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# TECHNICAL NOTES APPENDIX – SUMMER

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## *Hospital Performance Report Summer Update*

*INCLUDES PENNSYLVANIA INPATIENT HOSPITAL DISCHARGES FROM  
JULY 1, 2007 THROUGH JUNE 30, 2008*



**The Pennsylvania Health Care Cost Containment Council  
June 2009**

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## PREFACE

The *Technical Notes Appendix – Summer* in conjunction with the *Technical Notes* that accompanied the *FFY 2007 Hospital Performance Report (HPR)* provide important information regarding the analysis and development of the *Hospital Performance Report Summer Update* (July 1, 2007 through June 30, 2008 data).

The full *Technical Notes* describes the methodology behind the analyses and outlines the development of the report format and presentation. The *Technical Notes Appendix - Summer* includes tables that: 1) define the code- and DRG-based conditions/procedures in the report, 2) define readmissions for a complication or infection, 3) display statewide results, 4) categorize all cases readmitted for a complication or infection by specific reasons, 5) present cases that were excluded from analyses, 6) list hospitals not reported, and 7) list valid discharge status codes. These tables contain information that is relevant to the current study period (i.e., Q3-2007 through Q2-2008).

### **Additional Information**

- The following changes were made to the list of valid PHC4 discharge status codes, effective April 1, 2008 (as defined by NUBC).
  - Discharge status code 05 was renamed from *Discharged/transferred to another type of institution not defined elsewhere in this code list* to *Discharged/transferred to a designated cancer center or children’s hospital*
  - Discharge status code 70 - *Discharged/transferred to another type of health care institution not defined elsewhere in this code list* was added.
- Mortality and readmission ratings are not reported for conditions/procedures with a low volume of statewide events (i.e., less than ten mortalities or readmissions, after exclusions).

Additionally, ratings for conditions/procedures with 10-29 statewide events (mortalities or readmissions) are calculated using the first risk variable alone. When the number of measured events exceeds 29, risk adjustment models are based on all three risk factors. See the “Risk Adjustment Procedures” section below for a description of the risk variables.

3. ICD-9-CM codes and DRGs used in the HPR Summer Update are applicable to CMS Grouper Versions 24.0 and 25.0. The HPR Summer Update contains one quarter of data based on the CMS-DRGs (Q3, 2007) and three quarters of data based on the new MS-DRGs (Q4, 2007 and Q1-Q2, 2008). Due to the transition to Grouper 25.0, the following changes are incorporated in the report:
  - MS-DRGs are incorporated (for Q4, 2007 and Q1-Q2, 2008 data)
  - Of the 31 code-based conditions/procedures, only the **Abnormal Heartbeat** study population is modified due to the transition to Grouper 25.0. Records previously not reported in the HPR are now added to this study population so a consistent mix of cases is included from all quarters in the study period. Specifically, records with a principal diagnosis of abnormal heartbeat *with a major cardiovascular diagnosis* (as a secondary diagnosis) are added. Prior to the conversion to Grouper 25.0, only records with a principal diagnosis of abnormal heartbeat *without a major cardiovascular diagnosis* were included. In Grouper 25.0, abnormal heartbeat cases with *and* without major cardiovascular diagnoses are combined and re-categorized across new MS-DRGs based on the presence of a major complication/comorbidity (MCC) or complication/comorbidity (CC). The other 30 code-based conditions/procedures retain the same study populations.
  - “DRG-based” conditions/procedures replace the DRGs (CMS-DRGs) that were previously reported individually.
    - The following CMS-DRGs retain the same study populations, although they are renamed:
      - **DRG075** is now **Major Lung Surgery**
      - **DRG143** is now **Chest Pain**
      - **DRG202** is now **Cirrhosis and Alcoholic Hepatitis**
      - **DRG203** is now **Liver, Gallbladder or Pancreatic Cancer**
      - **DRG204** is now **Noncancerous Pancreatic Disorders**
      - **DRG243** is now **Medical Back Problems**
      - **DRG418** is now **Postoperative and Posttraumatic Infections without Surgery**
    - The following CMS-DRGs are converted to new DRG-based conditions/procedures with new study populations:
      - **DRG001** is now **Brain Surgery**
      - **DRG076** is now **Miscellaneous Lung Surgery**
      - **DRGs 096 and 097** are now combined as **Bronchitis and Asthma**
      - **DRG141** is now **Hypotension and Fainting**
      - **DRG567/568** is now **Stomach and Small Intestine Surgery**
      - **DRGs 182 and 183** are now combined as **Stomach and Intestinal Infections and Disorders**
      - **DRG188** is now **Stomach and Intestinal Complications and Disorders**
      - **DRG578/579** is now separated into **Infectious and Parasitic Diseases with Surgery** (stemming from CMS-DRG578) and **Postoperative and Posttraumatic Infections with Surgery** (stemming from CMS-DRG579)
      - **DRGs 553 and 554** are now combined as **Miscellaneous Vascular Surgery**

Because the study populations for these latter ten clinical categories and Abnormal Heartbeat now include new types of cases, comparing results with historical Hospital Performance Reports is not recommended.

#### 4. Risk Adjustment Procedures

Regression techniques were used to construct “risk-adjustment models” for mortality, length of stay, and readmissions (for any reason and for complication or infection). The models used three risk factors to calculate expected, or predicted, results. Hospitals whose discharges were characterized by a greater number of risk factors (e.g., severity of illness, comorbidity, demographic and/or socioeconomic factors) were given “credit” in the system; hospitalizations with more risk factors were expected to have longer lengths of stay, and a greater probability of death and/or readmission.

The first step in building the risk adjustment models for Mortality, Length of Stay, and Readmissions was to identify possible risk-adjustment factors—those factors that potentially contribute to a particular event for the conditions/procedures in the current report. In doing so, clinical, demographic, and socioeconomic factors identified in the literature were considered. The *Atlas Outcomes*<sup>™</sup> predicted probability of death and predicted length of stay scores were also considered. The processes for: 1) gathering and reporting the Atlas information, and 2) building the PHC4 risk-adjustment models are explained in the following sections.

##### *Atlas Outcomes*<sup>™</sup> Approach for Risk Adjustment

Acute care hospitals used MediQual’s *Atlas Outcomes*<sup>™</sup> Severity of Illness System to assess each patient’s condition from date of admission through the first two days of the hospital stay (or a maximum of 30 hours, based on when the patient was admitted to the hospital). This system summarizes the overall risk/severity and calculates the patient’s predicted probability of death (MQPredDeath) and predicted length of stay (MQPredLOS). The MQPredDeath is derived from a logistic regression model and has a value from 0.000 to 1.000. The MQPredLOS is derived from a linear regression model and has no bounds.

Atlas Scoring: Focus on Laboratory Data. The *Atlas Outcomes*<sup>™</sup> system is based on diagnosis and procedure codes, age, sex, and clinical laboratory data. The clinical laboratory data is collected during specified timeframes in the hospitalization. The results are entered into algorithms that calculate the overall predicted probability of death or the predicted length of stay.

##### *PHC4 Model Selection*

Model selection identified three risk factors that were statistically significant predictors of the relevant event (i.e., mortality, length of stay, or readmission) in the highest number of conditions/procedures. Each medical condition and surgical procedure was modeled separately, and only those receiving that analysis were included (e.g., only conditions/procedures included in the readmissions analysis were used to select the best risk variables for the readmissions models).

Linear regression models were used for length of stay, while binary logistic regression models were used for mortality and readmissions outcomes. Risk factors were considered significant for a condition/procedure if they met the  $p < 0.10$  significance criteria.

To determine the first risk factor, individual models were run for each condition/procedure that received that analysis. The candidate variable that was significant ( $p < 0.10$ ) in the most models was chosen to be the first risk factor.

The second risk factor was determined by running a similar set of models for each condition/procedure with the first risk factor already entered into the models. The candidate variable that was significant in the most models (after taking into account the effect of the first risk factor) was selected to be the second risk factor.

Similarly, the third risk factor was determined by running the models for each condition/procedure with the first and second risk factors already entered into the models. The candidate variable that was significant in the most models (after taking into account the effect of the first and second risk factors) was selected to be the third risk factor.

Atlas Outcomes™ Variables. Of the two MediQual clinical variables, the MQPredDeath variable was tested for the mortality models since this variable was designed by MediQual to predict mortality outcomes. In contrast, the MQPredLOS variable was tested for the length of stay models since it was designed to predict length of stay outcomes. For the readmission models, both the MQPredDeath and the MQPredLOS variables were individually evaluated for each condition/procedure to determine which clinical variable was the stronger predictor of readmissions (for any reason and for complication or infection). As a result, some readmission models used the MQPredDeath variable while others used the MQPredLOS variable.

Final Models. The linear and logistic regression models used to calculate risk-adjusted results were limited to three risk factors in order to avoid over specification. The following table summarizes the risk factors used in the models for each of the outcome measures.

Rank	Mortality	Length of Stay	Readmissions	
			Any Reason	Complication or Infection
1 <sup>st</sup>	MQPredDeath	MQPredLOS	MQPredLOS or MQPredDeath <sup>†</sup>	MQPredLOS or MQPredDeath <sup>†</sup>
2 <sup>nd</sup>	Age/Age <sup>2</sup>	Age/Age <sup>2</sup>	Cancer Type*	Age/Age <sup>2</sup>
3 <sup>rd</sup>	Female	Poverty Rate	Age/Age <sup>2</sup>	Cancer Type*

<sup>†</sup>In the readmissions for any reason analyses, MQPredDeath was used in the models for the following conditions/procedures: Congestive Heart Failure (CHF), Diabetes with Amputation, Respiratory Failure with Mechanical Ventilation, Stomach and Intestinal Bleeding, Stroke – Hemorrhagic, Abdominal Aortic Aneurysm Repair – Endovascular, Gallbladder Removal – Open, Cirrhosis and Alcoholic Hepatitis, Hypotension and Fainting. MQPredLOS was used in all other conditions/procedures.

<sup>‡</sup>In the readmissions for complication or infection analyses, MQPredDeath was used in the models for the following conditions/procedures: Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Diabetes with Amputation, Diabetes - Medical Management, Pneumonia - Aspiration, Stroke - Non-Hemorrhagic, Abdominal Aortic Aneurysm Repair - Endovascular, Gallbladder Removal – Laparoscopic, Gallbladder Removal – Open, Hip Fracture – Surgical Repair, Chest Pain, Cirrhosis and Alcoholic Hepatitis, Hypotension and Fainting, and Noncancerous Pancreatic Disorders. MQPredLOS was used in all other conditions/procedures.

\*Cancer was defined by the following ICD-9-CM codes: Malignant Neoplasm and Carcinoma in situ = 140.0-195.8, 200.00-208.91, 230.0-239.9; Secondary Neoplasm (Metastatic) = 196.0-199.1

**TABLE A**  
**The 48 Medical Conditions and Surgical Procedures in the**  
**Hospital Performance Report – Summer Update**

The following table defines the 31 code-based and 17 DRG-based conditions and procedures included in this report. The ICD-9-CM codes and DRGs defining each condition/procedure are applicable to CMS Grouper Versions 24.0 and 25.0. Additional exclusions (clinically complex cases) are identified as footnotes.

**The 31 Code-Based Conditions/Procedures**

Each category includes records with the listed principal diagnosis and/or procedure and the listed CMS-DRG(s) or MS-DRG(s).

<b>Medical Condition<sup>1</sup></b>	<b>Principal Diagnosis Codes (ICD-9-CM)</b>	<b>CMS-DRGs<sup>2</sup></b>	<b>MS-DRGs<sup>3</sup></b>
Abnormal Heartbeat	426.0, 426.10, 426.11, 426.12, 426.13, 426.2, 426.3, 426.4, 426.50, 426.51, 426.52, 426.53, 426.54, 426.6, 426.7, 426.81, 426.82, 426.89, 426.9, 427.0, 427.1, 427.2, 427.31, 427.32, 427.60, 427.61, 427.69, 427.81, 427.89, 427.9, 746.86, 785.0	117, 118, 124, 125, 138, 139, 518, 551 <sup>4</sup> , 552, 555 <sup>4</sup> , 556, 557 <sup>4</sup> , 558	242, 243, 244, 246, 247, 248, 249, 250, 251, 258, 259, 260, 261, 262, 286, 287, 308, 309, 310
Blood Clot in Extremities	451.0, 451.11, 451.19, 451.2, 451.81, 451.82, 451.83, 451.84, 451.89, 451.9, 453.40, 453.41, 453.42, 453.8, 453.9	128,130,131	294, 295, 299, 300, 301
Blood Clot in Lung	415.11, 415.12 <sup>3</sup> , 415.19	078	175, 176
Chronic Obstructive Pulmonary Disease (COPD)	491.20, 491.21, 491.22, 492.0, 492.8, 496, 506.4	088	190, 191, 192
Congestive Heart Failure (CHF)	398.91, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9	124, 127	286, 287, 291, 292, 293
Diabetes with Amputation	250.0x, 250.1x, 250.2x, 250.3x, 250.7x, 250.8x, 250.9x (x=0-3)	113, 114, 285	239, 240, 241, 255, 256, 257, 616, 617, 618
Diabetes – Medical Management	250.0x, 250.1x, 250.2x, 250.3x, 250.4x, 250.6x, 250.7x, 250.8x, 250.9x (x=0-3)	018, 019, 130, 131, 294, 295, 331, 332	073, 074, 299, 300, 301, 637, 638, 639, 698, 699, 700
Heart Attack – Medical Management	410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91	121,122,123	280, 281, 282, 283, 284, 285
Intestinal Obstruction	560.0, 560.2, 560.30, 560.31, 560.39, 560.81, 560.89, 560.9	180, 181	388, 389, 390
Kidney Failure – Acute	584.5, 584.6, 584.7, 584.8, 584.9	316	682, 683, 684
Kidney and Urinary Tract Infections	590.00, 590.01, 590.10, 590.11, 590.2, 590.3, 590.80, 590.9, 595.x (x=0-3), 595.81, 595.89, 595.9, 599.0	320, 321	689, 690
Pneumonia – Aspiration	507.0	079, 080	177, 178, 179
Pneumonia – Infectious	480.0, 480.1, 480.2, 480.3, 480.8, 480.9, 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0	079, 080, 089, 090,	177, 178, 179, 193, 194, 195
Respiratory Failure with Mechanical Ventilation	506.1, 518.5, 518.81, 518.83, 518.84	565, 566	207, 208
Respiratory Failure without Mechanical Ventilation	506.1, 518.5, 518.81, 518.83, 518.84	087	189
Septicemia	038.0, 038.10, 038.11, 038.19, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43, 038.44, 038.49, 038.8, 038.9, 995.90, 995.91, 995.92	575, 576	870, 871, 872
Stomach and Intestinal Bleeding	456.0, 530.7, 530.82, 531.00, 531.01, 531.20, 531.21, 531.40, 531.41, 531.60, 531.61, 532.00, 532.01, 532.20, 532.21, 532.40, 532.41, 532.60, 532.61, 533.00, 533.01, 533.20, 533.21, 533.40, 533.41, 533.60, 533.61, 534.00, 534.01, 534.20, 534.21, 534.40, 534.41, 534.60, 534.61, 535.01, 535.11, 535.21, 535.31, 535.41, 535.51, 535.61, 537.83, 537.84, 562.02, 562.03, 562.12, 562.13, 569.3, 569.85, 578.9	174, 175, 571	368, 369, 370, 377, 378, 379
Stroke – Hemorrhagic	430, 431, 432.0, 432.1, 432.9	014	064, 065, 066
Stroke – Non-Hemorrhagic	433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91	014, 559	061, 062, 063, 064, 065, 066

<sup>1</sup> Cases with HIV Infections (ICD-9-CM code 042, in any position) are excluded from all code-based conditions and procedures. <sup>2</sup> Invalid as of 10/1/07. <sup>3</sup> Valid as of 10/1/07. <sup>4</sup> Previously not reported in HPR; added to consistently apply DRG criteria across all quarters in the study period.

TABLE A CONTINUED

<b>Surgical Procedure<sup>1</sup></b>	<b>Principal Procedure Codes (ICD-9-CM)</b>	<b>CMS-DRGs<sup>2</sup></b>	<b>MS-DRGs<sup>3</sup></b>
Abdominal Aortic Aneurysm Repair - Endovascular	39.71 With principal diagnosis (PDx) of 441.4	110, 111	237, 238
Abdominal Aortic Aneurysm Repair - Open	38.44, 38.64, 38.84 With PDx of 441.4	110, 111	237, 238
Colorectal Procedures <sup>4</sup>	45.71, 45.72, 45.73, 45.74, 45.75, 45.76, 45.79, 45.8, 45.92, 45.94, 46.03, 46.10, 46.11, 46.13, 46.42, 46.43, 46.52, 46.76, 46.94, 48.49, 48.5, 48.62, 48.63, 48.69, 48.75, 48.76, 70.72	146, 147, 149, 569, 570	329, 330, 331, 332, 333, 334
Gallbladder Removal - Laparoscopic	51.23, 51.24	195, 196, 493, 494	411, 412, 413, 417, 418, 419
Gallbladder Removal - Open	51.21, 51.22	195, 196, 197, 198	411, 412, 413, 414, 415, 416
Heart Attack - Angioplasty/Stent	00.66, 36.06, 36.07 With PDx of 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, or 410.91	555, 557	246, 247, 248, 249
Hip Fracture - Surgical Repair	78.55, 79.15, 79.25, 79.35, 79.55, 81.51, 81.52 With PDx of 820.0x (x = 0–3,9), 820.1x (x = 0–3,9), 820.2x (x = 0–2), 820.3x (x = 0–2), 820.8, or 820.9	210, 211, 544	469, 470, 480, 481, 482
Hysterectomy - Abdominal	68.31, 68.39, 68.41, 68.49, 68.61, 68.69, 68.9	353, 354, 355, 357, 358, 359	734, 735, 736, 737, 738, 739, 740, 741, 742, 743
Hysterectomy - Vaginal	68.51, 68.59, 68.71, 68.79	353, 354, 355, 357, 358, 359	734, 735, 736, 737, 738, 739, 740, 741, 742, 743
Prostatectomy - Radical	60.3, 60.4, 60.5, 60.62, 60.69	306, 307, 334, 335	665, 666, 667, 707, 708
Prostatectomy - Transurethral	60.21, 60.29	306, 307, 336, 337	665, 666, 667, 713, 714
Removal of Blockage of Neck Vessels	38.12	533, 534	037, 038, 039

<sup>1</sup> Cases with HIV Infections (ICD-9-CM code 042, in any position) are excluded from all code-based conditions and procedures.

<sup>2</sup> Invalid as of 10/1/07.

<sup>3</sup> Valid as of 10/1/07.

<sup>4</sup> Cases with abdominal trauma are excluded. Abdominal trauma is defined by the following ICD-9-CM codes in any position: 863.0 - 864.19, 865.00 - 865.19, 866.00 - 866.13, 867.0 - 867.9, 868.00 - 869.1, 879.2 - 879.9, 902.0 - 902.9, 908.1, 908.2, 908.4, 908.6, 908.9, 922.2, 935.2, 936, 937, 938, or 947.3.

## TABLE A CONTINUED

**The 17 DRG-Based Medical Conditions and Surgical Procedures**

Each category includes records from the listed CMS-DRG(s) or MS-DRG(s).

<b>DRG-Based Medical Condition / Surgical Procedure</b>	<b>CMS-DRG<sup>1</sup></b>	<b>MS-DRG<sup>2</sup></b>
Brain Surgery	001, 002 <sup>3</sup>	025, 026, 027
Bronchitis and Asthma	096, 097	202, 203
Chest Pain	143	313
Cirrhosis and Alcoholic Hepatitis	202	432, 433, 434
Hypotension and Fainting	141, 142 <sup>3</sup>	312
Infectious and Parasitic Diseases with Surgery	578	853, 854, 855
Liver, Gallbladder or Pancreatic Cancer	203	435, 436, 437
Major Lung Surgery	075	163, 164, 165
Medical Back Problems	243	551, 552
Miscellaneous Lung Surgery	076, 077 <sup>3</sup>	166, 167, 168
Miscellaneous Vascular Surgery	479 <sup>3</sup> , 553, 554	252, 253, 254
Noncancerous Pancreatic Disorders	204	438, 439, 440
Postoperative and Posttraumatic Infections with Surgery	579	856, 857, 858
Postoperative and Posttraumatic Infections without Surgery	418	862, 863
Stomach and Intestinal Complications and Disorders	188, 189 <sup>3</sup>	393, 394, 395
Stomach and Intestinal Infections and Disorders	182, 183	391, 392
Stomach and Small Intestine Surgery	155 <sup>3</sup> , 567, 568	326, 327, 328

<sup>1</sup> Invalid as of October 1, 2007. <sup>2</sup> Valid as of October 1, 2007. <sup>3</sup> Previously not reported in HPR – added to consistently apply DRG criteria across all quarters in the study period.

TABLE B

**ICD-9-CM Codes Used to Define Readmissions for Complication or Infection**

Readmissions with one of the following ICD-9-CM codes listed as the principal diagnosis or principal procedure were included in this measure. These codes are applicable to CMS Grouper Versions 24.0 and 25.0.

ICD-9-CM Codes Diagnosis/Procedure			ICD-9-CM Codes Diagnosis/Procedure		
<b>Procedure/Medical Care Related Events</b>			<b>Cardiac Complications</b>		
54.61 (procedure)	998.7		410.01		410.61
909.3	998.83		410.11		410.71
995.4	998.89		410.21		410.81
995.86	998.9		410.31		410.91
995.89	999.2		410.41		997.1
997.5	999.4		410.51		
998.0	999.5				
998.2	999.6		<b>Venous Thrombosis/Pulmonary Embolism</b>		
998.31	999.7		415.11	451.19	453.42
998.32	999.8		415.12 <sup>†</sup>	451.81	453.8
998.4	999.9		415.19	453.40	997.2
998.6			451.11	453.41	999.1
<b>Digestive System Complications</b>			<b>Hypotension/Hypertension</b>		
560.81	564.4		458.21		997.91
564.2	997.4		458.29		
564.3					
<b>Pulmonary Compromise</b>			<b>Stroke/Anoxic Brain Damage</b>		
31.1 (procedure)	518.5		348.1		433.81
31.21 (procedure)	518.81		430		433.91
31.29 (procedure)	518.82		431		434.01
512.1	518.84		432.0		434.11
514	997.3		432.1		434.91
518.4	998.81		432.9		436
			433.01		997.00
			433.11		997.01
<b>Hemorrhage</b>					
39.41 (procedure)	998.11		433.21		997.02
39.98 (procedure)	998.12		433.31		997.09
57.93 (procedure)	998.13				
			<b>Device, Implant or Graft Complications</b>		
			530.87	996.39	996.59
			536.40	996.40	996.70
			536.42	996.41	996.72
			536.49	996.42	996.74
			569.60	996.43	996.76
			569.62	996.44	996.77
			569.69	996.45	996.78
			996.04	996.46	996.79
			996.1	996.47	
			996.30	996.49	
			996.31	996.52	
			<b>Gastric/Intestinal Ulceration with Hemorrhage or Perforation</b>		
			49.95 (procedure)		533.01
			531.00		533.10
			531.01		533.11
			531.10		533.20
			531.11		533.21
			531.20		533.40
			531.21		533.41
			531.40		533.60
			531.41		533.61
			531.60		534.00
			531.61		534.01
			532.00		534.10
			532.01		534.11
			532.10		534.20
			532.11		534.21
			532.20		534.40
			532.21		534.41
			532.40		534.60
			532.41		534.61
			532.60		537.84
			532.61		578.9
			533.00		

<sup>†</sup> No longer effective as of 10/1/2007.

<sup>‡</sup> Effective beginning 10/1/2007.

TABLE C1

## Statewide Utilization and Outcome Data for Code-Based Conditions/Procedures

Medical Conditions						
Description	# of Cases <sup>1</sup>	% Mortality <sup>2</sup>	Length of Stay <sup>2</sup>	Readmissions		Average Charge <sup>2</sup>
				% Any Reason <sup>2</sup>	% Comp/Infec <sup>2</sup>	
Abnormal Heartbeat	44,361	0.8	3.5	14.6	2.4	\$32,100
Blood Clot in Extremities	7,607	0.5	4.3	NR	NR	\$18,042
Blood Clot in Lung	6,912	1.7	5.4	NR	NR	\$28,771
Chronic Obstructive Pulmonary Disease (COPD)	31,572	1.0	4.5	23.0	5.6	\$22,340
Congestive Heart Failure (CHF)	49,021	2.7	5.0	26.8	5.0	\$27,357
Diabetes with Amputation	2,002	1.2	9.7	22.5	5.7	\$68,332
Diabetes - Medical Management	17,284	0.7	3.7	21.4	2.8	\$21,054
Heart Attack - Medical Management	13,004	10.8	5.4	NR	NR	\$33,969
Intestinal Obstruction	9,072	2.0	4.3	NR	NR	\$20,753
Kidney Failure - Acute	20,084	5.1	5.7	23.6	5.8	\$28,871
Kidney and Urinary Tract Infections	23,165	0.9	4.2	17.4	3.9	\$20,501
Pneumonia - Aspiration	9,472	10.2	6.8	23.9	7.6	\$33,949
Pneumonia - Infectious	40,503	2.5	4.9	16.6	5.8	\$24,113
Respiratory Failure with Mechanical Ventilation	6,163	29.2	9.6	26.6	12.1	\$79,869
Respiratory Failure without Mechanical Ventilation	9,592	10.7	6.0	26.8	13.2	\$28,410
Septicemia	25,649	18.6	7.2	NR	NR	\$41,933
Stomach and Intestinal Bleeding	19,821	1.9	4.4	16.8	5.0	\$25,399
Stroke - Hemorrhagic	3,554	27.0	6.0	19.1	7.3	\$43,219
Stroke - Non-Hemorrhagic	18,600	4.8	5.0	14.9	5.5	\$33,148

  

Surgical Procedures						
Abdominal Aortic Aneurysm Repair - Endovascular	1,670	0.8	2.9	12.7	5.7	\$96,086
Abdominal Aortic Aneurysm Repair - Open	515	3.5	8.0	11.3	4.1	\$76,782
Colorectal Procedures	14,382	2.9	8.6	NR	NR	\$64,317
Gallbladder Removal - Laparoscopic	13,562	0.3	3.6	7.4	2.4	\$32,064
Gallbladder Removal - Open	2,322	1.3	6.7	11.0	4.3	\$54,241
Heart Attack - Angioplasty/Stent	11,365	1.4	3.7	NR	NR	\$70,116
Hip Fracture - Surgical Repair	12,882	2.2	5.9	14.9	6.5	\$42,868
Hysterectomy - Abdominal	15,278	0.1	2.7	NR	NR	\$25,391
Hysterectomy - Vaginal	6,309	NR	1.6	3.0	2.0	\$19,024
Prostatectomy - Radical	3,915	NR	2.4	NR	NR	\$41,628
Prostatectomy - Transurethral	3,561	NR	2.6	NR	NR	\$17,716
Removal of Blockage of Neck Vessels	4,883	0.2	2.3	9.5	2.2	\$28,420

<sup>1</sup>Number of cases after mortality exclusions (or length of stay exclusions for procedures in which mortality is not reported).

<sup>2</sup>Value shown is based on records after all relevant exclusions are removed.

NR: Not Reported

TABLE C2

## Statewide Utilization and Outcome Data for DRG-Based Conditions/Procedures

Description	# of Cases <sup>1</sup>	% Mortality <sup>2</sup>	Length of Stay <sup>2</sup>	Readmissions		Average Charge <sup>2</sup>
				% Any Reason <sup>2</sup>	% Comp/Infec <sup>2</sup>	
Brain Surgery	5,481	4.1	5.9	NR	NR	\$102,546
Bronchitis and Asthma	13,795	0.2	3.3	11.7	2.0	\$18,021
Chest Pain	34,218	<0.1	1.7	11.3	1.4	\$17,467
Cirrhosis and Alcoholic Hepatitis	4,184	6.5	5.6	34.9	4.2	\$38,895
Hypotension and Fainting	19,798	0.2	2.8	12.1	1.9	\$19,694
Infectious and Parasitic Diseases with Surgery	4,062	15.3	13.5	NR	NR	\$104,486
Liver, Gallbladder or Pancreatic Cancer	3,345	10.2	5.6	NR	NR	\$38,702
Major Lung Surgery	5,864	3.0	7.3	NR	NR	\$74,937
Medical Back Problems	12,170	0.6	3.8	16.7	2.7	\$21,369
Miscellaneous Lung Surgery	5,514	6.1	8.2	NR	NR	\$64,913
Miscellaneous Vascular Surgery	11,866	1.6	5.1	NR	NR	\$61,150
Noncancerous Pancreatic Disorders	9,186	1.0	4.7	19.1	2.0	\$25,291
Postoperative and Posttraumatic Infections with Surgery	2,865	1.5	7.9	18.8	10.6	\$61,634
Postoperative and Posttraumatic Infections without Surgery	4,728	0.5	4.8	NR	NR	\$26,565
Stomach and Intestinal Complications and Disorders	11,101	2.1	4.3	NR	NR	\$24,141
Stomach and Intestinal Infections and Disorders	44,633	0.3	3.2	NR	NR	\$19,181
Stomach and Small Intestine Surgery	4,099	4.4	8.5	NR	NR	\$90,761

<sup>1</sup>Number of cases after mortality exclusions (or length of stay exclusions for conditions in which mortality was not reported).

<sup>2</sup>Value shown was based on records after all relevant exclusions were removed.

NR: Not Reported

TABLE D1

**Statewide Cases Readmitted for Complication or Infection, by Reason for Readmission  
Code-Based Conditions/Procedures**

Code-Based Condition/Procedure	# of Cases Meeting Readmissions Criteria	Total # of Cases Readmitted for Complication or Infection	% of Cases Readmitted for Complication or Infection	REASON FOR READMISSION												
				Procedure/Medical Care Related Events	Digestive System Complications	Pulmonary Compromise	Hemorrhage	Infection	Pneumonia	Cardiac Complications	Venous Thrombosis/Pulmonary Embolism	Hypotension/Hypertension	Stroke/Anoxic Brain Damage	Device, Implant or Graft Complications	Gastric/Intestinal Ulceration w/ Hemorrhage or Perforation	
<b>Medical Conditions</b>																
Abnormal Heartbeat	40,764	995	2.4	8	7	117	42	201	176	104	103	8	104	59	71	
Chronic Obstructive Pulmonary Disease	29,911	1,664	5.6	5	9	589	4	196	533	102	92	5	47	23	64	
Congestive Heart Failure	44,817	2,243	5.0	8	6	523	14	489	422	329	85	24	154	64	131	
Diabetes with Amputation	1,875	107	5.7	9	0	5	3	52	9	10	4	1	5	6	4	
Diabetes - Medical Management	16,266	453	2.8	6	2	51	4	156	85	47	21	3	37	18	25	
Kidney Failure - Acute	17,573	1,018	5.8	7	17	148	4	397	102	86	83	7	52	41	82	
Kidney and Urinary Tract Infections	21,805	854	3.9	17	5	75	6	373	131	58	60	5	52	35	43	
Pneumonia - Aspiration	7,594	580	7.6	1	6	135	1	211	120	20	30	3	22	19	18	
Pneumonia - Infectious	37,405	2,177	5.8	8	12	328	10	353	1,010	106	149	8	86	24	92	
Respiratory Failure with Mechanical Ventilation	3,857	468	12.1	5	0	267	0	82	52	24	17	0	8	10	11	
Respiratory Failure without Mechanical Ventilation	7,827	1,037	13.2	2	1	671	0	144	128	28	27	1	18	7	16	
Stomach and Intestinal Bleeding	18,421	919	5.0	9	13	58	21	181	104	53	62	1	52	29	340	
Stroke - Hemorrhagic	2,070	152	7.3	1	0	7	1	28	4	6	22	1	82	0	2	
Stroke - Non-Hemorrhagic	16,172	895	5.5	6	2	48	6	145	60	54	52	8	452	16	49	
<b>Surgical Procedures</b>																
Abdominal Aortic Aneurysm Repair - Endovascular	1,459	83	5.7	5	1	4	7	27	5	8	10	0	1	9	6	
Abdominal Aortic Aneurysm Repair - Open	459	19	4.1	2	1	1	0	8	0	1	2	0	0	1	3	
Gallbladder Removal - Laparoscopic	12,751	300	2.4	13	85	13	25	90	23	8	25	0	9	6	6	
Gallbladder Removal - Open	2,142	92	4.3	1	15	3	10	43	4	1	9	1	0	4	1	
Hip Fracture - Surgical Repair	11,955	772	6.5	8	18	59	20	218	92	61	80	2	29	139	47	
Hysterectomy - Vaginal	6,062	122	2.0	13	10	3	26	58	3	0	7	0	1	1	0	
Removal of Blockage of Neck Vessels	4,597	103	2.2	4	1	11	18	9	9	14	5	2	27	1	5	

Note: For some conditions/procedures, the sum of the readmissions for complication or infection may have been higher than the total because some records had both a principal diagnosis and a principal procedure that met the criteria for being captured in this analysis. If this occurred, the record was displayed in each readmission category above; however, the record was counted only once in determining the percent of readmissions for complication or infection.

TABLE D2

**Statewide Cases Readmitted for Complication or Infection, by Reason for Readmission  
DRG-Based Conditions/Procedures**

DRG-Based Condition/Procedure	# of Cases Meeting Readmissions Criteria	Total # of Cases Readmitted for Complication or Infection	% of Cases Readmitted for Complication or Infection	REASON FOR READMISSION											
				Procedure/Medical Care Related Events	Digestive System Complications	Pulmonary Compromise	Hemorrhage	Infection	Pneumonia	Cardiac Complications	Venous Thrombosis/ Pulmonary Embolism	Hypotension/Hypertension	Stroke/Anoxic Brain Damage	Device, Implant or Graft Complications	Gastric/Intestinal Ulceration with Hemorrhage or Perforation
Bronchitis and Asthma	13,243	261	2.0	0	1	66	2	33	90	9	26	4	17	7	8
Chest Pain	32,402	444	1.4	5	7	32	9	65	82	89	52	11	36	35	22
Cirrhosis and Alcoholic Hepatitis	3,484	148	4.2	4	3	13	3	73	10	6	3	1	5	1	26
Hypotension and Fainting	18,680	347	1.9	6	5	30	4	66	71	43	36	9	44	11	22
Medical Back Problems	11,395	302	2.7	4	6	20	2	79	57	34	38	0	24	13	26
Noncancerous Pancreatic Disorders	8,547	174	2.0	4	14	11	1	59	25	16	13	2	7	13	9
Postoperative and Posttraumatic Infections with Surgery	2,514	267	10.6	23	4	6	10	191	5	2	8	0	4	12	2

Note: For some conditions/procedures, the sum of the readmissions for complication or infection may have been higher than the total because some records had both a principal diagnosis and a principal procedure that met the criteria for being captured in this analysis. If this occurred, the record was displayed in each readmission category above; however, the record was counted only once in determining the percent of readmissions for complication or infection.

TABLE E1

**Statewide Exclusions from Analyses, by Measure  
Code-Based Conditions/Procedures**

The exclusions are listed in the order in which they were removed from the reference database.

	Mortality		Length of Stay		Length of Stay Outliers: Short and Long		Readmissions: Any Reason and Complication or Infection		Average Charge		Transfer to Acute Care <sup>4</sup>	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>Total Cases Before Exclusions</b>	470,500	100.0	484,679	100.0	419,864	100.0	364,681	100.0	484,679	100.0	16,682	100.0
<b>Exclusions:</b>												
<i>Records with errors</i>	0	0.0	0	0.0	0	0.0	0	0.0	193	<0.1	0	0.0
<i>Duplicate records</i>	79	<0.1	79	<0.1	68	<0.1	70	<0.1	73	<0.1	2	<0.1
<i>Discharge date not in time period</i>	32	<0.1	32	<0.1	28	<0.1	25	<0.1	19	<0.1	2	<0.1
<i>Missing or invalid discharge status</i>	180	<0.1	180	<0.1	152	<0.1	157	<0.1	179	<0.1	1	<0.1
<i>Non-adult (&lt; 18) or invalid age</i>	8,834	1.9	8,834	1.8	8,338	2.0	8,029	2.2	8,831	1.8	5	<0.1
<i>Patients with HIV Infection<sup>1</sup></i>	593	0.1	596	0.1	560	0.1	516	0.1	596	0.1	7	<0.1
<i>Patients with abdominal trauma<sup>2</sup></i>	116	<0.1	116	<0.1	NA	NA	NA	NA	116	<0.1	NA	NA
<i>Patients who left against medical advice</i>	3,402	0.7	3,406	0.7	3,354	0.8	2,821	0.8	3,406	0.7	156	0.9
<i>Patients transferred to GAC facilities</i>	13,897	3.0	13,913	2.9	13,325	3.2	8,408	2.3	13,899	2.9	NA	NA
<i>Patients who died</i>	NA	NA	18,694	3.9	17,830	4.2	11,364	3.1	NA	NA	1,451	8.7
<i>Missing Atlas Outcomes™ data<sup>3</sup></i>	9,070	1.9	8,552	1.8	7,269	1.7	6,738	1.8	NA	NA	NA	NA
<i>Invalid length of stay</i>	NA	NA	11	<0.1	2	<0.1	5	<0.1	NA	NA	NA	NA
<i>Length of stay outliers</i>	NA	NA	3,898	0.8	NA	NA	2,923	0.8	NA	NA	NA	NA
<i>Non-Pennsylvania residents</i>	NA	NA	NA	NA	NA	NA	9,887	2.7	NA	NA	NA	NA
<i>Patients discharged to hospice</i>	NA	NA	NA	NA	NA	NA	5,340	1.5	NA	NA	NA	NA
<i>Missing or invalid patient social security number</i>	NA	NA	NA	NA	NA	NA	2,010	0.6	NA	NA	NA	NA
<i>Admit, discharge, readmission date discrepancies</i>	NA	NA	NA	NA	NA	NA	297	0.1	NA	NA	NA	NA
<i>Invalid charges</i>	NA	NA	NA	NA	NA	NA	NA	NA	481	0.1	NA	NA
<i>Charge outliers</i>	NA	NA	NA	NA	NA	NA	NA	NA	8,674	1.8	NA	NA
<i>No reference data</i>	NA	NA	NA	NA	NA	NA	NA	NA	4,625	1.0	NA	NA
<i>Intermediary Hospitalization</i>	NA	NA	NA	NA	NA	NA	309	0.1	NA	NA	NA	NA
<b>Total Exclusions</b>	36,203	7.7	58,311	12.0	50,926	12.1	58,899	16.2	41,092	8.5	1,624	9.7
<b>Total Cases in Analysis</b>	434,297	92.3	426,368	88.0	368,938	87.9	305,782	83.8	443,587	91.5	15,058	90.3

<sup>1</sup>This exclusion was only applicable to the code-based conditions/procedures.

<sup>2</sup>This exclusion was only applicable to Colorectal Procedures study population.

<sup>3</sup>Either missing MQPredDeath or MQPredLOS, depending on which one was used as a risk adjustor.

<sup>4</sup>This measure was reported only for Heart Attack – Medical Management

NA: Not Applicable

TABLE E2

**Statewide Exclusions from Analyses, by Measure  
DRG-Based Conditions/Procedures**

The exclusions are listed in the order in which they were removed from the reference database.

	<i>Mortality</i>		<i>Length of Stay</i>		<i>Length of Stay Outliers: Short and Long</i>		<i>Readmissions: Any Reason and Complication or Infection</i>		<i>Average Charge</i>	
	#	%	#	%	#	%	#	%	#	%
<b>Total Cases Before Exclusions</b>	226,657	100.0	226,657	100.0	79,108	100.0	114,757	100.0	226,657	100.0
<b>Exclusions:</b>										
<i>Records with errors</i>	0	0.0	0	0.0	0	0.0	0	0.0	32	<0.1
<i>Duplicate records</i>	69	<0.1	69	<0.1	9	<0.1	40	<0.1	69	<0.1
<i>Discharge date not in time period</i>	5	<0.1	5	<0.1	2	<0.1	4	<0.1	2	<0.1
<i>Missing or invalid discharge status</i>	36	<0.1	36	<0.1	14	<0.1	20	<0.1	36	<0.1
<i>Non-adult (&lt; 18) or invalid age</i>	16,262	7.2	16,262	7.2	627	0.8	10,922	9.5	16,262	7.2
<i>Patients who left against medical advice</i>	3,576	1.6	3,576	1.6	2,203	2.8	2,573	2.2	3,576	1.6
<i>Patients transferred to GAC facilities</i>	4,628	2.0	4,628	2.0	2,107	2.7	2,412	2.1	4,628	2.0
<i>Patients who died</i>	NA	NA	3,131	1.4	452	0.6	570	0.5	NA	NA
<i>Missing Atlas Outcomes™ data*</i>	5,172	2.3	5,070	2.2	2,018	2.6	2,552	2.2	NA	NA
<i>Invalid length of stay</i>	NA	NA	2	<0.1	1	<0.1	2	<0.1	NA	NA
<i>Length of stay outliers</i>	NA	NA	1,768	0.8	NA	NA	834	0.7	NA	NA
<i>Non-Pennsylvania residents</i>	NA	NA	NA	NA	NA	NA	3,105	2.7	NA	NA
<i>Patients discharged to hospice</i>	NA	NA	NA	NA	NA	NA	280	0.2	NA	NA
<i>Missing or invalid patient social security number</i>	NA	NA	NA	NA	NA	NA	1,062	0.9	NA	NA
<i>Admit, discharge, readmission date discrepancies</i>	NA	NA	NA	NA	NA	NA	69	0.1	NA	NA
<i>Invalid charges</i>	NA	NA	NA	NA	NA	NA	NA	NA	168	0.1
<i>Charge outliers</i>	NA	NA	NA	NA	NA	NA	NA	NA	3,823	1.7
<i>No reference data</i>	NA	NA	NA	NA	NA	NA	NA	NA	554	0.2
<i>Intermediary Hospitalization</i>	NA	NA	NA	NA	NA	NA	47	<0.1	NA	NA
<b>Total Exclusions</b>	29,748	13.1	34,547	15.2	7,433	9.4	24,492	21.3	29,150	12.9
<b>Total Cases in Analysis</b>	196,909	86.9	192,110	84.8	71,675	90.6	90,265	78.7	197,507	87.1

\*Either missing MQPredDeath or MQPredLOS, depending on which one was used as a risk adjustor.  
NA: Not Applicable

TABLE F

**Hospitals Not Reported in the *Hospital Performance Report – Summer Update***

The study population for the *Hospital Performance Report – Summer Update* included useable discharge records from all GAC/SGAC Pennsylvania facilities abstracting clinical data (Atlas) in the reported time period. There were 176 facilities in Pennsylvania during the study period.

<b>Hospital Name</b>	<b>Reason for Not Reporting</b>
<b>Facilities currently in operation with unavailable data<sup>1</sup>:</b>	
<u>Central and Northeastern Pennsylvania</u>	
<i>Bucktail</i>	<i>Records with data errors</i>
<i>Mid-Valley</i>	<i>Severity data needed for risk adjustment not available</i>
<i>Montrose General</i>	<i>Missing one quarter (Q3, 2007) of UB data</i>
<i>Wayne Memorial</i>	<i>Severity data needed for risk adjustment not available</i>
<u>Southeastern Pennsylvania</u>	
<i>Abington</i>	<i>UB and severity data not available</i>
<i>Thomas Jefferson</i>	<i>Severity data needed for risk adjustment not available</i>
<u>Western Pennsylvania</u>	
<i>Brookville</i>	<i>Severity data needed for risk adjustment not available</i>
<b>Facilities for which average charge will not be reported<sup>2</sup>:</b>	
<u>Central and Northeastern Pennsylvania</u>	
<i>Jersey Shore</i>	<i>Records with data errors</i>
<b>Facilities that closed/merged:</b>	
<u>Southeastern Pennsylvania</u>	
<i>DSI of Bucks County</i>	<i>Closed facility – effective 02/04/09</i>
<i>Temple University Children’s</i>	<i>Closed facility – effective 12/01/07</i>
<i>Warminster</i>	<i>Closed facility – effective 10/01/07</i>
<u>Western Pennsylvania</u>	
<i>Commonwealth Medical Center (formerly Aliquippa)</i>	<i>Closed facility – effective 12/12/08</i>
<i>Mercy Jeannette</i>	<i>Merged with Westmoreland – effective 05/01/08</i>
<b>Other facilities not reported:</b>	
<u>Southeastern Pennsylvania</u>	
<i>Children’s Hospital Philadelphia</i>	<i>Children’s hospital<sup>3</sup></i>
<i>Coordinated Health Orthopedic</i>	<i>New facility Q4, 2007 – not enough data for analysis</i>
<i>St. Christopher’s Children’s</i>	<i>Children’s hospital<sup>3</sup></i>
<i>Surgical Institute of Reading</i>	<i>New facility Q1, 2008 – not enough data for analysis</i>
<i>Westfield</i>	<i>New facility Q2, 2008 – not enough data for analysis</i>
<u>Western Pennsylvania</u>	
<i>Children’s Hospital Pittsburgh</i>	<i>Children’s hospital<sup>3</sup></i>
<i>Edgewood</i>	<i>Specialized hospital: number of records available for analysis in HPR was negligible<sup>4</sup></i>

<sup>1</sup>Hospitals with  $\geq 10\%$  missing *Atlas Outcomes*<sup>TM</sup> severity scores (based on all records in the list of 35 diseases, procedures, and medical conditions that need to be abstracted) or facilities that submitted incomplete/unusable UB data for one or more quarters.

<sup>2</sup>Discharges relevant to the charge analysis were excluded from the statewide dataset.

<sup>3</sup>Pediatric cases were excluded from the *Hospital Performance Report - Summer Update* study populations. Therefore, data for children’s hospitals were not reported. Adult discharges from pediatric hospitals were retained in the statewide dataset.

<sup>4</sup>Discharges relevant to the HPR were retained in the statewide dataset.

TABLE G

## Valid Discharge Status Codes

<b>Code</b>	<b>Description</b>
01	Discharged to home or self-care (routine discharge)
02	Discharged/transferred to a short-term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
04	Discharged/transferred to an intermediate care facility (ICF)
05 <sup>1</sup>	Q3, 2007 to Q1, 2008: Discharged/transferred to another type of institution not defined elsewhere in this code list Q2, 2008: Discharged/transferred to a designated cancer center or children's hospital
06	Discharged/transferred to home under care of organized Home Health Service Organization in anticipation of covered skilled care
07	Left against medical advice or discontinued care
20	Expired
43	Discharged/transferred to a federal health care facility
50	Discharged to hospice—home
51	Discharged to hospice—medical facility (certified) providing hospice level of care
61	Discharged/transferred to a hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
63	Discharged/transferred to a Medicare certified long term care hospital (LTCH)
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
66	Discharged/transferred to a critical access hospital (CAH)
70 <sup>2</sup>	Discharged/transferred to another type of health care institution not defined elsewhere in this code list

<sup>1</sup> Name change effective Q2, 2008<sup>2</sup> New code effective Q2, 2008