
DELAWARE HOSPITAL
DISCHARGE SUMMARY
REPORT ♦ 2017

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DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Acknowledgments

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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 2017 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 Hospital for Children, St. Francis Hospital, Select Specialty Hospital - Wilmington (also referred to as Select Medical Wilmington in some graphs), Christiana Care Health System (which consists of Wilmington Hospital and Christiana Hospital Newark), Bayhealth Medical Center (which consists of Kent General Hospital and Milford Memorial Hospital), Beebe Medical Center, and Nanticoke Memorial Hospital¹.

More information about the creation of annual files, as well as definitions of terms used in this report, can be found in the Technical Notes.

Key findings:

- The number of hospital discharges increased slightly from 2016 to 2017 increasing from 112,120 in 2016 to 112,423 in 2017. Total aggregate charges increased by 15.5 percent between 2016 and 2017. (see page 20).
- Women accounted for 56.6 percent of all discharges compared to 43.4 percent for men. In the 25 to 34 year age group, four out of every five discharges were women.
- Inpatient hospitalizations in 2017 generated total charges of \$4.01 billion; 47.7 percent of that total (\$1.91 billion) was billed to Medicare.
- In 2017, the average length of stay (ALOS) was 5.0 days and the mean charge for a hospitalization was \$35,666.
- The most frequent reasons for hospitalization included osteoarthritis, septicemia (except in labor), hypertension with complications and secondary hypertension, chronic obstructive pulmonary disease and bronchiectasis, and pneumonia (except that caused by tuberculosis or std).
- The point of origin for 24.6 percent of hospitalizations was a clinic or physician's office.
- Non-residents accounted for 12.4 percent of all discharges from Delaware hospitals, most of whom came from Pennsylvania, Maryland, and New Jersey.

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

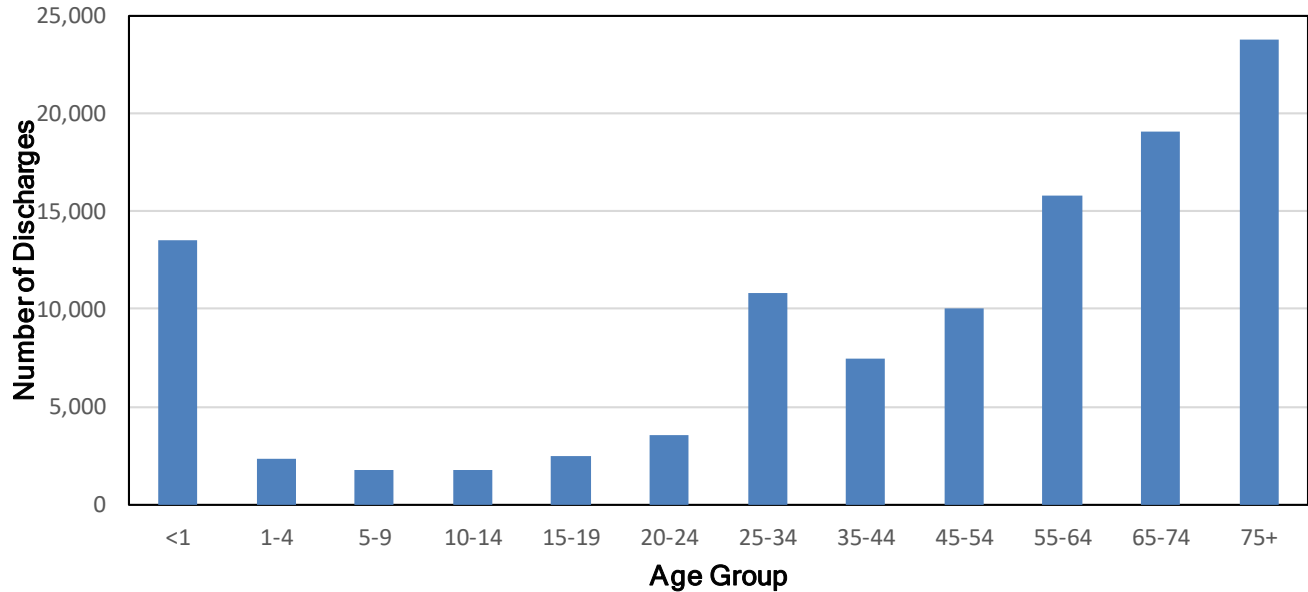
EXECUTIVE SUMMARY

- Hospital stays for previous C-sections represented 10.9 percent of pregnancy related discharges compared to 4.2 percent for normal deliveries.
- The average length of stay for premature and low birth weight babies was 35.8 days compared to 3.9 days for all deliveries.
- Around two-thirds of patients underwent a procedure while hospitalized; 25.2 percent had only one procedure, 12.4 had two procedures, and 19.4 had three or more during their stay.
- Patients who were uninsured and those covered by Medicare were more likely to be classified as emergency/trauma at time of admission; 71.0 percent of uninsured patients and 77.7 percent of Medicare patients were classified as emergency/trauma at admission in 2017.
- Medicare and private insurers were the primary payers at 39.4 and 35.3 percent, respectively, of all hospital discharges in 2017. Medicaid was the primary payer in 19.6 percent of all hospital stays, and uninsured hospitalizations accounted for 0.8 percent of the total stays. The remaining 4.9 percent of hospitalizations were covered by other specified or unknown programs.

PATIENT CHARACTERISTICS

Patients under one year old accounted for 12.0 percent of all discharges in 2017; the majority of these discharges were infants hospitalized by virtue of being born in the hospital. Patients 65 and older were responsible for 38.1 percent of all discharges in 2017.

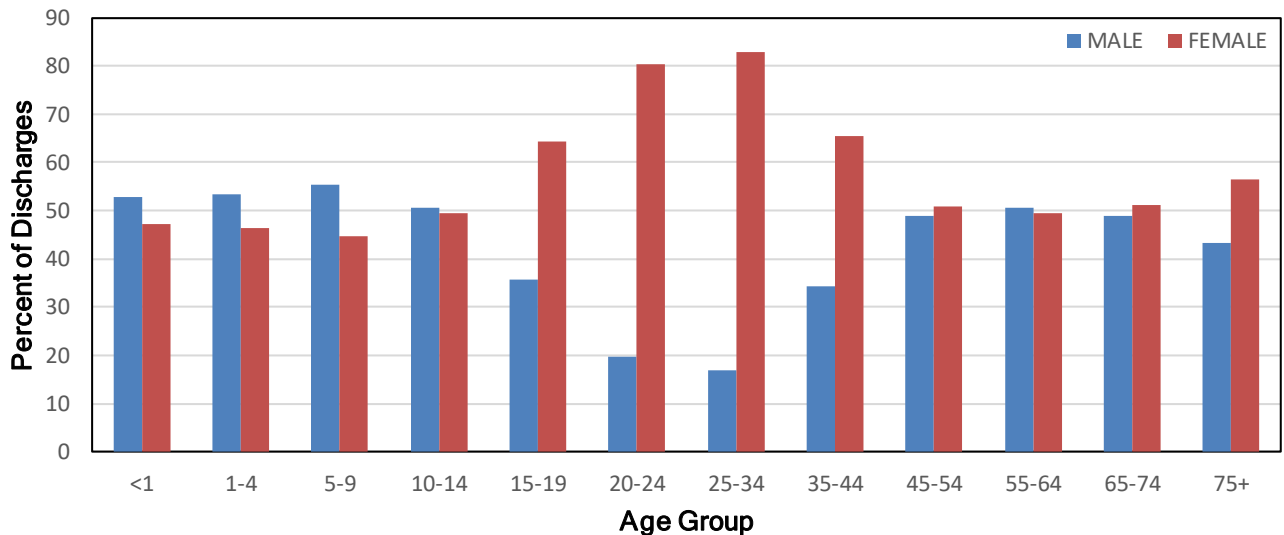
Figure 1. Number of Hospital Discharges by Age Group, Delaware Hospitals, 2017



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

Males made up the majority of discharges in the age groups under 10. For nearly all age groups age 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 2017, 56.6 percent of total discharges were women.

Figure 2. Percentage of Discharges by Sex and Age Group, Delaware Hospitals, 2017

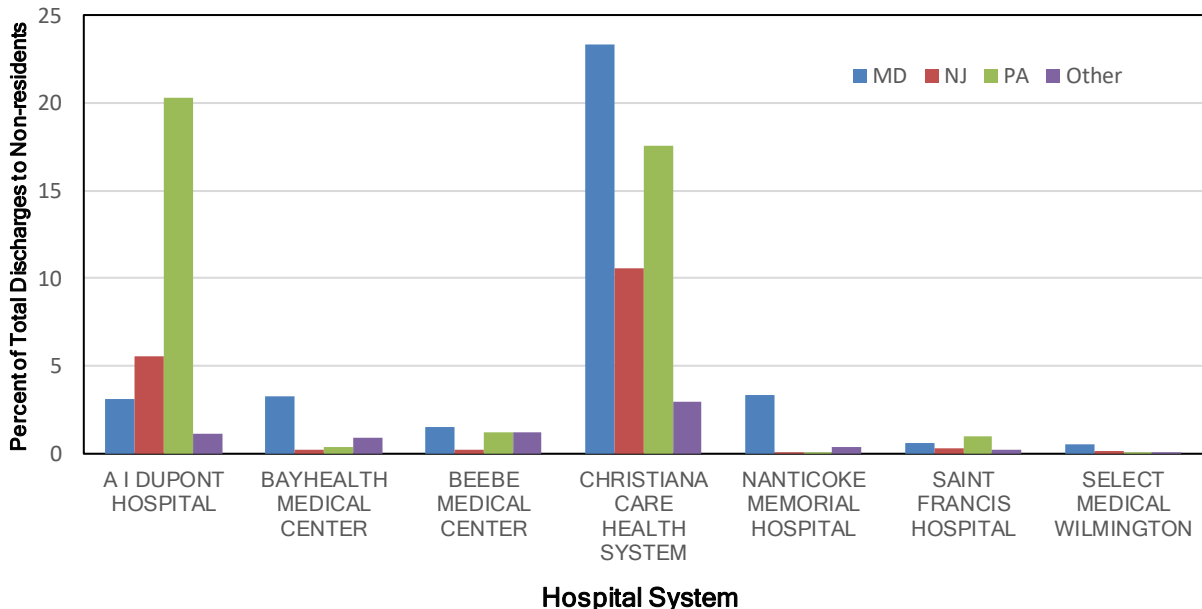


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

PATIENT CHARACTERISTICS

Non-residents accounted for 12.4 percent of all discharges from Delaware hospitals, most of whom came from Pennsylvania, Maryland, and New Jersey. Close to half of the patients at A.I. duPont Hospital for Children were non-residents (45.2 percent).

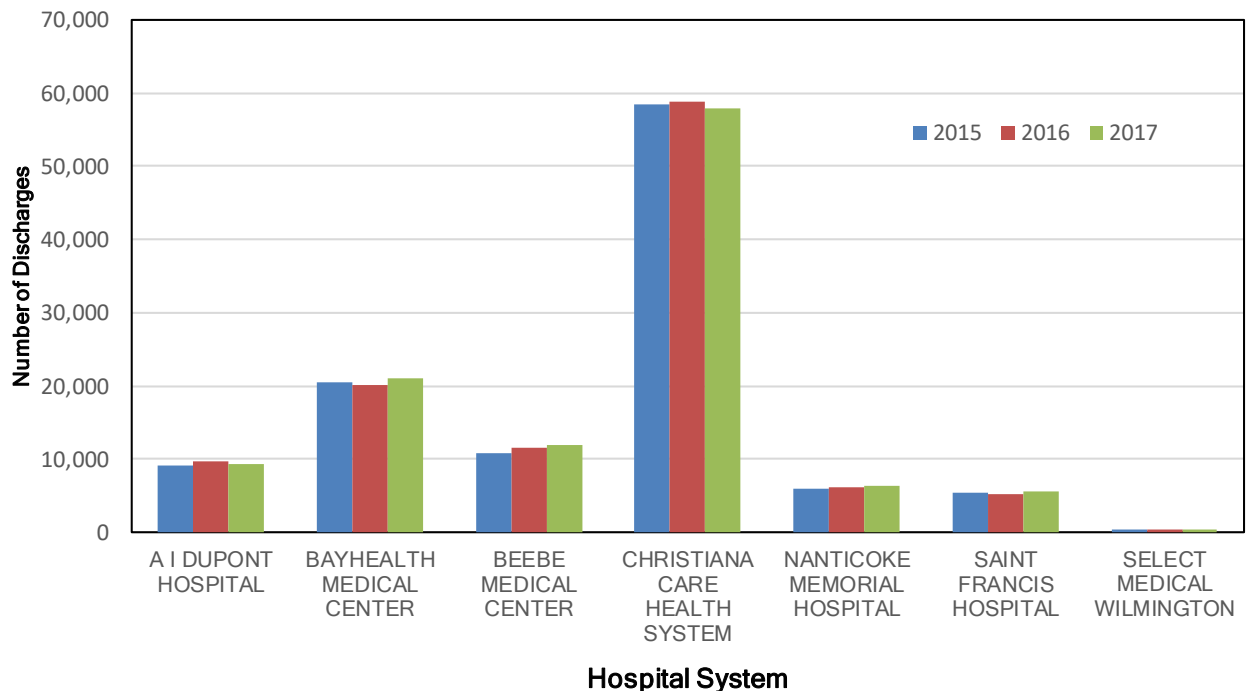
Figure 3. Percentage of Non-Resident Discharges by State, Delaware Hospitals, 2017



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

Hospital admissions increased slightly between 2015 and 2017. Total admissions rose 1.5 percent moving from 110,784 in 2015 to 112,423 in 2017. The two hospitals with the greatest percent change were Beebe Medical Center, which increased 8.8 percent; and Saint Francis Hospital, which increased 5.6 percent.

Figure 4. Number of Discharges by Hospital System, Delaware Hospitals, 2015, 2016, and 2017

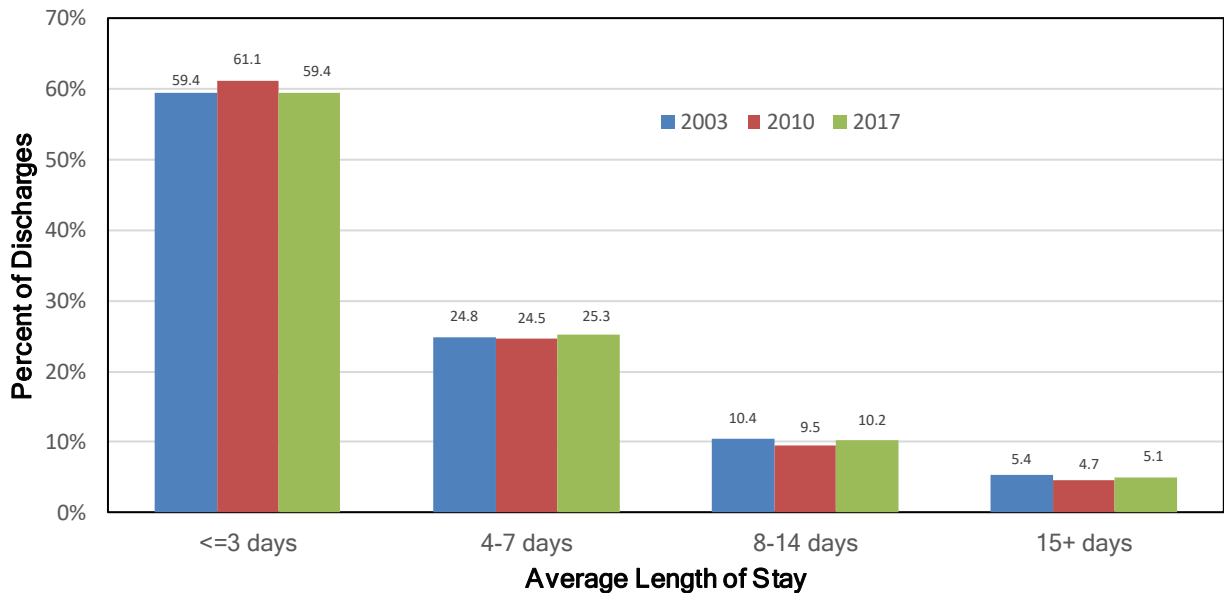


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

PATIENT CHARACTERISTICS

Average length of stay (ALOS) remained stable at 5.0 days between 2003 and 2017. There was a 2.0 percent increase in patients staying four to seven days that was balanced by a 6.1 percent decrease in patients staying more than fifteen days and a 2.1 percent decrease for patients staying 8-14 days between 2003 and 2017. In 2017 59.4 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 or more days (6.1 percent).

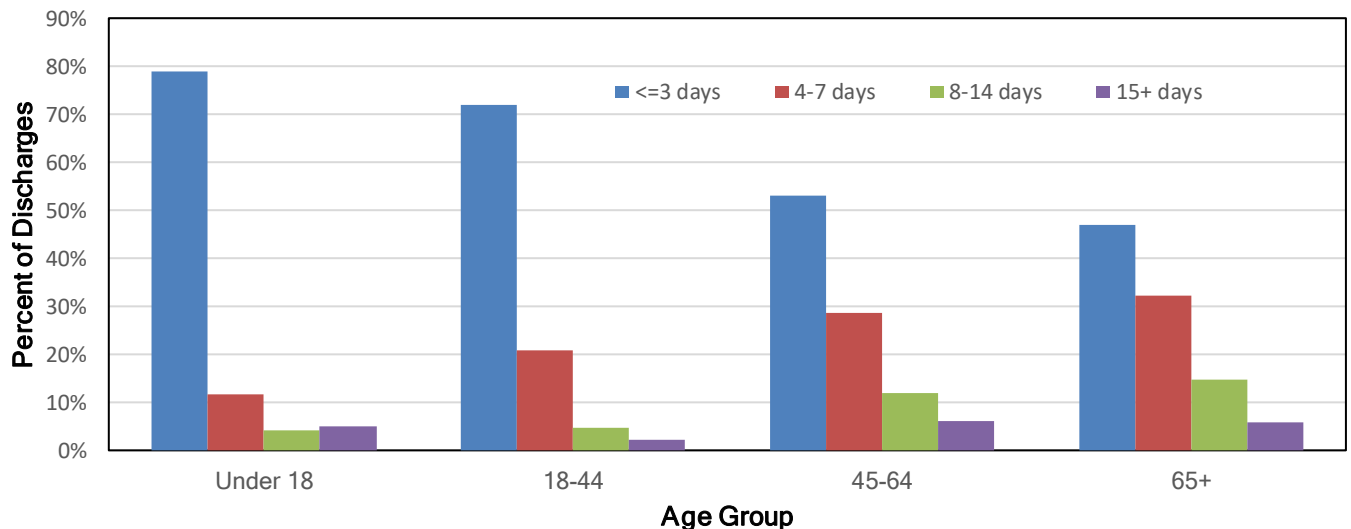
Figure 5. Percentage of Hospital Discharges by Average Length of Stay, Delaware, Selected Years 2003, 2010, and 2017



Source: Delaware Department of 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 2017, 79.0 percent of patients under 18 had hospital stays of three days or less, compared to 47.0 percent for patients 65 and over. Patients aged 65 and over were three and a half times as likely to have stays of 8 to 14 days when compared to patients under the age of 18.

Figure 6. Percentage of Hospital Discharges by Average Length of Stay and Age Group, Delaware Hospitals, 2017

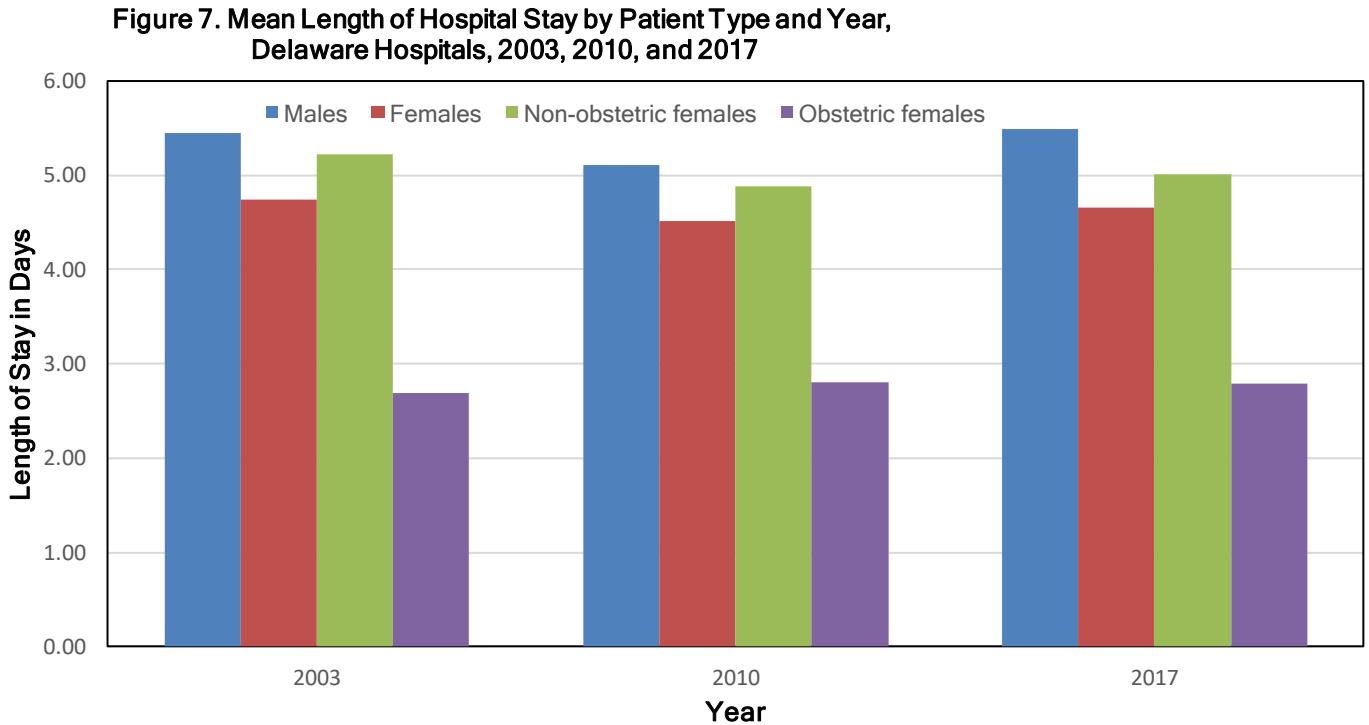


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

PATIENT CHARACTERISTICS

Gender:

Between 2003 and 2017, the average length of stay (ALOS) increased 0.8 percent for male patients and decreased 1.8 percent for female patients. When female obstetrical patients were excluded from the calculation of average length of stay, female patients had slightly lower ALOS figures compared to males in all time periods. The largest increase in average length of stay from 2003 to 2017 was seen in female obstetrical patients, whose length of stay increased 3.7 percent.



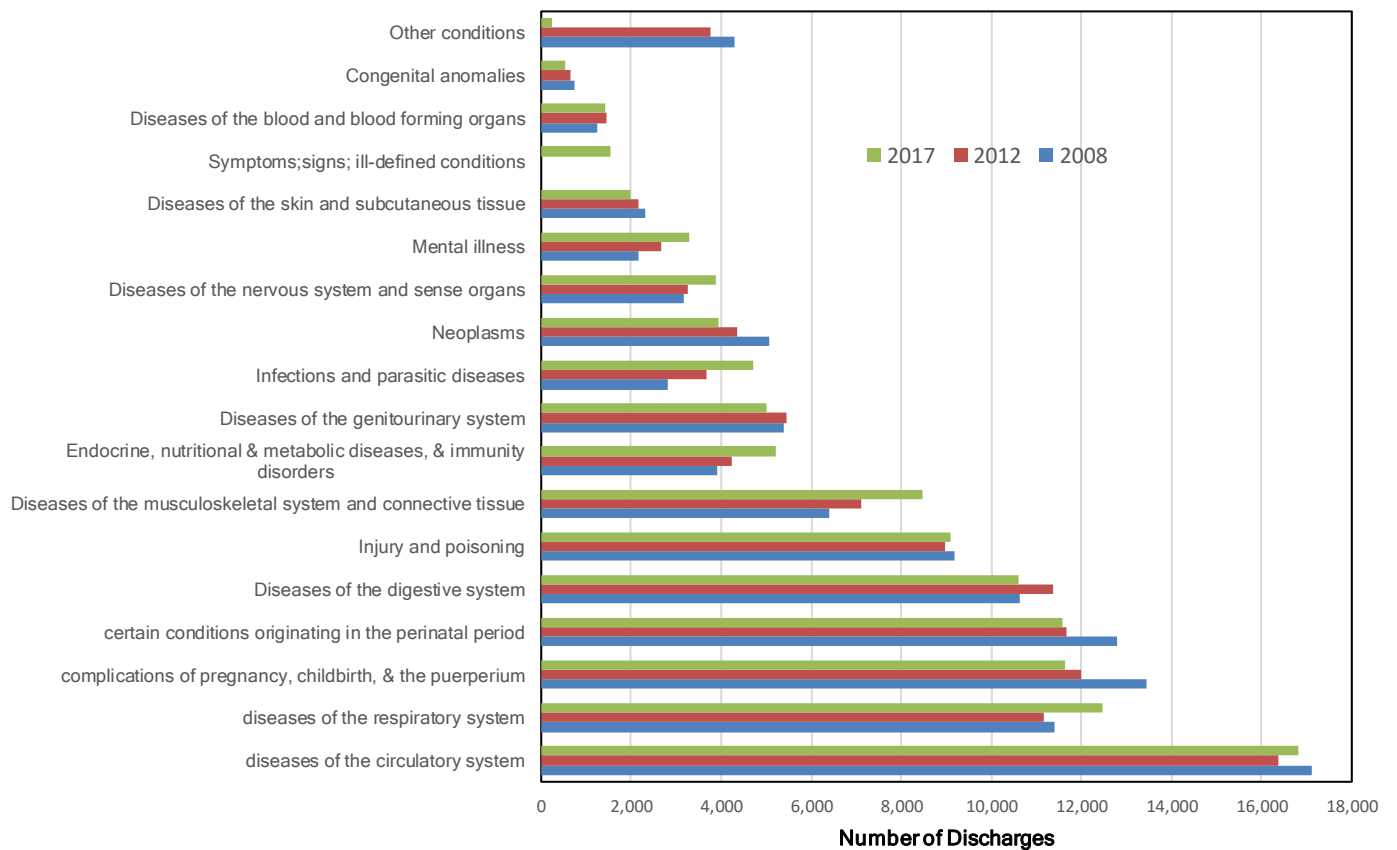
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

WHY PATIENTS WERE HOSPITALIZED

Most frequent reasons for hospitalization by primary diagnosis and body system²:

diseases of the circulatory system accounted for 15.0 percent of the total discharges in 2017 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. diseases of the respiratory system accounted for 11.1 percent of the total discharges. complications of pregnancy, childbirth, & the puerperium comprised 10.4 percent of discharges, while another 10.3 percent of discharges were related to certain conditions originating in the perinatal period. Together these two diagnoses accounted for 20.7 percent of total discharges. The above four categories accounted for 46.7 percent of all hospitalizations.

Figure 8. Number of Hospital Discharges by Body System, Delaware, 2017, 2012, and 2008



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

The largest percent increase (67.1 percent) in hospitalizations from 2008 to 2017 occurred in infections and parasitic diseases. mental illness also demonstrated a large percentage increase (51.5 percent) from 2008 to 2017. At 32.9 percent, the third largest increase in hospitalizations was due to diseases of the musculoskeletal system and connective tissue. Other conditions accounted for the largest decrease in hospitalizations (94.7 percent), followed by congenital anomalies (27.5 percent).

² See Appendix A for details about the primary diagnoses and body system classifications.

WHY PATIENTS WERE HOSPITALIZED

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

Specific diagnoses varied by gender. Much of the variation was a result of the large number of women hospitalized due to pregnancy and delivery related conditions; seven out of the top 10 diagnoses for women were related to pregnancy and childbirth. In Table 1, all of these diagnoses were rolled into the principal diagnosis of “Pregnancy & childbirth”. Both men and women experienced high numbers of discharges due to pneumonia, septicemia, osteoarthritis, and hypertension. Table 1 shows the most frequent diagnoses for both men and women, by number, percent, and rank of discharges by gender.

Table 1. Number, Rank, and Percentage of the most Frequent Diagnoses (CCS Defined) by Gender, Delaware Hospitals, 2017

CCS Principal Diagnosis	MALE			FEMALE		
	#	%	Rank	#	%	Rank
<i>All diagnoses</i>	48,818	100		63,593	100	
Pregnancy & childbirth	---	---	---	11,645	18.3	1
Liveborn Infant	5,659	11.6	1	5,377	8.5	2
Osteoarthritis	1,831	3.8	3	2,685	4.2	3
Septicemia (except in labor)	2,055	4.2	2	2,109	3.3	4
Hypertension with complications and secondary hypertension	1,705	3.5	4	1,552	2.4	5
Pneumonia (except that caused by tuberculosis or STD)	1,322	2.7	5	1,379	2.2	7
Chronic obstructive pulmonary disease and bronchiectasis	1,160	2.4	9	1,508	2.4	6
Acute cerebrovascular disease	1,267	2.6	6	1,258	2.0	9
Diabetes mellitus with complications	1,214	2.5	7	936	1.5	14
Respiratory failure; insufficiency; arrest (adult)	950	1.9	12	1,139	1.8	10
Spondylosis; intervertebral disc disorders; other back problems	890	1.8	15	1,057	1.7	12
Urinary tract infections	613	1.3	22	1,297	2.0	8
Acute myocardial infarction	1,162	2.4	8	687	1.1	21
Acute and unspecified renal failure	953	2.0	11	886	1.4	16
Complication of device; implant or graft	996	2.0	10	826	1.3	19

Source: Delaware Department of 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. Table ordered based upon most frequent total diagnoses.

Most frequent reasons for hospitalization by age groups:

- Excluding liveborn infants, patients under 1 year were hospitalized most often for acute bronchitis, other perinatal conditions, and hemolytic jaundice and perinatal jaundice.
- For those ages 1-17, asthma, intestinal infection, and epilepsy convulsions made up the top three diagnoses.
- For those ages 18-44, all of the top 10 diagnoses were associated with pregnancy and childbirth. If pregnancy and childbirth were excluded, diabetes mellitus with complications, other nutritional; endocrine; and metabolic disorders, and mood disorders became the three most common reasons for hospitalization.
- For those ages 45-64, acute cerebrovascular disease, acute myocardial infarction, and complication of device, implant or graft comprised the top three diagnoses.
- For those over 65, osteoarthritis, septicemia (except in labor), and hypertension with complications and secondary hypertension 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. osteoarthritis was the single most frequent reason for hospitalization followed by septicemia (except in labor).

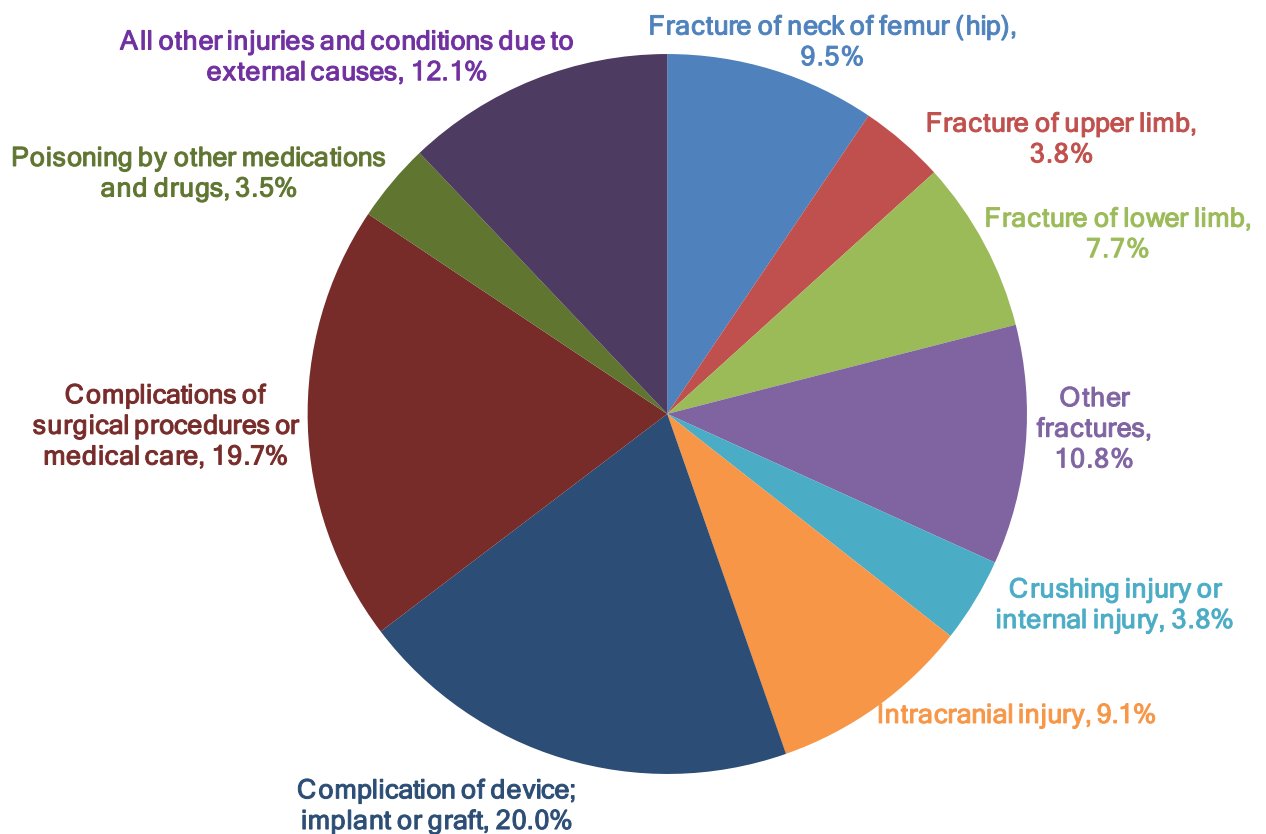
WHY PATIENTS WERE HOSPITALIZED - INJURIES

Injury hospitalizations:

Injury hospitalizations accounted for 8.1 percent of the total number of discharges and \$397 million in aggregate charges in 2017. The majority of patients were admitted through the emergency department, and the average charge for an injury stay ranged from \$15,875 for Poisoning by psychotropic agents to \$161,427 for Spinal cord injury, with an overall average charge of \$43,681 (see Appendix A).

The most common primary diagnosis for an injury hospitalization in 2017 was complication of device; implant or graft, which accounted for 20.0 percent of injury hospitalizations. Complications of surgical procedures or medical care were responsible for another 19.7 percent of injury hospitalizations, followed by other fractures (10.8 percent), fracture of neck of femur (hip) (9.5 percent), and intracranial injury (9.1 percent).

Figure 9. Percentage of the Most Frequent Accident Related Injury Diagnoses, Delaware Hospitals, 2017



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

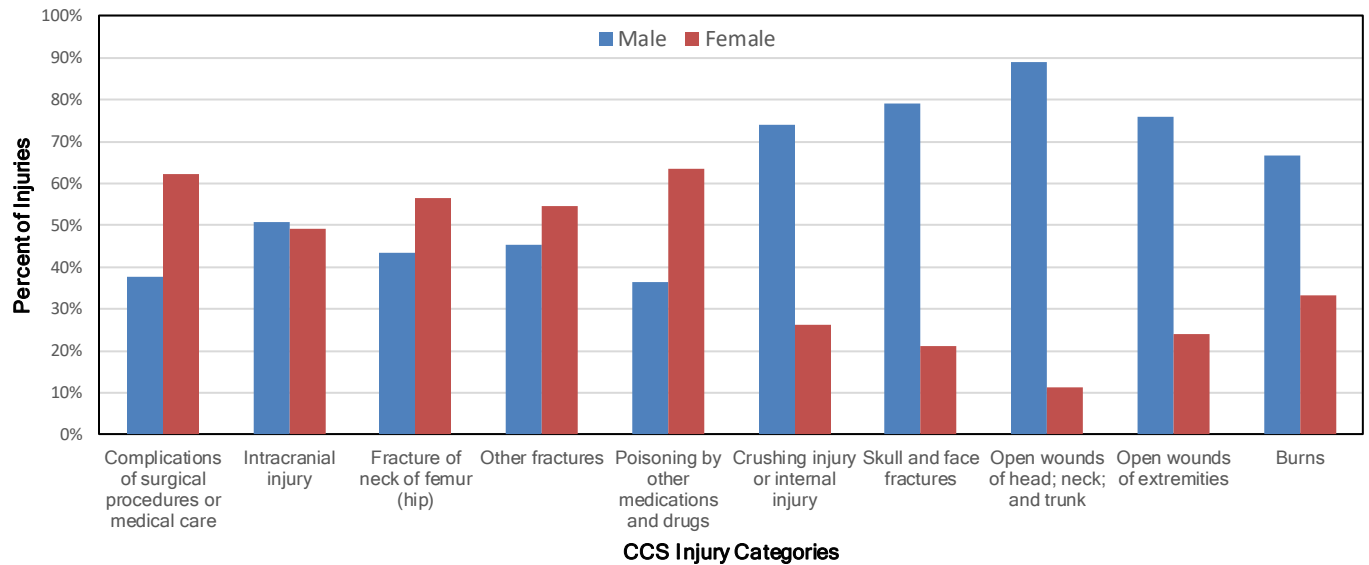
Falls were the most frequently specified external cause of injury (as defined by the Ecode listed on the discharge record). The most frequently occurring injury resulting from a fall was a hip fracture (19.3 percent), followed by intracranial injury (18.8 percent) and fracture of lower limb (18.5 percent). Motor vehicle accidents were the second most frequently specified external cause of injury. The most frequently occurring injury resulting from a motor vehicle accident was other fractures (29.5 percent), followed by intracranial injury (16.3 percent) and fracture of upper limb (8.5 percent). Firearms accounted for 4.2 percent of all accident related injuries.

WHY PATIENTS WERE HOSPITALIZED - INJURIES

Gender:

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, intracranial injuries, and burns.

Figure 10. Percentage of Selected Primary Injury Diagnoses by Gender, Delaware Hospitals, 2017



Source: Delaware Department of 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 2017, 57.0 percent of discharges had at least one associated procedure. Of the 64,099 hospital stays with an accompanying procedure, 44.2 percent had only a principal procedure performed; the remaining 55.8 percent had two or more procedures. Each discharge can have up to six procedures; this report examines the number of procedures, or the all-listed procedures.

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 other procedures to assist delivery; respiratory intubation and mechanical ventilation, circumcision, and cesarean section.

Table 2. Number of Most Frequent All-listed Inpatient Procedures, Delaware Hospitals, 2017

CCS Procedure	# of All -listed Procedures			% of Discharges with a Procedure
	MALE	FEMALE	Total	
Other procedures to assist delivery	0	6,184	6,184	9.7
Respiratory intubation and mechanical ventilation	2,452	2,536	4,988	7.8
Circumcision	4,005	0	4,005	6.3
Cesarean section	0	3,391	3,391	5.3
Arthroplasty knee	1,131	1,853	2,984	4.7
Other vascular catheterization; not heart	1,101	1,200	2,301	3.6
Spinal fusion	915	1,120	2,035	3.2
Hip replacement; total and partial	823	1,000	1,823	2.8
Upper gastrointestinal endoscopy; biopsy	836	919	1,755	2.7
Diagnostic cardiac catheterization; coronary arteriography	777	633	1,410	2.2
Percutaneous transluminal coronary angioplasty (PTCA)	827	426	1,253	2.0
Other therapeutic procedures	395	642	1,037	1.6
Hemodialysis	519	435	954	1.5
Gastrectomy; partial and total	180	756	936	1.5
Incision of pleura; thoracentesis; chest drainage	543	392	935	1.5

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

Notes: All-listed procedures refer to all procedures performed during a hospital stay. Table ordered based upon total procedures.

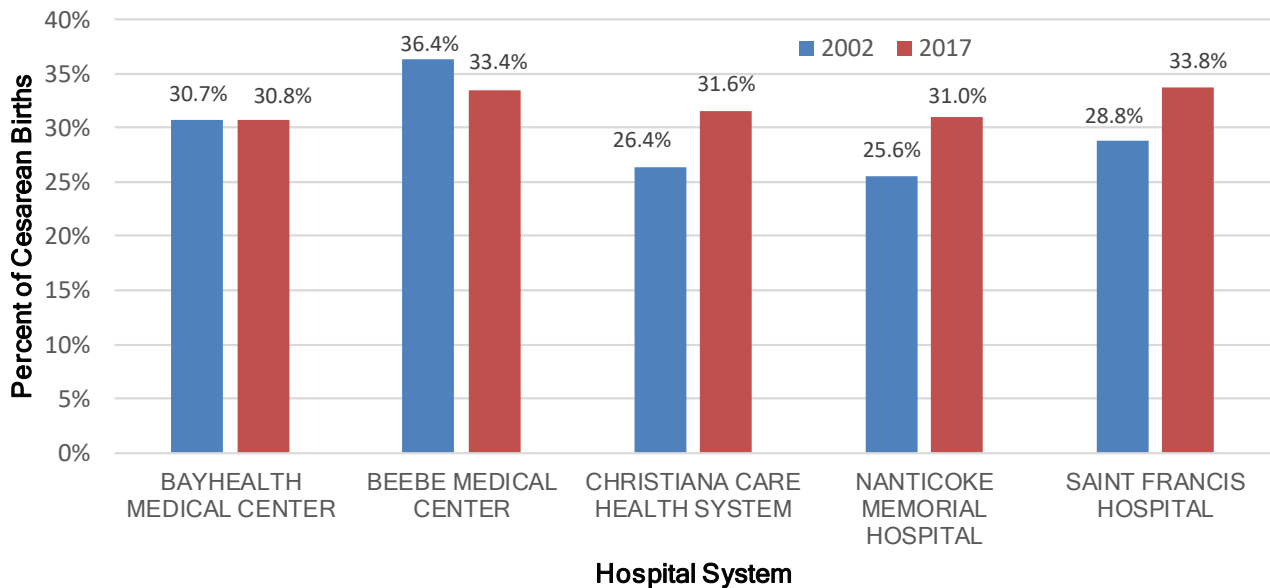
Males most frequently underwent circumcision, respiratory intubation and mechanical ventilation; and arthroplasty knee. Females most frequently underwent other procedures to assist delivery, cesarean section, and respiratory intubation and mechanical ventilation.

³ See the definition of Procedure Classes in the Definitions section of the Technical Notes.

WHY PATIENTS WERE HOSPITALIZED - PROCEDURES

A major component of obstetrical procedures is related to cesarean delivery of newborn infants. Cesarean deliveries can vary significantly by hospital. In 2017 cesarean deliveries accounted for 31.7 percent of all births. Nanticoke Memorial Hospital and Christiana Care Health System showed the greatest increases between 2002 and 2017, rising 21.3 percent and 19.6 percent respectively. In 2017, Saint Francis Hospital and Beebe Medical Center had the highest rates, with 33.8 and 33.4 percent of all births being delivered by cesareans. Bayhealth Medical Center had the lowest percentage of births delivered by cesarean (30.8 percent).

Figure 11. Percentage of Annual Cesarean Delivery Rates by Delaware Hospital, 2002 and 2017



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

Gender:

In 2017, obstetrical procedures accounted for one in four all-listed procedures performed on females and included other procedures to assist delivery, cesarean sections, fetal monitoring, repair of current obstetrical laceration, and artificial rupture of membranes to assist delivery.

For males, circumcision accounted for 14.4 percent of the total procedures, followed by respiratory intubation and mechanical ventilation (8.8 percent), and arthroplasty knee (4.1 percent).

The following procedures were present in the ten most commonly performed procedures for both males and females:

- respiratory intubation and mechanical ventilation
- arthroplasty knee
- other vascular catheterization; not heart
- spinal fusion
- upper gastrointestinal endoscopy; biopsy
- hip replacement; total and partial.

WHY PATIENTS WERE HOSPITALIZED - PROCEDURES

Age:

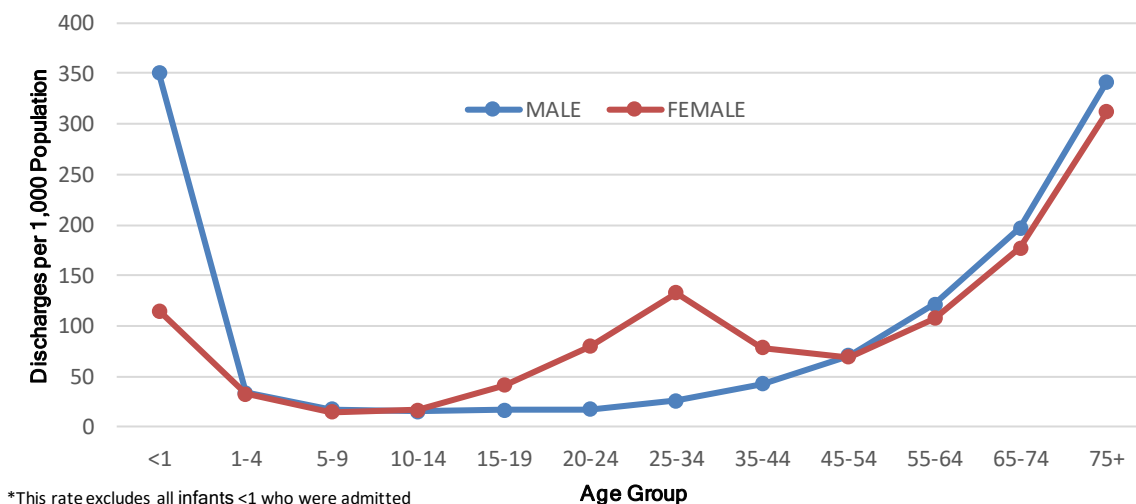
- For patients under 1 year, circumcision, respiratory intubation and mechanical ventilation, and other therapeutic procedures were the most common procedures.
- For patients ages 1 to 17, respiratory intubation and mechanical ventilation, blood transfusion, and other therapeutic procedures on muscles and tendons were the most frequently performed procedures.
- Obstetric procedures, specifically other procedures to assist delivery, cesarean section, and artificial rupture of membranes to assist delivery, were the most common procedures for those ages 18-44.
- Respiratory intubation and mechanical ventilation, diagnostic cardiac catheterization; coronary arteriography, and other vascular catheterization; not heart were the most frequently performed procedures for those 45-64.
- The most commonly performed principal procedures on patients 65 and older were respiratory intubation and mechanical ventilation, diagnostic cardiac catheterization; coronary arteriography, and other vascular catheterization; not heart.

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 patients under 1 and those ages 10-14. The trend reversed at the 15-19 age group and other than a dip in the rates for females 35-44, rates rose steadily with each older age group. Male and female discharge rates were similar for age groups under 15 and over 44; females in 15-44 age groups had discharge rates 1.9 to 5.1 times that of males.

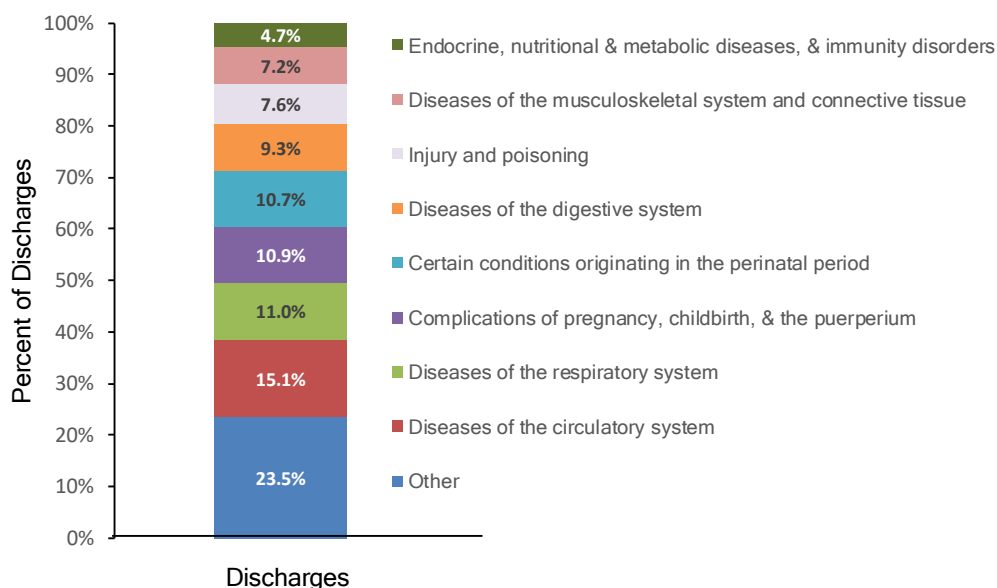
Figure 12. Resident Discharge Rates* by Sex and Age, Delaware Hospitals, 2017



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

In 2017, Delawareans were discharged most frequently for diseases of the circulatory system, accounting for 15.1 percent of resident hospital stays. The most common diagnoses for diseases of the circulatory system included heart failure, coronary artery disease, and irregular heartbeat. Diseases of the respiratory system was the second most common diagnosis. Pregnancy and childbirth; and certain conditions originating in the perinatal period were the third and fourth 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 asthma, then injury and poisoning.

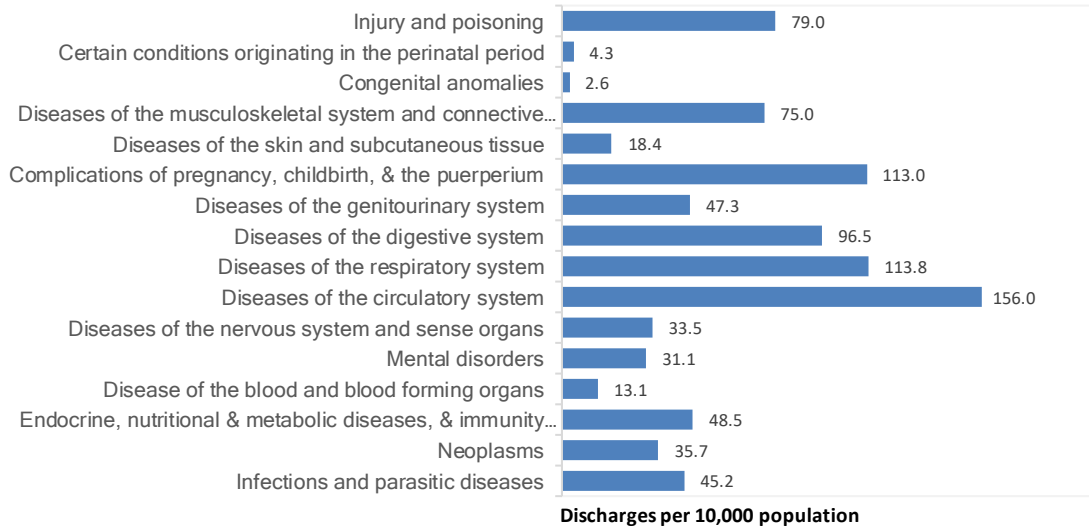
Figure 13. Percentage of Resident Hospital Discharges by Body System, Delaware, 2017



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

HOSPITALIZATIONS OF DELAWARE RESIDENTS

Figure 14. Resident Hospitalization Rates by Body System, Delaware, 2017

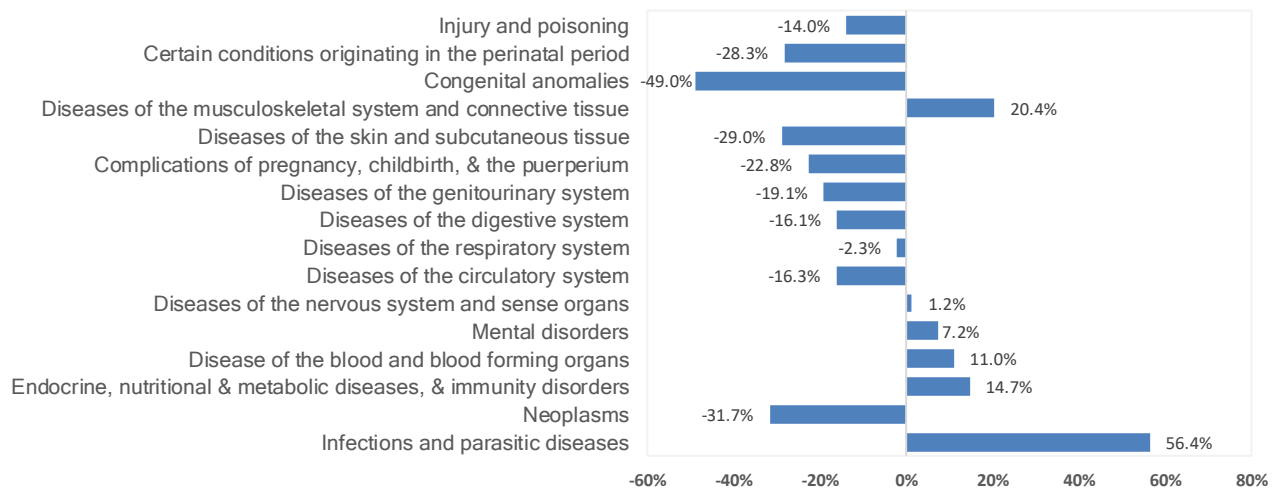


* Excluding hospitalizations related to pregnancy and liveborn infants.

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

High hospital discharge rates in 2017 were not necessarily indicative of large rate increases over the previous 10 years. In some categories, like diseases of the circulatory system, high 2017 rates were maintained in spite of declines over the prior 10-year period. In others, such as infectious and parasitic diseases, 2017 rates were comparatively low, despite significant rate increases over the prior 10-year period.

Figure 15. Percent Change in Resident Hospitalization Rates by Body System, Delaware, 2007 versus 2017



*Excluding hospitalizations related to pregnancy and liveborn infants.

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

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 2017.

Table 3. Top 25 CCS Diagnoses with the Highest Hospital Discharge Rates* for Residents, Delaware, 2007, 2012, and 2017

	2007		2012		2017		% Change from 2007 to 2017
	Number	Rate	Number	Rate	Number	Rate	
Osteoarthritis	2,406	27.6	2,811	30.7	3,957	41.4	50.0%
Septicemia (except in labor)	1,732	19.9	2,628	28.7	3,857	40.3	102.5%
Hypertension with complications and secondary hypertension	588	6.7	514	5.6	3,034	31.7	373.1%
Chronic obstructive pulmonary disease and bronchiectasis	1,665	19.1	1,949	21.3	2,514	26.3	37.7%
Pneumonia (except that caused by tuberculosis or STD)	2,869	32.9	3,097	33.8	2,422	25.3	-23.1%
Acute cerebrovascular disease	1,516	17.4	1,753	19.2	2,210	23.1	32.8%
Diabetes mellitus with complications	1,441	16.5	1,666	18.2	1,937	20.2	22.4%
Respiratory failure; insufficiency; arrest (adult)	1,453	16.7	1,155	12.6	1,795	18.8	12.6%
Acute and unspecified renal failure	1,322	15.2	1,697	18.5	1,735	18.1	19.1%
Urinary tract infections	1,559	17.9	1,676	18.3	1,709	17.9	0.0%
Spondylosis; intervertebral disc disorders; other back problems	1,438	16.5	1,797	19.6	1,644	17.2	4.2%
Cardiac dysrhythmias	1,726	19.8	1,686	18.4	1,577	16.5	-16.7%
Skin and subcutaneous tissue infections	1,898	21.8	1,699	18.6	1,560	16.3	-25.2%
Complication of device; implant or graft	1,427	16.4	1,538	16.8	1,551	16.2	-1.2%
Complications of surgical procedures or medical care	1,219	14.0	1,271	13.9	1,500	15.7	12.1%
Other nervous system disorders	823	9.4	798	8.7	1,493	15.6	66.0%
Acute myocardial infarction	1,448	16.6	1,457	15.9	1,489	15.6	-6.0%
Other nutritional; endocrine; and metabolic disorders	548	6.3	562	6.1	1,235	12.9	104.8%
Hypertension complicating pregnancy; childbirth and the puerperium	617	7.1	657	7.2	1,181	12.3	73.2%
Gastrointestinal hemorrhage	825	9.5	1,006	11.0	1,131	11.8	24.2%
Congestive heart failure; nonhypertensive	2,650	30.4	2,645	28.9	1,123	11.7	-61.5%
Polyhydramnios and other problems of amniotic cavity	544	6.2	528	5.8	1,033	10.8	74.2%
Intestinal obstruction without hernia	901	10.3	976	10.7	1,016	10.6	2.9%
Fluid and electrolyte disorders	1,281	14.7	1,049	11.5	1,002	10.5	-28.6%
Asthma	1,450	16.6	1,160	12.7	993	10.4	-37.3%

*Hospitalization rate per 10,000, ranked by 2017 figures. Excluding pregnancy-related discharges and liveborn infants.

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

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

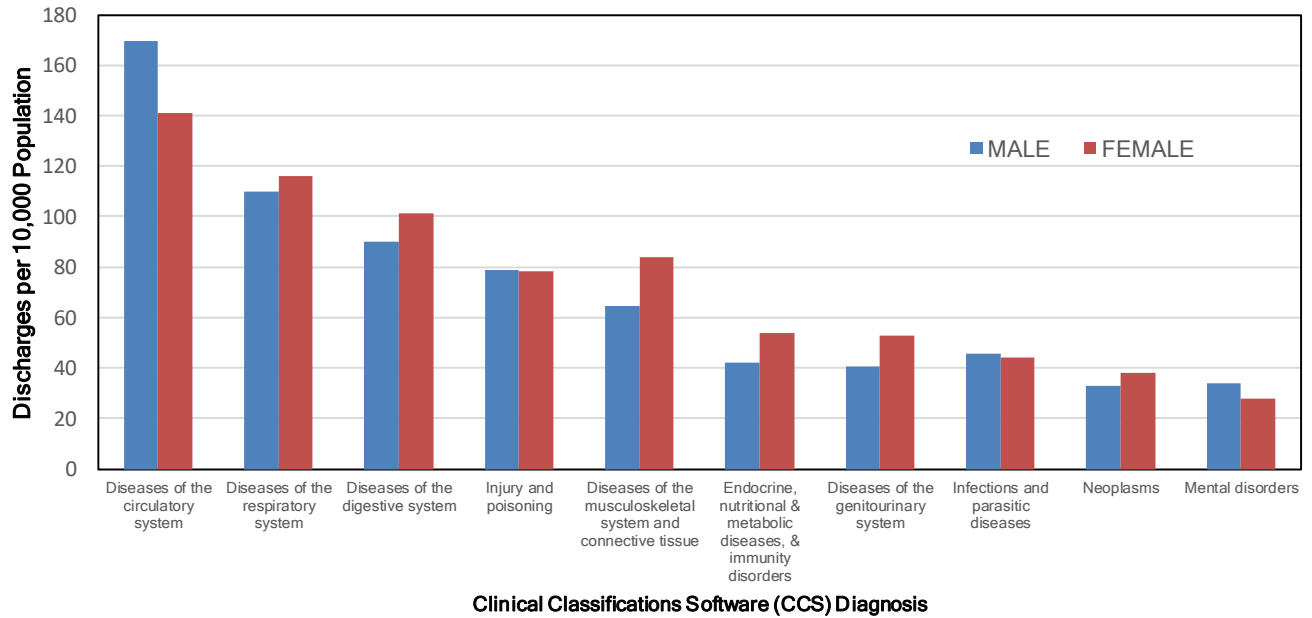
- congestive heart failure;
- cardiac dysrhythmias (irregular heartbeat);
- acute cerebrovascular disease (stroke);
- acute myocardial infarction (heart attack).

Three of the circulatory conditions listed above showed decreases in their rates since 2007: heart failure, irregular heartbeat, and heart attack.

Hospitalization rates for hypertension with complications and secondary hypertension, other nutritional; endocrine; and metabolic disorders, and septicemia (except in labor) demonstrated the greatest increases between 2007 and 2017.

HOSPITALIZATIONS OF DELAWARE RESIDENTS

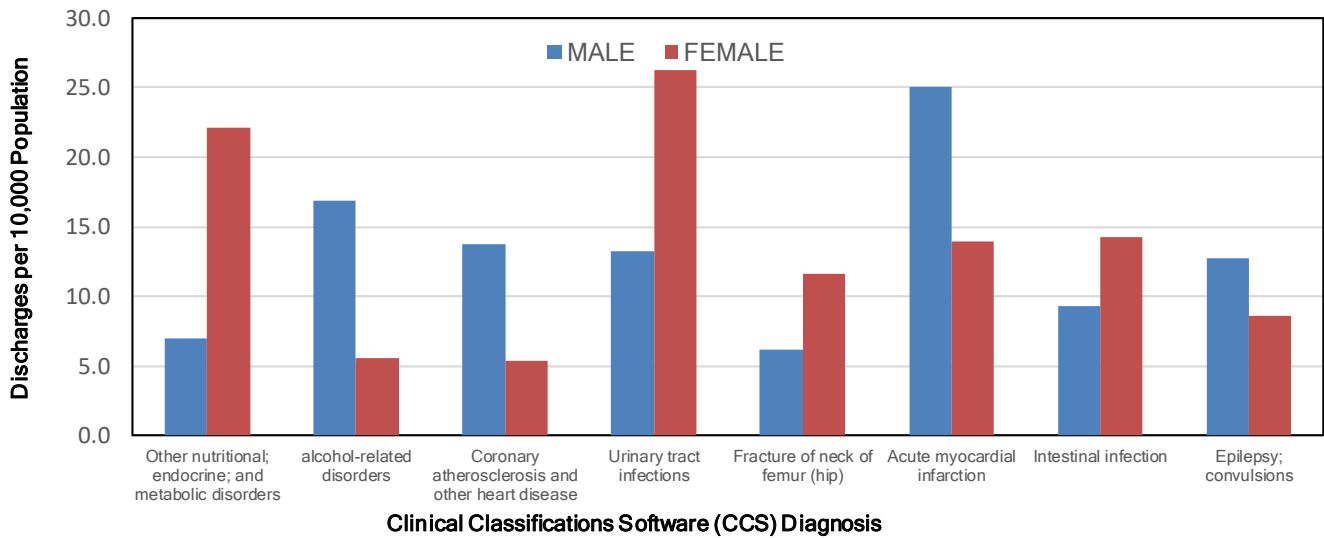
Figure 16. Hospital Discharge Rates for Residents by Body System and Gender, Delaware, 2017



Source: Delaware Department of 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. Males were nearly three times more likely to be discharged for alcohol-related disorders.

Figure 17. Hospital Discharge Rates for Residents by Gender and Selected Primary Diagnoses, Delaware, 2017



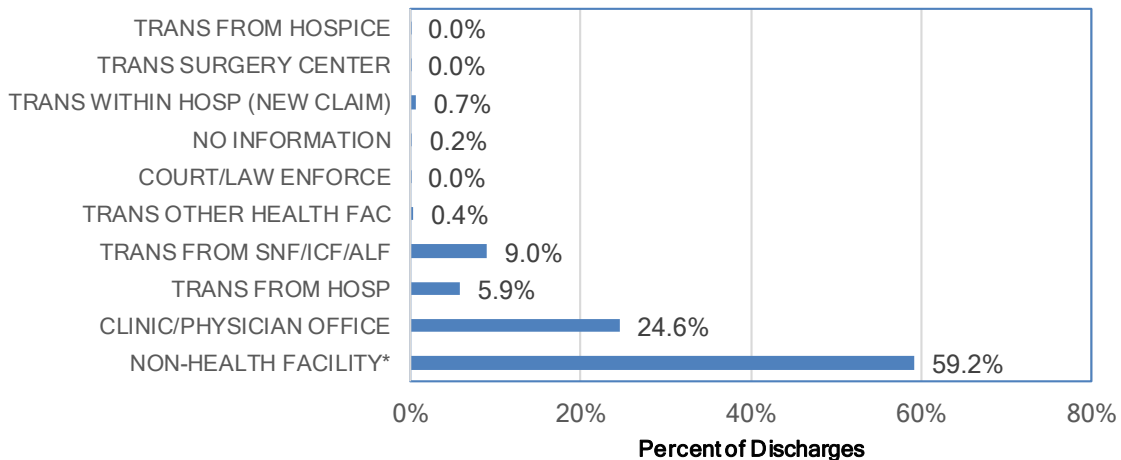
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

HOW PATIENTS WERE ADMITTED

Point of Origin:

Non-health facilities and clinic/physician offices accounted for 83.8 percent of all hospital discharges in 2017. The majority of the remaining points of origin were transfers from nursing homes (skilled nursing facilities (SNF), intermediate care facilities (ICF), assisted living facilities (ALF) 9.0 percent, and other hospitals, 5.9 percent.

Figure 18. Point of Origin, Delaware Hospitals, 2017

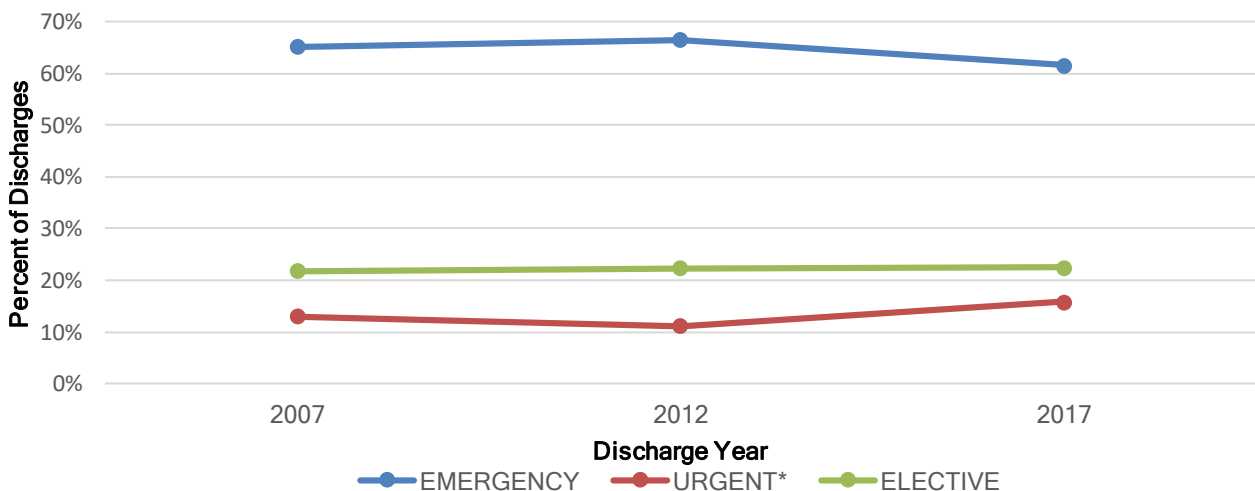


* Non-Health Care Facility includes walk-ins, auto accidents, and ambulance runs

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

Between 2007 and 2017, the majority of admissions continued to be classified as emergency in nature. In 2007, emergency admissions accounted for 65.1 percent of all admissions. By 2017, the proportion of emergency admissions had decreased to 61.6 percent, while urgent admissions increased from 13.1 percent to 15.9 percent between 2007 and 2017.

Figure 19. Percentage of Hospital Discharges by Type of Admission, Delaware Hospitals, 2007, 2012, and 2017



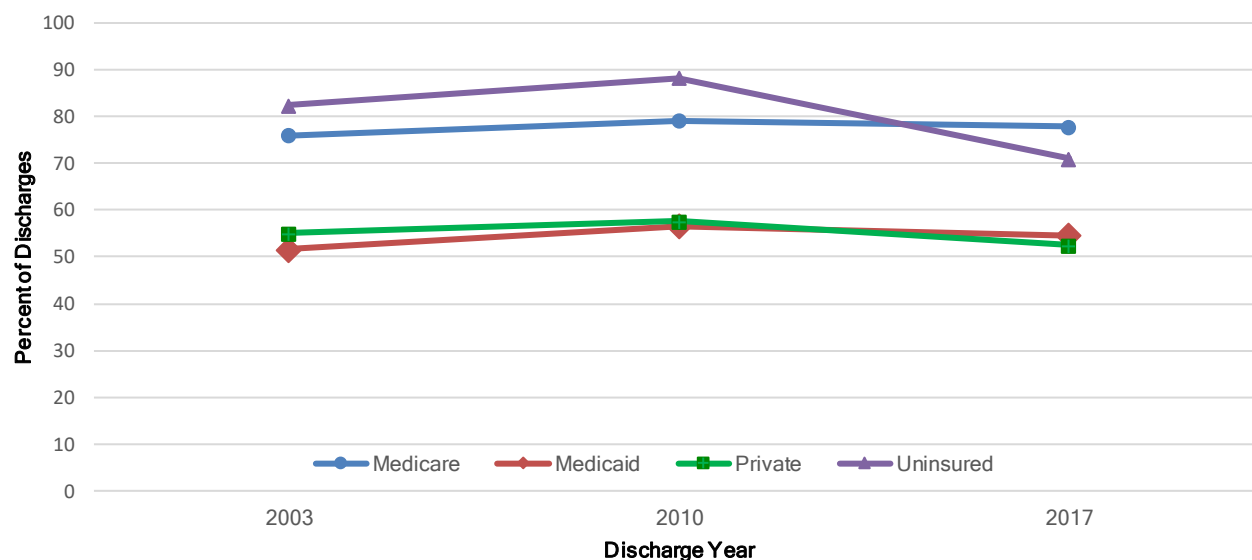
* Urgent encompasses situations that require immediate attention due to a physical or mental disorder but are not life threatening

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

HOW PATIENTS WERE ADMITTED

Most primary payers experienced a decrease in the percent of discharges classified as emergency/trauma at admission, Medicare patients had the largest proportion of their discharges classified as emergency/trauma. In 2017, 71.0 percent of uninsured admissions, 77.7 percent of Medicare admissions, 52.5 percent of private admissions, and 54.7 percent of Medicaid admissions were classified as emergency/trauma.

Figure 20. Percentage of Hospitals Discharges classified as Emergency/Trauma at Admission by Payer, Delaware, 2003, 2010, and 2017



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

The most common diagnoses of patients admitted through the Emergency Department (ED) were septicemia, hypertension, and pneumonia.

Table 4. Number and Percentage of Most Common Diagnoses for Emergency Admissions, Delaware Hospitals, 2017

	Frequency	Percent *
Septicemia (except in labor)	3,341	5.4
Hypertension with complications and secondary hypertension	2,470	4.0
Pneumonia (except that caused by tuberculosis or STD)	2,289	3.7
Chronic obstructive pulmonary disease and bronchiectasis	2,162	3.5
Acute cerebrovascular disease	2,068	3.3
Urinary tract infections	1,709	2.7
Diabetes mellitus with complications	1,669	2.7
Acute and unspecified renal failure	1,436	2.3
Respiratory failure; insufficiency; arrest (adult)	1,430	2.3
Skin and subcutaneous tissue infections	1,341	2.1
Cardiac dysrhythmias	1,341	2.1
Acute myocardial infarction	1,317	2.1
Other complications of birth; puerperium affecting management	1,142	1.8

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

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

- The biggest changes in the most common diagnoses originating in the ED from 2016 to 2017 was urinary tract infections moving up two places and respiratory failure moving up three places.
- Three of the most common ED diagnoses were related to circulatory conditions: heart failure, stroke, and irregular heartbeat.
- Another four of the most common ED diagnoses were primarily due to infections: pneumonia, skin infections, septicemia, and urinary tract infections.

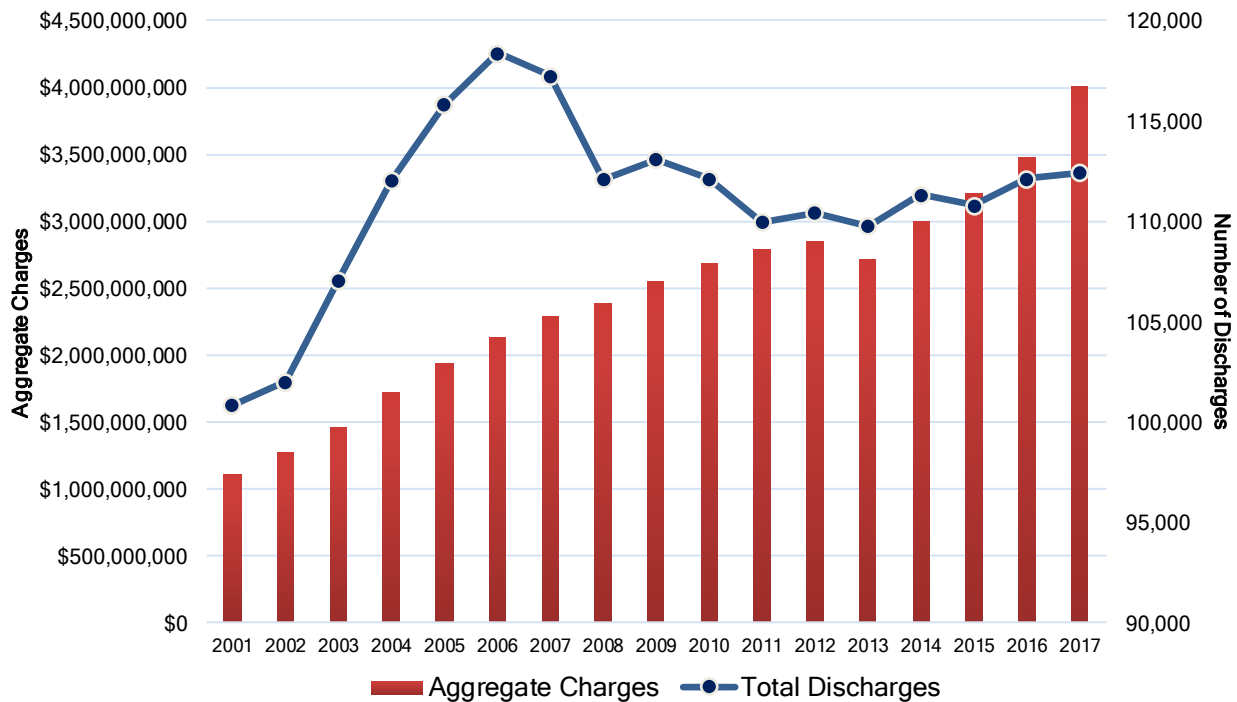
HOSPITAL CHARGES AND BILLING

Inpatient charges:

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

In 2017, total aggregate charges for all hospitalizations in Delaware equaled \$4.01 billion, a 57.1 percent increase in aggregate charges from 2009. The number of discharges were basically unchanged at 113,101 in 2009 and 112,423 in 2017. Total aggregate charges increased by \$537,880,793 between 2016 and 2017.

Figure 21. Number of Discharges and Total Aggregate Charges by Year, Delaware Hospitals, 2001 - 2017



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

The average charge for a hospital stay rose in 2017 to \$35,666 compared to \$22,571 in 2009, while the median charge per stay was \$16,979 in 2017 compared to \$12,661 in 2009.

The diagnostic groups with the highest average charges per hospital stay were congenital anomalies, Infections and parasitic diseases, and diseases of the musculoskeletal system and connective tissue, with average charges ranging from \$48,566 to \$235,344. The first two of these three diagnostic groups also had the longest average stays, ranging from 7.9 to 13.7 days.

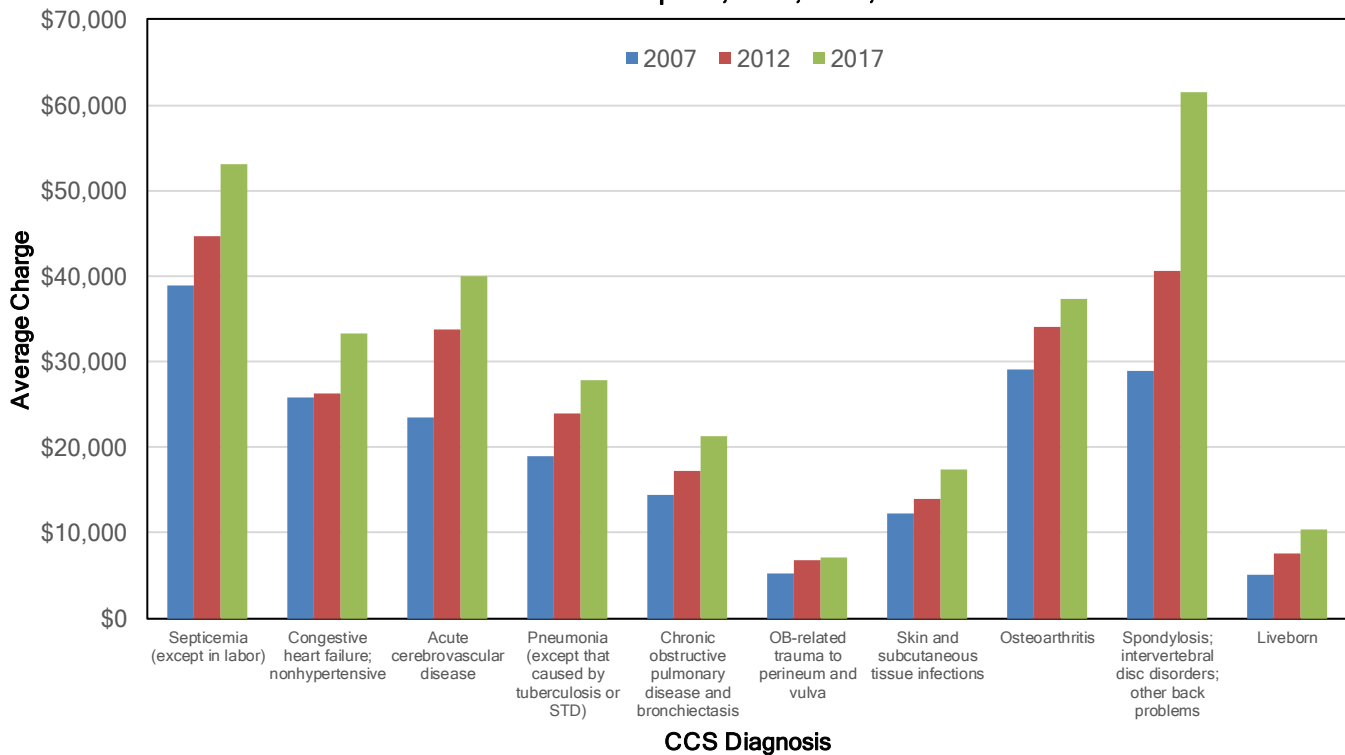
Looking at specific diagnoses within groups showed that the most expensive diagnoses were cardiac and circulatory congenital anomalies, aspiration pneumonitis; food/vomitus, short gestation; low birth weight; and fetal growth retardation, and abdominal hernia. However, the ten most expensive diagnoses occurred relatively rarely and accounted for just 1.6 percent of all discharges in 2017. In comparison, the 10 diagnoses that occurred most frequently accounted for 33.4 percent of the total discharges in 2017 (see Appendix E for more information).

HOSPITAL CHARGES AND BILLING

From 2007 to 2017, the average charges rose for each of the 10 highest volume diagnoses. The highest volume diagnoses whose average charges increased the most were:

- spondylosis; intervertebral disc disorders; other back problems (113 percent);
- liveborn (101 percent);
- acute cerebrovascular disease (70 percent).

Figure 22. Average Hospital Charges for Highest* Volume CCS Diagnoses, Delaware Hospitals, 2007, 2012, and 2017



*Based on 10 most common diagnoses in 2017.

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

Though the average charges of the high-volume diagnoses tended to increase over time, the proportion of total aggregate charges represented by them experienced much less growth.

- In 2007, the aggregate charges for 2017's highest volume diagnoses totaled \$470.8 million and accounted for 20.6 percent of the total aggregate charges for all diagnoses.
- By 2017, the aggregate charges for those same diagnoses had more than doubled to \$1,079.6 million, which accounted for 26.9 percent of the total aggregate charges.

In 2017, the 10 conditions with the highest total billed charges accounted for 35.1 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 \$221.2 million. Although hospital stays for newborns had relatively low average charges, their high frequency resulted in liveborn infants having the seventh highest aggregate charges (see Appendix E for more information).

HOSPITAL CHARGES AND BILLING

Insurance status:

The following payer sources are listed in this report:

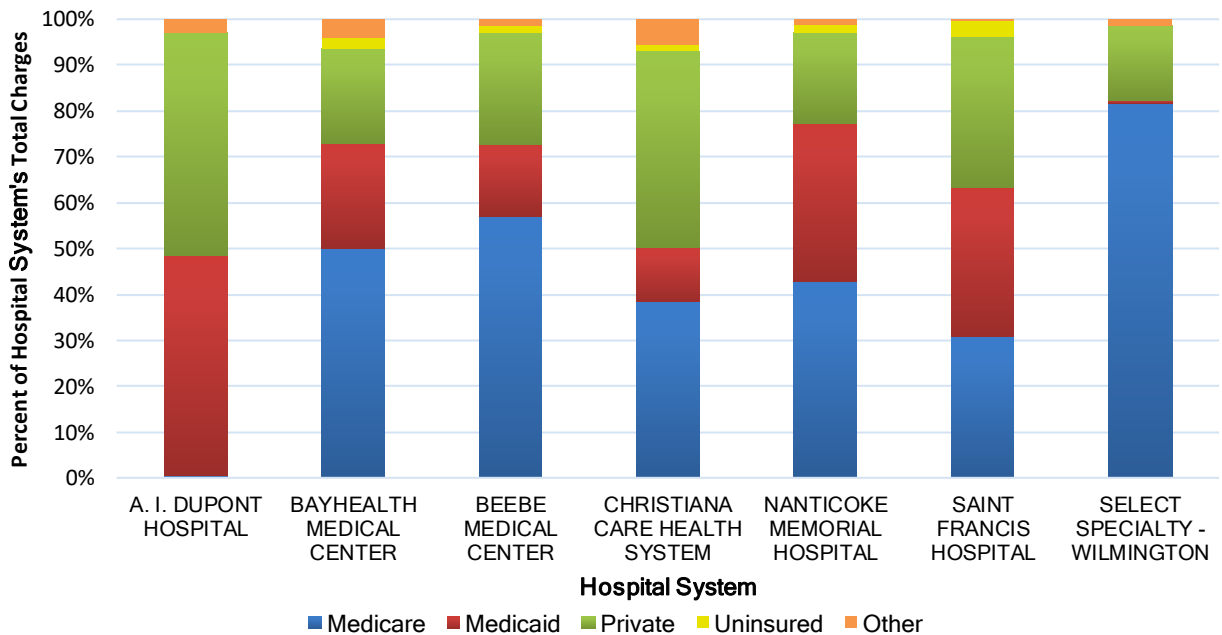
- Medicare
- Medicaid
- Private insurance carriers, such as:
 - Blue Cross Blue Shield
 - HMOs
 - Commercial insurance
- Uninsured
 - Patients who have no insurance and self-pay
- Other types of insurance, such as:
 - Workman’s compensation
 - CHAMPUS (Civilian Health and Medical Program of the Uniformed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

In 2017, 59.1 percent of hospitalizations were billed to Medicare (39.4 percent) and Medicaid (19.6 percent), 35.3 percent were billed to private insurance, and the remaining 5.7 percent was billed to other types of coverage (4.0 percent) or to the patient (1.6 percent uninsured).

Patients whose care was primarily billed to Medicare had both the highest average charges (\$43,149) and the greatest aggregate charges (\$1.9 billion).

In 2017, 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 Saint Francis Hospital had the highest percent of charges with no coverage.

Figure 23. Distribution of Total Charges by Primary Payer Type and Hospital System, Delaware, 2017



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

HOSPITAL CHARGES AND BILLING

Medicare:

From 2007 to 2017, the percent of hospital stays whose primary payer was Medicare increased from 37.2 to 39.4 percent. Over the same time period, the proportion of aggregate charges billed to Medicare remained stable at around 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 16.9 percent of Medicare hospitalizations. The three most frequent diagnoses for Medicare patients in 2017 were⁷:

- septicemia (except in labor);
- osteoarthritis;
- hypertension with complications and secondary hypertension.

Medicaid:

From 2007 to 2017, Medicaid covered hospitalizations decreased from 23.1 to 19.6 percent. Over the same time period, the proportion of aggregate charges billed to Medicaid increased from 18.0 to 19.0 percent.

Four of the 10 most frequent diagnoses for Medicaid patients were related to pregnancy and childbirth. The three most frequent diagnoses accounted for 25.9 percent of Medicaid stays. The three most frequent diagnoses for Medicaid patients in 2017 were⁷:

- liveborn infants;
- other complications of birth; puerperium affecting management of mother;
- asthma.

Private Insurers:

From 2007 to 2017, privately insured stays increased slightly from 34.8 to 35.3 percent. Over the same time period, the proportion of aggregate charges billed to private insurance decreased from 30.4 to 28.5 percent.

Five 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 15.6 percent of all stays covered by private insurers. The three most frequent diagnoses for privately insured patients in 2017 were⁷:

- liveborn infants;
- osteoarthritis;
- other complications of birth; puerperium affecting management of mother.

Uninsured:

From 2007 to 2017, uninsured hospitalizations decreased from 2.9 to 1.6 percent. Over the same time period, the proportion of aggregate charges billed to uninsured patients decreased from 2.4 to 1.3 percent. The three most frequent diagnoses accounted for 23.1 percent of uninsured stays.

The three most frequent diagnoses for uninsured patients in 2017 were⁷:

- liveborn;
- skin and subcutaneous tissue infections;
- acute myocardial infarction.

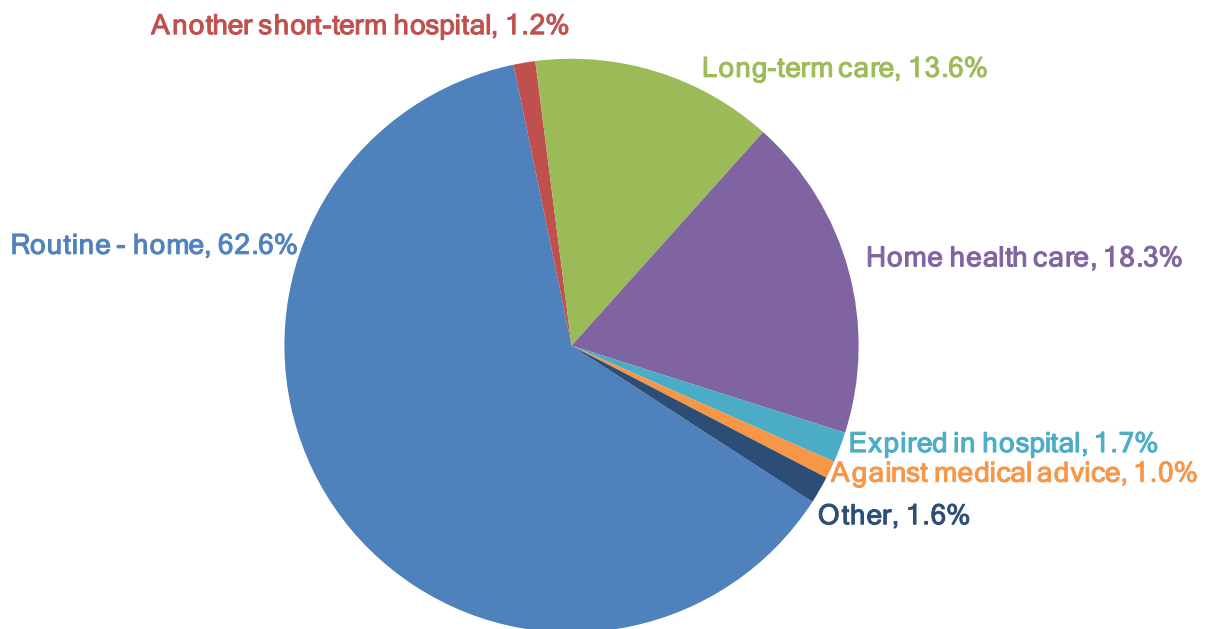
⁷ See Appendix F for the top 10 principal diagnoses by payer type.

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. In 2017 the majority of patients (62.6 percent) were discharged to their homes, less than two percent of patients died in the hospital, and around one percent left against medical advice.

Figure 24. Percentage of Discharges by Discharge Status, Delaware Hospitals, 2017



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

HOW PATIENTS WERE DISCHARGED

Expired Patients:

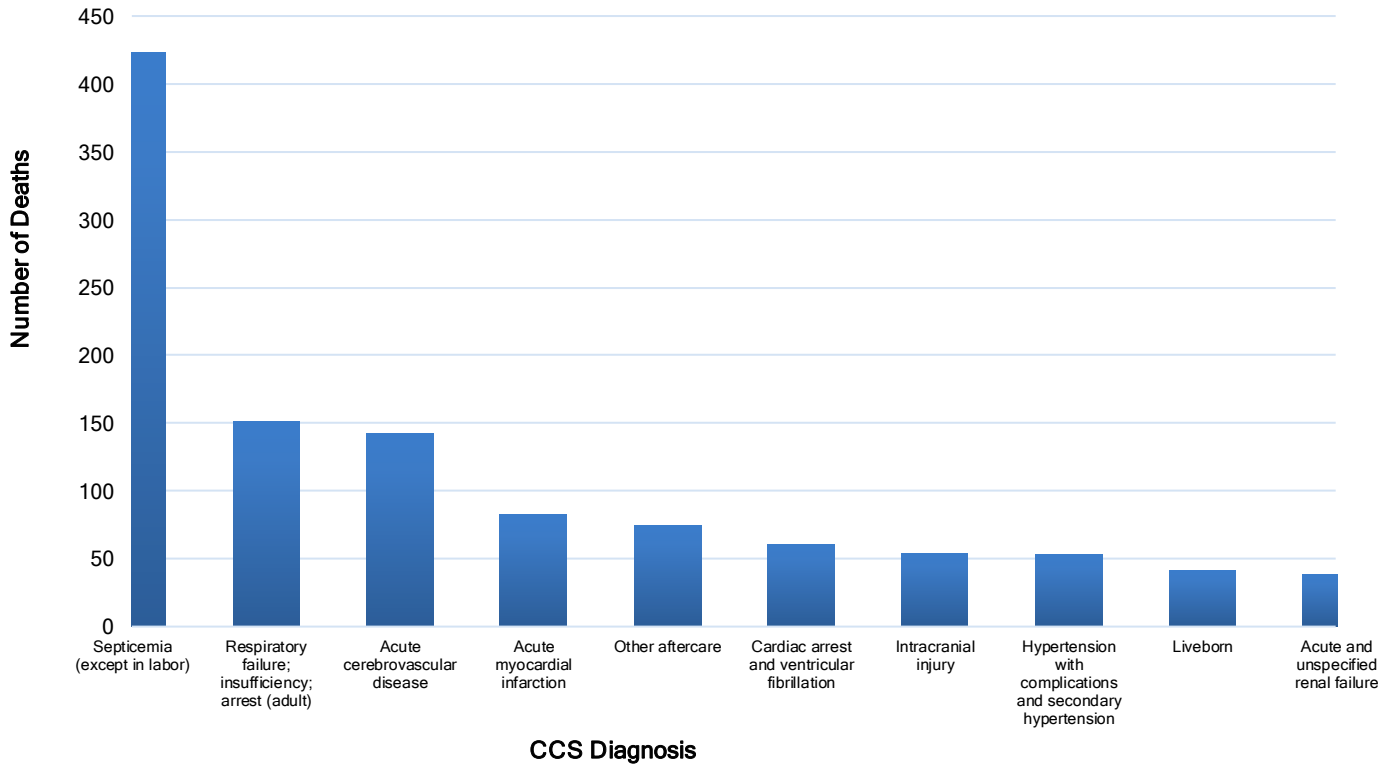
Patients who died during their hospital stay contributed to the “in-hospital mortality” figures. Data about in-hospital mortality are expressed as either numbers of deaths, or percentages of deaths. Both the frequencies and percentages are presented, as each statistic provides a different perspective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

Frequencies:

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

- septicemia (except in labor);
- respiratory failure; insufficiency; arrest (adult);
- acute cerebrovascular disease.

Figure 25. Number of Diagnoses with the Greatest Numbers of In-Hospital Deaths, Delaware Hospitals, 2017



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

The most frequent causes of in-hospital mortality varied by age group. Cardiac and circulatory congenital anomalies accounted for the largest number of deaths to those under one, while respiratory failure; insufficiency; arrest (adult) caused the highest number of deaths to those ages 1 to 17. Substance-related disorders was the most frequent cause of death for ages 18 to 44 and septicemia (except in labor) was the most frequent cause of death for those aged 45 and over.

Patients ages 65 and older accounted for 65.1 percent of all in-hospital mortality. For more information see Appendices G and H.

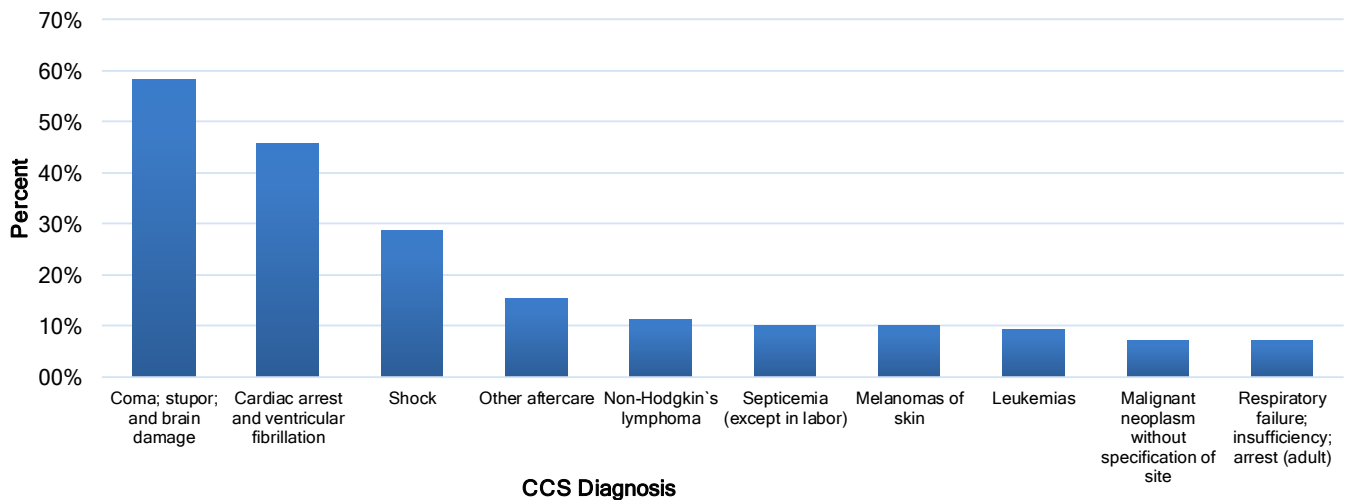
HOW PATIENTS WERE DISCHARGED

Percentages:

Those diagnoses with the greatest percentages of in-hospital mortality were:

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

Figure 26. Percentages of CCS Diagnoses with the Greatest Percentage of In-Hospital Mortality, Delaware Hospitals, 2017



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

Patients who left against medical advice:

Around 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 about 7 times as likely when compared to privately insured patients.

The three most frequent diagnoses of patients who left the hospital against medical advice were alcohol-related disorders, skin and subcutaneous tissue infections, and diabetes mellitus with complications.

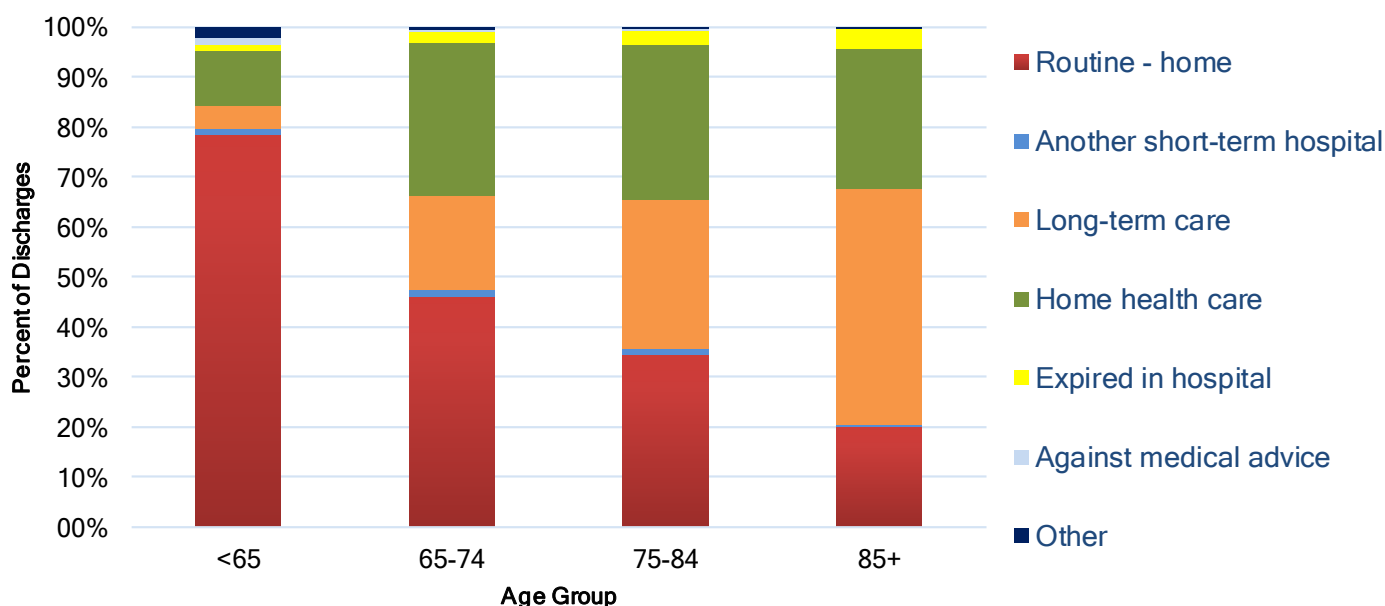
- For women, skin and subcutaneous tissue infections, chronic obstructive pulmonary disease and bronchiectasis, and substance-related disorders made up the top three.
- For men, alcohol-related disorders, diabetes mellitus with complications, and skin and subcutaneous tissue infections made up the top 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 saw at least a ten percent increase in the likelihood of being transferred to LTC facilities. In 2017, around 5 percent of those under 65 were discharged to long-term care facilities, compared to 18.8 percent of those ages 65-74, 29.6 percent of those ages 75-84, and 47.1 percent of those 85 and older.

Figure 27. Distribution of Discharge Status by Age Group, Delaware Hospitals, 2017



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

In 2017, the most common diagnoses for patients discharged to LTC facilities were; septicemia (except in labor), acute cerebrovascular disease, and fracture of neck of femur (hip).

- The three most common diagnoses for patients under 65 (excluding liveborn infants) were septicemia (except in labor), acute cerebrovascular disease, and respiratory failure; insufficiency; arrest (adult).
- For patients ages 65-74, septicemia (except in labor), acute cerebrovascular disease, and respiratory failure; insufficiency; arrest (adult) were the three most common diagnoses.
- For patients ages 75-84, septicemia (except in labor), acute cerebrovascular disease, and hypertension with complications and secondary hypertension were the three most common diagnoses.
- For patients 85 and older, septicemia (except in labor), fracture of neck of femur (hip), and acute cerebrovascular disease were the three most common diagnoses.

HOSPITAL SPECIFIC DATA

A.I. duPont Hospital for Children

2017 Discharge Distribution

Zip / State	Number	%
PA	2,826	30.5%
NJ	775	8.4%
19805	482	5.2%
19720	444	4.8%
MD	429	4.6%
19702	352	3.8%
19802	308	3.3%
19701	258	2.8%
19709	253	2.7%
19808	225	2.4%
19713	222	2.4%
19711	177	1.9%
19801	176	1.9%
Other State	148	1.6%
19901	140	1.5%
19804	138	1.5%
19703	129	1.4%
19904	122	1.3%
19809	115	1.2%
19803	113	1.2%
19977	104	1.1%
19810	99	1.1%
19973	98	1.1%
19963	88	1.0%
19947	79	0.9%
19966	79	0.9%
19962	74	0.8%
19956	62	0.7%
19934	61	0.7%
19952	58	0.6%
19707	56	0.6%
19734	54	0.6%
19960	44	0.5%
19938	43	0.5%
19958	43	0.5%
19968	41	0.4%
19806	36	0.4%
19943	36	0.4%
19950	36	0.4%
19933	32	0.3%
19946	24	0.3%
19953	21	0.2%
19975	21	0.2%
19807	19	0.2%
19945	19	0.2%
19939	12	0.1%
19971	12	0.1%
Undisclosed*	80	0.9%

Total 9,263 100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2015	2016	2017
Aggregate charges	\$574,833,593	\$626,917,555	\$679,200,141
Average charges	\$63,357	\$64,945	\$73,324
Average charge per day	\$11,116	\$11,746	\$12,352
Number of Discharges	9,073	9,653	9,263
Total All-listed Procedures¹	11,024	12,279	11,743
<i>Non-operating room procedures²</i>	7,739	7,319	7,076
<i>Valid operating room procedures²</i>	3,285	4,960	4,667
Average Length of Stay	5.5	5.3	5.7
Primary Payer Distribution			
<i>Medicare</i>	0.3%	0.4%	0.6%
<i>Medicaid</i>	44.4%	47.4%	47.8%
<i>Private Insurance</i>	51.7%	49.9%	48.6%
<i>Uninsured</i>	1.5%	0.1%	0.1%
<i>Other</i>	2.1%	2.3%	2.9%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	56.3%	59.3%	58.4%
<i>Clinic/Physician Office</i>	23.1%	21.4%	23.1%
<i>Transfers-Health Facility</i>	19.1%	17.3%	17.4%
<i>Newborn</i>	0.0%	0.0%	0.0%
<i>Other/Unknown</i>	1.5%	2.0%	1.2%
Discharge Status Distribution			
<i>Routine - home</i>	94.1%	95.5%	90.1%
<i>Another short-term hospital</i>	0.7%	0.6%	0.7%
<i>Long-term care facility</i>	1.1%	0.7%	0.9%
<i>Home health care</i>	2.6%	1.7%	1.0%
<i>Expired in hospital</i>	0.5%	0.5%	0.5%
<i>Left against medical advice</i>	0.0%	0.0%	0.1%
<i>Other/Unknown</i>	0.9%	1.0%	6.7%
Sex			
<i>Male</i>	53.4%	52.4%	53.8%
<i>Female</i>	46.6%	47.6%	46.2%
Age			
<1	22.2%	23.2%	22.8%
1-4	24.0%	24.8%	24.0%
5-9	18.4%	17.9%	18.2%
10-14	18.8%	17.5%	18.4%
15-19	15.7%	15.4%	15.4%
20-24	0.9%	1.0%	1.1%
25-34	0.0%	0.1%	0.2%
35-44	0.0%	0.0%	0.0%
45-54	0.0%	0.0%	0.0%
55-64	0.0%	0.0%	0.0%
65-74	0.0%	0.0%	0.0%
75+	0.0%	0.0%	0.0%
Unknown	0.0%	0.0%	0.0%

Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to six 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.

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

HOSPITAL SPECIFIC DATA

BayHealth Medical Center (includes both Milford Memorial and Kent General Hospitals)

2017 Discharge Distribution

Zip / State	Number	%
19901	3,790	18.1%
19904	3,438	16.4%
19963	1,940	9.2%
19977	1,533	7.3%
19943	1,258	6.0%
19934	1,193	5.7%
19962	1,096	5.2%
19952	1,044	5.0%
19938	558	2.7%
19946	504	2.4%
19960	488	2.3%
MD	457	2.2%
19953	390	1.9%
19950	373	1.8%
19947	305	1.5%
19968	229	1.1%
19941	217	1.0%
19973	194	0.9%
19966	192	0.9%
19954	171	0.8%
19933	143	0.7%
19958	141	0.7%
19734	140	0.7%
19964	138	0.7%
Other State	131	0.6%
19709	130	0.6%
19971	88	0.4%
19936	86	0.4%
19956	78	0.4%
19979	72	0.3%
PA	57	0.3%
19903	38	0.2%
19945	37	0.2%
NJ	29	0.1%
19939	28	0.1%
19955	27	0.1%
19980	25	0.1%
19720	23	0.1%
19701	21	0.1%
19970	17	0.1%
19975	16	0.1%
19940	14	0.1%
19702	13	0.1%
19711	13	0.1%
19805	13	0.1%
19902	12	0.1%
19713	11	0.1%
19802	11	0.1%
19801	10	0.0%
19808	10	0.0%
Undisclosed*	42	0.2%
Total	20,984	100.0%

Utilization Characteristics

	2015	2016	2017
Aggregate charges	\$588,617,400	\$622,882,503	\$726,708,896
Average charges	\$28,649	\$30,810	\$34,632
Average charge per day	\$7,349	\$7,892	\$8,616
Number of Discharges	20,546	20,217	20,984
Total All-listed Procedures¹	20,379	19,501	19,962
<i>Non-operating room procedures²</i>	14,929	12,534	12,932
<i>Valid operating room procedures²</i>	5,450	6,967	7,030
Average Length of Stay	5.1	5.1	5.0
Primary Payer Distribution			
<i>Medicare</i>	47.0%	47.0%	50.0%
<i>Medicaid</i>	25.1%	24.4%	23.0%
<i>Private Insurance</i>	20.8%	21.2%	20.5%
<i>Uninsured</i>	1.7%	1.8%	2.4%
<i>Other</i>	5.5%	5.6%	4.1%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	79.6%	71.3%	61.6%
<i>Clinic/Physician Office</i>	7.0%	9.8%	9.7%
<i>Transfers-Health Facility</i>	2.0%	6.6%	17.3%
<i>Newborn</i>	11.4%	11.6%	11.0%
<i>Other/Unknown</i>	.0%	.7%	.5%
Discharge Status Distribution			
<i>Routine - home</i>	62.4%	60.2%	58.2%
<i>Another short-term hospital</i>	2.5%	2.3%	2.4%
<i>Long-term care facility</i>	15.2%	15.2%	15.8%
<i>Home health care</i>	15.9%	16.7%	19.1%
<i>Expired in hospital</i>	2.2%	2.3%	2.1%
<i>Left against medical advice</i>	1.1%	1.1%	1.2%
<i>Other/Unknown</i>	0.7%	2.0%	1.2%
Sex			
<i>Male</i>	41.8%	42.7%	42.9%
<i>Female</i>	58.2%	57.3%	57.1%
Age			
<1	12.3%	12.5%	11.6%
1-4	0.5%	0.5%	0.4%
5-9	0.2%	0.2%	0.1%
10-14	0.2%	0.1%	0.1%
15-19	1.1%	1.3%	1.2%
20-24	4.4%	4.2%	3.7%
25-34	10.1%	10.4%	9.9%
35-44	6.4%	6.0%	6.1%
45-54	9.8%	9.6%	9.3%
55-64	14.4%	15.0%	14.8%
65-74	16.7%	17.8%	18.3%
75+	23.8%	22.5%	24.5%

Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to six 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.

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

HOSPITAL SPECIFIC DATA

Beebe Medical Center

2017 Discharge Distribution

Zip / State	Number	%
19966	2,745	23.1%
19958	2,322	19.5%
19971	1,163	9.8%
19947	1,080	9.1%
19968	930	7.8%
19970	556	4.7%
19939	382	3.2%
19945	338	2.8%
19975	244	2.1%
19963	234	2.0%
MD	214	1.8%
Other State	172	1.4%
PA	171	1.4%
19930	165	1.4%
19973	161	1.4%
19951	144	1.2%
19956	129	1.1%
19960	119	1.0%
19941	75	0.6%
19950	73	0.6%
19933	63	0.5%
19967	60	0.5%
19952	37	0.3%
NJ	30	0.3%
19943	29	0.2%
19901	25	0.2%
19940	25	0.2%
19904	20	0.2%
19934	20	0.2%
19969	20	0.2%
19962	16	0.1%
19944	15	0.1%
19808	13	0.1%
19720	11	0.1%
19954	10	0.1%
Undisclosed*	89	0.7%
Total	11,900	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2015	2016	2017
Aggregate charges	\$419,853,505	\$471,645,540	\$477,417,783
Average charges	\$38,671	\$40,913	\$40,119
Average charge per day	\$11,729	\$12,649	\$12,316
Number of Discharges	10,857	11,528	11,900
Total All-listed Procedures¹	15,496	15,946	14,822
<i>Non-operating room procedures²</i>	11,370	9,988	9,549
<i>Valid operating room procedures²</i>	4,126	5,958	5,273
Average Length of Stay	4.3	4.2	4.2
Primary Payer Distribution			
<i>Medicare</i>	56.5%	58.0%	57.1%
<i>Medicaid</i>	17.2%	16.1%	15.5%
<i>Private Insurance</i>	23.6%	23.5%	24.5%
<i>Uninsured</i>	1.3%	1.2%	1.4%
<i>Other</i>	1.4%	1.2%	1.5%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	26.6%	26.3%	22.9%
<i>Clinic/Physician Office</i>	65.0%	66.2%	69.8%
<i>Transfers-Health Facility</i>	0.0%	0.0%	0.0%
<i>Newborn</i>	8.4%	7.5%	7.3%
<i>Other/Unknown</i>	0.1%	0.0%	0.0%
Discharge Status Distribution			
<i>Routine - home</i>	51.7%	51.5%	51.4%
<i>Another short-term hospital</i>	1.9%	1.6%	1.4%
<i>Long-term care facility</i>	18.0%	16.2%	15.7%
<i>Home health care</i>	24.6%	26.8%	28.2%
<i>Expired in hospital</i>	2.1%	2.3%	2.1%
<i>Left against medical advice</i>	0.9%	1.0%	0.8%
<i>Other/Unknown</i>	0.8%	0.7%	0.4%
Sex			
<i>Male</i>	45.8%	46.7%	46.8%
<i>Female</i>	54.2%	53.3%	53.2%
Age			
<i><1</i>	8.5%	7.6%	7.2%
<i>1-4</i>	0.1%	0.1%	0.0%
<i>5-9</i>	0.1%	0.1%	0.0%
<i>10-14</i>	0.0%	0.1%	0.1%
<i>15-19</i>	0.7%	0.5%	0.7%
<i>20-24</i>	2.5%	2.4%	1.7%
<i>25-34</i>	6.9%	6.8%	6.6%
<i>35-44</i>	5.1%	4.7%	5.0%
<i>45-54</i>	8.8%	7.8%	7.1%
<i>55-64</i>	13.9%	14.9%	14.9%
<i>65-74</i>	23.4%	24.7%	25.0%
<i>75+</i>	29.8%	30.3%	31.7%

Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to six 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.

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

HOSPITAL SPECIFIC DATA

Christiana Care Health System (includes both Wilmington and Christiana Hospitals)

2017 Discharge Distribution

Zip / State	Number	%
19720	5,821	10.1%
19702	4,102	7.1%
19808	3,615	6.2%
19805	3,469	6.0%
19701	3,332	5.8%
MD	3,241	5.6%
19711	3,205	5.5%
19713	3,156	5.5%
19709	2,853	4.9%
19802	2,700	4.7%
PA	2,437	4.2%
19801	1,978	3.4%
19804	1,857	3.2%
19810	1,746	3.0%
19803	1,627	2.8%
NJ	1,467	2.5%
19809	1,253	2.2%
19707	1,140	2.0%
19703	1,079	1.9%
19806	980	1.7%
19777	899	1.6%
19734	862	1.5%
19807	529	0.9%
19904	410	0.7%
Other State	363	0.6%
19901	341	0.6%
19938	298	0.5%
19706	244	0.4%
19973	238	0.4%
19958	226	0.4%
19966	212	0.4%
19963	170	0.3%
19947	154	0.3%
19943	139	0.2%
19956	129	0.2%
19962	123	0.2%
19971	116	0.2%
19952	110	0.2%
19934	109	0.2%
19968	109	0.2%
19933	99	0.2%
19950	84	0.1%
19953	71	0.1%
19730	68	0.1%
19718	58	0.1%
19960	55	0.1%
19946	49	0.1%
19970	49	0.1%
19714	42	0.1%
19939	40	0.1%
19945	37	0.1%
19850	30	0.1%
19975	27	0.0%
19731	24	0.0%
19899	23	0.0%
19733	21	0.0%
19954	21	0.0%
19732	19	0.0%
19941	18	0.0%
19930	17	0.0%
19964	17	0.0%
19940	16	0.0%
19736	13	0.0%
19708	11	0.0%
19951	11	0.0%
Undisclosed*	103	0.2%

Total 57,862 100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2015	2016	2017
Aggregate charges	\$1,317,194,106	\$1,425,735,665	\$1,488,668,800
Average charges	\$22,507	\$24,196	\$25,728
Average charge per day	\$5,372	\$6,070	\$6,766
Number of Discharges	58,524	58,924	57,862
Total All-listed Procedures¹	115,550	89,206	86,680
<i>Non-operating room procedures²</i>	91,998	51,684	49,471
<i>Valid operating room procedures²</i>	23,552	37,522	37,209
Average Length of Stay	5.0	5.2	5.2
Primary Payer Distribution			
<i>Medicare</i>	44.8%	44.4%	38.4%
<i>Medicaid</i>	19.5%	19.2%	3.8%
<i>Private Insurance</i>	33.1%	32.5%	50.8%
<i>Uninsured</i>	.6%	1.7%	1.5%
<i>Other</i>	2.0%	2.1%	5.4%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	62.5%	62.8%	63.6%
<i>Clinic/Physician Office</i>	22.9%	22.6%	22.1%
<i>Transfers-Health Facility</i>	3.6%	3.6%	3.4%
<i>Newborn</i>	11.0%	11.0%	10.9%
<i>Other/Unknown</i>	.0%	.0%	.0%
Discharge Status Distribution			
<i>Routine - home</i>	61.4%	62.1%	61.4%
<i>Another short-term hospital</i>	0.4%	0.5%	0.5%
<i>Long-term care facility</i>	14.3%	14.2%	14.6%
<i>Home health care</i>	20.4%	19.7%	19.8%
<i>Expired in hospital</i>	1.4%	1.4%	1.5%
<i>Left against medical advice</i>	0.8%	0.8%	1.0%
<i>Other/Unknown</i>	1.3%	1.3%	1.2%
Sex			
<i>Male</i>	41.9%	42.4%	42.2%
<i>Female</i>	58.1%	57.6%	57.8%
Age			
<1	11.2%	11.2%	11.1%
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	1.0%	1.0%	0.9%
20-24	3.7%	3.4%	3.3%
25-34	11.3%	11.4%	11.3%
35-44	7.9%	7.7%	7.8%
45-54	11.0%	10.7%	10.2%
55-64	15.2%	16.1%	15.7%
65-74	16.7%	17.4%	17.9%
75+	21.8%	21.1%	21.6%

Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to six 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.

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

HOSPITAL SPECIFIC DATA

Nanticoke Memorial Hospital

2017 Discharge Distribution

Zip / State	Number	%
19973	2,152	33.6%
19956	1,101	17.2%
19933	706	11.0%
19947	699	10.9%
MD	462	7.2%
19966	276	4.3%
19950	227	3.5%
19940	205	3.2%
19945	68	1.1%
19963	60	0.9%
19975	46	0.7%
Other State	44	0.7%
19939	41	0.6%
19960	41	0.6%
19968	33	0.5%
19941	28	0.4%
19952	28	0.4%
19958	27	0.4%
19904	19	0.3%
19901	17	0.3%
19934	13	0.2%
19943	13	0.2%
19970	13	0.2%
Undisclosed*	82	1.3%
Total	6,401	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2015	2016	2017
Aggregate charges	\$111,693,089	\$115,157,155	\$122,934,715
Average charges	\$18,368	\$18,601	\$19,206
Average charge per day	\$6,065	\$6,654	\$6,977
Number of Discharges	6,081	6,191	6,401
Total All-listed Procedures¹	10,456	7,300	7,992
<i>Non-operating room procedures²</i>	8,956	5,006	5,563
<i>Valid operating room procedures²</i>	1,500	2,294	2,429
Average Length of Stay	3.4	3.3	3.3
Primary Payer Distribution			
<i>Medicare</i>	45.7%	43.5%	42.7%
<i>Medicaid</i>	33.4%	34.3%	34.5%
<i>Private Insurance</i>	18.3%	19.1%	20.0%
<i>Uninsured</i>	1.4%	1.8%	1.6%
<i>Other</i>	1.2%	1.2%	1.2%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	60.7%	59.9%	59.0%
<i>Clinic/Physician Office</i>	25.1%	26.1%	27.2%
<i>Transfers-Health Facility</i>	0.0%	0.0%	0.0%
<i>Newborn</i>	14.1%	14.0%	13.8%
<i>Other/Unknown</i>	0.0%	0.0%	0.0%
Discharge Status Distribution			
<i>Routine - home</i>	62.6%	62.1%	63.5%
<i>Another short-term hospital</i>	3.2%	2.7%	2.5%
<i>Long-term care facility</i>	13.4%	14.5%	12.5%
<i>Home health care</i>	16.4%	17.2%	17.7%
<i>Expired in hospital</i>	1.8%	1.6%	1.6%
<i>Left against medical advice</i>	0.6%	1.0%	1.3%
<i>Other/Unknown</i>	1.9%	0.9%	0.8%
Sex			
<i>Male</i>	40.1%	39.8%	39.0%
<i>Female</i>	59.9%	60.2%	61.0%
Age			
<1	15.2%	15.1%	14.8%
1-4	0.3%	0.4%	0.5%
5-9	0.3%	0.4%	0.2%
10-14	0.3%	0.2%	0.3%
15-19	1.6%	1.7%	1.7%
20-24	4.8%	4.3%	4.6%
25-34	10.4%	10.9%	10.2%
35-44	5.8%	6.7%	6.9%
45-54	7.9%	9.2%	8.9%
55-64	13.8%	13.0%	14.2%
65-74	18.1%	17.1%	17.3%
75+	21.4%	20.9%	20.5%

Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to six 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.

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

HOSPITAL SPECIFIC DATA

St. Francis Hospital

2017 Discharge Distribution

Zip / State	Number	%
19805	1,338	23.6%
19720	515	9.1%
19801	515	9.1%
19802	475	8.4%
19806	284	5.0%
19703	267	4.7%
19803	238	4.2%
19804	235	4.1%
19810	216	3.8%
19808	189	3.3%
19702	188	3.3%
19809	165	2.9%
19701	135	2.4%
PA	135	2.4%
19711	133	2.3%
19713	104	1.8%
MD	80	1.4%
19707	73	1.3%
19709	68	1.2%
19807	48	0.8%
NJ	45	0.8%
Other State	31	0.5%
19734	20	0.4%
19977	20	0.4%
19901	15	0.3%
19904	15	0.3%
19938	13	0.2%
Undisclosed*	105	1.9%
Total	5,665	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2015	2016	2017
Aggregate charges	\$138,495,987	\$140,240,492	\$156,152,244
Average charges	\$25,921	\$26,677	\$27,594
Average charge per day	\$7,898	\$8,187	\$9,696
Number of Discharges	5,343	5,257	5,659
Total All-listed Procedures¹	5,069	4,475	5,871
<i>Non-operating room procedures²</i>	3,671	2,660	3,654
<i>Valid operating room procedures²</i>	1,398	1,815	2,217
Average Length of Stay	4.1	4.2	3.7
Primary Payer Distribution			
<i>Medicare</i>	29.9%	31.0%	30.8%
<i>Medicaid</i>	21.9%	20.0%	32.6%
<i>Private Insurance</i>	44.6%	45.3%	32.8%
<i>Uninsured</i>	3.1%	2.6%	3.4%
<i>Other</i>	0.5%	1.1%	0.4%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	79.5%	81.4%	68.8%
<i>Clinic/Physician Office</i>	1.2%	0.5%	11.3%
<i>Transfers-Health Facility</i>	4.1%	4.8%	2.6%
<i>Newborn</i>	13.7%	12.4%	13.3%
<i>Other/Unknown</i>	1.5%	.9%	4.0%
Discharge Status Distribution			
<i>Routine - home</i>	65.0%	67.1%	72.2%
<i>Another short-term hospital</i>	2.1%	1.8%	2.3%
<i>Long-term care facility</i>	11.3%	12.5%	11.0%
<i>Home health care</i>	13.3%	9.2%	7.8%
<i>Expired in hospital</i>	5.6%	6.8%	3.0%
<i>Left against medical advice</i>	1.8%	1.7%	2.1%
<i>Other/Unknown</i>	1.0%	1.0%	1.6%
Sex			
<i>Male</i>	39.3%	38.8%	38.4%
<i>Female</i>	60.7%	61.2%	61.6%
Age			
<1	14.1%	12.6%	13.5%
1-4	0.0%	0.0%	0.0%
5-9	0.0%	0.0%	0.0%
10-14	0.1%	0.1%	0.0%
15-19	1.1%	1.2%	1.4%
20-24	4.5%	4.0%	4.3%
25-34	13.9%	12.2%	13.4%
35-44	9.5%	9.8%	11.3%
45-54	12.1%	11.8%	13.1%
55-64	14.6%	15.7%	15.5%
65-74	11.6%	12.8%	11.6%
75+	18.6%	19.7%	16.0%

Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to six 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/toolsoftware/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 AI Dupont.

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

HOSPITAL SPECIFIC DATA

Select Specialty Hospital - Wilmington

2017 Discharge Distribution

Zip / State	Number	%
MD	73	21.0%
19805	20	5.7%
19720	19	5.5%
19966	17	4.9%
NJ	16	4.6%
19711	13	3.7%
19702	12	3.4%
19804	10	2.9%
Undisclosed*	168	48.3%

Total	348	100.0%
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*Zip codes with less than 10 cases

Utilization Characteristics

	2015	2016	2017
Aggregate charges	\$51,254,726	\$68,624,955	\$65,090,391
Average charges	\$143,170	\$196,633	\$187,041
Average charge per day	\$4,938	\$5,727	\$6,306
Number of Discharges	358	349	348
Total All-listed Procedures¹	576	544	466
<i>Non-operating room procedures²</i>	465	374	374
<i>Valid operating room procedures²</i>	111	170	92
Average Length of Stay	29.1	32.9	29.3
Primary Payer Distribution			
<i>Medicare</i>	85.5%	84.2%	81.6%
<i>Medicaid</i>	0.6%	1.4%	0.6%
<i>Private Insurance</i>	12.6%	13.2%	16.4%
<i>Uninsured</i>	0.0%	0.0%	0.0%
<i>Other</i>	1.4%	1.1%	1.4%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	1.1%	0.6%	0.0%
<i>Clinic/Physician Office</i>	0.0%	0.0%	0.0%
<i>Transfers-Health Facility</i>	98.9%	99.4%	100.0%
<i>Newborn</i>	0.0%	0.0%	0.0%
<i>Other/Unknown</i>	0.0%	0.0%	0.0%
Discharge Status Distribution			
<i>Routine - home</i>	5.6%	6.9%	2.9%
<i>Another short-term hospital</i>	8.9%	6.6%	14.4%
<i>Long-term care facility</i>	59.2%	61.0%	58.6%
<i>Home health care</i>	15.6%	12.3%	13.2%
<i>Expired in hospital</i>	7.3%	9.2%	9.5%
<i>Left against medical advice</i>	0.8%	0.6%	0.6%
<i>Other/Unknown</i>	2.5%	3.4%	0.9%
Sex			
<i>Male</i>	46.4%	55.0%	51.1%
<i>Female</i>	53.6%	45.0%	48.9%
<i>Unknown</i>	0.0%	0.0%	0.0%
Age			
<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%	0.6%	0.0%
20-24	0.3%	0.6%	0.3%
25-34	1.7%	0.9%	0.9%
35-44	6.4%	1.7%	1.4%
45-54	10.6%	12.6%	12.6%
55-64	19.0%	23.8%	24.7%
65-74	29.9%	35.0%	32.2%
75+	32.1%	24.9%	27.9%

Notes:

1. Total all-listed procedures represents the total number of procedures performed; up to six 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.

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

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 with an Emergency Priority at Admission by Principal Diagnosis Delaware Hospitals, 2017

Clinical Classifications Software Categories and Chapter Headings		Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Emergency Priority
Infections and parasitic diseases	Tuberculosis	7	0.1%	14.0	\$80,982	0.0%	85.7%
	Septicemia (except in labor)	4,164	88.5%	8.2	\$53,117	10.2%	80.2%
	Bacterial infection; unspecified site	101	2.1%	8.4	\$42,708	2.0%	75.2%
	Mycoses	41	0.9%	6.9	\$36,041	0.0%	80.5%
	HIV infection	70	1.5%	9.9	\$55,158	5.7%	84.3%
	Hepatitis	36	0.8%	5.1	\$29,836	0.0%	80.6%
	Viral infection	224	4.8%	3.1	\$17,703	0.0%	83.0%
	Other infections; including parasitic	51	1.1%	5.4	\$31,625	0.0%	64.7%
	Sexually transmitted infections (not HIV or hepatitis)	8	0.2%	4.8	\$17,235	0.0%	87.5%
	Immunizations and screening for infectious disease	3	0.1%	3.0	\$11,462	0.0%	66.7%
Total	4,705	100.0%	7.9	\$50,632	9.1%	80.2%	
Neoplasms	Cancer of head and neck	70	1.8%	7.3	\$40,229	4.3%	35.7%
	Cancer of esophagus	28	0.7%	9.4	\$56,437	3.6%	64.3%
	Cancer of stomach	64	1.6%	7.7	\$50,178	6.3%	37.5%
	Cancer of colon	291	7.4%	7.4	\$50,090	1.4%	33.3%
	Cancer of rectum and anus	97	2.5%	6.7	\$47,795	3.1%	17.5%
	Cancer of liver and intrahepatic bile duct	65	1.7%	10.3	\$91,911	6.2%	63.1%
	Cancer of pancreas	111	2.8%	6.5	\$38,522	1.8%	58.6%
	Cancer of other GI organs; peritoneum	52	1.3%	7.7	\$47,129	3.8%	46.2%
	Cancer of bronchus; lung	370	9.4%	5.9	\$45,564	5.1%	50.5%
	Cancer; other respiratory and intrathoracic	8	0.2%	5.4	\$23,903	0.0%	62.5%
	Cancer of bone and connective tissue	29	0.7%	9.1	\$86,362	0.0%	34.5%
	Melanomas of skin	10	0.3%	1.5	\$5,685	10.0%	20.0%
	Other non-epithelial cancer of skin	14	0.4%	6.9	\$41,206	0.0%	28.6%
	Cancer of breast	50	1.3%	5.5	\$27,753	2.0%	50.0%
	Cancer of uterus	106	2.7%	2.8	\$19,925	2.8%	15.1%
	Cancer of cervix	23	0.6%	3.1	\$21,313	0.0%	47.8%
	Cancer of ovary	69	1.8%	5.2	\$32,785	1.4%	26.1%
	Cancer of other female genital organs	19	0.5%	2.1	\$12,080	0.0%	5.3%
	Cancer of prostate	122	3.1%	2.1	\$31,647	0.8%	11.5%
	Cancer of testis	0	0.0%	N/A	N/A	N/A	N/A
	Cancer of other male genital organs	1	0.0%	8.0	\$39,718	0.0%	100.0%
	Cancer of bladder	53	1.3%	4.9	\$32,519	1.9%	39.6%
	Cancer of kidney and renal pelvis	112	2.9%	4.2	\$36,948	0.0%	13.4%
	Cancer of other urinary organs	19	0.5%	5.2	\$38,007	0.0%	21.1%
	Cancer of brain and nervous system	108	2.8%	9.2	\$68,813	1.9%	53.7%
	Cancer of thyroid	20	0.5%	1.3	\$14,193	5.0%	5.0%
	Hodgkin's disease	6	0.2%	6.8	\$72,121	0.0%	33.3%

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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 Emergency Priority
	Non-Hodgkin's lymphoma	106	2.7%	10.0	\$77,769	11.3%	64.2%
	Leukemias	107	2.7%	18.2	\$184,594	9.3%	58.9%
	Multiple myeloma	56	1.4%	13.2	\$102,143	5.4%	51.8%
	Cancer; other and unspecified primary	26	0.7%	8.1	\$79,774	3.8%	46.2%
	Secondary malignancies	537	13.7%	6.2	\$36,347	4.1%	66.7%
	Malignant neoplasm without specification of site	41	1.0%	6.6	\$39,637	7.3%	46.3%
	Neoplasms of unspecified nature or uncertain behavior	110	2.8%	5.6	\$65,455	2.7%	41.8%
	Maintenance chemotherapy; radiotherapy	418	10.6%	4.4	\$41,484	0.0%	0.0%
	Benign neoplasm of uterus	236	6.0%	2.3	\$22,557	0.0%	2.5%
	Other and unspecified benign neoplasm	373	9.5%	4.2	\$35,930	0.3%	17.2%
	Total	3,927	100.0%	6.1	\$47,115	2.8%	34.9%
Endocrine, nutritional & metabolic diseases, & immunity disorders	Thyroid disorders	85	1.6%	4.5	\$22,608	1.2%	63.5%
	Diabetes mellitus without complication	10	0.2%	2.9	\$17,040	0.0%	80.0%
	Diabetes mellitus with complications	2,150	41.3%	5.5	\$28,876	0.5%	77.6%
	Other endocrine disorders	225	4.3%	5.6	\$27,676	0.9%	66.7%
	Nutritional deficiencies	78	1.5%	8.4	\$36,886	0.0%	55.1%
	Disorders of lipid metabolism	2	0.0%	3.5	\$46,267	0.0%	100.0%
	Gout and other crystal arthropathies	53	1.0%	3.9	\$13,295	0.0%	88.7%
	Fluid and electrolyte disorders	1,101	21.2%	4.3	\$19,746	0.9%	82.2%
	Cystic fibrosis	45	0.9%	11.0	\$132,128	0.0%	31.1%
	Immunity disorders	39	0.7%	11.4	\$119,456	2.6%	71.8%
	Other nutritional; endocrine; and metabolic disorders	1,415	27.2%	2.4	\$32,161	0.4%	10.5%
	Total	5,203	100.0%	4.5	\$29,200	0.6%	59.0%
Disease of the blood and blood forming organs	Deficiency and other anemia	448	31.5%	3.9	\$29,494	1.6%	75.9%
	Acute posthemorrhagic anemia	262	18.4%	4.3	\$29,303	2.3%	79.4%
	Sickle cell anemia	375	26.4%	4.0	\$23,554	0.3%	86.4%
	Coagulation and hemorrhagic disorders	178	12.5%	4.2	\$55,896	2.2%	63.5%
	Diseases of white blood cells	131	9.2%	7.3	\$48,626	3.1%	59.5%
	Other hematologic conditions	27	1.9%	6.6	\$41,898	3.7%	63.0%
	Total	1,421	100.0%	4.4	\$33,198	1.6%	76.0%
Mental disorders	Adjustment disorders	7	0.2%	2.7	\$11,964	0.0%	100.0%
	Anxiety disorders	33	1.0%	22.3	\$47,024	0.0%	100.0%
	Attention-deficit	4	0.1%	4.5	\$18,464	0.0%	75.0%
	Delirium	158	4.8%	9.6	\$25,003	0.6%	91.8%
	Developmental disorders	1	0.0%	1.0	\$15,231	0.0%	0.0%
	Disorders usually diagnosed in infancy	3	0.1%	1.7	\$11,726	0.0%	33.3%
	Impulse control disorders	1	0.0%	5.0	\$11,388	0.0%	100.0%
	Mood disorders	930	28.2%	6.4	\$13,191	0.1%	78.4%
	Personality disorders	163	4.9%	8.2	\$19,386	0.0%	86.5%
	Schizophrenia and other psychotic disorders	1,063	32.3%	5.3	\$23,553	0.9%	87.3%
	Alcohol-related disorders	480	14.6%	5.0	\$24,934	7.1%	74.8%
	Substance-related disorders	366	11.1%	4.3	\$22,764	1.9%	79.0%
	Screening and history of mental health and substance abuse codes	0	0.0%	N/A	N/A	N/A	N/A
	Miscellaneous disorders	85	2.6%	4.7	\$24,574	0.0%	85.9%
Total	3,294	100.0%	5.9	\$20,818	1.6%	82.2%	
Diseases of the nervous system and sense organs	Meningitis (except that caused by tuberculosis or STD)	106	2.7%	5.4	\$43,364	3.8%	79.2%
	Encephalitis (except that caused by tuberculosis or STD)	43	1.1%	15.1	\$112,790	0.0%	51.2%
	Other CNS infection and poliomyelitis	42	1.1%	16.2	\$80,434	0.0%	59.5%
	Parkinson's disease	29	0.7%	5.3	\$17,126	6.9%	82.8%
	Multiple sclerosis	80	2.1%	4.7	\$18,923	0.0%	82.5%
	Other hereditary and degenerative nervous system conditions	76	2.0%	8.9	\$41,480	1.3%	60.5%
	Paralysis	102	2.6%	10.7	\$71,360	0.0%	35.3%
	Epilepsy; convulsions	1,016	26.2%	5.3	\$43,211	0.1%	72.8%
	Headache; including migraine	337	8.7%	2.4	\$13,891	0.0%	86.6%
	Coma; stupor; and brain damage	24	0.6%	15.8	\$196,188	58.3%	41.7%

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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 Emergency Priority
	Cataract	1	0.0%	3.0	\$48,015	0.0%	0.0%
	Retinal detachments; defects; vascular occlusion; and retinopathy	9	0.2%	6.6	\$53,960	0.0%	44.4%
	Glaucoma	1	0.0%	1.0	\$3,857	0.0%	100.0%
	Blindness and vision defects	29	0.7%	4.8	\$13,281	0.0%	96.6%
	Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease)	53	1.4%	4.8	\$19,994	0.0%	81.1%
	Other eye disorders	36	0.9%	2.7	\$16,286	0.0%	61.1%
	Otitis media and related conditions	51	1.3%	3.8	\$23,178	0.0%	80.4%
	Conditions associated with dizziness or vertigo	147	3.8%	2.2	\$8,877	0.0%	90.5%
	Other ear and sense organ disorders	38	1.0%	2.7	\$16,859	0.0%	78.9%
	Other nervous system disorders	1,654	42.7%	7.0	\$33,941	0.9%	41.3%
	Total	3,874	100.0%	6.1	\$36,240	1.0%	60.1%
Diseases of the circulatory system	Heart valve disorders	391	2.3%	6.9	\$129,065	2.6%	21.7%
	Peri-, endo-, and myocarditis; cardiomyopathy (except that caused by tuberculosis or STD)	271	1.6%	9.6	\$58,998	3.0%	67.2%
	Essential hypertension	41	0.2%	2.4	\$14,028	0.0%	75.6%
	Hypertension with complications and secondary hypertension	3,257	19.4%	5.7	\$28,298	1.6%	75.8%
	Acute myocardial infarction	1,849	11.0%	4.5	\$59,812	4.4%	71.2%
	Coronary atherosclerosis and other heart disease	900	5.4%	4.8	\$73,710	1.9%	38.9%
	Nonspecific chest pain	329	2.0%	2.1	\$14,158	0.3%	84.8%
	Pulmonary heart disease	783	4.7%	4.9	\$27,732	2.2%	83.0%
	Other and ill-defined heart disease	36	0.2%	3.7	\$37,899	5.6%	69.4%
	Conduction disorders	222	1.3%	3.5	\$49,796	0.5%	77.5%
	Cardiac dysrhythmias	1,789	10.6%	3.8	\$32,595	1.1%	75.0%
	Cardiac arrest and ventricular fibrillation	133	0.8%	7.8	\$87,863	45.9%	82.0%
	Congestive heart failure; nonhypertensive	1,216	7.2%	5.7	\$33,241	2.6%	88.1%
	Acute cerebrovascular disease	2,525	15.0%	7.1	\$39,934	5.6%	81.9%
	Occlusion or stenosis of precerebral arteries	417	2.5%	1.8	\$26,651	0.5%	8.9%
	Other and ill-defined cerebrovascular disease	133	0.8%	5.2	\$53,921	0.8%	42.9%
	Transient cerebral ischemia	445	2.6%	2.4	\$13,135	0.0%	91.0%
	Late effects of cerebrovascular disease	474	2.8%	13.4	\$39,944	0.0%	14.6%
	Peripheral and visceral atherosclerosis	379	2.3%	5.3	\$42,265	3.2%	51.7%
	Aortic; peripheral; and visceral artery aneurysms	257	1.5%	3.8	\$83,654	5.8%	37.0%
	Aortic and peripheral arterial embolism or thrombosis	93	0.6%	6.9	\$67,739	6.5%	66.7%
	Other circulatory disease	359	2.1%	4.1	\$21,021	1.4%	80.8%
	Phlebitis; thrombophlebitis and thromboembolism	395	2.4%	4.7	\$37,270	1.0%	74.9%
	Varicose veins of lower extremity	9	0.1%	6.4	\$24,597	0.0%	77.8%
	Hemorrhoids	50	0.3%	4.0	\$14,172	0.0%	82.0%
	Other diseases of veins and lymphatics	55	0.3%	5.3	\$24,877	0.0%	69.1%
	Total	16,808	100.0%	5.4	\$41,505	2.9%	69.9%
Diseases of the respiratory system	Pneumonia (except that caused by tuberculosis or STD)	2,701	21.7%	5.4	\$27,795	1.3%	84.7%
	Influenza	628	5.0%	4.5	\$22,259	1.4%	83.0%
	Acute and chronic tonsillitis	114	0.9%	1.9	\$14,301	0.0%	64.9%
	Acute bronchitis	1,034	8.3%	2.9	\$20,719	0.0%	83.6%
	Other upper respiratory infections	417	3.3%	2.7	\$23,084	0.0%	82.0%
	Chronic obstructive pulmonary disease and bronchiectasis	2,668	21.4%	4.8	\$21,292	1.1%	81.0%
	Asthma	1,202	9.7%	2.3	\$17,055	0.2%	89.1%
	Aspiration pneumonitis; food/vomitus	627	5.0%	6.7	\$290,048	3.7%	72.2%
	Pleurisy; pneumothorax; pulmonary collapse	411	3.3%	6.4	\$35,230	2.2%	72.7%
	Respiratory failure; insufficiency; arrest (adult)	2,089	16.8%	9.7	\$79,749	7.2%	68.5%
	Lung disease due to external agents	31	0.2%	6.2	\$27,484	3.2%	80.6%
	Other lower respiratory disease	358	2.9%	4.8	\$31,768	3.6%	73.5%
	Other upper respiratory disease	170	1.4%	4.3	\$29,845	2.4%	80.0%
		Total	12,450	100.0%	5.4	\$46,528	2.2%

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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 Emergency Priority
Diseases of the digestive system	Intestinal infection	1,129	10.7%	4.4	\$20,725	0.5%	82.1%
	Disorders of teeth and jaw	86	0.8%	2.5	\$30,062	0.0%	53.5%
	Diseases of mouth; excluding dental	89	0.8%	4.1	\$18,561	0.0%	82.0%
	Esophageal disorders	299	2.8%	3.9	\$22,383	0.3%	71.9%
	Gastroduodenal ulcer (except hemorrhage)	135	1.3%	5.4	\$33,389	0.7%	80.0%
	Gastritis and duodenitis	228	2.2%	4.3	\$21,711	0.4%	88.2%
	Other disorders of stomach and duodenum	190	1.8%	7.5	\$34,381	1.1%	83.7%
	Appendicitis and other appendiceal conditions	381	3.6%	3.8	\$27,931	0.0%	75.3%
	Abdominal hernia	612	5.8%	5.1	\$197,624	0.2%	35.3%
	Regional enteritis and ulcerative colitis	351	3.3%	5.6	\$31,468	0.6%	74.1%
	Intestinal obstruction without hernia	1,133	10.7%	6.1	\$28,990	1.4%	76.4%
	Diverticulosis and diverticulitis	1,049	9.9%	5.0	\$66,555	0.3%	64.3%
	Anal and rectal conditions	111	1.0%	5.3	\$23,618	0.9%	62.2%
	Peritonitis and intestinal abscess	85	0.8%	7.0	\$36,678	4.7%	74.1%
	Biliary tract disease	961	9.1%	4.4	\$29,898	0.5%	69.7%
	Other liver diseases	344	3.2%	6.0	\$35,125	2.3%	72.4%
	Pancreatic disorders (not diabetes)	1,068	10.1%	5.0	\$25,973	0.9%	78.9%
	Gastrointestinal hemorrhage	1,238	11.7%	4.9	\$28,048	1.6%	79.2%
	Noninfectious gastroenteritis	316	3.0%	3.7	\$16,342	0.3%	79.4%
	Other gastrointestinal disorders	795	7.5%	5.6	\$36,202	0.6%	54.8%
Total	10,600	100.0%	5.0	\$41,375	0.8%	71.7%	
Diseases of the genitourinary system	Nephritis; nephrosis; renal sclerosis	70	1.4%	4.5	\$33,017	1.4%	64.3%
	Acute and unspecified renal failure	1,839	36.8%	5.6	\$28,008	2.1%	78.1%
	Chronic renal failure	40	0.8%	5.7	\$105,538	0.0%	40.0%
	Urinary tract infections	1,910	38.3%	4.7	\$33,669	0.2%	89.5%
	Calculus of urinary tract	105	2.1%	4.0	\$29,431	0.0%	72.4%
	Other diseases of kidney and ureters	377	7.6%	2.9	\$24,694	0.0%	68.7%
	Other diseases of bladder and urethra	68	1.4%	5.9	\$52,157	2.9%	41.2%
	Genitourinary symptoms and ill-defined conditions	65	1.3%	3.6	\$17,982	1.5%	72.3%
	Hyperplasia of prostate	29	0.6%	4.8	\$25,782	3.4%	72.4%
	Inflammatory conditions of male genital organs	81	1.6%	5.0	\$19,899	0.0%	84.0%
	Other male genital disorders	14	0.3%	3.6	\$31,908	0.0%	50.0%
	Nonmalignant breast conditions	43	0.9%	4.6	\$20,890	0.0%	62.8%
	Inflammatory diseases of female pelvic organs	73	1.5%	4.4	\$21,475	0.0%	80.8%
	Endometriosis	37	0.7%	2.3	\$22,241	0.0%	8.1%
	Prolapse of female genital organs	55	1.1%	1.2	\$9,843	0.0%	0.0%
	Menstrual disorders	41	0.8%	2.5	\$20,956	0.0%	24.4%
	Ovarian cyst	56	1.1%	2.7	\$23,957	0.0%	35.7%
	Menopausal disorders	20	0.4%	3.7	\$25,318	0.0%	40.0%
	Female infertility	0	0.0%	N/A	N/A	N/A	N/A
	Other female genital disorders	68	1.4%	3.5	\$26,851	0.0%	32.4%
Total	4,991	100.0%	4.8	\$30,181	0.9%	77.4%	
Complications of pregnancy, childbirth, & the puerperium	Contraceptive and procreative management	0	0.0%	N/A	N/A	N/A	N/A
	Spontaneous abortion	15	0.1%	2.9	\$16,161	0.0%	80.0%
	Induced abortion	7	0.1%	1.6	\$6,098	0.0%	42.9%
	Postabortion complications	1	0.0%	4.0	\$15,254	0.0%	100.0%
	Ectopic pregnancy	12	0.1%	2.3	\$19,084	0.0%	83.3%
	Other complications of pregnancy	1,109	9.5%	3.1	\$9,908	0.0%	41.7%
	Hemorrhage during pregnancy; abruptio placenta; placenta previa	134	1.2%	3.4	\$11,644	0.0%	54.5%
	Hypertension complicating pregnancy; childbirth and the puerperium	1,292	11.1%	3.6	\$11,546	0.0%	41.6%
	Early or threatened labor	371	3.2%	2.8	\$9,381	0.0%	63.9%
	Prolonged pregnancy	939	8.1%	2.9	\$8,735	0.0%	12.4%
	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	461	4.0%	2.8	\$9,145	0.0%	22.6%

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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 Emergency Priority
	Malposition; malpresentation	325	2.8%	2.7	\$10,564	0.0%	16.9%
	Fetopelvic disproportion; obstruction	62	0.5%	2.9	\$12,188	0.0%	22.6%
	Previous C-section	1,268	10.9%	2.6	\$10,360	0.0%	14.8%
	Fetal distress and abnormal forces of labor	303	2.6%	2.3	\$7,136	0.0%	64.7%
	Polyhydramnios and other problems of amniotic cavity	1,129	9.7%	3.2	\$9,143	0.0%	56.5%
	Umbilical cord complication	505	4.3%	2.4	\$8,282	0.0%	43.0%
	OB-related trauma to perineum and vulva	749	6.4%	2.1	\$7,052	0.0%	47.1%
	Forceps delivery	2	0.0%	2.5	\$13,567	0.0%	50.0%
	Other complications of birth; puerperium affecting management of mother	2,477	21.3%	2.5	\$8,924	0.0%	46.1%
	Normal pregnancy and/or delivery	484	4.2%	2.0	\$7,745	0.0%	33.5%
	Total	11,645	100.0%	2.8	\$9,364	0.0%	38.8%
Diseases of the skin and subcutaneous tissue	Skin and subcutaneous tissue infections	1,783	89.2%	4.1	\$17,389	0.2%	75.2%
	Other inflammatory condition of skin	53	2.7%	3.6	\$20,199	0.0%	86.8%
	Chronic ulcer of skin	129	6.5%	15.6	\$64,685	5.4%	58.1%
	Other skin disorders	34	1.7%	5.4	\$28,540	0.0%	61.8%
	Total	1,999	100.0%	4.9	\$20,706	0.5%	74.2%
Diseases of the musculo-skeletal system and connective tissue	Infective arthritis and osteomyelitis (except that caused by tuberculosis or STD)	378	4.5%	10.9	\$50,858	0.5%	69.0%
	Rheumatoid arthritis and related disease	59	0.7%	4.2	\$37,043	1.7%	52.5%
	Osteoarthritis	4,516	53.2%	1.6	\$37,401	0.0%	0.4%
	Other non-traumatic joint disorders	125	1.5%	3.9	\$44,688	0.0%	35.2%
	Spondylosis; intervertebral disc disorders; other back problems	1,947	23.0%	3.0	\$61,450	0.1%	15.1%
	Osteoporosis	0	0.0%	N/A	N/A	N/A	N/A
	Pathological fracture	300	3.5%	7.2	\$42,791	1.3%	81.3%
	Acquired foot deformities	49	0.6%	5.6	\$59,291	0.0%	10.2%
	Other acquired deformities	320	3.8%	5.2	\$125,572	0.0%	0.3%
	Systemic lupus erythematosus and connective tissue disorders	112	1.3%	7.2	\$47,376	1.8%	78.6%
	Other connective tissue disease	464	5.5%	5.5	\$33,136	0.0%	64.2%
	Other bone disease and musculoskeletal deformities	213	2.5%	2.6	\$93,145	0.0%	13.6%
Total	8,483	100.0%	3.1	\$48,566	0.1%	15.5%	
Congenital anomalies	Cardiac and circulatory congenital anomalies	219	39.9%	18.5	\$365,709	5.0%	13.2%
	Digestive congenital anomalies	85	15.5%	11.1	\$149,991	0.0%	37.6%
	Genitourinary congenital anomalies	36	6.6%	4.9	\$72,470	0.0%	8.3%
	Nervous system congenital anomalies	47	8.6%	6.7	\$82,122	0.0%	8.5%
	Other congenital anomalies	162	29.5%	12.5	\$184,541	0.6%	6.8%
	Total	549	100.0%	13.7	235,344	2.2%	14.4%
Certain conditions originating in the perinatal period	Liveborn	11,036	95.3%	3.9	\$10,317	0.4%	0.0%
	Short gestation; low birth weight; and fetal growth retardation	47	0.4%	35.8	\$275,732	2.1%	0.0%
	Intrauterine hypoxia and birth asphyxia	22	0.2%	19.0	\$165,872	4.5%	4.5%
	Respiratory distress syndrome	23	0.2%	25.2	\$195,918	4.3%	0.0%
	Hemolytic jaundice and perinatal jaundice	193	1.7%	1.5	\$7,599	0.0%	30.1%
	Birth trauma	2	0.0%	4.0	\$46,786	0.0%	0.0%
	Other perinatal conditions	261	2.3%	13.7	\$163,972	1.5%	33.3%
	Total	11,584	100.0%	4.2	\$15,481	0.4%	1.3%
Injury and poisoning	Joint disorders and dislocations; trauma-related	79	0.9%	4.0	\$41,696	1.3%	54.4%
	Fracture of neck of femur (hip)	860	9.5%	6.0	\$42,371	1.2%	71.0%
	Spinal cord injury	56	0.6%	18.9	\$161,427	3.6%	67.9%
	Skull and face fractures	122	1.3%	5.1	\$36,429	1.6%	89.3%
	Fracture of upper limb	350	3.8%	3.9	\$31,883	0.3%	73.1%
	Fracture of lower limb	702	7.7%	5.8	\$45,168	0.3%	72.2%
	Other fractures	979	10.8%	6.4	\$32,441	1.3%	84.3%
	Sprains and strains	62	0.7%	3.6	\$21,418	0.0%	69.4%

APPENDIX A

Clinical Classifications Software Categories and Chapter Headings	Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Emergency Priority
Intracranial injury	826	9.1%	8.3	\$47,035	6.5%	83.9%
Crushing injury or internal injury	346	3.8%	7.9	\$53,936	3.5%	85.8%
Open wounds of head; neck; and trunk	107	1.2%	6.8	\$44,981	0.9%	93.5%
Open wounds of extremities	105	1.2%	4.7	\$30,956	0.0%	80.0%
Complication of device; implant or graft	1,822	20.0%	7.0	\$57,452	1.5%	52.8%
Complications of surgical procedures or medical care	1,792	19.7%	7.1	\$40,922	1.5%	62.9%
Superficial injury; contusion	109	1.2%	4.4	\$22,529	0.0%	89.9%
Burns	8	0.1%	2.9	\$13,789	0.0%	75.0%
Poisoning by psychotropic agents	84	0.9%	3.3	\$15,875	4.8%	84.5%
Poisoning by other medications and drugs	322	3.5%	5.0	\$27,597	3.7%	79.5%
Poisoning by nonmedicinal substances	60	0.7%	4.0	\$28,373	1.7%	78.3%
Other injuries and conditions due to external causes	308	3.4%	6.2	\$33,125	0.6%	85.1%
Total	9,099	100.0%	6.6	\$43,681	1.9%	70.7%
Other conditions						
Syncope	344	22.2%	2.8	\$15,468	0.6%	86.3%
Fever of unknown origin	71	4.6%	3.3	\$16,474	0.0%	76.1%
Lymphadenitis	40	2.6%	2.6	\$19,083	0.0%	82.5%
Gangrene	101	6.5%	10.4	\$67,327	4.0%	54.5%
Shock	49	3.2%	8.1	\$54,788	28.6%	79.6%
Nausea and vomiting	66	4.3%	3.2	\$12,940	0.0%	75.8%
Abdominal pain	152	9.8%	3.5	\$16,347	0.0%	78.9%
Malaise and fatigue	96	6.2%	9.1	\$27,658	0.0%	49.0%
Allergic reactions	82	5.3%	3.2	\$15,379	1.2%	82.9%
Rehabilitation care; fitting of prostheses; and adjustment of	19	1.2%	8.8	\$33,621	0.0%	0.0%
Administrative/social admission	2	0.1%	1.5	\$28,398	0.0%	100.0%
Medical examination/evaluation	1	0.1%	1.0	\$172,529	0.0%	0.0%
Other aftercare	489	31.5%	9.3	\$27,127	15.3%	0.4%
Other screening for suspected conditions (not mental disorders or infectious disease)	38	2.5%	3.0	\$18,077	0.0%	50.0%
Total	1,550	100.0%	6.1	\$25,041	6.2%	50.7%
Total All CCS Diagnostic Codes	112,411	100.0%	5.0	\$35,667	1.7%	55.5%

Note: Total All CSS Diagnostic Codes includes three unknown Diagnoses.

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.

Table B1. Number and Percent of Discharges, Mean Length of Stay, Mean Charges, Percent Expired, and Percent with an Emergency Priority at Admission by Ecode Delaware Hospitals, 2017

Clinical Classifications Software Categories for Ecodes	Number of Discharges	Percent of Discharges	Mean LOS	Mean Total Charges	Percent Expired	Percent Emergency Admission
E Codes: Cut/pierce	40	0.6%	3.4	\$16,470	0.0	95.0
E Codes: Fall	938	14.1%	4.2	\$21,580	1.1	90.6
E Codes: Fire/burn	6	0.1%	4.3	\$25,234	0.0	100.0
E Codes: Firearms	69	1.0%	4.4	\$23,314	4.3	94.2
E Codes: Machinery	14	0.2%	5.8	\$25,741	0.0	78.6
E Codes: Motor vehicle traffic (MVT)	320	4.8%	3.5	\$24,961	0.6	86.3
E Codes: Pedal cyclist; not MVT	14	0.2%	2.9	\$19,776	0.0	100.0
E Codes: Pedestrian; not MVT	8	0.1%	2.9	\$15,865	0.0	75.0
E Codes: Transport; not MVT	73	1.1%	3.4	\$20,145	N/A	89.0
E Codes: Natural/environment	105	1.6%	3.4	\$24,318	0.0	69.5
E Codes: Overexertion	2	0.0%	4.0	\$19,178	0.0	100.0
E Codes: Struck by; against	99	1.5%	3.7	\$19,391	1.0	85.9
E Codes: Adverse effects of medical care	277	4.2%	4.1	\$30,762	0.7	48.0
E Codes: Adverse effects of medical drugs	2,279	34.2%	4.7	\$31,718	0.2	55.8
E Codes: Other specified and classifiable	14	0.2%	3.1	\$14,935	0.0	78.6
E Codes: Other specified; NEC	5	0.1%	4.4	\$16,198	0.0	80.0
E Codes: Unspecified	1,514	22.7%	3.9	\$18,591	1.1	91.8
E Codes: Place of occurrence	889	13.3%	3.7	\$20,260	0.9	92.5
Total	6,666	100.0%	4.1	\$24,700	0.7	76.8

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

Table C1. Number of All-listed Procedures Performed during the Inpatient Stay by Procedure and Sex of Patient Delaware Hospitals, 2017

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
Operations on the nervous system	Incision and excision of CNS	213	200	413
	Insertion; replacement; or removal of extracranial ventricular shunt	69	66	135
	Excision destruction or resection of intervertebral disc	671	826	1,497
	Diagnostic spinal tap	479	432	911
	Insertion of catheter or spinal stimulator and injection into spinal canal	58	58	116
	Decompression peripheral nerve	595	679	1,274
	Other diagnostic nervous system procedures	99	98	197
	Other non-OR or closed therapeutic nervous system procedures	89	150	239
	Other OR therapeutic nervous system procedures	712	689	1,401
Total	2,985	3,198	6,183	
Operations on the endocrine system	Thyroidectomy; partial or complete	21	37	58
	Diagnostic endocrine procedures	10	20	30
	Therapeutic endocrine procedures	33	38	71
	Total	64	95	159
Operations on the eye	Corneal transplant	0	0	0
	Procedures typically performed for glaucoma	3	2	5
	Lens and cataract procedures	2	1	3
	Repair of retina	5	2	7
	Destruction of lesion of retina and choroid	5	4	9
	Diagnostic procedures on eye	13	10	23
	Other therapeutic procedures on eyelids; conjunctiva; cornea	54	28	82
	Other intraocular therapeutic procedures	8	1	9
	Other extraocular muscle and orbit therapeutic procedures	9	3	12
Total	99	51	150	
Operations on the ear	Tympanoplasty	1	1	2
	Myringotomy	47	44	91
	Mastoidectomy	4	3	7
	Diagnostic procedures on ear nose and sinus	20	31	51
	Other therapeutic procedures on the ear nose and sinus	88	86	174
Total	160	165	325	
Operations on the nose, mouth, and pharynx	Placement of packing material in the nasal region	46	47	93
	Plastic procedures on nose	1	3	4
	Dental procedures	94	97	191
	Tonsillectomy and/or adenoidectomy	35	41	76
	Diagnostic procedures on mouth and throat	150	152	302
	Other non-OR procedures on mouth and throat	146	86	232
	Other OR procedures on mouth and throat	156	121	277
Total	628	547	1,175	
Operations on the respiratory system	Tracheostomy; temporary and permanent	224	162	386
	Tracheoscopy and laryngoscopy with biopsy	23	25	48
	Lobectomy or pneumonectomy	119	92	211
	Diagnostic bronchoscopy and biopsy of bronchus	694	599	1,293
	Other diagnostic procedures on lung and bronchus	7	8	15
	Incision of pleura; thoracentesis; chest drainage	1,082	758	1,840
	Other diagnostic procedures on the respiratory system and mediastinum	60	42	102
	Other non-OR therapeutic procedures on respiratory system and mediastinum	295	212	507
	Other OR Rx procedures on respiratory system and mediastinum	285	767	1,052
Total	2,789	2,665	5,454	
Operations on the cardiovascular system	Heart valve procedures	292	209	501
	Coronary artery bypass graft (CABG)	928	262	1,190
	Percutaneous transluminal coronary angioplasty (PTCA) with or without stent placement	1,153	569	1,722
	Coronary thrombolysis	2	1	3
	Diagnostic cardiac catheterization; coronary arteriography	4,104	2,570	6,674
	Insertion; revision; replacement; removal of cardiac pacemaker or cardioverter/defibrillator	1,004	848	1,852
	Other OR heart procedures	426	299	725
Extracorporeal circulation auxiliary to open heart procedures	568	254	822	

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Enderectomy; vessel of head and neck	390	240	630
	Aortic resection; replacement or anastomosis	15	1	16
	Varicose vein stripping; lower limb	0	0	0
	Other vascular catheterization; not heart	3,412	3,172	6,584
	Peripheral vascular bypass	196	99	295
	Other vascular bypass and shunt; not heart	17	8	25
	Creation; revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis	0	0	0
	Hemodialysis	1,103	826	1,929
	Other OR procedures on vessels of head and neck	398	310	708
	Embolectomy and endarterectomy of lower limbs	337	244	581
	Other OR procedures on vessels other than head and neck	1,929	1,209	3,138
	Other diagnostic cardiovascular procedures	589	497	1,086
	Other non-OR therapeutic cardiovascular procedures	523	439	962
	Total	17,389	12,057	29,446
Operations on the hemic and lymphatic system	Bone marrow transplant	23	15	38
	Bone marrow biopsy	92	99	191
	Procedures on spleen	40	43	83
	Other procedures; hemic and lymphatic systems	522	615	1,137
	Total	677	772	1,449
Operations on the digestive system	Injection or ligation of esophageal varices	0	0	0
	Esophageal dilatation	38	47	85
	Upper gastrointestinal endoscopy; biopsy	1,798	2,076	3,874
	Gastrostomy; temporary and permanent	257	209	466
	Colostomy; temporary and permanent	120	135	255
	Ileostomy and other enterostomy	107	98	205
	Gastrectomy; partial and total	211	801	1,012
	Small bowel resection	16	18	34
	Colonoscopy and biopsy	305	416	721
	Proctoscopy and anorectal biopsy	79	89	168
	Colorectal resection	364	362	726
	Excision (partial) of large intestine (not endoscopic)	169	194	363
	Appendectomy	229	198	427
	Hemorrhoid procedures	6	3	9
	Fluoroscopy of the biliary and pancreatic ducts (ERCP ERC and ERP)	70	76	146
	Biopsy of liver	101	101	202
	Cholecystectomy and common duct exploration	322	509	831
	Inguinal and femoral hernia repair	82	25	107
	Other hernia repair	136	212	348
	Laparoscopy (GI only)	59	121	180
	Abdominal paracentesis	448	417	865
	Exploratory laparotomy	18	12	30
	Excision; lysis peritoneal adhesions	377	558	935
	Peritoneal dialysis	75	111	186
	Other bowel diagnostic procedures	421	432	853
	Other non-OR upper GI therapeutic procedures	360	351	711
	Other OR upper GI therapeutic procedures	307	590	897
	Other non-OR lower GI therapeutic procedures	337	257	594
	Other OR lower GI therapeutic procedures	565	865	1,430
	Other gastrointestinal diagnostic procedures	390	419	809
	Other non-OR gastrointestinal therapeutic procedures	752	794	1,546
	Other OR gastrointestinal therapeutic procedures	505	691	1,196
	Total	9,024	11,187	20,211
	Operations on the urinary system	Endoscopy and endoscopic biopsy of the urinary tract	121	104
Transurethral excision; drainage; or removal urinary obstruction		190	88	278
Ureteral catheterization		42	46	88
Nephrotomy and nephrostomy		14	14	28

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Nephrectomy; partial or complete	100	79	179
	Kidney transplant	22	11	33
	Genitourinary incontinence procedures	1	7	8
	Extracorporeal lithotripsy; urinary	12	7	19
	Indwelling catheter	198	74	272
	Procedures on the urethra	61	41	102
	Other diagnostic procedures of urinary tract	52	49	101
	Other non-OR therapeutic procedures of urinary tract	280	254	534
	Other OR therapeutic procedures of urinary tract	528	640	1,168
	Total	1,621	1,414	3,035
Operations on the male genital organs	Transurethral resection of prostate (TURP)	33	0	33
	Open prostatectomy	120	0	120
	Circumcision	4,286	0	4,286
	Diagnostic procedures; male genital	26	0	26
	Other non-OR therapeutic procedures; male genital	40	0	40
	Other OR therapeutic procedures; male genital	88	0	88
	Total	4,593	0	4,593
Operations on the female genital organs	Oophorectomy; unilateral and bilateral	0	450	450
	Other operations on ovary	0	80	80
	Ligation or occlusion of fallopian tubes	0	157	157
	Other operations on fallopian tubes	0	1,159	1,159
	Hysterectomy; abdominal and vaginal	0	561	561
	Other excision of cervix and uterus	0	506	506
	Abortion (termination of pregnancy)	0	18	18
	Dilation and curettage (D&C)	0	123	123
	Diagnostic dilatation and curettage (D&C)	0	26	26
	Repair of cystocele and rectocele; obliteration of vaginal vault	0	5	5
	Other diagnostic procedures; female organs	0	84	84
	Other non-OR therapeutic procedures; female organs	0	2,899	2,899
	Other OR therapeutic procedures; female organs	0	289	289
	Total	0	6,357	6,357
Obstetrical procedures	Removal of ectopic pregnancy	0	12	12
	Episiotomy	0	221	221
	Cesarean section	0	3,495	3,495
	Forceps; vacuum; and breech delivery	0	383	383
	Artificial rupture of membranes to assist delivery	0	3,271	3,271
	Other procedures to assist delivery	0	6,977	6,977
	Diagnostic amniocentesis	0	0	0
	Fetal measurement and monitoring	0	200	200
	Repair of current obstetric laceration	0	0	0
	Other therapeutic obstetrical procedures	0	139	139
	Total	0	14,698	14,698
	Operations on the musculoskeletal system	Partial excision bone	519	368
Bunionectomy or repair of toe deformities		0	0	0
Treatment; facial fracture or dislocation		91	49	140
Treatment; fracture or dislocation of radius and ulna		114	113	227
Treatment; fracture or dislocation of hip and femur		402	680	1,082
Treatment; fracture or dislocation of lower extremity (other than hip or femur)		482	516	998
Other fracture and dislocation procedure		404	409	813
Arthroscopy		2	1	3
Division or release of joint capsule; ligament or cartilage		22	29	51
Excision of semilunar cartilage of knee		0	0	0
Arthroplasty knee		1,246	2,021	3,267
Hip replacement; total and partial		870	1,061	1,931

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Arthroplasty other than hip or knee	162	265	427
	Arthrocentesis	83	77	160
	Injections and aspirations of muscles; tendons; bursa; joints and soft tissue	136	230	366
	Amputation of lower extremity	663	269	932
	Spinal fusion	1,640	2,017	3,657
	Other diagnostic procedures on musculoskeletal system	468	292	760
	Other therapeutic procedures on muscles and tendons	839	2,393	3,232
	Other OR therapeutic procedures on bone	350	345	695
	Other OR therapeutic procedures on joints	673	699	1,372
	Other non-OR therapeutic procedures on musculoskeletal system	98	98	196
	Other OR therapeutic procedures on musculoskeletal system	123	59	182
	Total	9,387	11,991	21,378
Operations on the integumentary system	Breast biopsy and other diagnostic procedures on breast	2	35	37
	Lumpectomy; quadrantectomy of breast	1	12	13
	Mastectomy	1	20	21
	Incision and drainage; skin subcutaneous tissue and fascia	478	395	873
	Debridement of wound; infection or burn	0	0	0
	Excision of skin	110	105	215
	Repair of skin subcutaneous tissue and fascia	388	1,712	2,100
	Skin graft	92	40	132
	Other diagnostic procedures on skin subcutaneous tissue fascia and breast	185	130	315
	Other non-OR therapeutic procedures on skin subcutaneous tissue fascia and breast	701	784	1,485
	Other OR therapeutic procedures on skin subcutaneous tissue fascia and breast	588	563	1,151
	Total	2,546	3,796	6,342
Miscellaneous diagnostic and therapeutic procedures	Organ transplantation (other than bone marrow corneal or kidney)	3	7	10
	Computerized axial tomography (CT) scan head	0	0	0
	CT scan head and neck	5	5	10
	CT scan abdomen	7	5	12
	Other CT scan	6	11	17
	Myelogram	6	13	19
	Mammography	0	0	0
	Routine chest X-ray	0	0	0
	Intraoperative cholangiogram	1	5	6
	Upper gastrointestinal X-ray	12	9	21
	Lower gastrointestinal X-ray	1	1	2
	Intravenous pyelogram	104	135	239
	Cerebral and neck arteriogram	281	261	542
	Contrast aortogram	175	128	303
	Contrast arteriogram of femoral and lower extremity arteries	176	105	281
	Arterio- or venogram (not heart and head/neck)	453	385	838
	Diagnostic ultrasound of head and neck	65	52	117
	Diagnostic ultrasound of heart (echocardiogram)	327	174	501
	Diagnostic ultrasound of gastrointestinal tract	6	7	13
	Diagnostic ultrasound of urinary tract	2	1	3
	Diagnostic ultrasound of abdomen or retroperitoneum	7	10	17
	Other diagnostic ultrasound	166	150	316
	Magnetic resonance imaging	117	102	219
	Electroencephalogram (EEG)	85	101	186
	Nonoperative urinary system measurements and monitoring	6	0	6
	Cardiac stress tests	0	0	0
	Electrocardiogram	155	109	264

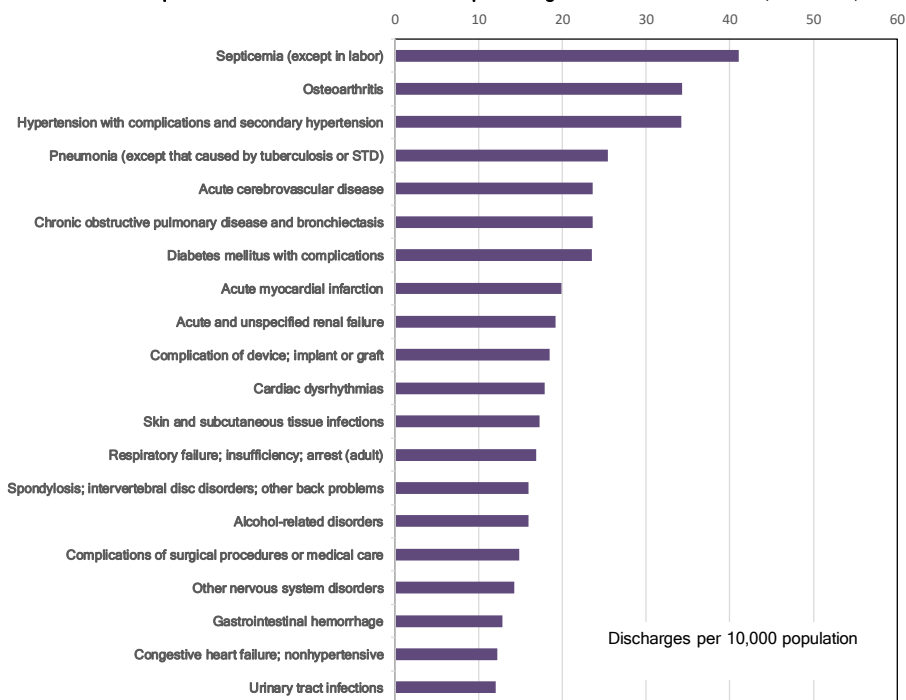
APPENDIX C

Single level CCS Procedure Categories and Chapter Headings	Male	Female	Total
Electrographic cardiac monitoring	9	1	10
Swan-Ganz catheterization for monitoring	108	59	167
Arterial blood gases	0	0	0
Radioisotope pulmonary scan	0	0	0
Nuclear medicine imaging bone	0	1	1
Radioisotope scan and function studies	0	0	0
Other nuclear medicine imaging	2	1	3
Radiation therapy	5	10	15
Diagnostic physical therapy	5	1	6
Physical therapy exercises; manipulation; and other procedures	3	3	6
Traction; splints; and other wound care	119	118	237
Other physical therapy and rehabilitation	0	8	8
Respiratory intubation and mechanical ventilation	5,584	5,078	10,662
Other respiratory therapy	50	65	115
Psychological and psychiatric evaluation and therapy	14	33	47
Alcohol and drug rehabilitation/detoxification	0	1	1
Ophthalmologic and otologic diagnosis and treatment	27	23	50
Nasogastric tube	42	43	85
Blood transfusion	1,497	1,291	2,788
Enteral and parenteral nutrition	296	346	642
Cancer chemotherapy	212	182	394
Conversion of cardiac rhythm	509	377	886
Other diagnostic radiology and related techniques	242	259	501
Other diagnostic procedures	290	276	566
Prophylactic vaccinations and inoculations	366	541	907
Nonoperative removal of foreign body	119	103	222
Other therapeutic procedures	1,062	3,145	4,207
Total	12,727	13,741	26,468

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

APPENDIX D

D1. Annual Hospitalization Rates for the 20 Most Frequent Diagnoses* of Male Residents, Delaware, 2017

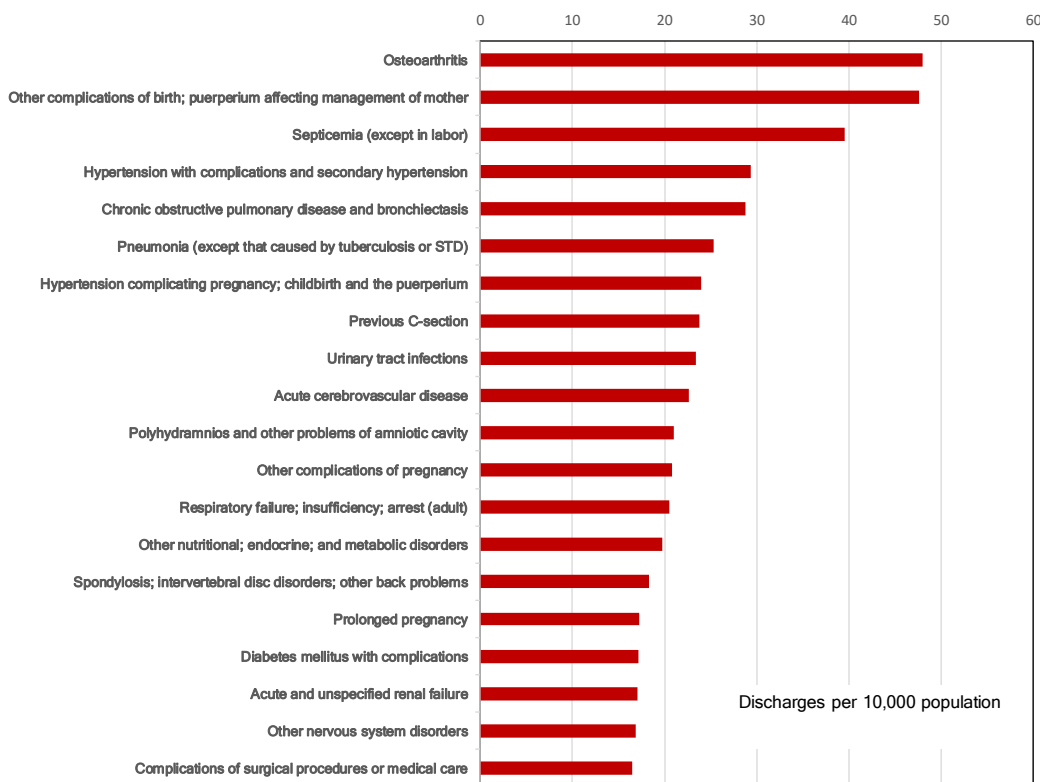


Note: Calculations based on total population.

*Excluding liveborn infants.

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

D2. Annual Hospitalization Rates for the 20 Most Frequent Diagnoses* of Female Residents, Delaware, 2017



Note: Calculations based on total population.

*Excluding liveborn infants.

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

APPENDIX E

E1. Number and Percentage of Conditions with the 10 Highest Total Charges, Delaware Hospitals, 2017

Rank	CCS Principal Diagnoses	Total Billed Charges	% of Total Charges	Number of Discharges
1	Septicemia (except in labor)	\$221,178,195	5.5%	4,164
2	Aspiration pneumonitis; food/vomitus	\$181,860,392	4.5%	627
3	Osteoarthritis	\$168,902,544	4.2%	4,516
4	Respiratory failure; insufficiency; arrest (adult)	\$166,594,696	4.2%	2,089
5	Abdominal hernia	\$120,945,870	3.0%	612
6	Spondylosis; intervertebral disc disorders; other back problems	\$119,642,585	3.0%	1,947
7	Liveborn	\$113,859,310	2.8%	11,036
8	Acute myocardial infarction	\$110,591,996	2.8%	1,849
9	Complication of device; implant or graft	\$104,677,671	2.6%	1,822
10	Acute cerebrovascular disease	\$100,833,341	2.5%	2,525
Total for 10 most expensive conditions		\$1,409,086,601	35.1%	31,187
Total aggregate charges for all discharges		\$4,009,316,644	100.0%	112,411

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

E2. Number and Percentage of Discharges with Highest Mean Charges, Delaware Hospitals, 2017

CCS Principal Diagnoses	Number Discharges			% of Total Discharges			Mean Charges		
	2007	2012	2017	2007	2012	2017	2007	2012	2017
Total All Discharges	117,247	110,427	112,411	100.0%	100.0%	100.0%	\$19,519	\$25,745	\$35,667
Cardiac and circulatory congenital anomalies	317	240	219	0.3%	0.2%	0.2%	\$116,316	\$306,848	\$365,709
Aspiration pneumonitis; food/vomitus	556	654	627	0.5%	0.6%	0.6%	\$29,143	\$36,040	\$290,048
Short gestation; low birth weight; and fetal	78	44	47	0.1%	0.0%	0.0%	\$54,214	\$70,327	\$275,732
Abdominal hernia	820	741	612	0.7%	0.7%	0.5%	\$22,734	\$30,986	\$197,624
Coma; stupor; and brain damage	48	50	24	0.0%	0.0%	0.0%	\$33,207	\$68,637	\$196,188
Respiratory distress syndrome	36	39	23	0.0%	0.0%	0.0%	\$73,936	\$69,133	\$195,918
Leukemias	104	173	107	0.1%	0.2%	0.1%	\$122,112	\$124,352	\$184,594
Other congenital anomalies	311	214	162	0.3%	0.2%	0.1%	\$56,418	\$78,343	\$184,541
Medical examination/evaluation	19	24	1	0.0%	0.0%	0.0%	\$5,889	\$32,960	\$172,529
Intrauterine hypoxia and birth asphyxia	6	14	22	0.0%	0.0%	0.0%	\$34,922	\$199,853	\$165,872

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

E3. Number, Percentage and Mean Charges for the Highest Volume of Hospital Discharges, Delaware, 2017

CCS Principal Diagnoses	Number Discharges			% of Total Discharges			Mean Charges		
	2007	2012	2017	2007	2012	2017	2007	2012	2017
Total All Discharges	117,247	110,427	112,411	100.0%	100.0%	100.0%	\$19,519	\$25,745	\$35,667
Liveborn	12,213	11,124	11,036	10.4%	10.1%	9.8%	\$5,144	\$7,550	\$10,317
Osteoarthritis	2,724	3,153	4,516	2.3%	2.9%	4.0%	\$29,005	\$34,025	\$37,401
Septicemia (except in labor)	1,846	2,884	4,164	1.6%	2.6%	3.7%	\$38,923	\$44,717	\$53,117
Hypertension with complications and secondary hypertension	608	560	3,257	0.5%	0.5%	2.9%	\$21,320	\$25,940	\$28,298
Pneumonia (except that caused by tuberculosis or STD)	3,227	3,488	2,701	2.8%	3.2%	2.4%	\$18,876	\$23,888	\$27,795
Chronic obstructive pulmonary disease and bronchiectasis	1,773	2,063	2,668	1.5%	1.9%	2.4%	\$14,379	\$17,263	\$21,292
Acute cerebrovascular disease	1,713	1,965	2,525	1.5%	1.8%	2.2%	\$23,468	\$33,729	\$39,934
Other complications of birth; puerperium affecting	1,961	1,616	2,477	1.7%	1.5%	2.2%	\$7,360	\$9,884	\$8,924
Diabetes mellitus with complications	1,591	1,859	2,150	1.4%	1.7%	1.9%	\$17,971	\$20,725	\$28,876
Respiratory failure; insufficiency; arrest (adult)	1,555	1,296	2,089	1.3%	1.2%	1.9%	\$47,900	\$61,080	\$79,749

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

2017 Delaware Hospitalizations

F1. Number and Percentage of Top 10 Most Frequent Diagnoses for Medicare, Delaware Hospitals, 2017

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Medicare</i>
Septicemia (except in labor)	2,711	6.1%
Osteoarthritis	2,501	5.6%
Hypertension with complications and secondary hypertension	2,274	5.1%
Chronic obstructive pulmonary disease and bronchiectasis	1,776	4.0%
Acute cerebrovascular disease	1,547	3.5%
Pneumonia (except that caused by tuberculosis or STD)	1,539	3.5%
Acute and unspecified renal failure	1,244	2.8%
Cardiac dysrhythmias	1,231	2.8%
Respiratory failure; insufficiency; arrest (adult)	1,201	2.7%
Urinary tract infections	1,169	2.6%

F2. Number and Percentage of Top 10 Most Frequent Diagnoses for Medicaid, Delaware Hospitals, 2017

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Medicaid</i>
Liveborn	4,233	19.2%
Other complications of birth; puerperium affecting management of mother	917	4.2%
Asthma	566	2.6%
Septicemia (except in labor)	539	2.4%
Diabetes mellitus with complications	536	2.4%
Acute bronchitis	535	2.4%
Alcohol-related disorders	459	2.1%
Previous C-section	428	1.9%
Other complications of pregnancy	404	1.8%
Pneumonia (except that caused by tuberculosis or STD)	382	1.7%

F3. Number and Percentage of Top 10 Most Frequent Diagnoses for Privately Insured, Delaware Hospitals, 2017

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Private Insurers</i>
Liveborn	6,173	15.6%
Osteoarthritis	1,648	4.2%
Other complications of birth; puerperium affecting management of mother	1,390	3.5%
Other nutritional; endocrine; and metabolic disorders	898	2.3%
Hypertension complicating pregnancy; childbirth and the puerperium	833	2.1%
Spondylosis; intervertebral disc disorders; other back problems	787	2.0%
Previous C-section	742	1.9%
Polyhydramnios and other problems of amniotic cavity	718	1.8%
Septicemia (except in labor)	712	1.8%
Diabetes mellitus with complications	698	1.8%

F4. Number and Percentage of Top 10 Most Frequent Diagnoses for Uninsured, Delaware Hospitals, 2017

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Uninsured Patients</i>
Liveborn	293	16.0%
Skin and subcutaneous tissue infections	65	3.6%
Acute myocardial infarction	65	3.6%
Septicemia (except in labor)	63	3.4%
Alcohol-related disorders	60	3.3%
Diabetes mellitus with complications	58	3.2%
Acute cerebrovascular disease	53	2.9%
Hypertension with complications and secondary hypertension	51	2.8%
Pancreatic disorders (not diabetes)	47	2.6%
Biliary tract disease	38	2.1%

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

APPENDIX G

G1. Conditions with the Highest Number of In-Hospital Deaths by Age Group¹, Delaware Hospitals, 2017

Diagnosis	Age Group in Years					TOTAL
	Under 1	0-17	18-44	45-64	65+	
Septicemia (except in labor)	1	1	15	112	295	424
Respiratory failure; insufficiency; arrest (adult)	1	4	1	32	113	151
Acute cerebrovascular disease	0	0	7	40	95	142
Acute myocardial infarction	0	0	4	24	54	82
Other aftercare	0	0	2	12	61	75
Cardiac arrest and ventricular fibrillation	2	0	8	21	30	61
Intracranial injury	1	1	18	7	27	54
Hypertension with complications and secondary hypertension	0	0	3	6	44	53
Liveborn	41	0	0	0	0	41
Acute and unspecified renal failure	0	0	0	4	34	38
Pneumonia (except that caused by tuberculosis or STD)	0	0	0	5	29	34
Substance-related disorders	0	0	24	10	0	34
Congestive heart failure; nonhypertensive	0	2	2	3	25	32
Complications of surgical procedures or medical care	0	0	0	10	16	26
Secondary malignancies	0	0	0	13	9	22
Pulmonary heart disease	0	0	3	9	5	17
Other nervous system disorders	0	1	0	4	10	15
Coma; stupor; and brain damage	0	2	3	3	6	14
Poisoning by other medications and drugs	0	0	9	3	0	12
Cardiac and circulatory congenital anomalies	7	3	0	1	0	11
Chronic ulcer of skin	0	1	0	3	3	7
Diseases of white blood cells	0	1	0	0	3	4
Meningitis (except that caused by tuberculosis or STD)	1	1	1	0	1	4
Other perinatal conditions	4	0	0	0	0	4
Spinal cord injury	0	1	0	0	1	2
Intrauterine hypoxia and birth asphyxia	1	0	0	0	0	1
Other congenital anomalies	1	0	0	0	0	1
Short gestation; low birth weight; and fetal growth retardation	1	0	0	0	0	1
All Discharges to Death	65	20	126	463	1,256	1,930

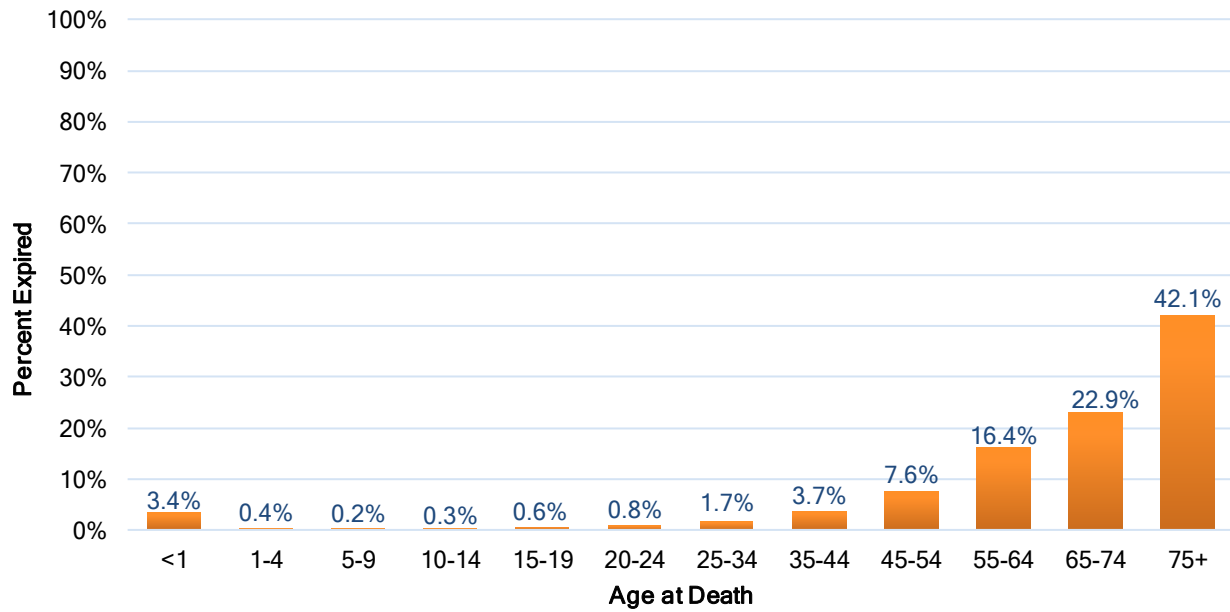
Notes:

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

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

APPENDIX H

H1. Percentage of Patients who Died while Hospitalized by Age Group, Delaware Hospitals, 2017



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

APPENDIX I

11. Number of Discharges by ZIP Code and Delaware Hospital, 2017

ZIP CODE	A I DUPONT HOSPITAL	BAYHEALTH MEDICAL CENTER	BEEBE MEDICAL CENTER	CHRISTIANA CARE HEALTH SYSTEM	NANTICOKE MEMORIAL HOSPITAL	SAINTE FRANCIS HOSPITAL	SELECT MEDICAL WILIMINGTON
19701	258	21	*	3,332	*	135	*
19702	352	13	*	4,102	0	188	12
19703	129	*	*	1,079	0	267	*
19706	*	*	0	244	*	*	0
19707	56	0	*	1,140	0	73	*
19708	0	0	0	11	0	0	0
19709	253	130	*	2,853	0	68	*
19710	*	0	0	*	0	0	0
19711	177	13	*	3,205	*	133	13
19712	0	0	0	*	0	0	0
19713	222	11	*	3,156	0	104	*
19714	*	0	0	42	0	*	0
19715	0	0	0	*	0	0	0
19717	0	0	0	*	0	0	0
19718	0	0	0	58	0	0	0
19720	444	23	11	5,821	0	515	19
19721	0	0	*	0	0	0	0
19730	*	*	0	68	0	0	0
19731	0	0	0	24	0	0	0
19732	0	0	0	19	0	*	0
19733	0	0	0	21	0	0	*
19734	54	140	*	862	*	20	*
19735	0	0	0	*	0	0	0
19736	0	0	0	13	0	0	0
19801	176	10	0	1,978	0	515	*
19802	308	11	0	2,700	0	475	*
19803	113	0	*	1,627	0	238	*
19804	138	*	*	1,857	0	235	10
19805	482	13	*	3,469	0	1,338	20
19806	36	0	*	980	0	284	*
19807	19	0	*	529	0	48	*
19808	225	10	13	3,615	0	189	*
19809	115	*	*	1,253	0	165	*

APPENDIX I

ZIP CODE	A I DUPONT HOSPITAL	BAYHEALTH MEDICAL CENTER	BEEBE MEDICAL CENTER	CHRISTIANA CARE HEALTH SYSTEM	NANTICOKE MEMORIAL HOSPITAL	SAINT FRANCIS HOSPITAL	SELECT MEDICAL WILIMINGTON
19810	99	*	*	1,746	0	216	*
19850	0	0	0	30	0	*	0
19875	0	0	*	0	0	0	0
19899	*	0	0	23	0	*	0
19901	140	3,790	25	341	17	15	*
19902	*	12	0	*	0	0	0
19903	0	38	0	*	0	*	0
19904	122	3,438	20	410	19	15	*
19905	0	0	0	*	0	0	0
19907	0	0	0	0	0	*	0
19930	*	*	165	17	*	0	0
19931	*	0	*	*	*	0	0
19933	32	143	63	99	706	*	*
19934	61	1,193	20	109	13	*	*
19936	*	86	*	*	*	0	0
19938	43	558	*	298	*	13	*
19939	12	28	382	40	41	*	*
19940	*	14	25	16	205	*	*
19941	*	217	75	18	28	0	0
19943	36	1,258	29	139	13	*	*
19944	0	0	15	*	0	0	0
19945	19	37	338	37	68	*	*
19946	24	504	*	49	*	*	*
19947	79	305	1,080	154	699	*	*
19949	0	0	0	0	*	0	0
19950	36	373	73	84	227	*	*
19951	*	*	144	11	*	0	*
19952	58	1,044	37	110	28	*	*
19953	21	390	*	71	*	*	*
19954	*	171	10	21	*	0	0
19955	0	27	0	*	*	*	0
19956	62	78	129	129	1,101	0	*
19958	43	141	2,322	226	27	*	*
19960	44	488	119	55	41	*	*
19961	0	*	0	0	0	0	0
19962	74	1,096	16	123	*	*	*
19963	88	1,940	234	170	60	*	*

APPENDIX I

ZIP CODE	A I DUPONT HOSPITAL	BAYHEALTH MEDICAL CENTER	BEEBE MEDICAL CENTER	CHRISTIANA CARE HEALTH SYSTEM	NANTICOKE MEMORIAL HOSPITAL	SAINTE FRANCIS HOSPITAL	SELECT MEDICAL WILIMINGTON
19964	*	138	0	17	*	0	0
19966	79	192	2,745	212	276	*	17
19967	*	*	60	*	*	0	0
19968	41	229	930	109	33	0	*
19969	0	0	20	*	0	0	0
19970	*	17	556	49	13	*	*
19971	12	88	1,163	116	*	*	*
19973	98	194	161	238	2,152	*	*
19975	21	16	244	27	46	0	*
19977	104	1,533	*	899	*	20	*
19979	*	72	*	*	0	*	0
19980	*	25	0	*	0	0	0
MD	429	457	214	3,241	462	80	73
NJ	775	29	30	1,467	*	45	16
Other State	148	131	172	363	44	31	*
PA	2,826	57	171	2,437	*	135	*
Unknown	12	0	*	48	*	*	0
Total	9,263	20,984	11,900	57,862	6,401	5,665	348

*Zip codes with less than 10 cases

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

J1. Selected Accident Events, Delaware Hospitals, 2017

Selected Accident Events, 2017	
	Number
Adverse effect of antineoplastic and immunosup drugs, init	322
Adverse effect of glucocort/synth analog, init	295
Fall same lev from slip/trip w/o strike against object, init	185
Unsp street and highway as place	154
Adverse effect of other opioids, initial encounter	150
Unspecified fall, initial encounter	136
Adverse effect of anticoagulants, initial encounter	110
Fall (on) (from) other stairs and steps, initial encounter	93
Activity, walking, marching and hiking	90
Advrs eff of crbnc-anhydr inhibtr, benzo/oth diuretc, init	84
Blood alcohol level of 240 mg/100 ml or more	80
Civilian activity done for income or pay	65
Adverse effect of unspecified narcotics, initial encounter	64
Prosth/oth implnt/mtrls orthopedic devices assoc w incdt	63
Adverse effect of other systemic antibiotics, init encntr	62
Car driver injured in collision w car in traf, init	59
Adverse effect of antineoplastic and immunosup drugs, subs	56
Fall (on) (from) unspecified stairs and steps, init encntr	55
Other fall on same level, initial encounter	54
Adverse effect of angiotens-convert-enzyme inhibitors, init	52
Fall on and from ladder, initial encounter	48
Fall on same level, unspecified, initial encounter	46
Fall same lev from slip/trip w strike agnst oth object, init	46
Adverse effect of beta-adrenoreceptor antagonists, init	46
Adverse effect of nonsteroidal anti-inflammatory drugs, init	45
Assault by unspecified firearm discharge, initial encounter	43
Adverse effect of sulfonamides, initial encounter	42
Implnt of artif int dev cause abn react/compl, w/o misadvnt	41
Adverse effect of insulin and oral hypoglycemic drugs, init	41
Adverse effect of antiepileptic and sed-hypntc drugs, init	40
Adverse effect of penicillins, initial encounter	40
Car driver injured in clsn with statnry object in traf, init	39
Adverse effect of cephalospor/oth beta-lactm antibiot, init	35
Adverse effect of loop diuretics, initial encounter	34
Blood alcohol level of 120-199 mg/100 ml	34
Fall from bed, initial encounter	31
Adverse effect of benzodiazepines, initial encounter	31
Adverse effect of other antihypertensive drugs, init encntr	30
Drug induced fever	30
Oth surgical procedures cause abn react/compl, w/o misadvnt	29
Adverse effect of antiasthmatics, initial encounter	28
Bedroom of single-family (private) house as place	28
Adverse effect of drug/meds/biol subst, init	27
Adverse effect of oth antipsychotics and neuroleptics, init	27
Adverse effect of unsp systemic antibiotic, init encntr	27

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

HOSPITAL LOCATION MAPS

Alfred I. duPont Hospital for Children



St. Francis Hospital



**Wilmington Hospital
Christiana Care Health System**



**Christiana Hospital
Christiana Care Health System**



**Kent General Hospital
Bayhealth Medical Center**



**Milford Memorial Hospital
BayHealth Medical Center**



Beebe Medical Center



Nanticoke Memorial Hospital



Select Specialty Hospital



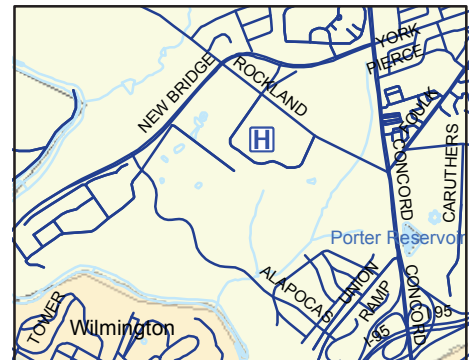
Alfred I. duPont Hospital for Children



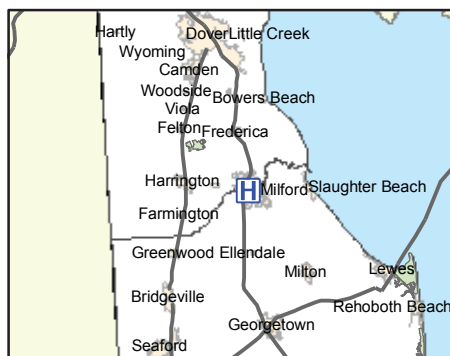
Contact Information:

1600 Rockland Rd
 Wilmington, DE 19899
 (302) 651-4000

[Website](#)



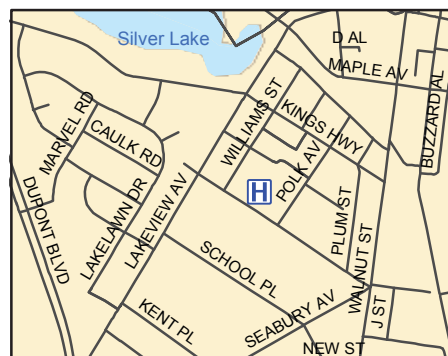
Milford Memorial Hospital BayHealth Medical Center



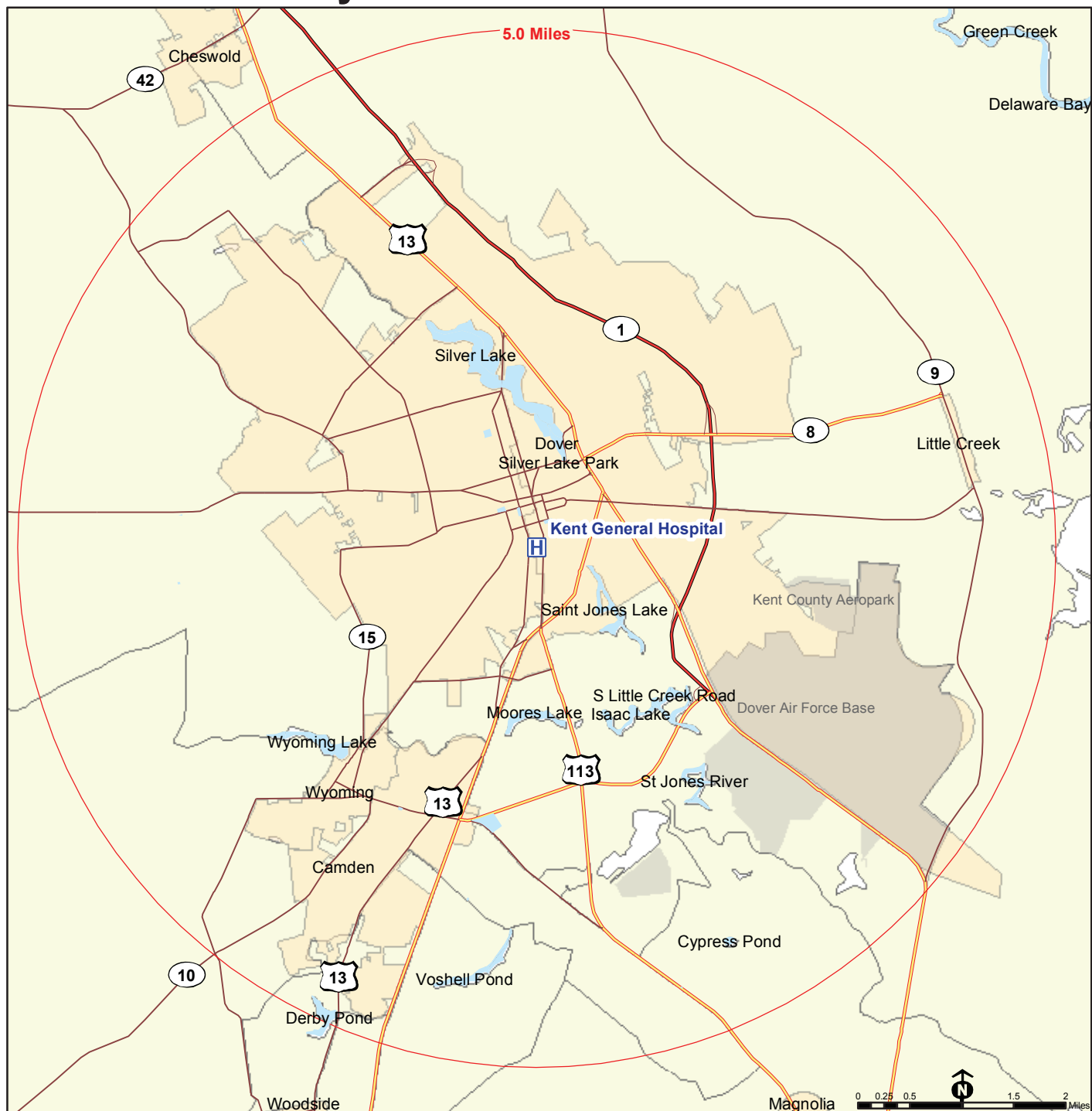
Contact Information:

21 West Clarke Avenue
Milford, DE 19963
(302) 422-3311

[Website](#)



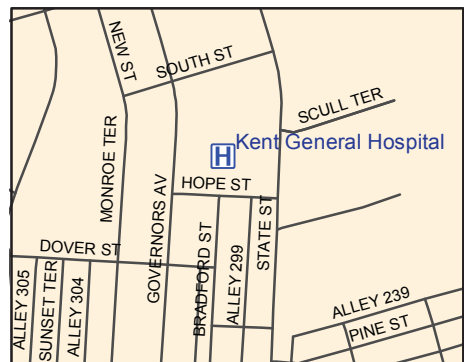
Kent General Hospital Bayhealth Medical Center



Contact Information:

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

[Website](#)



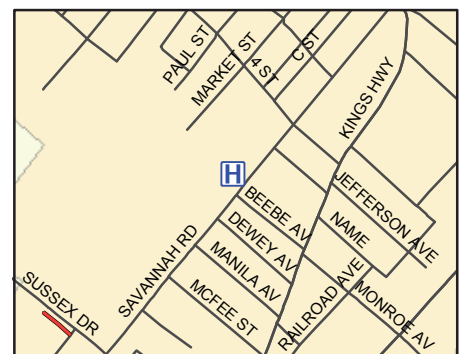
Beebe Medical Center



Contact Information:

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

[Website](#)



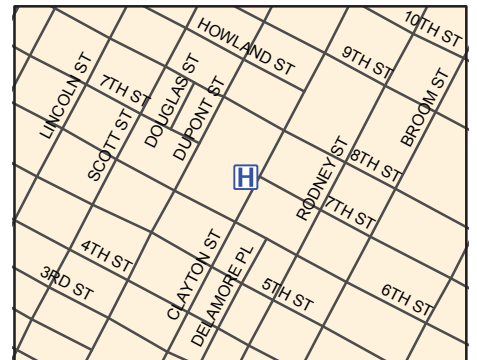
St. Francis Hospital



Contact Information:

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

[Website](#)



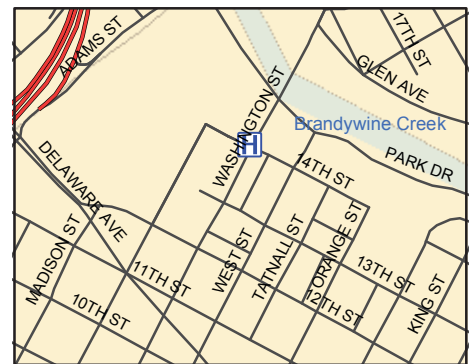
Wilmington Hospital Christiana Care Health System



Contact Information:

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

[Website](#)



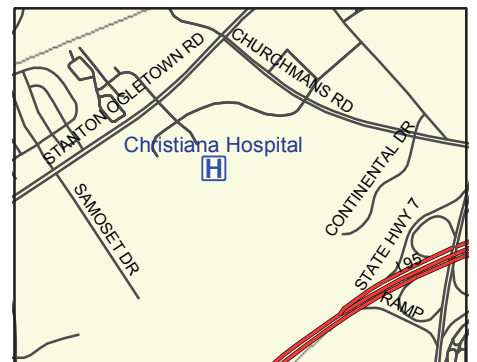
Christiana Hospital Christiana Care Health System



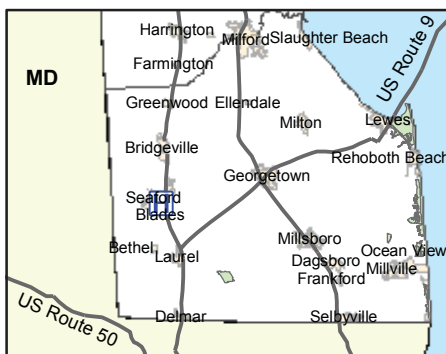
Contact Information:

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

[Website](#)



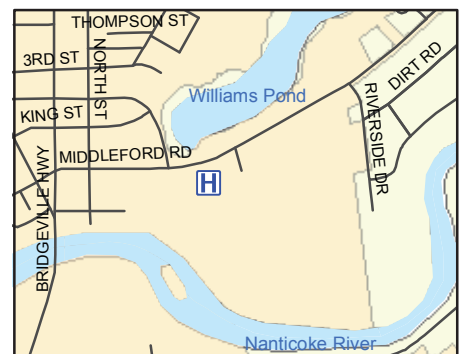
Nanticoke Memorial Hospital



Contact Information:

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

[Website](#)



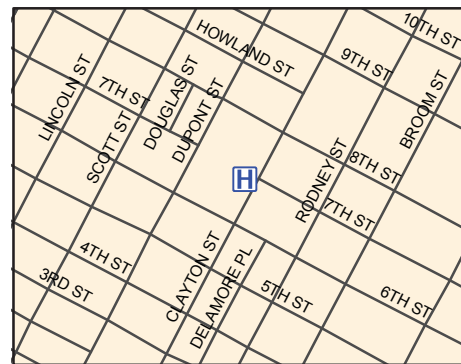
Select Specialty Hospital



Contact Information:

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

[Website](#)



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 2015 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

- R₁ = first rate
- R₂ = second rate
- N₁ = first number of discharges
- N₂ = 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.

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

where

- N₁ = first denominator
- N₂ = second denominator

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

- p₁=the first percent
- p₂=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 2017 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 <https://www.ahrq.gov/research/data/hcup/index.html>.

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.

Ecodes - Indicate the external causes of injuries and poisonings as well as the adverse effects of drugs and substances. They are intended to provide data for injury research and evaluation of injury prevention strategies. These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred, the activity of the patient at the time of the event, and the person's status (e.g. civilian, military).

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.

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- 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.
- 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, Tenth Revision, Clinical Modification (ICD-10-CM) - The ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States. It provides a level of detail that is necessary for diagnostic specificity and morbidity classification in the U.S. Like its predecessor ICD-9-CM, ICD-10-CM is based on the International Classification of Diseases, which is published by the World Health Organization (WHO) and which uses unique alphanumeric codes to identify known diseases and other health problems. According to WHO, physicians, coders, health information managers, nurses and other healthcare professionals also use ICD-10-CM to assist them in the storage and retrieval of diagnostic information. ICD records are also used in the compilation of national mortality and morbidity statistics. All Health Insurance Portability and Accountability Act (HIPAA)-covered entities must adhere to ICD-10-CM codes, as mandated by the U.S Department of Health and Human Services (HHS). More information can be found online at: <https://www.cdc.gov/nchs/icd/icd10cm.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 those with intellectual disabilities.

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 (OB) - 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. The Procedure Classes Refined for ICD-10-PCS is updated annually to coincide with fiscal year updates to the ICD-10-PCS coding system and retains procedure codes valid from the start of ICD-10-PCS in October 2015. More information can be found at: https://www.hcup-us.ahrq.gov/toolssoftware/procedureicd10/procedure_icd10.jsp.

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

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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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