Texas Department of State Health Services

Johnson County

POTENTIALLY PREVENTABLE HOSPITALIZATIONS

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From 2008-2013, adult residents (18+) of **Johnson County** received **$431,223,609** 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 **Johnson 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	530	470	559	476	414	453	2,902	$33,543	$97,342,070	$823
Dehydration	137	133	99	75	159	151	754	$19,468	$14,679,173	$124
Urinary Tract Infection	251	330	260	281	272	218	1,612	$22,884	$36,888,725	$312
Angina (without procedures)	27	31	30	23	22	24	157	$25,149	$3,948,468	$33
Congestive Heart Failure	470	517	496	485	449	578	2,995	$37,105	$111,129,722	$940
Hypertension (High Blood Pressure)	63	65	101	99	88	85	501	$23,371	$11,709,041	$99
Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	639	599	542	491	517	528	3,316	$29,560	$98,019,728	$829
Diabetes Short-Term Complications	76	75	95	90	86	145	567	$26,041	$14,765,079	$125
Diabetes Long-Term Complications	151	154	165	164	164	168	966	$44,246	$42,741,603	$362
TOTAL	**2,344**	**2,374**	**2,347**	**2,184**	**2,171**	**2,350**	**13,770**	**$31,316**	**$431,223,609**	**$3,648**

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

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.