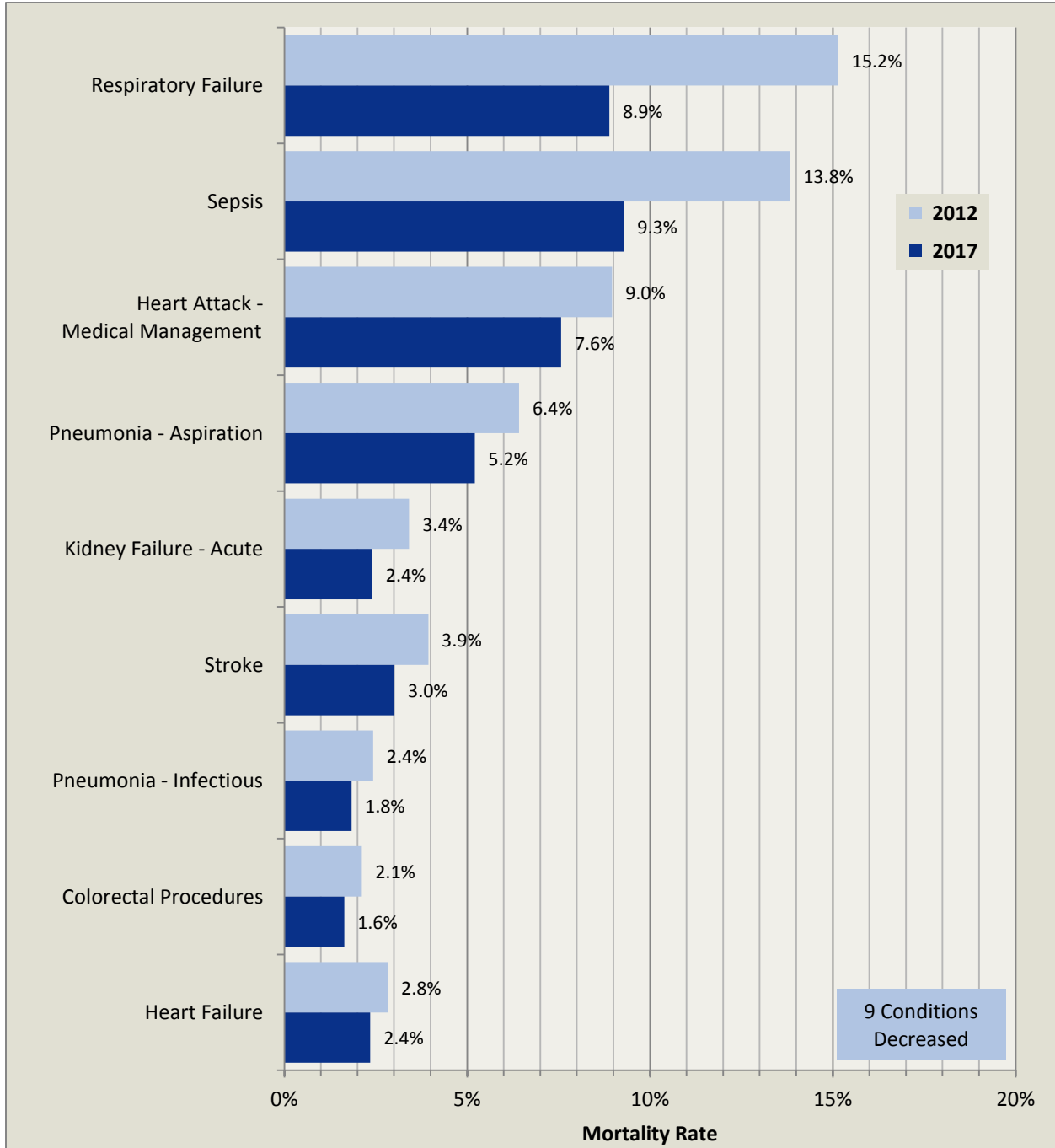


Key Findings

Mortality Rates

Statewide in-hospital mortality rates showed a statistically significant decrease from 2012 to 2017 in nine of the 15 conditions reported. The largest decrease was in Respiratory Failure, where the mortality rate decreased from 15.2% in federal fiscal year 2012 to 8.9% in federal fiscal year 2017.

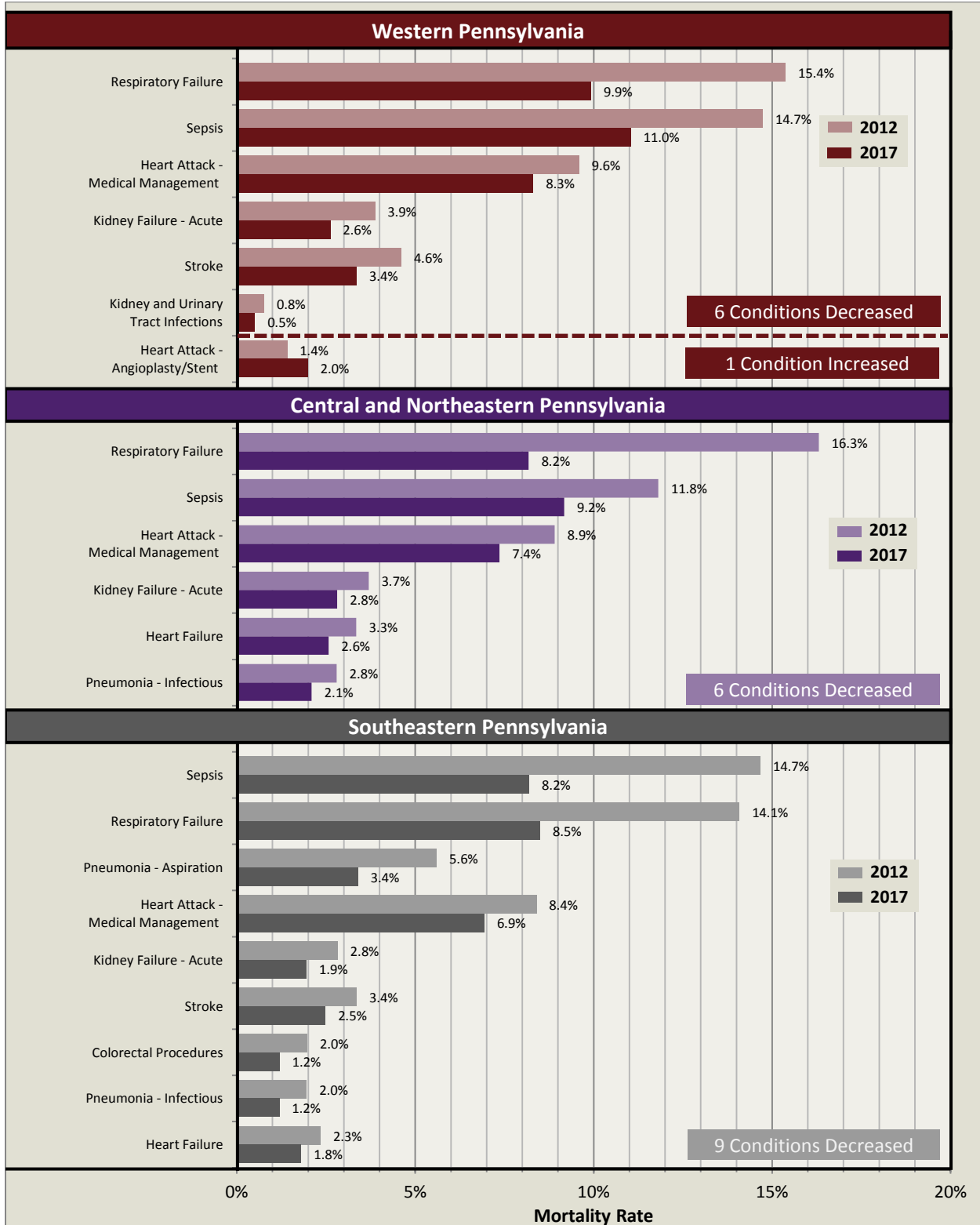
No condition showed a statistically significant increase in the in-hospital mortality rate during this time period.



Key Findings

Mortality Rates

Across different areas of the state, there were statistically significant differences in the in-hospital mortality rates from federal fiscal year 2012 to federal fiscal year 2017 for the conditions below.



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 2017.

	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"> • Chronic Obstructive Pulmonary Disease (COPD) • Heart Attack – Angioplasty/Stent • Heart Attack – Medical Management • Heart Failure • Pneumonia – Aspiration • Pneumonia – Infectious • Respiratory Failure • Sepsis • Stroke
Central and Northeastern Pennsylvania	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Abnormal Heartbeat • Kidney Failure – Acute • Sepsis • Stroke
Southeastern Pennsylvania	<ul style="list-style-type: none"> • Abnormal Heartbeat • Colorectal Procedures • Heart Attack – Medical Management • Heart Failure • Kidney and Urinary Tract Infections • 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 nine conditions, the greatest difference occurring in Pneumonia – Aspiration (6.7% actual, 5.2% 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 Kidney Failure – Acute (2.8% actual, 2.4% expected).

Southeastern Pennsylvania:

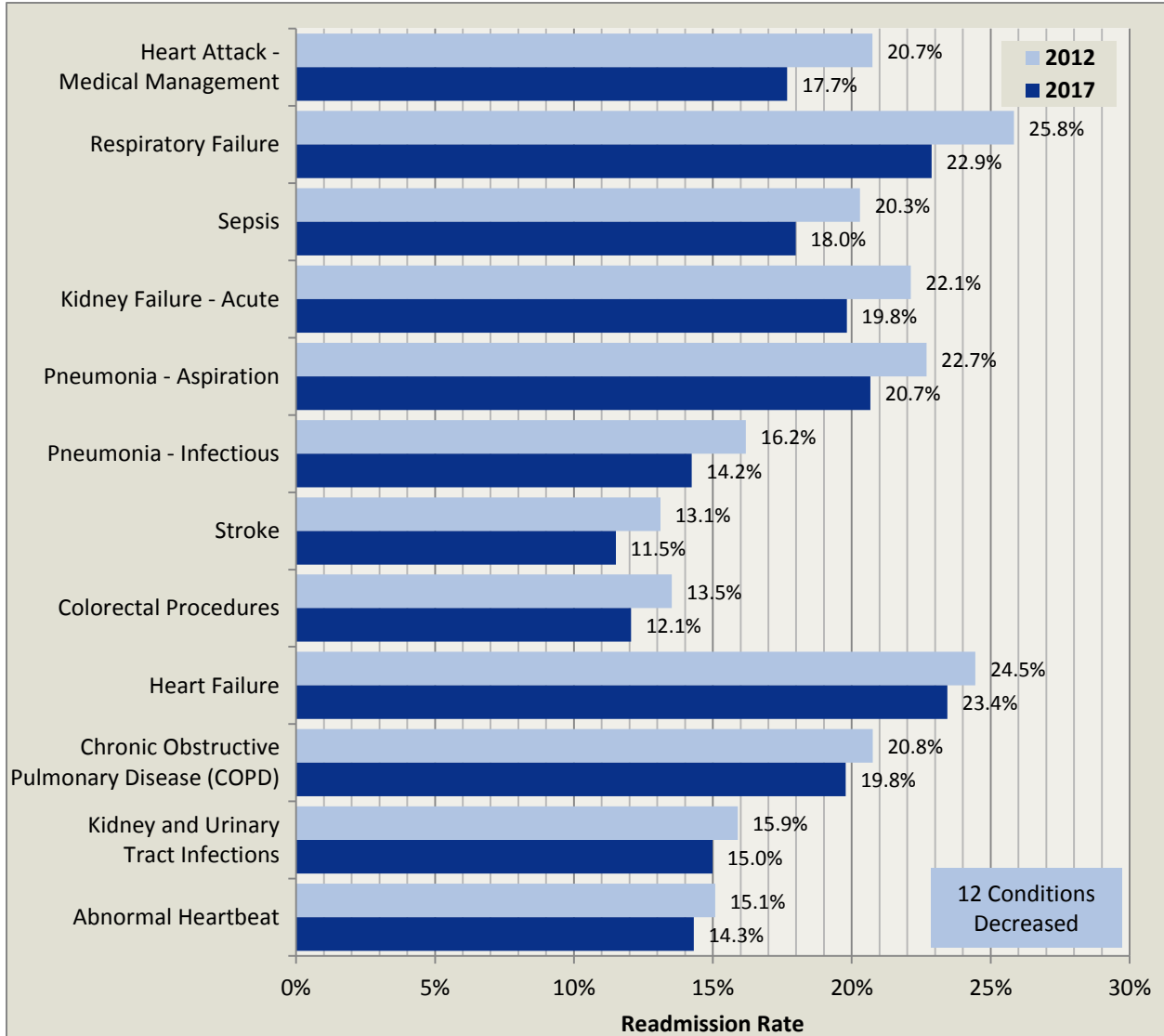
- After accounting for patient risk, hospitals in Southeastern Pennsylvania as a whole had in-hospital mortality rates that were significantly lower than expected for eleven conditions, the greatest difference occurring in Pneumonia – Aspiration (3.4% actual, 5.4% expected).

Key Findings

Readmission Rates

Statewide 30-day readmission rates* showed a statistically significant decrease in twelve of the 16 conditions reported. The largest decrease was in Heart Attack – Medical Management, where the readmission rate decreased from 20.7% in federal fiscal year 2012 to 17.7% in federal fiscal year 2017.

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

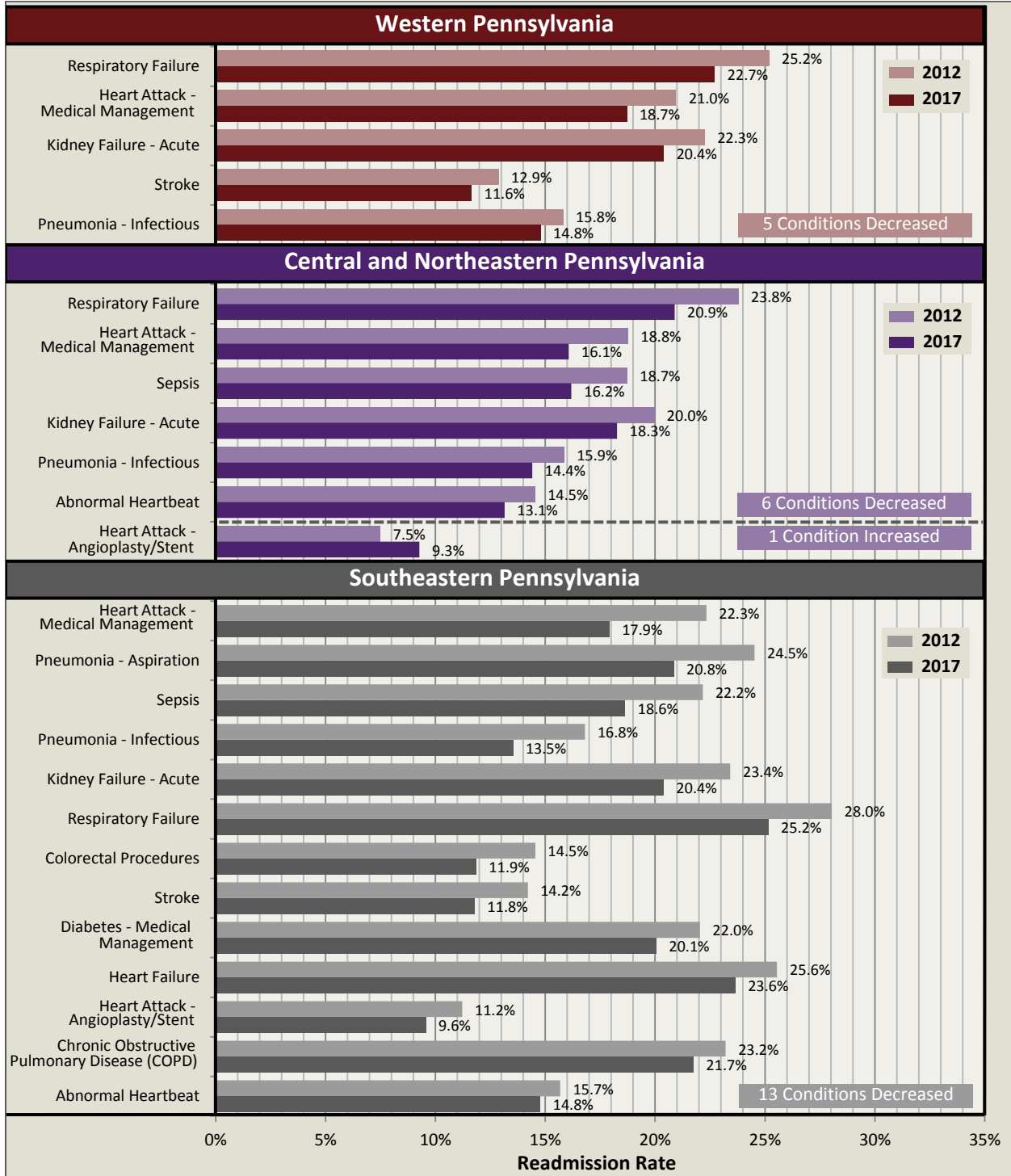


* Potentially planned readmissions were excluded from the analysis (for all conditions except Abnormal Heartbeat).

Key Findings

Readmission Rates

Across different areas of the state, there were statistically significant differences in the 30-day readmission rates* from federal fiscal year 2012 to federal fiscal year 2017 for the conditions below.



* Potentially planned readmissions were excluded from the analysis (for all conditions except Abnormal Heartbeat).

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 2017.

	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"> • Abnormal Heartbeat • Diabetes – Medical Management • Heart Failure • Kidney and Urinary Tract Infections • Pneumonia – Infectious • Sepsis
Central and Northeastern Pennsylvania	<ul style="list-style-type: none"> • Abnormal Heartbeat • Heart Attack – Medical Management • Heart Failure • Kidney and Urinary Tract Infections • Kidney Failure – Acute • 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) • Diabetes – Medical Management • Kidney and Urinary Tract Infections • Kidney Failure – Acute • Respiratory Failure • Sepsis

* Potentially planned readmissions were excluded from the analysis (for all conditions except Abnormal Heartbeat).

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 six conditions, the greatest difference occurring in Diabetes – Medical Management (20.3% actual, 18.2% 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 seven conditions, the greatest difference occurring in Kidney and Urinary Tract Infections (13.1% actual, 15.0% 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 seven conditions, the greatest difference occurring in COPD (21.7% actual, 20.5% expected).

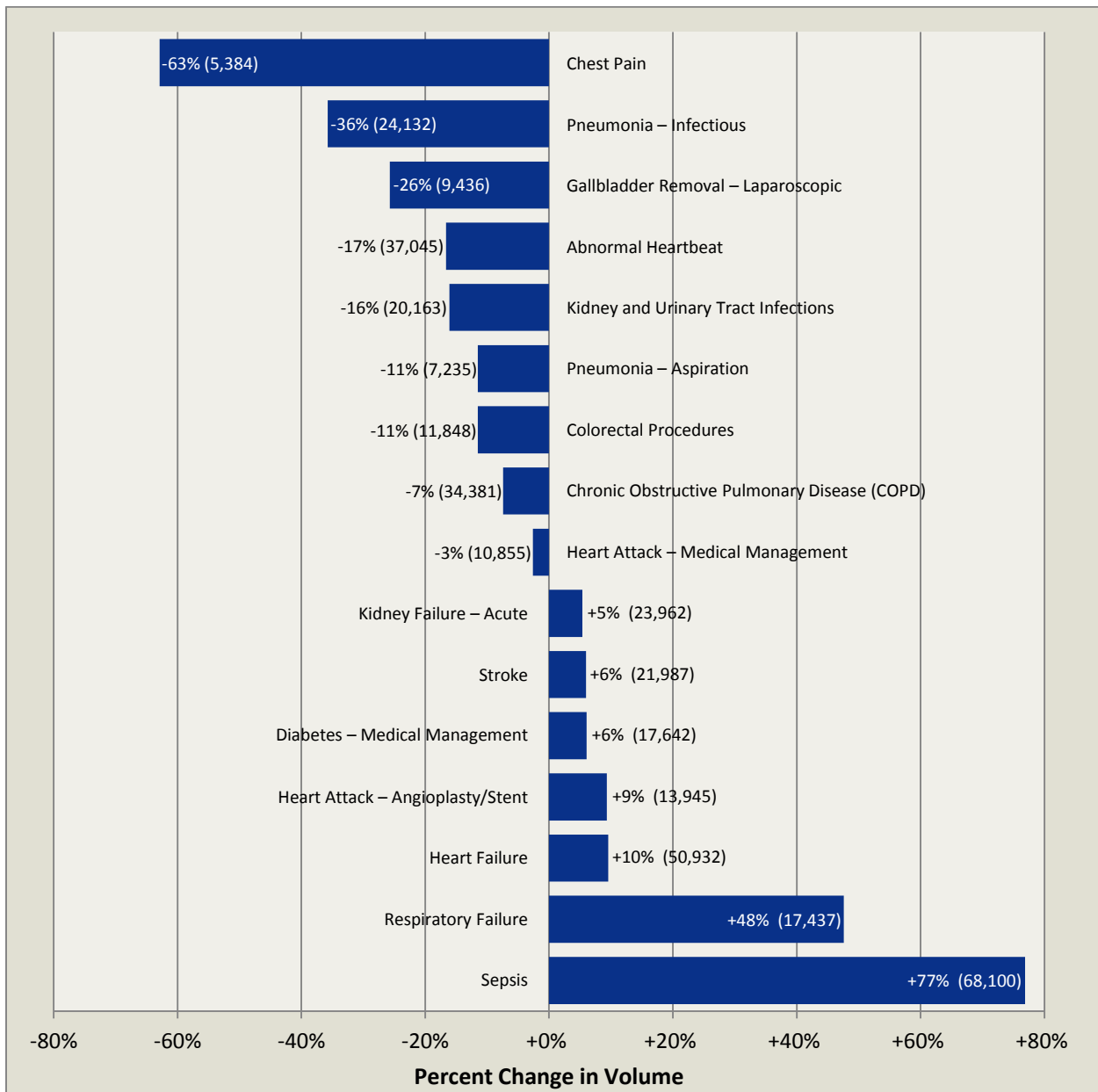
Key Findings

Volume of Hospital Admissions

The following chart shows the statewide percent change in volume*, from federal fiscal year 2012 to federal fiscal year 2017, for each of the 16 conditions and procedures included in this report (admission totals from federal fiscal year 2017 are shown in parentheses).

Chest Pain had the largest percentage decrease in volume (-63%), from 14,510 discharges in federal fiscal year 2012 to 5,384 in federal fiscal year 2017.

Sepsis had the largest percentage increase in volume (+77%), from 38,502 discharges in federal fiscal year 2012 to 68,100 in federal fiscal year 2017.



* Changes in coding requirements or usage may have influenced the variations in volume observed over time.

Medicare Fee-for-Service Payments

Federal Fiscal Year 2017 Data for Pennsylvania Residents

- Medicare fee-for-service was the primary payer for 38.1% of the statewide admissions for Pennsylvania residents in federal fiscal year 2017 for the conditions and procedures in this report, for a total of nearly \$1.14 billion (\$1,137,792,875).
 - For Western Pennsylvania, Medicare fee-for-service was the primary payer for 30.0% of admissions in this report, for a total of over \$266 million.
 - For Central and Northeastern Pennsylvania, Medicare fee-for-service was the primary payer for 44.9% of admissions in this report, for a total of over \$346 million.
 - For Southeastern Pennsylvania, Medicare fee-for-service was the primary payer for 40.4% of admissions in this report, for a total of over \$525 million.

- The condition with the lowest statewide average Medicare fee-for-service payment in federal fiscal year 2017 was Chest Pain, at \$3,873 per hospitalization. The condition with the highest statewide average Medicare fee-for-service payment in federal fiscal year 2017 was Colorectal Procedures, at \$18,320 per hospitalization.

	Condition or Procedure with <u>Lowest</u> Average Payment	Condition or Procedure with <u>Highest</u> Average Payment
Statewide	<i>Chest Pain: \$3,873</i>	<i>Colorectal Procedures: \$18,320</i>
Western Pennsylvania	Chest Pain: \$3,568	Colorectal Procedures: \$19,560
Central and Northeastern Pennsylvania	Chest Pain: \$3,374	Colorectal Procedures: \$16,359
Southeastern Pennsylvania	Chest Pain: \$4,389	Colorectal Procedures: \$19,142