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**DELAWARE HOSPITAL  
DISCHARGE SUMMARY  
REPORT ■ 2010**



*DELAWARE HEALTH AND SOCIAL SERVICES*  
Division of Public Health

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## Acknowledgments

This report was prepared by Don Berry and Ed Ratledge of the University of Delaware's Center for Applied Demography and Survey Research. In addition, Ed Ratledge created the hospital discharge research file and provided technical advice.

We gratefully acknowledge the Delaware Healthcare Association and Delaware's hospitals for providing the data that make this report possible.

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## EXECUTIVE SUMMARY

### This report describes:

Patient Characteristics  
Most Frequent Reason for Hospitalizations  
Patient Admission Source  
Hospital Charges and Billing Patterns  
Patient Discharge Status  
Patient Distribution

Data in this report will present 2010 Delaware hospital discharge data, as well as trend data for selected characteristics. Hospitalization or hospital discharge refers to any discharge from a non-federal, short-stay, acute-care hospital in Delaware. Hospitalizations are expressed as numbers of discharges, not as unduplicated patients; as a result, a single patient with multiple hospitalizations can be counted more than once. Delaware hospital discharge data are based on inpatient hospitalizations and do not include outpatient, clinic, or emergency room data. Unless otherwise specified, the data presented represent discharges from the following hospitals and systems: Alfred I. duPont, St. Francis Hospital, Select Specialty Hospital - Wilmington, Christiana Care Health System (which consists of Wilmington Hospital and Christiana Care), Bayhealth Medical Center (which consists of Kent General and Milford), Beebe Medical Center, and Nanticoke Memorial Hospital<sup>1</sup>.

More information on how annual files are created, as well as definitions of terms used in this report, can be found in the Technical Notes.

### Key findings:

- The number of hospital discharges decreased slightly from 2009 to 2010. Despite the drop in discharges, aggregate hospital charges continued their steady increase (see page 20).
- Women accounted for 57.7 percent of all discharges. In the 25 to 34 year age group, four out of every five discharges were women.
- Inpatient hospitalizations in 2010 generated total charges of \$2.68 billion; nearly 47 percent of that total (\$1.26 billion) was billed to Medicare.
- In 2010, the average length of stay (ALOS) was 4.8 days and the mean charge for a hospitalization was \$23,940.
- The most frequent reasons for hospitalization fell under the category of diseases of the circulatory system, and included congestive heart failure, coronary artery disease, and cardiac dysrhythmias (irregular heart beat).
- Thirty percent of all hospital stays in 2010 were admitted through the emergency department.
- Thirteen percent of all discharges from Delaware hospitals were non-residents, most of whom came from Pennsylvania, Maryland, and New Jersey.

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<sup>1</sup>See the Hospital Profiles at the end of this report for details about each of Delaware's acute care hospitals.

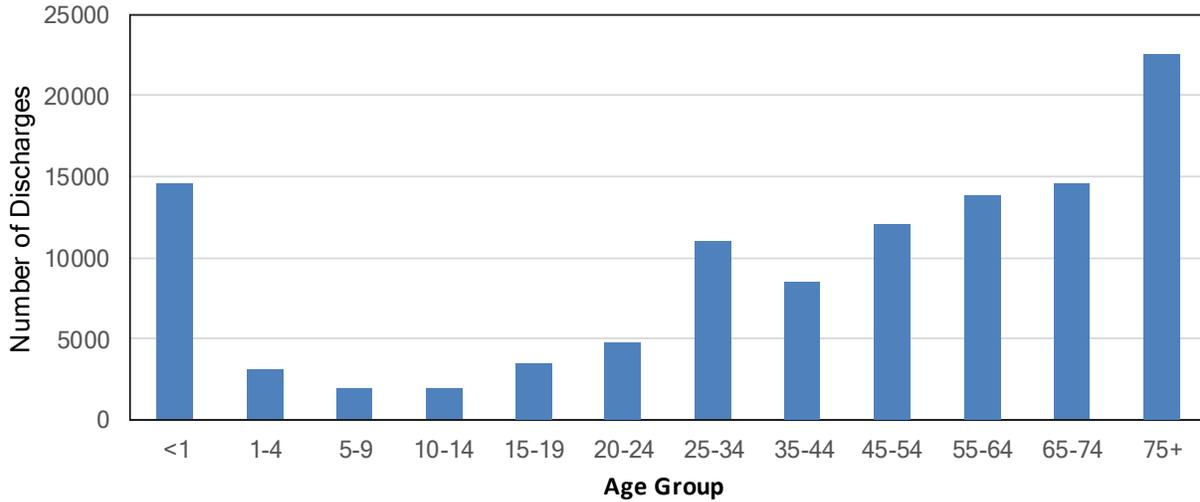
## EXECUTIVE SUMMARY

- Hospital stays for liveborn infants varied by type of delivery and plurality.
  - The ALOS for infants delivered by cesarean section was 3.7 days, versus 2.4 days for infants delivered vaginally.
  - The ALOS for infants who were part of a plural birth was almost twice that of singleton births (5 days versus 2.8 days).
- Two-thirds of patients underwent a procedure while hospitalized: 23.7 percent had one procedure, 17.2 had two procedures, and 26.5 had three or more during their stay.
- Patients who were uninsured and those covered by Medicare were more frequently admitted through the emergency department (ED) than any other route; 84.2 percent of uninsured patients and 73.9 percent of Medicare patients were admitted through the ED in 2010.
- Medicare and private insurers were the primary payers in 38.9 and 31.2 percent of all hospital discharges in 2010. Medicaid was the primary payer in 24.8 percent of all hospital stays, and uninsured hospitalizations accounted for 2.5 percent of the total stays. The remaining 2 percent of hospitalizations were covered by other specified or unknown programs.

## PATIENT CHARACTERISTICS

Patients under 1 year old accounted for 13.0 percent of all discharges in 2010; the majority of these discharges were infants hospitalized by virtue of being born in the hospital. Patients 65 and older were responsible for 33.0 percent of all discharges in 2010.

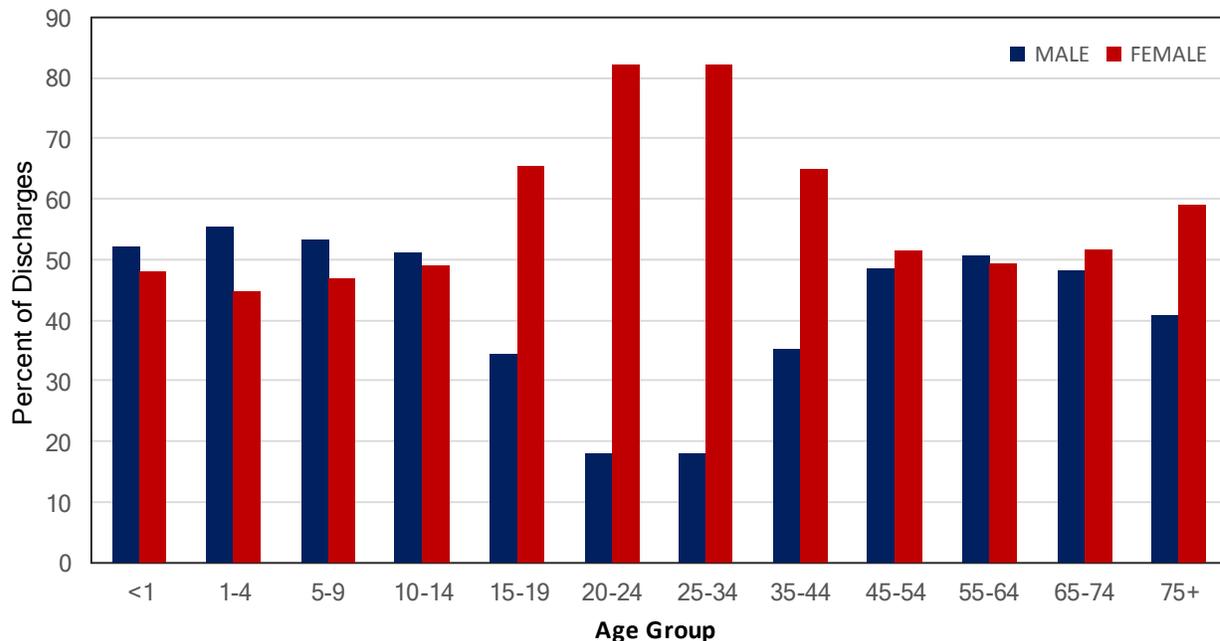
**Figure 1. Hospital Discharges by Age Group, Delaware Hospitals, 2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Males made up the majority of discharges in the age groups under 15. For nearly all age groups 15 and higher, females made up the majority of discharges, and in the 20 to 34 year age range, four out of every five discharges were women. In 2010, 57.7 percent of all discharges were women.

**Figure 2. Percentage of Discharges by Sex and Age Group, Delaware Hospitals, 2010.**

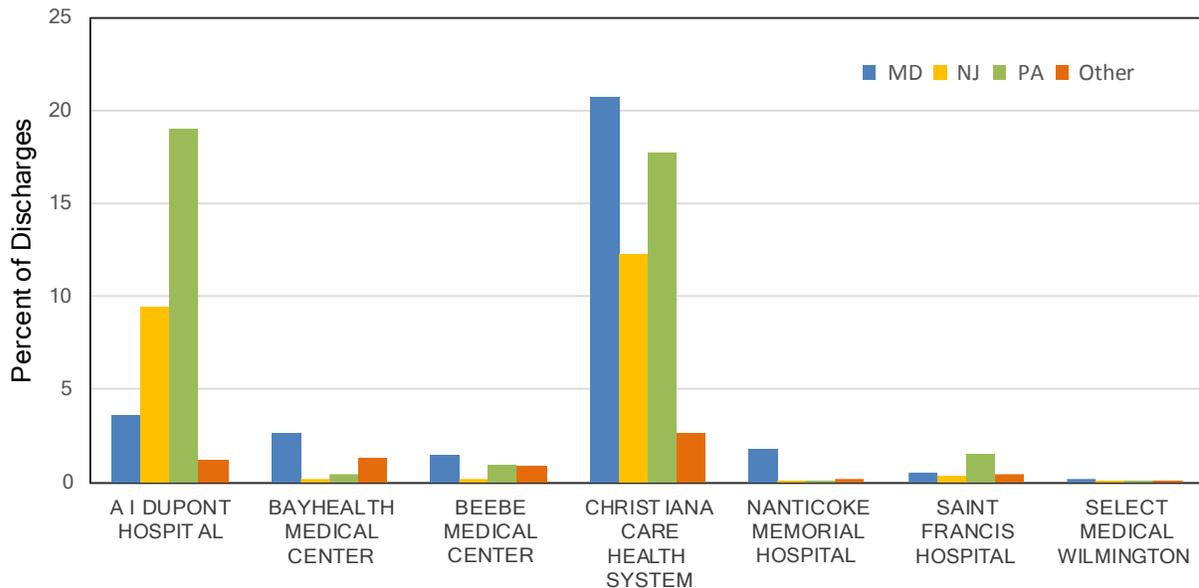


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## PATIENT CHARACTERISTICS

Non-residents accounted for 13.0 percent of all discharges from Delaware hospitals, most of whom came from Pennsylvania, Maryland, and New Jersey. Nearly half of A.I. duPont's patients were non-residents (47.5 percent).

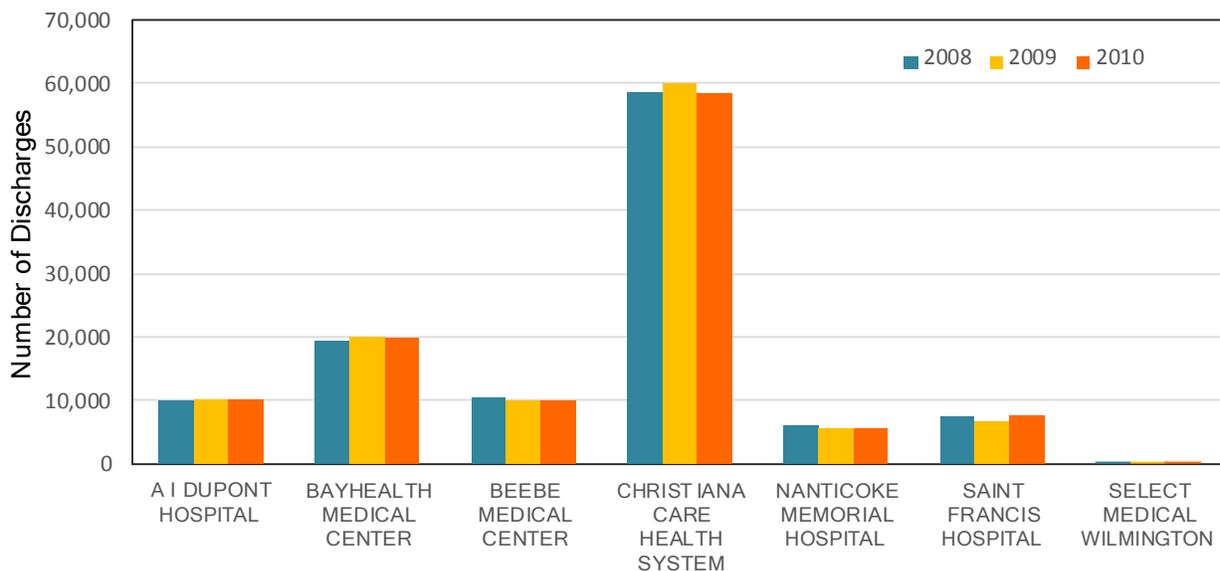
**Figure 3. Percentage of Non-Resident Discharges by State, Delaware Hospitals, 2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Hospital admissions remained fairly stable between 2008 and 2010. Total admissions were basically unchanged moving from 112,107 in 2008 to 112,130 in 2010. The two hospitals with the greatest percent changes were Nanticoke, which decreased 7.1 percent; and Select Medical, which increased 18.3 percent.

**Figure 4. Number of Discharges by Hospital System, 2008-2010.**

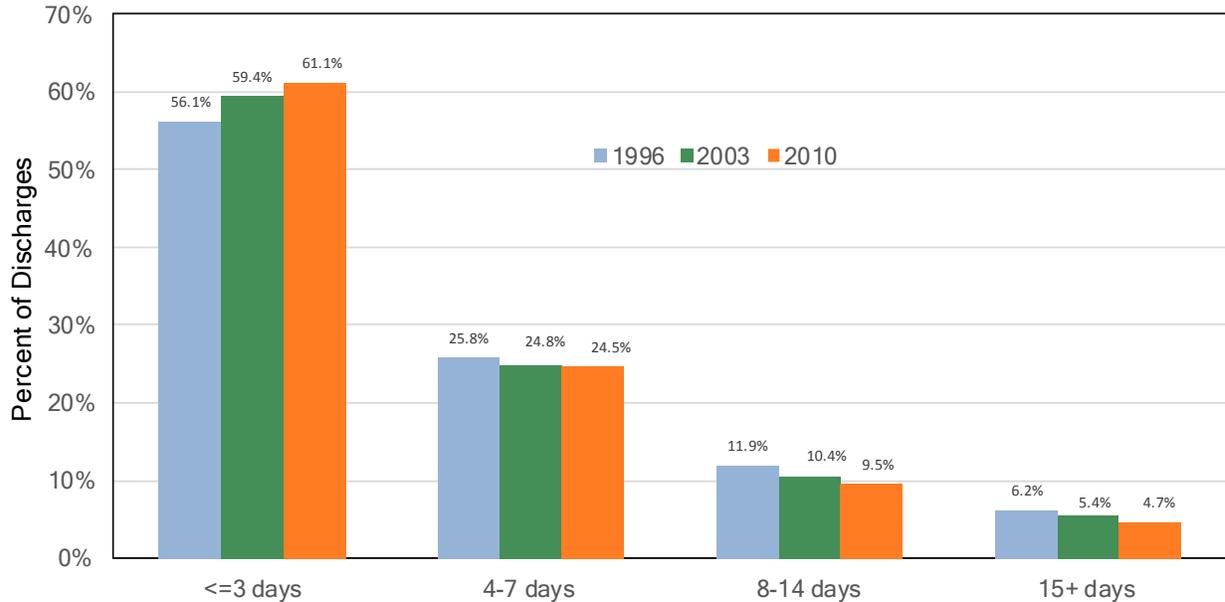


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## PATIENT CHARACTERISTICS

Average length of stay (ALOS) dropped from 5.3 days in 1996 to 4.8 days in 2010. This decline was primarily due to an increase in the percentage of patients staying less than three days. In 2010 61.1 percent of patients stayed three or fewer days in the hospital. The largest percentage decline in length of stay occurred for patients admitted for 15+ days (24.4 percent).

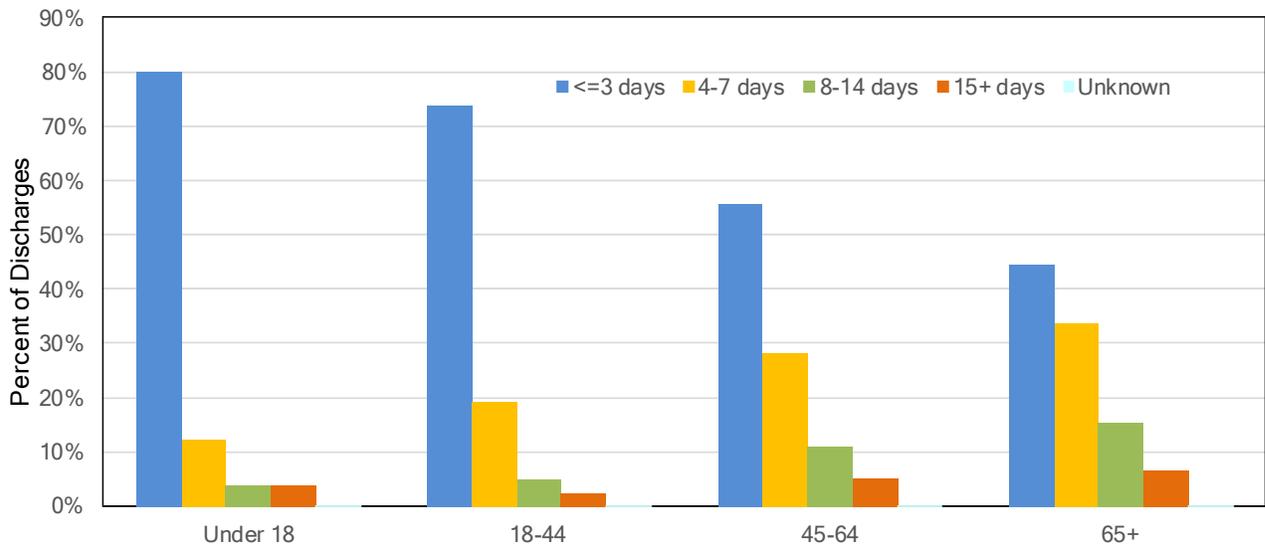
**Figure 5. Percent of Hospital Discharges by Length of Stay, Delaware, 1996, 2003, 2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Length of stay varies with age of patient. Patients under the age of 18 have the shortest lengths of stay. In 2010 80.1 percent of patients under 18 had hospital stays of three days or less, compared to 44.3 percent for patients 65 and over. Patients aged 65 and over were more than three times as likely to have stays of 8 to 14 days when compared to patients under the age of 18.

**Figure 6. Percent of Hospital Discharges by Average Length of Stay and Age Group, Delaware, 2010.**

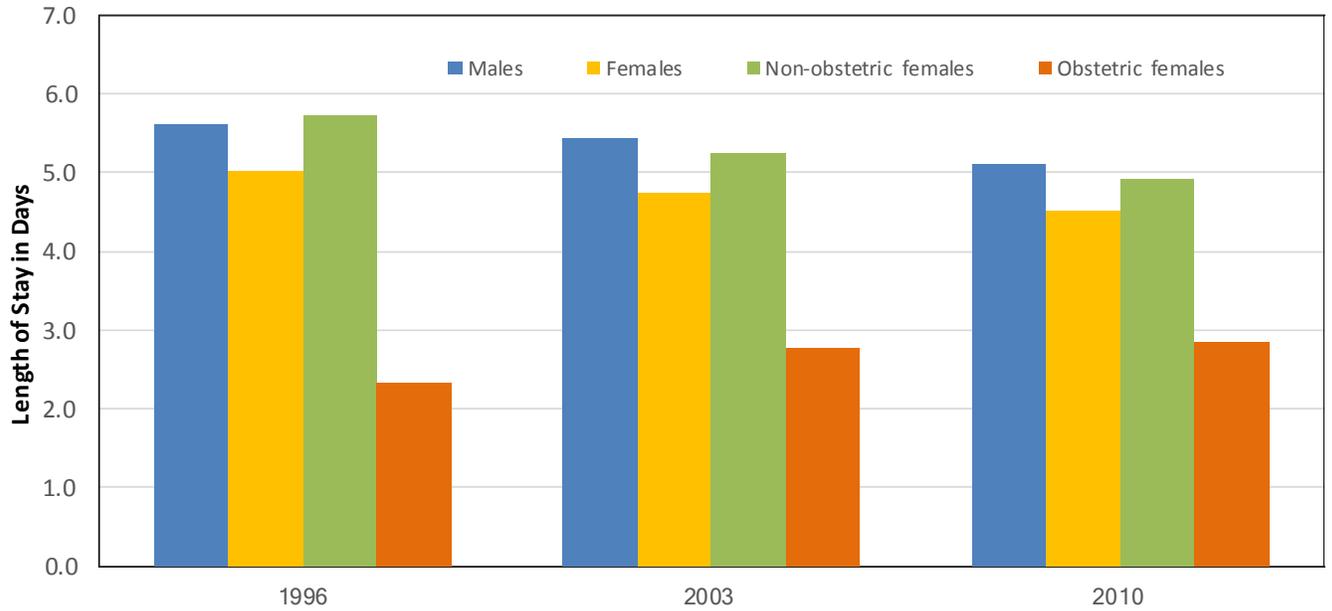


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## PATIENT CHARACTERISTICS

Between 1996 and 2010, average length of stay for male and female patients declined 8.9 and 10.0 percent, respectively. When female obstetrical patients were excluded from the calculation of average length of stay, male and female patients had similar ALOS figures in all time periods. The only increase in average length of stay from 1996 to 2010 was seen in female obstetrical patients, whose length of stay increased 22.8 percent.

**Figure 7. Mean Length of Stay by Patient Type, Delaware Hospitals, 1996, 2003, 2010.**



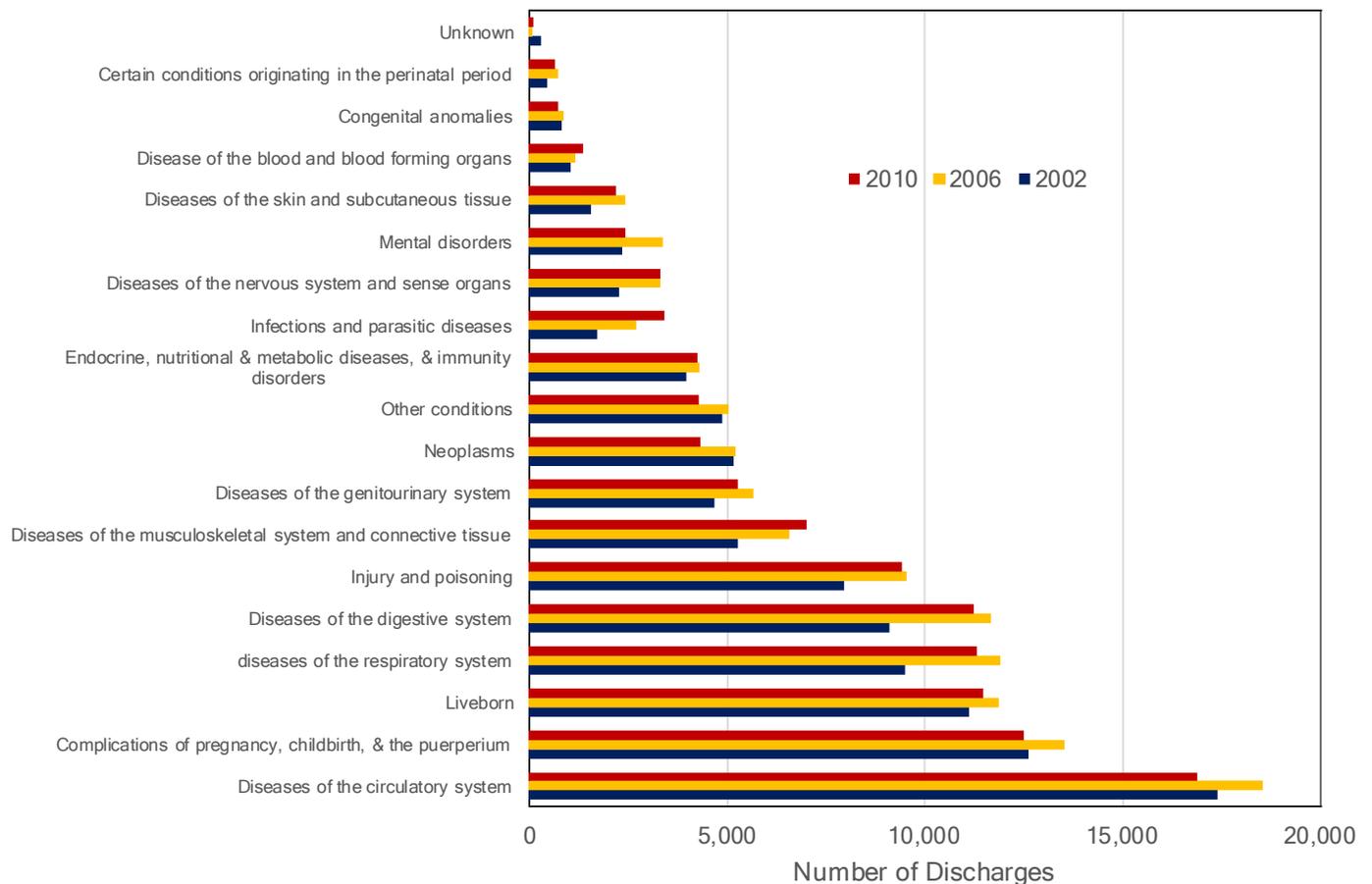
Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## WHY PATIENTS WERE HOSPITALIZED

### Most frequent reasons for hospitalization by primary diagnosis and body system<sup>2</sup>:

In 2010, diseases of the circulatory system accounted for 15.0 percent of the total discharges and represented the most common reasons for hospitalization. Some of the most common diagnoses in that category were congestive heart failure, coronary artery disease, irregular heartbeat, heart attack, and stroke. Pregnancy and childbirth comprised 11.1 percent of the total discharges, and 10.1 percent of all discharges were related to diseases of the respiratory system, which included pneumonia, chronic obstructive pulmonary disease, asthma, and respiratory failure. Together, these three categories accounted for 36.3 percent of all hospitalizations.

**Figure 8. Number of Discharges by Body System, Delaware Hospitals, 2002, 2006, 2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center  
 Note: See Appendix A for details about the primary diagnoses and body system classifications.

The largest percent increase (98.8) in hospitalizations from 2002 to 2010 occurred in Infections and parasitic diseases. Certain conditions originating in the perinatal period also demonstrated a large percentage increase (47.6) from 2002 to 2010 and at 46.8 percent, the third largest increase in hospitalizations was due to diseases of the nervous system and sense organs. Neoplasms accounted for the largest decrease in hospitalizations (15.7 percent).

## WHY PATIENTS WERE HOSPITALIZED

### Most frequent reasons for hospitalization by sex (excluding liveborn infants):

Specific diagnoses varied by sex, with much of the variation resulting from the large number of women hospitalized due to pregnancy and delivery related conditions. Four of the top 10 diagnoses for women were related to pregnancy and childbirth. In the table below, all of these diagnoses were rolled into Pregnancy & childbirth. Both men and women experienced high numbers of discharges due to pneumonia, osteoarthritis, and congestive heart failure. The following table shows the most frequent diagnoses for both men and women, by number, percent, and rank of discharges by gender.

Table 1. Most Frequent Diagnoses (CCS Defined) by Gender, Delaware Hospitals, 2010

CCS Principal Diagnosis	MALE			FEMALE		
	#	%	Rank	#	%	Rank
All diagnoses	47,381	100		64,749	100	
Pregnancy & childbirth	---	---	---	12,484	19.3	1
Liveborn	5,858	12.4	1	5,616	8.7	2
Pneumonia (except that caused by tuberculosis or STD)	1,607	3.4	2	1,687	2.6	4
Osteoarthritis	1,231	2.6	4	1,929	3.0	3
Congestive heart failure: nonhypertensive	1,348	2.8	3	1,294	2.0	7
Septicemia (except in labor)	1,210	2.6	5	1,333	2.1	6
Chronic obstructive pulmonary disease and bronchiectasis	914	1.9	11	1,162	1.8	8
Cardiac dysrhythmias	1,043	2.2	8	984	1.5	9
Coronary atherosclerosis and other heart disease	1,195	2.5	6	754	1.2	20
Complication of device: implant or graft	958	2.0	10	967	1.5	10
Skin and subcutaneous tissue infections	992	2.1	9	920	1.4	12
Spondylosis: intervertebral disc disorders: other back problems	887	1.9	13	967	1.5	11
Urinary tract infections	457	1.0	29	1,341	2.1	5
Acute cerebrovascular disease	873	1.8	14	918	1.4	13
Acute myocardial infarction	1,093	2.3	7	694	1.1	22

Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Note: Clinical Classifications Software (CCS) is diagnostic classification system developed by the Agency for Healthcare Research and Quality (AHRQ). See Appendix A for more information.

### Most frequent reasons for hospitalization by age groups:

- Excluding liveborn infants, patients under 1 were hospitalized most often for acute bronchitis, other perinatal conditions, and hemolytic jaundice and perinatal jaundice.
- For those ages 1 to 17, asthma, pneumonia (except that caused by tuberculosis or sexually transmitted disease (STD)), skin and subcutaneous tissue infections made up the top three diagnoses.
- For those ages 18 to 44, all of the top 10 diagnoses were associated with pregnancy and childbirth. If pregnancy and childbirth were excluded, skin and subcutaneous tissue infections, diabetes mellitus with complications, and mood disorders became the three most common reasons for hospitalization.
- For those ages 45 to 64, osteoarthritis, coronary atherosclerosis and other heart disease, and spondylosis; intervertebral disc disorders; other back problems comprised the top three diagnoses.
- For those over 65, congestive heart failure; nonhypertensive, osteoarthritis, and pneumonia (except that caused by tuberculosis or STD) were the top three diagnoses.

Though the most common reasons for hospitalization differed by age, pneumonia appeared in the 10 most frequent diagnoses for all five age groups.

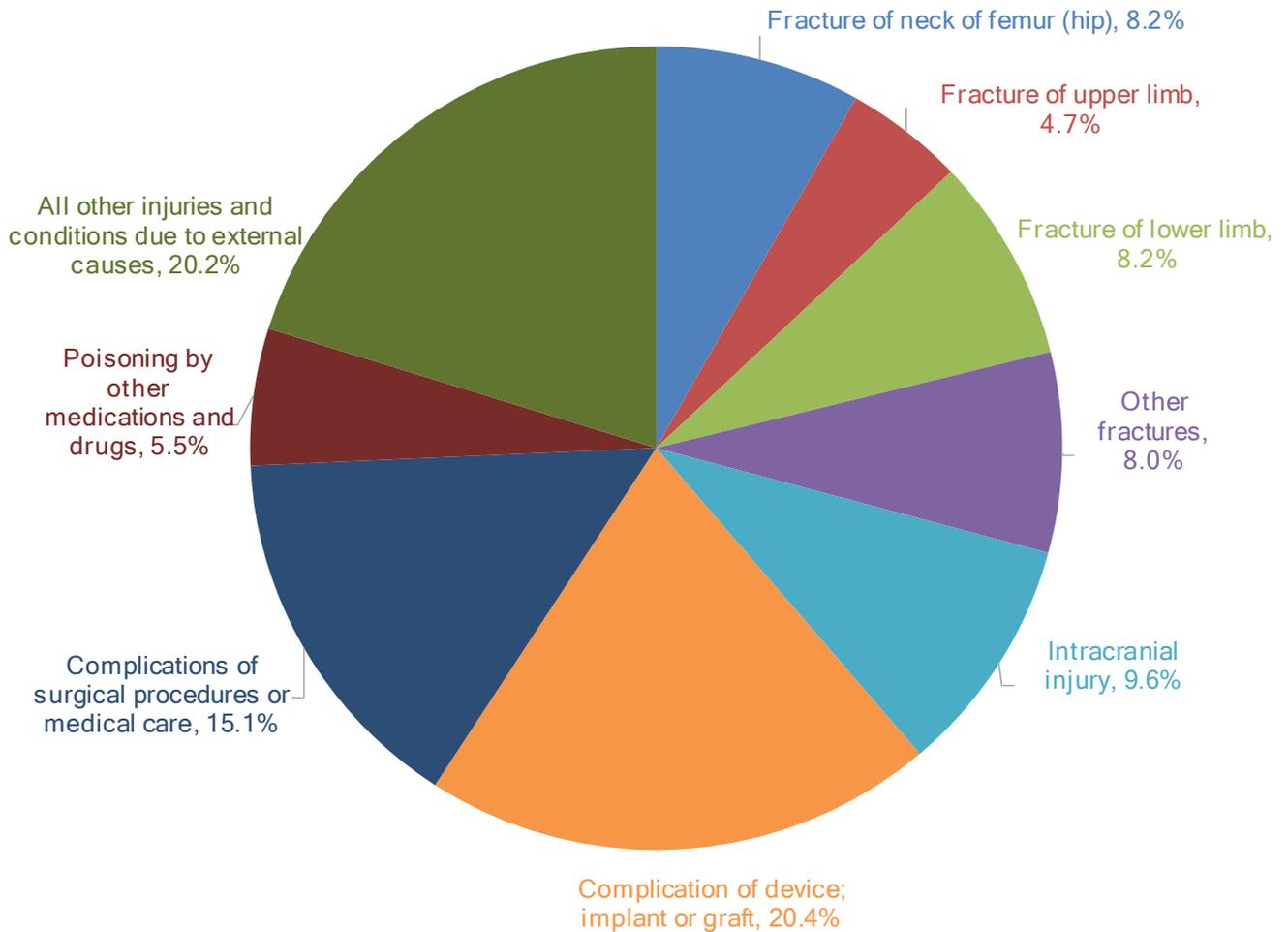
## WHY PATIENTS WERE HOSPITALIZED – INJURIES

### Injury hospitalizations:

Injury hospitalizations accounted for 8.4 percent of the total number of discharges and \$285 million in aggregate charges in 2010. The majority of patients were admitted through the ED and the average charge for an injury stay ranged from \$13,481 for sprains and strains to \$100,145 for spinal cord injuries, with an overall average charge of \$30,209 (see Appendix A).

The most common primary diagnosis for an injury hospitalization in 2010 was complication of device, implant or graft, which accounted for 20.4 percent of injury hospitalizations. Complications of surgical procedures or medical care were responsible for another 15.1 percent of injury hospitalizations, followed by intracranial injury (9.6 percent), fracture of lower limb (8.2 percent), and fracture of neck of femur (hip) (8.2 percent).

**Figure 9. Most Frequent Injury Diagnoses, Delaware Hospitals, 2010.**



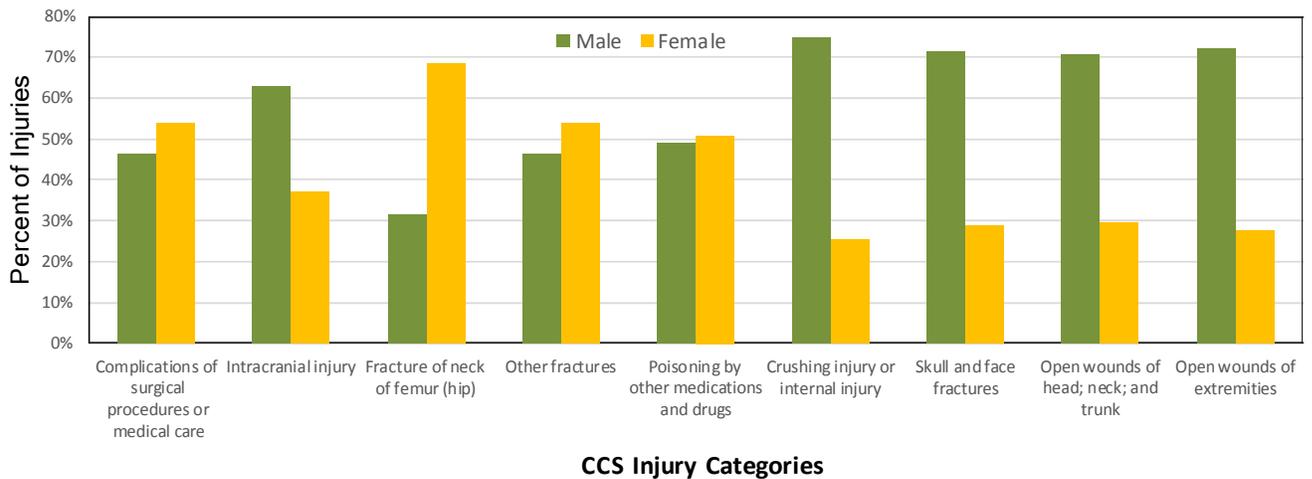
Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Falls were the most frequently specified external cause of injury (as defined by the Ecode listed on the discharge record). Falls accounted for 89.0 percent of hip fractures, 69.7 percent of upper limb fractures, 55.0 percent of intracranial injuries, and 56.8 percent of spinal cord injuries. Motor vehicle accidents were responsible for 24.7 percent of intracranial injuries and 18.9 percent of spinal cord injuries. Poisoning by psychotropic agents accounted for 3.0 percent of all injuries.

## WHY PATIENTS WERE HOSPITALIZED – INJURIES

The number of injury hospitalizations was split almost equally between males and females, though the distribution varied by specific injury type. Women were more likely to have been hospitalized for hip fractures and other unspecified fractures, poisoning by other medications and drugs, and complications of surgical procedures or medical care. Men were more likely to have been hospitalized for crushing or internal injuries, open wounds of head, neck, and trunk, skull and face fractures, open wounds of extremities, and intracranial injuries.

**Figure 10. Selected Primary Injury Diagnoses by Gender Delaware Hospitals, 2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## WHY PATIENTS WERE HOSPITALIZED - PROCEDURES

### Most frequent reasons for hospitalization by procedure:

In 2010, 67 percent of discharges had at least one associated procedure. Of the 75,528 hospital stays with an accompanying procedure, 35.2 percent had only a principal procedure performed; the remaining 64.8 percent had two or more procedures. Each discharge can have up to six procedures; it is this total number of procedures, or the all-listed procedures, that will be examined in this report.

The most common types of all-listed procedures were miscellaneous diagnostic and therapeutic, cardiovascular, obstetric, and musculoskeletal. Miscellaneous diagnostic and therapeutic procedures accounted for nearly half of the total procedures and included injections, vaccinations and prophylactic inoculations, CT scans, diagnostic ultrasounds, respiratory intubation and mechanical ventilation, and blood transfusions.

Overall, the most frequently performed all-listed procedures were diagnostic cardiac catheterization; coronary arteriography; other procedures to assist delivery, respiratory intubation and mechanical ventilation, and blood transfusion.

**Table 2. Most Frequent All-listed Inpatient Procedures, Delaware Hospitals, 2010**

CCS Procedure	# of All -listed Procedures			% of Discharges with a Procedure
	MALE	FEMALE	Total	
Diagnostic cardiac catheterization; coronary arteriography	6405	4291	10696	14.2
Other procedures to assist delivery	0	9970	9970	13.2
Respiratory intubation and mechanical ventilation	4598	4202	8800	11.7
Blood transfusion	3648	4318	7966	10.5
Prophylactic vaccinations and inoculations	3451	3452	6903	9.1
Other vascular catheterization; not heart	3245	3479	6724	8.9
Ophthalmologic and otologic diagnosis and treatment	3045	2933	5978	7.9
Fetal monitoring	0	5871	5871	7.8
Other OR procedures on vessels other than head and neck	3199	2244	5443	7.2
Circumcision	4621	0	4621	6.1
Repair of current obstetric laceration	0	3924	3924	5.2
Spinal fusion	1806	2062	3868	5.1
Cesarean section	0	3791	3791	5.0
Other diagnostic procedures (interview; evaluation; consultation)	1834	1922	3756	5.0
Artificial rupture of membranes to assist delivery	0	3379	3379	4.5

*Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center*

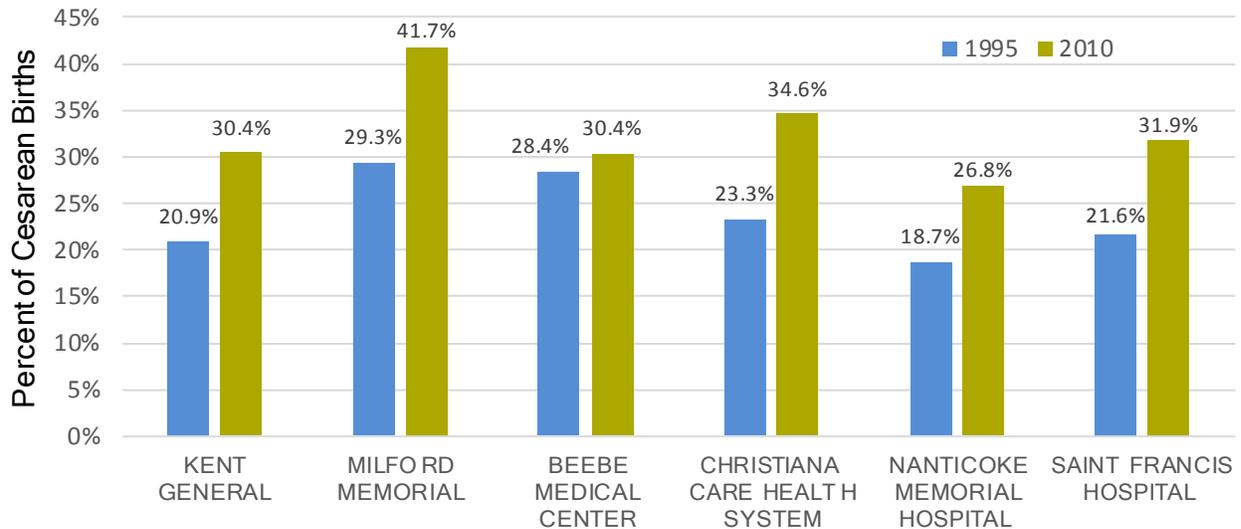
Note: All-listed procedures refer to all procedures performed during a hospital stay; excludes other therapeutic procedures. See the definition of Procedure Classes in the Definitions section of the Technical Notes.

Males most frequently underwent diagnostic cardiac catheterization; coronary arteriography, circumcision, and respiratory intubation and mechanical ventilation, while females most frequently underwent other procedures to assist delivery, fetal monitoring, and blood transfusion. Four of the 10 most commonly performed procedures on females were related to pregnancy and childbirth.

## WHY PATIENTS WERE HOSPITALIZED – PROCEDURES

A major component of obstetrical procedures are related to cesarean delivery of newborn infants. Since 1995, annual cesarean delivery rates increased for every hospital in Delaware; by 2010, 39.5 percent of all births were delivered by cesarean. Christiana Care Health System, and Saint Francis Hospital showed the greatest increases, rising 48.6 percent and 47.2 percent respectively. In 2010, Milford Memorial and Christiana Care Health System had the highest rates, with 41.7 percent and 34.6 percent of all births being delivered by cesareans. Nanticoke Memorial Hospital had the lowest percentage of births delivered by cesarean (26.8 percent).

Figure 11. Annual Cesarean Delivery Rates for Delaware Hospitals by Hospital, 1995 and 2010 .



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## Gender

In 2010, obstetrical procedures accounted for one in five all-listed procedures performed on females, and included other procedures to assist delivery, fetal monitoring, cesarean sections, repair of current obstetrical laceration, and artificial rupture of membranes.

For males, diagnostic cardiac catheterization; coronary arteriography accounted for 8.7 percent of the total procedures, followed by circumcision (6.2 percent) and respiratory intubation and mechanical ventilation (6.2 percent). The following procedures were present in the 10 most commonly performed procedures for both males and females:

- diagnostic cardiac catheterization
- respiratory intubation and mechanical ventilation
- blood transfusion
- prophylactic vaccinations and inoculations
- Other vascular catheterization; not heart.

## WHY PATIENTS WERE HOSPITALIZED – PROCEDURES

### Age

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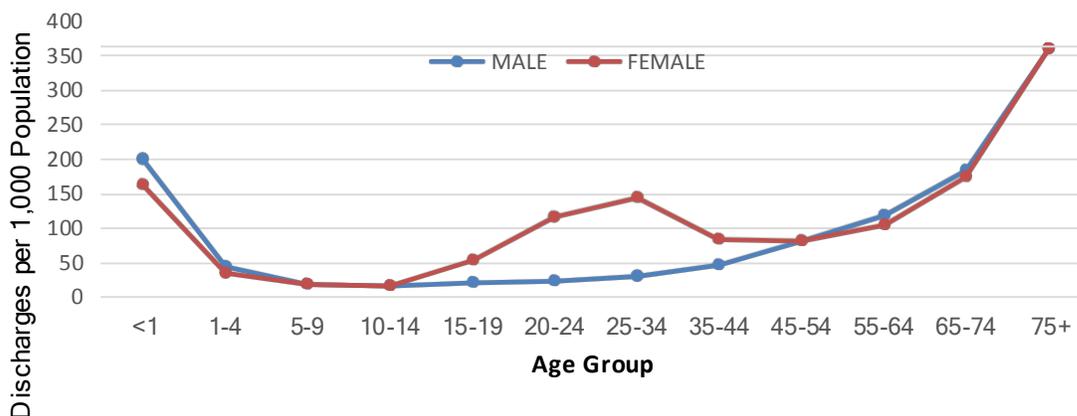
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## HOSPITALIZATIONS OF DELAWARE RESIDENTS

Hospital stays for Delaware residents were based on inpatient discharges from Delaware hospitals only; as such, information about residents who went out of state for hospital care are not represented in the following statistics.

Discharge rates of Delaware residents under the age of 1 were higher than the rates of all other age groups except those 65 and older. Discharge rates decreased with each increase in age group between those patients under 1 and those ages 10-14. The trend reversed at the 15-19 age group and other than a slight dip in the rates for those 35-54, rates rose steadily with each older age group. Male and female discharge rates were similar for age groups under 15 and over 44. However, females in 15-44 age groups had discharge rates 1.8 to 5.2 times that of males.

**Figure 12. Resident Discharge Rates for Delaware Hospitals by Sex and Age, 2010\***

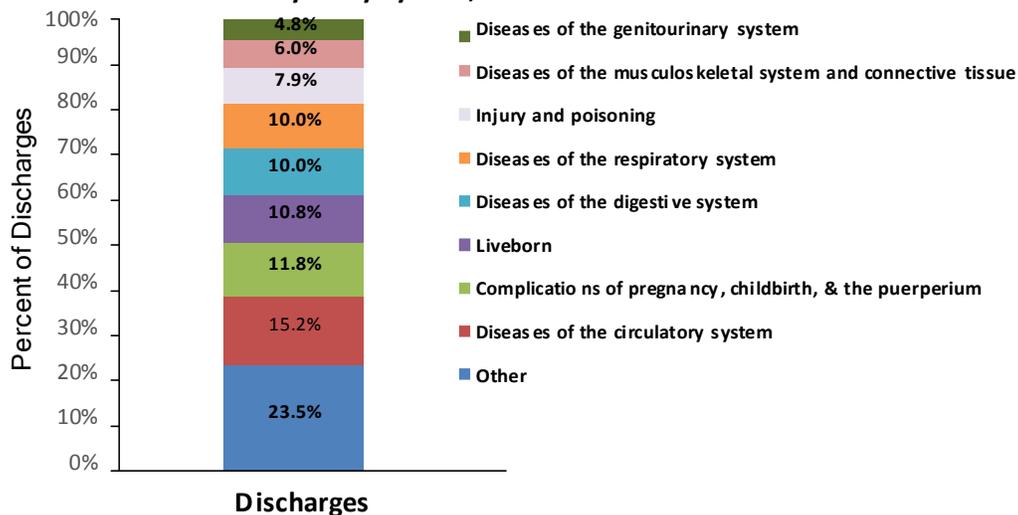


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2010, Delawareans were discharged most frequently for diseases of the circulatory system, which accounted for 15.2 percent of all resident hospital stays. The most common diagnoses for diseases of the circulatory system included heart failure, coronary artery disease, and irregular heartbeat. Pregnancy and childbirth, and newborn infants were the second and third most common reasons for resident hospital stays, followed by

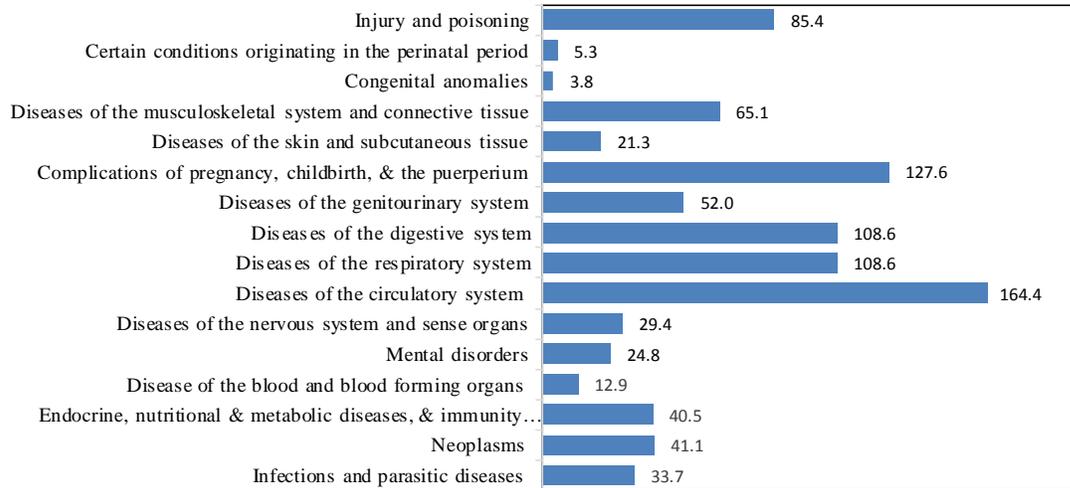
diseases of the digestive system, which included biliary tract disease, gastrointestinal hemorrhage, and intestinal obstruction; and diseases of the respiratory system, which included pneumonia, COPD (chronic obstructive pulmonary disease), and asthma.

**Figure 13. Percent of Resident Discharges for Delaware Hospitals by Body System, 2010**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

**Figure 14. Hospitalization Rates\* for Delaware Residents by Body System, 2010**

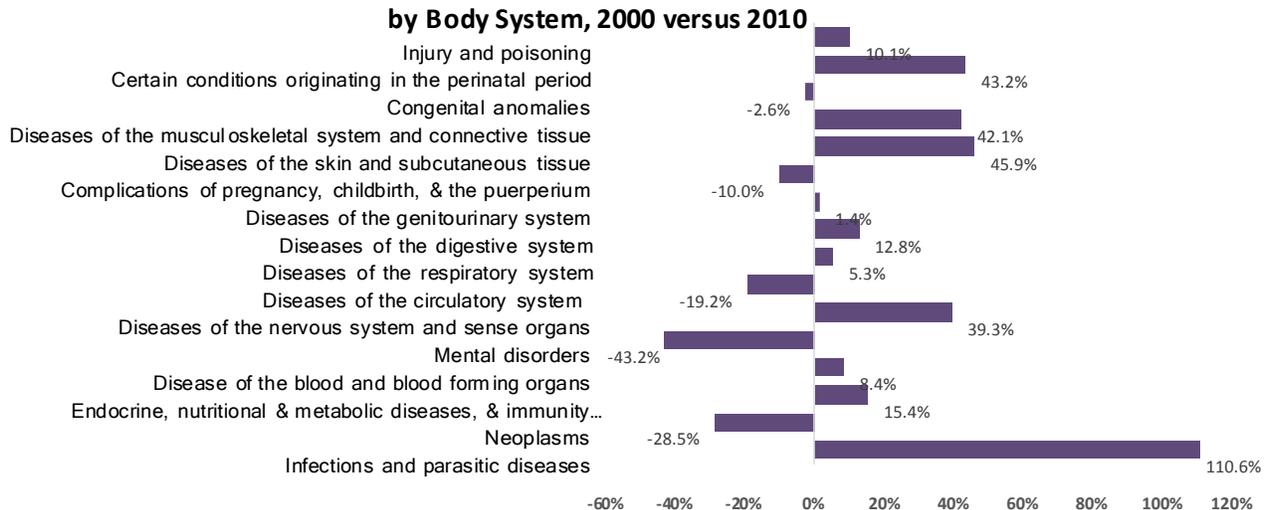


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

\*Excludes hospitalizations related to pregnancy and liveborn infants

High hospital discharge rates in 2010 were not necessarily indicative of large rate increases over the previous 10 years. In some categories, like diseases of the circulatory system, high 2010 rates were maintained in spite of declines over the prior 10-year period. In others, such as diseases of the skin, and infectious and parasitic diseases, 2010 rates were comparatively low, though both had exhibited significant rate increases over the prior 10-year period.

**Figure 15. Percent Change in Hospitalization Rates\* for Delaware Residents by Body System, 2000 versus 2010**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

\*Excludes hospitalizations related to pregnancy and liveborn infants

## HOSPITALIZATIONS OF DELAWARE RESIDENTS

When the specific diagnoses that comprise each body system were examined, the following 25 principal diagnoses had the highest discharge rates of Delaware residents in 2010.

**Table 3. Top 25 CCS Diagnoses with the Highest Hospital Discharge Rates\* for Delaware Residents**

	2000		2005		2010		% Change from 2000 to 2010
	Number	Rate	Number	Rate	Number	Rate	
Pneumonia (except that caused by tuberculosis or STD)	2,807	35.7	3,125	37.0	2,909	32.3	-9.5%
Osteoarthritis	1,164	14.8	2,317	27.4	2,817	31.3	111.5%
Congestive heart failure; nonhypertensive	2,613	33.2	2,707	32.0	2,411	26.8	-19.3%
Septicemia (except in labor)	592	7.5	1,364	16.1	2,350	26.1	248.0%
Chronic obstructive pulmonary disease and bronchiectasis	1,529	19.4	1,716	20.3	1,970	21.9	12.9%
Cardiac dysrhythmias	1,549	19.7	1,715	20.3	1,800	20.0	1.5%
Skin and subcutaneous tissue infections	891	11.3	1,710	20.2	1,661	18.5	63.7%
Coronary atherosclerosis and other heart disease	2,426	30.9	2,430	28.8	1,657	18.4	-40.5%
Urinary tract infections	1,166	14.8	1,483	17.5	1,616	18.0	21.6%
Complication of device; implant or graft	1,100	14.0	1,390	16.4	1,612	17.9	27.9%
Acute cerebrovascular disease	1,484	18.9	1,358	16.1	1,599	17.8	-5.8%
Spondylosis; intervertebral disc disorders; other back problems	1,331	16.9	1,554	18.4	1,591	17.7	4.7%
Diabetes mellitus with complications	1,090	13.9	1,380	16.3	1,556	17.3	24.5%
Rehabilitation care; fitting of prostheses; and adjustment of devices	2,058	26.2	1,912	22.6	1,531	17.0	-35.1%
Acute myocardial infarction	1,774	22.6	1,613	19.1	1,433	15.9	-29.6%
Asthma	1,168	14.9	1,406	16.6	1,295	14.4	-3.4%
Respiratory failure; insufficiency; arrest (adult)	657	8.4	1,325	15.7	1,295	14.4	71.4%
Complications of surgical procedures or medical care	934	11.9	1,324	15.7	1,202	13.4	12.6%
Biliary tract disease	1,050	13.4	1,101	13.0	1,157	12.9	-3.7%
Acute and unspecified renal failure	301	3.8	893	10.6	1,143	12.7	234.2%
Fluid and electrolyte disorders	1,227	15.6	1,479	17.5	1,126	12.5	-19.9%
Intestinal obstruction without hernia	721	9.2	829	9.8	1,024	11.4	23.9%
Diverticulosis and diverticulitis	750	9.5	863	10.2	949	10.5	10.5%
Nonspecific chest pain	2,455	31.2	1,918	22.7	930	10.3	-67.0%
Gastrointestinal hemorrhage	860	10.9	825	9.8	911	10.1	-7.3%

Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

\*Hospitalization rate per 10,000, ranked by 2010 figures. Excluding pregnancy-related discharges and liveborn infants.

Diseases of the circulatory system accounted for five of the 25 conditions with the highest hospitalization rates; these included:

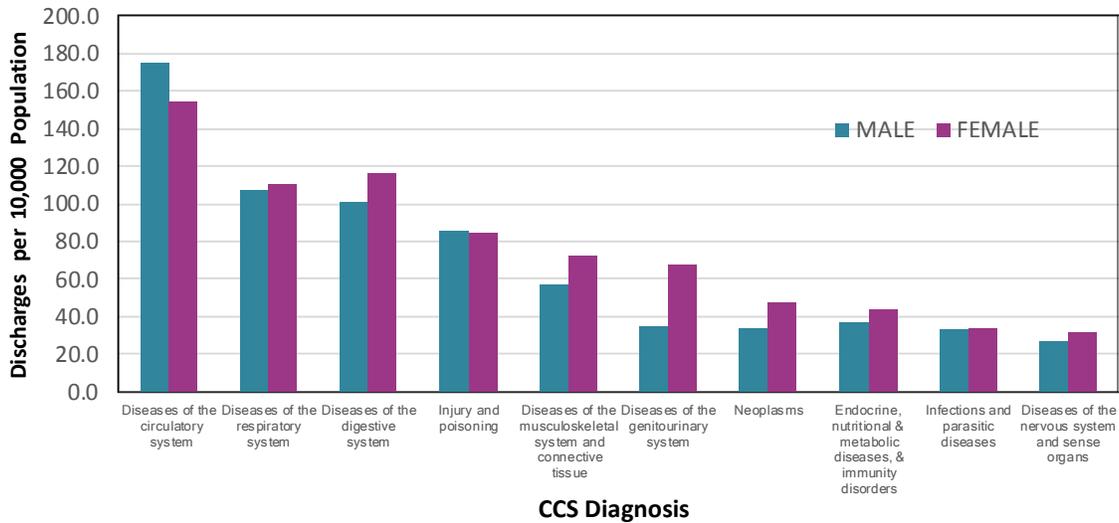
- congestive heart failure
- coronary atherosclerosis and other heart disease (coronary artery disease)
- cardiac dysrhythmias (irregular heartbeat)
- acute cerebrovascular disease (stroke)
- acute myocardial infarction (heart attack).

Three of the circulatory conditions listed above showed significant decreases in their rates since 2000: heart failure, coronary artery disease, and heart attack.

Hospitalization rates for septicemia (except in labor), acute and unspecified renal failure, and osteoarthritis demonstrated the greatest increases between 2000 and 2010.

## HOSPITALIZATIONS OF DELAWARE RESIDENTS

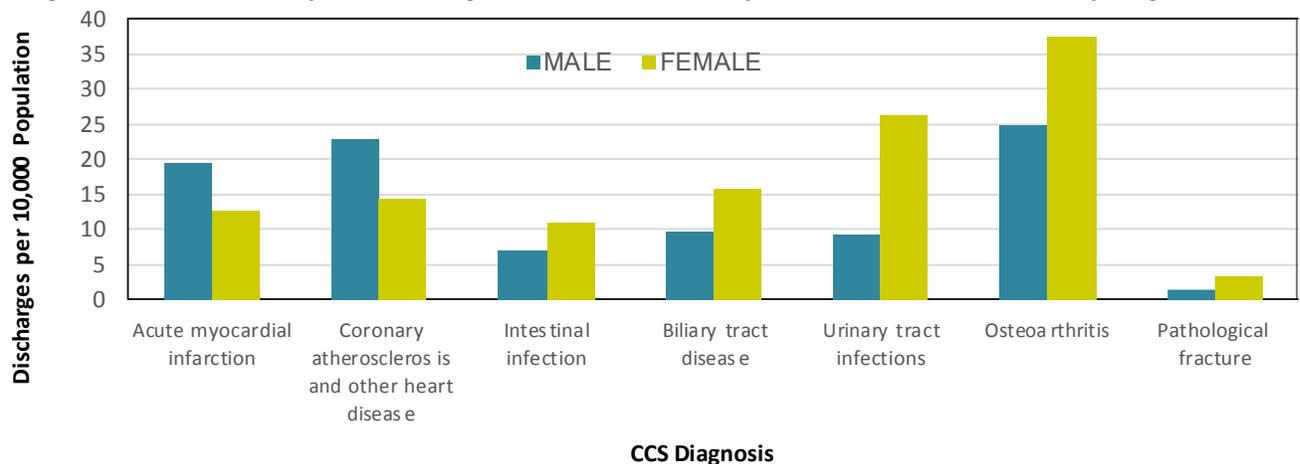
**Figure 16. Delaware Hospitals Discharge Rates for Residents by Body System and Gender, 2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Women's higher discharge rate for diseases of the digestive system was due in large part to their higher discharge rates of biliary tract disease and intestinal infection. Likewise, osteoarthritis and pathological fractures contributed to the female to male disparity in hospitalization rates for diseases of the musculoskeletal system. The largest difference between men and women occurred in the diseases of genitourinary system and was driven primarily by women's higher rate of stays for urinary tract infections. Males had higher discharge rates for heart attack and coronary artery disease, which resulted in their higher overall hospitalization rates for circulatory diseases.

**Figure 17. Delaware Hospitals Discharge Rates for Residents by Gender and Selected Primary Diagnoses, 2010.**



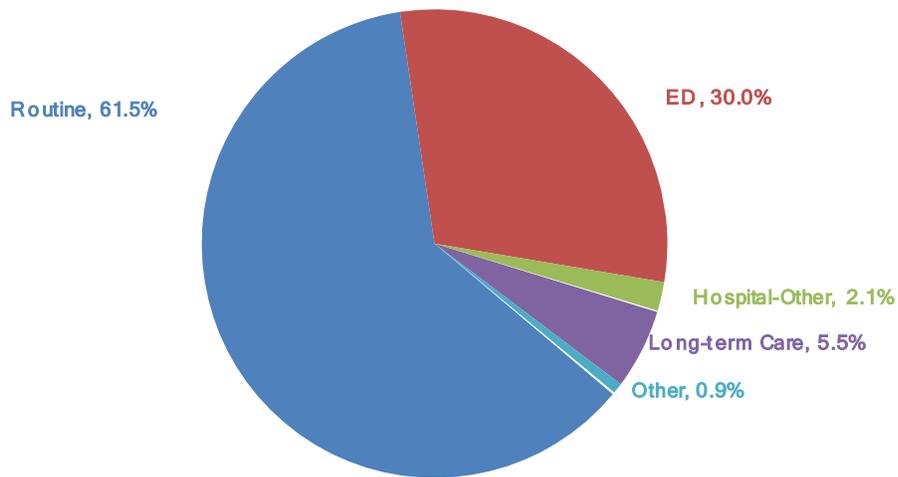
Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## HOW PATIENTS WERE ADMITTED

### Source of admissions

Routine admissions and admissions from the ED accounted for 91.5 percent of all hospital discharges in 2010. The remaining hospital admissions came from other short-term hospitals, long-term care facilities, and other sources.

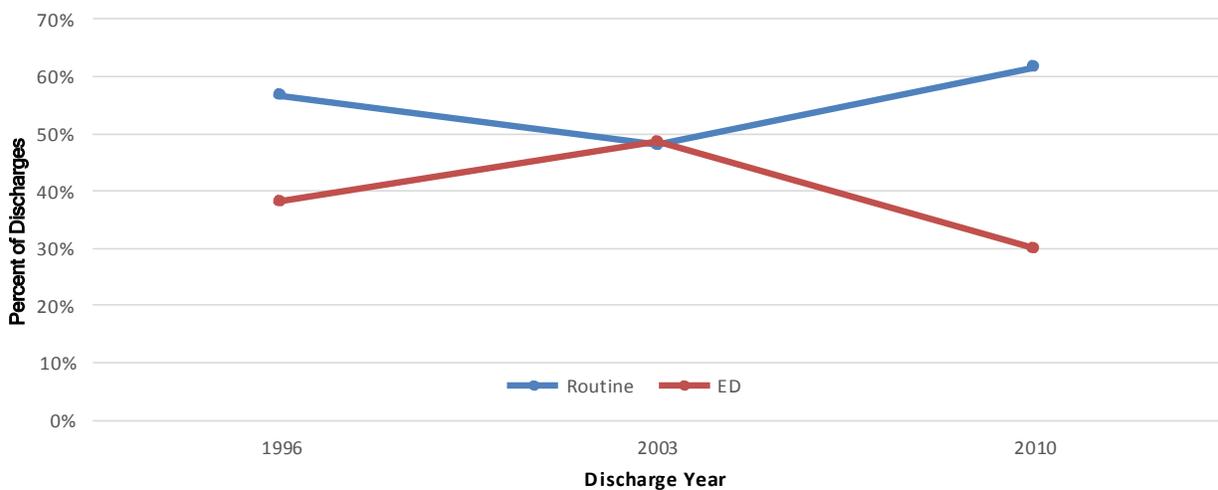
**Figure 18. Delaware Hospitals Sources of Admission, 2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

Between 1996 and 2010, the majority of admissions continued to be routinely admitted. In 1996, routine and emergency department (ED) admissions accounted for 57 and 38 percent of all admissions. By 2010, the proportion of routine admissions had increased to 62 percent, and the proportion of ED admissions had fallen to 30 percent.

**Figure 19. Delaware Hospitals Discharges by Source of Admission, 1996, 2003, 2010.**

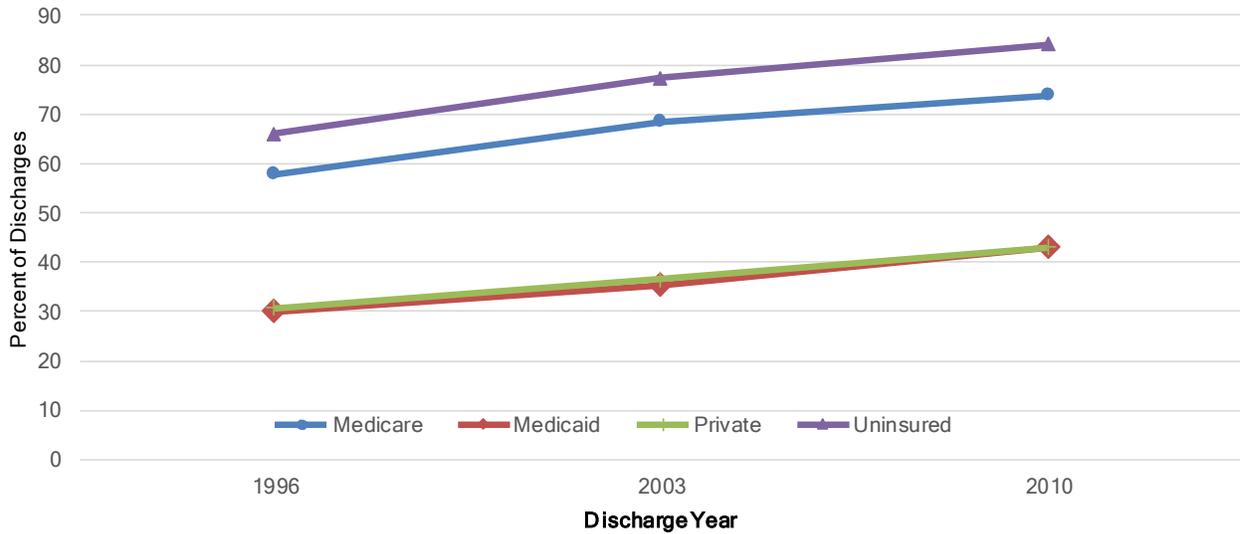


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## HOW PATIENTS WERE ADMITTED

Though all primary payers experienced an increase in the percent of discharges coming from the ED, uninsured patients had the largest proportion of their stays originating in the ED. In 2010, 84.2 percent of uninsured admissions, 73.9 percent of Medicare admissions, 43.0 percent of private admissions, and 43.0 percent of Medicaid admissions were admitted through the ED.

**Figure 20. Percent of each Payer's Discharges Originating in the ED Delaware, 1996 - 2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

The most common diagnoses of patients admitted through the emergency department were pneumonia, heart failure, and septicemia.

2010 ED Admissions - Most Common Diagnoses	Frequency	Percent *
Pneumonia (except that caused by tuberculosis or STD)	2,931	4.7
Congestive heart failure; nonhypertensive	2,400	3.8
Septicemia (except in labor)	2,373	3.8
Chronic obstructive pulmonary disease and bronchiectasis	1,915	3.0
Acute cerebrovascular disease	1,715	2.7
Urinary tract infections	1,655	2.6
Cardiac dysrhythmias	1,636	2.6
Skin and subcutaneous tissue infections	1,559	2.5
Acute myocardial infarction	1,542	2.4
Diabetes mellitus with complications	1,468	2.3

\* Refers to the percent of discharges that originated in the ED.

- The 10 most common diagnoses originating in the emergency department changed little from 2009 to 2010. The most notable difference was that asthma moved out of the top 10 and diabetes moved in.
- Four of the 10 most common ED diagnoses were related to circulatory conditions: heart failure, stroke, heart attack, and irregular heartbeat.
- Another four of the most common ED diagnoses were primarily due to infections: pneumonia, skin infections, septicemia, and urinary tract infections.

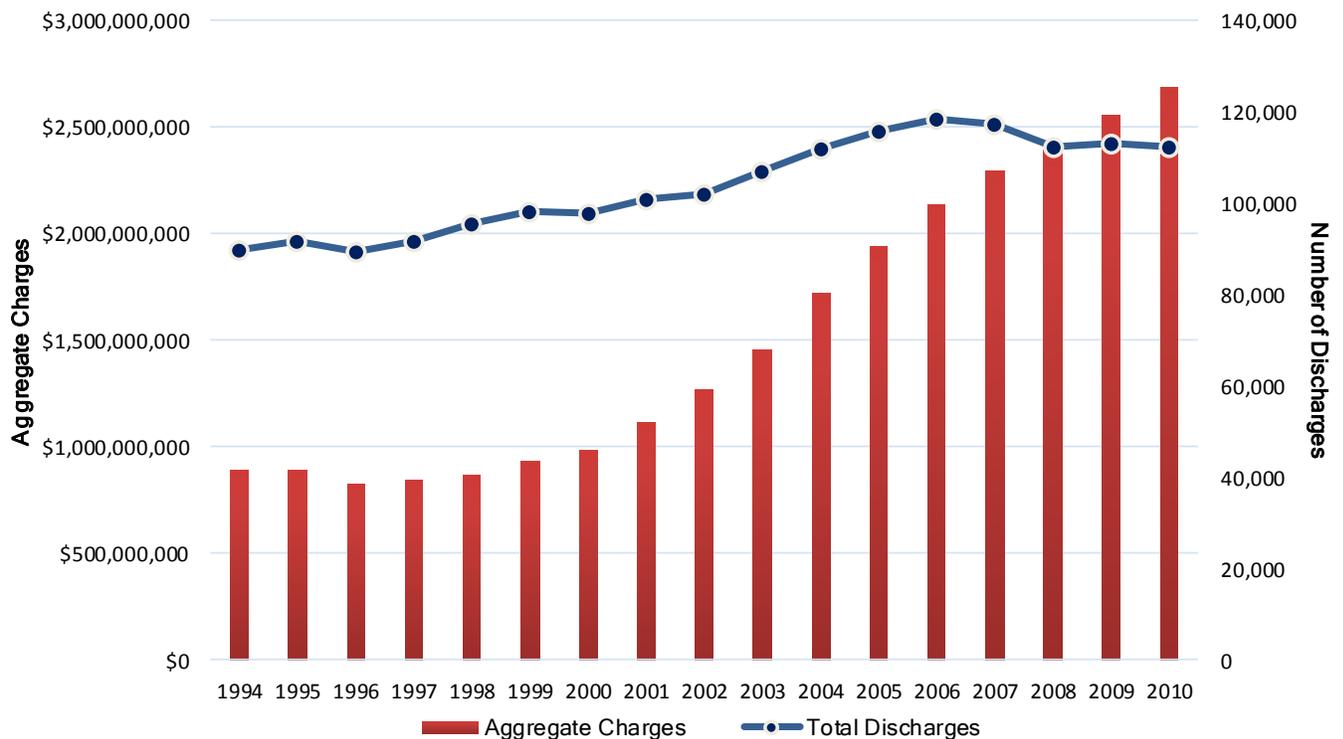
## HOSPITAL CHARGES AND BILLING

### Inpatient charges

The total charges for a hospitalization represent the total amount billed for that particular stay. These charges include accommodations, ancillary services (e.g. pharmacy, lab, radiology and anesthesiology), and services of resident physicians. In this report, hospital charges for care are reported, not the actual costs of providing the care or what the hospitals were reimbursed.

In 2010, total aggregate charges for all hospitalizations in Delaware equaled \$2.68 billion, more than double the aggregate charges in 2002. During the same time period, the number of discharges rose from 102,016 to 112,130, a 9.9 percent increase.

**Figure 21. Total Discharges and Total Aggregate Charges for all Delaware Hospitals 1994-2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

The average charge for a hospital stay rose in 2010 to \$23,937; the median charge per stay was \$13,542.

The diagnostic groups with the highest average charges per hospital stay were congenital anomalies, perinatal conditions, and infections and parasitic diseases, with average charges ranging from \$38,834 to \$113,102. These three diagnostic groups also had the longest average stays, ranging from 8.2 to 11.1 days.

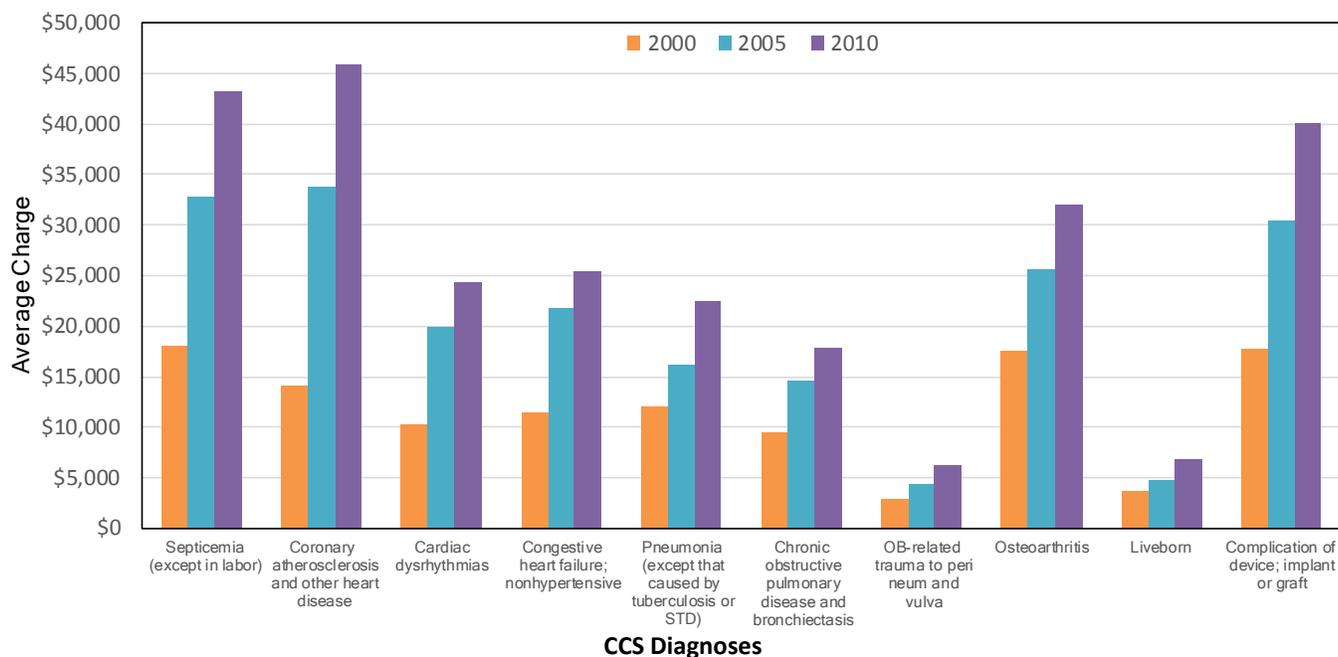
Looking at specific diagnoses within groups showed that the most expensive diagnoses were cardiac and circulatory congenital anomalies, leukemias, influenza, and respiratory distress syndrome. However, the 10 most expensive diagnoses occurred relatively rarely and accounted for just 1.5 percent of all discharges in 2010. In comparison, the 10 diagnoses that occurred most frequently accounted for 29.9 percent of the total discharges in 2010 (see Appendix E for more information).

## HOSPITAL CHARGES AND BILLING

From 2000 to 2010, the average charges rose for each of the 10 highest volume diagnoses. The highest volume diagnoses whose average charges increased the most were:

- coronary atherosclerosis and other heart disease (225 percent)
- septicemia (except in labor) (140 percent)
- cardiac dysrhythmias (135 percent).

Figure 22. Average Hospital Charges for Highest\* Volume CCS Diagnoses Delaware Hospitals, 2000, 2005, 2010.



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center  
 \*Based on 10 most common diagnoses in 2010.

Though the average charges of the high volume diagnoses increased over time, the proportion of total aggregate charges represented by them experienced very little growth.

In 2000, the aggregate charges for 2010's highest volume diagnoses totaled \$243.4 million and accounted for 24.7 percent of the total aggregate charges for all diagnoses. By 2010, the aggregate charges for those same diagnoses had more than doubled to \$698.4 million, which accounted for 26.0 percent of the total aggregate charges.

In 2010, the 10 conditions with the highest total billed charges accounted for 30.8 percent of the total aggregate charges. Septicemia (except in labor) incurred the largest aggregate charges of any diagnosis, resulting in a total hospital bill of \$109.7 million. Although hospital stays for newborns had relatively low average charges, their high frequency resulted in liveborn infants having the fifth highest aggregate charges (see Appendix E for more information).

## HOSPITAL CHARGES AND BILLING

### Insurance status

The following payer sources are listed in this report:

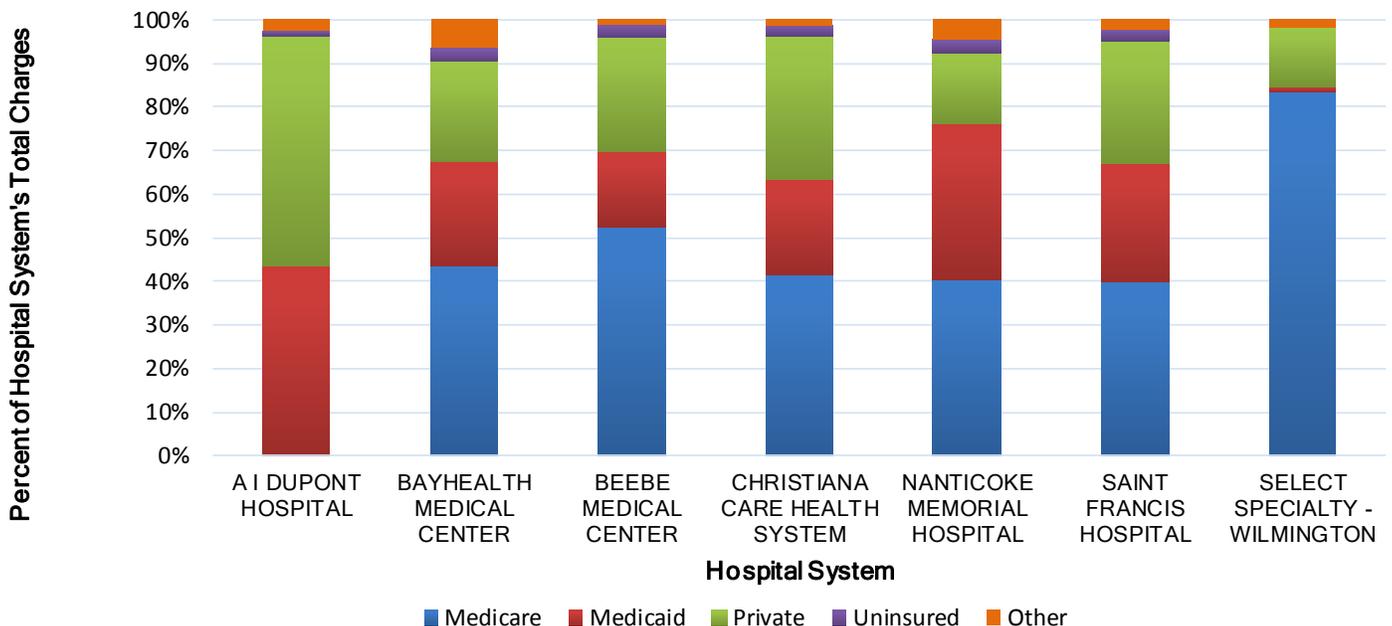
- Medicare
- Medicaid
- Private insurance carriers, such as:
  - Blue Cross Blue Shield
  - HMOs
  - Commercial Insurance
- Uninsured
  - Patients who have no insurance and self-pay
- Other types of insurance, such as:
  - Workman's compensation
  - CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)
  - Other government sponsored programs

In 2010, 63.7 percent of hospitalizations were billed to Medicare (38.9 percent) and Medicaid (24.8 percent), 31.2 percent were billed to private insurance, and the remaining 5.1 percent was billed to other types of coverage (2.6 percent) or to the patient (2.5 percent uninsured).

Patients whose care was primarily billed to Medicare had both the highest average charges and the greatest aggregate charges.

In 2010, Select Specialty - Wilmington had the highest percent of charges billed to Medicare. A I Dupont Hospital had the highest percentage billed to both privately insured and Medicaid covered patients, and Beebe Medical Center had the highest percent of charges with no coverage.

**Figure 23. Distribution of Total Charges by Primary Payer Type and Hospital System Delaware, 2010.**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## HOSPITAL CHARGES AND BILLING

### Medicare

From 1996 to 2010, the percent of hospital stays whose primary payer was Medicare increased from 34.8 to 38.9 percent. Over the same time period, the proportion of aggregate charges billed to Medicare remained at 47 percent.

Four of the 10 most frequent diagnoses for Medicare patients were related to diseases of the circulatory system. The three most frequent diagnoses accounted for 13.5 percent of Medicare hospitalizations. The three most frequent diagnoses for Medicare patients in 2009 were<sup>7</sup>:

- congestive heart failure; nonhypertensive
- osteoarthritis
- pneumonia (except that caused by tuberculosis or STD).

### Medicaid

From 1996 to 2010, Medicaid covered hospitalizations increased from 12.5 to 24.8 percent. Over the same time period, the proportion of aggregate charges billed to Medicaid rose from 10.4 to 21.2 percent.

Six of the 10 most frequent diagnoses for Medicaid patients were related to pregnancy and childbirth. The three most frequent diagnoses accounted for 35.6 percent of Medicaid stays. The three most frequent diagnoses for Medicaid patients in 2010 were<sup>7</sup>:

- liveborn infants
- OB-related trauma to perineum and vulva
- other complications of birth; puerperium affecting management of mother.

### Private Insurers

From 1996 to 2010, privately insured stays decreased from 44.3 to 31.2 percent. Over the same time period, the proportion of aggregate charges billed to private insurance decreased from 35.3 to 27.4 percent.

Four of the 10 most frequent diagnoses for patients whose primary payer was private insurance were related to pregnancy and childbirth. The most frequent diagnosis, liveborn infants, accounted for 14.5 percent of all stays covered by private insurers. The three most frequent diagnoses for privately insured patients in 2010 were<sup>7</sup>:

- liveborn infants
- OB-related trauma to perineum and vulva
- osteoarthritis.

### Uninsured

From 1996 to 2010, uninsured hospitalizations decreased from 5.0 to 2.5 percent. Over the same time period, the proportion of aggregate charges billed to uninsured patients decreased from 3.8 to 2.2 percent.

The three most frequent diagnoses accounted for 10.4 percent of uninsured stays.

The three most frequent diagnoses for uninsured patients in 2010 were<sup>7</sup>:

- mood disorders
- skin and subcutaneous tissue infections
- liveborn.

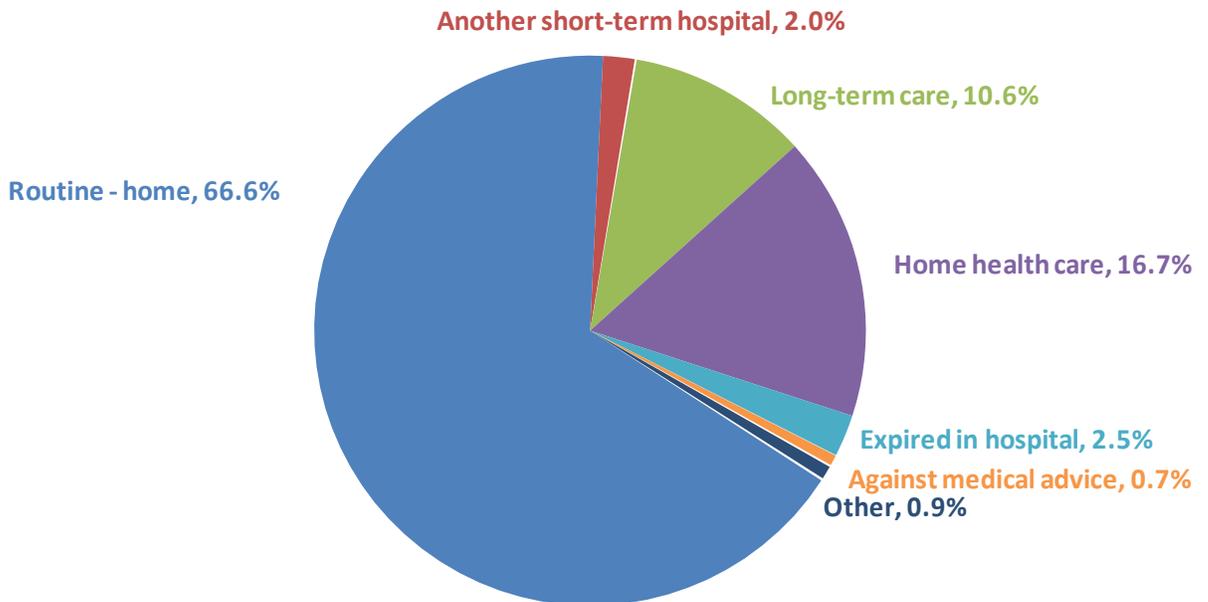
<sup>7</sup> See Appendix F for the top 10 principal diagnoses by payer type.

## HOW PATIENTS WERE DISCHARGED

### Patient discharge status

A patient's discharge status refers to how a person is discharged from the hospital, and includes discharges to home, long-term care, and other non-acute care facilities, other short-term hospitals, patients who left against medical advice, and patients who died while in the hospital. The majority of patients (66.6 percent) were discharged to their homes, less than 3 percent of patients died in the hospital, and less than 1 percent left against medical advice.

Figure 24. Delaware Hospitals Discharges by Discharge Status - 2010.



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

## HOW PATIENTS WERE DISCHARGED

### Expired patients

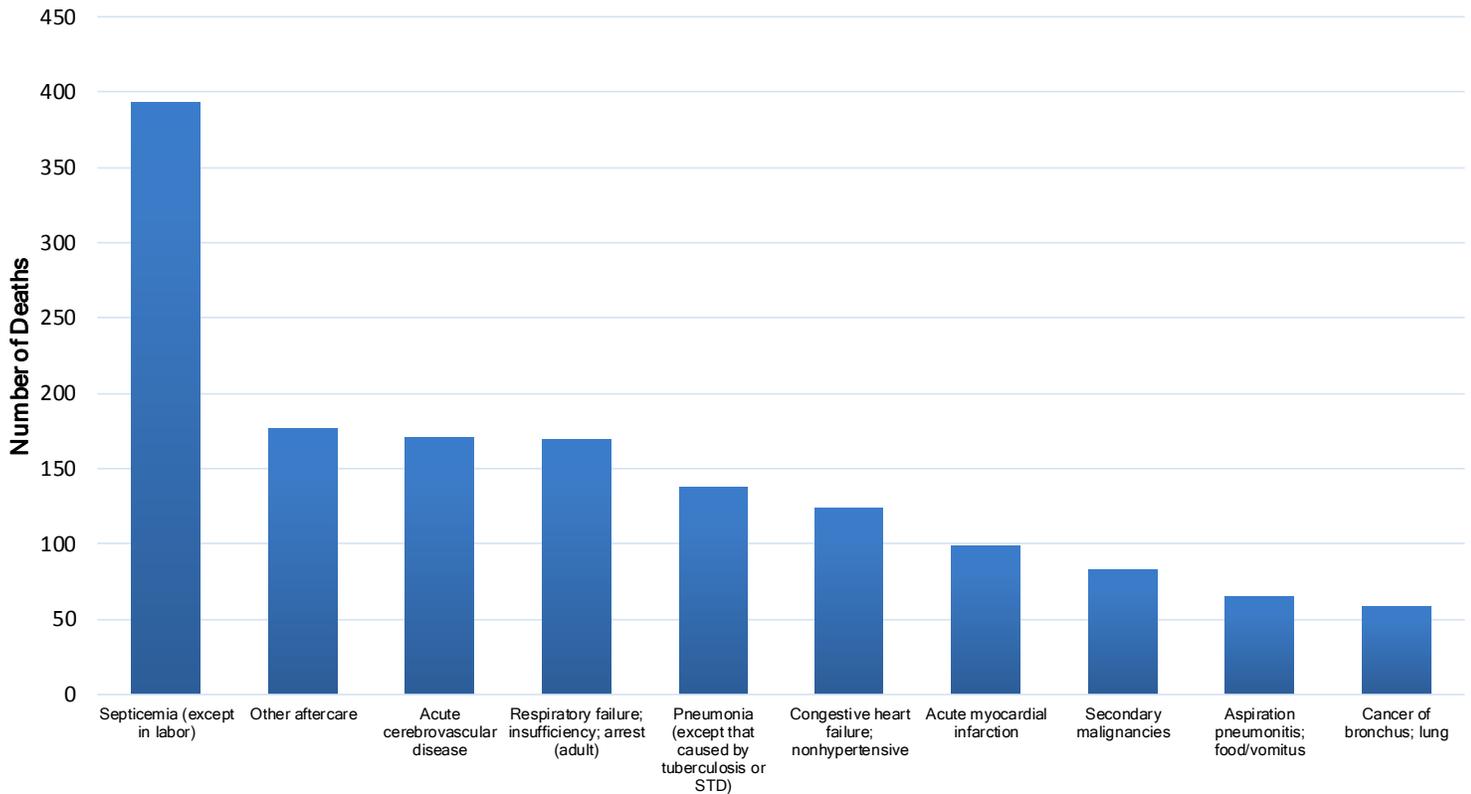
Patients who died during their hospital stay contributed to the “in-hospital mortality” figures. Data about in-hospital mortality are expressed as either numbers of deaths, or percentages of deaths. Both the frequencies and percentages are presented, as each statistic provides a different perspective for reviewing the data.

### Frequencies

Patients with the following diagnoses experienced the highest numbers of in-hospital mortality:

- septicemia (except in labor)
- other aftercare
- acute cerebrovascular disease.

Figure 25. Greatest Numbers of In-Hospital Deaths for Delaware Hospitals by Diagnoses, 2010



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

For patients 18 and older, septicemia accounted for the greatest number of deaths.

Patients ages 65 and older accounted for two-thirds of all in-hospital mortality. (For more information, see Appendices G and H).

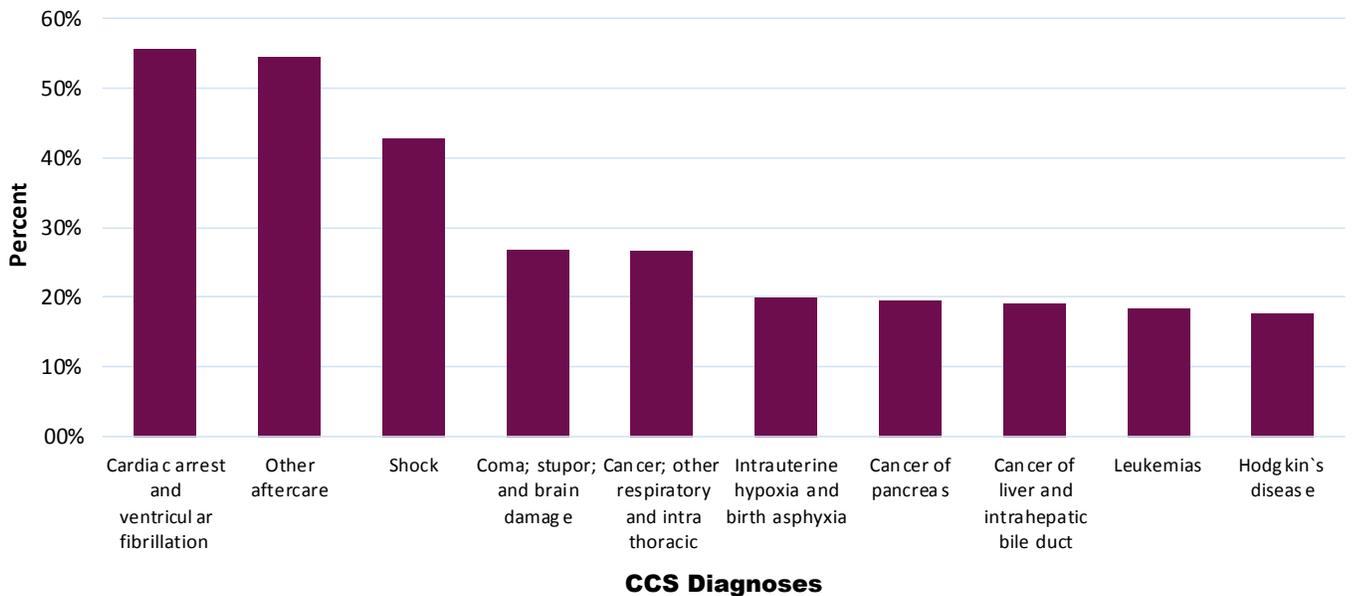
## HOW PATIENTS WERE DISCHARGED

### Percentages

Diagnoses with the greatest percentages of in-hospital mortality were:

- cardiac arrest and ventricular fibrillation
- other aftercare
- shock
- coma; stupor; and brain damage.

**Figure 26. Greatest Percent of In-Hospital Mortality for Delaware Hospitals by CCS Diagnoses, 2010**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

### Patients who left against medical advice

Less than 1 percent of patients left the hospital against medical advice. Males were twice as likely as females to leave the hospital against medical advice; uninsured patients were more than 10 times as likely when compared to privately insured patients.

The three most frequent diagnoses of patients who left the hospital against medical advice were diabetes mellitus with complications, nonspecific chest pain, and alcohol-related disorders.

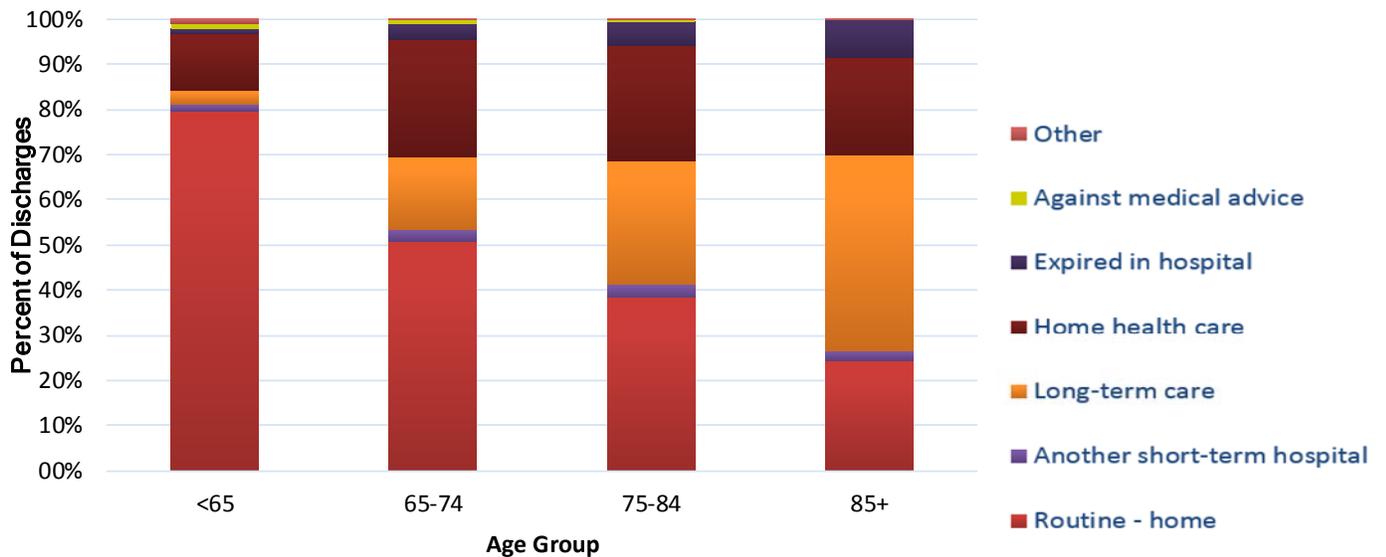
- For women, diabetes mellitus with complications, epilepsy, convulsions, and skin and subcutaneous tissue infections made up the top three.
- For men, nonspecific chest pain, diabetes mellitus with complications, and alcohol-related disorders made up the top three.

## HOW PATIENTS WERE DISCHARGED

### Patients transferred to another facility

The majority of patients discharged to another facility were transferred to a long-term care (LTC) facility. For those 65 and older, each 10 year increase in patient age nearly doubled the percent of those transferred to LTC facilities. In 2010, less than 3 percent of those under 65 were discharged to long-term care facilities, compared to 15.7 percent of those 65-74, 27.5 percent of those 75-84, and 43.1 percent of those 85 and older.

**Figure 27. Delaware Hospitals Distribution of Discharge Status by Age Group, 2010**



Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center

In 2010, the most common diagnoses for patients discharged to LTC facilities were septicemia (except in labor), osteoarthritis, and pneumonia (except that caused by tuberculosis or STD).

- For patients under 65 (excluding liveborn infants), the three most common diagnoses were septicemia (except in labor), osteoarthritis, and acute cerebrovascular disease.
- For patients 65-74, osteoarthritis, septicemia (except in labor), and acute cerebrovascular disease were the three most common diagnoses.
- For patients 75-84, septicemia (except in labor), fracture of neck of femur (hip), and pneumonia (except that caused by tuberculosis or STD) were the three most common diagnoses.
- For patients 85 and older, fracture of neck of femur (hip), septicemia (except in labor), and urinary tract infections were the three most common diagnoses.

## HOSPITAL SPECIFIC DATA

### A.I. duPont Hospital for Children

2010 Discharge Distribution		
Zip / State	Number	%
PA	2,768	27.1%
NJ	1,375	13.5%
19720	545	5.3%
19805	528	5.2%
MD	524	5.1%
19702	374	3.7%
19802	327	3.2%
19709	293	2.9%
19701	257	2.5%
19808	241	2.4%
19711	236	2.3%
19713	222	2.2%
19801	202	2.0%
Other State	170	1.7%
19901	149	1.5%
19803	146	1.4%
19804	145	1.4%
19703	131	1.3%
19810	122	1.2%
19809	118	1.2%
19904	106	1.0%
19977	100	1.0%
19963	80	0.8%
19947	78	0.8%
19707	76	0.7%
19973	71	0.7%
19734	69	0.7%
19966	58	0.6%
19956	54	0.5%
19968	52	0.5%
19806	44	0.4%
19807	40	0.4%
19934	39	0.4%
19938	38	0.4%
19952	38	0.4%
19943	37	0.4%
19962	37	0.4%
19958	34	0.3%
19950	27	0.3%
19706	20	0.2%
19933	20	0.2%
19960	20	0.2%
19945	18	0.2%
19953	18	0.2%
19971	16	0.2%
19975	16	0.2%
19939	14	0.1%
19970	14	0.1%
19940	13	0.1%
19946	11	0.1%
19941	10	0.1%
19954	10	0.1%
19730	8	0.1%
19733	7	0.1%
19930	6	0.1%
UNKNOWN	6	0.1%
19714	4	0.0%
19731	3	0.0%
19850	3	0.0%
19899	2	0.0%
19964	2	0.0%
19979	2	0.0%
19716	1	0.0%
19735	1	0.0%
19736	1	0.0%
19936	1	0.0%
19951	1	0.0%
19980	1	0.0%
19708	0	0.0%
19712	0	0.0%
19732	0	0.0%
19903	0	0.0%
19931	0	0.0%
19955	0	0.0%
19961	0	0.0%
19967	0	0.0%
19969	0	0.0%
<b>TOTAL</b>	<b>10,200</b>	<b>100.0%</b>

	Utilization Characteristics		
	2008	2009	2010
<b>Aggregate charges</b>	\$341,657,933	\$372,061,971	\$390,496,749
<b>Average charges</b>	\$34,108	\$36,277	\$38,284
<b>Average charge per day</b>	\$7,795	\$7,811	\$7,960
<b>Number of Discharges</b>	10,017	10,256	10,200
<b>Total All-listed Procedures<sup>1</sup></b>	11,361	10,423	10,352
<i>Non-operating room procedures<sup>2</sup></i>	5,627	5,361	5,474
<i>Valid operating room procedures<sup>2</sup></i>	5,734	5,062	4,878
<b>Average Length of Stay</b>	4.6	4.6	4.8
<b>Primary Payer Distribution</b>			
<i>Medicare</i>	0.2%	0.2%	0.1%
<i>Medicaid</i>	38.8%	41.1%	43.4%
<i>Private Insurance</i>	57.8%	55.4%	52.8%
<i>Uninsured</i>	0.8%	1.5%	1.3%
<i>Other</i>	2.4%	1.9%	2.4%
<b>Admission Source Distribution</b>			
<i>Routine</i>	29.4%	25.4%	53.5%
<i>Other short-term hospital</i>	7.2%	10.1%	11.0%
<i>Long-term care facility</i>	2.9%	0.7%	1.1%
<i>ER</i>	59.7%	62.9%	32.8%
<i>Other</i>	0.7%	0.9%	1.5%
<b>Discharge Status Distribution</b>			
<i>Routine - home</i>	92.7%	93.0%	92.1%
<i>Another short-term hospital</i>	0.6%	0.6%	0.5%
<i>Long-term care facility</i>	1.1%	0.5%	1.0%
<i>Home health care</i>	4.9%	4.6%	4.8%
<i>Expired in hospital</i>	0.4%	0.4%	0.5%
<i>Left against medical advice</i>	0.1%	0.1%	0.1%
<i>Other/Unknown</i>	0.3%	0.7%	1.0%
<b>Sex</b>			
<i>Male</i>	55.4%	55.5%	53.9%
<i>Female</i>	44.6%	44.5%	46.1%
<b>Age</b>			
<i>&lt;1</i>	23.2%	23.6%	23.6%
<i>1-4</i>	27.8%	27.6%	26.9%
<i>5-9</i>	17.3%	17.6%	17.0%
<i>10-14</i>	17.2%	17.8%	16.7%
<i>15-19</i>	14.0%	12.8%	14.7%
<i>20-24</i>	0.4%	0.5%	0.7%
<i>25-34</i>	0.0%	0.0%	0.0%
<i>35-44</i>	0.0%	0.0%	0.0%
<i>45-54</i>	0.0%	0.0%	0.0%
<i>55-64</i>	0.0%	0.0%	0.0%
<i>65-74</i>	0.0%	0.0%	0.0%
<i>75+</i>	0.0%	0.0%	0.0%
<i>Unknown</i>	0.1%	0.0%	0.4%

#### Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to 6 procedures may be recorded per discharge, as a result the total number of all-listed procedures can exceed the total number of discharges.
2. Procedures were classified using AHRQ's HCUP procedure class software. See AHRQ's website for more information: <http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>
3. Percentages may not sum to 100 due to rounding.

# HOSPITAL SPECIFIC DATA

## BayHealth Medical Center

### 2010 Discharge Distribution

Zip / State	Number	%
19901	3,717	18.8%
19904	2,833	14.3%
19963	2,068	10.4%
19977	1,550	7.8%
19943	1,163	5.9%
19934	1,071	5.4%
19952	1,042	5.3%
19962	824	4.2%
19960	604	3.0%
19938	453	2.3%
19946	399	2.0%
MD	391	2.0%
19953	378	1.9%
19950	372	1.9%
19947	350	1.8%
19968	228	1.2%
19941	212	1.1%
19966	203	1.0%
Other State	183	0.9%
19933	183	0.9%
19954	146	0.7%
19734	142	0.7%
19958	137	0.7%
19973	133	0.7%
19709	132	0.7%
19964	106	0.5%
19903	71	0.4%
19971	66	0.3%
19979	63	0.3%
19936	61	0.3%
PA	59	0.3%
19956	56	0.3%
19945	38	0.2%
19980	35	0.2%
NJ	31	0.2%
19955	26	0.1%
19801	22	0.1%
19939	21	0.1%
19720	16	0.1%
19975	16	0.1%
19702	15	0.1%
19951	15	0.1%
19970	15	0.1%
19805	15	0.1%
19713	15	0.1%
19940	14	0.1%
19701	12	0.1%
19902	12	0.1%
19961	10	0.1%
19804	10	0.1%
19711	9	0.0%
19930	6	0.0%
19808	6	0.0%
19802	6	0.0%
UNKNOWN	5	0.0%
19706	5	0.0%
19969	5	0.0%
19899	4	0.0%
19967	4	0.0%
19730	4	0.0%
19703	3	0.0%
19731	2	0.0%
19810	2	0.0%
19809	2	0.0%
19707	2	0.0%
19944	2	0.0%
19807	1	0.0%
19803	1	0.0%
19721	1	0.0%
19806	0	0.0%
19736	0	0.0%
19905	0	0.0%
19906	0	0.0%
DE	0	0.0%
19708	0	0.0%
19932	0	0.0%
<b>Total</b>	<b>19,804</b>	<b>100.0%</b>

### Utilization Characteristics

	2008	2009	2010
<b>Aggregate charges</b>	\$364,818,809	\$398,952,631	\$413,935,557
<b>Average charges</b>	\$18,914	\$19,785	\$20,902
<b>Average charge per day</b>	\$4,900	\$5,230	\$5,362
<b>Number of Discharges</b>	19,288	20,164	19,804
<b>Total All-listed Procedures<sup>1</sup></b>	22,221	21,504	19,987
<i>Non-operating room procedures<sup>2</sup></i>	14,465	14,284	13,185
<i>Valid operating room procedures<sup>2</sup></i>	7,756	7,220	6,802
<b>Average Length of Stay</b>	5.0	4.9	4.9
<b>Primary Payer Distribution</b>			
<i>Medicare</i>	43.2%	42.4%	43.4%
<i>Medicaid</i>	22.9%	24.0%	24.0%
<i>Private Insurance</i>	24.8%	24.5%	23.1%
<i>Uninsured</i>	3.3%	3.1%	3.2%
<i>Other</i>	5.8%	6.0%	6.3%
<b>Admission Source Distribution</b>			
<i>Routine</i>	55.2%	37.5%	50.9%
<i>Other short-term hospital</i>	0.6%	0.6%	0.5%
<i>Long-term care facility</i>	0.2%	0.0%	11.2%
<i>ER</i>	43.7%	50.3%	37.3%
<i>Other</i>	.4%	11.5%	.1%
<b>Discharge Status Distribution</b>			
<i>Routine - home</i>	65.5%	67.7%	68.3%
<i>Another short-term hospital</i>	2.1%	2.5%	2.4%
<i>Long-term care facility</i>	12.6%	9.5%	12.2%
<i>Home health care</i>	15.7%	13.4%	13.1%
<i>Expired in hospital</i>	2.4%	1.9%	1.8%
<i>Left against medical advice</i>	0.8%	1.0%	1.2%
<i>Other/Unknown</i>	0.8%	4.0%	1.0%
<b>Sex</b>			
<i>Male</i>	40.5%	40.5%	41.0%
<i>Female</i>	59.5%	59.5%	59.0%
<b>Age</b>			
<i>&lt;1</i>	13.5%	13.3%	12.8%
<i>1-4</i>	1.1%	1.2%	1.0%
<i>5-9</i>	0.6%	0.6%	0.5%
<i>10-14</i>	0.4%	0.4%	0.4%
<i>15-19</i>	2.6%	2.4%	2.2%
<i>20-24</i>	5.7%	5.6%	5.1%
<i>25-34</i>	8.7%	9.5%	10.0%
<i>35-44</i>	6.8%	6.7%	7.6%
<i>45-54</i>	10.6%	11.0%	10.7%
<i>55-64</i>	12.1%	12.4%	13.2%
<i>65-74</i>	15.0%	14.6%	15.3%
<i>75+</i>	23.1%	22.2%	21.3%

#### Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to 6 procedures may be recorded per discharge, as a result the total number of all-listed procedures can exceed the total number of discharges.
2. Procedures were classified using AHRQ's HCUP procedure class software. See AHRQ's website for more information: <http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>
3. Percentages may not sum to 100 due to rounding.

## HOSPITAL SPECIFIC DATA

### Beebe Medical Center

#### 2010 Discharge Distribution

Zip / State	Number	%
19966	2,227	22.3%
19958	1,895	19.0%
19947	922	9.2%
19971	894	9.0%
19968	723	7.2%
19970	435	4.4%
19945	367	3.7%
19939	293	2.9%
19975	223	2.2%
MD	215	2.2%
19963	198	2.0%
19951	170	1.7%
19930	165	1.7%
19973	143	1.4%
19960	141	1.4%
PA	140	1.4%
19956	119	1.2%
Other State	118	1.2%
19933	77	0.8%
19941	75	0.8%
19950	58	0.6%
19952	53	0.5%
19969	34	0.3%
19901	25	0.3%
NJ	21	0.2%
19904	20	0.2%
19943	20	0.2%
19967	18	0.2%
19946	17	0.2%
19934	16	0.2%
19954	14	0.1%
19940	13	0.1%
19944	12	0.1%
19805	11	0.1%
19962	11	0.1%
19977	11	0.1%
19808	10	0.1%
19720	8	0.1%
19804	7	0.1%
19711	6	0.1%
19701	5	0.1%
19806	5	0.1%
19810	5	0.1%
19709	4	0.0%
19803	4	0.0%
19809	4	0.0%
19702	3	0.0%
19707	3	0.0%
19938	3	0.0%
19964	3	0.0%
19979	3	0.0%
19703	2	0.0%
19801	2	0.0%
19931	2	0.0%
UNKNOWN	2	0.0%
19706	1	0.0%
19713	1	0.0%
19734	1	0.0%
19736	1	0.0%
19807	1	0.0%
19980	1	0.0%
19712	0	0.0%
19802	0	0.0%
19890	0	0.0%
19903	0	0.0%
19936	0	0.0%
19953	0	0.0%
19961	0	0.0%
<b>Total</b>	<b>9,981</b>	<b>100.0%</b>

#### Utilization Characteristics

	2008	2009	2010
<b>Aggregate charges</b>	\$252,061,080	\$269,338,839	\$294,962,669
<b>Average charges</b>	\$24,269	\$27,031	\$29,552
<b>Average charge per day</b>	\$7,383	\$8,466	\$8,533
<b>Number of Discharges</b>	10,386	9,964	9,981
<b>Total All-listed Procedures<sup>1</sup></b>	15,247	15,457	14,120
<i>Non-operating room procedures<sup>2</sup></i>	9,495	9,916	9,058
<i>Valid operating room procedures<sup>2</sup></i>	5,752	5,541	5,062
<b>Average Length of Stay</b>	3.8	3.8	4.0
<b>Primary Payer Distribution</b>			
<i>Medicare</i>	50.5%	51.4%	52.2%
<i>Medicaid</i>	18.1%	18.4%	17.5%
<i>Private Insurance</i>	27.8%	26.2%	26.0%
<i>Uninsured</i>	2.6%	2.9%	3.3%
<i>Other</i>	1.0%	1.1%	1.0%
<b>Admission Source Distribution</b>			
<i>Routine</i>	34.4%	33.1%	76.3%
<i>Other short-term hospital</i>	0.0%	0.0%	0.1%
<i>Long-term care facility</i>	9.9%	9.5%	8.8%
<i>ER</i>	55.6%	57.4%	14.9%
<i>Other</i>	0.0%	0.0%	0.0%
<b>Discharge Status Distribution</b>			
<i>Routine - home</i>	59.6%	61.3%	60.6%
<i>Another short-term hospital</i>	1.8%	1.5%	1.6%
<i>Long-term care facility</i>	14.9%	13.5%	16.0%
<i>Home health care</i>	20.3%	18.5%	18.2%
<i>Expired in hospital</i>	2.3%	1.9%	2.0%
<i>Left against medical advice</i>	0.6%	0.6%	0.6%
<i>Other/Unknown</i>	0.5%	2.7%	1.0%
<b>Sex</b>			
<i>Male</i>	43.1%	44.1%	43.4%
<i>Female</i>	56.9%	55.9%	56.6%
<b>Age</b>			
<i>&lt;1</i>	10.7%	10.0%	9.1%
<i>1-4</i>	0.4%	0.5%	0.2%
<i>5-9</i>	0.2%	0.2%	0.2%
<i>10-14</i>	0.2%	0.1%	0.2%
<i>15-19</i>	1.6%	1.5%	1.4%
<i>20-24</i>	3.8%	3.4%	3.4%
<i>25-34</i>	7.5%	7.0%	6.5%
<i>35-44</i>	6.2%	5.0%	5.7%
<i>45-54</i>	9.5%	9.9%	9.9%
<i>55-64</i>	13.6%	13.7%	14.5%
<i>65-74</i>	19.4%	20.7%	20.6%
<i>75+</i>	26.9%	28.0%	28.2%

#### Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to 6 procedures may be recorded per discharge, as a result the total number of all-listed procedures can exceed the total number of discharges.

2. Procedures were classified using AHRQ's HCUP procedure class software. See AHRQ's website for more information: <http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>.

3. Percentages may not sum to 100 due to rounding.

# HOSPITAL SPECIFIC DATA

## Christiana Care Health System

2010 Discharge Distribution		
Zip / State	Number	%
19720	6,149	10.5%
19702	4,255	7.3%
19808	3,899	6.7%
19805	3,833	6.5%
19711	3,410	5.8%
19701	3,358	5.7%
19713	3,308	5.7%
MD	3,019	5.2%
19802	2,719	4.6%
PA	2,582	4.4%
19709	2,396	4.1%
19804	2,021	3.5%
19801	1,838	3.1%
NJ	1,785	3.0%
19803	1,729	3.0%
19810	1,699	2.9%
19707	1,178	2.0%
19703	1,163	2.0%
19809	1,137	1.9%
19806	889	1.5%
19734	760	1.3%
19977	739	1.3%
19807	592	1.0%
19904	393	0.7%
Other State	366	0.6%
19901	360	0.6%
19938	261	0.4%
19706	253	0.4%
19966	191	0.3%
19963	168	0.3%
19958	158	0.3%
19973	156	0.3%
19947	129	0.2%
19934	123	0.2%
19952	119	0.2%
19899	105	0.2%
19943	105	0.2%
19962	105	0.2%
19971	96	0.2%
19956	78	0.1%
19730	68	0.1%
19953	62	0.1%
19968	60	0.1%
19933	56	0.1%
19950	47	0.1%
19946	43	0.1%
19960	42	0.1%
19939	40	0.1%
19970	40	0.1%
19731	38	0.1%
19975	38	0.1%
19945	30	0.1%
19940	29	0.0%
19733	26	0.0%
19736	23	0.0%
19714	22	0.0%
19941	22	0.0%
19850	21	0.0%
UNKNOWN	21	0.0%
19710	20	0.0%
19964	20	0.0%
19708	19	0.0%
19930	16	0.0%
19732	13	0.0%
19954	13	0.0%
19955	13	0.0%
99999	13	0.0%
19951	9	0.0%
19980	8	0.0%
19936	7	0.0%
19931	4	0.0%
19979	4	0.0%
19735	3	0.0%
19903	3	0.0%
19715	2	0.0%
19717	2	0.0%
19718	2	0.0%
19906	2	0.0%
19961	2	0.0%
19967	2	0.0%
19712	1	0.0%
19716	1	0.0%
19721	1	0.0%
19902	1	0.0%
19969	1	0.0%
19725	0	0.0%
19726	0	0.0%
19944	0	0.0%
Total	58,534	100.0%

	Utilization Characteristics		
	2008	2009	2010
<b>Aggregate charges</b>	\$1,139,808,746	\$1,248,182,694	\$1,283,388,855
<b>Average charges</b>	\$19,455	\$20,793	\$21,926
<b>Average charge per day</b>	\$4,659	\$5,308	\$5,642
<b>Number of Discharges</b>	58,587	60,030	58,534
<b>Total All-listed Procedures<sup>1</sup></b>	173,067	177,496	126,855
<i>Non-operating room procedures<sup>2</sup></i>	143,651	147,365	96,097
<i>Valid operating room procedures<sup>2</sup></i>	29,416	30,131	30,758
<b>Average Length of Stay</b>	5.2	5.0	4.9
<b>Primary Payer Distribution</b>			
<i>Medicare</i>	38.7%	40.3%	41.4%
<i>Medicaid</i>	20.8%	21.2%	21.7%
<i>Private Insurance</i>	36.6%	34.8%	33.1%
<i>Uninsured</i>	2.7%	2.4%	2.3%
<i>Other</i>	1.1%	1.2%	1.5%
<b>Admission Source Distribution</b>			
<i>Routine</i>	44.4%	44.0%	66.0%
<i>Other short-term hospital</i>	1.0%	0.9%	0.9%
<i>Long-term care facility</i>	0.2%	0.2%	4.9%
<i>ER</i>	52.3%	53.0%	27.0%
<i>Other</i>	2.1%	1.9%	1.1%
<b>Discharge Status Distribution</b>			
<i>Routine - home</i>	64.3%	63.3%	63.1%
<i>Another short-term hospital</i>	2.3%	2.3%	2.0%
<i>Long-term care facility</i>	8.8%	10.4%	10.2%
<i>Home health care</i>	20.0%	20.4%	20.2%
<i>Expired in hospital</i>	3.0%	3.1%	3.1%
<i>Left against medical advice</i>	0.6%	0.6%	0.6%
<i>Other/Unknown</i>	1.0%	0.0%	0.9%
<b>Sex</b>			
<i>Male</i>	40.5%	41.1%	41.2%
<i>Female</i>	59.5%	58.9%	58.8%
<b>Age</b>			
<1	12.7%	11.9%	11.8%
1-4	0.2%	0.2%	0.1%
5-9	0.1%	0.1%	0.1%
10-14	0.2%	0.2%	0.1%
15-19	2.3%	2.1%	1.9%
20-24	4.8%	4.4%	4.5%
25-34	12.2%	12.0%	11.9%
35-44	10.1%	9.8%	9.2%
45-54	12.4%	12.7%	12.5%
55-64	12.6%	13.5%	13.7%
65-74	12.2%	12.8%	13.0%
75+	20.1%	20.3%	21.1%

**Notes:**

1. Total all-listed procedures represents the total number of procedures performed; up to 6 procedures may be recorded per discharge, as a result the total number of all-listed procedures can exceed the total number of discharges.
2. Procedures were classified using AHRQ's HCUP procedure class software. See AHRQ's website for more information: <http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>.
3. Percentages may not sum to 100 due to rounding.

## HOSPITAL SPECIFIC DATA

### Nanticoke Memorial Hospital

#### 2010 Discharge Distribution

Zip / State	Number	%
19973	2,168	38.0%
19956	1,109	19.4%
19947	579	10.1%
19933	557	9.8%
MD	258	4.5%
19966	237	4.2%
19940	203	3.6%
19950	170	3.0%
19945	64	1.1%
19963	52	0.9%
19975	47	0.8%
19939	35	0.6%
19952	34	0.6%
19968	29	0.5%
19941	27	0.5%
Other State	27	0.5%
19960	21	0.4%
19931	15	0.3%
19958	14	0.2%
19901	7	0.1%
19970	7	0.1%
19971	6	0.1%
PA	6	0.1%
19904	4	0.1%
19943	4	0.1%
19954	4	0.1%
19720	3	0.1%
19934	3	0.1%
19938	3	0.1%
19962	3	0.1%
19951	2	0.0%
19977	2	0.0%
NJ	2	0.0%
19711	1	0.0%
19804	1	0.0%
19979	1	0.0%
19702	0	0.0%
19703	0	0.0%
19706	0	0.0%
19709	0	0.0%
19801	0	0.0%
19802	0	0.0%
19805	0	0.0%
19806	0	0.0%
19808	0	0.0%
19903	0	0.0%
19930	0	0.0%
19944	0	0.0%
19946	0	0.0%
19953	0	0.0%
19967	0	0.0%
19969	0	0.0%
<b>Total</b>	<b>5,705</b>	<b>100.0%</b>

#### Utilization Characteristics

	2008	2009	2010
<b>Aggregate charges</b>	\$90,103,024	\$90,783,660	\$96,915,476
<b>Average charges</b>	\$14,752	\$15,631	\$16,988
<b>Average charge per day</b>	\$4,025	\$4,522	\$5,033
<b>Number of Discharges</b>	6,108	5,808	5,705
<b>Total All-listed Procedures<sup>1</sup></b>	12,066	10,791	11,227
<i>Non-operating room procedures<sup>2</sup></i>	10,248	9,049	9,404
<i>Valid operating room procedures<sup>2</sup></i>	1,818	1,742	1,823
<b>Average Length of Stay</b>	3.8	3.7	3.8
<b>Primary Payer Distribution</b>			
<i>Medicare</i>	40.0%	38.5%	40.1%
<i>Medicaid</i>	35.7%	35.9%	36.0%
<i>Private Insurance</i>	19.0%	18.2%	16.5%
<i>Uninsured</i>	4.2%	3.7%	2.9%
<i>Other</i>	1.1%	3.6%	4.5%
<b>Admission Source Distribution</b>			
<i>Routine</i>	43.6%	41.2%	40.8%
<i>Other short-term hospital</i>	0.0%	0.0%	0.0%
<i>Long-term care facility</i>	0.0%	0.0%	0.0%
<i>ER</i>	56.4%	58.8%	59.2%
<i>Other</i>	0.0%	0.0%	0.0%
<b>Discharge Status Distribution</b>			
<i>Routine - home</i>	67.9%	67.6%	67.9%
<i>Another short-term hospital</i>	3.6%	4.1%	3.1%
<i>Long-term care facility</i>	12.4%	12.7%	13.2%
<i>Home health care</i>	13.1%	12.4%	12.6%
<i>Expired in hospital</i>	1.4%	1.8%	1.6%
<i>Left against medical advice</i>	0.5%	0.5%	0.7%
<i>Other/Unknown</i>	1.1%	0.9%	0.9%
<b>Sex</b>			
<i>Male</i>	39.0%	39.6%	40.7%
<i>Female</i>	61.0%	60.4%	59.3%
<b>Age</b>			
<1	15.3%	15.7%	16.3%
1-4	0.1%	0.5%	0.6%
5-9	0.0%	0.2%	0.2%
10-14	0.1%	0.4%	0.1%
15-19	3.3%	2.6%	2.6%
20-24	7.3%	7.2%	6.3%
25-34	10.1%	10.4%	10.3%
35-44	7.6%	6.9%	6.4%
45-54	10.1%	10.1%	9.9%
55-64	12.9%	13.0%	12.2%
65-74	11.5%	13.0%	12.7%
75+	21.6%	20.0%	22.3%

#### Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to 6 procedures may be recorded per discharge, as a result the total number of all-listed procedures can exceed the total number of discharges.

2. Procedures were classified using AHRQ's HCUP procedure class software. See AHRQ's website for more information: <http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>.

3. Percentages may not sum to 100 due to rounding.

## HOSPITAL SPECIFIC DATA

### St. Francis Hospital

#### 2010 Discharge Distribution

Zip / State	Number	%
19805	1,870	24.6%
19802	776	10.2%
19720	638	8.4%
19801	613	8.1%
19806	468	6.2%
19808	345	4.5%
19810	312	4.1%
19803	308	4.0%
19703	256	3.4%
19804	251	3.3%
19809	231	3.0%
PA	223	2.9%
19702	188	2.5%
19711	155	2.0%
19707	139	1.8%
19701	137	1.8%
19713	112	1.5%
19807	81	1.1%
19709	80	1.1%
MD	76	1.0%
OTHER	64	0.8%
NJ	57	0.7%
19977	24	0.3%
19734	21	0.3%
19899	21	0.3%
19904	19	0.2%
19706	18	0.2%
19901	15	0.2%
19938	12	0.2%
19973	9	0.1%
19966	8	0.1%
19736	7	0.1%
19971	7	0.1%
19934	6	0.1%
19958	6	0.1%
19962	6	0.1%
19963	6	0.1%
19946	4	0.1%
19952	4	0.1%
19943	3	0.0%
19945	3	0.0%
19947	3	0.0%
19953	3	0.0%
19710	2	0.0%
19731	2	0.0%
19930	2	0.0%
19956	2	0.0%
19964	2	0.0%
19708	1	0.0%
19714	1	0.0%
19730	1	0.0%
19850	1	0.0%
19903	1	0.0%
19933	1	0.0%
19939	1	0.0%
19950	1	0.0%
19960	1	0.0%
19975	1	0.0%
UNKNOWN	1	0.0%
19733	0	0.0%
19936	0	0.0%
19940	0	0.0%
19941	0	0.0%
19961	0	0.0%
19968	0	0.0%
19970	0	0.0%
19979	0	0.0%
<b>Total</b>	<b>7,606</b>	<b>100.0%</b>

#### Utilization Characteristics

	2008	2009	2010
<b>Aggregate charges</b>	\$174,287,257	\$149,236,157	\$174,216,422
<b>Average charges</b>	\$23,313	\$22,577	\$22,905
<b>Average charge per day</b>	\$6,533	\$6,632	\$7,217
<b>Number of Discharges</b>	7,476	6,610	7,606
<b>Total All-listed Procedures<sup>1</sup></b>	8,613	7,550	8,241
<i>Non-operating room procedures<sup>2</sup></i>	5,326	4,880	5,397
<i>Valid operating room procedures<sup>2</sup></i>	3,287	2,670	2,844
<b>Average Length of Stay</b>	4.5	4.3	4.2
<b>Primary Payer Distribution</b>			
<i>Medicare</i>	41.9%	41.8%	39.8%
<i>Medicaid</i>	23.9%	25.3%	27.5%
<i>Private Insurance</i>	27.9%	28.2%	27.6%
<i>Uninsured</i>	4.8%	3.2%	2.7%
<i>Other</i>	1.4%	1.6%	2.3%
<b>Admission Source Distribution</b>			
<i>Routine</i>	38.5%	39.3%	63.5%
<i>Other short-term hospital</i>	2.1%	1.5%	3.4%
<i>Long-term care facility</i>	0.1%	0.5%	1.6%
<i>ER</i>	59.1%	58.7%	29.9%
<i>Other</i>	.2%	.1%	1.6%
<b>Discharge Status Distribution</b>			
<i>Routine - home</i>	61.7%	64.5%	64.3%
<i>Another short-term hospital</i>	1.3%	1.6%	1.7%
<i>Long-term care facility</i>	13.2%	10.8%	12.0%
<i>Home health care</i>	20.3%	17.6%	15.7%
<i>Expired in hospital</i>	1.7%	1.7%	3.8%
<i>Left against medical advice</i>	1.5%	1.4%	1.6%
<i>Other/Unknown</i>	0.3%	2.4%	0.9%
<b>Sex</b>			
<i>Male</i>	37.6%	37.6%	38.0%
<i>Female</i>	62.4%	62.4%	62.0%
<b>Age</b>			
<i>&lt;1</i>	11.0%	12.0%	11.2%
<i>1-4</i>	0.0%	0.0%	0.0%
<i>5-9</i>	0.0%	0.0%	0.0%
<i>10-14</i>	0.1%	0.0%	0.1%
<i>15-19</i>	1.7%	1.9%	1.6%
<i>20-24</i>	4.3%	4.1%	4.2%
<i>25-34</i>	10.1%	10.7%	10.4%
<i>35-44</i>	10.3%	9.4%	9.4%
<i>45-54</i>	13.6%	13.0%	13.2%
<i>55-64</i>	12.9%	13.2%	14.0%
<i>65-74</i>	12.3%	13.4%	13.0%
<i>75+</i>	23.7%	22.4%	22.9%

#### Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to 6 procedures may be recorded per discharge, as a result the total number of all-listed procedures can exceed the total number of discharges.

2. Procedures were classified using AHRQ's HCUP procedure class software. See AHRQ's website for more information:

<http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>

3. Percentages may not sum to 100 due to rounding.

4. St. Francis hospital does not operate a pediatric service. ER patients are admitted at Al Dupont.

## HOSPITAL SPECIFIC DATA

### Select Specialty Hospital - Wilmington

#### 2010 Discharge Distribution

Zip / State	Number	%
19720	32	10.7%
MD	28	9.3%
19805	21	7.0%
19801	18	6.0%
PA	16	5.3%
19802	13	4.3%
19711	12	4.0%
19702	9	3.0%
19713	9	3.0%
19810	9	3.0%
19901	9	3.0%
19803	8	2.7%
19804	8	2.7%
19808	8	2.7%
19809	7	2.3%
NJ	7	2.3%
19701	6	2.0%
19806	6	2.0%
19703	5	1.7%
19709	5	1.7%
19958	5	1.7%
19977	5	1.7%
19952	4	1.3%
19956	4	1.3%
19968	4	1.3%
19973	4	1.3%
19707	3	1.0%
19904	3	1.0%
19960	3	1.0%
19963	3	1.0%
19966	3	1.0%
Other State	3	1.0%
19734	2	0.7%
19736	2	0.7%
19941	2	0.7%
19943	2	0.7%
19945	2	0.7%
19971	2	0.7%
19807	1	0.3%
19930	1	0.3%
19934	1	0.3%
19939	1	0.3%
19940	1	0.3%
19946	1	0.3%
19947	1	0.3%
19950	1	0.3%
19933	0	0.0%
19954	0	0.0%
19955	0	0.0%
19961	0	0.0%
19970	0	0.0%
19975	0	0.0%
<b>Total</b>	<b>300</b>	<b>100.0%</b>

#### Utilization Characteristics

	2008	2009	2010
<b>Aggregate charges</b>	\$23,960,807	\$24,264,848	\$30,161,973
<b>Average charges</b>	\$97,799	\$90,204	\$100,540
<b>Average charge per day</b>	\$3,370	\$3,402	\$3,466
<b>Number of Discharges</b>	245	269	300
<b>Total All-listed Procedures<sup>1</sup></b>	482	532	578
<i>Non-operating room procedures<sup>2</sup></i>	428	472	505
<i>Valid operating room procedures<sup>2</sup></i>	54	60	73
<b>Average Length of Stay</b>	28.3	26.3	29.4
<b>Primary Payer Distribution</b>			
<i>Medicare</i>	84.1%	83.3%	83.7%
<i>Medicaid</i>	0.0%	0.7%	1.0%
<i>Private Insurance</i>	15.5%	14.9%	13.7%
<i>Uninsured</i>	0.0%	0.0%	0.0%
<i>Other</i>	0.4%	1.1%	1.7%
<b>Admission Source Distribution</b>			
<i>Routine</i>	0.4%	0.4%	0.7%
<i>Other short-term hospital</i>	99.6%	99.6%	98.0%
<i>Long-term care facility</i>	0.0%	0.0%	1.3%
<i>ER</i>	0.0%	0.0%	0.0%
<i>Other</i>	0.0%	0.0%	0.0%
<b>Discharge Status Distribution</b>			
<i>Routine - home</i>	3.7%	7.1%	5.3%
<i>Another short-term hospital</i>	15.9%	10.8%	11.3%
<i>Long-term care facility</i>	40.4%	40.9%	49.7%
<i>Home health care</i>	26.1%	22.7%	24.0%
<i>Expired in hospital</i>	13.5%	8.9%	9.0%
<i>Left against medical advice</i>	0.4%	0.7%	0.7%
<i>Other/Unknown</i>	0.0%	8.9%	0.0%
<b>Sex</b>			
<i>Male</i>	47.3%	47.2%	44.7%
<i>Female</i>	52.7%	52.4%	55.3%
<i>Unknown</i>	0.0%	0.4%	0.0%
<b>Age</b>			
<1	0.0%	0.0%	0.0%
1-4	0.0%	0.0%	0.0%
5-9	0.0%	0.0%	0.0%
10-14	0.0%	0.0%	0.0%
15-19	0.0%	0.0%	0.0%
20-24	0.0%	0.7%	0.7%
25-34	0.8%	3.0%	2.7%
35-44	3.7%	4.1%	5.7%
45-54	9.8%	11.5%	10.7%
55-64	16.3%	14.5%	19.7%
65-74	26.9%	29.7%	27.7%
75+	42.4%	36.4%	33.0%

#### Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to 6 procedures may be recorded per discharge, as a result the total number of all-listed procedures can exceed the total number of discharges.

2. Procedures were classified using AHRQ's HCUP procedure class software. See AHRQ's website for more information: <http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>.

3. Percentages may not sum to 100 due to rounding.

## APPENDIX A

### Clinical classification system:

Diagnoses and procedures were reported using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). These codes were then aggregated into broader diagnostic categories according to the Clinical Classification System (CCS) developed by the Agency of Healthcare Research and Quality (AHRQ). The CCS diagnoses are used to categorize clinically similar diagnoses for ease in presentation and interpretation of hospital discharge data. A complete listing of CCS diagnostic codes and selected corresponding measures are presented below.

### Number and Percent of Discharges, Mean Length of Stay, Mean Charges, Percent Expired, and Percent Admitted from the ED by Principal Diagnosis, Delaware Hospitals, 2010

Clinical Classifications Software Categories and Chapter Headings		Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Admitted from ED
Infections and parasitic diseases	Tuberculosis	18	0.5%	16.7	\$55,673	5.6%	22.2%
	Septicemia (except in labor)	2,543	74.9%	8.9	\$43,152	15.5%	52.2%
	Bacterial infection; unspecified site	43	1.3%	6.9	\$33,434	0.0%	23.3%
	Mycoses	66	1.9%	7.1	\$34,444	4.5%	47.0%
	HIV infection	186	5.5%	10.9	\$46,939	9.1%	58.6%
	Hepatitis	89	2.6%	5.3	\$23,393	3.4%	46.1%
	Viral infection	347	10.2%	3.1	\$13,211	0.9%	38.0%
	Other infections; including parasitic	89	2.6%	4.5	\$20,056	0.0%	31.5%
	Sexually transmitted infections (not HIV or hepatitis)	14	0.4%	4.1	\$18,648	0.0%	28.6%
	Immunizations and screening for infectious disease	2	0.1%	4.0	\$13,069	0.0%	50.0%
	<b>Total</b>	<b>3,397</b>	<b>100.0%</b>	<b>8.2</b>	<b>\$38,834</b>	<b>12.4%</b>	<b>49.7%</b>
Neoplasms	Cancer of head and neck	97	2.2%	10.8	\$48,834	8.2%	16.5%
	Cancer of esophagus	33	0.8%	6.7	\$32,996	6.1%	30.3%
	Cancer of stomach	61	1.4%	9.1	\$43,585	8.2%	34.4%
	Cancer of colon	297	6.9%	8.4	\$41,608	3.7%	19.5%
	Cancer of rectum and anus	95	2.2%	7.6	\$35,175	2.1%	13.7%
	Cancer of liver and intrahepatic bile duct	47	1.1%	5.8	\$32,490	19.1%	31.9%
	Cancer of pancreas	97	2.2%	7.0	\$33,382	19.6%	23.7%
	Cancer of other GI organs; peritoneum	58	1.3%	7.6	\$37,092	1.7%	17.2%
	Cancer of bronchus; lung	383	8.8%	8.2	\$39,641	15.4%	34.7%
	Cancer; other respiratory and intrathoracic	15	0.3%	4.0	\$21,676	26.7%	26.7%
	Cancer of bone and connective tissue	25	0.6%	11.6	\$64,557	4.0%	8.0%
	Melanomas of skin	11	0.3%	2.9	\$18,636	9.1%	9.1%
	Other non-epithelial cancer of skin	22	0.5%	3.6	\$21,593	4.5%	4.5%
	Cancer of breast	136	3.1%	2.9	\$22,530	2.2%	4.4%
	Cancer of uterus	117	2.7%	4.0	\$24,821	2.6%	3.4%
	Cancer of cervix	55	1.3%	2.9	\$19,384	1.8%	10.9%
	Cancer of ovary	63	1.5%	9.3	\$51,021	7.9%	15.9%
	Cancer of other female genital organs	10	0.2%	3.8	\$26,142	0.0%	10.0%
	Cancer of prostate	111	2.6%	2.8	\$22,984	0.9%	3.6%
	Cancer of testis	4	0.1%	3.0	\$22,527	0.0%	25.0%
	Cancer of other male genital organs	1	0.0%	2.0	\$11,483	0.0%	0.0%
	Cancer of bladder	73	1.7%	7.0	\$36,273	9.6%	17.8%
	Cancer of kidney and renal pelvis	148	3.4%	4.6	\$28,710	2.7%	7.4%
	Cancer of other urinary organs	7	0.2%	2.7	\$23,072	0.0%	0.0%
	Cancer of brain and nervous system	94	2.2%	11.6	\$80,913	5.3%	20.2%
	Cancer of thyroid	31	0.7%	3.5	\$24,079	0.0%	6.5%
	Hodgkin's disease	17	0.4%	10.1	\$60,008	17.6%	29.4%

APPENDIX A

Clinical Classifications Software Categories and Chapter Headings		Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Admitted from ED
	Non-Hodgkin's lymphoma	77	1.8%	11.5	\$59,137	5.2%	20.8%
	Leukemias	98	2.3%	18.5	\$137,911	18.4%	19.4%
	Multiple myeloma	48	1.1%	10.0	\$46,491	4.2%	33.3%
	Cancer; other and unspecified primary	23	0.5%	5.5	\$48,072	8.7%	17.4%
	Secondary malignancies	576	13.3%	7.2	\$32,561	14.4%	31.4%
	Malignant neoplasm without specification of site	23	0.5%	7.2	\$37,378	13.0%	34.8%
	Neoplasms of unspecified nature or uncertain behavior	121	2.8%	5.3	\$32,788	3.3%	22.3%
	Maintenance chemotherapy; radiotherapy	353	8.2%	5.8	\$38,018	0.3%	0.0%
	Benign neoplasm of uterus	472	10.9%	2.4	\$16,681	0.0%	3.0%
	Other and unspecified benign neoplasm	429	9.9%	5.0	\$29,135	0.0%	7.0%
	<b>Total</b>	<b>4,328</b>	<b>100.0%</b>	<b>6.5</b>	<b>\$36,339</b>	<b>6.3%</b>	<b>16.3%</b>
<b>Endocrine, nutritional &amp; metabolic diseases, &amp; immunity disorders</b>	Thyroid disorders	97	2.3%	3.7	\$18,294	1.0%	24.7%
	Diabetes mellitus without complication	110	2.6%	2.4	\$9,277	0.0%	49.1%
	Diabetes mellitus with complications	1,719	40.6%	5.2	\$20,968	0.9%	46.8%
	Other endocrine disorders	139	3.3%	5.5	\$23,870	2.9%	42.4%
	Nutritional deficiencies	31	0.7%	10.4	\$32,693	3.2%	35.5%
	Disorders of lipid metabolism	3	0.1%	3.0	\$21,498	0.0%	100.0%
	Gout and other crystal arthropathies	87	2.1%	4.1	\$14,683	0.0%	54.0%
	Fluid and electrolyte disorders	1,317	31.1%	3.7	\$14,756	1.7%	46.2%
	Cystic fibrosis	46	1.1%	10.4	\$75,140	0.0%	10.9%
	Immunity disorders	3	0.1%	4.7	\$14,291	0.0%	0.0%
	Other nutritional; endocrine; and metabolic disorders	686	16.2%	3.9	\$30,611	2.0%	13.7%
<b>Total</b>	<b>4,238</b>	<b>100.0%</b>	<b>4.5</b>	<b>\$20,869</b>	<b>1.4%</b>	<b>40.3%</b>	
<b>Disease of the blood and blood forming organs</b>	Deficiency and other anemia	545	39.6%	4.0	\$20,305	1.7%	44.0%
	Acute posthemorrhagic anemia	62	4.5%	4.2	\$20,488	4.8%	38.7%
	Sickle cell anemia	419	30.4%	4.5	\$17,049	0.5%	47.3%
	Coagulation and hemorrhagic disorders	147	10.7%	6.0	\$42,141	2.0%	27.9%
	Diseases of white blood cells	187	13.6%	5.1	\$24,819	2.7%	23.0%
	Other hematologic conditions	17	1.2%	4.8	\$25,925	0.0%	52.9%
<b>Total</b>	<b>1,377</b>	<b>100.0%</b>	<b>4.5</b>	<b>\$22,336</b>	<b>1.6%</b>	<b>40.3%</b>	
<b>Mental disorders</b>	Adjustment disorders	8	0.3%	4.6	\$12,550	0.0%	50.0%
	Anxiety disorders	37	1.5%	3.5	\$13,334	0.0%	54.1%
	Attention-deficit	2	0.1%	2.5	\$8,360	0.0%	0.0%
	Delirium	228	9.4%	7.3	\$16,645	6.1%	48.7%
	Developmental disorders	8	0.3%	13.6	\$18,722	0.0%	50.0%
	Impulse control disorders	2	0.1%	37.0	\$63,633	0.0%	0.0%
	Mood disorders	867	35.8%	6.7	\$10,455	0.8%	43.3%
	Personality disorders	5	0.2%	13.2	\$26,034	0.0%	20.0%
	Schizophrenia and other psychotic disorders	181	7.5%	7.6	\$12,911	0.0%	44.8%
	Alcohol-related disorders	438	18.1%	5.6	\$20,697	3.7%	52.3%
	Substance-related disorders	325	13.4%	4.2	\$15,819	1.2%	47.4%
	Screening and history of mental health and substance abuse codes	194	8.0%	6.9	\$28,610	5.7%	55.7%
	Miscellaneous disorders	128	5.3%	2.7	\$10,197	2.3%	26.6%
<b>Total</b>	<b>2,423</b>	<b>100.0%</b>	<b>6.1</b>	<b>\$15,384</b>	<b>2.3%</b>	<b>46.3%</b>	
<b>Diseases of the nervous system and sense organs</b>	Meningitis (except that caused by tuberculosis or STD)	173	5.2%	4.1	\$19,069	0.0%	41.0%
	Encephalitis (except that caused by tuberculosis or STD)	25	0.8%	10.3	\$54,527	0.0%	56.0%
	Other CNS infection and poliomyelitis	43	1.3%	12.8	\$57,748	4.7%	46.5%
	Parkinson's disease	28	0.8%	5.0	\$14,974	0.0%	82.1%
	Multiple sclerosis	116	3.5%	3.8	\$16,116	0.0%	48.3%
	Other hereditary and degenerative nervous system	137	4.1%	7.2	\$42,939	0.7%	32.1%
	Paralysis	98	3.0%	4.5	\$35,138	0.0%	12.2%
	Epilepsy; convulsions	946	28.5%	3.6	\$18,529	1.0%	44.5%
	Headache; including migraine	298	9.0%	2.6	\$12,732	0.0%	49.0%
	Coma; stupor; and brain damage	41	1.2%	4.7	\$25,636	26.8%	39.0%

## APPENDIX A

Clinical Classifications Software Categories and Chapter Headings	Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Admitted from ED
Cataract	1	0.0%	1.0	\$10,169	0.0%	0.0%
Retinal detachments; defects; vascular occlusion; and retinopathy	10	0.3%	1.9	\$13,492	0.0%	20.0%
Glaucoma	1	0.0%	2.0	\$9,635	0.0%	0.0%
Blindness and vision defects	26	0.8%	2.2	\$12,846	0.0%	61.5%
Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease)	69	2.1%	3.6	\$15,604	0.0%	46.4%
Other eye disorders	20	0.6%	2.7	\$13,781	0.0%	45.0%
Otitis media and related conditions	85	2.6%	2.4	\$14,432	0.0%	37.6%
Conditions associated with dizziness or vertigo	174	5.2%	2.6	\$12,343	0.0%	44.8%
Other ear and sense organ disorders	56	1.7%	2.4	\$16,965	0.0%	28.6%
Other nervous system disorders	969	29.2%	5.6	\$27,382	2.4%	38.5%
<b>Total</b>	<b>3,316</b>	<b>100.0%</b>	<b>4.4</b>	<b>\$22,265</b>	<b>1.4%</b>	<b>41.6%</b>
<b>Diseases of the circulatory system</b>						
Heart valve disorders	399	2.4%	8.1	\$90,250	4.5%	14.5%
Peri-, endo-, and myocarditis; cardiomyopathy (except that caused by tuberculosis or STD)	287	1.7%	5.8	\$46,143	4.5%	32.8%
Essential hypertension	139	0.8%	3.0	\$15,052	0.7%	51.8%
Hypertension with complications and secondary	719	4.3%	5.0	\$23,098	1.4%	50.8%
Acute myocardial infarction	1,787	10.6%	4.9	\$51,466	5.5%	47.2%
Coronary atherosclerosis and other heart disease	1,949	11.5%	3.6	\$45,858	1.0%	29.8%
Nonspecific chest pain	1,038	6.2%	2.1	\$14,611	0.4%	52.1%
Pulmonary heart disease	553	3.3%	5.8	\$28,914	5.2%	46.7%
Other and ill-defined heart disease	20	0.1%	4.3	\$36,006	5.0%	40.0%
Conduction disorders	207	1.2%	4.0	\$57,190	1.9%	36.7%
Cardiac dysrhythmias	2,027	12.0%	3.6	\$24,247	1.8%	43.4%
Cardiac arrest and ventricular fibrillation	72	0.4%	7.1	\$53,502	55.6%	48.6%
Congestive heart failure; nonhypertensive	2,642	15.7%	5.4	\$25,465	4.7%	49.8%
Acute cerebrovascular disease	1,791	10.6%	7.1	\$30,789	9.5%	52.1%
Occlusion or stenosis of precerebral arteries	390	2.3%	2.2	\$22,797	0.0%	9.5%
Other and ill-defined cerebrovascular disease	70	0.4%	4.3	\$42,686	0.0%	27.1%
Transient cerebral ischemia	582	3.4%	2.6	\$14,941	0.5%	50.3%
Late effects of cerebrovascular disease	38	0.2%	6.9	\$23,135	0.0%	39.5%
Peripheral and visceral atherosclerosis	544	3.2%	5.0	\$37,605	3.9%	20.4%
Aortic; peripheral; and visceral artery aneurysms	283	1.7%	6.5	\$77,732	9.5%	21.6%
Aortic and peripheral arterial embolism or thrombosis	127	0.8%	7.3	\$53,030	10.2%	29.1%
Other circulatory disease	499	3.0%	4.0	\$20,333	2.6%	49.1%
Phlebitis; thrombophlebitis and thromboembolism	552	3.3%	4.9	\$22,020	2.2%	37.0%
Varicose veins of lower extremity	4	0.0%	4.7	\$25,945	0.0%	0.0%
Hemorrhoids	73	0.4%	3.1	\$12,398	1.4%	54.8%
Other diseases of veins and lymphatics	83	0.5%	5.2	\$20,686	2.4%	34.9%
<b>Total</b>	<b>16,875</b>	<b>100.0%</b>	<b>4.7</b>	<b>\$33,429</b>	<b>3.9%</b>	<b>42.4%</b>
<b>Diseases of the respiratory system</b>						
Pneumonia (except that caused by tuberculosis or STD)	3,294	29.1%	5.3	\$22,360	4.2%	49.7%
Influenza	23	0.2%	10.9	\$128,419	0.0%	17.4%
Acute and chronic tonsillitis	168	1.5%	1.8	\$10,455	0.0%	23.8%
Acute bronchitis	817	7.2%	3.3	\$18,678	0.1%	59.6%
Other upper respiratory infections	423	3.7%	2.3	\$12,312	0.0%	43.3%
Chronic obstructive pulmonary disease and bronchiectasis	2,076	18.4%	4.7	\$17,799	2.2%	49.6%
Asthma	1,548	13.7%	2.6	\$12,222	0.1%	47.1%
Aspiration pneumonitis; food/vomitus	578	5.1%	8.2	\$37,173	11.2%	56.7%
Pleurisy; pneumothorax; pulmonary collapse	386	3.4%	7.4	\$31,908	3.9%	44.0%
Respiratory failure; insufficiency; arrest (adult)	1,420	12.6%	9.7	\$49,710	12.0%	57.4%
Lung disease due to external agents	17	0.2%	4.1	\$17,808	0.0%	47.1%
Other lower respiratory disease	371	3.3%	4.1	\$22,360	3.5%	36.7%
Other upper respiratory disease	186	1.6%	5.0	\$30,554	2.7%	32.3%
<b>Total</b>	<b>11,307</b>	<b>100.0%</b>	<b>5.2</b>	<b>\$24,177</b>	<b>4.0%</b>	<b>49.7%</b>

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Clinical Classifications Software Categories and Chapter Headings		Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Admitted from ED
<b>Diseases of the digestive system</b>	Intestinal infection	955	8.5%	5.2	\$20,025	2.6%	45.1%
	Disorders of teeth and jaw	64	0.6%	2.6	\$16,715	0.0%	28.1%
	Diseases of mouth; excluding dental	77	0.7%	4.6	\$19,324	1.3%	44.2%
	Esophageal disorders	425	3.8%	3.9	\$20,456	0.9%	38.6%
	Gastroduodenal ulcer (except hemorrhage)	122	1.1%	5.7	\$29,315	2.5%	47.5%
	Gastritis and duodenitis	330	2.9%	4.1	\$17,939	1.2%	47.6%
	Other disorders of stomach and duodenum	260	2.3%	5.7	\$22,881	3.5%	43.1%
	Appendicitis and other appendiceal conditions	881	7.8%	2.6	\$20,057	0.0%	49.4%
	Abdominal hernia	676	6.0%	4.5	\$30,838	0.6%	20.0%
	Regional enteritis and ulcerative colitis	313	2.8%	5.3	\$22,280	0.0%	38.0%
	Intestinal obstruction without hernia	1,178	10.5%	6.2	\$25,519	2.5%	47.5%
	Diverticulosis and diverticulitis	1,044	9.3%	5.3	\$24,788	0.6%	34.3%
	Anal and rectal conditions	118	1.1%	4.7	\$21,109	1.7%	33.1%
	Peritonitis and intestinal abscess	86	0.8%	9.5	\$40,163	8.1%	34.9%
	Biliary tract disease	1,291	11.5%	4.5	\$25,352	0.9%	40.0%
	Other liver diseases	400	3.6%	6.8	\$33,958	9.8%	43.0%
	Pancreatic disorders (not diabetes)	812	7.2%	5.2	\$21,740	1.2%	51.5%
	Gastrointestinal hemorrhage	989	8.8%	4.6	\$22,602	2.1%	51.4%
	Noninfectious gastroenteritis	436	3.9%	3.0	\$12,926	0.5%	53.0%
	Other gastrointestinal disorders	778	6.9%	5.1	\$23,473	1.3%	32.1%
<b>Total</b>	<b>11,235</b>	<b>100.0%</b>	<b>4.8</b>	<b>\$23,446</b>	<b>1.7%</b>	<b>42.2%</b>	
<b>Diseases of the genitourinary system</b>	Nephritis; nephrosis; renal sclerosis	51	1.0%	3.6	\$19,511	0.0%	21.6%
	Acute and unspecified renal failure	1,234	23.5%	6.4	\$24,257	4.1%	45.4%
	Chronic renal failure	46	0.9%	6.2	\$47,981	4.3%	30.4%
	Urinary tract infections	1,798	34.2%	4.6	\$15,411	2.1%	44.3%
	Calculus of urinary tract	474	9.0%	2.3	\$14,237	0.6%	38.6%
	Other diseases of kidney and ureters	180	3.4%	3.8	\$22,854	0.0%	20.6%
	Other diseases of bladder and urethra	56	1.1%	6.4	\$44,343	1.8%	21.4%
	Genitourinary symptoms and ill-defined conditions	84	1.6%	3.9	\$16,048	1.2%	38.1%
	Hyperplasia of prostate	92	1.7%	3.5	\$14,703	1.1%	18.5%
	Inflammatory conditions of male genital organs	81	1.5%	4.5	\$19,248	2.5%	43.2%
	Other male genital disorders	34	0.6%	5.2	\$28,315	0.0%	47.1%
	Nonmalignant breast conditions	83	1.6%	2.5	\$11,675	0.0%	24.1%
	Inflammatory diseases of female pelvic organs	117	2.2%	3.9	\$16,956	0.9%	38.5%
	Endometriosis	83	1.6%	2.0	\$15,337	0.0%	3.6%
	Prolapse of female genital organs	313	5.9%	1.5	\$17,244	0.0%	0.3%
	Menstrual disorders	177	3.4%	2.0	\$16,265	0.0%	4.5%
	Ovarian cyst	162	3.1%	2.6	\$16,917	0.0%	17.9%
	Menopausal disorders	19	0.4%	3.1	\$20,775	0.0%	15.8%
	Other female genital disorders	178	3.4%	2.9	\$17,564	1.1%	14.6%
	<b>Total</b>	<b>5,262</b>	<b>100.0%</b>	<b>4.3</b>	<b>\$18,657</b>	<b>1.9%</b>	<b>35.1%</b>
<b>Complications of pregnancy, childbirth, &amp; the puerperium</b>	Contraceptive and procreative management	1	0.0%	1.0	\$28,690	0.0%	0.0%
	Spontaneous abortion	27	0.2%	2.4	\$9,150	0.0%	25.9%
	Induced abortion	16	0.1%	1.7	\$7,666	0.0%	31.3%
	Postabortion complications	1	0.0%	2.0	\$6,920	0.0%	100.0%
	Ectopic pregnancy	50	0.4%	1.9	\$14,769	0.0%	40.0%
	Other complications of pregnancy	1,378	11.0%	2.5	\$7,721	0.0%	13.4%
	Hemorrhage during pregnancy; abruptio placenta; placenta previa	148	1.2%	4.6	\$11,610	0.0%	12.8%
	Hypertension complicating pregnancy; childbirth and the puerperium	722	5.8%	3.7	\$11,053	0.0%	9.7%
	Early or threatened labor	527	4.2%	3.6	\$8,126	0.0%	16.5%
	Prolonged pregnancy	682	5.5%	2.7	\$7,408	0.0%	0.4%
	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	288	2.3%	2.9	\$8,054	0.0%	2.1%

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Clinical Classifications Software Categories and Chapter Headings		Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Admitted from ED
	Malposition; malpresentation	447	3.6%	3.3	\$10,949	0.0%	1.6%
	Fetopelvic disproportion; obstruction	99	0.8%	2.7	\$9,424	0.0%	0.0%
	Previous C-section	1,537	12.3%	2.8	\$10,840	0.0%	0.7%
	Fetal distress and abnormal forces of labor	576	4.6%	3.3	\$10,511	0.0%	1.0%
	Polyhydramnios and other problems of amniotic cavity	585	4.7%	3.8	\$9,306	0.0%	5.8%
	Umbilical cord complication	509	4.1%	2.5	\$6,662	0.0%	1.6%
	OB-related trauma to perineum and vulva	2,475	19.8%	2.2	\$6,273	0.0%	1.4%
	Forceps delivery	55	0.4%	2.3	\$6,888	0.0%	3.6%
	Other complications of birth; puerperium affecting management of mother	1,733	13.9%	3.2	\$9,282	0.1%	4.0%
	Normal pregnancy and/or delivery	628	5.0%	2.1	\$6,612	0.0%	1.9%
	<b>Total</b>	<b>12,484</b>	<b>100.0%</b>	<b>2.9</b>	<b>\$8,543</b>	<b>0.0%</b>	<b>4.7%</b>
<b>Diseases of the skin and subcutaneous tissue</b>	Skin and subcutaneous tissue infections	1,912	86.8%	3.8	\$13,230	0.5%	42.8%
	Other inflammatory condition of skin	47	2.1%	3.9	\$13,063	0.0%	42.6%
	Chronic ulcer of skin	185	8.4%	9.6	\$32,719	3.2%	25.9%
	Other skin disorders	59	2.7%	5.4	\$20,448	1.7%	22.0%
	<b>Total</b>	<b>2,203</b>	<b>100.0%</b>	<b>4.3</b>	<b>\$15,056</b>	<b>0.8%</b>	<b>40.8%</b>
<b>Diseases of the musculoskeletal system and connective tissue</b>	Infective arthritis and osteomyelitis (except that caused by tuberculosis or STD)	323	4.6%	11.0	\$43,609	2.2%	27.2%
	Rheumatoid arthritis and related disease	39	0.6%	3.8	\$22,845	0.0%	35.9%
	Osteoarthritis	3,160	45.2%	3.0	\$31,985	0.1%	0.7%
	Other non-traumatic joint disorders	137	2.0%	3.2	\$18,754	0.7%	34.3%
	Spondylosis; intervertebral disc disorders; other back	1,854	26.5%	3.0	\$36,398	0.3%	10.5%
	Osteoporosis	2	0.0%	11.5	\$96,894	0.0%	0.0%
	Pathological fracture	246	3.5%	7.0	\$35,631	3.3%	37.0%
	Acquired foot deformities	59	0.8%	3.6	\$34,550	0.0%	0.0%
	Other acquired deformities	269	3.8%	6.5	\$89,469	0.7%	3.0%
	Systemic lupus erythematosus and connective tissue	74	1.1%	7.0	\$39,387	0.0%	37.8%
	Other connective tissue disease	494	7.1%	4.4	\$19,541	1.0%	37.0%
	Other bone disease and musculoskeletal deformities	340	4.9%	4.2	\$66,670	0.6%	9.4%
<b>Total</b>	<b>6,997</b>	<b>100.0%</b>	<b>3.9</b>	<b>\$36,644</b>	<b>0.5%</b>	<b>10.1%</b>	
<b>Congenital anomalies</b>	Cardiac and circulatory congenital anomalies	242	33.2%	15.6	\$196,169	2.5%	2.5%
	Digestive congenital anomalies	123	16.9%	9.5	\$70,074	0.0%	22.0%
	Genitourinary congenital anomalies	59	8.1%	4.5	\$39,491	0.0%	8.5%
	Nervous system congenital anomalies	53	7.3%	6.6	\$51,860	0.0%	3.8%
	Other congenital anomalies	252	34.6%	9.0	\$84,448	0.8%	5.6%
	<b>Total</b>	<b>729</b>	<b>100.0%</b>	<b>10.7</b>	<b>\$113,102</b>	<b>1.1%</b>	<b>7.4%</b>
<b>Certain conditions originating in the perinatal period</b>	Short gestation; low birth weight; and fetal growth	83	12.4%	21.3	\$58,763	4.8%	3.6%
	Intrauterine hypoxia and birth asphyxia	10	1.5%	16.9	\$57,618	20.0%	0.0%
	Respiratory distress syndrome	38	5.7%	25.3	\$100,737	0.0%	0.0%
	Hemolytic jaundice and perinatal jaundice	219	32.7%	1.8	\$5,199	0.0%	17.4%
	Birth trauma	6	0.9%	6.3	\$41,446	0.0%	0.0%
	Other perinatal conditions	314	46.9%	13.0	\$87,735	3.2%	26.4%
	<b>Total</b>	<b>670</b>	<b>100.0%</b>	<b>11.1</b>	<b>\$57,041</b>	<b>2.4%</b>	<b>18.5%</b>
<b>Injury and poisoning</b>	Joint disorders and dislocations; trauma-related	93	1.0%	3.0	\$23,155	0.0%	26.9%
	Fracture of neck of femur (hip)	772	8.2%	6.2	\$34,625	1.7%	53.1%
	Spinal cord injury	54	0.6%	15.3	\$100,145	11.1%	37.0%
	Skull and face fractures	227	2.4%	4.2	\$24,005	0.4%	48.5%
	Fracture of upper limb	448	4.7%	3.4	\$22,046	1.1%	43.1%
	Fracture of lower limb	775	8.2%	4.4	\$29,223	0.4%	46.1%
	Other fractures	759	8.0%	5.2	\$26,026	2.0%	45.6%
	Sprains and strains	105	1.1%	2.9	\$13,481	1.9%	36.2%
	Intracranial injury	902	9.6%	6.5	\$33,502	6.0%	46.5%

## APPENDIX A

Clinical Classifications Software Categories and Chapter Headings		Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Admitted from ED
	Crushing injury or internal injury	369	3.9%	6.7	\$42,307	6.8%	49.1%
	Open wounds of head; neck; and trunk	112	1.2%	3.2	\$21,785	2.7%	58.0%
	Open wounds of extremities	130	1.4%	2.9	\$17,440	0.8%	48.5%
	Complication of device; implant or graft	1,925	20.4%	5.7	\$39,973	1.6%	22.4%
	Complications of surgical procedures or medical care	1,428	15.1%	6.2	\$27,108	1.7%	32.7%
	Superficial injury; contusion	144	1.5%	3.7	\$16,230	0.0%	47.9%
	Burns	27	0.3%	4.3	\$15,418	7.4%	29.6%
	Poisoning by psychotropic agents	279	3.0%	3.2	\$13,617	1.4%	46.2%
	Poisoning by other medications and drugs	519	5.5%	3.3	\$16,877	1.2%	46.8%
	Poisoning by nonmedicinal substances	53	0.6%	4.1	\$24,187	0.0%	56.6%
	Other injuries and conditions due to external causes	312	3.3%	4.8	\$28,013	1.6%	42.3%
	<b>Total</b>	<b>9,433</b>	<b>100.0%</b>	<b>5.3</b>	<b>\$30,209</b>	<b>2.1%</b>	<b>39.6%</b>
<b>Liveborn</b>	Liveborn	11,474	100.0%	3.5	\$6,856	0.4%	0.0%
	<b>Total</b>	<b>11,474</b>	<b>100.0%</b>	<b>3.5</b>	<b>\$6,856</b>	<b>0.4%</b>	<b>0.0%</b>
<b>Other conditions</b>	Syncope	679	15.8%	2.9	\$15,356	0.3%	50.5%
	Fever of unknown origin	225	5.2%	2.8	\$11,989	0.4%	36.0%
	Lymphadenitis	86	2.0%	2.5	\$13,460	0.0%	33.7%
	Gangrene	100	2.3%	12.1	\$57,190	5.0%	19.0%
	Shock	7	0.2%	7.9	\$57,257	42.9%	28.6%
	Nausea and vomiting	107	2.5%	2.2	\$9,372	0.0%	42.1%
	Abdominal pain	514	12.0%	2.8	\$12,073	0.4%	49.6%
	Malaise and fatigue	64	1.5%	3.4	\$13,166	0.0%	54.7%
	Allergic reactions	115	2.7%	2.4	\$10,919	1.7%	32.2%
	Rehabilitation care; fitting of prostheses; and adjustment of devices	1,679	39.1%	12.6	\$27,385	0.1%	0.2%
	Administrative/social admission	6	0.1%	15.3	\$30,885	0.0%	33.3%
	Medical examination/evaluation	3	0.1%	1.3	\$3,504	0.0%	0.0%
	Other aftercare	325	7.6%	6.8	\$4,417	54.5%	0.6%
	Other screening for suspected conditions (not mental disorders or infectious disease)	10	0.2%	1.2	\$9,141	0.0%	30.0%
	Residual codes; unclassified	371	8.6%	3.4	\$15,424	2.4%	37.2%
	<b>Total</b>	<b>4,291</b>	<b>100.0%</b>	<b>7.2</b>	<b>\$19,374</b>	<b>4.7%</b>	<b>23.2%</b>
<b>Total All CCS Diagnostic Codes</b>		<b>112,039</b>	<b>100.0%</b>	<b>4.8</b>	<b>\$23,940</b>	<b>2.5%</b>	<b>30.0%</b>

## APPENDIX B

### Clinical classification system for Ecodes:

Ecodes are supplementary classifications of external causes of injury and poisoning. They provide additional information regarding the nature of the condition, or to allow more detailed analysis of the external cause of the diagnosis. Ecodes were coded according to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). These codes were then aggregated into broader diagnostic categories using the Clinical Classification System (CCS) developed by the Agency of Healthcare Research and Quality (AHRQ). The CCS classification system for Ecodes is used to categorize clinically similar diagnoses for ease in presentation and interpretation of hospital discharge data. A complete listing of CCS Ecodes and selected corresponding measures are presented below.

### Number and Percent of Discharges, Mean Length of Stay, Mean Charges, Percent Expired, and Percent Admitted from the ED by Ecode, Delaware Hospitals, 2010

Clinical Classifications Software Categories for Ecodes	Number of Discharges	Percent of Discharges	Mean LOS	Mean Total Charges	Percent Expired	Percent Admitted from ED
E Codes: Cut/pierce	150	1.1%	4.0	\$20,492	2.0	94.7
E Codes: Drowning/submersion	18	0.1%	2.8	\$24,123	0.0	94.4
E Codes: Fall	4,025	29.3%	5.6	\$27,266	3.8	93.1
E Codes: Fire/burn	39	0.3%	5.3	\$19,654	2.6	74.4
E Codes: Firearms	138	1.0%	8.8	\$54,888	8.7	92.8
E Codes: Machinery	18	0.1%	7.2	\$55,107	0.0	100.0
E Codes: Motor vehicle traffic (MVT)	1,006	7.3%	6.5	\$40,354	2.8	96.5
E Codes: Pedal cyclist; not MVT	77	0.6%	3.3	\$22,786	1.3	89.6
E Codes: Pedestrian; not MVT	14	0.1%	5.4	\$36,253	7.1	100.0
E Codes: Transport; not MVT	132	1.0%	3.8	\$24,821	0.8	97.7
E Codes: Natural/environment	203	1.5%	3.2	\$14,008	1.0	88.7
E Codes: Overexertion	135	1.0%	4.5	\$22,921	1.5	88.9
E Codes: Poisoning	1,064	7.8%	3.5	\$16,252	1.3	92.8
E Codes: Struck by; against	378	2.8%	3.5	\$20,764	1.6	91.3
E Codes: Suffocation	74	0.5%	8.6	\$50,449	13.5	87.8
E Codes: Adverse effects of medical care	2,697	19.7%	9.0	\$64,181	2.1	39.4
E Codes: Adverse effects of medical drugs	2,372	17.3%	5.4	\$27,211	1.4	77.3
E Codes: Other specified and classifiable	442	3.2%	10.8	\$44,938	2.5	54.5
E Codes: Other specified; NEC	180	1.3%	8.6	\$36,188	3.3	63.3
E Codes: Unspecified	490	3.6%	7.4	\$34,912	3.5	75.1
E Codes: Place of occurrence	50	0.4%	5.6	\$32,897	2.0	70.0
Unknown/other Ecode	16	0.1%	4.0	\$21,618	0.0	93.8
<b>Total</b>	<b>13,718</b>	<b>100.0%</b>	<b>6.3</b>	<b>\$35,475</b>	<b>2.6</b>	<b>77.5</b>

**Number of All-listed Procedures Performed during the Inpatient Stay  
by Procedure and Sex of Patient  
Delaware Hospitals, 2010**

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
<b>Operations on the nervous system</b>	Incision and excision of CNS	208	172	380
	Insertion; replacement; or removal of extracranial ventricular shunt	78	75	153
	Laminectomy; excision intervertebral disc	751	738	1,489
	Diagnostic spinal tap	546	566	1,112
	Insertion of catheter or spinal stimulator and injection into spinal canal	105	154	259
	Decompression peripheral nerve	19	13	32
	Other diagnostic nervous system procedures	27	22	49
	Other non-OR or closed therapeutic nervous system procedures	50	77	127
	Other OR therapeutic nervous system procedures	244	280	524
<b>Total</b>	<b>2,028</b>	<b>2,097</b>	<b>4,125</b>	
<b>Operations on the endocrine system</b>	Thyroidectomy; partial or complete	23	60	83
	Diagnostic endocrine procedures	11	10	21
	Other therapeutic endocrine procedures	46	48	94
	<b>Total</b>	<b>80</b>	<b>118</b>	<b>198</b>
<b>Operations on the eye</b>	Glaucoma procedures	1	0	1
	Lens and cataract procedures	0	4	4
	Repair of retinal tear; detachment	2	0	2
	Destruction of lesion of retina and choroid	5	1	6
	Diagnostic procedures on eye	0	2	2
	Other therapeutic procedures on eyelids; conjunctiva; cornea	59	30	89
	Other intraocular therapeutic procedures	6	1	7
	Other extraocular muscle and orbit therapeutic procedures	9	8	17
<b>Total</b>	<b>82</b>	<b>46</b>	<b>128</b>	
<b>Operations on the ear</b>	Tympanoplasty	3	2	5
	Myringotomy	91	99	190
	Mastoidectomy	6	2	8
	Diagnostic procedures on ear	9	8	17
	Other therapeutic ear procedures	53	46	99
	<b>Total</b>	<b>162</b>	<b>157</b>	<b>319</b>
<b>Operations on the nose, mouth, and pharynx</b>	Control of epistaxis	63	33	96
	Plastic procedures on nose	30	23	53
	Dental procedures	107	75	182
	Tonsillectomy and/or adenoidectomy	79	66	145
	Diagnostic procedures on nose; mouth and pharynx	43	37	80
	Other non-OR therapeutic procedures on nose; mouth and pharynx	84	44	128
	Other OR therapeutic procedures on nose; mouth and pharynx	160	123	283
	<b>Total</b>	<b>566</b>	<b>401</b>	<b>967</b>
<b>Operations on the respiratory system</b>	Tracheostomy; temporary and permanent	159	127	286
	Tracheoscopy and laryngoscopy with biopsy	145	133	278
	Lobectomy or pneumonectomy	122	126	248
	Diagnostic bronchoscopy and biopsy of bronchus	507	430	937
	Other diagnostic procedures on lung and bronchus	32	25	57
	Incision of pleura; thoracentesis; chest drainage	756	682	1,438
	Other diagnostic procedures of respiratory tract and mediastinum	82	82	164
	Other non-OR therapeutic procedures on respiratory system	130	117	247
	Other OR Rx procedures on respiratory system and mediastinum	157	128	285
	<b>Total</b>	<b>2,090</b>	<b>1,850</b>	<b>3,940</b>
<b>Operations on the cardiovascular system</b>	Heart valve procedures	283	201	484
	Coronary artery bypass graft (CABG)	948	365	1,313
	Percutaneous transluminal coronary angioplasty (PTCA)	1,303	709	2,012
	Coronary thrombolysis	1	1	2
	Diagnostic cardiac catheterization; coronary arteriography	6,405	4,291	10,696
	Insertion; revision; replacement; removal of cardiac pacemaker or cardioverter/defibrillator	790	680	1,470
	Other OR heart procedures	421	329	750
	Extracorporeal circulation auxiliary to open heart procedures	666	381	1,047

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Endarterectomy; vessel of head and neck	203	130	333
	Aortic resection; replacement or anastomosis	144	37	181
	Other vascular catheterization; not heart	3,245	3,479	6,724
	Peripheral vascular bypass	150	95	245
	Other vascular bypass and shunt; not heart	14	15	29
	Creation; revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis	65	41	106
	Hemodialysis	1,303	1,058	2,361
	Other OR procedures on vessels of head and neck	93	84	177
	Embolectomy and endarterectomy of lower limbs	103	86	189
	Other OR procedures on vessels other than head and neck	3,199	2,244	5,443
	Other diagnostic cardiovascular procedures	181	152	333
	Other non-OR therapeutic cardiovascular procedures	1,063	699	1,762
	<b>Total</b>	<b>20,580</b>	<b>15,077</b>	<b>35,657</b>
<b>Operations on the hemic and lymphatic system</b>	Bone marrow transplant	23	21	44
	Bone marrow biopsy	115	88	203
	Procedures on spleen	44	44	88
	Other therapeutic procedures; hemic and lymphatic system	334	461	795
	<b>Total</b>	<b>516</b>	<b>614</b>	<b>1,130</b>
<b>Operations on the digestive system</b>	Injection or ligation of esophageal varices	1	0	1
	Esophageal dilatation	26	33	59
	Upper gastrointestinal endoscopy; biopsy	1,464	1,696	3,160
	Gastrostomy; temporary and permanent	268	275	543
	Colostomy; temporary and permanent	80	82	162
	Ileostomy and other enterostomy	86	66	152
	Gastrectomy; partial and total	48	104	152
	Small bowel resection	152	188	340
	Colonoscopy and biopsy	614	757	1,371
	Proctoscopy and anorectal biopsy	118	127	245
	Colorectal resection	529	558	1,087
	Local excision of large intestine lesion (not endoscopic)	5	4	9
	Appendectomy	542	527	1,069
	Hemorrhoid procedures	13	11	24
	Endoscopic retrograde cannulation of pancreas (ERCP)	24	48	72
	Biopsy of liver	115	90	205
	Cholecystectomy and common duct exploration	430	780	1,210
	Inguinal and femoral hernia repair	101	24	125
	Other hernia repair	334	531	865
	Laparoscopy (GI only)	64	84	148
	Abdominal paracentesis	506	361	867
	Exploratory laparotomy	35	24	59
	Excision; lysis peritoneal adhesions	325	826	1,151
	Peritoneal dialysis	44	44	88
	Other bowel diagnostic procedures	22	25	47
	Other non-OR upper GI therapeutic procedures	321	263	584
	Other OR upper GI therapeutic procedures	220	456	676
	Other non-OR lower GI therapeutic procedures	270	262	532
	Other OR lower GI therapeutic procedures	500	469	969
	Other gastrointestinal diagnostic procedures	80	136	216
	Other non-OR gastrointestinal therapeutic procedures	307	384	691
	Other OR gastrointestinal therapeutic procedures	323	511	834
<b>Total</b>	<b>7,967</b>	<b>9,746</b>	<b>17,713</b>	
<b>Operations on the urinary system</b>	Endoscopy and endoscopic biopsy of the urinary tract	197	445	642
	Transurethral excision; drainage; or removal urinary obstruction	252	157	409
	Ureteral catheterization	296	490	786
	Nephrotomy and nephrostomy	85	67	152

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Nephrectomy; partial or complete	109	99	208
	Kidney transplant	18	9	27
	Genitourinary incontinence procedures	0	186	186
	Extracorporeal lithotripsy; urinary	10	12	22
	Indwelling catheter	81	65	146
	Procedures on the urethra	61	17	78
	Other diagnostic procedures of urinary tract	43	44	87
	Other non-OR therapeutic procedures of urinary tract	63	165	228
	Other OR therapeutic procedures of urinary tract	139	213	352
	<b>Total</b>	<b>1,354</b>	<b>1,969</b>	<b>3,323</b>
<b>Operations on the male genital organs</b>	Transurethral resection of prostate (TURP)	99	0	99
	Open prostatectomy	97	0	97
	Circumcision	4,621	0	4,621
	Diagnostic procedures; male genital	21	0	21
	Other non-OR therapeutic procedures; male genital	48	0	48
	Other OR therapeutic procedures; male genital	104	1	105
	<b>Total</b>	<b>4,990</b>	<b>1</b>	<b>4,991</b>
<b>Operations on the female genital organs</b>	Oophorectomy; unilateral and bilateral	0	815	815
	Other operations on ovary	0	195	195
	Ligation or occlusion of fallopian tubes	0	781	781
	Other operations on fallopian tubes	0	98	98
	Hysterectomy; abdominal and vaginal	0	1,092	1,092
	Other excision of cervix and uterus	0	109	109
	Abortion (termination of pregnancy)	0	3	3
	Dilatation and curettage (D&C); aspiration after delivery or abortion	0	60	60
	Diagnostic dilatation and curettage (D&C)	0	37	37
	Repair of cystocele and rectocele; obliteration of vaginal vault	0	242	242
	Other diagnostic procedures; female organs	0	70	70
	Other non-OR therapeutic procedures; female organs	0	55	55
Other OR therapeutic procedures; female organs	0	593	593	
	<b>Total</b>	<b>0</b>	<b>4,150</b>	<b>4,150</b>
<b>Obstetrical procedures</b>	Removal of ectopic pregnancy	0	34	34
	Episiotomy	0	432	432
	Cesarean section	0	3,791	3,791
	Forceps; vacuum; and breech delivery	0	677	677
	Artificial rupture of membranes to assist delivery	0	3,379	3,379
	Other procedures to assist delivery	0	9,970	9,970
	Diagnostic amniocentesis	0	13	13
	Fetal monitoring	0	5,871	5,871
	Repair of current obstetric laceration	0	3,924	3,924
	Other therapeutic obstetrical procedures	0	217	217
	<b>Total</b>	<b>0</b>	<b>28,308</b>	<b>28,308</b>
<b>Operations on the musculoskeletal system</b>	Partial excision bone	456	428	884
	Bunionectomy or repair of toe deformities	14	21	35
	Treatment; facial fracture or dislocation	91	24	115
	Treatment; fracture or dislocation of radius and ulna	126	133	259
	Treatment; fracture or dislocation of hip and femur	389	639	1,028
	Treatment; fracture or dislocation of lower extremity (other than hip or femur)	473	409	882
	Other fracture and dislocation procedure	327	311	638
	Arthroscopy	18	19	37
	Division of joint capsule; ligament or cartilage	15	16	31
	Excision of semilunar cartilage of knee	11	9	20
	Arthroplasty knee	905	1,569	2,474
Hip replacement; total and partial	879	1,085	1,964	

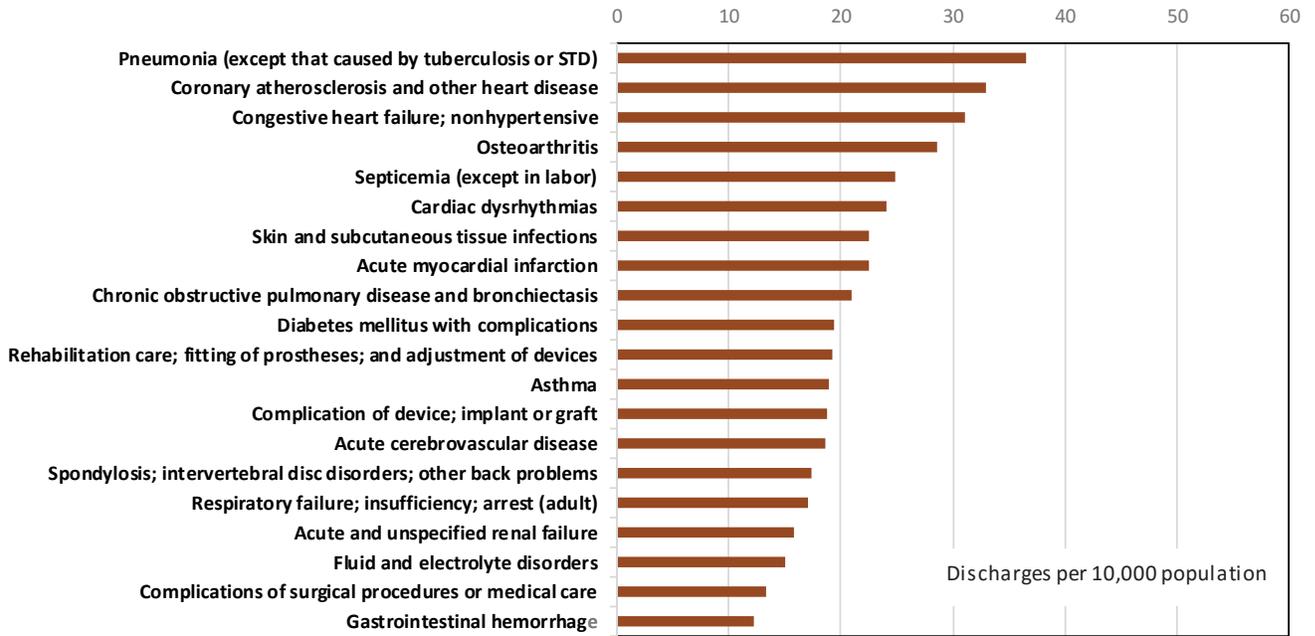
## APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Arthroplasty other than hip or knee	60	98	158
	Arthrocentesis	135	94	229
	Injections and aspirations of muscles; tendons; bursa; joints and soft tissue	22	33	55
	Amputation of lower extremity	298	127	425
	Spinal fusion	1,806	2,062	3,868
	Other diagnostic procedures on musculoskeletal system	170	180	350
	Other therapeutic procedures on muscles and tendons	976	649	1,625
	Other OR therapeutic procedures on bone	459	535	994
	Other OR therapeutic procedures on joints	227	190	417
	Other non-OR therapeutic procedures on musculoskeletal system	619	775	1,394
	Other OR therapeutic procedures on musculoskeletal system	70	34	104
	<b>Total</b>	<b>8,546</b>	<b>9,440</b>	<b>17,986</b>
<b>Operations on the integumentary system</b>	Breast biopsy and other diagnostic procedures on breast	2	31	33
	Lumpectomy; quadrantectomy of breast	0	25	25
	Mastectomy	2	103	105
	Incision and drainage; skin and subcutaneous tissue	433	404	837
	Debridement of wound; infection or burn	463	319	782
	Excision of skin lesion	72	103	175
	Suture of skin and subcutaneous tissue	380	236	616
	Skin graft	199	129	328
	Other diagnostic procedures on skin and subcutaneous tissue	28	25	53
	Other non-OR therapeutic procedures on skin and breast	397	399	796
	Other OR therapeutic procedures on skin and breast	133	420	553
		<b>Total</b>	<b>2,109</b>	<b>2,194</b>
<b>Miscellaneous diagnostic and therapeutic procedures</b>	Other organ transplantation	7	4	11
	Computerized axial tomography (CT) scan head	1	3	4
	CT scan chest	13	7	20
	CT scan abdomen	11	8	19
	Other CT scan	8	7	15
	Myelogram	5	3	8
	Mammography	0	2	2
	Intraoperative cholangiogram	37	40	77
	Upper gastrointestinal X-ray	8	7	15
	Intravenous pyelogram	6	2	8
	Cerebral arteriogram	80	102	182
	Contrast aortogram	349	230	579
	Contrast arteriogram of femoral and lower extremity arteries	1,040	637	1,677
	Arterio- or venogram (not heart and head)	799	610	1,409
	Diagnostic ultrasound of head and neck	3	3	6
	Diagnostic ultrasound of heart (echocardiogram)	983	831	1,814
	Diagnostic ultrasound of gastrointestinal tract	14	5	19
	Diagnostic ultrasound of urinary tract	4	7	11
	Diagnostic ultrasound of abdomen or retroperitoneum	27	20	47
	Other diagnostic ultrasound	23	871	894
	Magnetic resonance imaging	29	26	55
	Electroencephalogram (EEG)	3	6	9
	Nonoperative urinary system measurements	1	1	2
	Cardiac stress tests	8	13	21
	Electrocardiogram	1	3	4
	Electrographic cardiac monitoring	2	6	8
	Swan-Ganz catheterization for monitoring	25	13	38

## APPENDIX C

Single level CCS Procedure Categories and Chapter Headings	Male	Female	Total
Microscopic examination (bacterial smear; culture; toxicology)	0	14	14
Radioisotope bone scan	0	2	2
Radioisotope pulmonary scan	4	5	9
Radioisotope scan and function studies	9	11	20
Other radioisotope scan	3	5	8
Therapeutic radiology for cancer treatment	74	92	166
Diagnostic physical therapy	5	15	20
Physical therapy exercises; manipulation; and other procedures	325	375	700
Traction; splints; and other wound care	237	222	459
Other physical therapy and rehabilitation	452	456	908
Respiratory intubation and mechanical ventilation	4,598	4,202	8,800
Other respiratory therapy	47	59	106
Psychological and psychiatric evaluation and therapy	19	24	43
Alcohol and drug rehabilitation/detoxification	35	8	43
Ophthalmologic and otologic diagnosis and treatment	3,045	2,933	5,978
Nasogastric tube	75	64	139
Blood transfusion	3,648	4,318	7,966
Enteral and parenteral nutrition	368	396	764
Cancer chemotherapy	312	382	694
Conversion of cardiac rhythm	565	355	920
Other diagnostic radiology and related techniques	279	361	640
Other diagnostic procedures (interview; evaluation; consultation)	1,834	1,922	3,756
Prophylactic vaccinations and inoculations	3,451	3,452	6,903
Nonoperative removal of foreign body	31	33	64
Other therapeutic procedures	7,524	10,521	18,045
<b>Total</b>	<b>30,427</b>	<b>33,694</b>	<b>64,121</b>

**Annual Hospitalization Rates for 20 Most Frequent Diagnoses\* of Males  
All Delaware Residents, 2010**

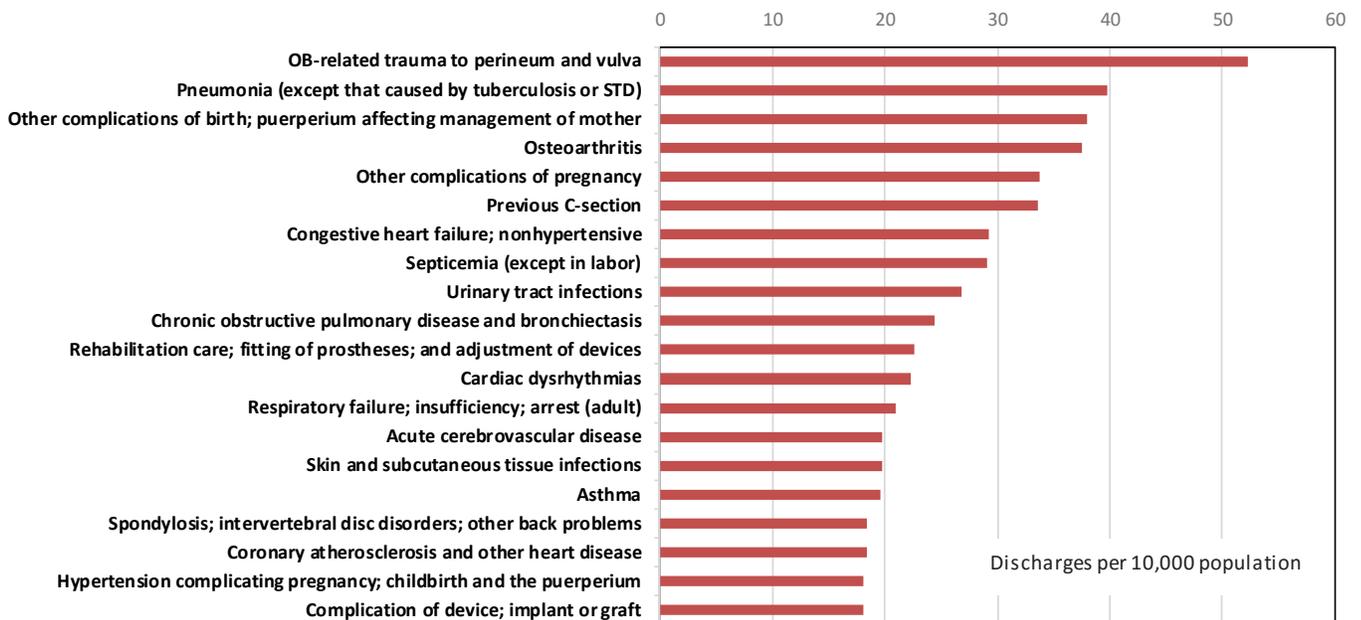


\*Excluding live born infants.

Source: Delaware Health Statistics Center

Note: Calculations based on total population.

**Annual Hospitalization Rates for 20 Most Frequent Diagnoses\* of Females  
All Delaware Residents, 2010**



\*Excluding live born infants.

Source: Delaware Health Statistics Center

Note: Calculations based on total population.

## APPENDIX E

### Conditions with the 10 Highest Total Charges 2010

Rank	CCS Principal Diagnoses	Total Billed Charges	% of Total Charges	Number of Discharges
1	Septicemia (except in labor)	\$109,736,405	4.1%	2,543
2	Osteoarthritis	\$101,071,439	3.8%	3,160
3	Acute myocardial infarction	\$91,968,853	3.4%	1,787
4	Coronary atherosclerosis and other heart disease	\$89,377,910	3.3%	1,949
5	Liveborn	\$78,670,271	2.9%	11,474
6	Complication of device; implant or graft	\$76,948,462	2.9%	1,925
7	Pneumonia (except that caused by tuberculosis or STD)	\$73,653,250	2.7%	3,294
8	Respiratory failure; insufficiency; arrest (adult)	\$70,587,931	2.6%	1,420
9	Spondylosis; intervertebral disc disorders; other back problems	\$67,481,839	2.5%	1,854
10	Congestive heart failure; nonhypertensive	\$67,278,352	2.5%	2,642
Total for 10 most expensive conditions		\$826,774,712	30.8%	32,048
Total aggregate charges for all discharges		\$2,684,077,701	100.0%	112,130

Source: Delaware Health Statistics Center

### Discharges with Highest Mean Charges in 2010

CCS Principal Diagnoses	Number Discharges			Percent of Total Discharges			Mean Charges		
	2000	2005	2010	2000	2005	2010	2000	2005	2010
Total All Discharges	97,748	115,831	112,130	100.0%	100.0%	100.0%	\$10,067	\$16,714	\$23,937
Cardiac and circulatory congenital anomalies	277	327	242	0.3%	0.3%	0.2%	\$58,189	\$97,764	\$196,169
Leukemias	121	170	98	0.1%	0.1%	0.1%	\$55,737	\$57,065	\$137,911
Influenza	29	216	23	0.0%	0.2%	0.0%	\$7,409	\$13,392	\$128,419
Respiratory distress syndrome	43	62	38	0.0%	0.1%	0.0%	\$30,145	\$64,416	\$100,737
Spinal cord injury	29	70	54	0.0%	0.1%	0.0%	\$22,506	\$56,855	\$100,145
Osteoporosis	9	10	2	0.0%	0.0%	0.0%	\$5,446	\$12,611	\$96,894
Heart valve disorders	193	272	399	0.2%	0.2%	0.4%	\$36,825	\$76,241	\$90,250
Other acquired deformities	208	276	269	0.2%	0.2%	0.2%	\$31,222	\$64,382	\$89,469
Other perinatal conditions	179	316	314	0.2%	0.3%	0.3%	\$28,570	\$42,975	\$87,735
Other congenital anomalies	307	312	252	0.3%	0.3%	0.2%	\$21,962	\$30,537	\$84,448

Source: Delaware Health Statistics Center

### Number, Percent, and Mean Charges for the Highest Volume Discharges in 2010

CCS Principal Diagnoses	Number Discharges			Percent of Total Discharges			Mean Charges		
	2000	2005	2010	2000	2005	2010	2000	2005	2010
Total All Discharges	97,748	115,831	112,130	100.0%	100.0%	100.0%	\$10,067	\$16,714	\$23,937
Liveborn	10,421	11,402	11,474	10.7%	9.8%	10.2%	\$3,667	\$4,862	\$6,856
Pneumonia (except that caused by tuberculosis or STD)	3,018	3,440	3,294	3.1%	3.0%	2.9%	\$11,955	\$16,114	\$22,360
Osteoarthritis	1,277	2,615	3,160	1.3%	2.3%	2.8%	\$17,586	\$25,510	\$31,985
Congestive heart failure; nonhypertensive	2,770	2,899	2,642	2.8%	2.5%	2.4%	\$11,451	\$21,760	\$25,465
Septicemia (except in labor)	643	1,475	2,543	0.7%	1.3%	2.3%	\$17,952	\$32,824	\$43,152
OB-related trauma to perineum and vulva	2,461	2,158	2,475	2.5%	1.9%	2.2%	\$9,953	\$4,286	\$6,273
Chronic obstructive pulmonary disease and	1,597	1,807	2,076	1.6%	1.6%	1.9%	\$9,475	\$14,576	\$17,799
Cardiac dysrhythmias	1,713	1,953	2,027	1.8%	1.7%	1.8%	\$10,313	\$19,819	\$24,247
Coronary atherosclerosis and other heart disease	2,849	2,831	1,949	2.9%	2.4%	1.7%	\$14,127	\$33,664	\$45,858
Complication of device; implant or graft	1,304	1,771	1,925	1.3%	1.5%	1.7%	\$17,686	\$30,404	\$39,973

Source: Delaware Health Statistics Center

## 2010 Delaware Hospitalizations

**Top 10 Most Frequent Diagnoses for Medicare**

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Medicare</i>
Congestive heart failure; nonhypertensive	2111	4.8%
Osteoarthritis	1895	4.3%
Pneumonia (except that caused by tuberculosis or STD)	1859	4.3%
Septicemia (except in labor)	1831	4.2%
Chronic obstructive pulmonary disease and bronchiectasis	1577	3.6%
Cardiac dysrhythmias	1427	3.3%
Rehabilitation care; fitting of prostheses; and adjustment of device:	1276	2.9%
Acute cerebrovascular disease	1241	2.8%
Coronary atherosclerosis and other heart disease	1155	2.6%
Urinary tract infections	1137	2.6%

**Top 10 Most Frequent Diagnoses for Medicaid**

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Medicaid</i>
Liveborn	5909	21.3%
OB-related trauma to perineum and vulva	1054	3.8%
Other complications of birth; puerperium affecting management of mother	856	3.1%
Other complications of pregnancy	851	3.1%
Previous C-section	731	2.6%
Asthma	637	2.3%
Pneumonia (except that caused by tuberculosis or STD)	635	2.3%
Skin and subcutaneous tissue infections	478	1.7%
Diabetes mellitus with complications	457	1.6%
Normal pregnancy and/or delivery	402	1.4%

**Top 10 Most Frequent Diagnoses for Privately Insured**

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Private Insurers</i>
Liveborn	5074	14.5%
OB-related trauma to perineum and vulva	1273	3.6%
Osteoarthritis	1063	3.0%
Other complications of birth; puerperium affecting management of mother	809	2.3%
Previous C-section	729	2.1%
Spondylosis; intervertebral disc disorders; other back problems	703	2.0%
Pneumonia (except that caused by tuberculosis or STD)	664	1.9%
Skin and subcutaneous tissue infections	603	1.7%
Asthma	590	1.7%
Coronary atherosclerosis and other heart disease	552	1.6%

**Top 10 Most Frequent Diagnoses for Uninsured**

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Uninsured Patients</i>
Mood disorders	139	3.7%
Skin and subcutaneous tissue infections	137	3.6%
Liveborn	113	3.0%
Diabetes mellitus with complications	105	2.8%
Acute myocardial infarction	102	2.7%
Pneumonia (except that caused by tuberculosis or STD)	97	2.6%
Biliary tract disease	86	2.3%
Congestive heart failure; nonhypertensive	84	2.2%
Septicemia (except in labor)	82	2.2%
Appendicitis and other appendiceal conditions	82	2.2%

**Conditions with the Highest Number of In-Hospital Deaths by Age Group<sup>1</sup>  
Delaware Hospitals, 2010.**

Diagnosis	Age Group in Years					TOTAL <sup>2</sup>
	Under 1	0-17	18-44	45-64	65+	
Other perinatal conditions	10	0	0	0	0	10
Cardiac and circulatory congenital anomalies	6	0	0	0	0	6
Short gestation; low birth weight; and fetal growth	4	0	0	0	0	4
Respiratory failure; insufficiency; arrest (adult)	3	0	3	42	122	170
Aspiration pneumonitis; food/vomitus	2	1	2	10	50	65
Other congenital anomalies	2	0	0	0	0	2
Intrauterine hypoxia and birth asphyxia	2	0	0	0	0	2
Septicemia (except in labor)	1	1	15	78	299	394
Cardiac arrest and ventricular fibrillation	1	0	5	12	22	40
Pulmonary heart disease	1	0	0	7	21	29
Intracranial injury	0	2	13	8	31	54
Complication of device; implant or graft	0	2	0	10	18	30
Leukemias	0	2	2	4	10	18
Epilepsy; convulsions	0	2	0	1	6	9
Cancer of brain and nervous system	0	2	1	1	1	5
Urinary tract infections	0	1	0	2	34	37
Intestinal obstruction without hernia	0	1	1	5	22	29
Peripheral and visceral atherosclerosis	0	1	0	3	17	21
Secondary malignancies	0	0	14	23	46	83
Crushing injury or internal injury	0	0	8	4	13	25
HIV infection	0	0	8	7	2	17
Other aftercare	0	0	7	41	129	177
Alcohol-related disorders	0	0	6	9	1	16
Congestive heart failure; nonhypertensive	0	0	5	9	110	124
Mood disorders	0	0	5	1	1	7
Acute cerebrovascular disease	0	0	4	33	134	171
Other liver diseases	0	0	3	21	15	39
Acute myocardial infarction	0	0	2	20	77	99
Pneumonia (except that caused by tuberculosis or STD)	0	0	4	16	118	138
Cancer of bronchus; lung	0	0	0	14	45	59
<b>All Discharges</b>	<b>14,555</b>	<b>8,683</b>	<b>25,865</b>	<b>25,957</b>	<b>37,029</b>	<b>112,130</b>

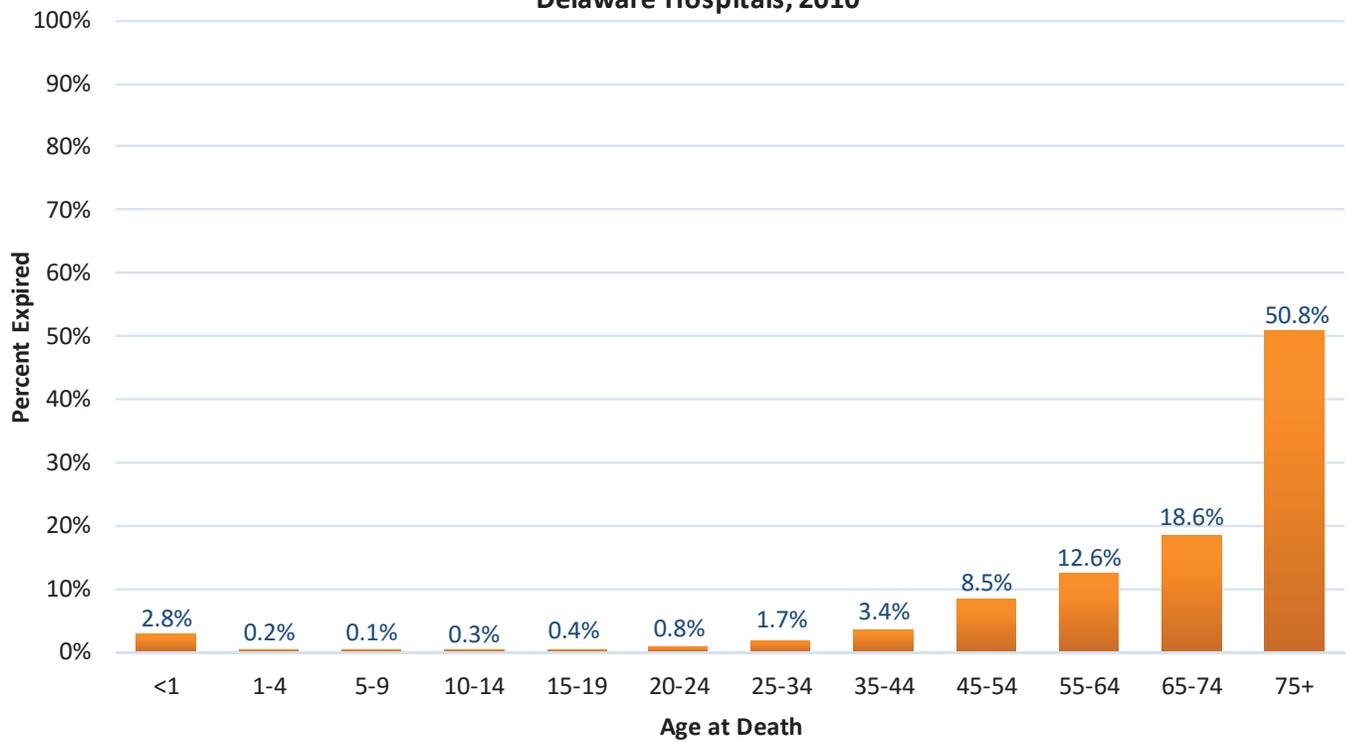
**Notes:**

1. Diagnoses selected by taking the top ten diagnoses for each age group.

2. Total includes 41 unknown ages.

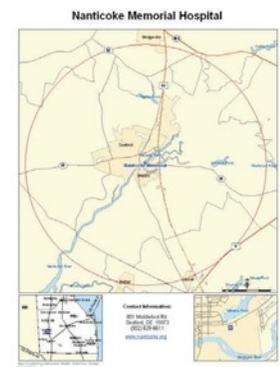
Source: Delaware Health Statistics Center

### Percent of Patients who Died while Hospitalized by Age Group Delaware Hospitals, 2010

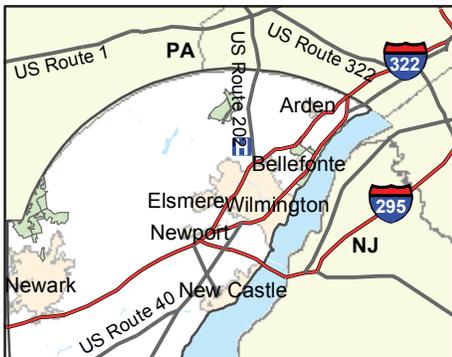


Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center.

# HOSPITAL LOCATION MAPS



# Alfred I. duPont Hospital for Children

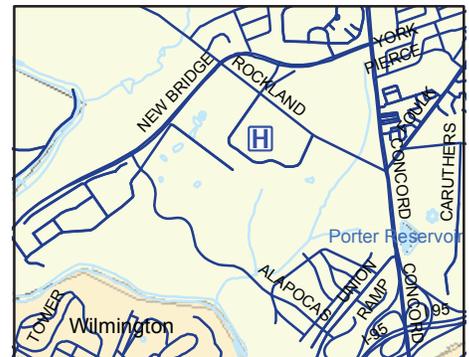


Map Created by Delaware Health Statistics Center

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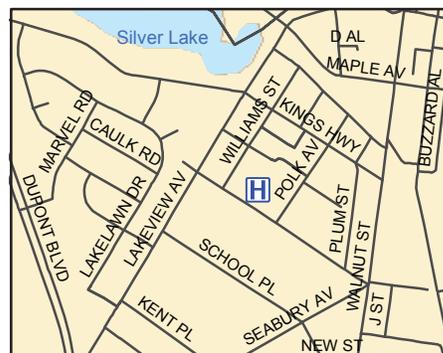
# Milford Memorial Hospital BayHealth Medical Center



**Contact Information:**

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Milford, DE 19963  
(302) 422-3311

<http://www.bayhealth.org/milford-memorial-hospital/>



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BG 4.27.06

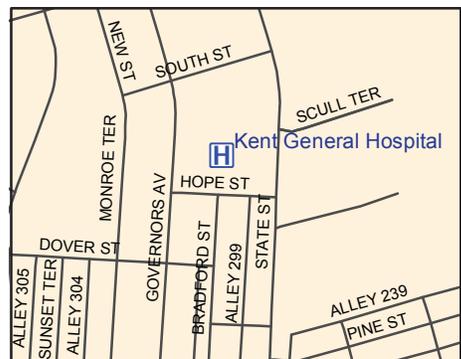
# Kent General Hospital Bayhealth Medical Center



### Contact Information:

640 South State St.  
Dover, DE 19901  
(302) 674-4700

<http://www.bayhealth.org/kent-general-hospital/kent-home>



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BG 4.27.06

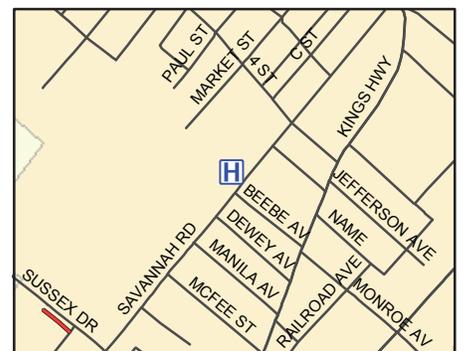
# Beebe Medical Center



## Contact Information:

424 Savannah Rd.  
Lewes, DE 19958  
(302) 645-3300

[www.beebemed.org](http://www.beebemed.org)



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BG 4.27.06

# St. Francis Hospital

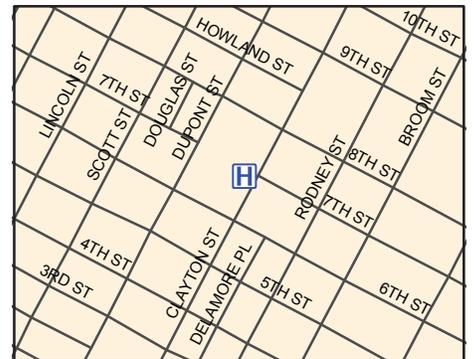


Map Created by Delaware Health Statistics Center  
BG 4.27.06

## Contact Information:

7th and Clayton Streets  
Wilmington, DE 19805  
(302) 421-4100

[www.stfrancishealthcare.org/](http://www.stfrancishealthcare.org/)

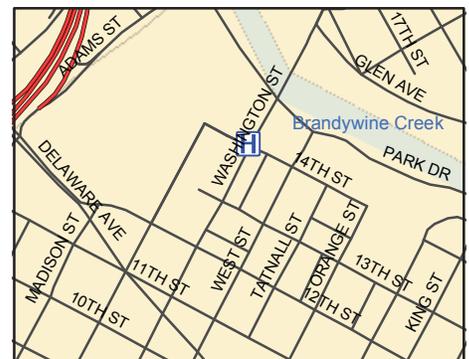


# Wilmington Hospital Christiana Care Health System



### Contact Information:

501 W. 14th St.  
Wilmington, DE 19801  
(302) 733-1000



Map Created by Delaware Health Statistics Center  
BG 4.27.06

<http://www.christianacare.org/wilmingtonhospital>

# Christiana Hospital Christiana Care Health System

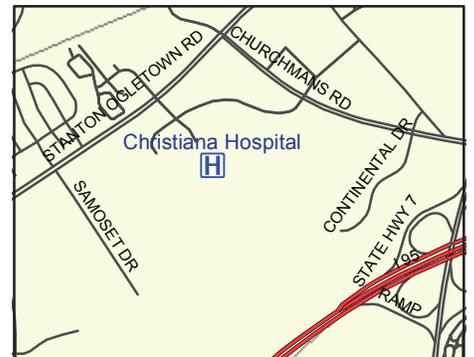


Map Created by Delaware Health Statistics Center

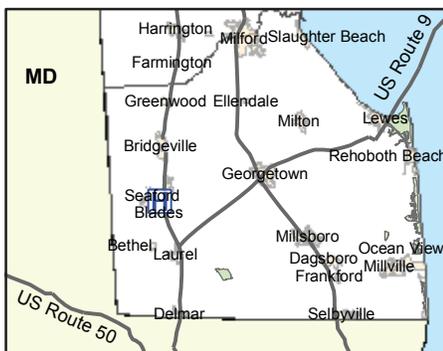
### Contact Information:

4755 Ogletown-Stanton Rd  
Newark, DE 19718  
(302) 733-1000

[www.christianacare.org](http://www.christianacare.org)



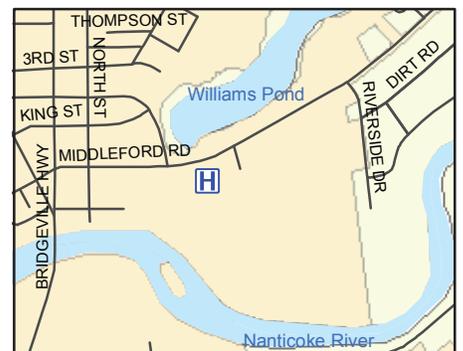
# Nanticoke Memorial Hospital



## Contact Information:

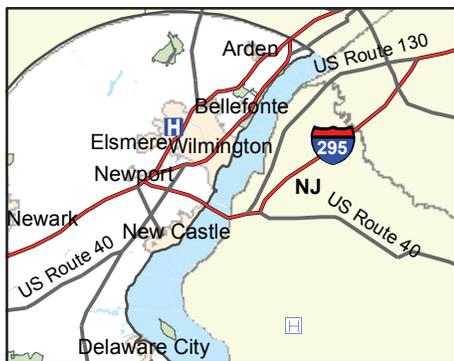
801 Middleford Rd.  
Seaford, DE 19973  
(302) 629-6611

[www.nanticoke.org](http://www.nanticoke.org)



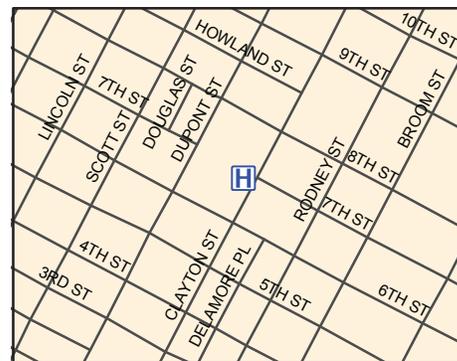
Map Created by Delaware Health Statistics Center  
BG 4.27.06

# Select Specialty Hospital



## Contact Information:

701 North Clayton Street, 5th Floor  
 Wilmington, DE 19805  
 (302) 421-4545



Map Created by Delaware Health Statistics Center  
 BG 4.27.06

<http://wilmington.selectspecialtyhospitals.com/>

**Methods:**

Hospital discharge data is recorded in the state’s uniform claims and billing database, which is maintained under contract by the University of Delaware. Pursuant to the Uniform Health Data Act (16 Del Code, C.20) Delaware hospitals must submit uniform claims and billing data each quarter. These quarterly submissions are checked for data quality and completeness, and collated into an annual file by the University of Delaware. Each annual data file is stored at the Delaware Health Statistics Center, which is responsible for all data analysis, reports, and fulfilling of data requests.

**Rate calculations and significance testing:**

Hospital Discharge Rates were calculated using the Delaware Population Consortium’s (DPC) October 2014 population projections, and were presented as the number of discharges per 10,000 population. Significance testing for the difference between rates was performed using the following formula:

Rates - When the absolute value of the following statistic is greater than 1.96, then the difference between two rates ( $R_1 - R_2$ ) is considered statistically significant at the 95-percent confidence level.

$$z = \frac{R_1 - R_2}{\sqrt{\left(\frac{R_1^2}{N_1} + \frac{R_2^2}{N_2}\right)}}$$

where

- R<sub>1</sub> = first rate
- R<sub>2</sub> = second rate
- N<sub>1</sub> = first number of discharges
- N<sub>2</sub> = second number of discharges

Percents - When the absolute difference between two proportions is greater than the statistic in the formula below, the difference is considered statistically significant at the 95-percent confidence level.

$$1.96 \times \sqrt{p \left( \frac{1}{N_1} + \frac{1}{N_2} \right)}$$

where

- N<sub>1</sub> = first denominator
- N<sub>2</sub> = second denominator

$$p = \frac{p_1 + p_2}{\frac{N_1}{N_1 + N_2} + \frac{N_2}{N_1 + N_2}}$$

- p<sub>1</sub>=the first percent
- p<sub>2</sub>=the second percent

### Definitions:

**Admission source** - The source of the patient's admission, e.g., emergency, another hospital, or long term care facility, which describes how the patient was admitted.

**Aggregate charges** - The sum of all charges for all hospital stays.

**Body System** - In this report, it represents the more generalized grouping of CCS categories that correspond with ICD-9 CM chapter headings.

**Clinical Classification System (CCS)** - This refers to the classification system developed at the Agency for Healthcare Research and Quality (AHRQ) used to aggregate ICD-9-CM codes into broader, homogeneous groups. In this report, the 2010 version of the single-level diagnosis classification scheme is used for both diagnoses and procedures. Because CCS codes are based on ICD-9-CM diagnoses, they can be mapped to ICD-9-CM chapter headings. Data in this report are presented by both CCS diagnoses and by ICD-9-CM chapters. For more information, see <http://www.ahrq.gov/data/hcup/>.

**Discharge** - A completed inpatient hospitalization. A hospitalization may be completed by death or by releasing the patient to his or her home, a long-term care facility, another hospital, or if the patient leaves against medical advice.

**Discharge Status** - The disposition of a patient at discharge from the hospital into one of the following categories:

- Home or routine discharge - patient returned to previous place of residence after discharge from the hospital.
- Long-term care facility - patient entered a nursing home including skilled nursing facilities, extended care facilities, custodial care facilities, or other long term care placement upon discharge from the hospital.
- Another short-term hospital - patient transferred to another short-term hospital at discharge, including short-term maternity hospitals.
- Against medical advice (AMA) - patient left the hospital against medical advice.
- Expired - patient who died during the inpatient stay.
- Home health care - patient discharge to home where care is provided by a home health care agency for the purpose of promoting, maintaining, or restoring health, or for minimizing the effects of disability and illness, including terminal illness.
- Unknown - patient whose status was not entered.

**Expected source of payment** - The principal expected source of payment for the hospitalization.

- Medicare - The health insurance program for the aged and disabled administered by the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration).
- Medicaid - A jointly funded Federal-State health insurance program providing medical care to those unable to afford it.
- Worker's compensation - A State or municipal disability insurance or industrial accident insurance.
- Private health insurance- Includes HMO/PPO, Blue Cross/Blue Shield, and other private insurance.
  - HMO/PPO - Any health maintenance organization (HMO) or preferred provider organization (PPO) sponsored by consumers, communities, physicians, or hospitals.
  - Blue Cross/Blue Shield and other private - A private insurance plan not specified as an HMO/PPO. This includes Blue Cross/Blue Shield plans, medical coverage provided by life insurance companies, casualty insurance companies, health insurance companies, and independent plans such as employer/union-sponsored plans and/or self-funded plans (partial or total).
- Self-pay - The majority of the costs for the hospitalization were expected to be paid by the patient, spouse, family, or next-of-kin.
- Other government- Other Federal, State, or local government other than worker's compensation, Medicare, and Medicaid not listed separately including casualty insurance paid by the State, Federal or State medical research grant.

## TECHNICAL NOTES

- No charge- Patients admitted with the understanding that payment would not be expected because the medical services are free, e.g., charity patients or research or teaching patients.
- Other and not stated.

**Hospital charges** - The amount the hospital charged for the entire hospital stay.

**International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)** - The official system of assigning codes to diagnoses and procedures associated with hospital stays in the United States. The ICD-9-CM is based on and is compatible with the World Health Organization's International Classification of Diseases, Ninth Revision. ICD-9-CM is divided into 17 chapters and two supplemental classifications. Diagnoses are grouped under chapters arranged primarily by body system. In addition, there are chapters for infectious and parasitic diseases; neoplasms; endocrine, metabolic, and nutritional diseases; mental disorders; complications of pregnancy, childbirth and puerperium; certain conditions originating in the perinatal period; congenital anomalies; and symptoms, signs and ill-defined conditions. The two supplemental classifications are for factors influencing health status and contact with health services and classification of external causes of injury and poisoning. More information can be found online at [www.cdc.gov/nchs/icd9.htm](http://www.cdc.gov/nchs/icd9.htm).

**Length of stay** - The number of nights the patient remained in the hospital for this stay.

**Liveborn** - The term for the hospitalization that results from an infant being born in the hospital, also referred to as newborn. They are identified by a specific range of ICD-9 CM codes on the discharge record. Records of infants born in the hospital are separate and distinct from the mothers' discharge records, so excluding liveborn infants does not remove the mother's discharge data from the analysis.

**Long-term care facility** - A facility that provides a specific level of personal or medical care or supervision to residents. Types of long-term care facilities include licensed nursing homes, skilled nursing facilities (SNF), intermediate care facilities (ICF), hospice medical facilities, and other health care institutions, such as institutions for the mentally retarded and developmentally disabled.

**Mean length of stay** - Average length of stay for discharges. It is calculated by dividing the total number of days of care by the number of discharges.

**Obstetric** - The branch of care that deals with the management of pregnancy, labor, and the puerperium.

**Primary diagnosis** - The diagnosis chiefly responsible for the admission of the patient to the hospital; it is the first-listed diagnosis specified on the discharge summary of the medical record.

**Procedures** - Up to six procedures, the principal and five additional, may be recorded on a single hospital stay.

- Principal procedure - refers to the first-listed procedure, which is the procedure performed as a specific treatment for the hospitalization, or the one most closely related to the principal diagnosis.
- All-listed procedures - refers to the principal plus any secondary procedures appearing on a single discharge record/performed during a hospital stay. Because patients often receive more than one procedure, the number of all-listed procedures usually exceeds the number of discharge with procedures.

**Procedure classes** - Refers to AHRQ's HCUP classification system for procedures, which are categorized into four general categories: minor diagnostic, minor therapeutic, major diagnostic, and major therapeutic. The two minor categories are considered non-operating procedures and the two major categories are considered valid operating procedures. This report uses the 2010 version of the classification system. More information can be found at: <http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>.

**Puerperium** - The period or state of confinement after labor and giving birth.

## TECHNICAL NOTES

**Rate** - A rate is a measure of an event, disease, or condition in relation to a unit of population for a specified time. For example, the five-year average discharge rate per 10,000 population is calculated as follows:

$$(\text{Five-year total number of discharges} / \text{Five-year total population}) * 10,000$$

**Short-stay Hospitals** - A short-stay hospital is one where the average length of stay is less than 30 days.

**Uninsured patients** - A term for those patients whose primary payer is listed as self-pay.

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