral pneumonia. All COPD patients are at high risk for pneumonia due to the chronic accumulation of secretions within the lungs. Forty percent of the patients were readmitted with acute/chronic respiratory failure. Once again, due to the chronic accumulation of secretions within the lungs, along with chronic debilitation due to their poor respiratory status, these patients are at high risk for readmissions due to acute/chronic respiratory failure, especially during the end stages of this devastating disease process.

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

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