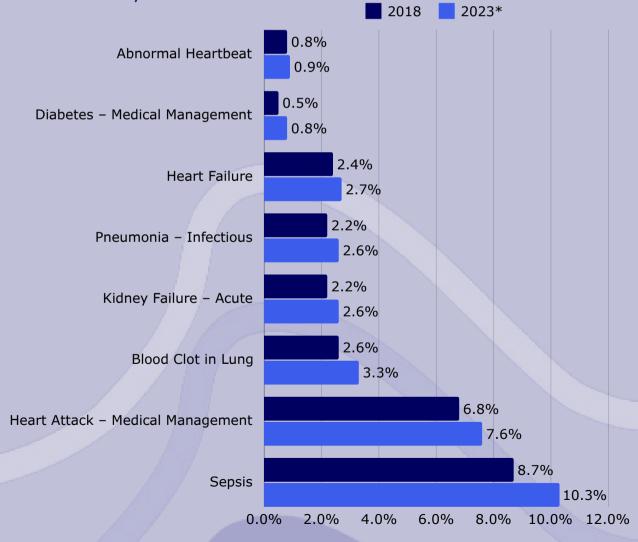
Hospital Performance Report October 1, 2022 through September 30, 2023 Data

Summary and Highlights

The 2023 *Hospital Performance Report (HPR)*, produced by the Pennsylvania Health Care Cost Containment Council (PHC4), provides information about the performance of Pennsylvania hospitals for 17 common medical conditions. Reported are hospital-specific mortality and 30-day readmission ratings, as well as volume of cases and hospital charges for patients discharged from October 1, 2022 through September 30, 2023, which is federal fiscal year (FFY) 2023. Changes in statewide rates across time are also examined.

In-Hospital Mortality Rates

Statewide in-hospital mortality rates showed a statistically significant <u>increase</u> from FFY 2018 to FFY 2023 in eight of the 16 conditions reported. The largest increase was in Sepsis, where the mortality rate increased from 8.7% in FFY 2018 to 10.3% in FFY 2023. None of the conditions showed a statistically significant <u>decrease</u> in the in-hospital mortality rate during this time period. The mortality rate was not reported for one condition, Chest Pain, due to low statewide mortality.



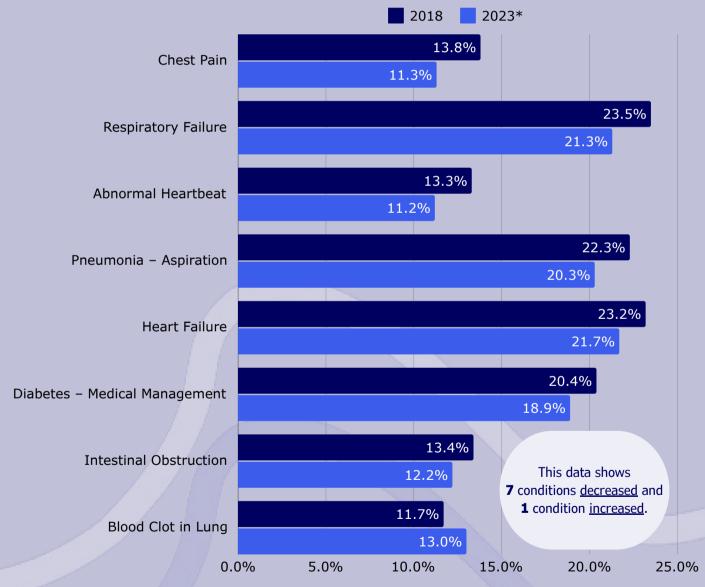
^{*}Cases with a COVID-19 diagnosis that was present on admission were excluded in 2023.

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30-Day Readmission Rates

Statewide 30-day readmission rates showed a statistically significant <u>increase</u> from FFY 2018 to FFY 2023 in one of the 17 conditions reported. The increase was in Blood Clot in Lung, where the readmission rate increased from 11.7% in FFY 2018 to 13.0% in FFY 2023. Statewide 30-day readmission rates showed a statistically significant <u>decrease</u> from FFY 2018 to FFY 2023 in seven of the 17 conditions reported. The largest decrease was in Chest Pain, where the readmission rate decreased from 13.8% in FFY 2018 to 11.3% in FFY 2023.



^{*}Cases with a COVID-19 diagnosis that was present on admission were excluded in 2023. Planned readmissions were excluded from the analysis. Please refer to the Technical Notes at phc4.org for more information.