A Hospital Performance Report

15 Common Medical Procedures and Treatments

Southern Allegheny Pennsylvania - Region 3

Pennsylvania Health Care
Cost Containment Council
1999

A Pennsylvania Hospital Performance Report
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TABLE OF CONTENTS

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.

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:

Bedford	Indiana
Blair	Somerset
Cambria	

- 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, 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 in 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.

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.

SOUTHERN ALLEGHENY 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
Altoona	300	⦿	6.0	$12,383	375	⦿	5.4	$8,741	48	○	8.5	$31,634
Bon Secours Holy Family	112	●	6.3	$8,751	271	●	5.4	$6,919	19	⦿	6.8	$23,175
Conemaugh Valley Memorial	255	⦿	6.3	$15,388	510	⦿	5.7	$10,778	79	⦿	9.2	$42,798
Good Samaritan - Johnstown	41	⦿	8.0	$14,730	92	⦿	6.0	$9,058	2	**Not	Rated	
Indiana	59	⦿	6.0	$10,841	342	⦿	5.5	$8,483	12	⦿	8.8	$32,523
Lee	123	⦿	7.3	$11,612	516	●	6.6	$7,209	8	⦿	8.8	$26,933
Memorial - Bedford	79	⦿	4.8	$8,556	165	●	3.6	$4,834	0			
Meyersdale Community	11	**Not	Rated		41	⦿	4.8	$5,481	0			
Nason	61	⦿	5.7	$6,381	80	⦿	4.0	$4,434	0			
Somerset Center for Health	103	⦿	7.6	$10,075	202	⦿	6.1	$7,227	4	**Not	Rated	
Windber & Wheeling	80	⦿	6.1	$8,321	177	○	4.7	$6,162	1	**Not	Rated	
Southern Allegheny	1,270		6.3	$11,993	2,872		5.5	$7,863	175		8.6	$34,839
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.

SOUTHERN ALLEGHENY HOSPITALS

	Vascular Operations EXCEPT HEART				Vascular Disorders EXCEPT HEART				Stroke			
	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
Altoona	56	◉	7.2	$21,738	60	◉	5.9	$6,687	221	◉	5.8	$9,206
Bon Secours Holy Family	67	◉	6.9	$15,991	23	◉	6.5	$5,640	118	◉	5.7	$8,266
Conemaugh Valley Memorial	72	●	6.9	$27,159	112	◉	5.7	$8,981	320	*Non-Compliant		
Good Samaritan - Johnstown	16	◉	8.1	$26,988	7	◉	7.7	$9,629	40	◉	7.8	$14,562
Indiana	17	◉	7.9	$25,887	45	◉	4.9	$6,524	110	◉	5.3	$8,706
Lee	32	◉	6.4	$18,139	45	◉	6.1	$7,275	215	◉	7.0	$8,616
Memorial - Bedford	0				9	◉	4.1	$4,185	76	◉	4.6	$5,551
Meyersdale Community	0				3	**Not Rated			22	*Non-Compliant		
Nason	2	**Not Rated			6	◉	4.3	$3,322	45	◉	5.5	$5,832
Somerset Center for Health	3	**Not Rated			29	◉	6.2	$5,373	93	◉	7.6	$9,091
Windber & Wheeling	8	◉	5.9	$10,534	17	◉	5.3	$4,902	65	◉	5.8	$7,394
Southern Allegheny	283		6.9	$21,072	366		5.7	$7,064	1,366		6.3	$9,531
Statewide	11,503		6.8	$26,069	9,413		5.8	$9,412	29,903		6.3	$12,601

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SOUTHERN ALLEGHENY 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
Altoona	249	⦿	6.2	$9,038	44	⦿	11.1	$13,356	69	⦿	7.4	$12,112
Bon Secours Holy Family	163	⦿	6.0	$6,626	95	⦿	9.2	$9,697	23	⦿	6.8	$9,758
Conemaugh Valley Memorial	216	⦿	6.2	$11,451	65	●	8.2	$17,131	43	⦿	6.5	$12,926
Good Samaritan - Johnstown	39	⦿	7.1	$12,749	9	⦿	8.5	$14,011	10	⦿	6.9	$14,969
Indiana	229	⦿	5.4	$7,941	79	⦿	7.6	$11,703	26	⦿	5.9	$11,264
Lee	161	●	7.4	$7,853	32	⦿	8.3	$9,355	41	⦿	7.2	$8,285
Memorial - Bedford	116	⦿	4.5	$5,383	18	⦿	5.0	$6,161	4	**Not	Rated	
Meyersdale Community	55	⦿	6.0	$6,517	22	⦿	8.0	$8,373	5	**Not	Rated	
Nason	38	●	5.9	$5,565	5	⦿	10.5	$9,664	8	⦿	4.2	$2,642
Somerset Center for Health	132	⦿	6.8	$8,168	42	⦿	8.1	$10,503	10	⦿	10.6	$14,563
Windber & Wheeling	52	⦿	5.7	$7,183	32	⦿	6.9	$9,042	16	●	4.8	$5,172
Southern Allegheny	1,539		6.1	$8,224	484		8.3	$11,201	260		6.8	$10,481
Statewide	33,728		6.1	$10,685	13,574		8.5	$16,697	7,057		6.7	$14,609

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* Did not submit required data.

** Had fewer than five cases evaluated.

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SOUTHERN ALLEGHENY 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
Altoona	53	⦿	4.3	$5,878	42	●	7.9	$12,128	103	⦿	8.2	$10,931
Bon Secours Holy Family	24	⦿	4.6	$5,550	40	⦿	7.0	$8,863	53	⦿	7.7	$9,286
Conemaugh Valley Memorial	75	⦿	4.1	$7,630	52	⦿	6.5	$13,445	165	⦿	7.3	$13,077
Good Samaritan - Johnstown	13	⦿	4.2	$6,457	14	⦿	8.5	$17,516	34	⦿	6.7	$11,580
Indiana	54	⦿	5.0	$7,013	52	⦿	6.3	$10,294	70	⦿	7.0	$10,296
Lee	53	⦿	5.0	$4,459	79	⦿	7.7	$10,492	107	⦿	8.5	$9,047
Memorial - Bedford	22	⦿	3.3	$4,753	3	**Not Rated			17	⦿	4.9	$8,924
Meyersdale Community	6	⦿	3.4	$3,228	13	*Non-Compliant			13	⦿	6.4	$8,194
Nason	11	⦿	3.5	$3,249	7	**Not Rated			25	⦿	6.0	$5,351
Somerset Center for Health	24	*Non-Compliant			28	⦿	8.1	$8,479	27	⦿	7.6	$10,162
Windber & Wheeling	8	⦿	4.8	$5,182	25	⦿	6.1	$8,037	59	⦿	6.0	$8,294
Southern Allegheny	378		4.4	$5,825	365		7.1	$10,541	696		7.3	$10,305
Statewide	8,970		4.4	$7,703	7,345		6.7	$13,671	18,199		7.4	$13,909

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SOUTHERN ALLEGHENY 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
Altoona	111	⦿	5.0	$7,661	85	○	11.6	$24,152	57	⦿	5.7	$12,720
Bon Secours Holy Family	65	⦿	4.8	$7,180	54	●	11.0	$20,582	37	⦿	5.8	$10,960
Conemaugh Valley Memorial	182	⦿	5.1	$9,808	98	⦿	10.8	$32,741	85	⦿	7.7	$20,477
Good Samaritan - Johnstown	35	⦿	4.7	$7,917	33	⦿	11.7	$30,574	4	**Not	Rated	
Indiana	118	⦿	4.9	$8,208	66	●	9.0	$23,767	66	⦿	5.7	$17,470
Lee	79	⦿	5.0	$7,007	43	⦿	13.0	$23,597	44	⦿	6.9	$13,789
Memorial - Bedford	42	⦿	3.4	$5,267	25	⦿	8.2	$12,918	19	⦿	4.3	$8,332
Meyersdale Community	27	⦿	4.0	$5,548	0				1	**Not	Rated	
Nason	18	⦿	3.9	$5,003	25	⦿	12.0	$17,589	19	⦿	7.0	$11,605
Somerset Center for Health	52	⦿	5.8	$7,700	31	⦿	10.6	$19,662	33	⦿	6.6	$12,455
Windber & Wheeling	47	⦿	4.8	$5,736	20	⦿	9.1	$17,226	11	⦿	8.2	$13,362
Southern Allegheny	820		4.9	$7,633	507		10.8	$23,861	399		6.5	$14,777
Statewide	19,579		4.7	$9,714	15,619		10.7	$31,416	10,080		6.6	$17,199

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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.)

Miners Hospital of Northern Cambria

Tyrone Hospital

Hospital Name Changes and/or Mergers

Lee Hospital's name changed to UPMC, Lee Regional Hospital in 1998.

Memorial Hospital of Bedford County's name changed to UPMC, Bedford in 1998.

Windber Hospital and Wheeling Clinic's name changed to Windber Medical Center in 1998.

Good Samaritan Medical Center/Johnstown merged into Conemaugh Valley Memorial Hospital in 1998.

PHC4 wishes to acknowledge the hard work performed by the overwhelming majority of Pennsylvania hospitals in meeting the requirements of Act 89.

FOR MORE INFORMATION...

Please contact the Pennsylvania Health Care Cost Containment Council at:

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Harrisburg, PA 17101

Phone 717-232-6787

Fax 717-232-3821

www.phc4.org

The following additional information can be found on our web site -- 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.

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