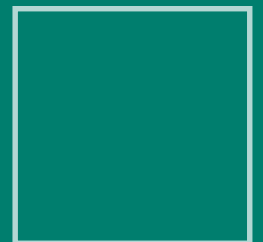
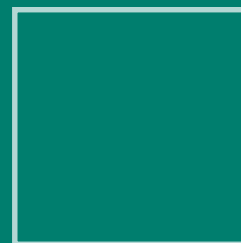


A HOSPITAL PERFORMANCE REPORT

15 COMMON MEDICAL PROCEDURES AND TREATMENTS

NORTHEASTERN PENNSYLVANIA - REGION 6



Pennsylvania Health Care
Cost Containment Council
1999

A Pennsylvania Hospital Performance Report

15 Common Medical Procedures and Treatments

TABLE OF CONTENTS

Foreword.....	1
What is the purpose of this report?.....	1
What is included in the report?.....	1
What is a DRG?.....	2
Where does the data come from?.....	2
What is meant by risk-adjusted?.....	2
What is measured in the report and why is it important?.....	2
Hospital charges.....	3
Understanding the tables.....	3
What is meant by non-compliance?.....	4
Final Words - How to use the report.....	4
Diagnosis Related Group (DRG) Tables.....	5-9
Heart Attack (DRGs 121,122,123).....	5
Heart Failure and Shock (DRG 127).....	5
Major Vessel Operations except Heart (DRG 110).....	5
Vascular Operations except Heart (DRG 478).....	6
Vascular Disorders except Heart (DRG 130).....	6
Stroke (DRG 14).....	6
Adult Pneumonia (DRG 89).....	7
Adult Lung Infections (DRG 79).....	7
Lung Cancer (DRG 82).....	7
Adult Diabetes (DRG 294).....	8
Kidney Failure (DRG 316).....	8
Adult Septicemia (DRG 416).....	8
Gastrointestinal Bleeding (DRG 174).....	9
Major Intestinal Procedures (DRG 148).....	9
Hip Operations except Replacement (DRG 210).....	9
Diagnosis Related Group (DRG) Descriptions.....	10

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:

Bradford	Sullivan
Lackawanna	Susquehanna
Luzerne	Wayne
Monroe	Wyoming
Pike	

- ◆ 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 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.

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.

NORTHEASTERN 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
Barnes-Kasson	22	⊙	4.6	\$8,289	84	⊙	7.5	\$7,348	0			
Geisinger - Wyoming Valley	141	⊙	5.7	\$8,405	205	⊙	5.6	\$7,045	20	⊙	8.2	\$25,332
Hazleton General	160	●	7.9	\$15,254	338	⊙	6.9	\$10,429	14	⊙	14.0	\$34,959
Hazleton Saint Joseph	84	●	7.0	\$16,066	221	⊙	6.4	\$10,905	9	⊙	12.9	\$31,121
Marian Community	89	⊙	7.8	\$11,256	221	⊙	5.7	\$6,648	4	**Not	Rated	
Memorial - Towanda	74	⊙	5.7	\$9,017	51	⊙	4.5	\$5,316	0			
Mercy - Scranton	255	⊙	6.8	\$14,286	569	⊙	6.3	\$9,564	91	⊙	9.9	\$34,230
Mercy - Wilkes-Barre	293	⊙	7.1	\$13,354	497	⊙	6.2	\$9,112	22	⊙	11.7	\$33,835
Mid-Valley	85	⊙	6.7	\$9,513	102	⊙	5.7	\$6,508	0			
Montrose General	41	⊙	4.8	\$5,243	95	⊙	5.4	\$4,251	0			
Moses Taylor	199	⊙	7.5	\$14,947	428	⊙	5.9	\$9,442	28	⊙	9.5	\$35,455
Pocono	280	⊙	7.9	\$11,796	441	⊙	5.6	\$7,515	21	⊙	8.0	\$19,358
Robert Packer	166	⊙	5.5	\$9,227	334	⊙	5.1	\$6,854	111	⊙	8.8	\$28,545
Tyler Memorial	68	⊙	6.9	\$9,500	116	⊙	4.5	\$5,349	3	**Not	Rated	
WVHCS-Hospital	374	⊙	7.4	\$12,953	794	⊙	6.7	\$9,270	102	⊙	10.5	\$33,690
Wayne Memorial	123	⊙	6.4	\$9,721	128	⊙	5.4	\$6,542	14	⊙	10.0	\$28,287
Northeastern Pennsylvania	2,693		6.9	\$12,453	4,956		6.0	\$8,504	480		9.7	\$31,186
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.

NORTHEASTERN 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
Barnes-Kasson	0				8	●	6.1	\$5,617	32	●	6.3	\$7,933
Geisinger - Wyoming Valley	44	○	8.4	\$19,395	68	○	6.1	\$5,689	134	○	6.3	\$8,009
Hazleton General	21	●	10.1	\$22,312	46	●	7.1	\$8,414	113	●	8.7	\$12,420
Hazleton Saint Joseph	21	●	13.7	\$34,715	54	●	6.6	\$9,529	77	○	7.4	\$12,215
Marian Community	10	●	7.5	\$13,466	20	●	6.1	\$6,983	102	○	7.5	\$8,347
Memorial - Towanda	1	**Not Rated			6	●	5.2	\$4,559	19	○	5.8	\$5,910
Mercy - Scranton	78	●	8.7	\$23,077	62	●	6.6	\$8,174	258	○	7.5	\$12,177
Mercy - Wilkes-Barre	88	●	7.9	\$20,141	65	●	6.4	\$9,288	206	○	7.5	\$11,739
Mid-Valley	0				11	○	7.4	\$6,183	24	○	8.0	\$8,828
Montrose General	0				7	*Non-Compliant			26	○	4.2	\$3,074
Moses Taylor	142	●	8.3	\$21,338	66	●	5.6	\$7,883	182	○	6.8	\$10,373
Pocono	66	●	7.4	\$16,137	31	●	4.9	\$5,199	238	○	6.7	\$9,658
Robert Packer	102	●	5.5	\$15,480	50	●	5.8	\$6,626	184	○	6.5	\$8,002
Tyler Memorial	7	●	8.0	\$15,484	9	●	4.2	\$4,892	64	○	5.1	\$6,639
WVHCS-Hospital	178	●	10.6	\$24,661	95	●	6.1	\$8,403	453	○	8.3	\$11,503
Wayne Memorial	16	●	9.9	\$18,225	34	●	7.5	\$5,709	60	○	8.5	\$10,041
Northeastern Pennsylvania	832		8.6	\$21,585	697		6.2	\$7,492	2,445		7.3	\$10,480
Statewide	11,503		6.8	\$26,069	9,413		5.8	\$9,412	29,903		6.3	\$12,601

- 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.

NORTHEASTERN 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
Barnes-Kasson	53	●	7.8	\$7,247	7	●	7.3	\$7,103	9	●	8.9	\$7,094
Geisinger - Wyoming Valley	125	●	6.4	\$7,878	27	●	10.7	\$13,615	27	●	9.0	\$12,019
Hazleton General	231	●	8.0	\$11,709	60	●	13.0	\$20,101	19	●	10.8	\$17,363
Hazleton Saint Joseph	124	●	7.3	\$12,183	27	●	8.9	\$16,847	13	●	8.8	\$25,188
Marian Community	134	●	7.0	\$8,521	40	●	10.1	\$11,087	17	●	5.2	\$9,151
Memorial - Towanda	43	●	4.9	\$5,896	5	*Non-Compliant			6	●	5.6	\$8,910
Mercy - Scranton	322	○	7.4	\$11,334	118	●	9.9	\$14,357	71	●	8.4	\$13,081
Mercy - Wilkes-Barre	186	●	6.7	\$10,003	47	●	10.7	\$16,621	51	●	7.4	\$14,323
Mid-Valley	38	●	7.1	\$8,685	19	●	7.3	\$9,011	2	**Not Rated		
Montrose General	68	●	5.5	\$4,609	5	●	3.8	\$3,800	7	●	4.4	\$2,851
Moses Taylor	194	●	6.5	\$10,849	66	●	7.8	\$14,319	28	●	6.6	\$11,259
Pocono	281	●	6.9	\$9,067	68	●	11.2	\$14,810	26	●	9.6	\$10,642
Robert Packer	206	●	5.8	\$7,137	57	●	9.9	\$11,588	49	●	6.5	\$7,344
Tyler Memorial	107	●	5.6	\$6,047	13	●	7.9	\$10,723	7	●	6.7	\$10,045
WVHCS-Hospital	413	●	7.2	\$10,379	169	●	9.4	\$13,487	75	●	7.5	\$15,102
Wayne Memorial	93	●	7.5	\$8,665	48	●	9.6	\$13,439	8	●	5.2	\$6,168
Northeastern Pennsylvania	2,836		6.9	\$9,615	826		9.7	\$14,080	438		7.8	\$12,561
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.

NORTHEASTERN 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
Barnes-Kasson	19	●	6.9	\$6,177	9	●	4.0	\$5,567	13	*Non-Compliant		
Geisinger - Wyoming Valley	44	●	4.6	\$4,978	27	●	7.3	\$8,753	83	●	7.7	\$9,956
Hazleton General	46	●	5.3	\$6,494	28	●	9.6	\$15,262	88	●	8.2	\$13,537
Hazleton Saint Joseph	31	●	4.8	\$6,485	11	●	7.8	\$9,191	51	●	7.7	\$13,338
Marian Community	27	●	5.4	\$4,380	45	●	7.1	\$8,341	44	●	10.0	\$10,290
Memorial - Towanda	15	●	4.1	\$3,613	3	**Not Rated			17	●	6.9	\$6,613
Mercy - Scranton	45	●	5.6	\$5,603	65	●	8.7	\$13,530	142	●	8.8	\$14,312
Mercy - Wilkes-Barre	54	●	4.7	\$5,900	37	●	8.4	\$13,816	116	●	8.9	\$14,486
Mid-Valley	7	●	2.7	\$2,620	16	●	6.7	\$7,435	19	●	8.2	\$9,701
Montrose General	14	●	3.2	\$2,014	3	**Not Rated			6	**Not Rated		
Moses Taylor	53	●	4.6	\$6,258	67	●	6.7	\$13,148	134	●	7.7	\$12,190
Pocono	56	●	5.1	\$5,512	24	●	5.4	\$6,621	96	●	7.7	\$9,834
Robert Packer	42	●	3.7	\$5,336	27	●	7.5	\$10,313	65	●	7.7	\$11,059
Tyler Memorial	16	●	5.2	\$5,413	9	●	4.3	\$7,511	32	●	5.8	\$6,299
WVHCS-Hospital	113	●	5.5	\$7,194	66	●	8.2	\$13,115	194	●	8.1	\$12,539
Wayne Memorial	32	●	4.9	\$4,652	19	●	7.0	\$12,094	42	●	7.8	\$8,722
Northeastern Pennsylvania	665		5.0	\$5,824	506		7.6	\$11,665	1,242		8.2	\$12,173
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.

NORTHEASTERN 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
Barnes-Kasson	22	●	5.2	\$6,507	8	●	12.3	\$16,520	0			
Geisinger - Wyoming Valley	99	●	4.7	\$6,048	89	●	12.0	\$19,649	45	●	6.2	\$10,263
Hazleton General	115	●	6.1	\$9,491	68	●	14.0	\$30,179	57	●	10.5	\$18,701
Hazleton Saint Joseph	57	●	6.3	\$10,092	39	●	14.7	\$41,773	49	●	11.3	\$23,753
Marian Community	63	●	5.2	\$6,906	45	●	10.1	\$21,225	32	●	5.7	\$10,654
Memorial - Towanda	31	●	4.4	\$5,146	24	●	11.0	\$18,106	24	●	4.8	\$11,608
Mercy - Scranton	168	●	5.9	\$9,865	138	●	12.0	\$26,446	101	●	7.3	\$16,603
Mercy - Wilkes-Barre	135	●	4.8	\$7,808	103	●	12.9	\$29,932	75	●	6.9	\$13,970
Mid-Valley	28	●	4.9	\$5,714	23	●	10.5	\$18,117	12	●	7.1	\$10,348
Montrose General	18	●	4.7	\$4,889	2	**Not Rated			0			
Moses Taylor	122	●	4.7	\$7,482	98	●	11.6	\$28,927	61	●	7.9	\$17,175
Pocono	110	●	4.9	\$7,189	99	●	10.8	\$18,628	88	●	8.0	\$12,651
Robert Packer	103	●	4.1	\$6,495	126	●	10.8	\$17,595	65	●	6.6	\$11,564
Tyler Memorial	22	●	3.2	\$5,128	26	●	10.1	\$21,247	12	●	6.6	\$9,837
WVHCS-Hospital	321	●	4.8	\$7,844	201	●	13.1	\$30,246	150	●	7.7	\$13,646
Wayne Memorial	60	●	5.3	\$6,106	34	●	13.3	\$29,118	31	●	9.4	\$16,227
Northeastern Pennsylvania	1,650		5.0	\$7,792	1,206		12.0	\$25,569	892		7.7	\$15,043
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.)

*Community Medical Center/Scranton

Troy Community Hospital

* Now compliant effective for the 3rd Quarter 1998 data reporting period. PHC4 wishes to acknowledge the hard work performed by the overwhelming majority of Pennsylvania hospitals in meeting the requirements of Act 89.

Hospital Name Changes and/or Mergers

No name changes or mergers for Region 6.

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

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.*

Report Number: 99-07/13-11/6