

## Hospital Performance Report October 1, 2022 through September 30, 2023 Data

## **Sepsis**

## **Table Notes**

**Sepsis:** A system-wide inflammatory response to infection that can worsen and include life-threatening acute organ dysfunction.

**Total Number of Cases** includes all inpatient hospitalizations, after exclusions, for patients 18 years and older who were treated for a principal diagnosis of sepsis. Patients with a diagnosis of COVID-19 that was present on admission were excluded, as well as those who were transferred to another acute care hospital or left against medical advice.

**Mortality** represents patients who died during the hospital stay.

**Readmission** represents patients who were readmitted to a Pennsylvania general or specialty general acute care hospital within 30 days of the discharge date of the original hospitalization. Out-of-state residents were excluded because readmission data was not available for patients readmitted to a non-Pennsylvania hospital. Planned readmissions were not counted.

**Average Hospital Charge** represents the entire length of stay and is trimmed and case-mix adjusted. Professional fees were not included. In almost all cases, hospitals typically receive actual payments from private insurers or government payers that are considerably less than the listed charge.

## **Understanding the Symbols**

The symbols displayed in this report represent a comparison of a hospital's actual mortality (or readmission) rate to what is expected, after accounting for patient risk.

The  $\bigcirc$  symbol indicates the **hospital's rate was significantly lower than expected.** Fewer patients died (or were readmitted) than could be attributed to patient risk and random variation.

The • symbol indicates the **hospital's rate was not significantly different than expected.**The number of patients who died (or were readmitted) was within the range anticipated based on patient risk and random variation.

The symbol indicates the **hospital's rate was significantly higher than expected.** More patients died (or were readmitted) than could be attributed to patient risk and random variation.

See About the Report section or Technical Notes for further details.