

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

# Stomach and Intestinal Bleeding

## 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.

***Bleeding in the stomach or intestinal tract (small intestine, large intestine or rectum) commonly caused by an ulcer or area of inflammation.***

### 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.