

Hospital Performance Report

October 1, 2023 through September 30, 2024

Intestinal Obstruction

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.

Mortality represents patients who died during the hospital stay.

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.

Partial or complete blockage of the intestine often caused by a band of scar tissue (adhesions), tumors, or twisting and kinking that prevents food or liquid from passing beyond the blockage.

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.