PA Health Care Cost Containment Council

Central and Northeastern Pennsylvania

Hospital Performance Report

January – September 2015 Data





Hospital Performance Report for Pennsylvania

Produced by the Pennsylvania Health Care Cost Containment Council (PHC4), this report displays hospital-specific results for inpatient hospital discharges from the period January 2015 through September 2015. In addition to this **About the Report** document, which provides a full description of the *Hospital Performance Report*, the PHC4 website also presents the following accompanying materials:

- **⇒** Medicare and Medicaid Payments
- **⇒** Hospital Comments
- □ Technical Notes
- **⇒** Downloadable Data

Table of Contents

About the Report	1
Key Findings	7
Hospital Results	
•	
Medicare and Medicaid Payments	. 49

About PHC4

Created by the PA General Assembly in 1986, the PA 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. Today, PHC4 is a recognized national leader in public health care reporting. More than 840,000 public reports on patient treatment results are downloaded from the PHC4 website each year, and nearly 100 organizations and individuals annually utilize PHC4's special requests process to access and use data. PHC4 is governed by a 25-member board of directors, representing business, labor, consumers, health care providers, insurers, and state government.

Joe Martin, Executive Director
225 Market Street, Suite 400, Harrisburg, PA 17101
717-232-6787 • www.phc4.org



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 (HPR) can help to fill the information vacuum and assist consumers and purchasers in making more informed health care decisions. The HPR can 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 17 different medical conditions and surgical procedures, as defined by ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) codes and/or Medicare Severity Diagnosis-Related Groups (MS-DRGs). Technical Notes relevant to this report provide additional detail. They are posted to PHC4's website at www.phc4.org.
- This report covers adult (18 years and older) inpatient hospital discharges, regardless of payer, during the period January 2015 through September 2015.
- This report is divided into three regional versions: Western Pennsylvania, Central and Northeastern Pennsylvania, and Southeastern Pennsylvania. (Please see sidebar on this page for details.)
- All Pennsylvania general acute care and several specialty general acute care hospitals are included. Children's hospitals and some specialty hospitals are not reported because they

This report is divided into three regional versions: Western Pennsylvania, Central and Northeastern Pennsylvania, and Southeastern Pennsylvania.

Western Pennsylvania includes the following counties:

Allegheny • Armstrong • Beaver
Bedford • Blair • Butler • Cambria
Cameron • Clarion • Clearfield
Crawford • Elk • Erie • Fayette
Forest • Greene • Indiana
Jefferson • Lawrence • McKean
Mercer • Potter • Somerset
Venango • Warren • Washington
Westmoreland

Central and Northeastern Pennsylvania includes the following counties:

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

Southeastern Pennsylvania

includes the following counties:

Berks • Bucks • Carbon • Chester Delaware • Lehigh • Montgomery Northampton • Philadelphia Schuylkill

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, nor are hospitals that recently opened since the data available does not represent the full time frame of the report.

Hospital names have been shortened in many cases for formatting purposes. Hospital
names may be different today than they were during the period covered in this report due
to mergers and name changes.

About the data

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 ultimate responsibility for data accuracy and completeness lied with each individual hospital.

Medicare fee-for-service payment data was obtained from the Centers for Medicare and Medicaid Services. Medicaid payment data (fee-for-service and managed care) was obtained from the Pennsylvania Department of Human Services. The most recent Medicare and Medicaid payment data available to PHC4 for use in this report was for 2014.

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" on admission to the hospital—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

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, heart failure,
etc., to calculate risk for the
patients in this report.

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, heart failure, 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.

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

In the hospital results section of the report are the following measures, reported for each hospital:

• **Total Number 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 have 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 that small or specialty hospitals may report low volume due to the unique patient population they serve or geographic location.

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 patient risk.

- O 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.
- *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 for 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. Because 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 30-Day Readmissions. This measure is reported as a statistical rating that represents the number of patients who are readmitted following their initial hospital stay. A readmission is defined as a subsequent acute care hospitalization, for any reason to any Pennsylvania general and specialty general acute care hospital, where the admit date is within 30 days of the discharge date of the original hospitalization. The study period for this measure includes discharges from January 1 through August 31, 2015. Data from September 2015 is used to identify 30-day readmissions for patients discharged in the study period. 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 the previous 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 Average Hospital Charge. This report also includes the average hospital charge for each of the 17 conditions and procedures. The average hospital charge represents the entire length of the hospital stay. It does not include professional fees (e.g., physician fees) or other additional post-discharge costs, such as rehabilitation treatment, long-term care and/or home health care. The average charge is adjusted for the mix of cases that are 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.

In the payments section of the report is information about Medicare and Medicaid payments:

Medicare and Medicaid Payments. This section of the report displays the average
payments made by Medicare fee-for service, Medicaid fee-for-service, and Medicaid
managed care for the 17 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. The most recent payment data available to PHC4 is
for 2014.

Uses of this report

This report can be used as a tool to examine hospital performance in specific treatment categories. It is not intended to be a sole source of information for making decisions about health care, nor should it be used to generalize about the overall quality of care provided by a hospital. Readers of this report should use it in discussions with their physicians who can answer specific questions and concerns about their care.

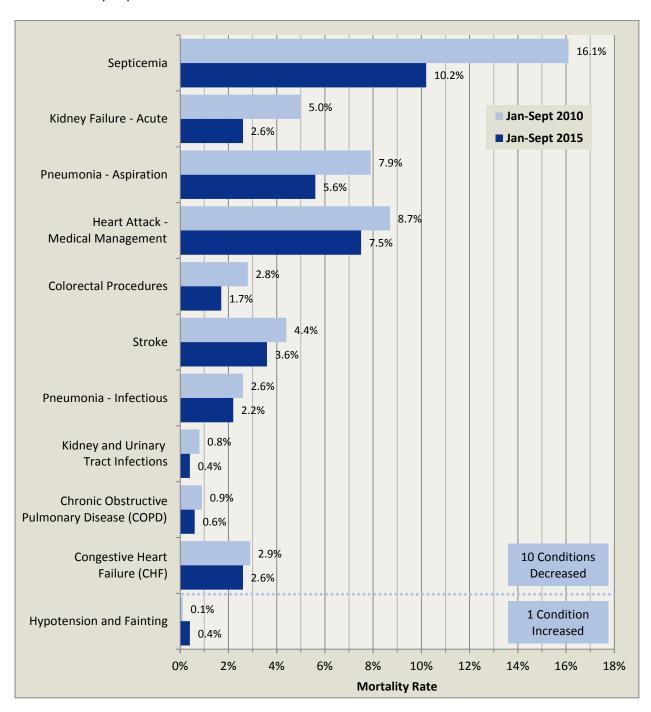
- Patients/Consumers can use this report as an aid in making decisions about where to seek
 treatment for the conditions detailed in this report. This report should be used in
 conjunction with a physician or other health care provider when making health care
 decisions.
- **Group Benefits Purchasers/Insurers** 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 health care options.
- **Everyone** can use this information to raise important questions about why differences exist in the quality and efficiency of care.

The measurement of quality is highly complex, and the information used to capture such measures is limited. A hospital death or a readmission is sometimes an unavoidable consequence of a patient's medical condition. Hospitals and physicians may do everything right, and the patient may still die or need to be readmitted. 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.

Mortality Rates

Statewide in-hospital mortality rates showed a statistically significant <u>decrease</u> in ten of the 16 conditions reported in 2010 and 2015. The largest decrease was in Septicemia, where the mortality rate decreased from 16.1% in January-September 2010 to 10.2% in January-September 2015.

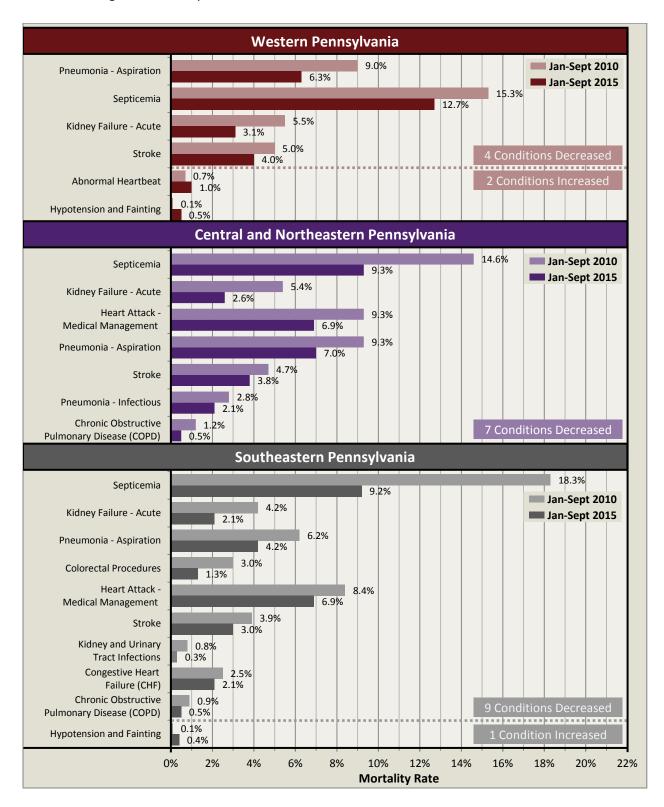
Statewide in-hospital mortality rates showed a statistically significant <u>increase</u> in only one condition, Hypotension and Fainting, where the mortality rate increased from 0.1% in January-September 2010 to 0.4% in January-September 2015.



PHC4 • Hospital Performance Report • Jan through Sept 2015 Data • Key Findings • 7

Mortality Rates

Across different areas of the state, in-hospital mortality rates showed statistically significant differences in the following conditions reported in 2010 and 2015.



PHC4 • Hospital Performance Report • Jan through Sept 2015 Data • Key Findings • 8

Mortality Rates

Taking patient risk into account, the following in-hospital mortality rates across the different areas of the state were significantly higher or lower than expected in January-September 2015.

	Western Pennsylvania	Central and Northeastern Pennsylvania	Southeastern Pennsylvania
Conditions with Mortality Rates Statistically <u>Higher</u> than Expected	 Congestive Heart Failure (CHF) Heart Attack – Angioplasty/Stent Heart Attack – Medical Management Kidney Failure – Acute Pneumonia – Aspiration Pneumonia – Infectious Septicemia Stroke 	 Abnormal Heartbeat Colorectal Procedures Congestive Heart Failure (CHF) Pneumonia – Aspiration Septicemia 	• None
Conditions with Mortality Rates Statistically <u>Lower</u> than Expected	• None	• None	 Abnormal Heartbeat Colorectal Procedures Congestive Heart Failure (CHF) Heart Attack – Angioplasty/Stent Heart Attack – Medical Management Kidney and Urinary Tract Infections Kidney Failure – Acute Pneumonia – Aspiration Septicemia Stroke

Western Pennsylvania:

 After accounting for patient risk, hospitals in Western Pennsylvania as a whole had in-hospital mortality rates that were significantly <u>higher</u> than expected for eight conditions, the greatest difference occurring in Septicemia (12.7% actual, 11.0% expected).

Central and Northeastern Pennsylvania:

After accounting for patient risk, hospitals in Central and Northeastern Pennsylvania as a whole
had in-hospital mortality rates that were significantly <u>higher</u> than expected for five conditions,
the greatest difference occurring in Pneumonia – Aspiration (7.0% actual, 5.4% expected).

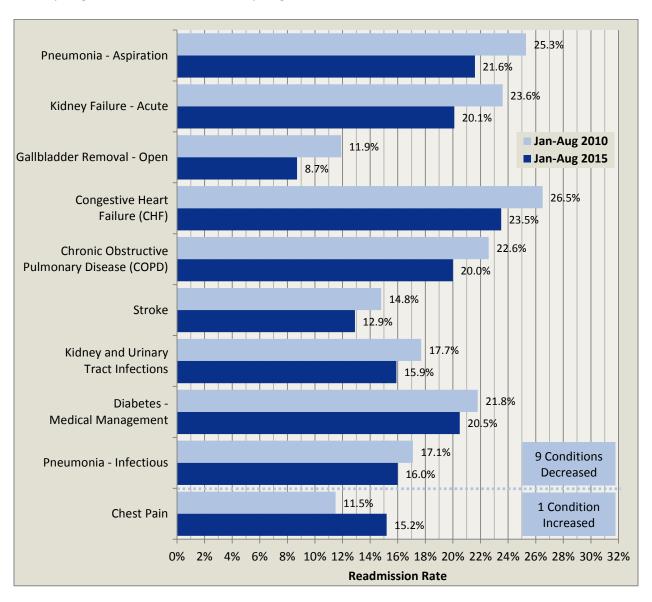
Southeastern Pennsylvania:

 After accounting for patient risk, hospitals in Southeastern Pennsylvania as a whole had inhospital mortality rates that were significantly <u>lower</u> than expected for ten conditions, the greatest difference occurring in Pneumonia – Aspiration (4.2% actual, 5.9% expected).

Readmission Rates

Statewide 30-day readmission rates showed a statistically significant <u>decrease</u> in nine of the 13 conditions reported in 2010 and 2015. The largest decrease was in Pneumonia - Aspiration, where the readmission rate decreased from 25.3% in January-August 2010 to 21.6% in January-August 2015.*

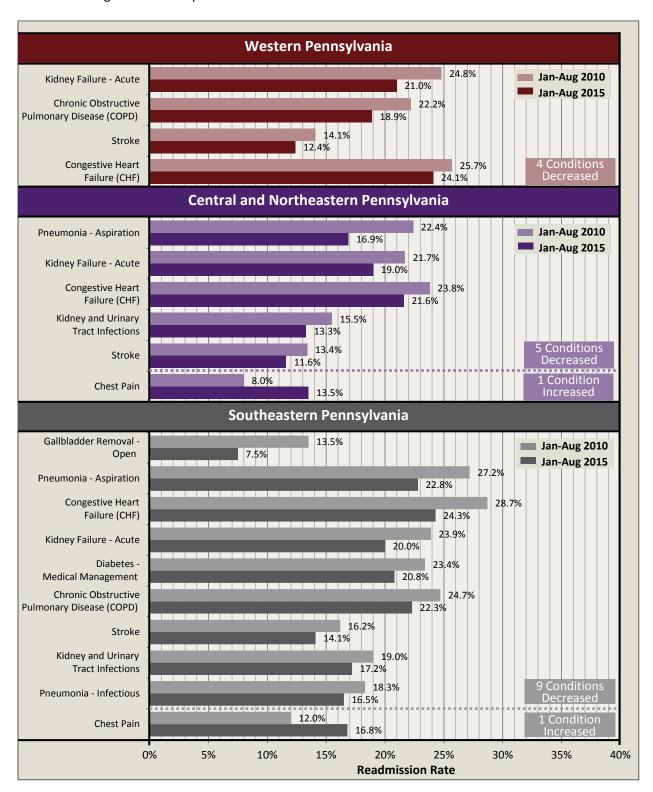
Statewide 30-day readmission rates showed a statistically significant <u>increase</u> in only one of the 13 conditions reported in 2010 and 2015. The condition, Chest Pain, had its rate increase from 11.5% in January-August 2010 to 15.2% in January-August 2015.



^{*} Note: The study period for the readmission analysis included discharges from January 1 through August 31, 2015; September 2015 data was used to identify 30-day readmissions for patients discharged in the study period.

Readmission Rates

Across different areas of the state, 30-day readmission rates showed statistically significant differences in the following conditions reported in 2010 and 2015.



Readmission Rates

Taking patient risk into account, the following 30-day readmission rates across the different areas of the state were significantly higher or lower than expected in January-August 2015.

	Western Pennsylvania	Central and Northeastern Pennsylvania	Southeastern Pennsylvania
Conditions with Readmission Rates Statistically <u>Higher</u> than Expected	 Abnormal Heartbeat Congestive Heart Failure (CHF) Kidney Failure – Acute 	• None	 Chest Pain Chronic Obstructive Pulmonary Disease (COPD) Kidney and Urinary Tract Infections Stroke
Conditions with Readmission Rates Statistically <u>Lower</u> than Expected	• None	 Abnormal Heartbeat Chronic Obstructive Pulmonary Disease (COPD) Congestive Heart Failure (CHF) Kidney and Urinary Tract Infections Pneumonia – Aspiration Stroke 	• None

Western Pennsylvania:

 After accounting for patient risk, hospitals in Western Pennsylvania as a whole had 30-day readmission rates that were significantly <u>higher</u> than expected for three conditions, the greatest difference occurring in Congestive Heart Failure (24.1% actual, 23.0% expected).

Central and Northeastern Pennsylvania:

After accounting for patient risk, hospitals in Central and Northeastern Pennsylvania as a whole
had 30-day readmission rates that were significantly <u>lower</u> than expected for six conditions, the
greatest difference occurring in Pneumonia – Aspiration (16.9% actual, 20.7% expected).

Southeastern Pennsylvania:

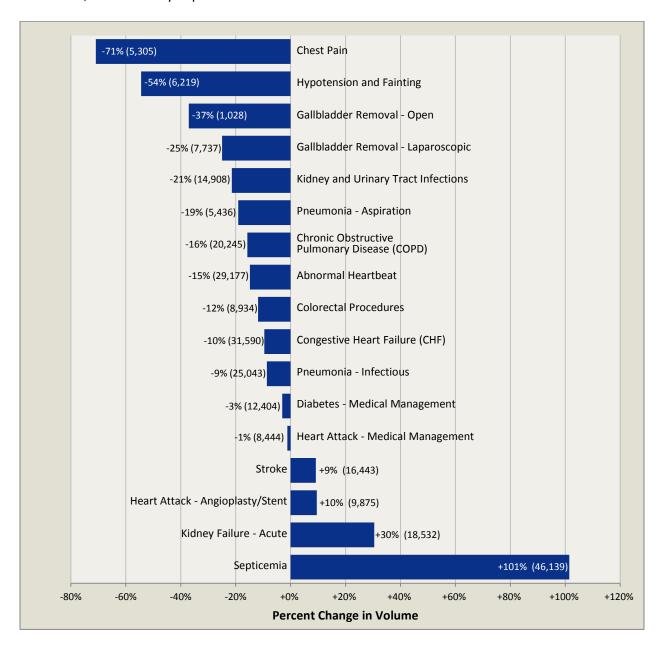
After accounting for patient risk, hospitals in Southeastern Pennsylvania as a whole had 30-day readmission rates that were significantly <u>higher</u> than expected for four conditions, the greatest difference occurring in Chronic Obstructive Pulmonary Disease (COPD) (22.3% actual, 20.9% expected).

Volume of Hospital Admissions

The following chart shows the statewide percent change in volume of discharges, from January-September 2010 to January-September 2015, for each of the 17 conditions and procedures included in this report (admission totals from January-September 2015 are shown in parentheses).

Chest Pain had the largest <u>decrease</u> in volume (-71%), from 18,252 discharges in January-September 2010 to 5,305 in January-September 2015.

Septicemia had the largest <u>increase</u> in volume (+101%), from 22,903 discharges in January-September 2010 to 46,139 in January-September 2015.



Medicare and Medicaid Payments

2014 Data for Pennsylvania Residents

Medicare Fee-for-Service

- Medicare fee-for-service was the primary payer for 38.1% of the statewide admissions for Pennsylvania residents in 2014 for the conditions and procedures in this report, for a total of nearly \$992.5 million (\$992,486,576).
- The condition with the highest average Medicare fee-for-service payment in 2014 was Colorectal Procedures, at \$18,007 per hospitalization. The condition with the lowest average Medicare fee-for-service payment in 2014 was Chest Pain, at \$3,718 per hospitalization.

Medicaid Fee-For-Service

- Medicaid fee-for-service was the primary payer for 2.2% of the statewide admissions for Pennsylvania residents in 2014 for the conditions and procedures in this report, for a total of more than \$78.1 million (\$78,101,871).
- The condition with the highest average Medicaid fee-for-service payment in 2014 was Colorectal Procedures, at \$20,201 per hospitalization. The condition with the lowest average Medicaid feefor-service payment in 2013 was Chest Pain, at \$3,558 per hospitalization.

Medicaid Managed Care

- Medicaid managed care was the primary payer for 5.5% of the statewide admissions for Pennsylvania residents in 2014 for the conditions and procedures in this report, for a total of nearly \$212.6 million (\$212,556,304).
- The condition with the highest average Medicaid managed care payment in 2014 was Colorectal Procedures, at \$23,473 per hospitalization. The condition with the lowest average Medicaid managed care payment in 2014 was Chest Pain, at \$5,355 per hospitalization.

Note: Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers for a given condition.

Abnormal Heartbeat

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	29,177	0.9%	14.7%	\$41,292
Central & Northeastern PA	7,449	1.1%	13.5%	\$31,630
Barnes-Kasson County	10	•	0	\$14,569
Berwick	30	0	0	\$65,738
Bucktail	0	NR	NR	NR
Carlisle Regional	80	0	0	\$36,630
Chambersburg	325	·	0	\$26,737
Endless Mountains	6	·	NR	\$14,024
Ephrata Community	95	·	0	\$33,581
Evangelical Community	99	·	0	\$21,193
Fulton County	20	·	0	\$29,231
Geisinger Bloomsburg	16	·	0	\$37,060
Geisinger Community	265	•	0	\$42,683
Geisinger Danville	391	·	0	\$38,322
Geisinger Lewistown	141	·	0	\$17,111
Geisinger Wyoming Valley	260	·	0	\$56,695
Gettysburg	133	·	0	\$25,048
Good Samaritan Lebanon	134	·	0	\$28,592
Guthrie Towanda Memorial	22	·	0	\$31,058
Hanover	168	·	0	\$22,359
Heart of Lancaster	41	·	0	\$39,710
Holy Spirit	293	·	0	\$27,255
J C Blair Memorial	35	•	0	\$13,280

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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Abnormal Heartbeat

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	16	0	0	\$17,180
Lancaster General	557	·	0	\$31,993
Lancaster Regional	75	0	0	\$45,321
Lehigh Valley Hazleton	130	0	0	\$28,453
Lock Haven	14	·	0	\$52,994
Memorial York	101	0	0	\$27,094
Milton S Hershey	283	·	•	\$29,731
Moses Taylor	86	·	0	\$47,103
Mount Nittany	260	·	0	\$24,562
Muncy Valley	11	·	0	\$13,445
Pinnacle Health	740	·	0	\$20,408
Pocono	254	0	0	\$34,857
Regional Scranton	313	0	0	\$43,534
Robert Packer	530	0	0	\$21,443
Soldiers & Sailors	42	0	0	\$19,333
Sunbury Community	22	·	0	\$38,085
Troy Community	7	·	0	\$14,241
Tyler Memorial	9	·	0	\$32,577
Wayne Memorial	74	·	0	\$22,270
Waynesboro	44	·	· ·	\$25,315
Wilkes-Barre General	436	•	· ·	\$64,839
Williamsport Regional	281	·	0	\$25,137
York	600	0	0	\$23,212

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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Chest Pain

Hospital	Total Number of Cases	Readmissions (for any reason)	Average Hospital Charge
Statewide	5,305	15.2%	\$22,932
Central & Northeastern PA	1,286	13.5%	\$17,052
Barnes-Kasson County	11	0	\$6,323
Berwick	4	NR	NR
Bucktail	0	NR	NR
Carlisle Regional	14	0	\$26,527
Chambersburg	12	0	\$16,509
Endless Mountains	8	0	\$5,505
Ephrata Community	12	0	\$22,612
Evangelical Community	4	NR	NR
Fulton County	3	NR	NR
Geisinger Bloomsburg	12	0	\$12,277
Geisinger Community	147	0	\$19,776
Geisinger Danville	81	0	\$22,720
Geisinger Lewistown	31	0	\$12,986
Geisinger Wyoming Valley	61	0	\$24,018
Gettysburg	20	0	\$15,895
Good Samaritan Lebanon	11	0	\$14,183
Guthrie Towanda Memorial	2	NR	NR
Hanover	17	0	\$13,451
Heart of Lancaster	0	NR	NR
Holy Spirit	24	0	\$17,793
J C Blair Memorial	2	NR	NR

Chest Pain

Pain in the chest that is usually 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 its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Mortality ratings were not reported for Chest Pain because the number of mortalities statewide was less than 10.

Chest Pain

Hospital	Total Number of Cases	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	4	NR	NR
Lancaster General	30	0	\$17,088
Lancaster Regional	9	0	\$31,023
Lehigh Valley Hazleton	44	0	\$17,954
Lock Haven	5	NR	\$36,684
Memorial York	34	0	\$15,163
Milton S Hershey	26	0	\$16,477
Moses Taylor	23	0	\$23,494
Mount Nittany	51	0	\$16,863
Muncy Valley	1	NR	NR
Pinnacle Health	135	·	\$10,205
Pocono	27	0	\$21,303
Regional Scranton	54	0	\$17,550
Robert Packer	139	0	\$12,996
Soldiers & Sailors	0	NR	NR
Sunbury Community	1	NR	NR
Troy Community	0	NR	NR
Tyler Memorial	0	NR	NR
Wayne Memorial	12	0	\$12,844
Waynesboro	8	0	\$12,403
Wilkes-Barre General	78	·	\$24,166
Williamsport Regional	24	0	\$14,656
York	105	0	\$14,384

Chest Pain

Pain in the chest that is usually 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 its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Mortality ratings were not reported for Chest Pain because the number of mortalities statewide was less than 10.

Chronic Obstructive Pulmonary Disease (COPD)

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	20,245	0.6%	20.0%	\$28,230
Central & Northeastern PA	5,084	0.5%	18.3%	\$23,451
Barnes-Kasson County	43	0	0	\$10,063
Berwick	62	0	0	\$40,625
Bucktail	0	NR	NR	NR
Carlisle Regional	64	0	0	\$22,081
Chambersburg	110	0	0	\$15,277
Endless Mountains	57	0	0	\$8,386
Ephrata Community	119	0	0	\$30,407
Evangelical Community	60	0	0	\$15,137
Fulton County	37	0	0	\$18,225
Geisinger Bloomsburg	36	0	0	\$24,851
Geisinger Community	190	0	0	\$33,267
Geisinger Danville	207	0	0	\$33,407
Geisinger Lewistown	122	0	0	\$15,726
Geisinger Wyoming Valley	156	·	0	\$35,259
Gettysburg	59	•	0	\$16,584
Good Samaritan Lebanon	171	·	0	\$20,572
Guthrie Towanda Memorial	36	0	0	\$19,894
Hanover	123	·	0	\$25,264
Heart of Lancaster	24	·	0	\$22,529
Holy Spirit	141	·	0	\$24,534
J C Blair Memorial	62	0	•	\$7,919

COPD

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

Understanding the Symbols

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Chronic Obstructive Pulmonary Disease (COPD)

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	50	0	0	\$12,841
Lancaster General	252	•	0	\$22,671
Lancaster Regional	62	0	0	\$35,960
Lehigh Valley Hazleton	93	•	0	\$23,221
Lock Haven	46	0	0	\$43,304
Memorial York	113	0	0	\$16,584
Milton S Hershey	78	0	0	\$23,812
Moses Taylor	101	0	0	\$29,725
Mount Nittany	186	0	0	\$24,018
Muncy Valley	31	0	0	\$13,879
Pinnacle Health	403	0	0	\$14,612
Pocono	262	•	•	\$24,308
Regional Scranton	145	•	0	\$35,273
Robert Packer	201	•	0	\$20,177
Soldiers & Sailors	87	0	0	\$15,819
Sunbury Community	45	0	0	\$33,578
Troy Community	50	0	0	\$15,813
Tyler Memorial	32	0	0	\$25,021
Wayne Memorial	65	0	0	\$15,523
Waynesboro	52	0	0	\$15,870
Wilkes-Barre General	337	•	0	\$39,182
Williamsport Regional	140	0	0	\$15,198
York	374	0	•	\$15,999

COPD

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

Understanding the Symbols

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Colorectal Procedures

Hospital	Total Number of Cases	Mortality	Average Hospital Charge
Statewide	8,934	1.7%	\$87,314
Central & Northeastern PA	2,379	2.1%	\$67,042
Barnes-Kasson County	0	NR	NR
Berwick	10	0	\$161,345
Bucktail	0	NR	NR
Carlisle Regional	27	0	\$92,306
Chambersburg	64	0	\$44,190
Endless Mountains	0	NR	NR
Ephrata Community	21	0	\$54,866
Evangelical Community	34	0	\$36,007
Fulton County	0	NR	NR
Geisinger Bloomsburg	5	0	NR
Geisinger Community	88	0	\$81,539
Geisinger Danville	192	•	\$108,443
Geisinger Lewistown	31	0	\$34,633
Geisinger Wyoming Valley	89	0	\$117,695
Gettysburg	36	0	\$60,375
Good Samaritan Lebanon	60	0	\$61,846
Guthrie Towanda Memorial	4	NR	NR
Hanover	41	0	\$36,957
Heart of Lancaster	9	0	\$85,720
Holy Spirit	60	•	\$51,806
J C Blair Memorial	7	0	\$40,529

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 its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Readmission ratings were not reported for Colorectal Procedures to avoid counting readmissions that may have been planned.

Colorectal Procedures

Hospital	Total Number of Cases	Mortality	Average Hospital Charge
Jersey Shore	7	0	\$32,317
Lancaster General	234	0	\$51,487
Lancaster Regional	28	0	\$94,948
Lehigh Valley Hazleton	41	0	\$68,420
Lock Haven	2	NR	NR
Memorial York	24	0	\$48,588
Milton S Hershey	248	0	\$57,368
Moses Taylor	33	0	\$105,166
Mount Nittany	44	0	\$63,078
Muncy Valley	0	NR	NR
Pinnacle Health	254	0	\$42,301
Pocono	64	0	\$66,823
Regional Scranton	99	•	\$101,316
Robert Packer	94	0	\$57,339
Soldiers & Sailors	10	0	\$36,383
Sunbury Community	4	NR	NR
Troy Community	4	NR	NR
Tyler Memorial	10	0	\$100,328
Wayne Memorial	29	0	\$42,075
Waynesboro	11	0	\$38,716
Wilkes-Barre General	123	0	\$105,526
Williamsport Regional	54	0	\$59,528
York	184	0	\$58,547

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 its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Readmission ratings were not reported for Colorectal Procedures to avoid counting readmissions that may have been planned.

Congestive Heart Failure (CHF)

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge	C
Statewide	31,590	2.6%	23.5%	\$37,603	Inability of the
Central & Northeastern PA	7,858	3.0%	21.6%	\$27,238	enough blood needs of the b
Barnes-Kasson County	38	•	0	\$10,143	swelling of the
Berwick	27	0	0	\$46,403	build-up in the
Bucktail	2	NR	NR	NR	Common caus failure include
Carlisle Regional	89	•	0	\$24,842	(e.g., coronary and heart valv
Chambersburg	274	0	0	\$21,274	and long-stand
Endless Mountains	42	•	0	\$7,951	pressure).
Ephrata Community	139	0	0	\$33,792	Understandin
Evangelical Community	86	0	0	\$17,285	The symbols d
Fulton County	54	0	0	\$22,720	report represe comparison of
Geisinger Bloomsburg	40	0	0	\$23,781	actual rate of readmission to
Geisinger Community	249	0	0	\$33,114	rate, which tal varying illness
Geisinger Danville	544	0	0	\$40,963	patients (see A
Geisinger Lewistown	150	0	0	\$19,744	High Risk Patie the Report).
Geisinger Wyoming Valley	330	0	0	\$38,271	O Rate was
Gettysburg	101	0	0	\$19,680	lower tha Rate was
Good Samaritan Lebanon	157	0	0	\$21,526	significan
Guthrie Towanda Memorial	20	0	0	\$15,567	than expe
Hanover	193	0	0	\$20,694	higher tha
Heart of Lancaster	39	0	0	\$28,970	NR Not repor
Holy Spirit	320	0	0	\$27,592	cases after
J C Blair Memorial	62	0	0	\$10,086	

HF

e heart to pump d to meet the body leading to ne legs and breath from fluid ne lungs. ses of heart e heart disease ry artery disease ve problems) nding (high blood

ng the Symbols

displayed in this ent a of a hospital's mortality or to its expected akes into account s levels among Accounting for ients in About

- significantly an expected.
- not ntly different ected.
- significantly an expected.
- orted. Too few er exclusions.

Congestive Heart Failure (CHF)

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge	CHF
Jersey Shore	35	0	0	\$17,100	Inability of the heart to pump
Lancaster General	510	0	0	\$26,593	enough blood to meet the needs of the body leading to
Lancaster Regional	85	•	0	\$37,725	swelling of the legs and
Lehigh Valley Hazleton	124	•	0	\$27,498	build-up in the lungs.
Lock Haven	62	0	0	\$47,332	Common causes of heart failure include heart disease
Memorial York	102	0	0	\$21,901	(e.g., coronary artery disease and heart valve problems)
Milton S Hershey	411	0	0	\$28,432	and long-standing hypertension (high blood
Moses Taylor	94	0	0	\$33,615	pressure).
Mount Nittany	233	0	0	\$26,414	Understanding the Symbols
Muncy Valley	19	0	0	\$16,766	The symbols displayed in this
Pinnacle Health	685	0	0	\$20,362	report represent a comparison of a hospital's
Pocono	326	0	0	\$25,772	actual rate of mortality or readmission to its expected
Regional Scranton	429	0	0	\$36,265	rate, which takes into account varying illness levels among
Robert Packer	294	•	0	\$24,056	patients (see Accounting for
Soldiers & Sailors	59	•	0	\$20,198	High Risk Patients in About the Report).
Sunbury Community	20	•	0	\$32,535	O Rate was significantly
Troy Community	27	0	0	\$12,300	lower than expected. • Rate was not
Tyler Memorial	23	•	0	\$20,330	significantly different
Wayne Memorial	86	0	0	\$14,432	than expected. Rate was significantly
Waynesboro	70	0	0	\$21,071	Rate was significantly higher than expected.
Wilkes-Barre General	297	•	0	\$41,945	NR Not reported. Too few cases after exclusions.
Williamsport Regional	226	0	0	\$19,276	Cases after exclusions.
York	684	•	0	\$21,148	

Diabetes - Medical Management

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	12,404	0.5%	20.5%	\$28,748
Central & Northeastern PA	2,985	0.7%	21.0%	\$20,570
Barnes-Kasson County	11	0	0	\$8,166
Berwick	9	0	0	\$31,784
Bucktail	2	NR	NR	NR
Carlisle Regional	33	0	0	\$22,259
Chambersburg	119	0	0	\$16,175
Endless Mountains	3	NR	NR	NR
Ephrata Community	59	•	0	\$24,811
Evangelical Community	44	0	0	\$14,697
Fulton County	6	0	NR	\$19,238
Geisinger Bloomsburg	25	0	0	\$20,814
Geisinger Community	102	0	•	\$30,431
Geisinger Danville	159	0	0	\$30,332
Geisinger Lewistown	58	•	0	\$15,764
Geisinger Wyoming Valley	131	·	0	\$32,283
Gettysburg	44	·	0	\$16,158
Good Samaritan Lebanon	67	·	0	\$19,464
Guthrie Towanda Memorial	10	·	0	\$14,573
Hanover	59	·	0	\$15,371
Heart of Lancaster	24	·	0	\$18,166
Holy Spirit	86	·	0	\$23,137
J C Blair Memorial	34	0	•	\$8,098

Diabetes – Medical Management

The body is unable to 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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Diabetes - Medical Management

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	4	NR	NR	NR
Lancaster General	215	0	0	\$20,314
Lancaster Regional	35	0	0	\$24,377
Lehigh Valley Hazleton	48	0	0	\$20,990
Lock Haven	28	·	0	\$34,579
Memorial York	62	0	0	\$15,764
Milton S Hershey	175	·	0	\$21,752
Moses Taylor	46	·	0	\$38,768
Mount Nittany	74	·	0	\$19,616
Muncy Valley	6	·	NR	\$19,547
Pinnacle Health	335	·	0	\$14,798
Pocono	123	0	0	\$22,010
Regional Scranton	49	0	0	\$27,645
Robert Packer	116	0	0	\$19,558
Soldiers & Sailors	20	0	0	\$15,798
Sunbury Community	13	·	0	\$20,421
Troy Community	4	NR	NR	NR
Tyler Memorial	5	·	0	\$23,328
Wayne Memorial	35	·	0	\$12,516
Waynesboro	29	·	0	\$13,925
Wilkes-Barre General	137	•	· ·	\$27,087
Williamsport Regional	89	·	0	\$14,686
York	252	•	0	\$15,924

Diabetes – Medical Management

The body is unable to 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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Gallbladder Removal - Laparoscopic

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	7,737	0.2%	7.2%	\$49,872
Central & Northeastern PA	1,938	0.2%	8.0%	\$43,954
Barnes-Kasson County	0	NR	NR	NR
Berwick	9	0	0	\$96,554
Bucktail	0	NR	NR	NR
Carlisle Regional	34	·	0	\$60,020
Chambersburg	83	·	0	\$30,719
Endless Mountains	1	NR	NR	NR
Ephrata Community	28	·	0	\$39,461
Evangelical Community	17	·	0	\$31,200
Fulton County	2	NR	NR	NR
Geisinger Bloomsburg	11	0	0	\$31,920
Geisinger Community	95	·	0	\$54,513
Geisinger Danville	130	0	0	\$75,781
Geisinger Lewistown	38	0	0	\$27,864
Geisinger Wyoming Valley	57	0	0	\$62,704
Gettysburg	13	0	0	\$30,508
Good Samaritan Lebanon	69	0	0	\$40,352
Guthrie Towanda Memorial	2	NR	NR	NR
Hanover	27	•	0	\$24,045
Heart of Lancaster	15	•	0	\$54,376
Holy Spirit	50	•	0	\$33,491
J C Blair Memorial	7	0	0	\$26,067

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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Gallbladder Removal - Laparoscopic

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge	
Jersey Shore	10	0	0	\$24,475	R
Lancaster General	165	0	0	\$34,594	us
Lancaster Regional	21	0	0	\$62,348	ca
Lehigh Valley Hazleton	77	·	0	\$41,772	al
Lock Haven	13	·	0	\$97,100	pi re
Memorial York	48	·	0	\$29,648	in re
Milton S Hershey	41	·	0	\$42,736	ga
Moses Taylor	70	·	0	\$79,808	ga
Mount Nittany	78	·	0	\$38,274	(i)
Muncy Valley	1	NR	NR	NR	U
Pinnacle Health	155	·	0	\$22,520	Т
Pocono	89	·	0	\$37,819	re
Regional Scranton	59	0	0	\$64,868	a
Robert Packer	52	·	0	\$35,129	ra
Soldiers & Sailors	9	·	0	\$27,198	va pa
Sunbury Community	5	·	NR	\$51,593	H th
Troy Community	2	NR	NR	NR	c
Tyler Memorial	6	·	NR	\$80,716	
Wayne Memorial	47	·	0	\$29,970	•
Waynesboro	18	·	0	\$35,011	
Wilkes-Barre General	97	·	•	\$65,348	
Williamsport Regional	48	·	0	\$42,757	N
York	139	0	0	\$29,212	

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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Gallbladder Removal – Open

Hospital	Total Number of Cases	Readmissions (for any reason)	Average Hospital Charge
Statewide	1,028	8.7%	\$78,939
Central & Northeastern PA	311	8.3%	\$60,800
Barnes-Kasson County	0	NR	NR
Berwick	0	NR	NR
Bucktail	0	NR	NR
Carlisle Regional	1	NR	NR
Chambersburg	20	0	\$36,763
Endless Mountains	1	NR	NR
Ephrata Community	5	0	NR
Evangelical Community	14	0	\$45,662
Fulton County	0	NR	NR
Geisinger Bloomsburg	2	NR	NR
Geisinger Community	7	0	\$99,249
Geisinger Danville	41	0	\$116,807
Geisinger Lewistown	1	NR	NR
Geisinger Wyoming Valley	26	0	\$81,078
Gettysburg	1	NR	NR
Good Samaritan Lebanon	17	0	\$60,063
Guthrie Towanda Memorial	2	NR	NR
Hanover	4	NR	NR
Heart of Lancaster	0	NR	NR
Holy Spirit	5	NR	NR
J C Blair Memorial	2	NR	NR

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 its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Mortality ratings were not reported for Gallbladder Removal – Open because the number of mortalities statewide was less than 10.

Gallbladder Removal - Open

Hospital	Total Number of Cases	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	1	NR	NR
Lancaster General	31	0	\$45,477
Lancaster Regional	2	NR	NR
Lehigh Valley Hazleton	5	0	\$51,854
Lock Haven	1	NR	NR
Memorial York	0	NR	NR
Milton S Hershey	17	0	\$53,154
Moses Taylor	3	NR	NR
Mount Nittany	3	NR	NR
Muncy Valley	0	NR	NR
Pinnacle Health	20	0	\$27,153
Pocono	9	0	\$56,056
Regional Scranton	7	0	\$112,068
Robert Packer	10	0	\$41,287
Soldiers & Sailors	0	NR	NR
Sunbury Community	0	NR	NR
Troy Community	2	NR	NR
Tyler Memorial	2	NR	NR
Wayne Memorial	3	NR	NR
Waynesboro	2	NR	NR
Wilkes-Barre General	13	0	\$75,894
Williamsport Regional	5	NR	\$59,495
York	26	0	\$34,167

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 its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Mortality ratings were not reported for Gallbladder Removal – Open because the number of mortalities statewide was less than 10.

Heart Attack - Angioplasty/Stent

Hospital	Total Number of Cases	Mortality	Average Hospital Charge
Statewide	9,875	1.4%	\$88,832
Central & Northeastern PA	2,637	1.1%	\$70,127
Barnes-Kasson County	0	NR	NR
Berwick	0	NR	NR
Bucktail	0	NR	NR
Carlisle Regional	0	NR	NR
Chambersburg	132	0	\$59,061
Endless Mountains	0	NR	NR
Ephrata Community	0	NR	NR
Evangelical Community	38	0	\$58,514
Fulton County	0	NR	NR
Geisinger Bloomsburg	0	NR	NR
Geisinger Community	104	0	\$70,191
Geisinger Danville	222	0	\$91,542
Geisinger Lewistown	0	NR	NR
Geisinger Wyoming Valley	107	0	\$121,118
Gettysburg	0	NR	NR
Good Samaritan Lebanon	88	0	\$65,389
Guthrie Towanda Memorial	0	NR	NR
Hanover	80	0	\$53,297
Heart of Lancaster	0	NR	NR
Holy Spirit	69	0	\$56,556
J C Blair Memorial	0	NR	NR

Heart Attack – Angioplasty/Stent

Procedures are used to open narrowed or blocked coronary (heart) arteries to restore blood flow to the heart muscle by inserting a catheter (thin tube) through the skin of the upper thigh or arm. An angioplasty is performed by inflating a small balloon at the end of the catheter to widen the narrowed or blocked area in the artery. Angioplasty procedures are often combined with the placement of a stent (permanent metallic mesh tube) to prevent the artery from narrowing again. Only patients who had a myocardial infarction (heart attack) are included.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Readmission ratings were not reported for Heart Attack – Angioplasty/Stent to avoid counting readmissions that may have been planned.

Heart Attack - Angioplasty/Stent

Hospital	Total Number of Cases	Mortality	Average Hospital Charge
Jersey Shore	0	NR	NR
Lancaster General	334	0	\$60,296
Lancaster Regional	26	0	\$101,738
Lehigh Valley Hazleton	0	NR	NR
Lock Haven	0	NR	NR
Memorial York	59	0	\$62,214
Milton S Hershey	162	0	\$55,270
Moses Taylor	0	NR	NR
Mount Nittany	56	0	\$66,985
Muncy Valley	0	NR	NR
Pinnacle Health	182	0	\$65,186
Pocono	130	0	\$67,416
Regional Scranton	135	0	\$95,866
Robert Packer	205	0	\$35,698
Soldiers & Sailors	0	NR	NR
Sunbury Community	0	NR	NR
Troy Community	0	NR	NR
Tyler Memorial	0	NR	NR
Wayne Memorial	0	NR	NR
Waynesboro	0	NR	NR
Wilkes-Barre General	106	0	\$138,716
Williamsport Regional	156	0	\$75,704
York	246	0	\$59,120

Heart Attack – Angioplasty/Stent

Procedures are used to open narrowed or blocked coronary (heart) arteries to restore blood flow to the heart muscle by inserting a catheter (thin tube) through the skin of the upper thigh or arm. An angioplasty is performed by inflating a small balloon at the end of the catheter to widen the narrowed or blocked area in the artery. Angioplasty procedures are often combined with the placement of a stent (permanent metallic mesh tube) to prevent the artery from narrowing again. Only patients who had a myocardial infarction (heart attack) are included.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Readmission ratings were not reported for Heart Attack – Angioplasty/Stent to avoid counting readmissions that may have been planned.

Heart Attack - Medical Management

Hospital	Total Number of Cases	Transfer to Acute Care	Mortality	Average Hospital Charge
Statewide	8,444	15.7%	7.5%	\$40,376
Central & Northeastern PA	2,667	12.8%	6.9%	\$31,859
Barnes-Kasson County	0	NR	NR	NR
Berwick	25	17.2%	0	\$63,368
Bucktail	0	NR	NR	NR
Carlisle Regional	29	48.0%	0	\$27,081
Chambersburg*	177	16.7%	0	\$26,141
Endless Mountains	0	NR	NR	NR
Ephrata Community	14	67.4%	0	\$28,005
Evangelical Community*	66	22.2%	0	\$18,544
Fulton County	7	0.0	0	\$21,326
Geisinger Bloomsburg	5	50.0%	0	\$22,121
Geisinger Community*	91	0.0%	0	\$42,812
Geisinger Danville*	201	0.0%	0	\$46,696
Geisinger Lewistown	29	38.6%	0	\$18,759
Geisinger Wyoming Valley*	59	1.8%	0	\$46,429
Gettysburg	17	68.9%	0	\$20,327
Good Samaritan Lebanon*	64	7.8%	0	\$22,815
Guthrie Towanda Memorial	4	NR	NR	NR
Hanover*	64	31.3%	0	\$22,176
Heart of Lancaster	5	73.3%	0	NR
Holy Spirit*	73	0.0%	0	\$32,174
J C Blair Memorial	9	52.9%	0	\$7,984

Heart Attack – Medical Management

Occurs when there is blockage or obstruction in a blood vessel (coronary artery) causing damage or death to an area of the heart (myocardial infarction). Patients who are treated with a balloon (angioplasty)/stent procedure or open heart surgery are not included.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.
- * Indicates hospitals that provided advanced cardiac services (angioplasty/stent procedures for heart attack) during the report period. This information is provided since patients admitted to facilities that do not provide advanced cardiac services may be transferred, for further diagnosis and treatment, to facilities that provide these services.

Readmission ratings were not reported for Heart Attack – Medical Management to avoid counting readmissions that may have been planned.

Heart Attack - Medical Management

Hospital	Total Number of Cases	Transfer to Acute Care	Mortality	Average Hospital Charge
Jersey Shore	1	NR	NR	NR
Lancaster General*	271	0.4%	0	\$30,693
Lancaster Regional*	27	3.8%	0	\$39,372
Lehigh Valley Hazleton	36	41.4%	0	\$26,708
Lock Haven	9	30.8%	0	\$57,577
Memorial York*	30	26.3%	0	\$29,088
Milton S Hershey*	135	0.0%	0	\$30,196
Moses Taylor	16	42.9%	0	\$46,904
Mount Nittany*	85	19.4%	0	\$29,731
Muncy Valley	7	12.5%	0	\$12,498
Pinnacle Health*	279	1.1%	0	\$32,124
Pocono*	101	5.2%	0	\$37,628
Regional Scranton*	84	6.3%	0	\$43,536
Robert Packer*	173	3.4%	0	\$26,370
Soldiers & Sailors	23	21.7%	•	\$24,318
Sunbury Community	3	NR	NR	NR
Troy Community	0	NR	NR	NR
Tyler Memorial	0	NR	NR	NR
Wayne Memorial	11	59.1%	0	\$15,692
Waynesboro	21	54.5%	0	\$25,070
Wilkes-Barre General*	104	4.0%	0	\$46,329
Williamsport Regional*	186	2.2%	0	\$23,386
York*	126	0.0%	0	\$25,335

Heart Attack – Medical Management

Occurs when there is blockage or obstruction in a blood vessel (coronary artery) causing damage or death to an area of the heart (myocardial infarction). Patients who are treated with a balloon (angioplasty)/stent procedure or open heart surgery are not included.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.
- * Indicates hospitals that provided advanced cardiac services (angioplasty/stent procedures for heart attack) during the report period. This information is provided since patients admitted to facilities that do not provide advanced cardiac services may be transferred, for further diagnosis and treatment, to facilities that provide these services.

Readmission ratings were not reported for Heart Attack – Medical Management to avoid counting readmissions that may have been planned.

Hypotension and Fainting

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	6,219	0.4%	13.4%	\$26,208
Central & Northeastern PA	1,576	0.3%	12.2%	\$20,258
Barnes-Kasson County	8	0	0	\$6,387
Berwick	6	0	0	\$40,220
Bucktail	0	NR	NR	NR
Carlisle Regional	13	0	0	\$20,514
Chambersburg	25	·	0	\$18,652
Endless Mountains	3	NR	NR	NR
Ephrata Community	31	·	0	\$23,896
Evangelical Community	13	·	0	\$13,499
Fulton County	2	NR	NR	NR
Geisinger Bloomsburg	17	·	0	\$18,133
Geisinger Community	97	·	0	\$30,711
Geisinger Danville	96	·	0	\$29,177
Geisinger Lewistown	27	·	0	\$11,500
Geisinger Wyoming Valley	67	·	0	\$29,024
Gettysburg	26	·	0	\$15,792
Good Samaritan Lebanon	14	·	0	\$16,469
Guthrie Towanda Memorial	0	NR	NR	NR
Hanover	18	·	0	\$16,875
Heart of Lancaster	9	·	0	\$18,782
Holy Spirit	25	·	0	\$19,635
J C Blair Memorial	16	0	•	\$7,257

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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Hypotension and Fainting

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	3	NR	NR	NR
Lancaster General	85	0	0	\$19,533
Lancaster Regional	7	0	0	\$26,467
Lehigh Valley Hazleton	45	·	0	\$21,313
Lock Haven	4	NR	NR	NR
Memorial York	38	·	0	\$14,205
Milton S Hershey	65	·	0	\$18,954
Moses Taylor	30	·	0	\$35,684
Mount Nittany	63	·	0	\$20,033
Muncy Valley	3	NR	NR	NR
Pinnacle Health	166	·	0	\$11,638
Pocono	73	·	0	\$25,106
Regional Scranton	58	0	0	\$24,161
Robert Packer	64	0	0	\$16,479
Soldiers & Sailors	5	0	0	\$9,984
Sunbury Community	5	·	NR	\$23,078
Troy Community	0	NR	NR	NR
Tyler Memorial	2	NR	NR	NR
Wayne Memorial	13	·	0	\$14,516
Waynesboro	8	·	0	\$12,266
Wilkes-Barre General	113	·	0	\$28,077
Williamsport Regional	38	·	0	\$10,033
York	175	•	0	\$14,668

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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Kidney and Urinary Tract Infections

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	14,908	0.4%	15.9%	\$24,501
Central & Northeastern PA	3,559	0.6%	13.3%	\$19,225
Barnes-Kasson County	16	0	0	\$8,909
Berwick	29	0	0	\$33,547
Bucktail	2	NR	NR	NR
Carlisle Regional	28	0	0	\$21,625
Chambersburg	106	0	0	\$15,670
Endless Mountains	28	0	0	\$6,813
Ephrata Community	64	0	0	\$21,361
Evangelical Community	20	0	0	\$11,608
Fulton County	37	0	0	\$14,462
Geisinger Bloomsburg	18	0	0	\$15,458
Geisinger Community	122	0	0	\$27,533
Geisinger Danville	136	0	0	\$27,302
Geisinger Lewistown	80	0	0	\$13,183
Geisinger Wyoming Valley	146	·	0	\$29,665
Gettysburg	56	·	0	\$16,187
Good Samaritan Lebanon	82	·	0	\$16,821
Guthrie Towanda Memorial	24	·	0	\$14,002
Hanover	84	·	0	\$14,296
Heart of Lancaster	54	·	0	\$19,131
Holy Spirit	108	·	0	\$19,836
J C Blair Memorial	33	0	•	\$8,092

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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Kidney and Urinary Tract Infections

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	30	0	0	\$11,617
Lancaster General	272	·	0	\$18,881
Lancaster Regional	33	0	0	\$24,924
Lehigh Valley Hazleton	108	0	0	\$16,798
Lock Haven	15	·	0	\$29,721
Memorial York	68	0	0	\$13,786
Milton S Hershey	107	·	0	\$21,015
Moses Taylor	67	·	0	\$30,672
Mount Nittany	163	·	0	\$19,356
Muncy Valley	25	·	0	\$11,899
Pinnacle Health	328	·	0	\$12,402
Pocono	131	0	0	\$20,869
Regional Scranton	146	0	0	\$28,682
Robert Packer	96	0	0	\$17,985
Soldiers & Sailors	32	0	0	\$11,483
Sunbury Community	8	·	0	\$19,730
Troy Community	30	·	0	\$10,754
Tyler Memorial	15	·	0	\$16,474
Wayne Memorial	56	·	0	\$13,778
Waynesboro	30	·	0	\$13,274
Wilkes-Barre General	195	•	0	\$31,141
Williamsport Regional	69	·	0	\$12,422
York	262	•	0	\$14,300

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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Kidney Failure – Acute

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	18,532	2.6%	20.1%	\$32,145
Central & Northeastern PA	4,885	2.6%	19.0%	\$24,373
Barnes-Kasson County	6	0	0	\$12,038
Berwick	5	0	NR	\$44,461
Bucktail	0	NR	NR	NR
Carlisle Regional	82	0	0	\$23,428
Chambersburg	271	0	0	\$19,250
Endless Mountains	8	·	NR	\$6,076
Ephrata Community	66	·	0	\$27,398
Evangelical Community	93	·	0	\$15,623
Fulton County	8	·	0	\$19,234
Geisinger Bloomsburg	33	·	0	\$21,365
Geisinger Community	148	0	0	\$32,760
Geisinger Danville	372	·	0	\$35,711
Geisinger Lewistown	62	·	0	\$20,250
Geisinger Wyoming Valley	204	0	0	\$35,618
Gettysburg	121	0	0	\$17,160
Good Samaritan Lebanon	95	0	0	\$20,527
Guthrie Towanda Memorial	8	•	0	\$19,123
Hanover	109	0	0	\$18,077
Heart of Lancaster	41	·	0	\$25,118
Holy Spirit	138	•	0	\$25,453
J C Blair Memorial	20	0	0	\$7,863

Kidney Failure – Acute

A sudden and rapid loss of kidney function resulting in a build-up of waste products that are normally filtered by the kidneys and removed from the body through urine. Because these waste products are toxic, acute kidney failure can be lifethreatening. Acute kidney failure may be caused by trauma, surgery, dehydration, medication or other conditions.

Understanding the Symbols

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Kidney Failure – Acute

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	3	NR	NR	NR
Lancaster General	396	0	0	\$20,699
Lancaster Regional	37	0	0	\$32,710
Lehigh Valley Hazleton	120	0	0	\$24,293
Lock Haven	37	•	0	\$41,752
Memorial York	82	·	0	\$19,940
Milton S Hershey	217	·	0	\$26,965
Moses Taylor	110	·	0	\$35,453
Mount Nittany	195	·	0	\$21,922
Muncy Valley	2	NR	NR	NR
Pinnacle Health	454	·	0	\$16,934
Pocono	134	0	0	\$31,677
Regional Scranton	161	0	0	\$32,624
Robert Packer	133	0	0	\$22,784
Soldiers & Sailors	42	0	0	\$17,406
Sunbury Community	26	·	0	\$29,372
Troy Community	6	0	0	\$15,637
Tyler Memorial	4	NR	NR	NR
Wayne Memorial	39	0	0	\$15,329
Waynesboro	52	·	0	\$15,320
Wilkes-Barre General	182	•	0	\$39,652
Williamsport Regional	143	·	•	\$19,906
York	420	0	•	\$18,188

Kidney Failure – Acute

A sudden and rapid loss of kidney function resulting in a build-up of waste products that are normally filtered by the kidneys and removed from the body through urine. Because these waste products are toxic, acute kidney failure can be lifethreatening. Acute kidney failure may be caused by trauma, surgery, dehydration, medication or other conditions.

Understanding the Symbols

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Pneumonia – Aspiration

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	5,436	5.6%	21.6%	\$44,143
Central & Northeastern PA	1,090	7.0%	16.9%	\$32,846
Barnes-Kasson County	1	NR	NR	NR
Berwick	7	0	NR	NR
Bucktail	0	NR	NR	NR
Carlisle Regional	14	0	0	\$40,125
Chambersburg	33	0	0	\$21,291
Endless Mountains	0	NR	NR	NR
Ephrata Community	19	0	0	\$33,463
Evangelical Community	12	•	0	\$19,387
Fulton County	10	0	0	\$20,114
Geisinger Bloomsburg	2	NR	NR	NR
Geisinger Community	28	0	0	\$45,800
Geisinger Danville	29	0	0	\$51,774
Geisinger Lewistown	28	0	0	\$29,472
Geisinger Wyoming Valley	43	0	0	\$47,444
Gettysburg	26	•	0	\$22,595
Good Samaritan Lebanon	50	·	0	\$27,945
Guthrie Towanda Memorial	2	NR	NR	NR
Hanover	48	·	0	\$24,609
Heart of Lancaster	8	0	0	\$27,511
Holy Spirit	41	0	0	\$34,590
J C Blair Memorial	5	•	NR	\$8,754

Pneumonia – Aspiration

Caused by inhaling food, drink, mucus 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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Pneumonia – Aspiration

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	1	NR	NR	NR
Lancaster General	123	·	0	\$30,157
Lancaster Regional	10	·	0	\$47,832
Lehigh Valley Hazleton	33	·	0	\$33,466
Lock Haven	8	·	0	\$51,579
Memorial York	7	·	0	\$43,985
Milton S Hershey	27	·	0	\$39,937
Moses Taylor	20	·	0	\$52,480
Mount Nittany	62	·	0	\$35,192
Muncy Valley	0	NR	NR	NR
Pinnacle Health	68	·	0	\$20,239
Pocono	67	⊙	0	\$36,604
Regional Scranton	34	0	0	\$50,852
Robert Packer	56	⊙	0	\$26,438
Soldiers & Sailors	12	0	0	\$22,828
Sunbury Community	15	·	0	\$44,220
Troy Community	6	0	0	\$15,278
Tyler Memorial	1	NR	NR	NR
Wayne Memorial	14	·	0	\$19,888
Waynesboro	12	0	0	\$20,749
Wilkes-Barre General	33	0	0	\$55,151
Williamsport Regional	29	0	0	\$24,652
York	46	0	•	\$22,860

Pneumonia – Aspiration

Caused by inhaling food, drink, mucus 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

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Pneumonia - Infectious

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	25,043	2.2%	16.0%	\$32,096
Central & Northeastern PA	6,845	2.1%	15.2%	\$27,133
Barnes-Kasson County	34	•	0	\$13,681
Berwick	54	0	0	\$48,633
Bucktail	8	0	0	\$11,729
Carlisle Regional	105	•	0	\$31,342
Chambersburg	193	·	0	\$18,119
Endless Mountains	30	·	0	\$7,727
Ephrata Community	148	·	0	\$31,156
Evangelical Community	64	·	0	\$16,138
Fulton County	34	·	0	\$21,179
Geisinger Bloomsburg	44	·	0	\$30,112
Geisinger Community	288	0	0	\$37,982
Geisinger Danville	238	·	0	\$38,636
Geisinger Lewistown	172	·	0	\$16,879
Geisinger Wyoming Valley	315	·	0	\$39,189
Gettysburg	61	·	0	\$20,904
Good Samaritan Lebanon	261	0	0	\$24,339
Guthrie Towanda Memorial	92	•	0	\$17,827
Hanover	141	·	0	\$22,895
Heart of Lancaster	62	·	0	\$28,468
Holy Spirit	299	·	0	\$28,382
J C Blair Memorial	87	0	•	\$8,700

Pneumonia – Infectious

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

Understanding the Symbols

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Pneumonia - Infectious

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	64	0	0	\$15,812
Lancaster General	421	·	0	\$24,334
Lancaster Regional	75	0	0	\$40,655
Lehigh Valley Hazleton	222	0	0	\$25,463
Lock Haven	40	·	0	\$46,532
Memorial York	81	0	0	\$21,500
Milton S Hershey	198	·	0	\$27,514
Moses Taylor	150	·	0	\$38,105
Mount Nittany	223	·	0	\$25,428
Muncy Valley	36	·	0	\$19,590
Pinnacle Health	476	·	0	\$18,130
Pocono	306	·	•	\$27,908
Regional Scranton	283	0	0	\$36,800
Robert Packer	243	0	0	\$21,829
Soldiers & Sailors	118	0	0	\$20,115
Sunbury Community	53	·	0	\$35,834
Troy Community	55	·	0	\$14,473
Tyler Memorial	70	·	0	\$24,351
Wayne Memorial	126	·	0	\$16,497
Waynesboro	69	·	0	\$16,163
Wilkes-Barre General	387	·	0	\$45,741
Williamsport Regional	165	·	0	\$18,810
York	254	•	0	\$17,899

Pneumonia – Infectious

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

Understanding the Symbols

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Septicemia

Hospital	Total Number of Cases	Mortality	Average Hospital Charge
Statewide	46,139	10.2%	\$53,558
Central & Northeastern PA	14,952	9.3%	\$38,621
Barnes-Kasson County	6	0	\$21,247
Berwick	82	0	\$56,886
Bucktail	0	NR	NR
Carlisle Regional	176	•	\$39,355
Chambersburg	849	0	\$28,089
Endless Mountains	1	NR	NR
Ephrata Community	267	0	\$39,527
Evangelical Community	391	0	\$20,961
Fulton County	9	0	\$23,206
Geisinger Bloomsburg	117	0	\$32,469
Geisinger Community	358	0	\$61,023
Geisinger Danville	1,297	0	\$59,865
Geisinger Lewistown	124	0	\$30,198
Geisinger Wyoming Valley	550	0	\$60,483
Gettysburg	411	0	\$27,121
Good Samaritan Lebanon	233	0	\$36,544
Guthrie Towanda Memorial	34	0	\$26,665
Hanover	334	0	\$25,751
Heart of Lancaster	43	0	\$53,208
Holy Spirit	569	0	\$40,234
J C Blair Memorial	68	0	\$12,378

Septicemia

An infection in the bloodstream sometimes referred to as blood poisoning. Also includes patients in which septicemia progresses to a severe lifethreatening infection know as sepsis. Sepsis occurs when there is a system-wide inflammation as the body responds to the severe infection, resulting in further illness and injury.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Readmission ratings were not reported for Septicemia to avoid counting readmissions that may have been planned.

Septicemia

Hospital	Total Number of Cases	Mortality	Average Hospital Charge
Jersey Shore	13	0	\$19,002
Lancaster General	994	0	\$37,423
Lancaster Regional	47	0	\$58,908
Lehigh Valley Hazleton	297	0	\$35,928
Lock Haven	98	·	\$52,763
Memorial York	217	0	\$26,434
Milton S Hershey	1,310	0	\$41,931
Moses Taylor	301	·	\$57,883
Mount Nittany	552	·	\$38,665
Muncy Valley	6	0	\$10,407
Pinnacle Health	1,252	·	\$27,521
Pocono	374	•	\$45,436
Regional Scranton	331	0	\$53,973
Robert Packer	326	•	\$39,563
Soldiers & Sailors	84	·	\$23,664
Sunbury Community	29	·	\$38,481
Troy Community	8	·	\$14,637
Tyler Memorial	20	0	\$26,419
Wayne Memorial	78	0	\$23,109
Waynesboro	318	0	\$24,181
Wilkes-Barre General	318	•	\$60,351
Williamsport Regional	447	0	\$26,715
York	1,613	0	\$28,789

Septicemia

An infection in the bloodstream sometimes referred to as blood poisoning. Also includes patients in which septicemia progresses to a severe lifethreatening infection know as sepsis. Sepsis occurs when there is a system-wide inflammation as the body responds to the severe infection, resulting in further illness and injury.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual rate of mortality or readmission to its expected rate, which takes into account varying illness levels among patients (see Accounting for High Risk Patients in About the Report).

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Readmission ratings were not reported for Septicemia to avoid counting readmissions that may have been planned.

Stroke

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Statewide	16,443	3.6%	12.9%	\$44,679
Central & Northeastern PA	4,416	3.8%	11.6%	\$32,499
Barnes-Kasson County	6	0	0	\$18,870
Berwick	16	•	0	\$54,458
Bucktail	0	NR	NR	NR
Carlisle Regional	46	0	0	\$30,109
Chambersburg	184	0	0	\$29,063
Endless Mountains	10	0	0	\$8,347
Ephrata Community	77	0	0	\$32,281
Evangelical Community	101	0	0	\$22,331
Fulton County	7	0	0	\$30,757
Geisinger Bloomsburg	11	0	0	\$27,415
Geisinger Community	217	0	0	\$42,467
Geisinger Danville	338	0	0	\$48,342
Geisinger Lewistown	65	0	0	\$18,387
Geisinger Wyoming Valley	187	0	0	\$46,707
Gettysburg	69	·	0	\$23,575
Good Samaritan Lebanon	82	0	0	\$23,360
Guthrie Towanda Memorial	2	NR	NR	NR
Hanover	94	·	•	\$24,054
Heart of Lancaster	31	·	0	\$32,238
Holy Spirit	142	·	0	\$30,971
J C Blair Memorial	8	•	0	\$10,622

Stroke

An ischemic stroke occurs when there is an obstruction (blockage) in a blood vessel in the brain or neck causing damage or death to an area of the brain. Not included are patients who are treated with a balloon (angioplasty)/stent procedure or other surgery to remove the obstruction responsible for the stroke, or patients admitted with a rupture (break) in a blood vessel in the brain (hemorrhagic stroke) unless the hemorrhage occurs after the ischemic stroke but during the hospitalization.

Understanding the Symbols

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

Stroke

Hospital	Total Number of Cases	Mortality	Readmissions (for any reason)	Average Hospital Charge
Jersey Shore	4	NR	NR	NR
Lancaster General	416	·	0	\$24,271
Lancaster Regional	35	·	0	\$33,441
Lehigh Valley Hazleton	38	·	0	\$34,154
Lock Haven	14	·	0	\$47,680
Memorial York	68	·	0	\$23,716
Milton S Hershey	317	0	0	\$42,937
Moses Taylor	116	0	0	\$51,571
Mount Nittany	116	·	0	\$30,045
Muncy Valley	2	NR	NR	NR
Pinnacle Health	424	·	· · · · · ·	
Pocono	185	·	0	\$36,476
Regional Scranton	87	0	0	\$40,257
Robert Packer	114	•	0	\$29,229
Soldiers & Sailors	24	·	0	\$17,808
Sunbury Community	6	·	0	\$27,602
Troy Community	5	·	NR	\$18,233
Tyler Memorial	7	·	NR	\$22,311
Wayne Memorial	37	0	0	\$20,197
Waynesboro	38	0	0	\$23,895
Wilkes-Barre General	164	0	0	\$47,609
Williamsport Regional	134	•	0	\$17,527
York	372	0	0	\$24,145

Stroke

ischemic stroke occurs nen there is an obstruction ockage) in a blood vessel in e brain or neck causing mage or death to an area the brain. Not included are tients who are treated with palloon (angioplasty)/stent ocedure or other surgery to move the obstruction sponsible for the stroke, or itients admitted with a pture (break) in a blood ssel in the brain emorrhagic stroke) unless e hemorrhage occurs after e ischemic stroke but ring the hospitalization.

Understanding the Symbols

- O Rate was significantly lower than expected.
- Rate was not significantly different than expected.
- Rate was significantly higher than expected.
- NR Not reported. Too few cases after exclusions.

The following table includes information about payments made by Medicare and Medicaid for the 17 medical conditions/surgical procedures included in this *Hospital Performance Report*. This analysis is based on data from 2014, which is the most recent payment data available to PHC4. Displayed separately are the average amounts paid by Medicare fee-for-service, Medicaid fee-for-service, and Medicaid managed care organizations for inpatient hospitalizations of Pennsylvania residents only. Payments from Medicare Advantage plans (e.g., Medicare HMOs) are not included, nor are patient liabilities (e.g., coinsurance and deductible dollar amounts).

The average Medicare fee-for-service payment is calculated using the claim-payment amount based on data provided by the Centers for Medicare and Medicaid Services (CMS). The average Medicaid fee-for-

The payments analysis is based on data from 2014, the most recent information available to PHC4.

Displayed separately are the average amounts paid by Medicare fee-forservice, Medicaid fee-for-service, and Medicaid managed care organizations for inpatient hospitalizations of Pennsylvania residents only.

service and managed care organization payments are calculated separately and are based on the claim-payment amounts obtained from the Pennsylvania Department of Human Services. The average payment for each payer category is calculated by summing the 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 for the given payer.

Most of the medical conditions and surgical procedures included in this report are 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 Pennsylvania hospitals. Two conditions (Chest Pain and Hypotension and Fainting) are comprised of single MS-DRGs.

In this section, average payments are displayed for the 17 medical conditions/surgical procedures included in this report — broken down by the MS-DRGs included within each condition/procedure. While the 17 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. Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers.

Medicare and Medicaid Payments – 2014 Statewide Data

For the 17 medical conditions/surgical procedures included in this Hospital Performance Report

		Med Fee-for		Medicaid Fee-for-Service		Medicaid Managed Care	
MS- DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Cases	Average Payment	Cases	Average Payment	Cases	Average Payment
Abnormal Heartbeat		13,918	\$7,348	408	\$9,304	1,013	\$9,564
242	Permanent Cardiac Pacemaker Implant w/ MCC	568	\$21,736	11	\$51,155	13	\$27,950
243	Permanent Cardiac Pacemaker Implant w/ CC	1,054	\$15,668	15	\$18,121	33	\$20,805
244	Permanent Cardiac Pacemaker Implant w/o CC/MCC	855	\$12,551	20	\$13,159	25	\$15,977
246	Percutaneous Cardiovascular Procedure with Drug- Eluting Stent w/ MCC or 4+ Vessels/Stents	21	\$20,093	2	NR	1	NR
247	Percutaneous Cardiovascular Procedure with Drug- Eluting Stent w/o MCC	20	\$13,301	3	NR	2	NR
248	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/ MCC or 4+ Vessels/Stents	13	\$18,369	0	NR	1	NR
249	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/o MCC	8	NR	0	NR	0	NR
250	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/ MCC	141	\$21,123	7	NR	21	\$24,825
251	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/o MCC	461	\$13,902	33	\$11,194	72	\$14,179
258	Cardiac Pacemaker Device Replacement w/ MCC	2	NR	0	NR	0	NR
259	Cardiac Pacemaker Device Replacement w/o MCC	14	\$11,881	0	NR	0	NR
260	Cardiac Pacemaker Revision Except Device Replacement w/ MCC	3	NR	1	NR	0	NR
261	Cardiac Pacemaker Revision Except Device Replacement w/ CC	11	\$10,620	0	NR	0	NR
262	Cardiac Pacemaker Revision Except Device Replacement w/o CC/MCC	7	NR	0	NR	2	NR
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/ MCC	155	\$14,002	22	\$16,655	11	\$14,022
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/o MCC	288	\$6,357	20	\$7,965	43	\$9,183
308	Cardiac Arrhythmia and Conduction Disorders w/ MCC	2,795	\$7,163	65	\$8,852	140	\$9,641
309	Cardiac Arrhythmia and Conduction Disorders w/ CC	3,909	\$4,493	98	\$6,012	341	\$8,149
310	Cardiac Arrhythmia and Conduction Disorders w/o CC/MCC	3,593	\$2,849	111	\$3,859	308	\$6,207
Chest	Pain	2,181	\$3,718	94	\$3,558	658	\$5,355
313	Chest Pain	2,181	\$3,718	94	\$3,558	658	\$5,355

Note: Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers for a given condition.

Medicare and Medicaid Payments - 2014 Statewide Data

For the 17 medical conditions/surgical procedures included in this Hospital Performance Report

		Med Fee-for-	icare -Service	Med Fee-for-		Medicaid Managed Care		
MS- DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Cases	Average Payment	Cases	Average Payment	Cases	Average Payment	
Chronic Obstructive Pulmonary Disease (COPD)		10,006	\$5,575	372	\$6,173	2,015	\$8,771	
190	Chronic Obstructive Pulmonary Disease w/ MCC	3,952	\$6,660	134	\$8,290	589	\$10,121	
191	Chronic Obstructive Pulmonary Disease w/ CC	3,740	\$5,398	122	\$5,570	804	\$8,606	
192	Chronic Obstructive Pulmonary Disease w/o CC/MCC	2,314	\$4,010	116	\$4,362	622	\$7,708	
Colored	ctal Procedures	3,073	\$18,007	229	\$20,201	592	\$23,473	
329	Major Small and Large Bowel Procedures w/ MCC	816	\$30,067	89	\$28,810	117	\$30,099	
330	Major Small and Large Bowel Procedures w/ CC	1,324	\$15,254	107	\$15,934	262	\$24,861	
331	Major Small and Large Bowel Procedures w/o CC/MCC	646	\$9,692	24	\$8,280	167	\$16,961	
332	Rectal Resection w/ MCC	42	\$27,906	1	NR	6	NR	
333	Rectal Resection w/ CC	149	\$15,014	6	NR	32	\$21,291	
334	Rectal Resection w/o CC/MCC	96	\$9,728	2	NR	8	NR	
Conges	tive Heart Failure (CHF)	18,800	\$6,714	607	\$10,550	1,541	\$12,149	
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/ MCC	322	\$15,129	38	\$21,448	63	\$18,099	
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/o MCC	718	\$7,165	100	\$10,222	152	\$11,840	
291	Heart Failure and Shock w/ MCC	6,255	\$8,793	165	\$12,606	404	\$14,164	
292	Heart Failure and Shock w/ CC	8,556	\$5,836	261	\$8,694	768	\$11,072	
293	Heart Failure and Shock w/o CC/MCC	2,949	\$3,826	43	\$5,061	154	\$10,110	
Diabete	es - Medical Management	3,856	\$5,753	786	\$6,461	2,497	\$7,601	
073	Cranial and Peripheral Nerve Disorders w/ MCC	149	\$8,001	8	NR	36	\$11,312	
074	Cranial and Peripheral Nerve Disorders w/o MCC	422	\$5,530	59	\$6,148	314	\$8,127	
299	Peripheral Vascular Disorders w/ MCC	36	\$9,338	2	NR	2	NR	
300	Peripheral Vascular Disorders w/ CC	91	\$5,797	5	NR	8	NR	
301	Peripheral Vascular Disorders w/o CC/MCC	1	NR	0	NR	4	NR	
637	Diabetes w/ MCC	724	\$8,428	108	\$11,926	255	\$10,328	
638	Diabetes w/ CC	1,801	\$4,988	393	\$5,800	1,176	\$7,398	
639	Diabetes w/o CC/MCC	509	\$3,483	189	\$4,242	641	\$6,224	
698	Other Kidney and Urinary Tract Diagnoses w/ MCC	28	\$10,998	6	NR	7	NR	
699	Other Kidney and Urinary Tract Diagnoses w/ CC	87	\$6,717	12	\$6,485	45	\$9,162	
700	Other Kidney and Urinary Tract Diagnoses w/o CC/MCC	8	NR	4	NR	9	NR	

Note: Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers for a given condition.

Medicare and Medicaid Payments - 2014 Statewide Data

For the 17 medical conditions/surgical procedures included in this Hospital Performance Report

		Medicare Fee-for-Service		Medicaid Fee-for-Service		Medicaid Managed Care	
MS- DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Cases	Average Payment	Cases	Average Payment	Cases	Average Payment
Gallbladder Removal - Laparoscopic		1,904	\$9,968	457	\$6,687	956	\$11,469
411	Cholecystectomy with Common Duct Exploration (C.D.E.) w/ MCC	2	NR	0	NR	1	NR
412	Cholecystectomy with C.D.E. w/ CC	4	NR	1	NR	3	NR
413	Cholecystectomy with C.D.E. w/o CC/MCC	1	NR	1	NR	0	NR
417	Laparoscopic Cholecystectomy without C.D.E. w/ MCC	455	\$14,921	44	\$11,928	116	\$16,444
418	Laparoscopic Cholecystectomy without C.D.E. w/ CC	814	\$9,554	155	\$7,149	329	\$12,354
419	Laparoscopic Cholecystectomy without C.D.E. w/o CC/MCC	628	\$6,867	256	\$5,511	507	\$9,739
Gallbla	adder Removal - Open	336	\$14,900	48	\$11,745	98	\$15,239
411	Cholecystectomy with C.D.E. w/ MCC	5	NR	0	NR	0	NR
412	Cholecystectomy with C.D.E. w/ CC	10	NR	1	NR	2	NR
413	Cholecystectomy with C.D.E. w/o CC/MCC	8	NR	0	NR	2	NR
414	Cholecystectomy Except by Laparoscope without C.D.E. w/ MCC	105	\$22,621	11	\$19,149	16	\$23,592
415	Cholecystectomy Except by Laparoscope without C.D.E. w/ CC	135	\$12,519	18	\$10,931	38	\$15,448
416	Cholecystectomy Except by Laparoscope without C.D.E. w/o CC/MCC	73	\$8,172	18	\$8,060	40	\$11,749
Heart A	Attack - Angioplasty/Stent	2,996	\$14,126	531	\$14,259	472	\$22,445
246	Percutaneous Cardiovascular Procedure with Drug- Eluting Stent w/ MCC or 4+ Vessels/Stents	558	\$20,229	64	\$17,906	62	\$29,147
247	Percutaneous Cardiovascular Procedure with Drug- Eluting Stent w/o MCC	1,607	\$12,283	300	\$12,934	264	\$21,857
248	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/ MCC or 4+ Vessels/Stents	211	\$18,495	23	\$23,379	29	\$22,430
249	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/o MCC	449	\$11,069	126	\$14,020	83	\$20,158
250	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/ MCC	62	\$18,231	3	NR	6	NR
251	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/o MCC	109	\$11,848	15	\$13,328	28	\$19,273

Note: Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers for a given condition.

Medicare and Medicaid Payments – 2014 Statewide Data

For the 17 medical conditions/surgical procedures included in this Hospital Performance Report

			icare Service	Med Fee-for-		Medicaid Managed Care	
MS- DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Cases	Average Payment	Cases	Average Payment	Cases	Average Payment
Heart Attack - Medical Management		4,443	\$7,753	159	\$9,299	298	\$15,404
280	Acute Myocardial Infarction, Discharged Alive w/	1,990	\$10,017	54	\$13,112	98	\$17,556
281	Acute Myocardial Infarction, Discharged Alive w/ CC	1,374	\$6,042	48	\$7,944	103	\$14,680
282	Acute Myocardial Infarction, Discharged Alive w/o CC/MCC	685	\$4,179	52	\$5,789	84	\$13,612
283	Acute Myocardial Infarction, Expired w/ MCC	284	\$10,318	3	NR	9	NR
284	Acute Myocardial Infarction, Expired w/ CC	77	\$4,268	2	NR	2	NR
285	Acute Myocardial Infarction, Expired w/o CC/MCC	33	\$2,750	0	NR	2	NR
Hypote	ension and Fainting	3,676	\$4,229	112	\$4,576	358	\$6,139
312	Syncope and Collapse	3,676	\$4,229	112	\$4,576	358	\$6,139
Kidney	and Urinary Tract Infections	8,800	\$5,042	315	\$6,145	1,090	\$7,587
689	Kidney and Urinary Tract Infections w/ MCC	2,694	\$6,406	70	\$10,672	171	\$9,194
690	Kidney and Urinary Tract Infections w/o MCC	6,106	\$4,440	245	\$4,852	919	\$7,288
Kidney	Failure - Acute	9,124	\$6,537	396	\$10,092	1,208	\$10,414
682	Renal Failure w/ MCC	2,848	\$9,200	114	\$14,765	273	\$13,009
683	Renal Failure w/ CC	5,363	\$5,628	254	\$8,305	755	\$9,861
684	Renal Failure w/o CC/MCC	913	\$3,565	28	\$7,276	180	\$8,800
Pneum	nonia - Aspiration	3,440	\$9,545	119	\$12,829	237	\$13,387
177	Respiratory Infections and Inflammations w/ MCC	1,794	\$11,261	56	\$13,776	98	\$14,309
178	Respiratory Infections and Inflammations w/ CC	1,358	\$8,140	58	\$12,195	104	\$13,377
179	Respiratory Infections and Inflammations w/o CC/MCC	288	\$5,482	5	NR	35	\$10,833
Pneum	nonia - Infectious	12,775	\$6,370	542	\$6,715	1,833	\$10,026
177	Respiratory Infections and Inflammations w/ MCC	432	\$11,538	12	\$11,694	32	\$14,817
178	Respiratory Infections and Inflammations w/ CC	314	\$7,775	13	\$8,821	35	\$15,997
179	Respiratory Infections and Inflammations w/o CC/MCC	39	\$5,897	3	NR	4	NR
193	Simple Pneumonia and Pleurisy w/ MCC	4,318	\$8,214	178	\$8,461	486	\$11,968
194	Simple Pneumonia and Pleurisy w/ CC	5,565	\$5,465	219	\$6,382	902	\$9,429
195	Simple Pneumonia and Pleurisy w/o CC/MCC	2,107	\$3,720	117	\$3,955	374	\$7,897

Note: Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers for a given condition.

Medicare and Medicaid Payments - 2014 Statewide Data

For the 17 medical conditions/surgical procedures included in this Hospital Performance Report

		Med Fee-for	icare -Service	Medicaid Fee-for-Service		Medicaid Managed Care	
MS- DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Cases	Average Payment	Cases	Average Payment	Cases	Average Payment
Septic	Septicemia		\$10,913	1,612	\$15,560	3,030	\$15,475
870	Septicemia or Severe Sepsis with Mechanical Ventilation 96+ Hours	856	\$37,892	136	\$30,543	204	\$34,394
871	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours w/ MCC	14,980	\$11,101	938	\$17,376	1,726	\$16,053
872	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours w/o MCC	5,467	\$6,174	538	\$8,607	1,100	\$11,059
Stroke		7,917	\$6,981	616	\$9,783	802	\$13,437
061	Acute Ischemic Stroke with Use of Thrombolytic Agent w/ MCC	133	\$17,178	9	NR	8	NR
062	Acute Ischemic Stroke with Use of Thrombolytic Agent w/ CC	245	\$11,208	27	\$8,941	35	\$19,148
063	Acute Ischemic Stroke with Use of Thrombolytic Agent w/o CC/MCC	89	\$8,432	5	NR	11	\$16,776
064	Intracranial Hemorrhage or Cerebral Infarction w/ MCC	1,837	\$10,481	116	\$18,470	150	\$16,832
065	Intracranial Hemorrhage or Cerebral Infarction w/ CC or tPA in 24 Hours	3,618	\$6,114	293	\$8,519	403	\$12,845
066	Intracranial Hemorrhage or Cerebral Infarction w/o CC/MCC	1,995	\$4,066	166	\$5,801	195	\$10,572



Pennsylvania Health Care Cost Containment Council

Joe Martin, Executive Director
225 Market Street, Suite 400, Harrisburg, PA 17101
Phone: 717-232-6787 • Fax: 717-232-3821
www.phc4.org



For More Information

The information contained in this report and other PHC4 publications is available online at www.phc4.org. Additional financial, hospitalization and ambulatory procedure health care data is available for purchase. For more information, contact PHC4's Special Requests at specialrequests@phc4.org or 717-232-6787.