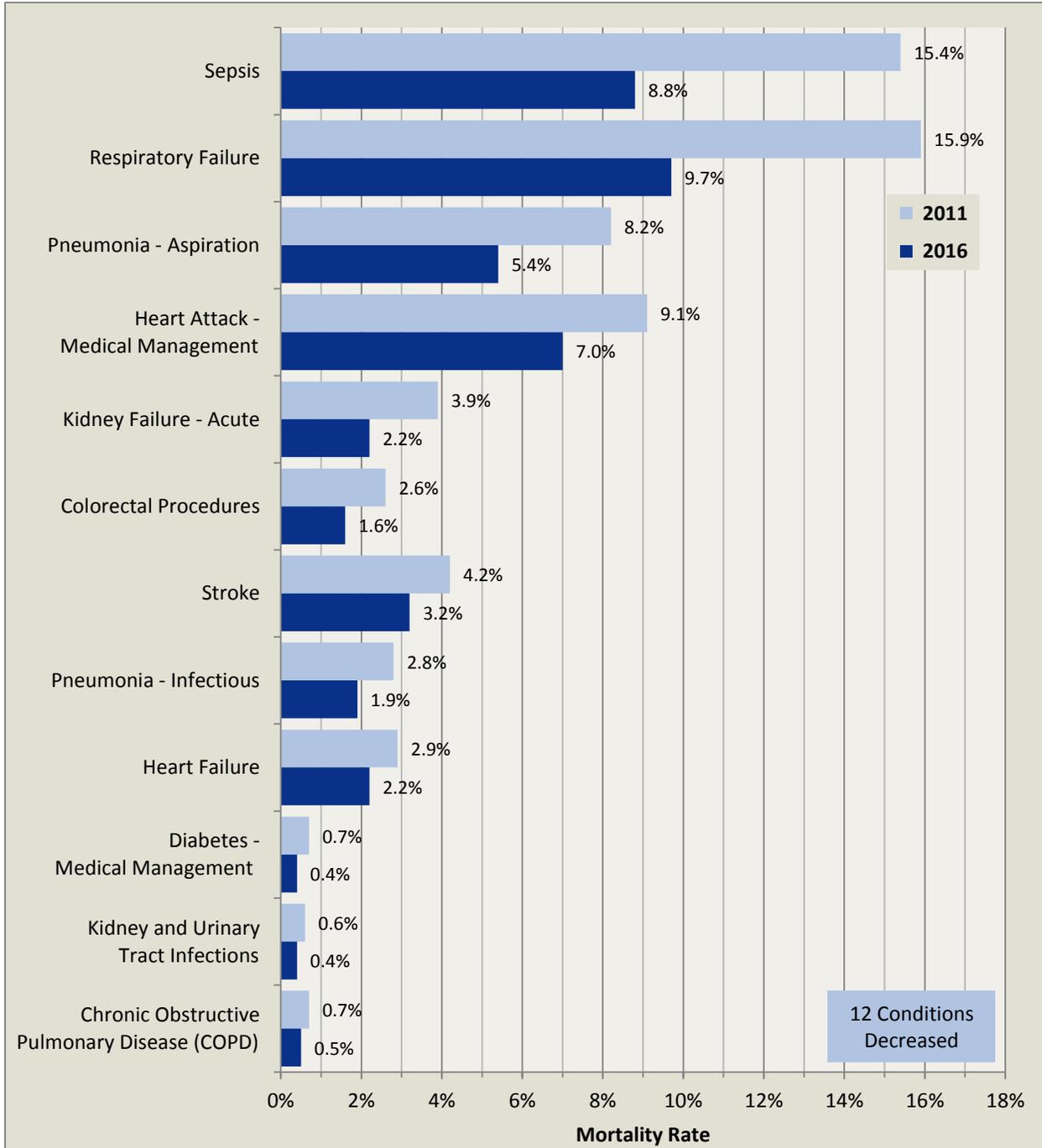


Key Findings

Mortality Rates

Statewide in-hospital mortality rates showed a statistically significant decrease from federal fiscal year 2011 to federal fiscal year 2016 in 12 of the 15 conditions reported. The largest decrease was in Sepsis, where the mortality rate decreased from 15.4% in 2011 to 8.8% in 2016.

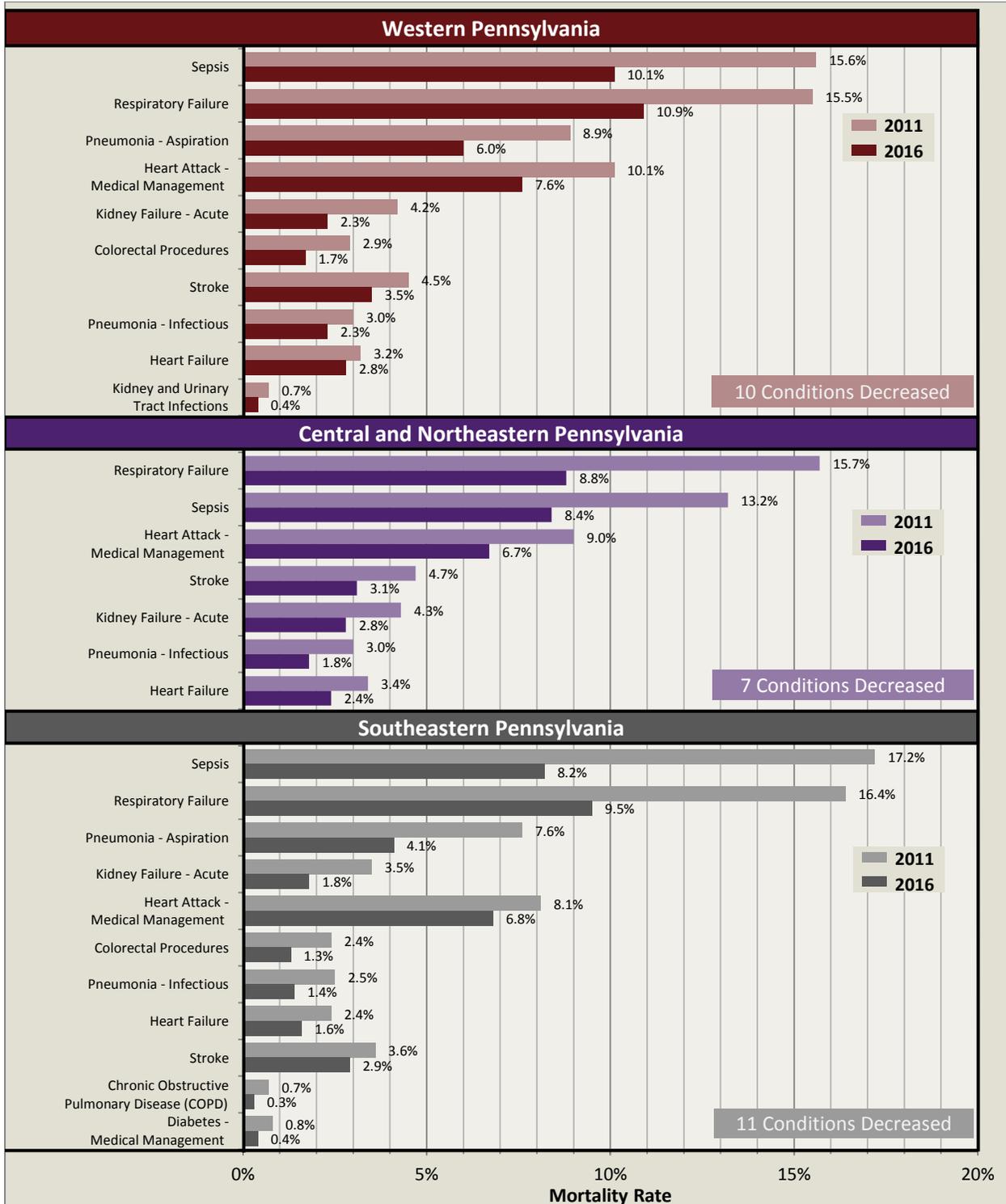
No condition showed a statistically significant increase in in-hospital mortality rate during this time period.



Key Findings

Mortality Rates

Across different areas of the state, in-hospital mortality rates showed statistically significant differences in the following conditions from federal fiscal year 2011 to federal fiscal year 2016.



Mortality Rates

Taking patient risk into account, the following in-hospital mortality rates across the different areas of the state were significantly higher or lower than expected in federal fiscal year 2016.

	Conditions with Mortality Rates Statistically <u>Lower</u> than Expected	Conditions with Mortality Rates Statistically <u>Higher</u> than Expected
Western Pennsylvania	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Heart Attack – Medical Management • Heart Failure • Pneumonia – Infectious • Respiratory Failure • Sepsis • Stroke
Central and Northeastern Pennsylvania	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Chronic Obstructive Pulmonary Disease (COPD) • Kidney and Urinary Tract Infections • Kidney Failure – Acute • Pneumonia – Aspiration
Southeastern Pennsylvania	<ul style="list-style-type: none"> • Chronic Obstructive Pulmonary Disease (COPD) • Heart Attack – Medical Management • Heart Failure • Kidney Failure – Acute • Pneumonia – Aspiration • Pneumonia – Infectious • Respiratory Failure • Sepsis • Stroke 	<ul style="list-style-type: none"> • None

Western Pennsylvania:

- After accounting for patient risk, hospitals in Western Pennsylvania as a whole had in-hospital mortality rates that were significantly higher than expected for six conditions, the greatest difference occurring in Sepsis (10.1% actual, 8.6% expected).

Central and Northeastern Pennsylvania:

- After accounting for patient risk, hospitals in Central and Northeastern Pennsylvania as a whole had in-hospital mortality rates that were significantly higher than expected for four conditions, the greatest difference occurring in Pneumonia – Aspiration (6.7% actual, 5.1% expected).

Southeastern Pennsylvania:

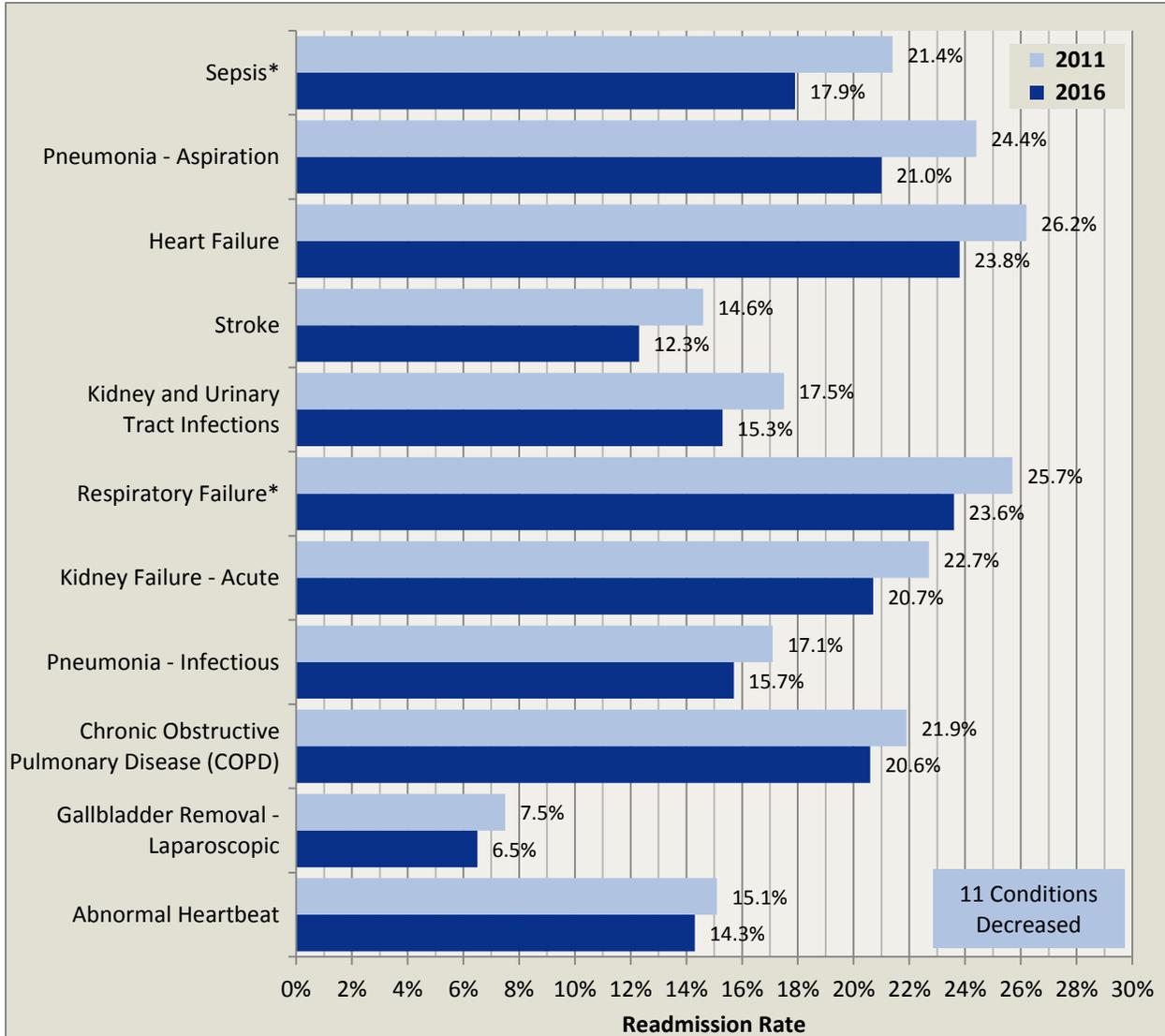
- After accounting for patient risk, hospitals in Southeastern Pennsylvania as a whole had in-hospital mortality rates that were significantly lower than expected for nine conditions, the greatest difference occurring in Pneumonia – Aspiration (4.1% actual, 5.5% expected).

Key Findings

Readmission Rates

Statewide 30-day readmission rates showed a statistically significant decrease from federal fiscal year 2011 to federal fiscal year 2016 in 11 of the 13 conditions reported. The largest decrease was in Sepsis, where the readmission rate decreased from 21.4% in 2011 to 17.9% in 2016.

No condition showed a statistically significant increase in 30-day readmission rate during this time period.

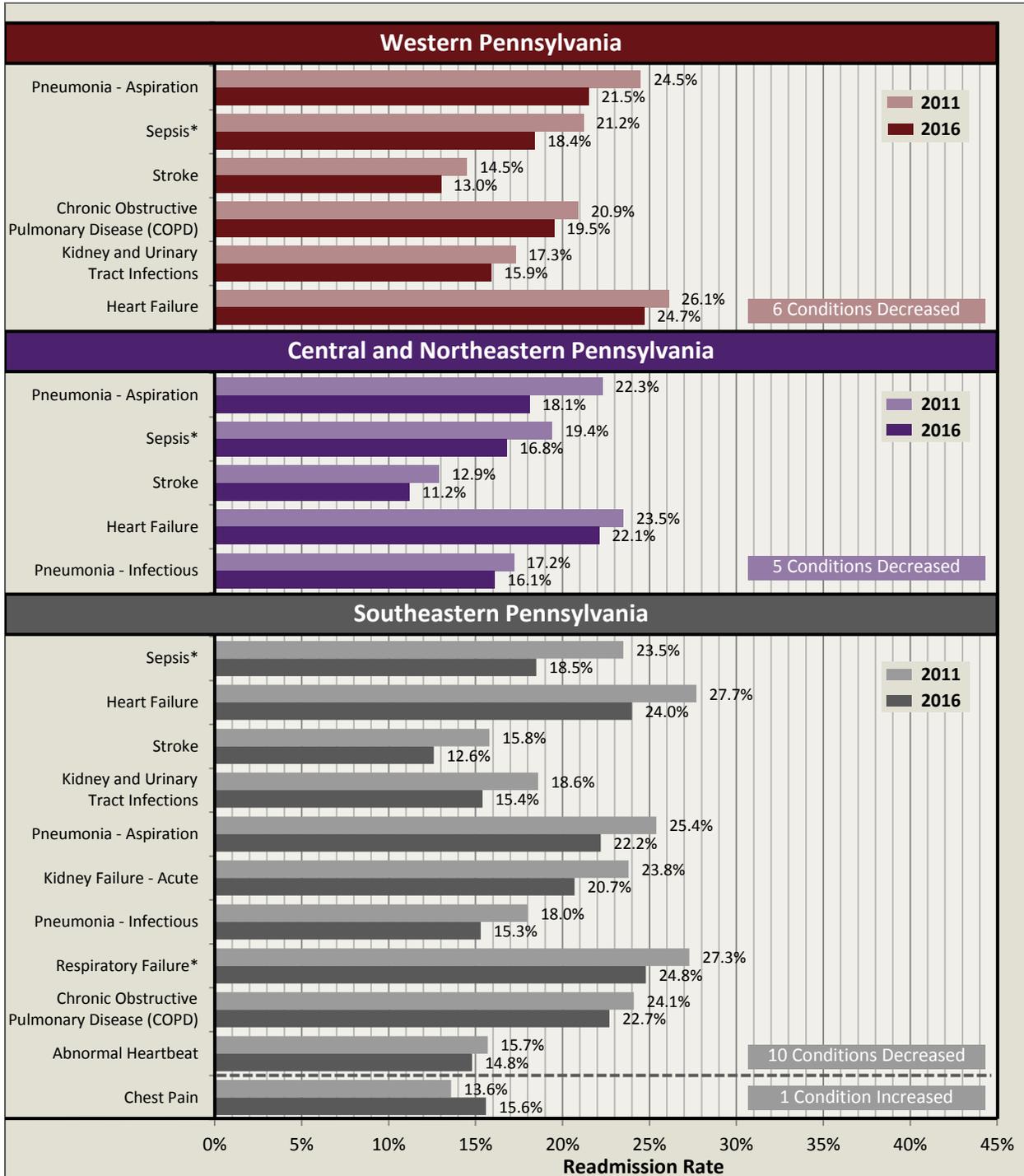


* Readmission rates for these conditions were based on "unplanned" readmissions only; patients readmitted for reasons defined as typically planned were not counted. Readmission rates for all other conditions were based on all readmissions for any reason.

Key Findings

Readmission Rates

Across different areas of the state, 30-day readmission rates showed statistically significant differences in the following conditions from federal fiscal year 2011 to federal fiscal year 2016.



* Readmission rates for these conditions were based on "unplanned" readmissions only; patients readmitted for reasons defined as typically planned were not counted. Readmission rates for all other conditions were based on all readmissions for any reason.

Readmission Rates

Taking patient risk into account, the following 30-day readmission rates across the different areas of the state were significantly higher or lower than expected in federal fiscal year 2016.

	Conditions with Readmission Rates Statistically <u>Lower</u> than Expected	Conditions with Readmission Rates Statistically <u>Higher</u> than Expected
Western Pennsylvania	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Heart Failure • Kidney Failure – Acute • Respiratory Failure • Sepsis* • Stroke
Central and Northeastern Pennsylvania	<ul style="list-style-type: none"> • Abnormal Heartbeat • Chest Pain • Chronic Obstructive Pulmonary Disease (COPD) • Diabetes – Medical Management • Heart Failure • Kidney Failure – Acute • Pneumonia – Aspiration • Respiratory Failure* • Sepsis* 	<ul style="list-style-type: none"> • None
Southeastern Pennsylvania	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Chest Pain • Chronic Obstructive Pulmonary Disease (COPD)

* Readmission rates for these conditions were based on “unplanned” readmissions only; patients readmitted for reasons defined as typically planned were not counted. Readmission rates for all other conditions were based on all readmissions for any reason.

Western Pennsylvania:

- After accounting for patient risk, hospitals in Western Pennsylvania as a whole had 30-day readmission rates that were significantly higher than expected for five conditions, the greatest difference occurring in Respiratory Failure (24.8% actual, 23.2% expected).

Central and Northeastern Pennsylvania:

- After accounting for patient risk, hospitals in Central and Northeastern Pennsylvania as a whole had 30-day readmission rates that were significantly lower than expected for nine conditions, the greatest difference occurring in Pneumonia – Aspiration (18.1% actual, 20.2% expected).

Southeastern Pennsylvania:

- After accounting for patient risk, hospitals in Southeastern Pennsylvania as a whole had 30-day readmission rates that were significantly higher than expected for two conditions, the greatest difference occurring in Chest Pain (15.6% actual, 14.2% expected).

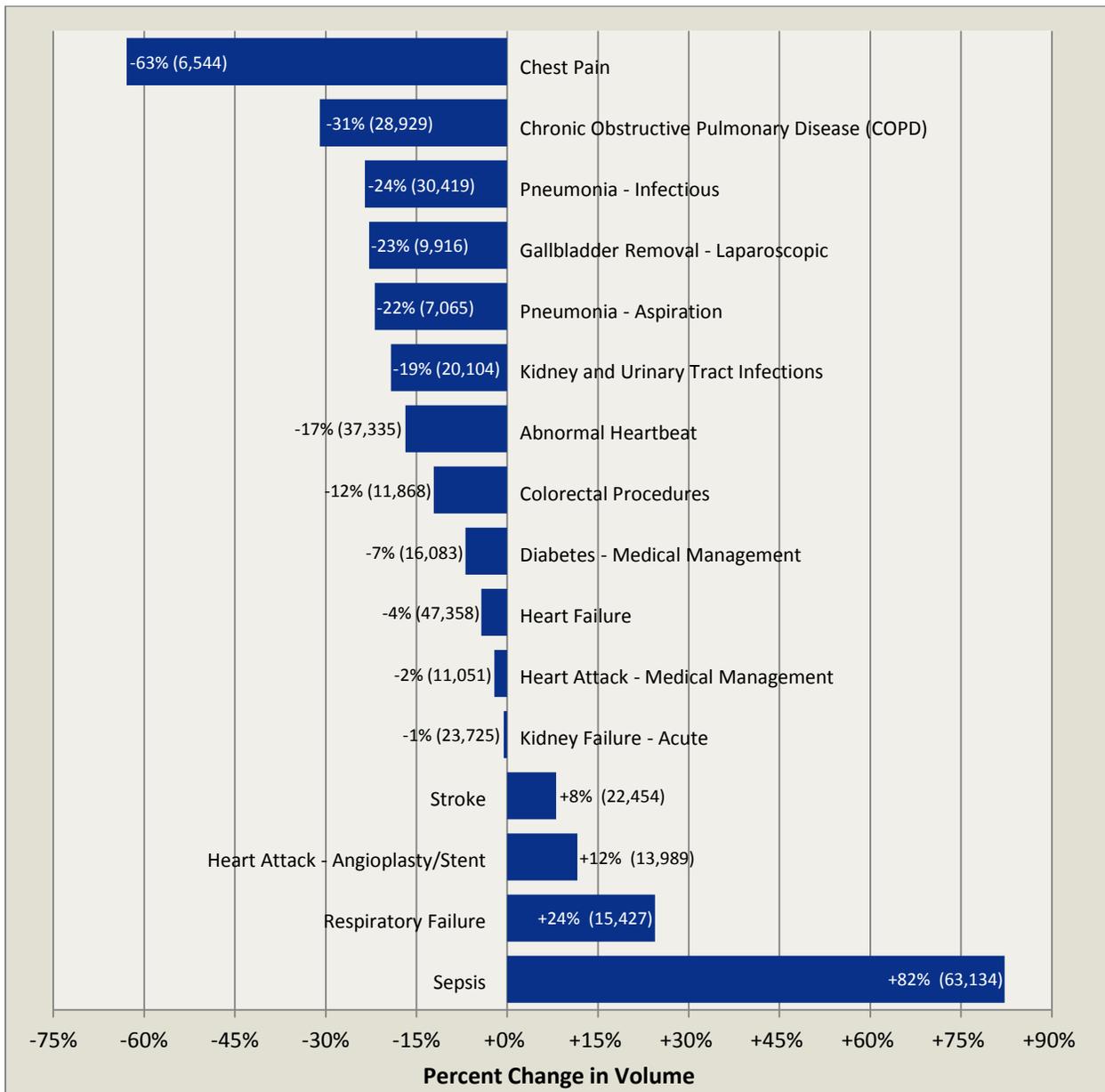
Key Findings

Volume of Hospital Admissions

The following chart shows the statewide percent change in volume, from federal fiscal year 2011 to federal fiscal year 2016, for each of the 16 conditions and procedures included in this report (admission totals from federal fiscal year 2016 are shown in parentheses).

Chest Pain had the largest percentage decrease in volume (-63%), from 17,635 discharges in 2011 to 6,544 in 2016.

Sepsis had the largest percentage increase in volume (+82%), from 34,655 discharges in 2011 to 63,134 in 2016.



Medicare Fee-for-Service Payments

Calendar Year 2015 Data for Pennsylvania Residents

- Medicare fee-for-service was the primary payer for 36.9% of the statewide admissions for Pennsylvania residents in 2015 for the conditions and procedures in this report, for a total of nearly \$1.05 billion (\$1,048,941,367).
 - For Western Pennsylvania, Medicare fee-for-service was the primary payer for 28.5% of admissions in this report, for a total of over \$243 million.
 - For Central and Northeastern Pennsylvania, Medicare fee-for-service was the primary payer for 45.1% of admissions in this report, for a total of nearly \$336 million.
 - For Southeastern Pennsylvania, Medicare fee-for-service was the primary payer for 38.2% of admissions in this report, for a total of nearly \$470 million.

- The condition with the lowest statewide average Medicare fee-for-service payment in 2015 was Chest Pain, at \$3,691 per hospitalization. The condition with the highest statewide average Medicare fee-for-service payment in 2015 was Colorectal Procedures, at \$17,896 per hospitalization.

	Condition or Procedure with <u>Lowest</u> Average Payment	Condition or Procedure with <u>Highest</u> Average Payment
Statewide	Chest Pain: \$3,691	Colorectal Procedures: \$17,896
Western Pennsylvania	Chest Pain: \$3,316	Colorectal Procedures: \$17,611
Central and Northeastern Pennsylvania	Chest Pain: \$3,252	Colorectal Procedures: \$16,979
Southeastern Pennsylvania	Chest Pain: \$4,321	Colorectal Procedures: \$18,784