

2011 Data

12 Common Medical Conditions
and Surgical Procedures



Hospital Performance Report



Central & Northeastern Pennsylvania

December 2012

Pennsylvania Health Care
Cost Containment Council



About PHC4

The Pennsylvania Health Care Cost Containment Council (PHC4) is an independent state agency charged with collecting, analyzing and reporting information that can be used to improve the quality and restrain the cost of health care in the state. It was created in the mid-1980s when Pennsylvania businesses and labor unions, in collaboration with other key stakeholders, joined forces to pass market-oriented health care reforms. As a result of their efforts, the General Assembly passed legislation (Act 89 of 1986) creating PHC4.

The primary goal is to empower purchasers of health care benefits, such as employers or labor union health and welfare funds, with information they can use to improve quality and restrain costs. More than 750,000 public reports on patient treatment results are downloaded from the PHC4 website each year. Additionally, nearly 100 organizations and individuals annually acquire data that is tailored to their specific needs through PHC4's special requests process. Today, PHC4 is a recognized national leader in public health care reporting.

It is governed by a 25-member board of directors, representing business, labor, consumers, health care providers, insurers, and state government.

Scan this Quick Response Code with your smartphone (using a QR code reader app) or visit www.phc4.org to learn more about PHC4.



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Additional Information on the PHC4 Website

Hospitals may have commented on this report. Comments are available on the PHC4 website at www.phc4.org or by request.

Technical information about the methodology and the calculations used for this report is detailed in a supplement, the **Technical Notes**, which is accessible from the website.

Hospital specific data details for each of the three regional versions of this report are available in a collective format, as **Downloadable Data Sets**, which can be accessed from the website.



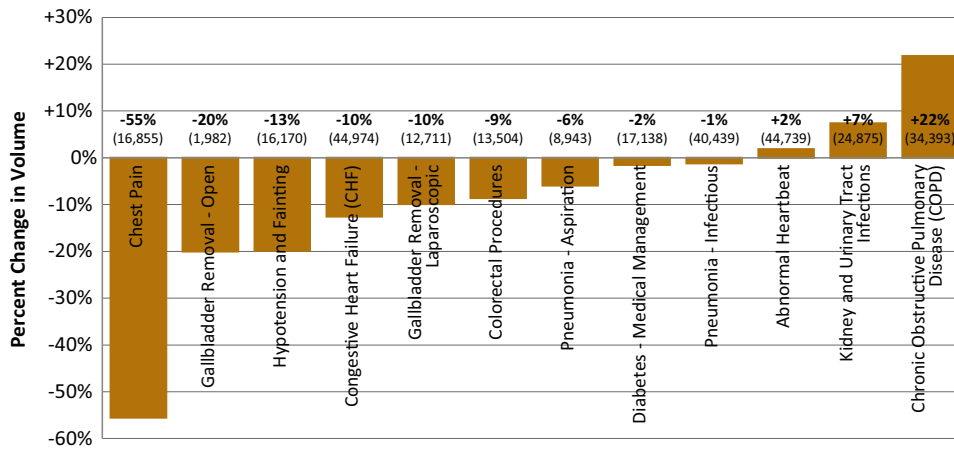
Counties included in Central and Northeastern PA:

Adams
Bradford
Centre
Clinton
Columbia
Cumberland
Dauphin
Franklin
Fulton
Huntingdon
Juniata
Lackawanna
Lancaster
Lebanon
Luzerne
Lycoming
Mifflin
Monroe
Montour
Northumberland
Perry
Pike
Snyder
Sullivan
Susquehanna
Tioga
Union
Wayne
Wyoming
York

Key Findings

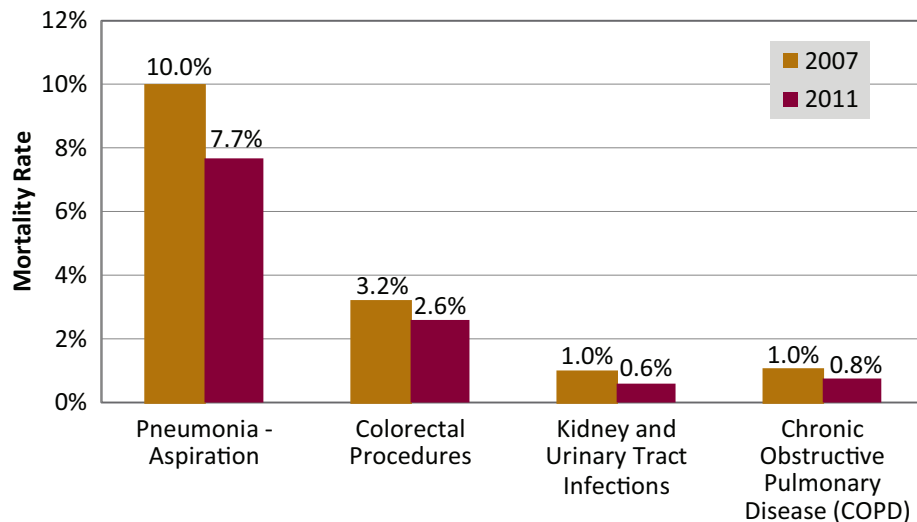
Volume of Hospital Admissions

- The following chart shows the statewide percent change in volume, from 2007 to 2011, for each of the 12 conditions and procedures included in this report (admission totals in 2011 are shown in parentheses). Chest Pain had the largest percentage decrease in volume (-55%) from 37,868 admissions in 2007 to 16,855 admissions in 2011. Chronic Obstructive Pulmonary Disease (COPD) had the largest percentage increase in volume (+22%) from 28,251 admissions in 2007 to 34,393 admissions in 2011.



Mortality Rates

- Statewide in-hospital mortality rates showed a statistically significant decrease in 4 of the 12 conditions between 2007 and 2011. Of these, the largest decrease was in Pneumonia - Aspiration, where the mortality rate dropped from 10.0% in 2007 to 7.7% in 2011. Other reported conditions and procedures showed no significant difference.

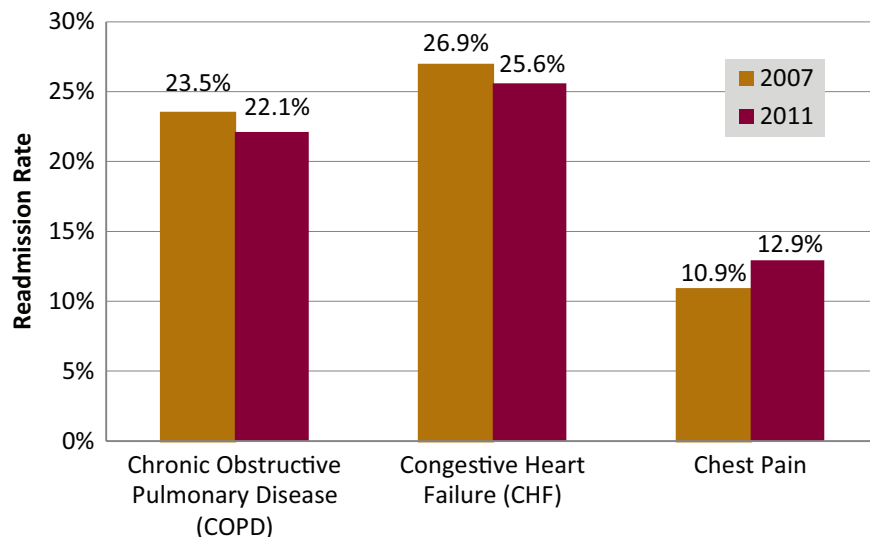


Key Findings

- After accounting for patient risk, the mortality rates for hospitals in the Central and Northeastern Pennsylvania region as a whole were not significantly different than the rest of the state for any of the reported conditions or procedures.

Readmissions for Any Reason

- Statewide readmission rates showed a statistically significant decrease from 2007 to 2011 in Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF). Chest Pain was the only reported condition to show a statistically significant increase in the readmission rate, from 10.9% in 2007 to 12.9% in 2011. Other reported conditions and procedures showed no significant difference.



- After accounting for patient risk, hospitals in the Central and Northeastern Pennsylvania region as a whole had significantly lower readmission rates for Abnormal Heartbeat, Chest Pain, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Hypotension and Fainting, and Kidney and Urinary Tract Infections. Other reported conditions and procedures showed no significant difference.

Medicare Fee-For-Service Payments (2010 data)

- Medicare fee-for-service was the primary payer for 41.7% of Pennsylvania admissions in 2010 for the conditions and procedures in this report, for a total of over \$755 million.
- The condition with the highest average Medicare fee-for-service payment in 2010 was Colorectal Procedures, at \$18,619 per hospitalization. The condition with the lowest average Medicare fee-for-service payment in 2010 was Chest Pain, at \$2,678.

Understanding this Report

What is the purpose of this report?

Before we make a major purchase, we usually gather as much information as we can about the available product or service. By comparing what we 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 product for the best possible price. When it comes to 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 the information vacuum and assist consumers and purchasers in making more informed health care decisions. This report can also serve as an aid to providers in highlighting additional opportunities for quality improvement and cost containment. It should not be used in emergency situations.



About this report

- This report includes hospital-specific outcomes for 12 medical conditions and surgical procedures, as defined by ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) codes and/or Diagnosis-Related Groups (DRGs). Technical Notes relevant to this report provide additional detail. They are posted to PHC4's website at www.phc4.org.
- This report covers inpatient hospital discharges during calendar year 2011.
- This report is divided into three regional versions: Western PA, Central and Northeastern PA, and Southeastern PA.
- All Pennsylvania general acute care and most specialty general acute care hospitals are included. Children's hospitals and some specialty hospitals are not reported because they typically treat few cases relevant to the conditions and procedures included in this report. Hospitals that closed or merged with other facilities during the study period are not reported.
- The hospital names have been shortened in many cases for formatting purposes. Hospital names may be different today than during the time period covered in this report due to mergers and name changes. A list of changes can be found on the PHC4 website at www.phc4.org.

Where does the data come from?

The hospital discharge data compiled for this report was submitted to PHC4 by Pennsylvania hospitals. The data was subject to standard validation processes by PHC4 and verified for accuracy by the hospitals at the individual case level. The Medicare fee-for-service payment data was obtained from the Centers for Medicare and Medicaid Services.

Understanding this Report

Accounting for high-risk patients

Included in the data PHC4 receives from Pennsylvania hospitals is information indicating, in simple terms, “how sick the patient was” – information that is used to account for high-risk patients. Even though two patients may be admitted to the hospital with the same illness, there may be differences in the seriousness of their conditions. In order to report fair comparisons among hospitals, PHC4 uses a complex mathematical formula to risk-adjust the mortality and readmission data included in this report, meaning that hospitals receive “extra credit” for treating patients who are more seriously ill or at a greater risk than others. Risk-adjusting the data is important because sicker patients may be more likely to die or be readmitted.

PHC4 uses clinical laboratory data, patient characteristics such as age and gender, and billing codes that describe the patient’s medical conditions such as the presence of cancer, diabetes, etc. to calculate risk for the patients in this report. A comprehensive description of the risk-adjustment techniques used for this report can be found in the Technical Notes on PHC4’s website at www.phc4.org.

PHC4 previously relied on a third-party vendor to collect the clinical laboratory data used in risk-adjustment and to build statistical models for calculating severity scores for each patient. In 2011, hospitals began submitting the clinical laboratory data directly to PHC4. This report is the first issued by PHC4 since this transition. PHC4 has developed statistical models for 12 medical conditions and surgical procedures. Other conditions and procedures, as well as other measures, will be included in future reports as additional models are completed.

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

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. There may be a number of ways to define quality; however, for the purposes of this report, the following measures are suggested.

- **Volume of Cases** – For each hospital, the number of cases for each condition, after exclusions, 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 volume of cases treated by a physician or hospital can be a factor in the success of the treatment. The number of cases represents separate hospital admissions, not individual patients. A patient admitted several times would be included each time in the number of cases. Outcome data are not reported for hospitals that had fewer than five cases evaluated for a measure; such low volume cannot be considered meaningful and, as such, the outcome data are not displayed. Not Reported (NR) appears in the table when this occurs.

Note: Small or specialty hospitals may report low volume due to the unique patient population they serve or geographic location.

Understanding this Report

- **Risk-Adjusted Mortality** – This measure is reported as a statistical rating that represents the number of patients who died during the hospital stay. To determine the mortality rating, PHC4 compares the number of patients one could reasonably expect to die in a given hospital in a given condition, after accounting for patient risk, with the actual number of deaths. (Please see “Understanding the Symbols” box on this page.) PHC4 has used risk-adjusted mortality statistics as a measure of quality since it began publishing reports in 1989. The mortality analysis includes Do Not Resuscitate (DNR) cases. Since DNR is defined and utilized differently across Pennsylvania hospitals, such records are retained in the analysis to avoid potential biases in mortality ratings.
- **Risk-Adjusted Readmissions** – This measure is reported as a statistical rating that represents the number of patients who were readmitted following their initial hospital stay. A readmission is defined as a subsequent acute care hospitalization, for any reason in any Pennsylvania hospital, where the admit date is within 30 days of the discharge date of the original hospitalization. To determine the risk-adjusted readmission rating, PHC4 compares the number of patients one could reasonably expect to be readmitted, after accounting for patient risk, with the actual number of readmissions. (Please see “Understanding the Symbols” box on this page.) The readmission measure is not reported for conditions or procedures that are likely to result in a high number of planned readmissions. While some re-hospitalizations can be expected, high quality care may lessen the need for subsequent hospitalizations.
- **Case-Mix Adjusted Hospital Charges** – This report also includes the average hospital charge for each of the 12 conditions and procedures. The average charge reported is for the entire length of the hospital stay. It does not include professional fees (e.g., physician fees) or other additional post-discharge costs,

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital’s actual rate to what is expected after accounting for patient risk.

Symbol	Description	Explanation
○	Hospital’s rate was significantly lower than expected.	Fewer patients died or were readmitted than could be attributed to patient risk and random variation.
◉	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.
●	Hospital’s rate was significantly higher than expected.	More patients died or were readmitted than could be attributed to patient risk and random variation.

Understanding this Report

such as rehabilitation treatment, long-term care and/or home health care. The average charge was adjusted for the mix of cases that was specific to each hospital. (For more information, please refer to the Technical Notes at www.phc4.org). 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.

- **Medicare Fee-for-Service Payments** – In a separate section, average statewide Medicare fee-for-service payments are displayed for the 12 medical conditions/surgical procedures included in this report. This information is also broken down by the MS-DRGs (Medicare Severity – Diagnosis-Related Group) associated with each condition/procedure. The most recent data available to PHC4 was for calendar year 2010.

How to use this report

- **Patients/Consumers** can use this report as an aid in making decisions about where to seek treatment for the conditions 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.
- **Policymakers/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 exist in the quality and efficiency of care.

This report can be used as a tool. It 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. 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 the patient can still die. However, the statistical methods used for this report eliminate many of the clinical and medical differences among the patients in different hospitals, thereby allowing us to explore the real differences in the measures presented. 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.

Abnormal Heartbeat

Abnormal Heartbeat

Includes abnormalities in the heart rate (how fast or slow the heart beats) and/or the heart rhythm (how regular/steady the heart beats). Common examples include tachycardia (too fast), bradycardia (too slow), and atrial fibrillation (too fast and irregular).

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

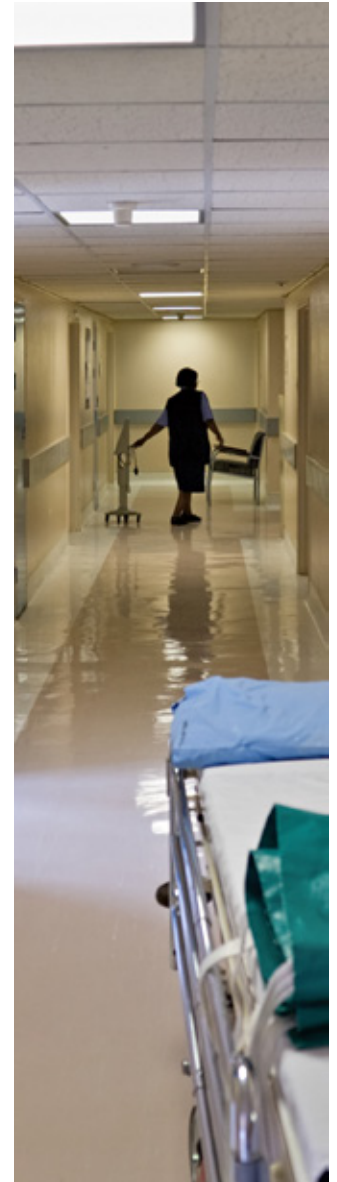
- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported. Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	44,739	0.8%	14.9%	\$37,994
Central & Northeastern PA	10,925	0.9%	13.8%	\$25,330
Barnes-Kasson County	14	◉	◉	\$22,907
Berwick	70	◉	◉	\$40,291
Bloomsburg	58	◉	◉	\$27,685
Bucktail	0	NR	NR	NR
Carlisle Regional	140	◉	○	\$30,831
Chambersburg	391	◉	◉	\$26,652
Community/Scranton	358	◉	◉	\$25,952
Ephrata Community	188	◉	○	\$28,406
Evangelical Community	202	◉	◉	\$12,960
Fulton County	26	◉	◉	\$19,106
Geisinger Wyoming Valley	353	◉	○	\$33,555
Geisinger/Danville	440	◉	○	\$31,960
Gettysburg	133	◉	◉	\$21,763
Good Samaritan/Lebanon	312	◉	◉	\$28,563
Hanover	154	◉	◉	\$16,690
Hazleton General	173	◉	◉	\$29,212
Heart of Lancaster	60	◉	◉	\$35,681
Holy Spirit	504	◉	◉	\$26,160
J C Blair Memorial	62	◉	◉	\$17,697
Jersey Shore	39	◉	◉	\$15,737
Lancaster General	1,397	○	◉	\$29,559
Lancaster Regional	110	◉	◉	\$39,230

Abnormal Heartbeat

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	206	⊙	⊙	\$13,265
Lock Haven	28	⊙	⊙	\$32,004
Memorial York	130	⊙	⊙	\$22,983
Memorial/Towanda	25	⊙	⊙	\$21,596
Mid-Valley	19	⊙	⊙	\$21,350
Milton S Hershey	393	⊙	⊙	\$24,533
Montrose General	14	⊙	⊙	\$8,181
Moses Taylor	170	⊙	⊙	\$32,564
Mount Nittany	266	⊙	⊙	\$22,622
Muncy Valley	13	⊙	⊙	\$10,321
Pinnacle Health	698	●	⊙	\$19,730
Pocono	372	⊙	⊙	\$27,440
Regional Scranton	509	⊙	⊙	\$27,214
Robert Packer	785	⊙	⊙	\$18,852
Soldiers & Sailors	46	⊙	⊙	\$14,953
Sunbury Community	27	⊙	⊙	\$28,586
Troy Community	12	⊙	⊙	\$7,651
Tyler Memorial	35	⊙	⊙	\$21,911
Wayne Memorial	80	⊙	⊙	\$15,134
Waynesboro	55	⊙	⊙	\$28,112
Wilkes-Barre General	531	⊙	⊙	\$37,059
Williamsport Regional	410	⊙	⊙	\$21,536
York	775	⊙	⊙	\$18,802



Chest Pain

Chest Pain

Pain in the chest that is not related to the heart (non-cardiac chest pain). Common causes for this type of chest pain include gastric reflux (“heartburn”), pleurisy (inflammation of the membrane around the lungs), and problems with the ribs and muscles of the chest.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital’s actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported. Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	16,855	0.1%	12.9%	\$19,451
Central & Northeastern PA	2,828	0.2%	10.7%	\$13,248
Barnes-Kasson County	29	◉	◉	\$6,140
Berwick	65	◉	◉	\$17,028
Bloomsburg	12	◉	◉	\$13,249
Bucktail	0	NR	NR	NR
Carlisle Regional	35	◉	◉	\$15,724
Chambersburg	78	◉	◉	\$13,276
Community/Scranton	241	◉	◉	\$12,422
Ephrata Community	24	◉	◉	\$15,723
Evangelical Community	20	◉	◉	\$6,207
Fulton County	17	◉	◉	\$7,747
Geisinger Wyoming Valley	48	◉	◉	\$19,438
Geisinger/Danville	73	◉	◉	\$20,002
Gettysburg	37	◉	◉	\$12,763
Good Samaritan/Lebanon	72	◉	◉	\$9,812
Hanover	21	◉	◉	\$10,936
Hazleton General	35	◉	◉	\$20,752
Heart of Lancaster	19	◉	◉	\$18,837
Holy Spirit	271	●	◉	\$16,865
J C Blair Memorial	40	◉	◉	\$8,070
Jersey Shore	6	◉	◉	\$6,817
Lancaster General	157	◉	◉	\$15,799
Lancaster Regional	31	◉	◉	\$17,467

Chest Pain

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	30	⊙	⊙	\$9,757
Lock Haven	4	NR	NR	NR
Memorial York	14	⊙	⊙	\$11,902
Memorial/Towanda	18	⊙	●	\$8,839
Mid-Valley	1	NR	NR	NR
Milton S Hershey	54	⊙	⊙	\$13,020
Montrose General	31	⊙	⊙	\$3,614
Moses Taylor	134	⊙	⊙	\$15,010
Mount Nittany	97	⊙	⊙	\$12,735
Muncy Valley	13	⊙	⊙	\$4,421
Pinnacle Health	176	⊙	⊙	\$11,758
Pocono	124	⊙	⊙	\$17,013
Regional Scranton	185	⊙	⊙	\$11,045
Robert Packer	223	⊙	⊙	\$10,146
Soldiers & Sailors	7	⊙	⊙	\$4,939
Sunbury Community	2	NR	NR	NR
Troy Community	0	NR	NR	NR
Tyler Memorial	16	⊙	⊙	\$8,589
Wayne Memorial	9	⊙	⊙	\$8,344
Waynesboro	10	⊙	⊙	\$15,436
Wilkes-Barre General	130	⊙	⊙	\$16,255
Williamsport Regional	109	⊙	⊙	\$11,033
York	56	●	⊙	\$11,902



Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD)

Chronic damage, inflammation, and narrowing of the airways in the lungs. Common COPD diseases include emphysema and chronic obstructive bronchitis.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

- Rate significantly lower than expected.
- ⊙ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported. Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	34,393	0.8%	22.1%	\$25,431
Central & Northeastern PA	8,012	0.8%	19.7%	\$19,189
Barnes-Kasson County	54	⊙	⊙	\$12,005
Berwick	194	⊙	⊙	\$30,231
Bloomsburg	70	⊙	⊙	\$22,447
Bucktail	7	⊙	⊙	\$10,745
Carlisle Regional	213	⊙	⊙	\$21,078
Chambersburg	264	⊙	○	\$16,156
Community/Scranton	227	⊙	⊙	\$18,563
Ephrata Community	140	⊙	○	\$23,063
Evangelical Community	51	⊙	⊙	\$6,996
Fulton County	64	⊙	⊙	\$18,911
Geisinger Wyoming Valley	260	⊙	⊙	\$24,776
Geisinger/Danville	217	●	⊙	\$30,050
Gettysburg	147	⊙	⊙	\$13,317
Good Samaritan/Lebanon	255	⊙	○	\$18,581
Hanover	81	⊙	⊙	\$13,141
Hazleton General	94	⊙	⊙	\$18,661
Heart of Lancaster	57	⊙	⊙	\$20,644
Holy Spirit	298	⊙	○	\$23,997
J C Blair Memorial	71	⊙	⊙	\$12,289
Jersey Shore	45	⊙	⊙	\$10,360
Lancaster General	479	⊙	○	\$22,450
Lancaster Regional	95	⊙	○	\$25,560

Chronic Obstructive Pulmonary Disease (COPD)

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	241	⊙	⊙	\$10,907
Lock Haven	66	⊙	⊙	\$24,962
Memorial York	186	⊙	⊙	\$14,381
Memorial/Towanda	69	⊙	⊙	\$14,364
Mid-Valley	39	⊙	○	\$23,445
Milton S Hershey	138	●	⊙	\$19,583
Montrose General	81	⊙	●	\$7,594
Moses Taylor	236	⊙	⊙	\$21,751
Mount Nittany	261	●	⊙	\$20,335
Muncy Valley	27	⊙	⊙	\$10,753
Pinnacle Health	354	⊙	⊙	\$15,884
Pocono	468	○	○	\$22,089
Regional Scranton	279	⊙	⊙	\$17,326
Robert Packer	229	⊙	⊙	\$16,396
Soldiers & Sailors	173	⊙	⊙	\$14,011
Sunbury Community	88	⊙	⊙	\$21,197
Troy Community	33	⊙	⊙	\$8,351
Tyler Memorial	116	⊙	⊙	\$17,802
Wayne Memorial	35	⊙	⊙	\$13,588
Waynesboro	135	⊙	⊙	\$16,796
Wilkes-Barre General	575	⊙	⊙	\$26,881
Williamsport Regional	157	⊙	○	\$14,933
York	442	⊙	⊙	\$12,505



Colorectal Procedures

Colorectal Procedures

Surgical procedure performed on the colon (large intestine) and rectum (last section of the large intestine). Reasons for colorectal procedures include cancer and diverticulitis (severe inflammation of large intestine). Common procedures include removal of the rectum or part or all of the large intestine. Does not include patients with abdominal trauma.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

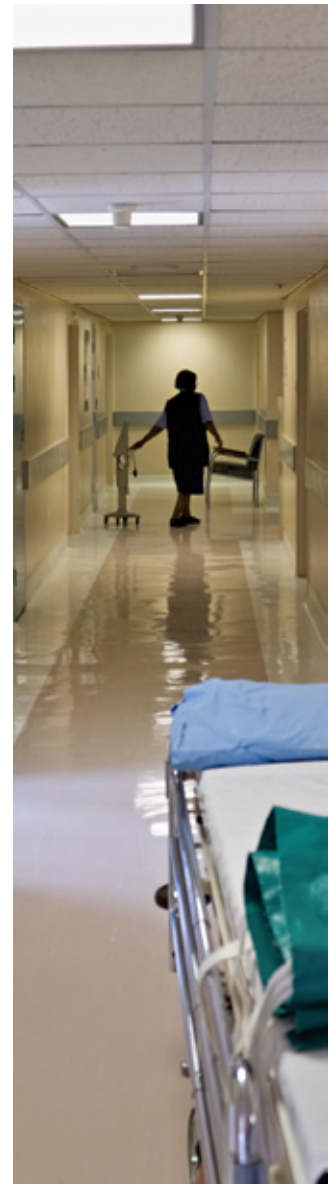
NR Not reported. Fewer than five cases evaluated.

Readmission ratings were not reported for colorectal procedures to avoid counting readmissions that may have been planned for cancer treatment.

Hospital	Cases	Mortality	Average Hospital Charge
TOTAL: Statewide	13,504	2.6%	\$75,475
Central & Northeastern PA	3,677	2.5%	\$51,238
Barnes-Kasson County	1	NR	NR
Berwick	1	NR	NR
Bloomsburg	9	◉	\$61,502
Bucktail	0	NR	NR
Carlisle Regional	72	◉	\$74,977
Chambersburg	134	◉	\$40,478
Community/Scranton	113	◉	\$43,516
Ephrata Community	58	◉	\$50,326
Evangelical Community	78	◉	\$26,698
Fulton County	0	NR	NR
Geisinger Wyoming Valley	124	◉	\$71,334
Geisinger/Danville	274	◉	\$84,195
Gettysburg	59	◉	\$38,013
Good Samaritan/Lebanon	82	◉	\$59,152
Hanover	63	◉	\$36,094
Hazleton General	70	◉	\$62,710
Heart of Lancaster	29	◉	\$66,462
Holy Spirit	156	◉	\$54,264
J C Blair Memorial	14	◉	\$39,597
Jersey Shore	16	◉	\$22,182
Lancaster General	269	◉	\$47,577
Lancaster Regional	51	◉	\$73,576

Colorectal Procedures

Hospital	Cases	Mortality	Average Hospital Charge
Lewistown	68	⊙	\$35,321
Lock Haven	1	NR	NR
Memorial York	75	⊙	\$31,528
Memorial/Towanda	5	⊙	\$34,840
Mid-Valley	0	NR	NR
Milton S Hershey	291	⊙	\$48,792
Montrose General	0	NR	NR
Moses Taylor	85	⊙	\$52,337
Mount Nittany	103	⊙	\$45,272
Muncy Valley	7	⊙	\$31,656
Pinnacle Health	338	⊙	\$40,432
Pocono	100	⊙	\$52,841
Regional Scranton	121	⊙	\$42,693
Robert Packer	140	●	\$46,779
Soldiers & Sailors	25	⊙	\$31,200
Sunbury Community	12	⊙	\$59,588
Troy Community	5	⊙	\$19,097
Tyler Memorial	8	⊙	\$36,770
Wayne Memorial	29	⊙	\$36,091
Waynesboro	27	⊙	\$37,339
Wilkes-Barre General	191	⊙	\$79,435
Williamsport Regional	124	⊙	\$45,738
York	231	⊙	\$43,336



Congestive Heart Failure (CHF)

Congestive Heart Failure (CHF)

Inability of the heart to pump enough blood to meet the needs of the body leading to swelling of the legs and shortness of breath from fluid build-up in the lungs. Common causes of heart failure include heart disease (e.g., coronary artery disease and heart valve problems) and long-standing hypertension (high blood pressure).

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

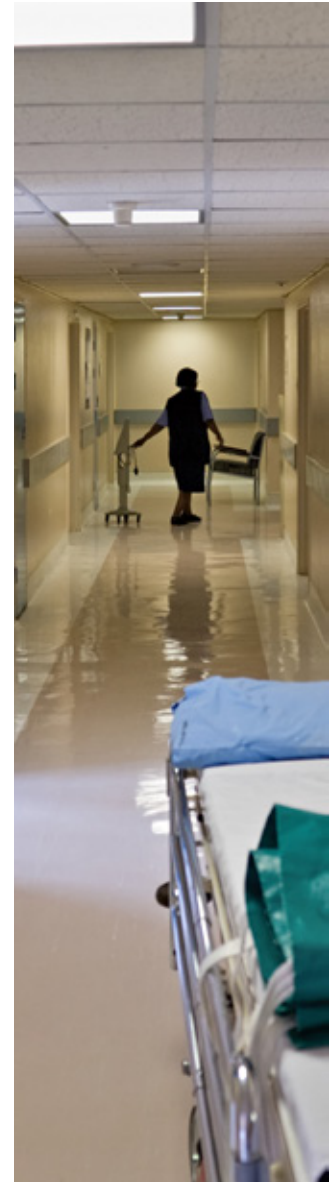
- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported.
Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	44,974	3.0%	25.6%	\$31,861
Central & Northeastern PA	10,499	3.2%	22.9%	\$21,580
Barnes-Kasson County	47	◉	◉	\$10,905
Berwick	97	◉	◉	\$34,709
Bloomsburg	95	◉	◉	\$23,621
Bucktail	2	NR	NR	NR
Carlisle Regional	210	◉	◉	\$24,368
Chambersburg	417	○	◉	\$20,887
Community/Scranton	313	◉	◉	\$21,640
Ephrata Community	185	◉	○	\$27,468
Evangelical Community	113	◉	○	\$8,952
Fulton County	47	◉	○	\$19,473
Geisinger Wyoming Valley	257	◉	◉	\$28,600
Geisinger/Danville	498	◉	◉	\$32,277
Gettysburg	189	◉	◉	\$16,015
Good Samaritan/Lebanon	278	●	◉	\$19,124
Hanover	165	◉	◉	\$14,231
Hazleton General	212	◉	◉	\$23,221
Heart of Lancaster	68	◉	◉	\$26,799
Holy Spirit	478	◉	◉	\$24,201
J C Blair Memorial	108	◉	◉	\$14,529
Jersey Shore	57	◉	◉	\$10,828
Lancaster General	967	○	○	\$26,384
Lancaster Regional	111	◉	◉	\$31,223

Congestive Heart Failure (CHF)

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	239	⊙	⊙	\$12,191
Lock Haven	78	⊙	⊙	\$27,859
Memorial York	123	⊙	⊙	\$16,476
Memorial/Towanda	29	●	⊙	\$15,106
Mid-Valley	41	⊙	⊙	\$20,470
Milton S Hershey	475	⊙	⊙	\$23,175
Montrose General	35	⊙	●	\$8,673
Moses Taylor	183	⊙	⊙	\$24,647
Mount Nittany	303	⊙	⊙	\$21,083
Muncy Valley	32	⊙	⊙	\$11,383
Pinnacle Health	672	●	⊙	\$18,706
Pocono	345	⊙	⊙	\$24,136
Regional Scranton	434	⊙	⊙	\$19,454
Robert Packer	317	⊙	⊙	\$19,155
Soldiers & Sailors	108	⊙	⊙	\$12,403
Sunbury Community	53	⊙	⊙	\$23,767
Troy Community	42	⊙	⊙	\$7,530
Tyler Memorial	54	⊙	⊙	\$18,833
Wayne Memorial	114	⊙	⊙	\$13,699
Waynesboro	92	⊙	⊙	\$22,606
Wilkes-Barre General	480	⊙	⊙	\$28,784
Williamsport Regional	250	⊙	⊙	\$16,776
York	820	⊙	⊙	\$16,649



Diabetes - Medical Management

Diabetes – Medical Management

Inability of the body to metabolize food properly because it does not make enough insulin or it does not use the insulin properly. Diabetes can lead to acute complications such as a coma from too much or too little glucose (blood sugar) and long-term complications such as kidney disease and damage to blood vessels and nerves.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported.
Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	17,138	0.7%	21.4%	\$25,809
Central & Northeastern PA	3,789	0.8%	20.0%	\$17,082
Barnes-Kasson County	11	◉	◉	\$8,895
Berwick	54	◉	◉	\$24,099
Bloomsburg	28	◉	◉	\$21,100
Bucktail	3	NR	NR	NR
Carlisle Regional	111	●	◉	\$19,295
Chambersburg	199	◉	◉	\$15,042
Community/Scranton	119	◉	◉	\$17,591
Ephrata Community	86	◉	◉	\$20,614
Evangelical Community	47	◉	◉	\$8,044
Fulton County	17	◉	◉	\$11,890
Geisinger Wyoming Valley	163	◉	◉	\$23,952
Geisinger/Danville	176	◉	◉	\$26,053
Gettysburg	54	◉	◉	\$13,091
Good Samaritan/Lebanon	81	◉	◉	\$18,533
Hanover	55	◉	◉	\$12,198
Hazleton General	50	◉	◉	\$17,777
Heart of Lancaster	33	◉	◉	\$15,876
Holy Spirit	150	◉	◉	\$20,190
J C Blair Memorial	17	◉	○	\$8,780
Jersey Shore	21	◉	◉	\$6,993
Lancaster General	310	◉	◉	\$18,355
Lancaster Regional	46	◉	○	\$18,596

Diabetes - Medical Management

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	77	⊙	⊙	\$13,611
Lock Haven	14	⊙	⊙	\$19,119
Memorial York	90	⊙	●	\$12,121
Memorial/Towanda	21	⊙	⊙	\$11,073
Mid-Valley	9	⊙	⊙	\$21,320
Milton S Hershey	138	⊙	⊙	\$17,869
Montrose General	6	⊙	⊙	\$10,346
Moses Taylor	101	⊙	⊙	\$21,652
Mount Nittany	107	⊙	⊙	\$18,399
Muncy Valley	9	⊙	⊙	\$12,259
Pinnacle Health	284	⊙	⊙	\$13,528
Pocono	162	⊙	⊙	\$19,954
Regional Scranton	85	⊙	⊙	\$15,019
Robert Packer	127	⊙	⊙	\$18,378
Soldiers & Sailors	16	⊙	⊙	\$7,428
Sunbury Community	17	⊙	●	\$13,069
Troy Community	9	⊙	⊙	\$8,815
Tyler Memorial	22	⊙	⊙	\$12,324
Wayne Memorial	33	⊙	⊙	\$10,800
Waynesboro	25	⊙	⊙	\$13,782
Wilkes-Barre General	182	⊙	⊙	\$21,427
Williamsport Regional	112	⊙	⊙	\$12,479
York	260	⊙	⊙	\$12,539



Gallbladder Removal - Laparoscopic

Gallbladder Removal – Laparoscopic

Removal of the gallbladder using several small incisions and a laparoscope (small camera on the end of an instrument) inserted into the abdomen. This type of procedure is sometimes referred to as “minimally invasive” surgery. Common reasons for laparoscopic gallbladder removal include cholelithiasis (stones in the gallbladder) and cholecystitis (inflammation of the gallbladder).

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital’s actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

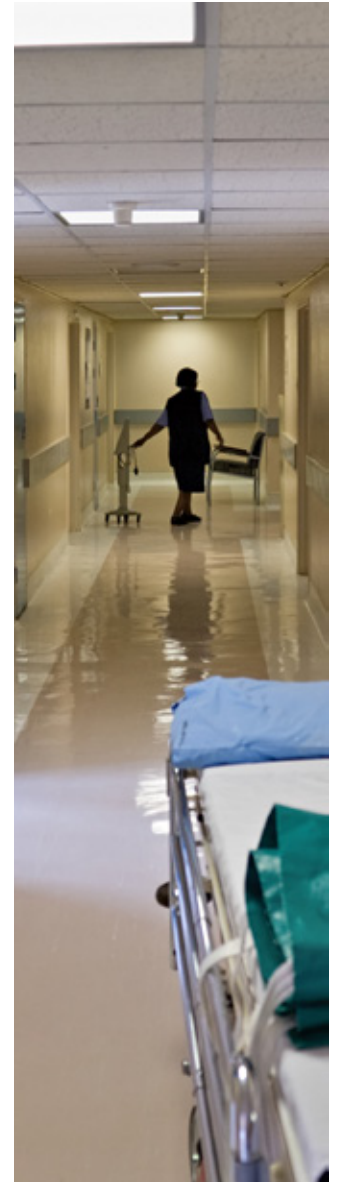
- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported. Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	12,711	0.2%	7.6%	\$40,281
Central & Northeastern PA	3,125	0.3%	7.4%	\$31,015
Barnes-Kasson County	3	NR	NR	NR
Berwick	40	◉	◉	\$59,562
Bloomsburg	22	◉	◉	\$32,925
Bucktail	0	NR	NR	NR
Carlisle Regional	44	◉	◉	\$46,693
Chambersburg	164	◉	○	\$26,879
Community/Scranton	145	◉	◉	\$29,435
Ephrata Community	56	◉	◉	\$30,189
Evangelical Community	46	◉	◉	\$18,327
Fulton County	2	NR	NR	NR
Geisinger Wyoming Valley	60	◉	◉	\$55,702
Geisinger/Danville	136	◉	◉	\$61,209
Gettysburg	51	◉	◉	\$24,318
Good Samaritan/Lebanon	93	◉	◉	\$33,007
Hanover	51	◉	◉	\$19,855
Hazleton General	70	◉	◉	\$36,185
Heart of Lancaster	80	◉	◉	\$40,107
Holy Spirit	132	◉	◉	\$33,224
J C Blair Memorial	24	◉	◉	\$21,050
Jersey Shore	8	◉	◉	\$20,613
Lancaster General	331	◉	◉	\$27,372
Lancaster Regional	35	◉	◉	\$41,756

Gallbladder Removal - Laparoscopic

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	42	⊙	⊙	\$21,780
Lock Haven	5	⊙	⊙	\$44,873
Memorial York	44	⊙	⊙	\$17,498
Memorial/Towanda	2	NR	NR	NR
Mid-Valley	0	NR	NR	NR
Milton S Hershey	69	⊙	⊙	\$27,904
Montrose General	0	NR	NR	NR
Moses Taylor	92	⊙	⊙	\$41,976
Mount Nittany	143	⊙	⊙	\$31,490
Muncy Valley	3	NR	NR	NR
Pinnacle Health	228	⊙	⊙	\$19,886
Pocono	171	⊙	⊙	\$32,046
Regional Scranton	96	⊙	⊙	\$28,140
Robert Packer	91	⊙	⊙	\$22,510
Soldiers & Sailors	9	⊙	⊙	\$22,523
Sunbury Community	10	⊙	⊙	\$40,092
Troy Community	2	NR	NR	NR
Tyler Memorial	4	NR	NR	NR
Wayne Memorial	35	⊙	⊙	\$21,404
Waynesboro	24	⊙	⊙	\$22,662
Wilkes-Barre General	127	⊙	⊙	\$42,645
Williamsport Regional	76	⊙	⊙	\$25,550
York	236	●	⊙	\$21,764



Gallbladder Removal - Open

Gallbladder Removal – Open

Removal of the gallbladder using one large incision rather than several small incisions as is used in laparoscopic gallbladder removal. This type of open procedure is sometimes referred to as “traditional” gallbladder removal. Common reasons for open gallbladder removal include cholelithiasis (stones in the gallbladder), cholecystitis (inflammation of the gallbladder), and cancer.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital’s actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported.
Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	1,982	1.1%	10.7%	\$66,650
Central & Northeastern PA	562	0.9%	10.1%	\$44,771
Barnes-Kasson County	0	NR	NR	NR
Berwick	2	NR	NR	NR
Bloomsburg	7	◉	◉	NR
Bucktail	0	NR	NR	NR
Carlisle Regional	10	◉	◉	\$66,427
Chambersburg	19	◉	◉	\$34,757
Community/Scranton	6	◉	◉	\$39,622
Ephrata Community	2	NR	NR	NR
Evangelical Community	18	◉	◉	\$17,876
Fulton County	0	NR	NR	NR
Geisinger Wyoming Valley	35	◉	◉	\$70,499
Geisinger/Danville	47	◉	◉	\$62,935
Gettysburg	5	◉	◉	\$26,718
Good Samaritan/Lebanon	11	◉	◉	\$50,541
Hanover	8	◉	◉	\$24,669
Hazleton General	18	◉	◉	\$55,923
Heart of Lancaster	13	◉	◉	\$61,046
Holy Spirit	28	◉	◉	\$44,855
J C Blair Memorial	5	◉	◉	\$32,974
Jersey Shore	2	NR	NR	NR
Lancaster General	47	◉	◉	\$44,480
Lancaster Regional	12	◉	◉	\$63,359

Gallbladder Removal - Open

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	5	⊙	⊙	NR
Lock Haven	3	NR	NR	NR
Memorial York	3	NR	NR	NR
Memorial/Towanda	1	NR	NR	NR
Mid-Valley	0	NR	NR	NR
Milton S Hershey	35	⊙	⊙	\$36,066
Montrose General	0	NR	NR	NR
Moses Taylor	22	⊙	⊙	\$50,025
Mount Nittany	8	⊙	⊙	\$29,872
Muncy Valley	3	NR	NR	NR
Pinnacle Health	35	⊙	⊙	\$36,854
Pocono	14	⊙	⊙	\$57,097
Regional Scranton	16	⊙	⊙	\$36,376
Robert Packer	32	⊙	⊙	\$30,807
Soldiers & Sailors	3	NR	NR	NR
Sunbury Community	3	NR	NR	NR
Troy Community	6	⊙	⊙	\$25,733
Tyler Memorial	2	NR	NR	NR
Wayne Memorial	7	⊙	⊙	\$25,991
Waynesboro	1	NR	NR	NR
Wilkes-Barre General	32	⊙	⊙	\$57,326
Williamsport Regional	8	⊙	⊙	\$30,714
York	26	⊙	⊙	\$31,007



Hypotension and Fainting

Hypotension and Fainting

Hypotension is an abnormally low blood pressure with effects ranging from dizziness to fainting. Dehydration is an example of a condition that can cause hypotension. Fainting (syncope) is a temporary loss of consciousness. Syncope may also be referred to as “passing out” or “blacking out.”

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital’s actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported. Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	16,170	0.2%	12.5%	\$22,252
Central & Northeastern PA	3,146	0.2%	10.9%	\$16,494
Barnes-Kasson County	15	●	◉	\$6,354
Berwick	68	◉	◉	\$28,438
Bloomsburg	11	◉	◉	\$19,635
Bucktail	0	NR	NR	NR
Carlisle Regional	72	◉	◉	\$14,820
Chambersburg	127	◉	○	\$16,346
Community/Scranton	156	◉	◉	\$16,561
Ephrata Community	73	◉	◉	\$18,136
Evangelical Community	46	◉	◉	\$8,376
Fulton County	24	◉	◉	\$11,225
Geisinger Wyoming Valley	119	◉	◉	\$23,494
Geisinger/Danville	113	◉	◉	\$26,290
Gettysburg	53	◉	○	\$13,118
Good Samaritan/Lebanon	111	◉	◉	\$14,464
Hanover	27	◉	◉	\$9,589
Hazleton General	44	◉	◉	\$21,107
Heart of Lancaster	18	◉	◉	\$19,219
Holy Spirit	241	◉	◉	\$20,051
J C Blair Memorial	31	◉	◉	\$9,294
Jersey Shore	4	NR	NR	NR
Lancaster General	249	◉	◉	\$16,038
Lancaster Regional	55	◉	◉	\$18,891

Hypotension and Fainting

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	21	⊙	⊙	\$9,711
Lock Haven	6	⊙	⊙	\$16,850
Memorial York	19	⊙	⊙	\$11,969
Memorial/Towanda	8	⊙	⊙	\$8,638
Mid-Valley	15	⊙	⊙	\$18,298
Milton S Hershey	86	⊙	⊙	\$15,235
Montrose General	21	⊙	⊙	\$3,509
Moses Taylor	93	⊙	⊙	\$20,756
Mount Nittany	75	⊙	⊙	\$19,967
Muncy Valley	8	⊙	⊙	\$9,203
Pinnacle Health	171	⊙	⊙	\$13,184
Pocono	154	⊙	⊙	\$21,382
Regional Scranton	103	⊙	⊙	\$13,210
Robert Packer	134	⊙	⊙	\$13,382
Soldiers & Sailors	9	⊙	⊙	\$6,534
Sunbury Community	7	⊙	⊙	\$14,579
Troy Community	0	NR	NR	NR
Tyler Memorial	29	⊙	⊙	\$9,778
Wayne Memorial	35	⊙	⊙	\$9,331
Waynesboro	21	⊙	⊙	\$12,933
Wilkes-Barre General	159	⊙	⊙	\$21,181
Williamsport Regional	80	⊙	⊙	\$10,324
York	176	⊙	⊙	\$11,817



Kidney and Urinary Tract Infections

Kidney and Urinary Tract Infections

Infections of the urinary tract, which includes the kidneys (pyelonephritis) and bladder (cystitis). These infections can be acute or chronic.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported.
Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	24,875	0.6%	17.0%	\$23,026
Central & Northeastern PA	5,358	0.8%	14.8%	\$16,151
Barnes-Kasson County	18	◉	◉	\$7,313
Berwick	53	◉	◉	\$24,696
Bloomsburg	47	◉	◉	\$22,289
Bucktail	3	NR	NR	NR
Carlisle Regional	126	◉	◉	\$17,823
Chambersburg	170	◉	○	\$15,604
Community/Scranton	173	◉	◉	\$16,323
Ephrata Community	89	◉	◉	\$17,426
Evangelical Community	24	◉	○	\$6,746
Fulton County	29	◉	◉	\$15,935
Geisinger Wyoming Valley	178	◉	◉	\$22,019
Geisinger/Danville	154	◉	◉	\$24,256
Gettysburg	132	◉	◉	\$12,044
Good Samaritan/Lebanon	151	◉	◉	\$16,661
Hanover	52	◉	◉	\$11,785
Hazleton General	88	◉	◉	\$16,179
Heart of Lancaster	58	◉	◉	\$14,999
Holy Spirit	209	◉	◉	\$20,234
J C Blair Memorial	36	◉	◉	\$9,258
Jersey Shore	33	◉	◉	\$8,363
Lancaster General	475	◉	○	\$16,387
Lancaster Regional	78	◉	◉	\$20,448

Kidney and Urinary Tract Infections

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	110	⊙	⊙	\$11,068
Lock Haven	65	⊙	○	\$21,255
Memorial York	76	⊙	○	\$10,304
Memorial/Towanda	39	⊙	⊙	\$9,460
Mid-Valley	28	⊙	⊙	\$16,467
Milton S Hershey	226	⊙	⊙	\$18,019
Montrose General	37	⊙	⊙	\$5,637
Moses Taylor	165	⊙	⊙	\$21,596
Mount Nittany	167	⊙	⊙	\$14,843
Muncy Valley	20	⊙	⊙	\$7,853
Pinnacle Health	270	●	⊙	\$13,905
Pocono	209	⊙	⊙	\$20,133
Regional Scranton	215	●	⊙	\$16,126
Robert Packer	98	⊙	⊙	\$15,092
Soldiers & Sailors	75	⊙	⊙	\$8,651
Sunbury Community	21	⊙	⊙	\$14,427
Troy Community	24	⊙	⊙	\$6,313
Tyler Memorial	35	⊙	⊙	\$11,986
Wayne Memorial	65	⊙	⊙	\$10,806
Waynesboro	53	⊙	⊙	\$13,084
Wilkes-Barre General	332	⊙	⊙	\$21,320
Williamsport Regional	116	⊙	⊙	\$13,534
York	439	⊙	⊙	\$12,300



Pneumonia - Aspiration

Pneumonia – Aspiration

Caused by inhaling food, drink, mucus from the mouth, or vomit into the lungs leading to inflammation and/or infection. Common causes of aspiration pneumonia include coma, problems with swallowing, and decreased mental alertness from medication or alcohol.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported.
Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	8,943	7.7%	23.6%	\$40,094
Central & Northeastern PA	1,774	7.4%	22.0%	\$28,268
Barnes-Kasson County	1	NR	NR	NR
Berwick	83	◉	◉	\$41,005
Bloomsburg	2	NR	NR	NR
Bucktail	0	NR	NR	NR
Carlisle Regional	29	◉	◉	\$32,625
Chambersburg	70	◉	◉	\$24,471
Community/Scranton	38	◉	◉	\$26,308
Ephrata Community	31	◉	○	\$31,497
Evangelical Community	17	◉	◉	\$9,508
Fulton County	7	◉	◉	\$26,307
Geisinger Wyoming Valley	40	○	◉	\$38,551
Geisinger/Danville	40	◉	◉	\$41,493
Gettysburg	38	◉	◉	\$21,081
Good Samaritan/Lebanon	86	●	◉	\$30,455
Hanover	41	◉	◉	\$15,711
Hazleton General	52	◉	◉	\$35,220
Heart of Lancaster	25	●	◉	\$22,992
Holy Spirit	61	◉	◉	\$35,904
J C Blair Memorial	10	◉	◉	\$20,281
Jersey Shore	1	NR	NR	NR
Lancaster General	210	○	◉	\$29,915
Lancaster Regional	26	◉	◉	\$31,362

Pneumonia - Aspiration

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	20	⊙	⊙	\$16,160
Lock Haven	18	⊙	⊙	\$44,917
Memorial York	34	⊙	⊙	\$20,748
Memorial/Towanda	7	⊙	⊙	\$16,279
Mid-Valley	4	NR	NR	NR
Milton S Hershey	80	⊙	⊙	\$26,142
Montrose General	3	NR	NR	NR
Moses Taylor	26	⊙	⊙	\$32,618
Mount Nittany	82	⊙	⊙	\$26,021
Muncy Valley	2	NR	NR	NR
Pinnacle Health	42	⊙	⊙	\$18,758
Pocono	88	⊙	⊙	\$34,953
Regional Scranton	59	⊙	⊙	\$25,254
Robert Packer	34	⊙	⊙	\$26,572
Soldiers & Sailors	16	⊙	⊙	\$11,805
Sunbury Community	40	⊙	⊙	\$30,014
Troy Community	9	⊙	⊙	\$9,394
Tyler Memorial	8	⊙	⊙	\$18,447
Wayne Memorial	29	●	⊙	\$17,147
Waynesboro	30	⊙	⊙	\$23,579
Wilkes-Barre General	79	○	⊙	\$38,514
Williamsport Regional	41	⊙	⊙	\$22,773
York	87	●	○	\$21,112



Pneumonia - Infectious

Pneumonia – Infectious

An infection in one or both lungs caused by bacteria or viruses.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to what is expected after accounting for varying illness levels among patients. See page 6.

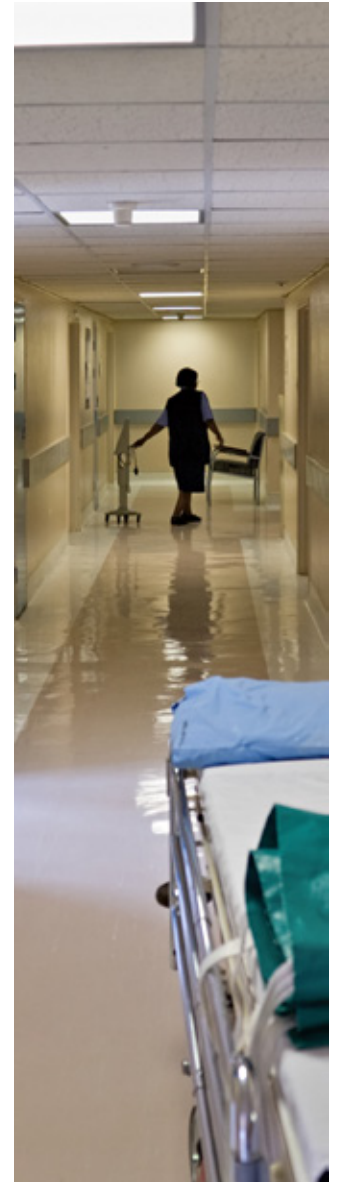
- Rate significantly lower than expected.
- ◉ Rate not significantly different than expected.
- Rate significantly higher than expected.

NR Not reported. Fewer than five cases evaluated.

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
TOTAL: Statewide	40,439	2.7%	16.8%	\$29,227
Central & Northeastern PA	10,889	3.0%	16.9%	\$21,741
Barnes-Kasson County	74	◉	◉	\$13,029
Berwick	103	◉	◉	\$38,176
Bloomsburg	198	◉	◉	\$28,717
Bucktail	11	◉	◉	\$11,418
Carlisle Regional	222	●	◉	\$25,644
Chambersburg	349	○	◉	\$18,942
Community/Scranton	309	◉	◉	\$21,660
Ephrata Community	264	◉	◉	\$24,061
Evangelical Community	91	◉	◉	\$7,965
Fulton County	64	◉	◉	\$18,843
Geisinger Wyoming Valley	421	◉	●	\$30,016
Geisinger/Danville	311	◉	◉	\$32,441
Gettysburg	270	◉	◉	\$15,228
Good Samaritan/Lebanon	293	◉	○	\$22,282
Hanover	132	◉	◉	\$14,127
Hazleton General	320	○	●	\$23,328
Heart of Lancaster	112	◉	◉	\$21,095
Holy Spirit	440	◉	◉	\$26,255
J C Blair Memorial	123	◉	◉	\$12,827
Jersey Shore	93	◉	◉	\$10,814
Lancaster General	702	◉	◉	\$22,544
Lancaster Regional	131	◉	◉	\$30,365

Pneumonia - Infectious

Hospital	Cases	Mortality	Readmission (for any reason)	Average Hospital Charge
Lewistown	240	⊙	⊙	\$13,146
Lock Haven	70	⊙	⊙	\$28,295
Memorial York	146	⊙	⊙	\$16,336
Memorial/Towanda	116	●	⊙	\$13,868
Mid-Valley	48	⊙	⊙	\$22,591
Milton S Hershey	452	⊙	●	\$21,262
Montrose General	39	⊙	⊙	\$9,977
Moses Taylor	287	⊙	⊙	\$27,851
Mount Nittany	286	⊙	⊙	\$21,852
Muncy Valley	56	⊙	⊙	\$12,209
Pinnacle Health	437	●	⊙	\$17,412
Pocono	548	○	⊙	\$27,041
Regional Scranton	359	⊙	⊙	\$19,654
Robert Packer	266	⊙	⊙	\$20,665
Soldiers & Sailors	155	⊙	⊙	\$14,740
Sunbury Community	162	⊙	⊙	\$24,075
Troy Community	51	⊙	⊙	\$8,272
Tyler Memorial	123	⊙	⊙	\$21,356
Wayne Memorial	161	⊙	○	\$13,302
Waynesboro	136	⊙	⊙	\$20,387
Wilkes-Barre General	560	⊙	⊙	\$32,937
Williamsport Regional	281	⊙	○	\$18,817
York	540	●	⊙	\$15,415



Medicare Fee-for-Service Payments - 2010 Statewide Data

For the 12 medical conditions/surgical procedures included in this Hospital Performance Report

Average Medicare fee-for-service payment –

This is the average amount paid by Medicare fee-for-service for the inpatient hospitalization. Payments from Medicare Advantage plans (Medicare HMOs) were not included, nor were patient liabilities (e.g., coinsurance and deductible dollar amounts) or any special pass-through payments facilities sometimes receive for unusual capital or other costs. The most recent Medicare payment data available to PHC4 was for calendar year 2010.

The average Medicare payment was calculated using the claim-payment amount (paid from the Medicare Part A hospital insurance fund) based on data provided by the Centers for Medicare and Medicaid Services (CMS). The average payment was calculated by summing the Medicare payment amounts for the cases in a particular medical condition/surgical procedure and dividing the sum by the number of cases in that condition/procedure group.

Most of the medical conditions and surgical procedures included in this report were defined using ICD.9.CM (International Classification of Diseases, Ninth Revision, Clinical Modification) diagnosis and procedure codes, with a secondary

requirement that they be limited to particular MS-DRGs (Medicare Severity – Diagnosis-Related Group) – information available from the discharge data that PHC4 receives from PA hospitals. Two conditions (Chest Pain and Hypotension and Fainting) comprise single MS-DRGs.

In this section, average payments are displayed for the 12 medical conditions/surgical procedures included in this report – broken down by the MS-DRGs included within each condition/procedure. While the 12 conditions/procedures have been defined using diagnosis and procedure codes that represent a clinically cohesive population, the payment data is displayed by the individual MS-DRGs included within each condition to account for variations in case-mix.

Medicare payments are based on formulas that take into account regional variations in the costs of delivering care, the increased costs from teaching doctors still in training, higher costs for hospitals that serve larger numbers of low-income patients, and the costs of new technologies. Medicare payments are based on the entire hospital stay, and the payment principles are common to all hospitals nationwide.



Medicare Fee-for-Service Payments – 2010 Statewide Data

For the 12 medical conditions/surgical procedures included in this Hospital Performance Report

MS-DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Medicare Fee-for-Service	
		Cases	Average Payment
Abnormal Heartbeat		19,224	\$7,305
242	Permanent Cardiac Pacemaker Implant w/ MCC	955	\$20,854
243	Permanent Cardiac Pacemaker Implant w/ CC	1,391	\$15,042
244	Permanent Cardiac Pacemaker Implant w/o CC/MCC	1,727	\$11,480
246	Percutaneous Cardiovascular Procedure with Drug-Eluting Stent w/ MCC or 4+ Vessels/Stents	21	\$21,174
247	Percutaneous Cardiovascular Procedure with Drug-Eluting Stent w/o MCC	34	\$13,947
248	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/ MCC or 4+ Vessels/Stents	23	\$18,525
249	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/o MCC	21	\$9,779
250	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/ MCC	187	\$20,323
251	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/o MCC	988	\$11,522
258	Cardiac Pacemaker Device Replacement w/ MCC	5	NR
259	Cardiac Pacemaker Device Replacement w/o MCC	20	\$9,969
260	Cardiac Pacemaker Revision Except Device Replacement w/ MCC	2	NR
261	Cardiac Pacemaker Revision Except Device Replacement w/ CC	7	NR
262	Cardiac Pacemaker Revision Except Device Replacement w/o CC/MCC	3	NR
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/ MCC	210	\$13,102
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/o MCC	413	\$5,631
308	Cardiac Arrhythmia and Conduction Disorders w/ MCC	3,555	\$6,972
309	Cardiac Arrhythmia and Conduction Disorders w/ CC	4,169	\$4,369
310	Cardiac Arrhythmia and Conduction Disorders w/o CC/MCC	5,493	\$2,651
Chest Pain		6,301	\$2,678
313	Chest Pain	6,301	\$2,678
Chronic Obstructive Pulmonary Disease (COPD)		14,082	\$5,191
190	Chronic Obstructive Pulmonary Disease w/ MCC	5,040	\$6,537
191	Chronic Obstructive Pulmonary Disease w/ CC	4,756	\$5,181
192	Chronic Obstructive Pulmonary Disease w/o CC/MCC	4,286	\$3,618

NR = Not reported (10 or fewer cases)

CC = Complication or Comorbidity

MCC = Major Complication or Comorbidity

Medicare Fee-for-Service Payments – 2010 Statewide Data

For the 12 medical conditions/surgical procedures included in this Hospital Performance Report

MS-DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Medicare Fee-for-Service	
		Cases	Average Payment
Colorectal Procedures		4,072	\$18,619
329	Major Small and Large Bowel Procedures w/ MCC	1,248	\$30,631
330	Major Small and Large Bowel Procedures w/ CC	1,674	\$14,717
331	Major Small and Large Bowel Procedures w/o CC/MCC	751	\$9,284
332	Rectal Resection w/ MCC	72	\$26,729
333	Rectal Resection w/ CC	186	\$14,567
334	Rectal Resection w/o CC/MCC	141	\$9,553
Congestive Heart Failure (CHF)		24,003	\$6,315
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/ MCC	464	\$13,475
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/o MCC	729	\$6,519
291	Heart Failure and Shock w/ MCC	8,780	\$8,368
292	Heart Failure and Shock w/ CC	8,983	\$5,461
293	Heart Failure and Shock w/o CC/MCC	5,047	\$3,577
Diabetes – Medical Management		4,951	\$5,302
073	Cranial and Peripheral Nerve Disorders w/ MCC	279	\$8,237
074	Cranial and Peripheral Nerve Disorders w/o MCC	561	\$4,715
299	Peripheral Vascular Disorders w/ MCC	58	\$9,631
300	Peripheral Vascular Disorders w/ CC	94	\$5,275
301	Peripheral Vascular Disorders w/o CC/MCC	9	NR
637	Diabetes w/ MCC	1,068	\$7,988
638	Diabetes w/ CC	1,872	\$4,541
639	Diabetes w/o CC/MCC	866	\$2,688
698	Other Kidney and Urinary Tract Diagnoses w/ MCC	27	\$8,966
699	Other Kidney and Urinary Tract Diagnoses w/ CC	98	\$5,633
700	Other Kidney and Urinary Tract Diagnoses w/o CC/MCC	19	\$3,623

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Medicare Fee-for-Service Payments – 2010 Statewide Data

For the 12 medical conditions/surgical procedures included in this Hospital Performance Report

MS-DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Medicare Fee-for-Service	
		Cases	Average Payment
Gallbladder Removal - Laparoscopic		2,568	\$9,348
411	Cholecystectomy with Common Duct Exploration (C.D.E.) w/ MCC	4	NR
412	Cholecystectomy with C.D.E. w/ CC	7	NR
413	Cholecystectomy with C.D.E. w/o CC/MCC	2	NR
417	Laparoscopic Cholecystectomy without C.D.E. w/ MCC	686	\$14,110
418	Laparoscopic Cholecystectomy without C.D.E. w/ CC	867	\$9,245
419	Laparoscopic Cholecystectomy without C.D.E. w/o CC/MCC	1,002	\$6,096
Gallbladder Removal - Open		677	\$14,667
411	Cholecystectomy with C.D.E. w/ MCC	25	\$23,534
412	Cholecystectomy with C.D.E. w/ CC	24	\$14,143
413	Cholecystectomy with C.D.E. w/o CC/MCC	6	NR
414	Cholecystectomy Except by Laparoscope without C.D.E. w/ MCC	222	\$22,341
415	Cholecystectomy Except by Laparoscope without C.D.E. w/ CC	234	\$11,839
416	Cholecystectomy Except by Laparoscope without C.D.E. w/o CC/MCC	166	\$7,325
Hypotension and Fainting		8,082	\$3,729
312	Syncope and Collapse	8,082	\$3,729
Kidney and Urinary Tract Infection		12,351	\$4,870
689	Kidney and Urinary Tract Infections w/ MCC	4,173	\$6,604
690	Kidney and Urinary Tract Infections w/o MCC	8,178	\$3,985
Pneumonia - Aspiration		4,981	\$9,417
177	Respiratory Infections and Inflammations w/ MCC	2,544	\$11,232
178	Respiratory Infections and Inflammations w/ CC	1,898	\$8,129
179	Respiratory Infections and Inflammations w/o CC/MCC	539	\$5,390

NR = Not reported (10 or fewer cases)

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MCC = Major Complication or Comorbidity

Medicare Fee-for-Service Payments – 2010 Statewide Data

For the 12 medical conditions/surgical procedures included in this Hospital Performance Report

MS-DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Medicare Fee-for-Service	
		Cases	Average Payment
Pneumonia - Infectious		16,588	\$6,055
177	Respiratory Infections and Inflammations w/ MCC	480	\$11,414
178	Respiratory Infections and Inflammations w/ CC	407	\$8,268
179	Respiratory Infections and Inflammations w/o CC/MCC	58	\$5,189
193	Simple Pneumonia and Pleurisy w/ MCC	5,583	\$7,920
194	Simple Pneumonia and Pleurisy w/ CC	6,817	\$5,271
195	Simple Pneumonia and Pleurisy w/o CC/MCC	3,243	\$3,441

NR = Not reported (10 or fewer cases)

CC = Complication or Comorbidity

MCC = Major Complication or Comorbidity



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