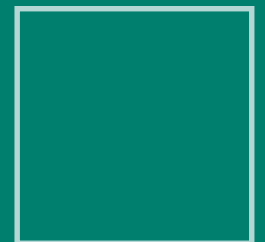
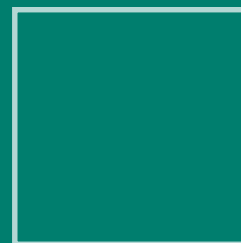


# A HOSPITAL PERFORMANCE REPORT

## 15 COMMON MEDICAL PROCEDURES AND TREATMENTS

PHILADELPHIA PENNSYLVANIA - REGION 9



Pennsylvania Health Care  
Cost Containment Council  
1999

# A Pennsylvania Hospital Performance Report

## 15 Common Medical Procedures and Treatments

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### Foreword

The Pennsylvania Health Care Cost Containment Council (PHC4) was established as an independent state agency by the General Assembly and Governor of the Commonwealth of Pennsylvania in 1986. To help improve the quality and restrain the cost of health care, PHC4 promotes health care competition through the collection, analysis and public dissemination of uniform cost and quality-related information. Thanks to the vision of its General Assembly, Pennsylvania has begun to build a new health care marketplace where purchasers, consumers, providers, payors, and policy makers can make more informed decisions about the delivery of health care. This *Hospital Performance Report* is one of a series of public reports designed to achieve this goal, and is based on a previous PHC4 report, the *Hospital Effectiveness Report*, published from 1989 through 1994. Additional information related to this report is posted on the PHC4 web site at [www.phc4.org](http://www.phc4.org).

### What is the purpose of this report?

Before we make a major purchase, we normally familiarize ourselves with as much information as we can gather about the available products or services. By comparing what we can learn about the quality of the product as well as what will be charged for it, we decide on what we believe is the best quality product for the best possible price. So it should be with health care services. Unfortunately, the information available to consumers and purchasers to make such decisions is limited and often not widely accessible. PHC4's *Hospital Performance Report* can help to fill that vacuum of information and assist consumers and purchasers in making more informed health care decisions. This report can also serve as an aid to providers in pinpointing additional opportunities for quality improvement and cost containment. It should not be used in emergency situations.

### What is included in the report?

- ◆ The report, which covers inpatient hospital discharges during 1997, is divided into nine regional versions. The information reported is hospital-specific.

## The following counties are included in this report:

Philadelphia

- ◆ The report encompasses 15 selected Diagnosis Related Groups (DRGs). These DRGs have been chosen due to a combination of factors, including a high degree of variation in mortality, high volume, significant resource consumption, and diversity across diagnoses and procedures. These DRGs represent approximately 15% of all hospital discharges statewide. A description of the DRGs can be found on page 10.
- ◆ All Pennsylvania general and specialty acute care hospitals, regardless of bed size, are included. The number of cases, a risk-adjusted mortality rating, a risk-adjusted average length of hospital stay, and the average hospital charge for each of the 15 DRGs form the basis of the report.

### What is a DRG?

A Diagnosis Related Group (DRG) is a part of an illness classification system adopted and modified by the federal government for standard health care reporting and billing purposes by hospitals and insurance companies. The system groups similar medical conditions and surgical procedures into hundreds of illness categories, called DRGs, based on the patients' diagnoses and procedures.

### Where does the data come from?

Pennsylvania hospitals are required by law to submit certain information to the PHC4. The 1997 data compiled for the purpose of this publication is reported as it was submitted to the PHC4 by Pennsylvania hospitals. The data was subject to standard verification processes by

the PHC4. In addition, hospitals are required to submit data which indicates in simple terms "how sick the patient was," or in technical jargon, a "severity score" or "risk-adjusted."

### What is meant by risk-adjusted?

The PHC4 and the hospitals use a sophisticated patient risk classification system, called Atlas™, to abstract severity scores based on patient medical records and assign patients to an appropriate illness category. These categories, measured from the point of admission to the hospital, range from a patient who is not very sick to a patient who is near death. These severity scores allow PHC4 to adjust for patients at greater risk of dying or staying in the hospital for a longer period of time than other patients. The Atlas™ system was developed by MediQual Systems, Inc., now owned by Cardinal Information Corporation, and is based on the examination of numerous Key Clinical Findings such as lab tests, EKG readings, vital signs, patient's medical history, imaging results, pathology, age, sex, and operative/endoscopy findings. PHC4 also adjusts independently for the presence of cancer in the patient population included in this report.

### What is measured in the report and why is it important?

The PHC4's mission is to provide the public with information that will help to improve the quality of health care services while also providing opportunities to restrain costs. The measurement of quality in health care is not an exact science and is still in its beginning stages. And while there may be a number of ways to define quality, for the purposes of this report, three factors are suggested:

- ◆ *Volume of Cases* - For each hospital, the number of cases treated in each DRG is reported. This can give a patient or a purchaser an idea of the experience each facility has in treating such patients. Studies have suggested that in at least some areas, the number of cases treated by a physician or hospital can be a factor in the success of the treatment. **Note:** Small or specialty hospitals may report low volume due to the unique patient population they serve or geographic location.

- ◆ *Risk-adjusted Mortality Rates* - PHC4 has used risk-adjusted mortality statistics as a measure of quality since it began publishing reports in 1989. Using a complex mathematical formula that assesses the degree of illness for patients upon their admission to the hospital, PHC4 calculates an expected, or predicted, number of deaths. In simple terms, based upon how sick the patients are, PHC4's method determines the number of patients one could reasonably expect to die in a given hospital in a given DRG. Hospitals that treat sicker patients are given "credit" in the system; more patients can be expected to die because they are more seriously ill.
- ◆ *Risk-adjusted Length of Stay* - This measure represents a step forward in the measurement of the quality of care. How long a patient stays in the hospital can reflect how successful the treatment is that the hospital provides, and has an impact on the resources brought to bear in delivering treatment. In much the same way as the mortality measure, key patient risk factors related to how sick patients are when admitted to the hospital are taken into account. These patient risk factors are then adjusted or accounted for so that, for example, a younger, healthier patient is not treated the same statistically as an older, sicker one. These adjustments allow for an apples to apples comparison - patient severity or risk factors cannot explain the remaining differences. Yet after patient risk factors have been equalized among hospitals in the same treatment categories, there are still differences in the length of hospitalization.

The risk-adjusted mortality and risk-adjusted length of stay figures in this report are important measures of quality as well as resource utilization, but cannot be considered the only measures. The measurement of quality is highly complex and the information used to capture such measures is limited. A hospital death is frequently an unavoidable consequence of a patient's medical condition. Hospitals and physicians may do everything right and still the patient can die. However, after taking the significant risk factors available to the PHC4 into account, there are differences with respect to patient mortality and lengths of hospitalization that exist among hospitals.

## Hospital charges

This report also includes the average hospital charge for each of the 15 medical and surgical treatment categories. While charges are what the

hospital reports on the billing form, they may not accurately represent the amount a hospital receives in payment for the services it delivers. Hospitals usually receive less in actual payments than the listed charge. Charges do represent a benchmark as negotiations between hospitals and insurers regarding payment generally begin with the charge figure. And hospital charges are used almost universally by those attempting to assess the costs of health care. Until a better method is developed, hospital charges represent a consistent, while imperfect, way to discuss the relative costs of health care.

## Understanding the tables

Symbols representing risk-adjusted mortality ratings are displayed in the report. These symbols reflect a comparison of a hospital's actual mortality rate and its expected mortality rate. A dark circle ● means that the hospital's actual mortality rate was significantly higher, statistically speaking, than the rate expected or predicted by PHC4's mathematical formula. A circle with a dot inside ⊙ means that the difference between the two figures was insignificant - the hospital performed as expected. An open circle ○ means that the actual mortality rate was significantly lower, statistically, than the expected rate. Numbers related to these ratings are posted on PHC4's Internet site at [www.phc4.org](http://www.phc4.org), or are available upon request from the PHC4 office.

The risk-adjusted average length of stay reflects the number of days spent in the hospital by patients that completed a full course of treatment. These data are adjusted to take important health risk factors into account.

The number of cases represent separate hospital admissions, not individual patients. A patient readmitted several times would be included each time in the number of cases. Hospitals that had fewer than five cases evaluated for risk-adjusted mortality were not rated; such low volume cannot be considered meaningful and, as such, the data are excluded. *Not Rated* appears in the table next to these hospitals. The hospital names have been shortened in many cases for formatting purposes. Finally, hospital names may be different today than in 1997 due to mergers. A list of hospital changes is included in the back of the report.

## What is meant by non-compliance?

Hospitals are required under Pennsylvania law (Act 89) to submit timely, accurate health care data to the PHC4. The PHC4, acting upon the advice of its Technical Advisory Group, a panel of physicians and other health care experts, has determined that hospitals missing the required UB 92 data and/or patient severity scores in excess of 15% overall are non-compliant with state law and are excluded from this report. These hospitals are listed in the back of this report. Hospitals exceeding the 15% threshold in specific DRGs are noted as *Non-Compliant* for those specific DRGs only. Although data specific to non-compliant hospitals is not included in this report, their records have been included in the overall research for in-hospital mortality, length of stay and charges and, as such, are reflected in the statewide and regional totals.

Additional information about the figures and symbols in this report as well as the methods used to calculate the statistics is available from the PHC4 upon request or can be accessed through the PHC4 web site at [www.phc4.org](http://www.phc4.org).

## FINAL WORDS - How to use the report

- ◆ **Patients/Consumers** - can use this report as an aid in making decisions about where to seek treatment for the categories detailed in this report. As with any health care decision, PHC4 urges the reader to use this report in conjunction with a physician or other health care provider when making a health care decision.
- ◆ **Group Benefits Purchasers/Insurers** - can use this report as part of a process in determining where employees, subscribers, members, or participants should go for their health care.
- ◆ **Health Care Providers** - can use this report as an aid in identifying opportunities for quality improvement and cost containment.
- ◆ **Policy Makers/Public Officials** - can use this report to enhance their understanding of health care issues, to ask provocative questions, to raise public awareness of important issues and to help constituents identify quality health care options.

- ◆ **All of the previously mentioned groups** can use this information to raise important questions about why differences in the quality and efficiency of care exist.

This report can be used as a tool. The report should not be used to generalize about the overall quality of care at a hospital, but instead to examine hospital performance in specific treatment categories. This report does point out differences. The statistical methods used eliminate many of the clinical and medical differences among the patients in different hospitals thereby allowing us to explore the real differences in mortality and the length of hospitalization among hospitals. The pursuit of these issues can play an important and constructive role in raising the quality while restraining the cost of health care in the Commonwealth of Pennsylvania.

## Acknowledgments

PHC4 wishes to thank its Data Systems Committee members, particularly chairman, Richard C. Dreyfuss (Hershey Foods Corporation) and vice-chairman Thomas F. Duzak (United Steelworkers of America), for their contribution to this report.

PHC4 also wishes to thank its Technical Advisory Group members, especially chairman David B. Nash, MD, MBA, for their contribution to PHC4's efforts over the years, including this report.

# PHILADELPHIA HOSPITALS

## Heart Attack

## Heart Failure and Shock

## Major Vessel Operations EXCEPT HEART

	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE
AUH - Graduate	114	●	5.1	\$30,021	313	●	4.5	\$18,820	86	●	9.4	\$87,954
AUH - Hahnemann	260	●	4.5	\$24,037	422	●	5.9	\$20,405	221	●	9.6	\$83,519
AUH - Medical College	141	●	6.0	\$34,767	418	●	5.0	\$20,986	67	●	10.0	\$86,046
AUH - Parkview	76	●	4.7	\$14,203	231	●	4.3	\$10,895	9	●	10.4	\$43,092
Albert Einstein	150	●	5.7	\$25,301	645	●	5.1	\$15,378	90	●	9.2	\$71,401
Chestnut Hill	137	●	5.7	\$20,373	248	●	4.8	\$15,482	15	●	7.2	\$44,810
Children's - Philadelphia	3	**Not	Rated		8	●	2.8	\$10,979	59	*Non-Compliant		
Episcopal	65	●	6.7	\$19,870	319	●	5.6	\$11,143	22	●	11.0	\$47,262
Fox Chase Cancer	0				16	●	4.6	\$16,446	1	**Not	Rated	
Germantown	50	●	6.5	\$25,844	448	○	4.3	\$14,065	5	●	11.7	\$63,319
JFK Memorial	32	●	8.6	\$21,669	226	●	6.5	\$10,944	5	●	18.4	\$72,674
MCMC Mercy - Philadelphia	116	●	5.3	\$20,802	527	●	4.4	\$12,494	11	●	9.8	\$60,344
Nazareth	267	●	6.6	\$9,906	723	●	5.2	\$6,631	11	●	9.1	\$21,177
Neumann	49	●	5.1	\$11,285	129	●	6.7	\$13,851	1	**Not	Rated	
Northeastern	185	●	6.2	\$15,553	357	●	5.7	\$13,648	13	●	9.4	\$37,271
Roxborough Memorial	92	●	5.4	\$13,255	289	●	4.5	\$10,659	2	**Not	Rated	
Saint Agnes	88	●	7.3	\$18,913	468	●	5.4	\$10,440	4	**Not	Rated	
Temple University	102	●	5.6	\$28,182	604	●	4.4	\$15,271	95	●	9.0	\$82,834
Thomas Jefferson Univ	157	●	7.1	\$30,284	379	●	5.6	\$19,876	82	●	10.6	\$76,947
Philadelphia	3,371		6.0	\$24,112	10,453		5.2	\$15,213	1,222		9.8	\$76,489
Statewide	29,262		6.3	\$14,875	61,998		5.4	\$10,228	6,670		9.0	\$45,882

- Mortality significantly greater than Expected.
- Mortality not significantly different than Expected.
- Mortality significantly less than Expected.
- \* Did not submit required data.
- \*\* Had fewer than five cases evaluated.

Risk-adjusted: The Mortality and Average Length of Stay figures adjust for the degree of illness present when a patient is admitted to the hospital. Please see page 2.

Risk-adjusted Length of Stay: reflects the average number of days hospitalized.

# PHILADELPHIA HOSPITALS

## Vascular Operations EXCEPT HEART

## Vascular Disorders EXCEPT HEART

## Stroke

	CASES	Vascular Operations			Vascular Disorders			Stroke				
		Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE		
AUH - Graduate	183	●	5.8	\$54,913	82	●	4.8	\$18,927	164	●	6.1	\$25,307
AUH - Hahnemann	391	●	7.1	\$46,828	99	●	5.4	\$19,511	219	●	7.7	\$32,433
AUH - Medical College	127	●	8.6	\$57,119	62	●	5.8	\$21,038	270	●	8.3	\$29,369
AUH - Parkview	65	●	6.7	\$25,634	51	●	4.2	\$7,085	115	●	5.1	\$11,689
Albert Einstein	154	●	6.3	\$40,211	100	●	5.3	\$13,134	300	●	5.8	\$18,894
Chestnut Hill	42	●	8.3	\$48,930	46	●	6.0	\$14,984	211	●	5.0	\$14,835
Children's - Philadelphia	26	●	7.6	\$43,755	7	●	7.2	\$20,637	22	●	7.0	\$27,204
Episcopal	88	●	8.6	\$29,155	32	●	6.1	\$13,331	91	●	8.7	\$19,091
Fox Chase Cancer	12	●	7.1	\$22,075	44	●	5.7	\$12,846	8	●	7.7	\$16,236
Germantown	91	●	6.8	\$34,208	47	●	5.6	\$15,338	159	○	6.5	\$19,405
JFK Memorial	71	●	9.7	\$24,153	49	●	8.1	\$10,744	67	●	8.9	\$15,315
MCMC Mercy - Philadelphia	85	*Non-Compliant			56	*Non-Compliant			246	*Non-Compliant		
Nazareth	51	●	5.6	\$10,809	60	●	5.6	\$4,590	323	●	5.7	\$8,019
Neumann	3	**Not Rated			17	●	7.0	\$15,799	33	●	6.0	\$13,050
Northeastern	40	●	8.6	\$29,641	38	●	5.1	\$11,206	157	●	5.2	\$12,920
Roxborough Memorial	27	●	6.1	\$31,095	25	●	6.2	\$13,357	122	●	5.0	\$12,171
Saint Agnes	45	●	5.6	\$24,413	45	●	6.9	\$10,482	111	●	6.6	\$15,496
Temple University	142	●	6.2	\$39,463	122	●	5.4	\$17,537	245	●	6.0	\$23,303
Thomas Jefferson Univ	229	●	7.0	\$37,480	136	●	5.6	\$15,016	326	●	7.7	\$26,721
Philadelphia	2,754		7.0	\$40,071	1,740		5.7	\$15,260	4,845		6.6	\$21,213
Statewide	11,503		6.8	\$26,069	9,413		5.8	\$9,412	29,903		6.3	\$12,601

- Mortality significantly greater than Expected.
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- \*\* Had fewer than five cases evaluated.

Risk-adjusted: The Mortality and Average Length of Stay figures adjust for the degree of illness present when a patient is admitted to the hospital. Please see page 2.

Risk-adjusted Length of Stay: reflects the average number of days hospitalized.

# PHILADELPHIA HOSPITALS

## Adult Pneumonia

## Adult Lung Infections

## Lung Cancer

	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE
AUH - Graduate	135	●	5.1	\$19,728	35	●	8.6	\$31,066	54	●	5.7	\$26,568
AUH - Hahnemann	176	●	5.9	\$20,524	69	●	10.1	\$35,677	64	●	8.0	\$32,730
AUH - Medical College	141	●	5.4	\$20,503	117	●	9.6	\$35,785	59	●	8.1	\$28,627
AUH - Parkview	76	●	4.6	\$9,916	59	●	6.3	\$14,418	41	●	5.8	\$12,868
Albert Einstein	158	●	4.5	\$14,267	174	●	6.4	\$18,230	94	○	5.1	\$17,433
Chestnut Hill	196	●	4.9	\$15,689	159	●	6.4	\$19,876	41	●	7.7	\$24,042
Children's - Philadelphia	16	●	6.7	\$19,386	3	**Not Rated			4	**Not Rated		
Episcopal	119	●	5.9	\$9,723	47	●	9.6	\$16,650	11	●	5.2	\$14,083
Fox Chase Cancer	50	●	5.4	\$12,929	24	●	7.9	\$20,403	101	●	5.2	\$15,202
Germantown	122	●	5.6	\$17,036	97	●	7.6	\$23,044	39	●	6.6	\$17,895
JFK Memorial	47	●	8.0	\$14,699	14	●	13.0	\$20,096	22	●	11.8	\$19,763
MCMC Mercy - Philadelphia	211	●	5.6	\$16,251	130	●	8.6	\$23,713	57	*Non-Compliant		
Nazareth	241	●	5.3	\$4,886	124	●	8.5	\$7,363	53	●	6.7	\$6,362
Neumann	52	●	6.7	\$13,215	16	●	9.0	\$22,490	10	●	9.9	\$20,755
Northeastern	131	●	5.0	\$9,962	39	●	7.3	\$15,222	64	●	6.3	\$13,427
Roxborough Memorial	173	●	5.4	\$12,667	132	●	7.5	\$17,176	21	●	7.6	\$22,147
Saint Agnes	131	●	6.1	\$10,740	101	●	7.9	\$14,616	39	●	5.7	\$13,618
Temple University	259	●	4.6	\$15,107	98	●	7.9	\$27,150	77	●	7.6	\$26,246
Thomas Jefferson Univ	224	●	6.1	\$20,274	70	●	8.5	\$29,873	97	●	7.1	\$26,453
Philadelphia	4,387		5.6	\$16,310	2,648		8.1	\$23,462	1,449		6.7	\$22,284
Statewide	33,728		6.1	\$10,685	13,574		8.5	\$16,697	7,057		6.7	\$14,609

- Mortality significantly greater than Expected.
- ◐ Mortality not significantly different than Expected.
- Mortality significantly less than Expected.
- \* Did not submit required data.
- \*\* Had fewer than five cases evaluated.

Risk-adjusted: The Mortality and Average Length of Stay figures adjust for the degree of illness present when a patient is admitted to the hospital. Please see page 2.

Risk-adjusted Length of Stay: reflects the average number of days hospitalized.



# PHILADELPHIA HOSPITALS

## Adult Diabetes

## Kidney Failure

## Adult Septicemia

	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE
AUH - Graduate	65	●	4.2	\$15,538	49	●	5.0	\$22,197	56	●	7.2	\$30,382
AUH - Hahnemann	78	●	4.6	\$14,824	125	●	5.3	\$19,356	91	●	7.5	\$30,246
AUH - Medical College	101	●	3.6	\$13,580	42	●	6.0	\$23,323	97	●	6.9	\$27,625
AUH - Parkview	36	●	3.6	\$7,874	54	●	4.5	\$11,530	88	●	5.6	\$12,495
Albert Einstein	167	●	3.5	\$12,248	132	○	5.5	\$17,540	141	●	5.9	\$21,030
Chestnut Hill	56	●	3.7	\$10,435	47	●	6.0	\$23,366	149	●	6.5	\$20,502
Children's - Philadelphia	0				27	*Non-Compliant			1	**Not Rated		
Episcopal	83	●	4.9	\$8,424	59	●	9.0	\$16,287	65	●	9.7	\$21,013
Fox Chase Cancer	2	**Not Rated			6	●	4.7	\$10,754	23	●	8.3	\$19,948
Germantown	63	●	3.9	\$13,683	71	●	4.6	\$14,812	117	●	8.0	\$22,397
JFK Memorial	39	●	4.6	\$6,618	13	●	6.9	\$13,278	14	●	8.4	\$21,878
MCMC Mercy - Philadelphia	135	●	3.9	\$11,166	54	●	6.4	\$19,327	156	●	8.5	\$24,134
Nazareth	39	●	3.1	\$5,046	81	●	7.5	\$9,851	170	●	6.4	\$6,346
Neumann	33	●	4.6	\$7,376	19	●	6.7	\$14,928	36	●	8.0	\$15,727
Northeastern	50	●	4.0	\$9,605	22	●	8.0	\$18,430	77	●	6.1	\$12,872
Roxborough Memorial	21	●	3.9	\$7,981	35	●	7.3	\$17,770	123	●	5.8	\$13,222
Saint Agnes	45	●	4.3	\$7,071	111	●	6.6	\$14,202	86	●	7.8	\$16,385
Temple University	137	●	3.4	\$11,957	88	●	5.8	\$21,344	129	●	7.9	\$26,137
Thomas Jefferson Univ	67	●	3.9	\$13,871	68	●	6.6	\$20,775	170	●	8.5	\$30,522
Philadelphia	1,846		3.9	\$11,586	1,702		6.2	\$18,604	2,783		7.5	\$22,432
Statewide	8,970		4.4	\$7,703	7,345		6.7	\$13,671	18,199		7.4	\$13,909

- Mortality significantly greater than Expected.
- Mortality not significantly different than Expected.
- Mortality significantly less than Expected.
- \* Did not submit required data.
- \*\* Had fewer than five cases evaluated.

Risk-adjusted: The Mortality and Average Length of Stay figures adjust for the degree of illness present when a patient is admitted to the hospital. Please see page 2.

Risk-adjusted Length of Stay: reflects the average number of days hospitalized.

# PHILADELPHIA HOSPITALS

## Gastrointestinal Bleeding

## Major Intestinal Procedures

## Hip Operations EXCEPT REPLACEMENTS

	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE	CASES	Risk-adjusted MORTALITY	Risk-adjusted LENGTH OF STAY	Average CHARGE
AUH - Graduate	155	●	4.6	\$22,027	107	●	12.2	\$92,063	41	●	7.5	\$45,635
AUH - Hahnemann	115	●	5.1	\$20,778	193	●	11.0	\$63,986	38	●	6.6	\$41,307
AUH - Medical College	117	●	3.9	\$17,042	90	●	11.5	\$74,541	42	●	7.7	\$47,819
AUH - Parkview	66	●	4.0	\$9,407	28	●	11.9	\$45,852	28	●	6.4	\$19,978
Albert Einstein	219	○	4.5	\$14,539	113	●	10.8	\$54,796	81	●	5.9	\$28,145
Chestnut Hill	164	●	3.7	\$13,280	98	●	9.5	\$38,173	88	●	5.9	\$21,527
Children's - Philadelphia	25	●	4.2	\$19,096	34	●	15.4	\$53,695	0			
Episcopal	70	●	6.4	\$13,318	36	●	12.0	\$41,903	19	●	8.9	\$25,663
Fox Chase Cancer	14	●	5.4	\$12,456	74	●	10.6	\$40,414	5	●	3.8	\$17,893
Germantown	87	●	4.4	\$14,943	45	●	11.8	\$60,264	26	●	8.1	\$28,887
JFK Memorial	47	●	6.3	\$13,922	15	●	12.4	\$42,156	5	●	11.6	\$22,386
MCMC Mercy - Philadelphia	169	●	4.5	\$14,333	56	●	12.6	\$65,075	29	●	9.1	\$32,747
Nazareth	142	●	4.5	\$5,948	74	●	11.6	\$19,787	111	●	5.6	\$9,540
Neumann	34	●	5.1	\$11,378	10	●	17.1	\$66,398	6	●	12.2	\$35,500
Northeastern	105	●	4.3	\$10,695	64	●	10.7	\$33,374	31	●	5.2	\$16,472
Roxborough Memorial	67	●	4.3	\$9,175	56	●	9.1	\$34,967	16	●	5.3	\$21,776
Saint Agnes	89	●	4.9	\$9,325	40	●	9.3	\$27,938	37	●	5.1	\$11,471
Temple University	163	●	4.3	\$15,469	96	●	11.4	\$66,322	57	●	7.7	\$35,937
Thomas Jefferson Univ	149	●	4.3	\$15,804	294	●	11.4	\$53,757	72	●	7.5	\$37,463
Philadelphia	3,013		4.6	\$15,029	2,480		11.3	\$55,966	1,165		7.0	\$29,409
Statewide	19,579		4.7	\$9,714	15,619		10.7	\$31,416	10,080		6.6	\$17,199

- Mortality significantly greater than Expected.
- Mortality not significantly different than Expected.
- Mortality significantly less than Expected.
- \* Did not submit required data.
- \*\* Had fewer than five cases evaluated.

Risk-adjusted: The Mortality and Average Length of Stay figures adjust for the degree of illness present when a patient is admitted to the hospital. Please see page 2.

Risk-adjusted Length of Stay: reflects the average number of days hospitalized.

## Diagnosis Related Group (DRG) Descriptions

**Heart Attack (DRG's 121, 122, 123):** Includes medical treatment only.

**Heart Failure and Shock (DRG 127):** Congestive heart failure is an abnormal accumulation of fluid due to the heart's inability to pump a normal amount of blood. The term "shock" refers to heart shock, not shock resulting from injury.

**Major Vessel Operations except Heart (DRG 110):** Surgery to the aorta and other major arteries and veins in the chest area surrounding the heart, but not within the heart. Does not include coronary bypass, cardiac catheterization or valve procedures.

**Vascular Operations except Heart (DRG 478):** Surgical procedures on blood vessels in the head, neck, and the upper and lower limbs.

**Vascular Disorders except Heart (DRG 130):** Medical treatment for disorders of blood vessels in the head, neck, aorta, upper and lower limbs. Examples include varicose veins, aneurysm, and diabetes-related circulatory disorders. Conditions not included are hypertension and coronary artery disease.

**Stroke (DRG 14):** Sudden "attack" caused by hemorrhaging, a blockage or narrowing of vessels within the brain. Transient ischemic attack (temporary stroke symptoms) is not included.

**Adult Pneumonia (DRG 89):** Simple pneumonia (inflammation of the lung) includes viral and bacterial pneumonia, as well as pleurisy – an inflammation of the membrane surrounding the lungs.

**Adult Lung Infections (DRG 79):** Infections other than simple pneumonia including tuberculosis, pneumonitis and certain rare pneumonias.

**Lung Cancer (DRG 82):** Includes the initial diagnosis as well as follow-up care for patients with malignant and benign tumors. Does not include chemotherapy.

**Adult Diabetes (DRG 294):** Includes patients over age 35 hospitalized for control of the blood sugar. Conditions include coma, ketoacidosis and fluid imbalances. Kidney, eye, nervous system or circulatory complications related to diabetes are not included.

**Kidney Failure (DRG 316):** Short and long-term kidney (renal) failure due to hypertension, heart disease, or unknown causes. Does not include dialysis or transplants.

**Adult Septicemia (DRG 416):** Also known as blood poisoning, is a system-wide infection of the patient's blood. Does not include post-operative or post-injury infections.

**Gastrointestinal Bleeding: (DRG 174):** Bleeding from stomach or intestinal ulcers, inflammation of the stomach, or inflammation of small sac-like areas in the wall of the colon.

**Major Intestinal Procedures (DRG 148):** Major surgical procedures involving the intestines, including colostomy and other repairs to the intestines. Not included are procedures for hernia, appendix or biopsies.

**Hip Operations, except Replacements - Adults (DRG 210):** Includes surgery for hip fracture; does not include replacements or amputations.

## Hospitals Excluded from the Report Due to Non-Compliance

(See page 4 for more details.)

Allegheny University Hospitals, City Avenue  
Frankford Hospital of the City of Philadelphia  
Hospital of the University of Pennsylvania  
Jeanes Hospital  
Kensington Hospital  
The Pennsylvania Hospital of the University of Pennsylvania Health System  
Presbyterian Medical Center of University of Pennsylvania  
Saint Christopher's Hospital for Children  
Saint Joseph's Hospital/Philadelphia  
Wills Eye Hospital  
\*Methodist Division -- TJUH

\* Now compliant effective 3<sup>rd</sup> Quarter 1998 data reporting period. PHC4 wishes to recognize the hard work performed by the overwhelming majority of Pennsylvania hospitals in meeting the requirements of Act 89.

## Hospital Name Changes and/or Mergers

Allegheny University Hospitals, City Avenue name changed to City Avenue Hospital in 1998.

Allegheny University Hospitals, Graduate name changed to Graduate Hospital in 1998.

Allegheny University Hospitals, Hahnemann Division name changed to Hahnemann University Hospital in 1998.

Allegheny University Hospitals, MCP Division name changed to Medical College of PA in 1998.

Allegheny University Hospitals, Parkview name changed to Parkview Hospital in 1998.

Germantown Hospital and Medical Center name changed to Germantown Hospital and Community Health Services in 1998.

MCMC Mercy Hospital of Philadelphia name changed to Mercy Hospital of Philadelphia in 1998.

Neumann Medical Center merged in to the Temple University Health System in 1998 and is known as Temple East.

Northeastern Hospital merged into Temple East in 1998.

## FOR MORE INFORMATION...

Please contact the Pennsylvania Health Care Cost Containment Council at:

225 Market Street, Suite 400

Harrisburg, PA 17101

Phone 717-232-6787

Fax 717-232-3821

[www.phc4.org](http://www.phc4.org)

The following additional information can be found on our web site -- [www.phc4.org](http://www.phc4.org).

- ◆ Total Cases
- ◆ Actual Mortality
- ◆ Expected Mortality
- ◆ p-Value
- ◆ Average ASG (Admission Severity Group)
- ◆ Percent Age 65 and Over

*Hospitals may have commented on this report.  
Copies of their comments are available by request.*

**Report Number: 99-07/16-11/9**