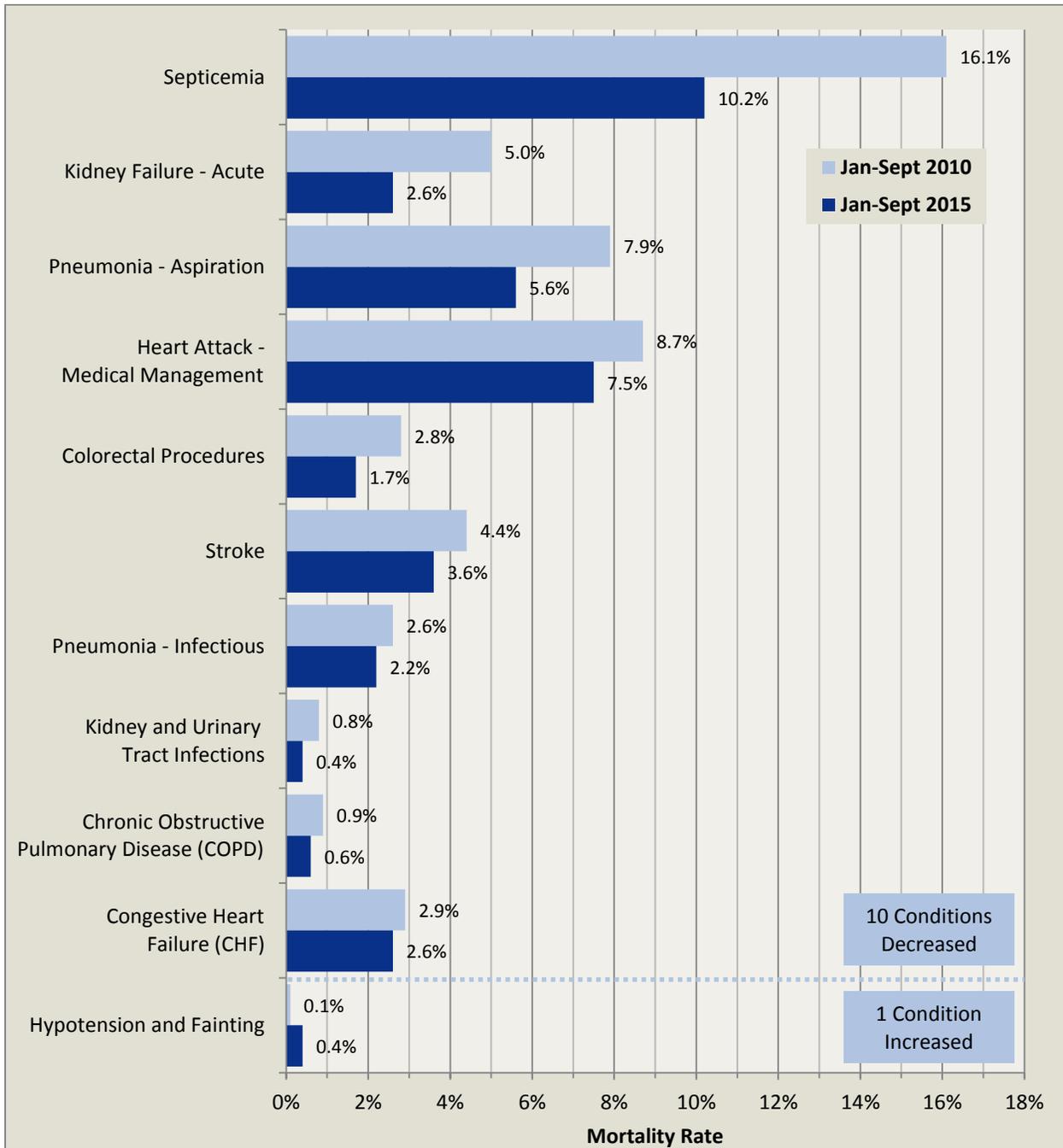


## Key Findings

# Mortality Rates

**Statewide** in-hospital mortality rates showed a statistically significant decrease in ten of the 16 conditions reported in 2010 and 2015. The largest decrease was in Septicemia, where the mortality rate decreased from 16.1% in January-September 2010 to 10.2% in January-September 2015.

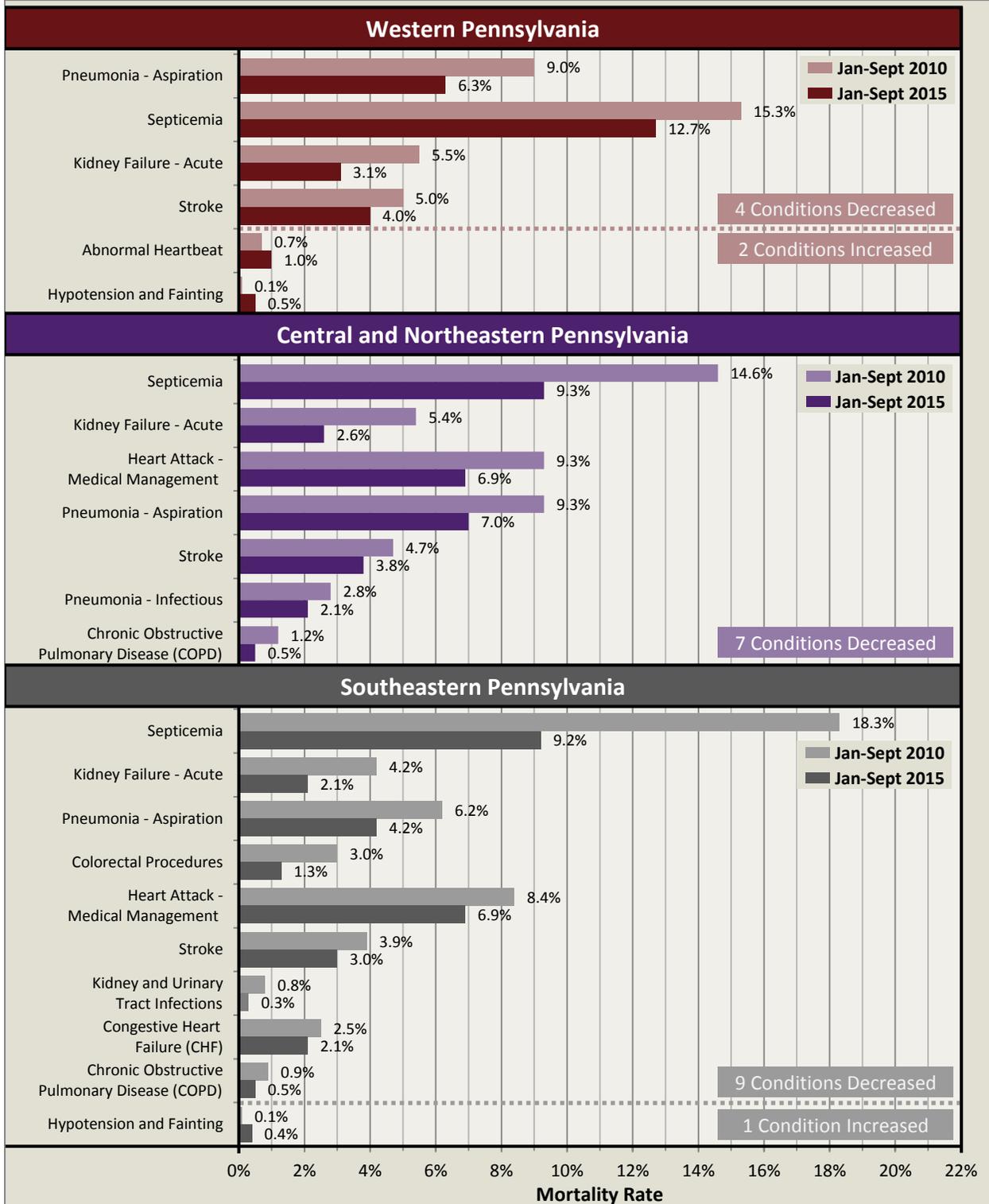
**Statewide** in-hospital mortality rates showed a statistically significant increase in only one condition, Hypotension and Fainting, where the mortality rate increased from 0.1% in January-September 2010 to 0.4% in January-September 2015.



Key Findings

# Mortality Rates

Across different areas of the state, in-hospital mortality rates showed statistically significant differences in the following conditions reported in 2010 and 2015.



## 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 January-September 2015.

	Western Pennsylvania	Central and Northeastern Pennsylvania	Southeastern Pennsylvania
Conditions with Mortality Rates Statistically <u>Higher</u> than Expected	<ul style="list-style-type: none"> <li>• Congestive Heart Failure (CHF)</li> <li>• Heart Attack – Angioplasty/Stent</li> <li>• Heart Attack – Medical Management</li> <li>• Kidney Failure – Acute</li> <li>• Pneumonia – Aspiration</li> <li>• Pneumonia – Infectious</li> <li>• Septicemia</li> <li>• Stroke</li> </ul>	<ul style="list-style-type: none"> <li>• Abnormal Heartbeat</li> <li>• Colorectal Procedures</li> <li>• Congestive Heart Failure (CHF)</li> <li>• Pneumonia – Aspiration</li> <li>• Septicemia</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Conditions with Mortality Rates Statistically <u>Lower</u> than Expected	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Abnormal Heartbeat</li> <li>• Colorectal Procedures</li> <li>• Congestive Heart Failure (CHF)</li> <li>• Heart Attack – Angioplasty/Stent</li> <li>• Heart Attack – Medical Management</li> <li>• Kidney and Urinary Tract Infections</li> <li>• Kidney Failure – Acute</li> <li>• Pneumonia – Aspiration</li> <li>• Septicemia</li> <li>• Stroke</li> </ul>

### 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 eight conditions, the greatest difference occurring in Septicemia (12.7% actual, 11.0% 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 five conditions, the greatest difference occurring in Pneumonia – Aspiration (7.0% actual, 5.4% expected).

### Southeastern Pennsylvania:

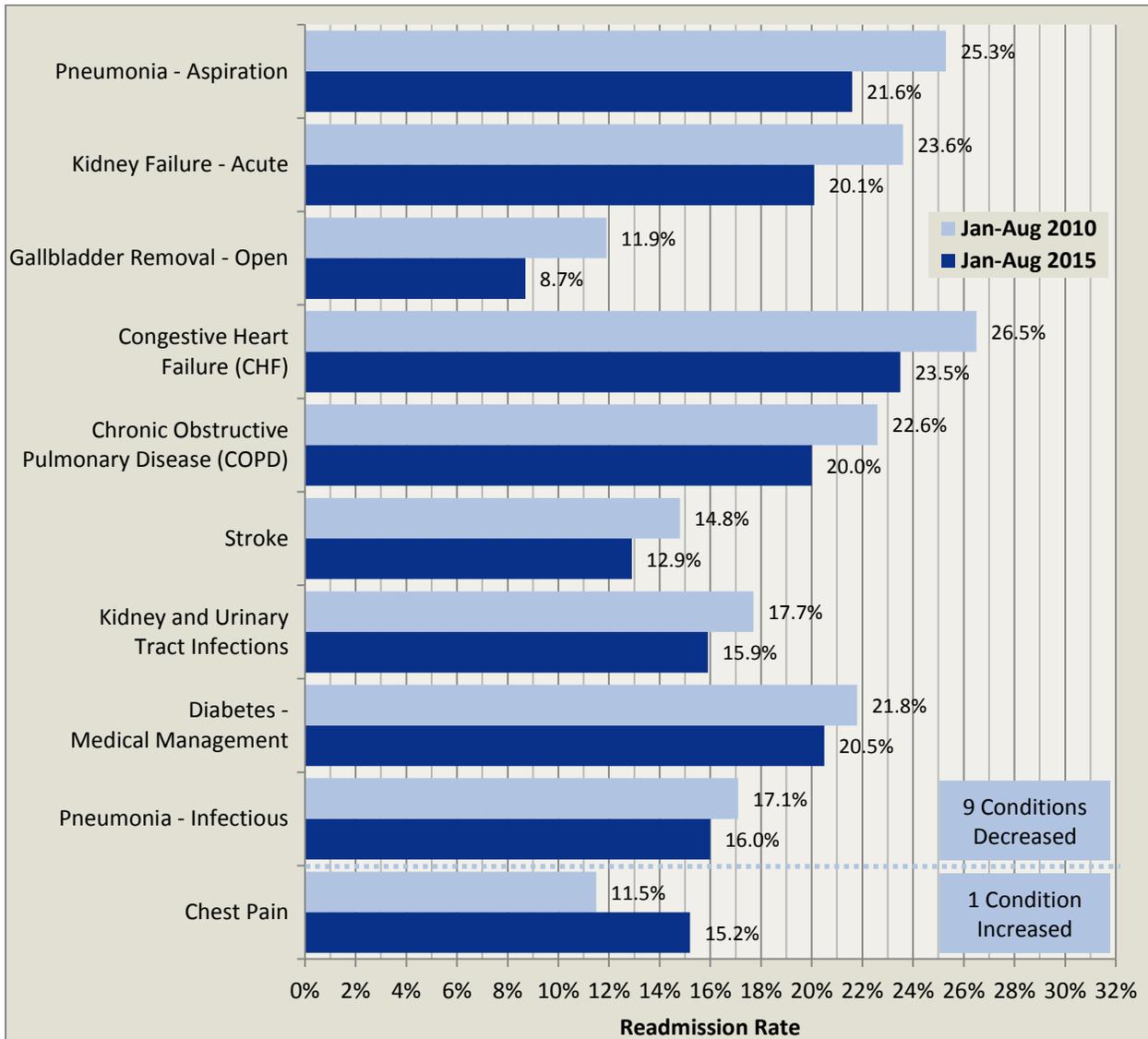
- After accounting for patient risk, hospitals in Southeastern Pennsylvania as a whole had in-hospital mortality rates that were significantly lower than expected for ten conditions, the greatest difference occurring in Pneumonia – Aspiration (4.2% actual, 5.9% expected).

Key Findings

# Readmission Rates

**Statewide** 30-day readmission rates showed a statistically significant decrease in nine of the 13 conditions reported in 2010 and 2015. The largest decrease was in Pneumonia - Aspiration, where the readmission rate decreased from 25.3% in January-August 2010 to 21.6% in January-August 2015.\*

**Statewide** 30-day readmission rates showed a statistically significant increase in only one of the 13 conditions reported in 2010 and 2015. The condition, Chest Pain, had its rate increase from 11.5% in January-August 2010 to 15.2% in January-August 2015.

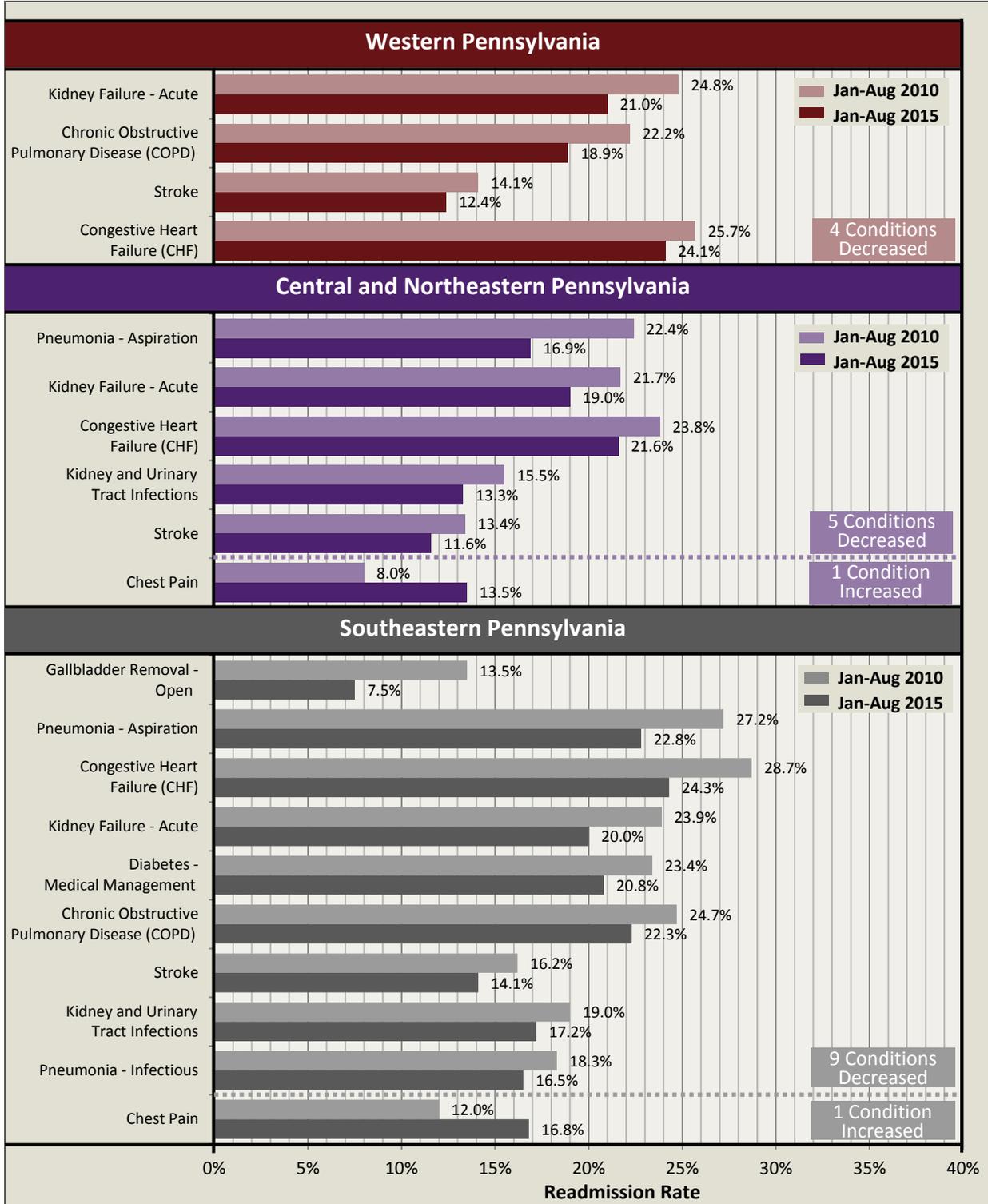


\* Note: The study period for the readmission analysis included discharges from January 1 through August 31, 2015; September 2015 data was used to identify 30-day readmissions for patients discharged in the study period.

Key Findings

# Readmission Rates

Across different areas of the state, 30-day readmission rates showed statistically significant differences in the following conditions reported in 2010 and 2015.



## 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 January-August 2015.

	Western Pennsylvania	Central and Northeastern Pennsylvania	Southeastern Pennsylvania
<b>Conditions with Readmission Rates Statistically Higher than Expected</b>	<ul style="list-style-type: none"> <li>Abnormal Heartbeat</li> <li>Congestive Heart Failure (CHF)</li> <li>Kidney Failure – Acute</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Chest Pain</li> <li>Chronic Obstructive Pulmonary Disease (COPD)</li> <li>Kidney and Urinary Tract Infections</li> <li>Stroke</li> </ul>
<b>Conditions with Readmission Rates Statistically Lower than Expected</b>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Abnormal Heartbeat</li> <li>Chronic Obstructive Pulmonary Disease (COPD)</li> <li>Congestive Heart Failure (CHF)</li> <li>Kidney and Urinary Tract Infections</li> <li>Pneumonia – Aspiration</li> <li>Stroke</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

### 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 three conditions, the greatest difference occurring in Congestive Heart Failure (24.1% actual, 23.0% 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 six conditions, the greatest difference occurring in Pneumonia – Aspiration (16.9% actual, 20.7% 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 four conditions, the greatest difference occurring in Chronic Obstructive Pulmonary Disease (COPD) (22.3% actual, 20.9% expected).

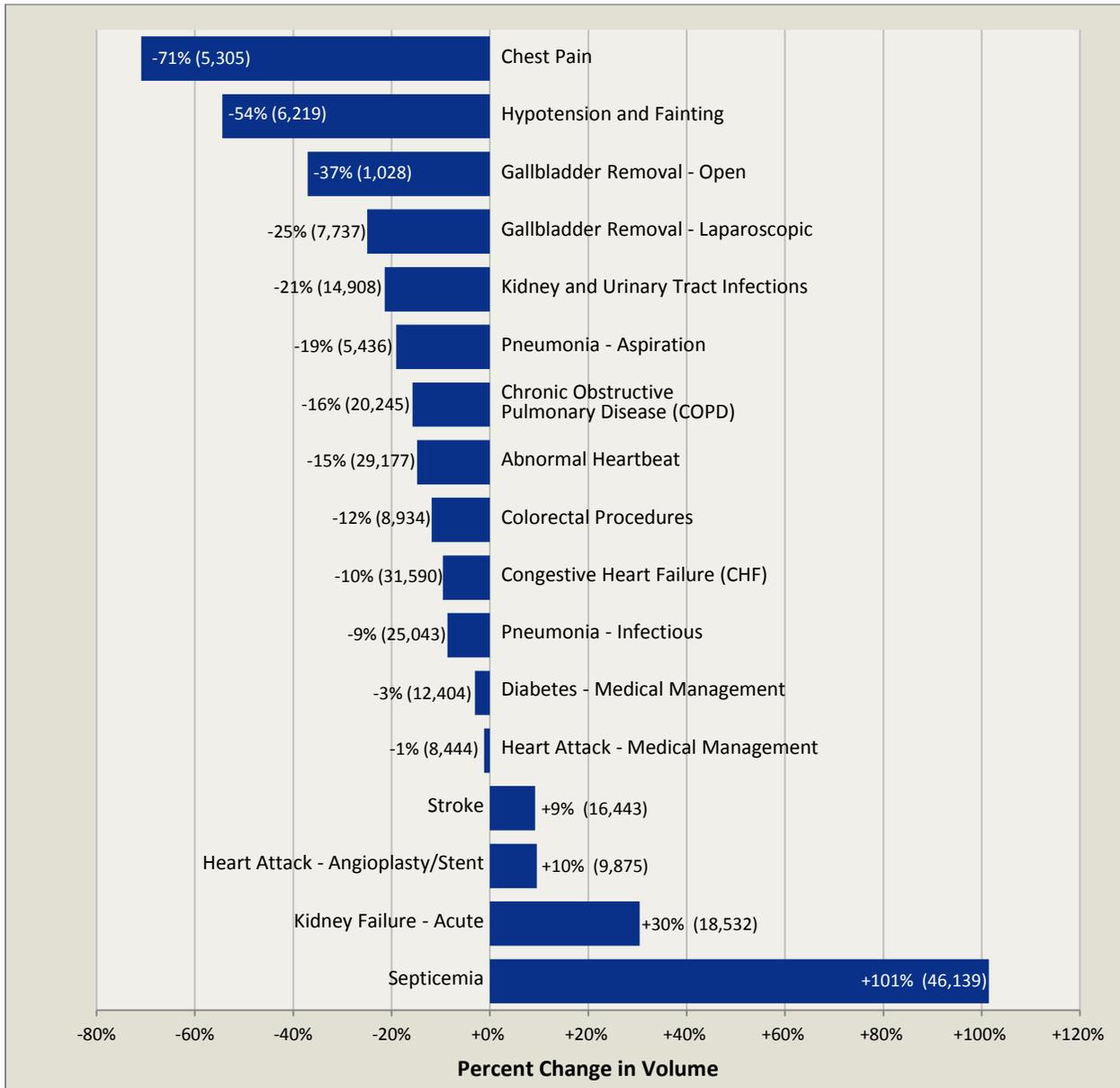
## Key Findings

# Volume of Hospital Admissions

The following chart shows the statewide percent change in volume of discharges, from January-September 2010 to January-September 2015, for each of the 17 conditions and procedures included in this report (admission totals from January-September 2015 are shown in parentheses).

Chest Pain had the largest decrease in volume (-71%), from 18,252 discharges in January-September 2010 to 5,305 in January-September 2015.

Septicemia had the largest increase in volume (+101%), from 22,903 discharges in January-September 2010 to 46,139 in January-September 2015.



# Medicare and Medicaid Payments

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## 2014 Data for Pennsylvania Residents

### *Medicare Fee-for-Service*

- Medicare fee-for-service was the primary payer for 38.1% of the statewide admissions for Pennsylvania residents in 2014 for the conditions and procedures in this report, for a total of nearly \$992.5 million (\$992,486,576).
- The condition with the highest average Medicare fee-for-service payment in 2014 was Colorectal Procedures, at \$18,007 per hospitalization. The condition with the lowest average Medicare fee-for-service payment in 2014 was Chest Pain, at \$3,718 per hospitalization.

### *Medicaid Fee-For-Service*

- Medicaid fee-for-service was the primary payer for 2.2% of the statewide admissions for Pennsylvania residents in 2014 for the conditions and procedures in this report, for a total of more than \$78.1 million (\$78,101,871).
- The condition with the highest average Medicaid fee-for-service payment in 2014 was Colorectal Procedures, at \$20,201 per hospitalization. The condition with the lowest average Medicaid fee-for-service payment in 2013 was Chest Pain, at \$3,558 per hospitalization.

### *Medicaid Managed Care*

- Medicaid managed care was the primary payer for 5.5% of the statewide admissions for Pennsylvania residents in 2014 for the conditions and procedures in this report, for a total of nearly \$212.6 million (\$212,556,304).
- The condition with the highest average Medicaid managed care payment in 2014 was Colorectal Procedures, at \$23,473 per hospitalization. The condition with the lowest average Medicaid managed care payment in 2014 was Chest Pain, at \$5,355 per hospitalization.

Note: Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers for a given condition.