



A subsidiary of Uniontown Health Resources, Inc.

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Paul Bacharach  
*President/CEO*

December 9, 2002

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

Dear Mr. Volavka:

The Uniontown Hospital would like to thank the Pennsylvania Health Care Cost Containment Council for the opportunity to comment on issues related to our 2001 data. The hospital was identified as having a higher than expected length of stay in patient days with pneumonia and higher than expected mortality rate in DRG 416, Septicemia.

The Uniontown Hospital treated 324 patients for pneumonia under DRG 089, 090, and 080. The trimmed and risk-adjusted LOS for The Uniontown Hospital is 6.4 compared to Western Pennsylvania and Statewide LOS of 5.4. This is reflective of the 8.5% of discharges with a long length of stay at The Uniontown Hospital compared to 4.3% for Western Pennsylvania and 5.0% Statewide.

Upon review of the 28 cases comprising this group, 77% were older than the mean age of 71.7 years. Twelve of these patients had an average severity of 3 and the overall average severity for this group is 2.2 which is slightly higher than the average of the comparative groups. All of these patients had several co-morbid or end stage conditions such as coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, diabetes mellitus, cancer, and renal failure.

All patients were treated with appropriate antibiotics based on culture susceptibilities or according to The Uniontown Hospital Collaborative Practice Guideline that is based on research and current standards of practice.

The Uniontown Hospital treated 83 patients in DRG 416, Septicemia, and 22 patients died. This yielded a mortality rate of 29.2% compared to 17.8% for Western Pennsylvania and 18.6% Statewide. The average age of all The Uniontown Hospital patients was 74 compared to 70.9 Statewide. The average age of these 22 patients was 82.5 with 45% over the age of 84. Once again, all of these patients had several co-morbid or end stage conditions. At least 86% of these patients had "do not resuscitate" orders. Overall, these patients represent an older, more acutely ill population.

Marc P. Volavka, Executive Director  
December 9, 2002  
Page Two

In conclusion, caring for patients with pneumonia and the review of mortalities is an integral part of our Quality Improvement Process. It is the intent of The Uniontown Hospital to provide health care and to improve the health status of the people we serve consistent with our goal of clinical and service quality excellence.

Sincerely,

  
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Paul Bacharach, President/CEO

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