

Hospital Performance Report October 1, 2023 through September 30, 2024

Chest Pain Table Notes

Total Number of Cases includes all inpatient hospitalizations, after exclusions, for patients 18 years and older who were treated for a principal diagnosis of an abnormal heartbeat. Patients with a diagnosis of COVID-19 that was present on admission were excluded, as well as those who were transferred to another acute care hospital or left against medical advice.

Readmission represents patients who were readmitted to a Pennsylvania general or specialty general acute care hospital within 30 days of the discharge date of the original hospitalization. Out-of-state residents were excluded because readmission data was not available for patients readmitted to a non-Pennsylvania hospital. Planned readmissions were not counted.

Average Hospital Charge represents the entire length of stay and is trimmed and case-mix adjusted. Professional fees were not included. In almost all cases, hospitals typically receive actual payments from private insurers or government payers that are considerably less than the listed charge.

Pain in the chest that is usually not related to the heart (non-cardiac chest pain). Common causes for this type of chest pain include gastric reflux (“heartburn”), pleurisy (inflammation of the membrane around the lungs) and problems with the ribs and muscles of the chest.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital’s actual *mortality* (or *readmission*) rate to what is expected, after accounting for patient risk.

- **Rate was significantly lower than expected.** Fewer patients died (or were readmitted) than could be attributed to patient risk and random variation.
- ◉ **Rate was not significantly different than expected.** The number of patients who died (or were readmitted) was within the range anticipated based on patient risk and random variation.
- **Rate was significantly higher than expected.** More patients died (or were readmitted) than could be attributed to patient risk and random variation.

See **About the Report** section and **Technical Notes** for further details.