Table Notes

Stroke

Total Number of Cases includes all inpatient hospitalizations, after exclusions, for patients 18 years and older who were treated for a principal diagnosis of a stroke. Patients who were transferred to another acute care hospital or left against medical advice were excluded.

Mortality represents patients who died during the hospital stay.

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

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

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

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

- O Rate was significantly lower than expected. Fewer patients died (or were readmitted) than could be attributed to patient risk and random variation.
- 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.
- Rate was significantly higher than expected.
 More patients died (or were readmitted)
 than could be attributed to patient risk and random variation.

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