Texas Department of State Health Services

# Real County

## POTENTIALLY PREVENTABLE HOSPITALIZATIONS

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From 2008-2013, adult residents (18+) of **Real County** received **$4,981,165** in charges for hospitalizations that were potentially preventable. Hospitalizations for the conditions below are called **potentially preventable**, because **if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred.**

| **Potentially Preventable Hospitalizations** for Adult Residents of **Real County** | **Number of Hospitalizations** | | | | | | | **2008-2013** | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | **2008 - 2013** | Average Hospital Charge | Hospital Charges | Hospital Charges Divided by 2013 Adult County Population |
| Bacterial Pneumonia | 10 | 9 | 19 | 17 | 16 | 11 | 82 | $21,364 | $1,751,826 | $630 |
| Dehydration | 0 | 0 | 7 | 0 | 5 | 0 | 0 | $0 | $0 | $0 |
| Urinary Tract Infection | 5 | 7 | 6 | 8 | 7 | 0 | 36 | $12,512 | $450,436 | $162 |
| Angina (without procedures) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | $0 | $0 | $0 |
| Congestive Heart Failure | 6 | 15 | 21 | 7 | 16 | 7 | 72 | $23,518 | $1,693,288 | $609 |
| Hypertension (High Blood Pressure) | 5 | 0 | 0 | 0 | 0 | 0 | 0 | $0 | $0 | $0 |
| Chronic Obstructive Pulmonary Disease or Asthma in Older Adults | 12 | 7 | 14 | 6 | 5 | 10 | 54 | $20,104 | $1,085,615 | $390 |
| Diabetes Short-Term Complications | 0 | 0 | 0 | 0 | 0 | 0 | 0 | $0 | $0 | $0 |
| Diabetes Long-Term Complications | 0 | 0 | 5 | 0 | 0 | 0 | 0 | $0 | $0 | $0 |
| **TOTAL** | **38** | **38** | **72** | **38** | **49** | **28** | **244** | **$20,415** | **$4,981,165** | **$1,791** |

Source: Center for Health Statistics, Texas Department of State Health Services

The number of hospitalizations is likely greater than what is reported, because there is no hospital in the county or the hospital(s) is not required to report data to DSHS.

Annual hospitalizations less than 5 and hospitalizations less than 30 for 2008-2013 are reported as 0.

**The purpose of this information is to assist in improving healthcare and reducing healthcare costs.**
This information is not an evaluation of hospitals or other healthcare providers.

**Bacterial Pneumonia** is a serious inflammation of the lungs caused by an infection. Bacterial pneumonia primarily impacts older adults. Communities can potentially prevent hospitalizations by encouraging older adults and other high risk individuals to get vaccinated for bacterial pneumonia.

**Dehydration** means the body does not have enough fluid to function well. Dehydration primarily impacts older adults or institutionalized individuals who have a limited ability to communicate thirst. Communities can potentially prevent hospitalizations by encouraging attention to the fluid status of individuals at risk.

**Urinary Tract Infection (UTI)** is usually caused when bacteria enter the bladder and cause inflammation and infection. It is a common condition, with older adults at highest risk. In most cases, an uncomplicated UTI can be treated with proper antibiotics. Communities can potentially prevent hospitalizations by encouraging individuals to practice good personal hygiene; drink plenty of fluids; and (if practical) avoid conducting urine cultures in asymptomatic patients who have indwelling urethral catheters.

**Angina (without procedures)** is chest pain that occurs when a blockage of a coronary artery prevents sufficient oxygen-rich blood from reaching the heart muscle. Communities can potentially prevent hospitalizations by encouraging regular physical activity; smoking cessation; controlling diabetes, high blood pressure, and abnormal cholesterol; maintaining appropriate body weight; and daily administration of an anti-platelet medication (like low dose aspirin) in most individuals with known coronary artery disease.

**Congestive Heart Failure** is the inability of the heart muscle to function well enough to meet the demands of the rest of the body. Communities can potentially prevent hospitalizations by encouraging individuals to reduce risk factors such as coronary artery disease, diabetes, high cholesterol, high blood pressure, smoking, alcohol abuse, and use of illegal drugs.

**Hypertension (High Blood Pressure)** is a syndrome with multiple causes. Hypertension is often controllable with medications. Communities can potentially prevent hospitalizations by encouraging an increased level of aerobic physical activity, maintaining a healthy weight, limiting the consumption of alcohol to moderate levels for those who drink, reducing salt and sodium intake, and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy food.

**Chronic Obstructive Pulmonary Disease or Asthma in Older Adults:** Chronic Obstructive Pulmonary Disease is characterized by decreased flow in the airways of the lungs. It consists of three related diseases: asthma, chronic bronchitis and emphysema. Because existing medications cannot change the progressive decline in lung function, the goal of medications is to lessen symptoms and/or decrease complications. Communities can potentially prevent hospitalizations for Chronic Obstructive Pulmonary Disease by encouraging education on smoking cessation and minimizing shortness of breath.

Asthma occurs when air passages of the lungs become inflamed and narrowed and breathing becomes difficult. Asthma is treatable, and most flare-ups and deaths can be prevented through the use of medications. Communities can potentially prevent hospitalizations for Asthma by encouraging people to learn how to recognize particular warning signs of asthma attacks. Treating symptoms early can result in prevented or less severe attacks.

**Diabetes Short-term Complications** are extreme fluctuations in blood sugar levels. Extreme dizziness and fainting can indicate hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar), and if not brought under control, seizures, shock or coma can occur. Diabetics need to monitor their blood sugar levels carefully and adjust their diet and/or medications accordingly. Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.

**Diabetes Long-term Complications** include risk of developing damage to the eyes, kidneys and nerves. Risk also includes developing cardiovascular disease, including coronary heart disease, stroke, and peripheral vascular disease. Long-term diabetes complications are thought to result from long-term poor control of diabetes. Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.

For more information on potentially preventable hospitalizations, go to: www.dshs.state.tx.us/ph.