
DELAWARE HOSPITAL
DISCHARGE SUMMARY
REPORT ♦ 2018

Issued June 2022



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Acknowledgments

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

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EXECUTIVE SUMMARY

This report describes:

Patient Characteristics

- Most Frequent Reason for Hospitalizations
- Patient Admission Source

Hospital Charges and Billing Patterns

Patient Discharge Status

Patient Distribution

Data in this report will present 2018 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 2017 to 2018 increasing from 112,423 in 2017 to 112,898 in 2018. Total aggregate charges decreased by 0.8 percent between 2017 and 2018. (see page 20).
- Women accounted for 56.1 percent of all discharges compared to 43.9 percent for men. In the 25 to 34 year age group, four out of every five discharges were women.
- Inpatient hospitalizations in 2018 generated total charges of \$3.98 billion; 47.4 percent of that total (\$1.88 billion) was billed to Medicare.
- In 2018, the average length of stay (ALOS) was 5.2 days and the mean charge for a hospitalization was \$35,236.
- The most frequent reasons for hospitalization included hypertension with complications and secondary hypertension, septicemia (except in labor), osteoarthritis, pneumonia (except that caused by tuberculosis or std), and acute cerebrovascular disease.
- The point of origin for 23.6 percent of hospitalizations was a clinic or physician's office.
- Non-residents accounted for 12.2 percent of all discharges from Delaware hospitals, most of whom came from Pennsylvania, Maryland, and New Jersey.

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

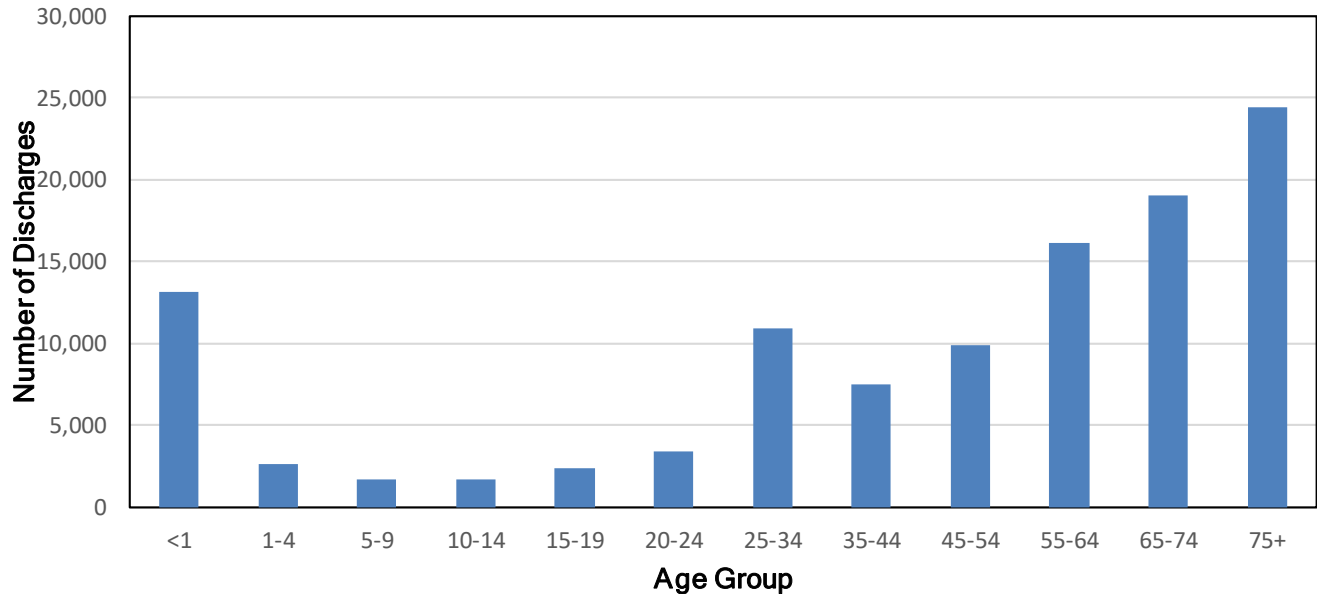
EXECUTIVE SUMMARY

- Hospital stays for previous C-sections represented 11.7 percent of pregnancy related discharges compared to 3.7 percent for normal deliveries.
- The average length of stay for premature and low birth weight babies was 31.9 days compared to 3.9 days for all deliveries.
- Around two-thirds of patients underwent a procedure while hospitalized; 25.0 percent had only one procedure, 12.4 had two procedures, and 19.7 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; 73.1 percent of uninsured patients and 78.1 percent of Medicare patients were classified as emergency/trauma at admission in 2018.
- Medicare and private insurers were the primary payers at 43.3 and 27.7 percent, respectively, of all hospital discharges in 2018. Medicaid was the primary payer in 24.8 percent of all hospital stays, and uninsured hospitalizations accounted for 0.9 percent of the total stays. The remaining 3.2 percent of hospitalizations were covered by other specified or unknown programs.

PATIENT CHARACTERISTICS

Patients under one year old accounted for 11.7 percent of all discharges in 2018; the majority of these discharges were infants hospitalized by virtue of being born in the hospital. Patients 65 and older were responsible for 38.5 percent of all discharges in 2018.

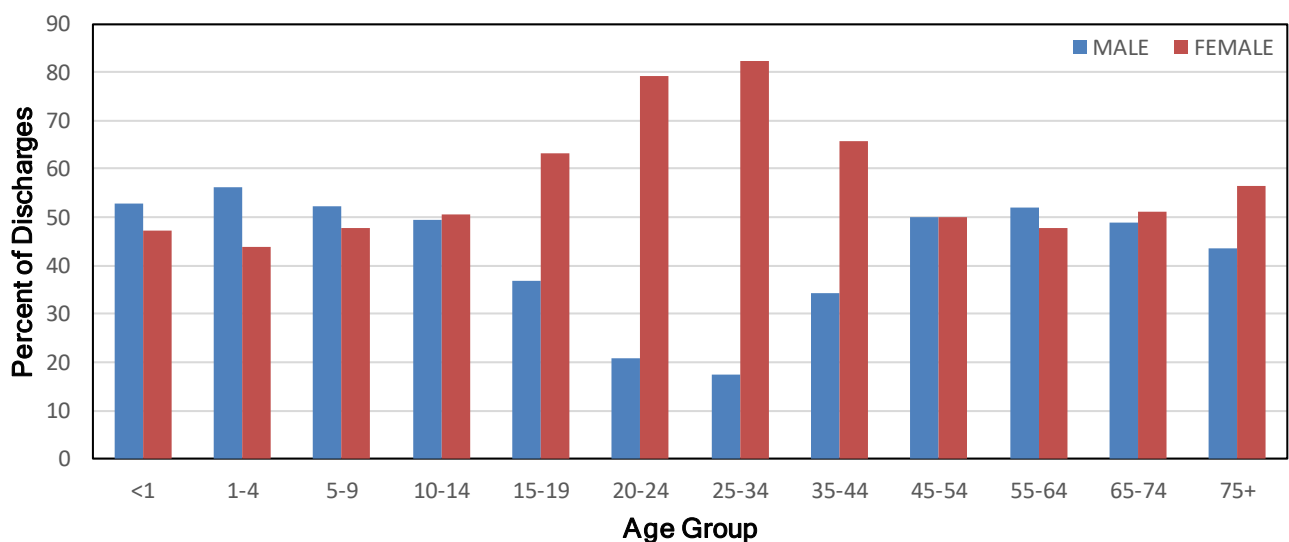
Figure 1. Number of Hospital Discharges by Age Group, Delaware Hospitals, 2018



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 2018, 56.1 percent of total discharges were women.

Figure 2. Percentage of Discharges by Sex and Age Group, Delaware Hospitals, 2018

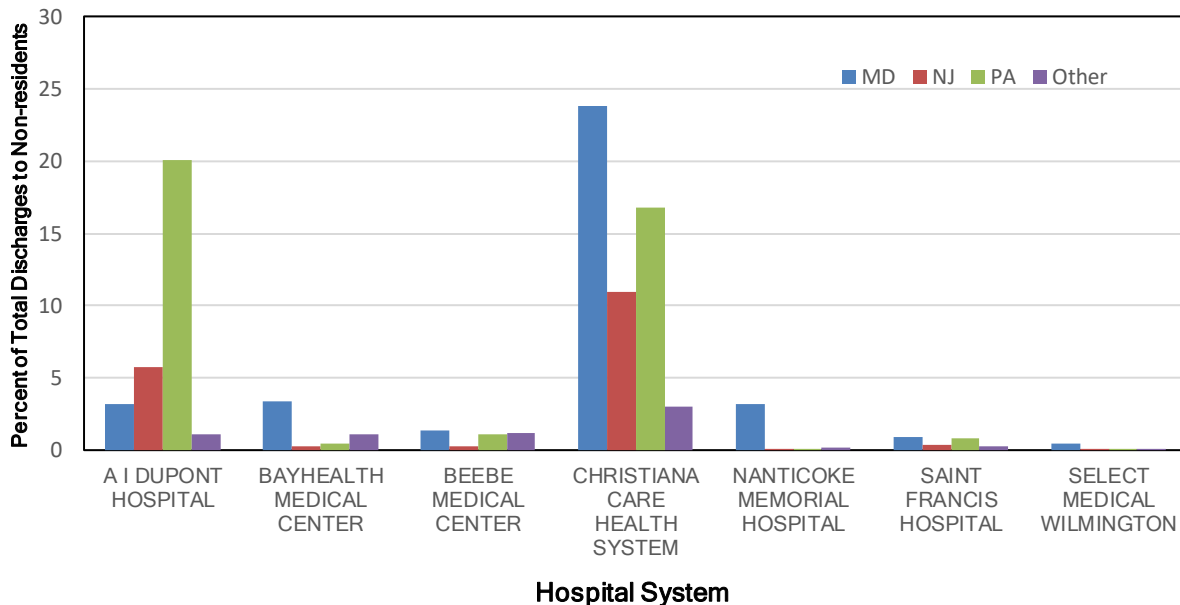


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

PATIENT CHARACTERISTICS

Non-residents accounted for 12.2 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 (44.8 percent).

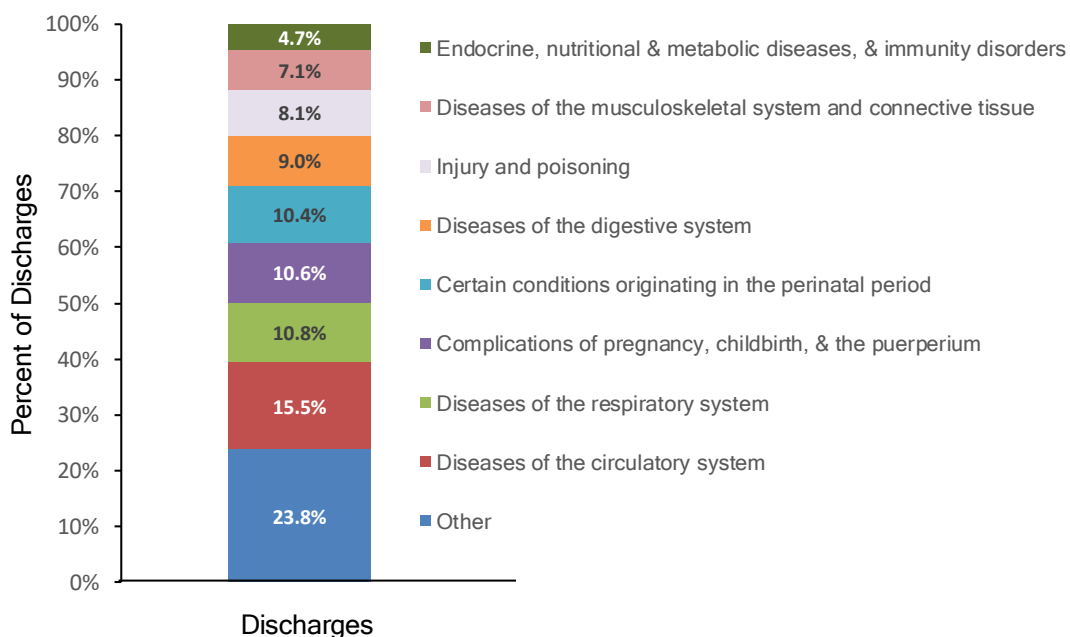
Figure 3. Percentage of Non-Resident Discharges by State, Delaware Hospitals, 2018



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

Hospital admissions increased slightly between 2016 and 2018. Total admissions rose 0.7 percent moving from 112,120 in 2016 to 112,898 in 2018. The two hospitals with the greatest percent change were Bayhealth Medical Center, which increased 8.0 percent; and Saint Francis Hospital, which increased 12.8 percent.

Figure 13. Percentage of Resident Hospital Discharges by Body System, Delaware, 2018

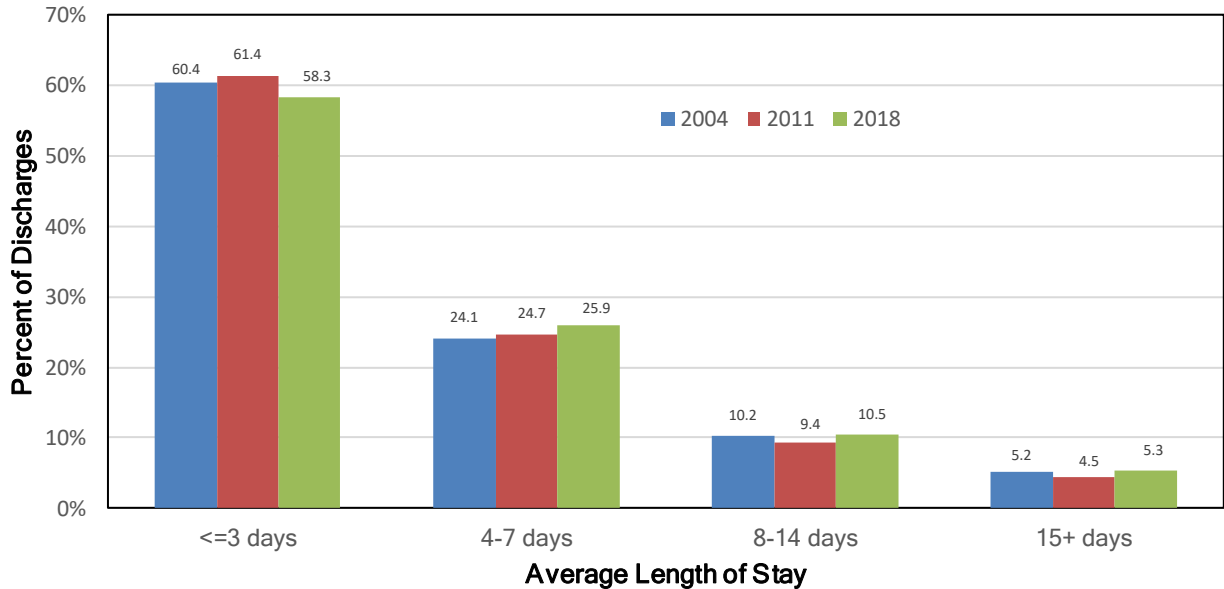


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

PATIENT CHARACTERISTICS

Average length of stay (ALOS) increased from 5.0 to 5.2 days between 2004 and 2018. There was a 7.3 percent increase in patients staying four to seven days that was balanced by a 3.5 percent decrease in patients staying three days or less between 2004 and 2018. In 2018, 58.3 percent of patients stayed three or fewer days in the hospital.

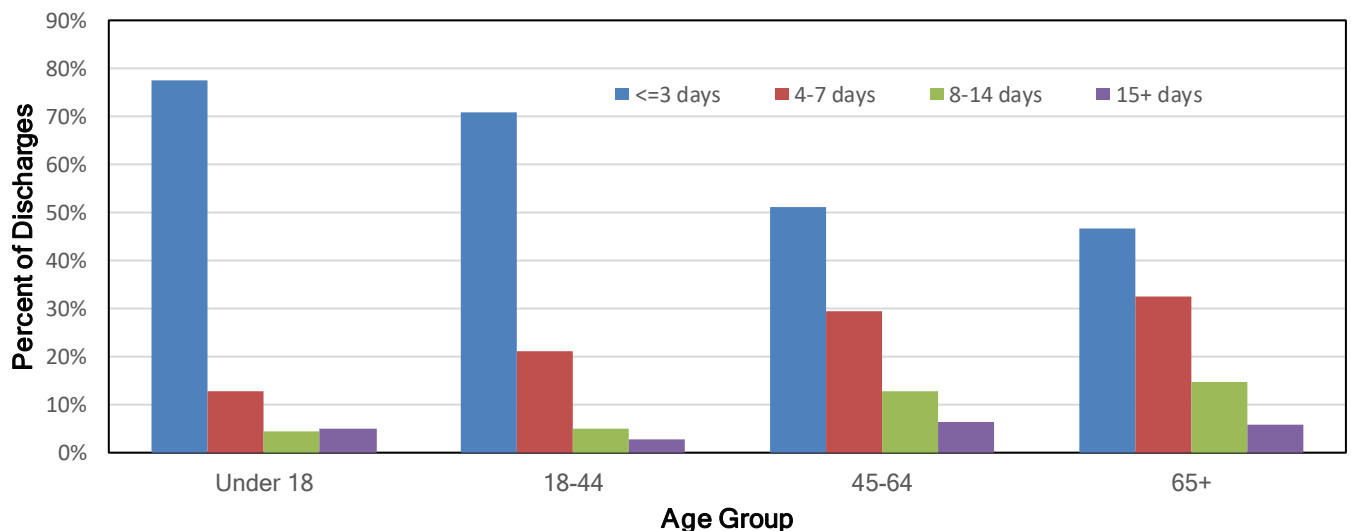
Figure 5. Percentage of Hospital Discharges by Average Length of Stay, Delaware, Selected Years 2004, 2011, and 2018



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 2018, 77.7 percent of patients under 18 had hospital stays of three days or less, compared to 46.8 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, 2018



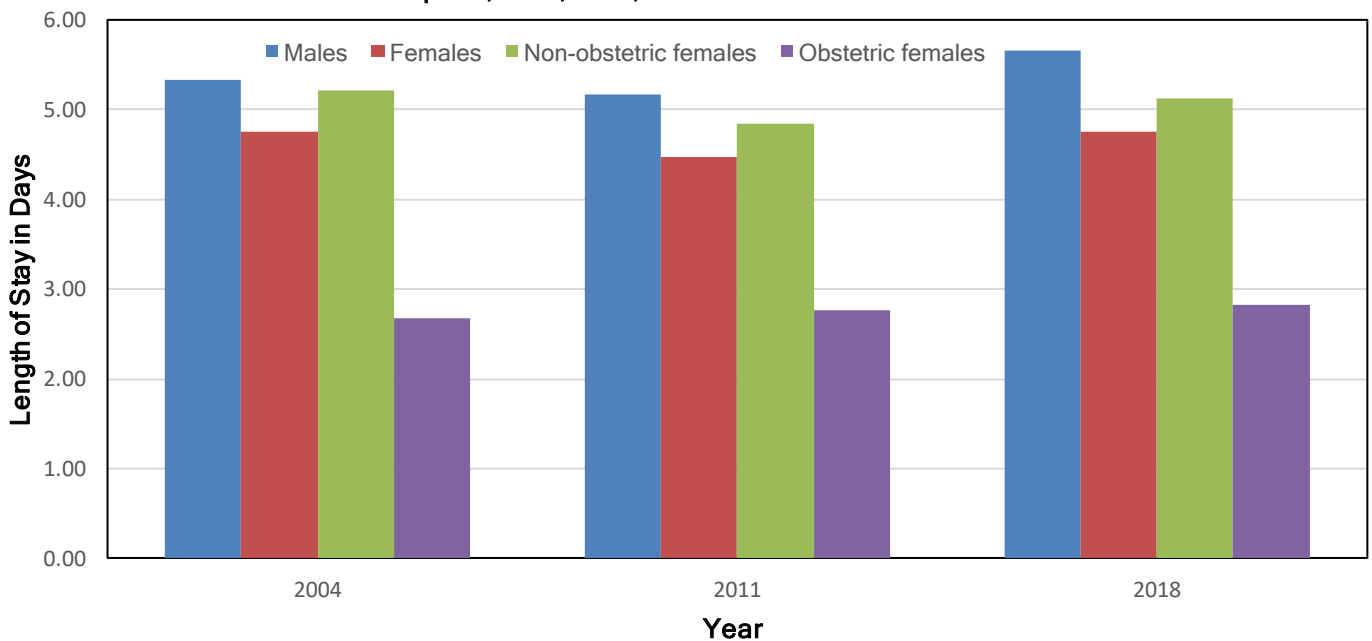
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

PATIENT CHARACTERISTICS

Gender:

Between 2004 and 2018, the average length of stay (ALOS) increased 6.1 percent for male patients and 0.2 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. During the period from 2004 to 2018 non-obstetrical female patients saw a decrease in length of stay of 1.4 percent while both obstetric females and males saw an increase in length of stay of around 6 percent.

Figure 7. Mean Length of Hospital Stay by Patient Type and Year, Delaware Hospitals, 2004, 2011, and 2018



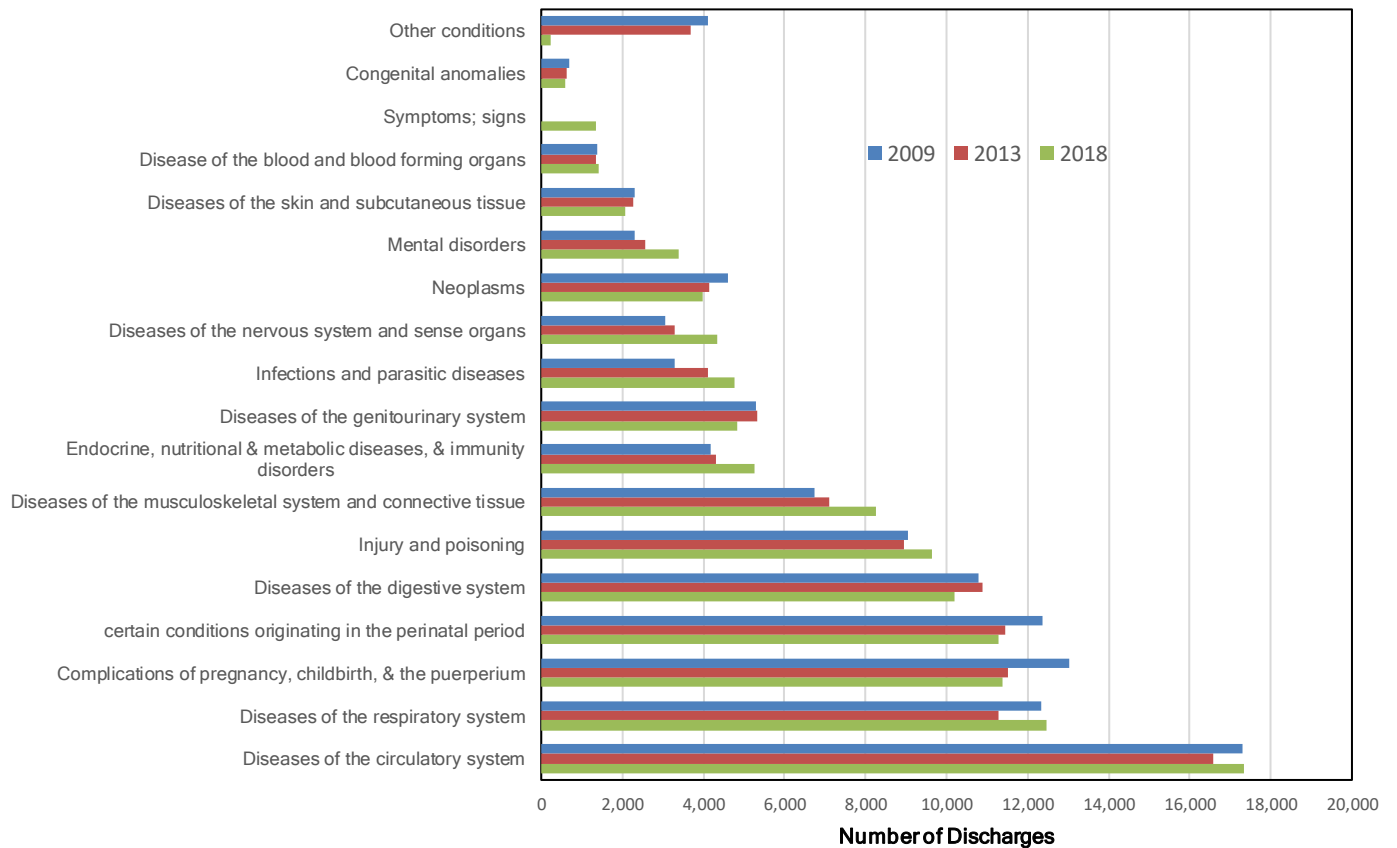
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

WHY PATIENTS WERE HOSPITALIZED

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

Diseases of the circulatory system accounted for 15.4 percent of the total discharges in 2018 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 11.0 percent of the total discharges. Complications of pregnancy, childbirth, & the puerperium comprised 10.1 percent of discharges, while another 10.0 percent of discharges were related to certain conditions originating in the perinatal period. Together these two diagnoses accounted for 20.1 percent of total discharges. The above four categories accounted for 46.5 percent of all hospitalizations.

Figure 8. Number of Hospital Discharges by Body System, Delaware, 2009, 2013, and 2018



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

The largest percent increase (47.5 percent) in hospitalizations from 2009 to 2018 occurred in mental disorders. Infections and parasitic diseases also demonstrated a large percentage increase (44.5 percent) from 2009 to 2018. At 42.5 percent, the third largest increase in hospitalizations was due to diseases of the nervous system and sense organs. Other conditions accounted for the largest decrease in hospitalizations (94.0 percent), followed by neoplasms (13.4 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, 2018

CCS Principal Diagnosis	MALE			FEMALE		
	#	%	Rank	#	%	Rank
<i>All diagnoses</i>	49,530	100		63,335	100	
Pregnancy & childbirth	---	---	---	11,387	18.0	1
Liveborn Infant	5,526	11.2	1	5,196	8.2	2
Hypertension with complications and secondary hypertension	2,310	4.7	2	2,058	3.2	5
Osteoarthritis	1,753	3.5	4	2,569	4.1	3
Septicemia (except in labor)	2,127	4.3	3	2,069	3.3	4
Pneumonia (except that caused by tuberculosis or STD)	1,433	2.9	5	1,568	2.5	6
Acute cerebrovascular disease	1,301	2.6	6	1,294	2.0	9
Chronic obstructive pulmonary disease and bronchiectasis	916	1.8	14	1,354	2.1	7
Diabetes mellitus with complications	1,239	2.5	7	957	1.5	15
Complication of device; implant or graft	1,104	2.2	9	912	1.4	17
Respiratory failure; insufficiency; arrest (adult)	980	2.0	11	1,023	1.6	11
Spondylosis; intervertebral disc disorders; other back problems	935	1.9	12	988	1.6	13
Urinary tract infections	596	1.2	23	1,308	2.1	8
Other nervous system disorders	881	1.8	16	987	1.6	14
Complications of surgical procedures or medical care	845	1.7	17	1,018	1.6	12

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, acute bronchitis, and epilepsy convulsions made up the top three diagnoses.
- For those ages 18-44, most 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 septicemia became the three most common reasons for hospitalization.
- For those ages 45-64, osteoarthritis, septicemia (except in labor), and hypertension with complications and secondary hypertension, comprised the top three diagnoses.
- For those over 65, hypertension with complications and secondary hypertension, osteoarthritis, and septicemia (except in labor) were the top three diagnoses.

Though the most common reasons for hospitalization differed by age, pneumonia appeared in the 10 most frequent diagnoses for nearly all five age groups. Hypertension with complications and secondary hypertension was the single most frequent reason for hospitalization followed by osteoarthritis.

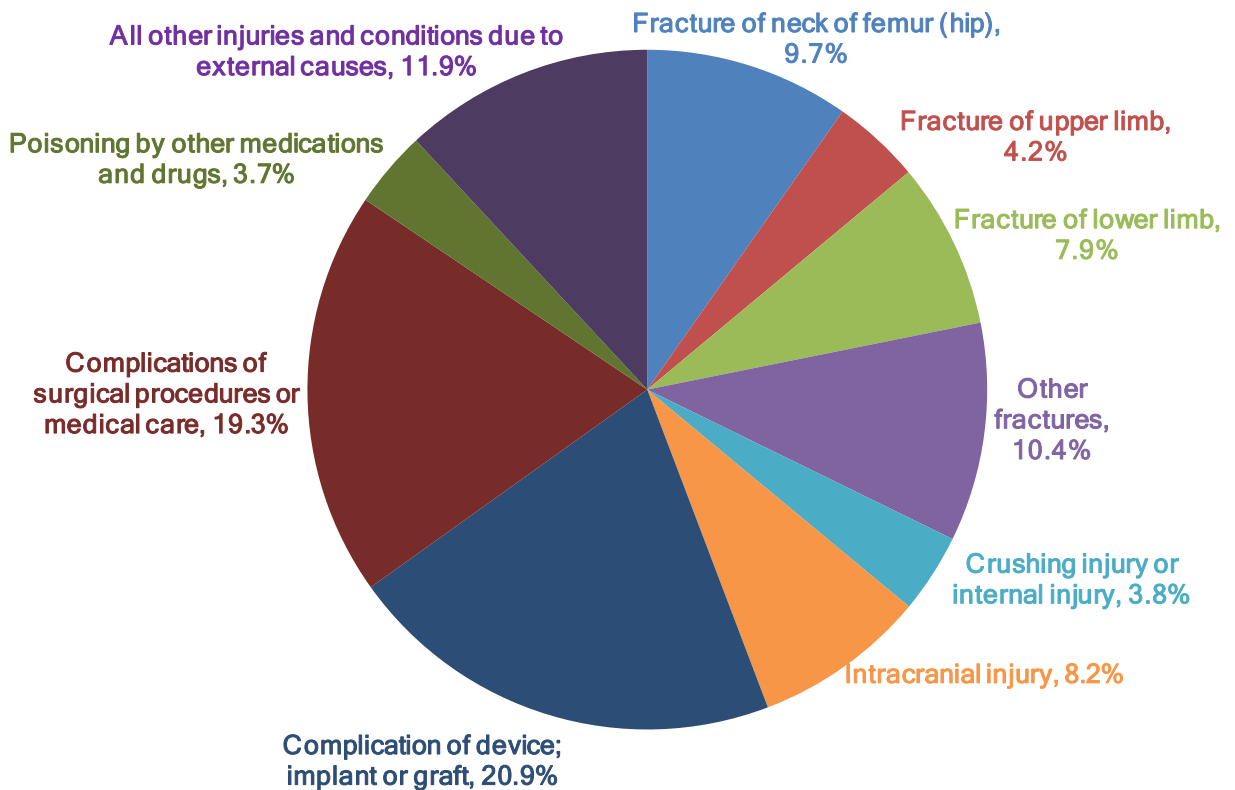
WHY PATIENTS WERE HOSPITALIZED - INJURIES

Injury hospitalizations:

Injury hospitalizations accounted for 8.5 percent of the total number of discharges and \$420 million in aggregate charges in 2018. The majority of patients were admitted through the emergency department, and the average charge for an injury stay ranged from \$19,458 for superficial injury; contusion to \$91,068 for joint disorders and dislocations; trauma-related, with an overall average charge of \$43,565 (see Appendix A).

The most common primary diagnosis for an injury hospitalization in 2018 was complication of device; implant or graft, which accounted for 20.9 percent of injury hospitalizations. Complications of surgical procedures or medical care were responsible for another 19.3 percent of injury hospitalizations, followed by other fractures (10.4 percent), fracture of neck of femur (hip) (9.7 percent), and intracranial injury (8.2 percent).

Figure 9. Percentage of the Most Frequent Accident Related Injury Diagnoses, Delaware Hospitals, 2018



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

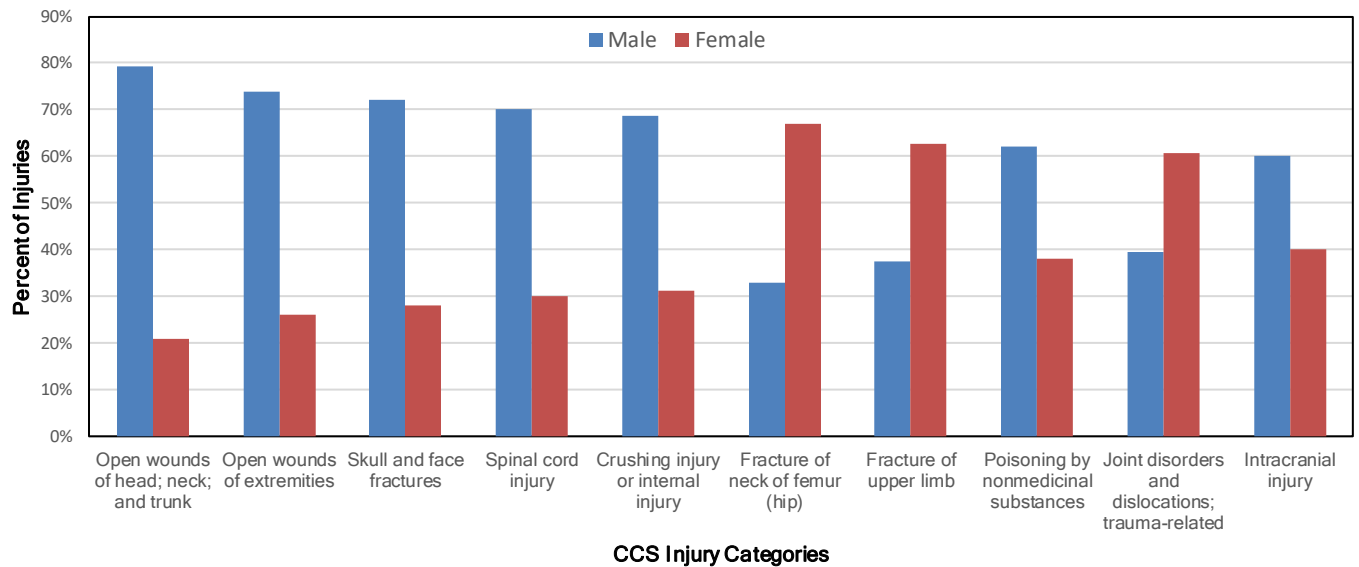
Falls were the most frequently specified external cause of injury (as defined by the Ecode listed on the discharge record). The most frequently occurring injury resulting from a fall was a hip fracture (22.3 percent), followed by other fractures (21.9 percent) and fracture of lower limb (18.0 percent). Adverse effects of medical care were the second most frequently specified external cause of injury. The most frequently occurring injury resulting from adverse effects of medical care were complication of device; implant or graft (71.8 percent) and complications of surgical procedures or medical care (26.6 percent). Motor vehicle accidents were the third 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 fracture of lower limb (18.0 percent) and intracranial injury (14.4 percent). Firearms accounted for 0.4 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 fractures of upper limb, joint disorders and dislocations; trauma-related, and complications of surgical procedures or medical care. Men were more likely to have been hospitalized for open wounds of head, neck, and trunk, open wounds of extremities, skull and face fractures, open wounds of extremities, skull and face fractures, and spinal cord injuries.

Figure 10. Percentage of Selected Primary Injury Diagnoses by Gender, Delaware Hospitals, 2018



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 2018, 57.1 percent of discharges had at least one associated procedure. Of the 64,500 hospital stays with an accompanying procedure, 43.8 percent had only a principal procedure performed; the remaining 56.2 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 respiratory intubation and mechanical ventilation; other procedures to assist delivery, diagnostic cardiac catheterization; coronary arteriography, and other vascular catheterization; not heart.

Table 2. Number of Most Frequent All-listed Inpatient Procedures, Delaware Hospitals, 2018

CCS Procedure	# of All -listed Procedures			% of Discharges with a Procedure
	MALE	FEMALE	Total	
Respiratory intubation and mechanical ventilation	5,937	5,186	11,123	7.6
Other procedures to assist delivery	0	6,926	6,926	4.7
Diagnostic cardiac catheterization; coronary arteriography	4,254	2,507	6,761	4.6
Other vascular catheterization; not heart	3,127	3,087	6,214	4.2
Other therapeutic procedures	964	3,570	4,534	3.1
Circumcision	4,217	0	4,217	2.9
Upper gastrointestinal endoscopy; biopsy	1,731	1,948	3,679	2.5
Spinal fusion	1,704	1,906	3,610	2.5
Cesarean section	0	3,361	3,361	2.3
Other therapeutic procedures on muscles and tendons	821	2,475	3,296	2.2
Other OR procedures on vessels other than head and neck	1,921	1,265	3,186	2.2
Other non-OR therapeutic procedures; female organs	0	3,059	3,059	2.1
Artificial rupture of membranes to assist delivery	0	2,950	2,950	2.0
Arthroplasty knee	1,108	1,823	2,931	2.0
Blood transfusion	1,420	1,367	2,787	1.9

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.

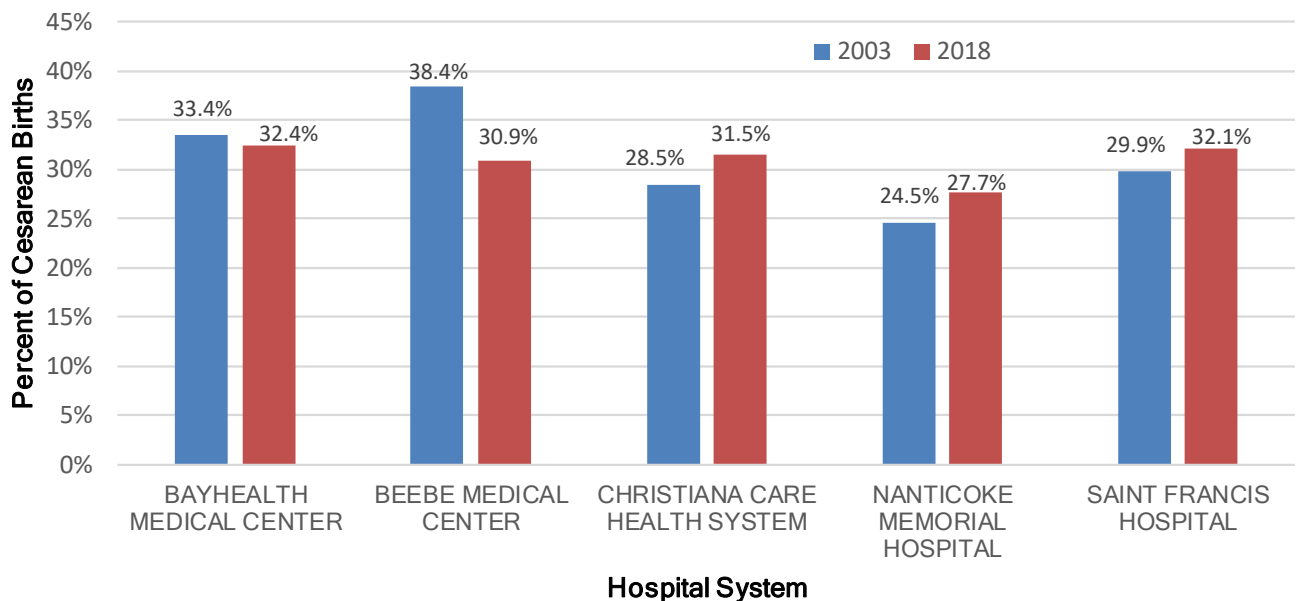
Males most frequently underwent respiratory intubation and mechanical ventilation, diagnostic cardiac catheterization; coronary arteriography; and circumcision. Females most frequently underwent other procedures to assist delivery, respiratory intubation and mechanical ventilation, and other therapeutic procedures.

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 2018 cesarean deliveries accounted for 31.3 percent of all births. Nanticoke Memorial Hospital and Christiana Care Health System showed the greatest increases between 2003 and 2018, rising 12.9 percent and 10.6 percent respectively. In 2018, Bayhealth Medical Center and Saint Francis Hospital had the highest rates, with 32.4 and 32.1 percent of all births being delivered by cesareans. Nanticoke Memorial Hospital had the lowest percentage of births delivered by cesarean (27.7 percent).

Figure 11. Percentage of Annual Cesarean Delivery Rates by Delaware Hospital, 2003 and 2018



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

Gender:

In 2018, 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, respiratory intubation and mechanical ventilation accounted for 9.1 percent of the total procedures, followed by diagnostic cardiac catheterization; coronary arteriography (6.6 percent), and circumcision (6.5 percent).

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

- respiratory intubation and mechanical ventilation
- diagnostic cardiac catheterization; coronary arteriography spinal fusion
- upper gastrointestinal endoscopy; biopsy
- other vascular catheterization; not heart.

WHY PATIENTS WERE HOSPITALIZED - PROCEDURES

Age:

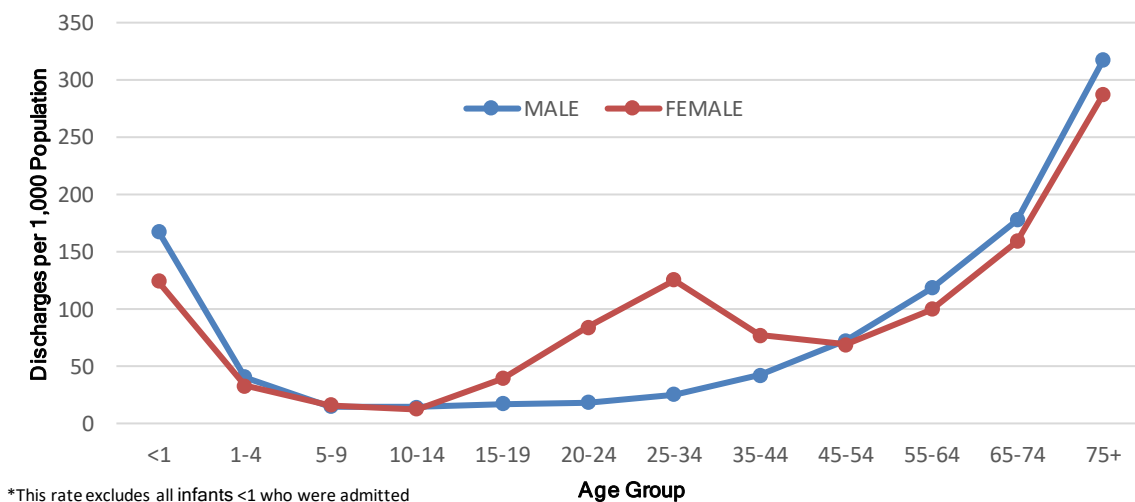
- For patients under 1 year, circumcision, respiratory intubation and mechanical ventilation, and prophylactic vaccinations and inoculations were the most common procedures.
- For patients ages 1 to 17, respiratory intubation and mechanical ventilation, blood transfusion, and spinal fusion were the most frequently performed procedures.
- Obstetric procedures, specifically other procedures to assist delivery, cesarean section, and other non-or therapeutic procedures; female organs, 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 1.8 to 4.8 times that of males.

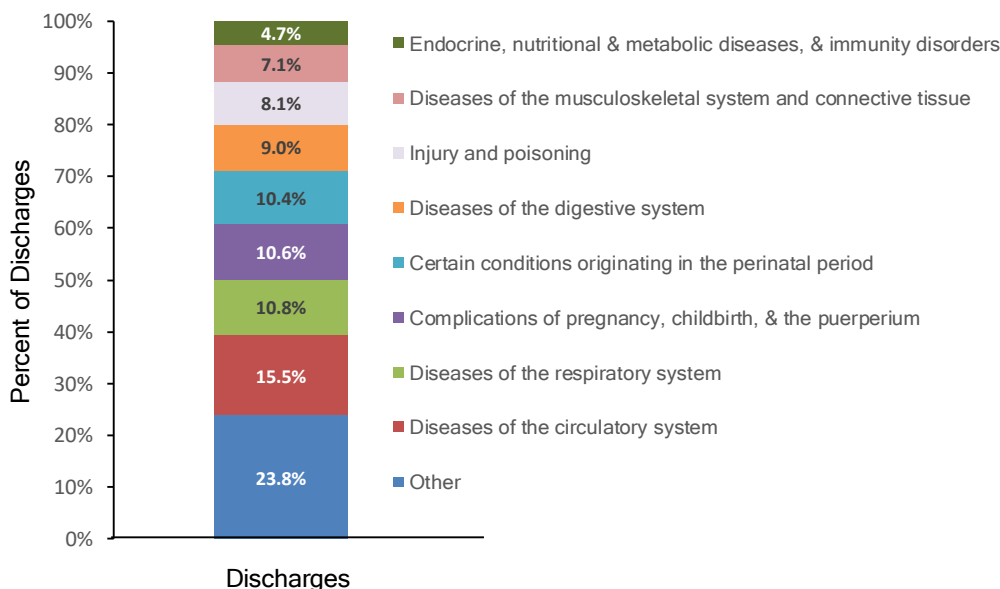
Figure 12. Resident Discharge Rates* by Sex and Age, Delaware Hospitals, 2018



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

Figure 13. Percentage of Resident Hospital Discharges by Body System, Delaware, 2018

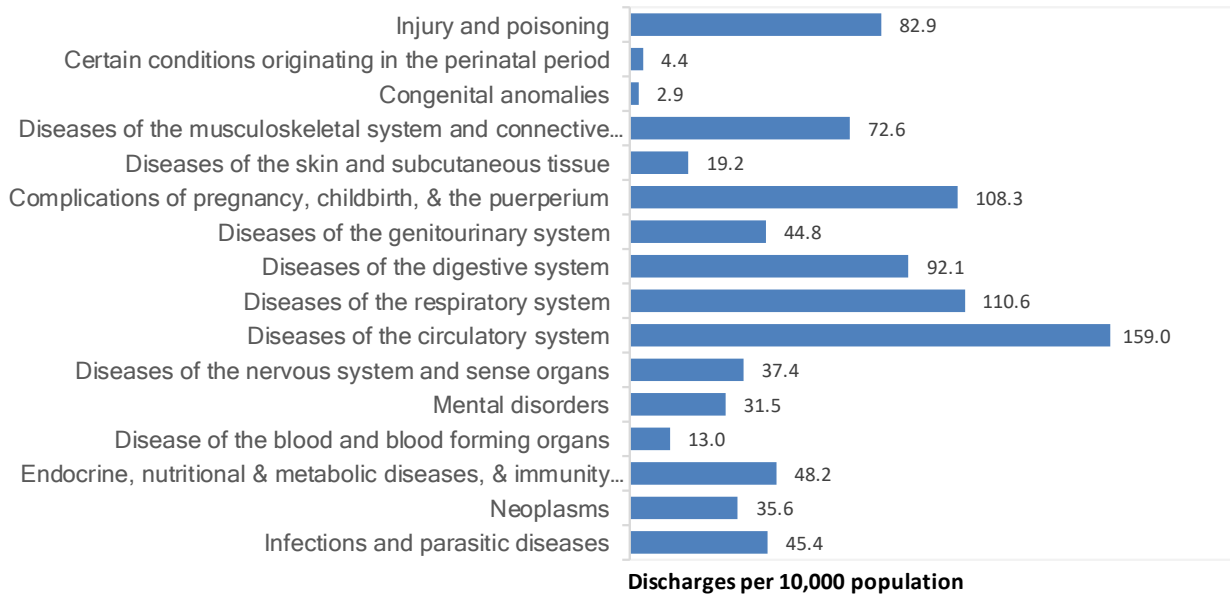
In 2018, Delawareans were discharged most frequently for diseases of the circulatory system, accounting for 15.5 percent of resident hospital stays. The most common diagnoses for diseases of the circulatory system included heart failure, coronary artery disease, and irregular heartbeat. Diseases of the 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.



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, 2018

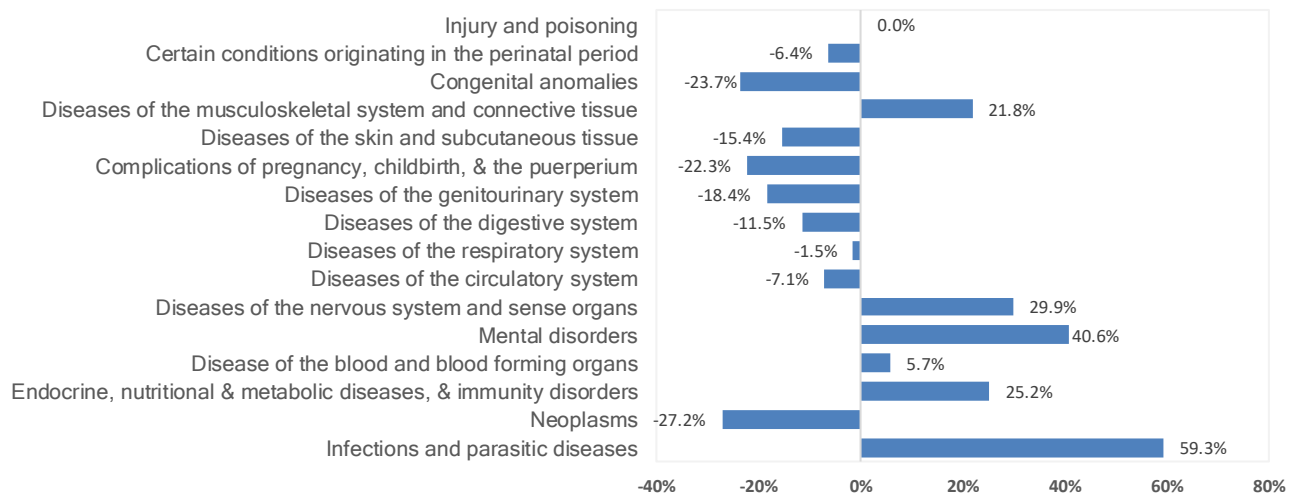


* Excluding hospitalizations related to pregnancy and liveborn infants.

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

High hospital discharge rates in 2018 were not necessarily indicative of large rate increases over the previous 10 years. In some categories, like diseases of the circulatory system, high 2018 rates were maintained in spite of declines over the prior 10-year period. In others, such as infectious and parasitic diseases, 2018 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, 2008 versus 2018



*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 2018.

Table 3. Top 25 CCS Diagnoses with the Highest Hospital Discharge Rates* for Residents, Delaware, 2008, 2013, and 2018

	<u>2008</u>		<u>2013</u>		<u>2018</u>		% Change from 2008 to 2018
	Number	Rate	Number	Rate	Number	Rate	
Hypertension with complications and secondary hypertension	601	6.8	630	6.8	4,065	42.0	517.6%
Septicemia (except in labor)	1,778	20.1	3,164	34.2	3,918	40.5	101.5%
Osteoarthritis	2,539	28.7	2,877	31.1	3,836	39.7	38.3%
Pneumonia (except that caused by tuberculosis or STD)	2,519	28.5	2,940	31.8	2,644	27.3	-4.2%
Acute cerebrovascular disease	1,571	17.8	1,885	20.4	2,294	23.7	33.1%
Chronic obstructive pulmonary disease and bronchiectasis	1,759	19.9	2,069	22.4	2,163	22.4	12.6%
Diabetes mellitus with complications	1,481	16.8	1,622	17.5	2,017	20.9	24.4%
Complication of device; implant or graft	1,446	16.4	1,546	16.7	1,752	18.1	10.4%
Acute and unspecified renal failure	1,375	15.6	1,634	17.7	1,717	17.8	14.1%
Urinary tract infections	1,478	16.7	1,634	17.7	1,695	17.5	4.8%
Other nervous system disorders	837	9.5	807	8.7	1,664	17.2	81.1%
Spondylosis; intervertebral disc disorders; other back problems	1,343	15.2	1,665	18.0	1,658	17.1	12.5%
Skin and subcutaneous tissue infections	1,735	19.6	1,770	19.1	1,634	16.9	-13.8%
Respiratory failure; insufficiency; arrest (adult)	1,831	20.7	1,248	13.5	1,632	16.9	-18.4%
Cardiac dysrhythmias	1,729	19.6	1,731	18.7	1,625	16.8	-14.3%
Complications of surgical procedures or medical care	1,105	12.5	1,227	13.3	1,561	16.1	28.8%
Acute myocardial infarction	1,533	17.3	1,444	15.6	1,385	14.3	-17.3%
Hypertension complicating pregnancy; childbirth and the puerperium	726	8.2	655	7.1	1,229	12.7	54.9%
Other nutritional; endocrine; and metabolic disorders	432	4.9	716	7.7	1,157	12.0	144.9%
Gastrointestinal hemorrhage	828	9.4	1,061	11.5	1,111	11.5	22.3%
Alcohol-related disorders	283	3.2	537	5.8	1,097	11.3	253.1%
Diverticulosis and diverticulitis	832	9.4	901	9.7	1,025	10.6	12.8%
Fluid and electrolyte disorders	1,154	13.1	942	10.2	1,013	10.5	-19.8%
Polyhydramnios and other problems of amniotic cavity	582	6.6	571	6.2	951	9.8	48.5%
Epilepsy; convulsions	688	7.8	798	8.6	941	9.7	24.4%

*Hospitalization rate per 10,000, ranked by 2018 figures. Excluding pregnancy-related discharges and liveborn infants.

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

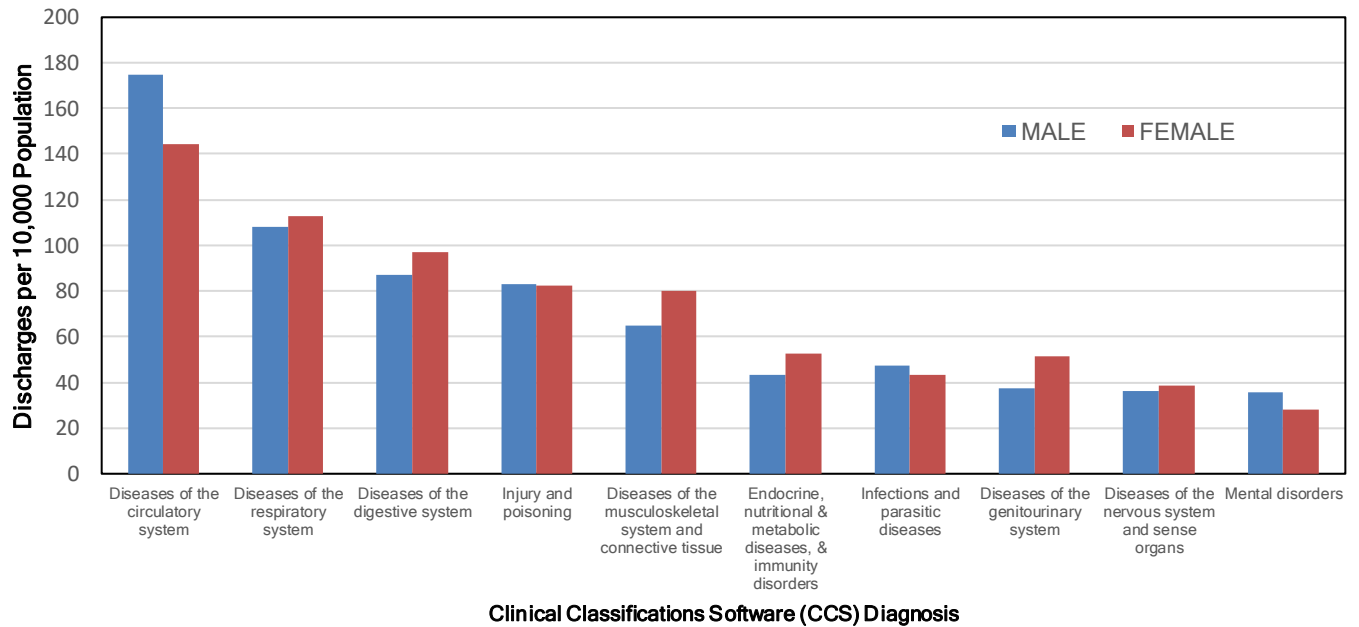
Diseases of the circulatory system accounted for four of the 25 conditions with the highest hospitalization rates; these included:

- hypertension with complications and secondary hypertension (high blood pressure);
- cardiac dysrhythmias (irregular heartbeat);
- acute cerebrovascular disease (stroke);
- acute myocardial infarction (heart attack).

Hospitalization rates for hypertension with complications and secondary hypertension, alcohol-related disorders, and other nutritional; endocrine; and metabolic disorders demonstrated the greatest increases between 2008 and 2018.

HOSPITALIZATIONS OF DELAWARE RESIDENTS

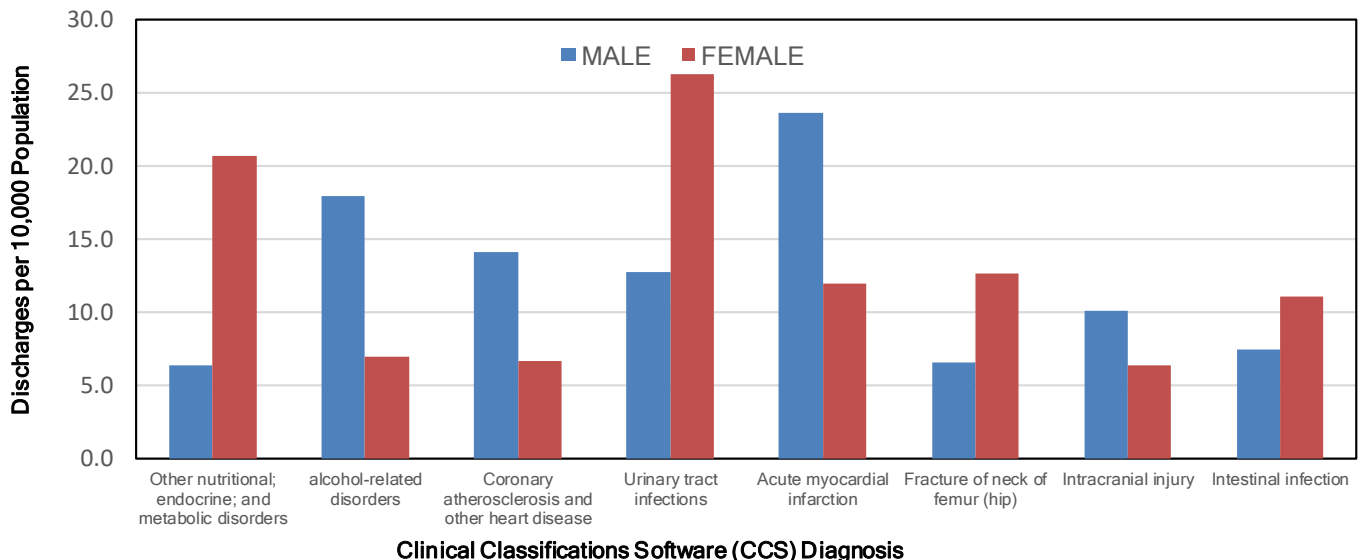
Figure 16. Hospital Discharge Rates for Residents by Body System and Gender, Delaware, 2018



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, 2018



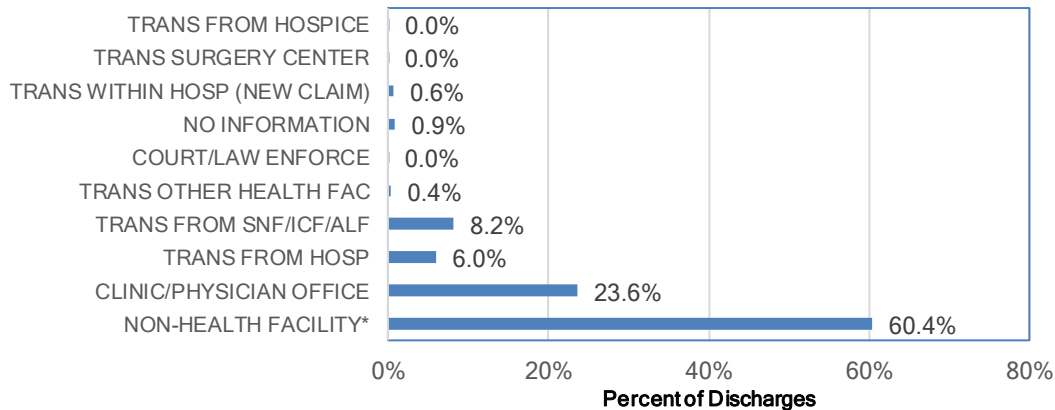
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

HOW PATIENTS WERE ADMITTED

Point of Origin:

Non-health facilities and clinic/physician offices accounted for 84.0 percent of all hospital discharges in 2018. 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) 8.2 percent, and other hospitals, 6.0 percent.

Figure 18. Patient Point of Origin, Delaware Hospitals, 2018

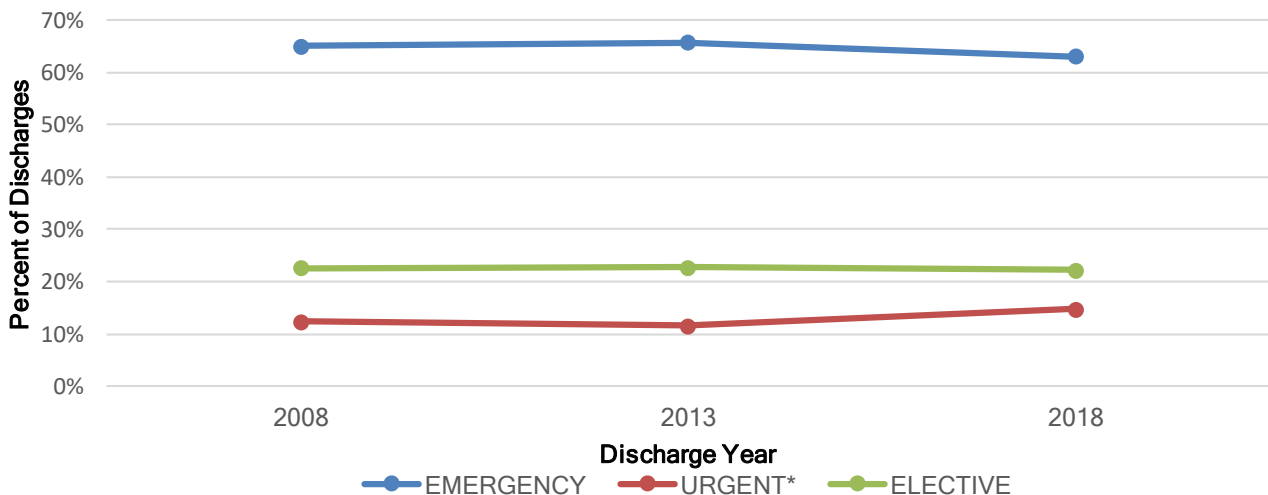


* Non-Health Care Facility includes walk-ins, auto accidents, and ambulance runs

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

Between 2008 and 2018, the majority of admissions continued to be classified as emergency in nature. In 2008, emergency admissions accounted for 65.0 percent of all admissions. By 2018, the proportion of emergency admissions had decreased to 63.1 percent, while urgent admissions increased from 12.4 percent to 14.7 percent between 2008 and 2018.

Figure 19. Percentage of Hospital Discharges by Type of Admission, Delaware Hospitals, 2008, 2013, and 2018



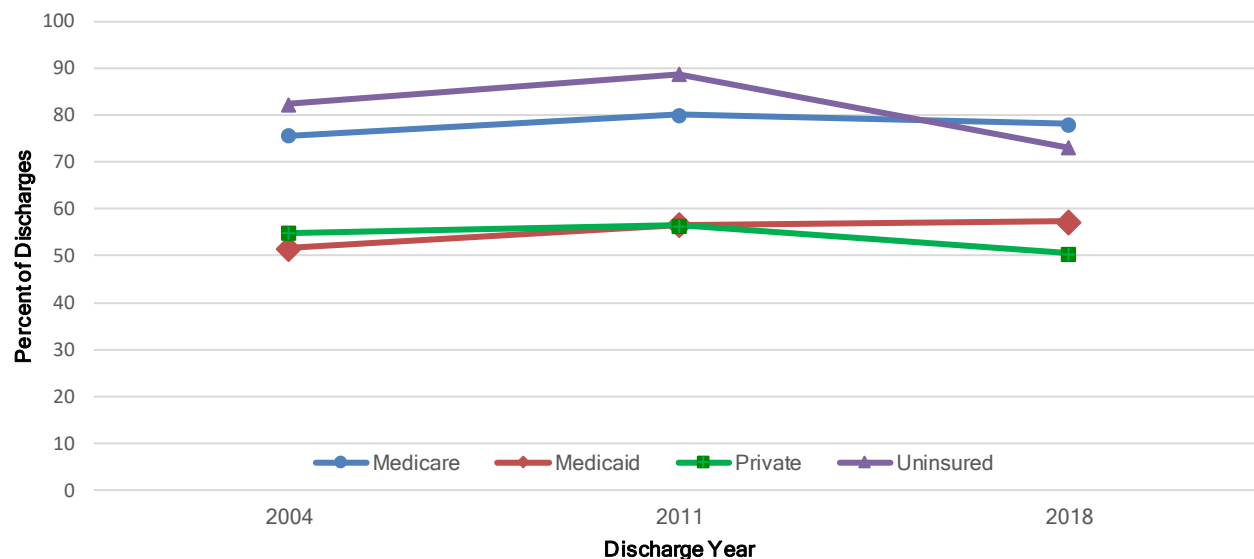
* Urgent encompasses situations that require immediate attention due to a physical or mental disorder but are not life threatening

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 2018, 73.1 percent of uninsured admissions, 78.1 percent of Medicare admissions, 50.4 percent of private admissions, and 57.4 percent of Medicaid admissions were classified as emergency/trauma.

Figure 20. Percentage of Hospitals Discharges classified as Emergency/Trauma at Admission by Payer, Delaware, 2004, 2011, and 2018



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, 2018

	Frequency	Percent *
Hypertension with complications and secondary hypertension	3,532	5.5
Septicemia (except in labor)	3,440	5.3
Pneumonia (except that caused by tuberculosis or STD)	2,567	4.0
Acute cerebrovascular disease	2,170	3.4
Chronic obstructive pulmonary disease and bronchiectasis	1,904	3.0
Diabetes mellitus with complications	1,760	2.7
Urinary tract infections	1,687	2.6
Skin and subcutaneous tissue infections	1,479	2.3
Acute and unspecified renal failure	1,461	2.3
Cardiac dysrhythmias	1,331	2.1
Respiratory failure; insufficiency; arrest (adult)	1,324	2.1
Acute myocardial infarction	1,232	1.9
Complications of surgical procedures or medical care	1,188	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 2017 to 2018 was skin and subcutaneous tissue infections moving up two places and respiratory failure moving down two 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.

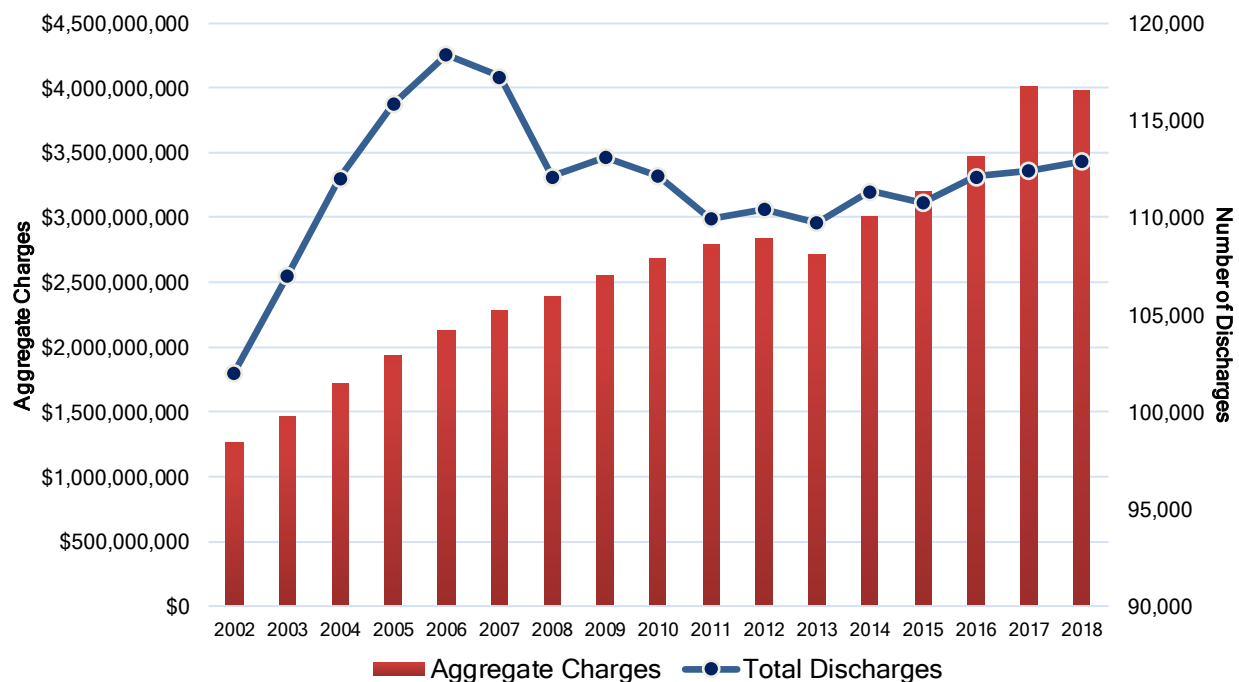
HOSPITAL CHARGES AND BILLING

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 2018, total aggregate charges for all hospitalizations in Delaware equaled \$3.98 billion, a 48.2 percent increase in aggregate charges from 2010. The number of discharges were basically unchanged at 112,130 in 2010 and 112,898 in 2018. Total aggregate charges decreased by \$31,586,835 between 2017 and 2018.

Figure 21. Number of Discharges and Total Aggregate Charges by Year, Delaware Hospitals, 2002 - 2018



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 2018 to \$35,236 compared to \$23,937 in 2010, while the median charge per stay was \$18,019 in 2018 compared to \$13,542 in 2010.

The diagnostic groups with the highest average charges per hospital stay were congenital anomalies, infections and parasitic diseases, and neoplasms, with average charges ranging from \$50,860 to \$237,864. The first two of these three diagnostic groups also had the longest average stays, ranging from 8.3 to 12.3 days.

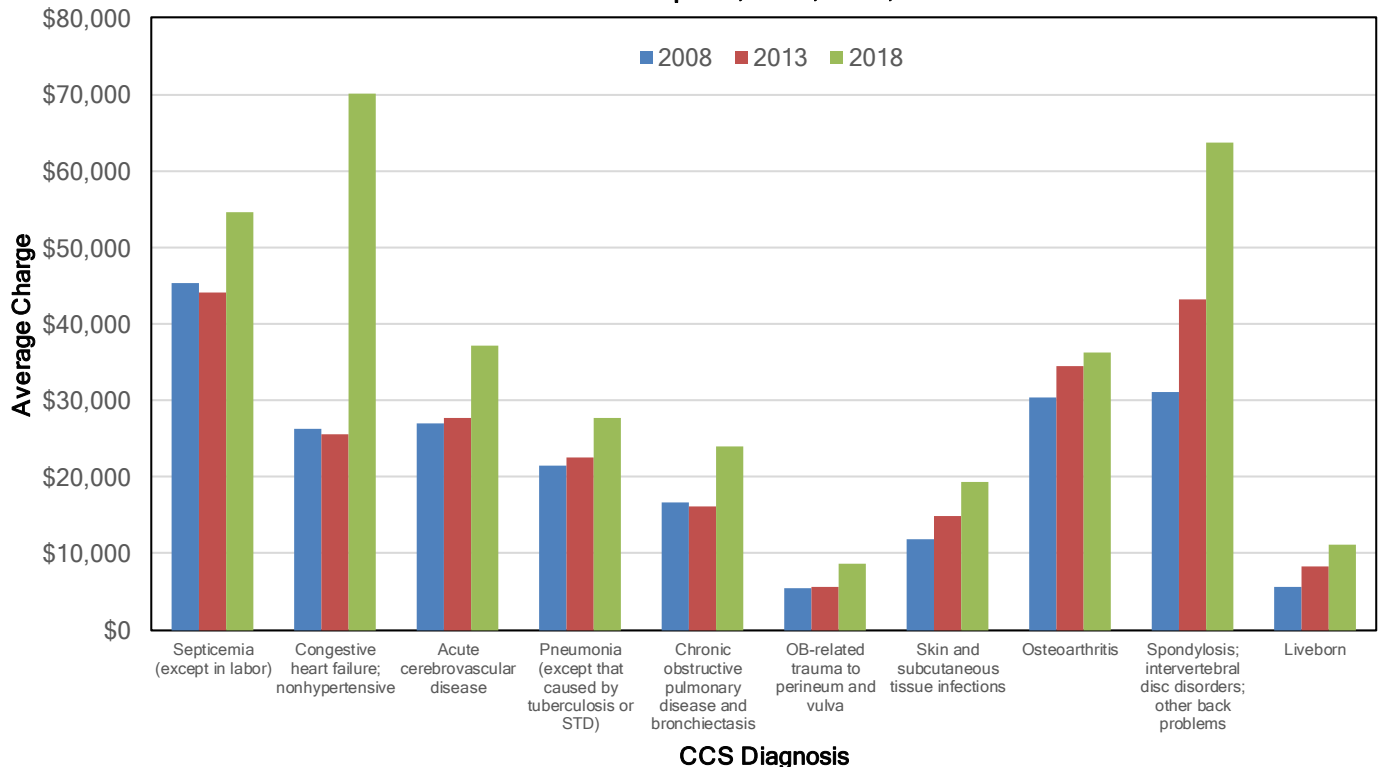
Looking at specific diagnoses within groups showed that the most expensive diagnoses were cardiac and circulatory congenital anomalies, short gestation; low birth weight; and fetal growth retardation, respiratory distress syndrome, and leukemias. However, the ten most expensive diagnoses occurred relatively rarely and accounted for just 1.2 percent of all discharges in 2018. In comparison, the 10 diagnoses that occurred most frequently accounted for 33.7 percent of the total discharges in 2018 (see Appendix E for more information).

HOSPITAL CHARGES AND BILLING

From 2008 to 2018, the average charges rose for each of the 10 highest volume diagnoses. The highest volume diagnoses whose average charges increased the most were:

- congestive heart failure; nonhypertensive (167 percent);
- spondylosis; intervertebral disc disorders; other back problems (105 percent);
- liveborn (101 percent).

Figure 22. Average Hospital Charges for Highest* Volume CCS Diagnoses, Delaware Hospitals, 2008, 2013, and 2018



*Based on 10 most common diagnoses in 2018.

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 2008, the aggregate charges for 2018's highest volume diagnoses totaled \$503.4 million and accounted for 21.1 percent of the total aggregate charges for all diagnoses.
- By 2018, the aggregate charges for those same diagnoses had more than doubled to \$1,126.1 million, which accounted for 28.3 percent of the total aggregate charges.

In 2018, the 10 conditions with the highest total billed charges accounted for 35.0 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 \$228.8 million. Although hospital stays for newborns had relatively low average charges, their high frequency resulted in liveborn infants having the sixth highest aggregate charges (see Appendix E for more information).

HOSPITAL CHARGES AND BILLING

Insurance status:

The following payer sources are listed in this report:

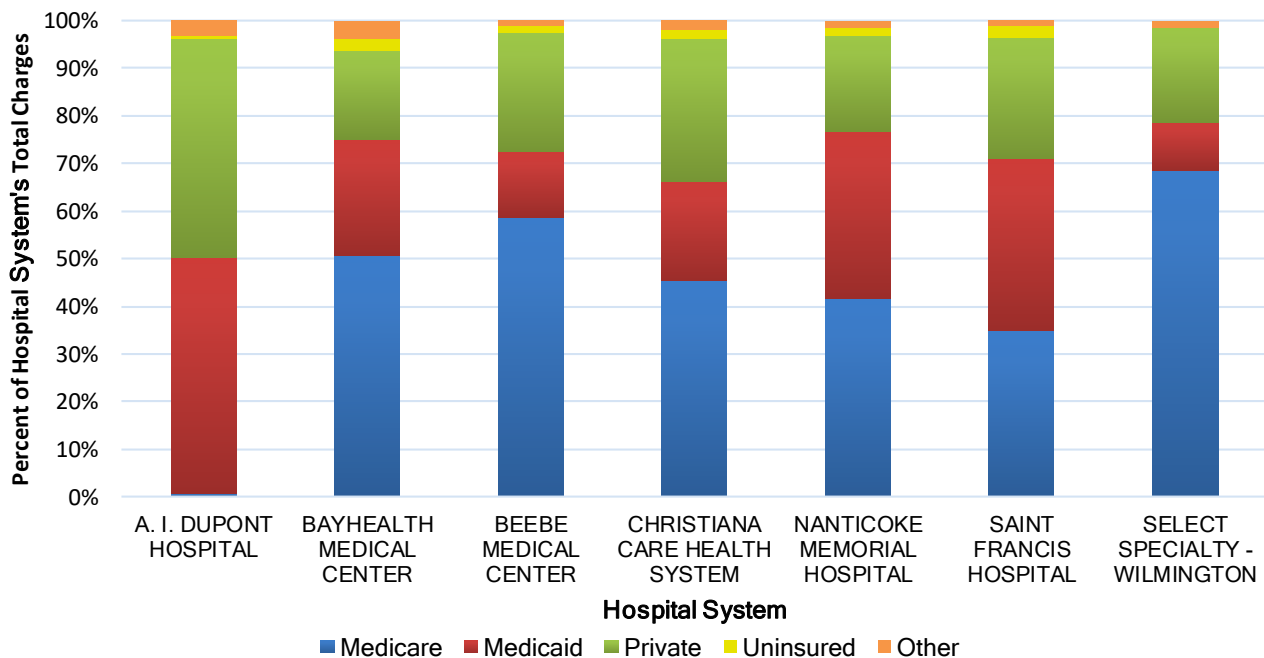
- Medicare
- Medicaid
- Private insurance carriers, such as:
 - Blue Cross Blue Shield
 - HMOs
 - Commercial insurance
- Uninsured
 - Patients who have no insurance and self-pay
- Other types of insurance, such as:
 - Workman’s compensation
 - CHAMPUS (Civilian Health and Medical Program of the Uniformed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

In 2018, 68.2 percent of hospitalizations were billed to Medicare (43.3 percent) and Medicaid (24.8 percent), 27.7 percent were billed to private insurance, and the remaining 4.1 percent was billed to other types of coverage (2.4 percent) or to the patient (1.8 percent uninsured).

Patients whose care was primarily billed to Medicare had both the highest average charges (\$38,495) and the greatest aggregate charges (\$1.9 billion).

In 2018, 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 Bayhealth Medical Center had the highest percent of charges with no coverage.

Figure 23. Distribution of Total Charges by Primary Payer Type and Hospital System, Delaware, 2018



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

HOSPITAL CHARGES AND BILLING

Medicare:

From 2008 to 2018, the percent of hospital stays whose primary payer was Medicare increased from 37.5 to 43.3 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 17.9 percent of Medicare hospitalizations. The three most frequent diagnoses for Medicare patients in 2018 were⁷:

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

Medicaid:

From 2008 to 2018, Medicaid covered hospitalizations increased from 23.5 to 24.8 percent. Over the same time period, the proportion of aggregate charges billed to Medicaid increased from 18.9 to 23.9 percent.

Five of the 10 most frequent diagnoses for Medicaid patients were related to pregnancy and childbirth. The three most frequent diagnoses accounted for 24.9 percent of Medicaid stays. The three most frequent diagnoses for Medicaid patients in 2018 were⁷:

- liveborn infants;
- other complications of birth; puerperium affecting management of mother;
- septicemia (except in labor).

Private Insurers:

From 2008 to 2018, privately insured stays decreased from 34.1 to 27.7 percent. Over the same time period, the proportion of aggregate charges billed to private insurance decreased from 29.7 to 24.7 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 16.0 percent of all stays covered by private insurers. The three most frequent diagnoses for privately insured patients in 2018 were⁷:

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

Uninsured:

From 2008 to 2018, uninsured hospitalizations decreased from 2.9 to 1.8 percent. Over the same time period, the proportion of aggregate charges billed to uninsured patients decreased from 2.4 to 1.4 percent. The three most frequent diagnoses accounted for 19.4 percent of uninsured stays.

The three most frequent diagnoses for uninsured patients in 2018 were⁷:

- liveborn;
- alcohol-related disorders;
- diabetes mellitus with complications.

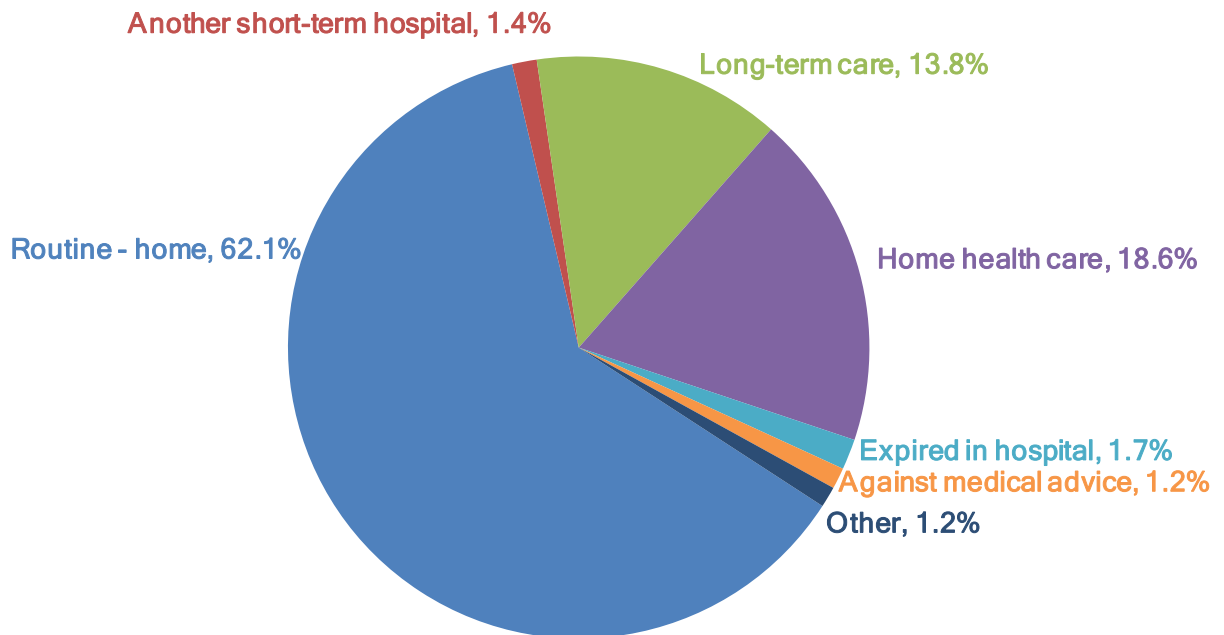
⁷ See Appendix F for the top 10 principal diagnoses by payer type.

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 2018 the majority of patients (62.1 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, 2018



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

HOW PATIENTS WERE DISCHARGED

Expired Patients:

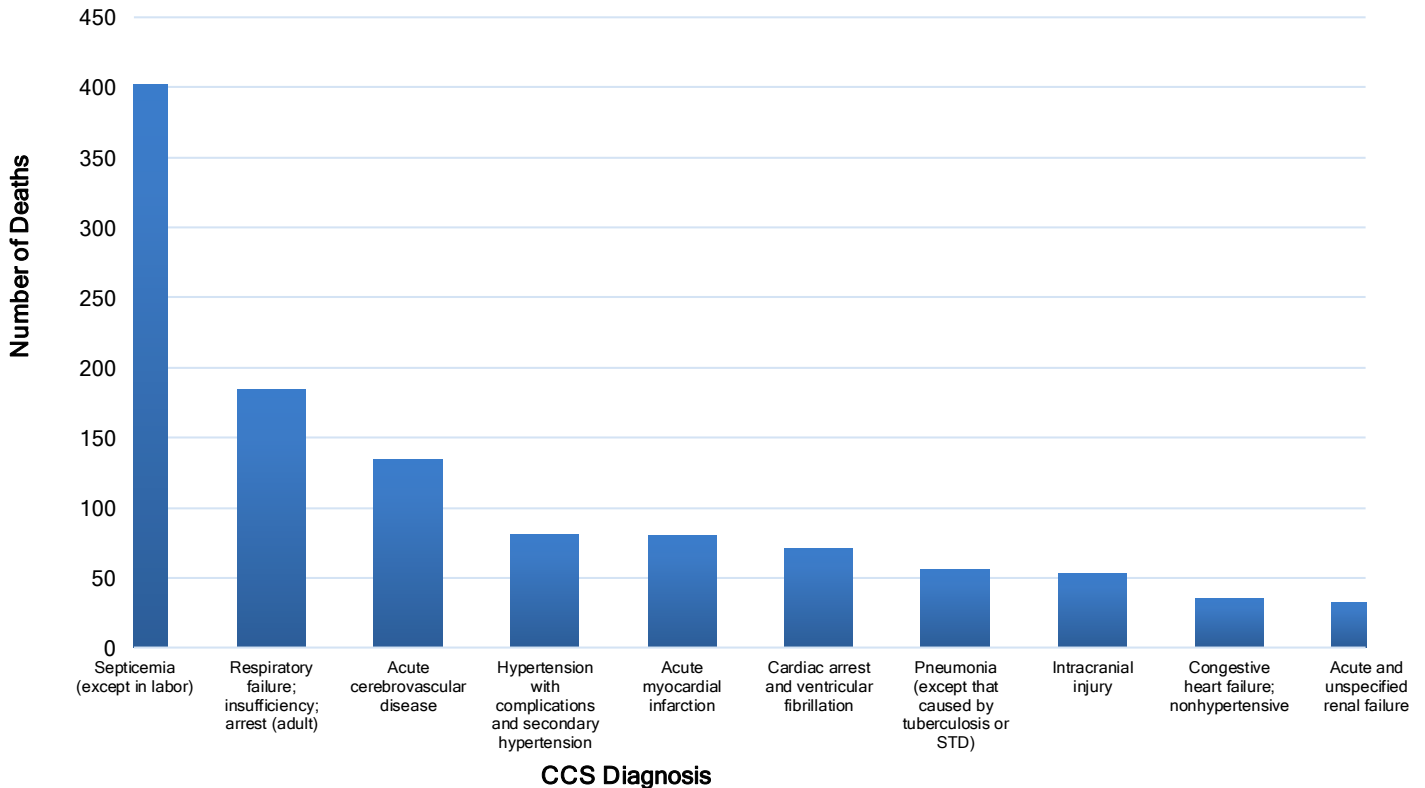
Patients who died during their hospital stay contributed to the “in-hospital mortality” figures. Data about in-hospital mortality are expressed as either numbers of deaths, or percentages of deaths. Both the frequencies and percentages are presented, as each statistic provides a different perspective 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, 2018



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 67.3 percent of all in-hospital mortality. For more information see Appendices G and H.

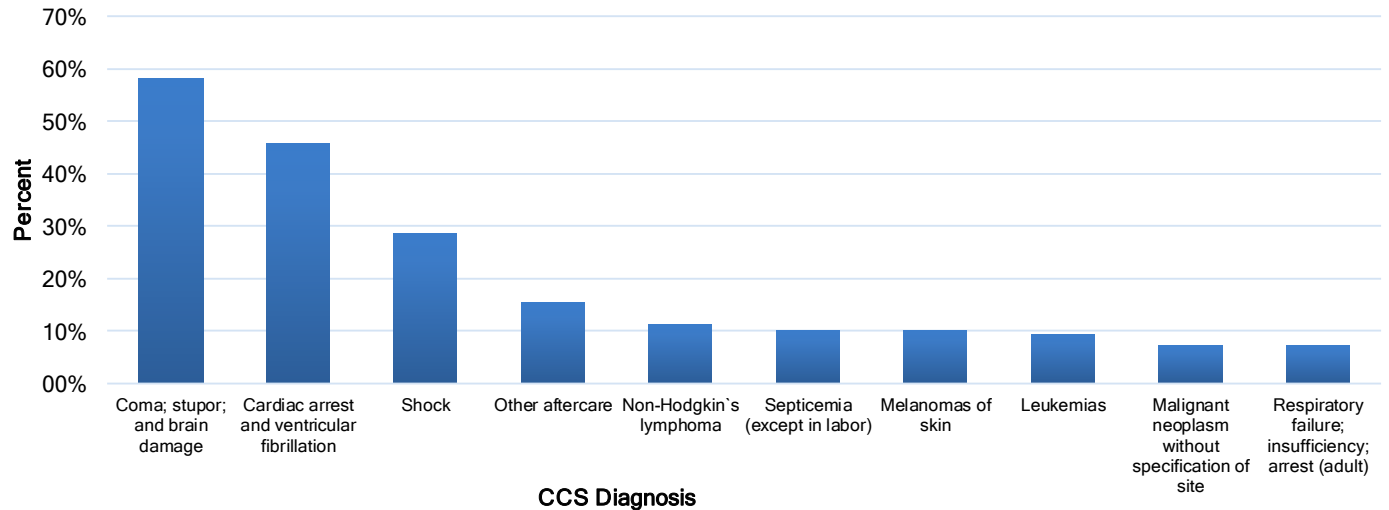
HOW PATIENTS WERE DISCHARGED

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, 2018



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 8 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 hypertension with complications and secondary hypertension.

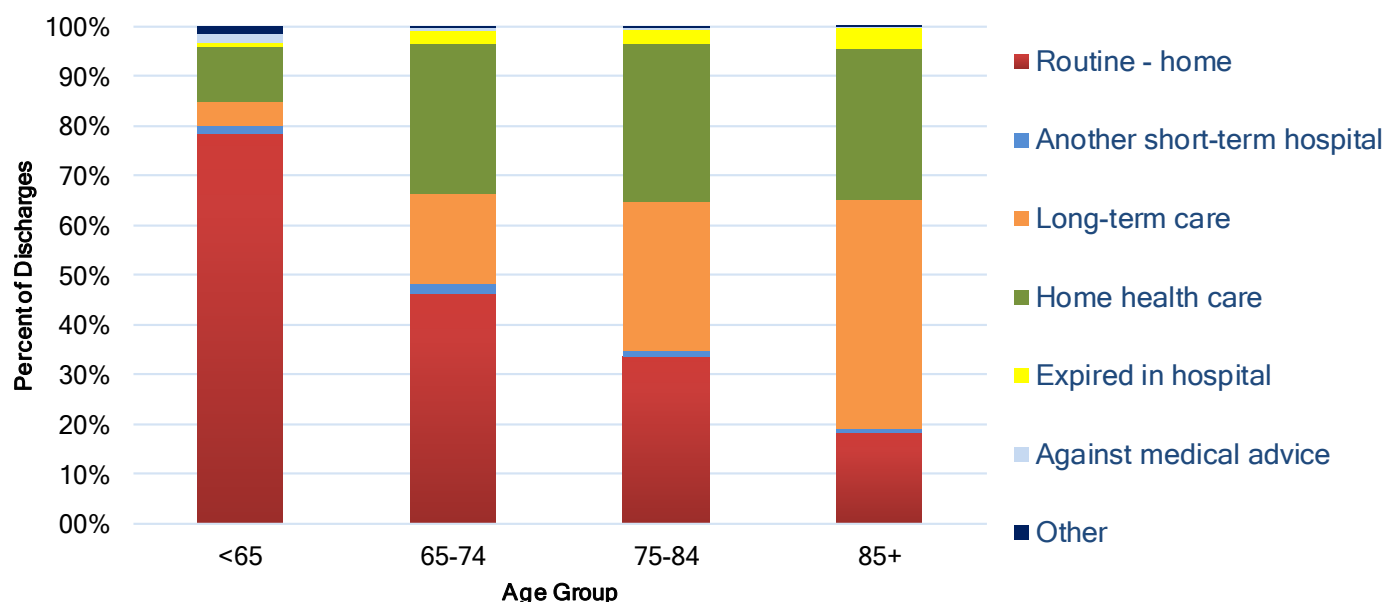
- For women, skin and subcutaneous tissue infections, alcohol-related disorders, and septicemia (except in labor) made up the top three.
- For men, alcohol-related disorders, hypertension with complications and secondary hypertension, and diabetes mellitus with complications made up the top three.

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 10 percent increase in the likelihood of being transferred to LTC facilities. In 2018, around 5 percent of those under 65 were discharged to long-term care facilities, compared to 18.0 percent of those ages 65-74, 29.9 percent of those ages 75-84, and 46.1 percent of those 85 and older.

Figure 27. Distribution of Discharge Status by Age Group, Delaware Hospitals, 2018



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

In 2018, the most common diagnoses for patients discharged to LTC facilities were; septicemia (except in labor), acute cerebrovascular disease, and hypertension with complications and secondary hypertension.

- 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 hypertension with complications and secondary hypertension 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, hypertension with complications and secondary hypertension, fracture of neck of femur (hip), and septicemia (except in labor) were the three most common diagnoses.

HOSPITAL SPECIFIC DATA

A.I. duPont Hospital for Children

2018 Discharge Distribution

Zip / State	Number	%
PA	2,769	29.9%
NJ	799	8.6%
19720	514	5.5%
19805	500	5.4%
MD	445	4.8%
19702	353	3.8%
19802	280	3.0%
19709	248	2.7%
19713	237	2.6%
19701	228	2.5%
19801	219	2.4%
19808	199	2.1%
19901	186	2.0%
19711	172	1.9%
19804	162	1.7%
Other State	134	1.4%
19904	131	1.4%
19977	120	1.3%
19703	117	1.3%
19810	103	1.1%
19809	100	1.1%
19803	97	1.0%
19973	96	1.0%
19963	86	0.9%
19966	80	0.9%
19947	77	0.8%
19734	72	0.8%
19962	71	0.8%
19938	67	0.7%
19707	63	0.7%
19956	53	0.6%
19934	48	0.5%
19943	44	0.5%
19952	43	0.5%
19933	39	0.4%
19960	37	0.4%
19958	33	0.4%
19968	29	0.3%
19953	26	0.3%
19807	23	0.2%
19806	18	0.2%
19940	18	0.2%
19946	18	0.2%
19950	15	0.2%
19975	14	0.2%
19941	13	0.1%
19971	12	0.1%
19939	11	0.1%
Undisclosed*	53	0.6%

Total	9,272	100.0%
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*Zip codes with less than 10 cases

Utilization Characteristics

	2016	2017	2018
Aggregate charges	\$626,917,555	\$679,200,141	\$737,663,145
Average charges	\$64,945	\$73,324	\$79,558
Average charge per day	\$11,746	\$12,352	\$13,953
Number of Discharges	9,653	9,263	9,272
Total All-listed Procedures¹	12,279	11,743	11,854
<i>Non-operating room procedures²</i>	7,319	7,076	7,229
<i>Valid operating room procedures²</i>	4,960	4,667	4,625
Average Length of Stay	5.3	5.7	5.7
Primary Payer Distribution			
<i>Medicare</i>	0.4%	0.6%	0.6%
<i>Medicaid</i>	47.4%	47.8%	49.8%
<i>Private Insurance</i>	49.9%	48.6%	45.7%
<i>Uninsured</i>	0.1%	0.1%	0.8%
<i>Other</i>	2.3%	2.9%	3.2%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	59.3%	58.4%	58.9%
<i>Clinic/Physician Office</i>	21.4%	23.1%	22.3%
<i>Transfers-Health Facility</i>	17.3%	17.4%	17.7%
<i>Newborn</i>	0.0%	0.0%	0.0%
<i>Other/Unknown</i>	2.0%	1.2%	1.0%
Discharge Status Distribution			
<i>Routine - home</i>	95.5%	90.1%	95.4%
<i>Another short-term hospital</i>	0.6%	0.7%	0.6%
<i>Long-term care facility</i>	0.7%	0.9%	1.4%
<i>Home health care</i>	1.7%	1.0%	0.7%
<i>Expired in hospital</i>	0.5%	0.5%	0.7%
<i>Left against medical advice</i>	0.0%	0.1%	0.0%
<i>Other/Unknown</i>	1.0%	6.7%	1.2%
Sex			
<i>Male</i>	52.4%	53.8%	53.1%
<i>Female</i>	47.6%	46.2%	46.9%
Age			
<i><1</i>	23.2%	22.8%	22.3%
<i>1-4</i>	24.8%	24.0%	26.9%
<i>5-9</i>	17.9%	18.2%	17.2%
<i>10-14</i>	17.5%	18.4%	17.3%
<i>15-19</i>	15.4%	15.4%	15.1%
<i>20-24</i>	1.0%	1.1%	1.1%
<i>25-34</i>	0.1%	0.2%	0.1%
<i>35-44</i>	0.0%	0.0%	0.0%
<i>45-54</i>	0.0%	0.0%	0.0%
<i>55-64</i>	0.0%	0.0%	0.0%
<i>65-74</i>	0.0%	0.0%	0.0%
<i>75+</i>	0.0%	0.0%	0.0%
<i>Unknown</i>	0.0%	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)

2018 Discharge Distribution

Zip / State	Number	%
19901	3,964	18.0%
19904	3,441	15.7%
19963	1,952	8.9%
19977	1,622	7.4%
19943	1,344	6.1%
19934	1,236	5.6%
19952	1,181	5.4%
19962	1,127	5.1%
19938	578	2.6%
19960	550	2.5%
MD	466	2.1%
19946	443	2.0%
19950	440	2.0%
19953	405	1.8%
19947	286	1.3%
19941	282	1.3%
19968	273	1.2%
19966	247	1.1%
19973	180	0.8%
19954	177	0.8%
19933	168	0.8%
19964	161	0.7%
19958	155	0.7%
19709	146	0.7%
19734	141	0.6%
Other State	141	0.6%
19956	112	0.5%
19971	89	0.4%
PA	66	0.3%
19936	59	0.3%
19979	58	0.3%
19903	48	0.2%
19955	36	0.2%
19701	35	0.2%
19945	31	0.1%
NJ	31	0.1%
19720	29	0.1%
19702	27	0.1%
19939	27	0.1%
19970	21	0.1%
19980	20	0.1%
19951	19	0.1%
19975	19	0.1%
19940	18	0.1%
19713	17	0.1%
19805	14	0.1%
19711	11	0.1%
Undisclosed*	80	0.4%
Total	21,973	100.0%

Utilization Characteristics

	2016	2017	2018
Aggregate charges	\$622,882,503	\$726,708,896	\$816,780,580
Average charges	\$30,810	\$34,632	\$37,172
Average charge per day	\$7,892	\$8,616	\$9,073
Number of Discharges	20,217	20,984	21,973
Total All-listed Procedures¹	19,501	19,962	20,406
<i>Non-operating room procedures²</i>	12,534	12,932	13,670
<i>Valid operating room procedures²</i>	6,967	7,030	6,736
Average Length of Stay	5.1	5.0	5.2
Primary Payer Distribution			
<i>Medicare</i>	47.0%	50.0%	50.6%
<i>Medicaid</i>	24.4%	23.0%	24.3%
<i>Private Insurance</i>	21.2%	20.5%	18.8%
<i>Uninsured</i>	1.8%	2.4%	2.5%
<i>Other</i>	5.6%	4.1%	3.8%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	71.3%	61.6%	63.5%
<i>Clinic/Physician Office</i>	9.8%	9.7%	8.0%
<i>Transfers-Health Facility</i>	6.6%	17.3%	17.5%
<i>Newborn</i>	11.6%	11.0%	10.7%
<i>Other/Unknown</i>	.7%	.5%	.4%
Discharge Status Distribution			
<i>Routine - home</i>	60.2%	58.2%	58.4%
<i>Another short-term hospital</i>	2.3%	2.4%	2.9%
<i>Long-term care facility</i>	15.2%	15.8%	15.1%
<i>Home health care</i>	16.7%	19.1%	18.9%
<i>Expired in hospital</i>	2.3%	2.1%	2.3%
<i>Left against medical advice</i>	1.1%	1.2%	1.5%
<i>Other/Unknown</i>	2.0%	1.2%	1.0%
Sex			
<i>Male</i>	42.7%	42.9%	43.7%
<i>Female</i>	57.3%	57.1%	56.3%
Age			
<i><1</i>	12.5%	11.6%	11.3%
<i>1-4</i>	0.5%	0.4%	0.4%
<i>5-9</i>	0.2%	0.1%	0.2%
<i>10-14</i>	0.1%	0.1%	0.1%
<i>15-19</i>	1.3%	1.2%	0.9%
<i>20-24</i>	4.2%	3.7%	3.6%
<i>25-34</i>	10.4%	9.9%	10.3%
<i>35-44</i>	6.0%	6.1%	6.6%
<i>45-54</i>	9.6%	9.3%	9.1%
<i>55-64</i>	15.0%	14.8%	14.9%
<i>65-74</i>	17.8%	18.3%	17.9%
<i>75+</i>	22.5%	24.5%	24.7%

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

Beebe Medical Center 2018 Discharge Distribution

Zip / State	Number	%
19966	2,511	22.8%
19958	2,150	19.5%
19971	1,192	10.8%
19947	941	8.5%
19968	857	7.8%
19970	496	4.5%
19939	359	3.3%
19945	342	3.1%
19975	235	2.1%
MD	194	1.8%
19963	191	1.7%
Other State	169	1.5%
19960	150	1.4%
PA	146	1.3%
19973	144	1.3%
19930	141	1.3%
19951	134	1.2%
19956	107	1.0%
19967	77	0.7%
19933	62	0.6%
19941	48	0.4%
19950	47	0.4%
NJ	35	0.3%
19952	33	0.3%
19901	25	0.2%
19943	24	0.2%
19944	20	0.2%
19904	16	0.1%
19969	16	0.1%
19962	15	0.1%
19940	14	0.1%
19720	13	0.1%
19946	13	0.1%
19711	10	0.1%
19934	10	0.1%
19977	10	0.1%
Undisclosed*	90	0.8%
Total	11,037	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2016	2017	2018
Aggregate charges	\$471,645,540	\$477,417,783	\$455,507,757
Average charges	\$40,913	\$40,119	\$41,271
Average charge per day	\$12,649	\$12,316	\$14,566
Number of Discharges	11,528	11,900	11,037
Total All-listed Procedures¹	15,946	14,822	14,328
<i>Non-operating room procedures²</i>	9,988	9,549	8,841
<i>Valid operating room procedures²</i>	5,958	5,273	5,487
Average Length of Stay	4.2	4.2	4.0
Primary Payer Distribution			
<i>Medicare</i>	58.0%	57.1%	58.7%
<i>Medicaid</i>	16.1%	15.5%	13.8%
<i>Private Insurance</i>	23.5%	24.5%	25.0%
<i>Uninsured</i>	1.2%	1.4%	1.3%
<i>Other</i>	1.2%	1.5%	1.2%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	26.3%	22.9%	24.3%
<i>Clinic/Physician Office</i>	66.2%	69.8%	69.5%
<i>Transfers-Health Facility</i>	0.0%	0.0%	0.0%
<i>Newborn</i>	7.5%	7.3%	6.2%
<i>Other/Unknown</i>	0.0%	0.0%	0.0%
Discharge Status Distribution			
<i>Routine - home</i>	51.5%	51.4%	49.1%
<i>Another short-term hospital</i>	1.6%	1.4%	1.7%
<i>Long-term care facility</i>	16.2%	15.7%	15.0%
<i>Home health care</i>	26.8%	28.2%	30.7%
<i>Expired in hospital</i>	2.3%	2.1%	2.1%
<i>Left against medical advice</i>	1.0%	0.8%	0.9%
<i>Other/Unknown</i>	0.7%	0.4%	0.5%
Sex			
<i>Male</i>	46.7%	46.8%	47.2%
<i>Female</i>	53.3%	53.2%	52.8%
Age			
<1	7.6%	7.2%	6.4%
1-4	0.1%	0.0%	0.1%
5-9	0.1%	0.0%	0.1%
10-14	0.1%	0.1%	0.0%
15-19	0.5%	0.7%	0.6%
20-24	2.4%	1.7%	1.9%
25-34	6.8%	6.6%	6.1%
35-44	4.7%	5.0%	4.2%
45-54	7.8%	7.1%	6.7%
55-64	14.9%	14.9%	14.7%
65-74	24.7%	25.0%	25.9%
75+	30.3%	31.7%	33.4%

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)

2018 Discharge Distribution

Zip / State	Number	%
19720	5,758	10.0%
19702	4,100	7.1%
19808	3,432	6.0%
19713	3,379	5.9%
19701	3,345	5.8%
19805	3,340	5.8%
MD	3,292	5.7%
19711	3,084	5.4%
19709	3,049	5.3%
19802	2,617	4.5%
PA	2,319	4.0%
19801	1,871	3.2%
19804	1,859	3.2%
19803	1,696	2.9%
19810	1,651	2.9%
NJ	1,506	2.6%
19707	1,168	2.0%
19809	1,144	2.0%
19703	1,057	1.8%
19734	928	1.6%
19806	880	1.5%
19977	878	1.5%
19807	569	1.0%
19904	478	0.8%
19901	372	0.6%
Other State	370	0.6%
19938	303	0.5%
19966	303	0.5%
19973	245	0.4%
19958	218	0.4%
19706	202	0.4%
19971	163	0.3%
19963	160	0.3%
19947	154	0.3%
19934	151	0.3%
19943	141	0.2%
19968	128	0.2%
19956	112	0.2%
19933	110	0.2%
19962	105	0.2%
19952	102	0.2%
19960	70	0.1%
19953	68	0.1%
19730	54	0.1%
19946	52	0.1%
19939	49	0.1%
19970	48	0.1%
19950	44	0.1%
19733	42	0.1%
19945	42	0.1%
19975	36	0.1%
19714	33	0.1%
19899	29	0.1%
19941	25	0.0%
19940	24	0.0%
19930	21	0.0%
19964	21	0.0%
19967	18	0.0%
19710	14	0.0%
19712	14	0.0%
19732	14	0.0%
19731	13	0.0%
19736	12	0.0%
19903	12	0.0%
19951	11	0.0%
19718	10	0.0%
Undisclosed*	112	0.2%
Total	57,627	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2016	2017	2018
Aggregate charges	\$1,425,735,665	\$1,488,668,800	\$1,586,679,971
Average charges	\$24,196	\$25,728	\$27,534
Average charge per day	\$6,070	\$6,766	\$6,940
Number of Discharges	58,924	57,862	57,627
Total All-listed Procedures¹	89,206	86,680	84,235
<i>Non-operating room procedures²</i>	51,684	49,471	48,413
<i>Valid operating room procedures²</i>	37,522	37,209	35,822
Average Length of Stay	5.2	5.2	5.5
Primary Payer Distribution			
<i>Medicare</i>	44.4%	38.4%	45.4%
<i>Medicaid</i>	19.2%	11.9%	20.8%
<i>Private Insurance</i>	32.5%	42.7%	29.9%
<i>Uninsured</i>	1.7%	1.5%	1.7%
<i>Other</i>	2.1%	5.4%	2.2%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	62.8%	63.6%	64.4%
<i>Clinic/Physician Office</i>	22.6%	22.1%	21.7%
<i>Transfers-Health Facility</i>	3.6%	3.4%	3.4%
<i>Newborn</i>	11.0%	10.9%	10.5%
<i>Other/Unknown</i>	.0%	.0%	.0%
Discharge Status Distribution			
<i>Routine - home</i>	62.1%	61.4%	59.9%
<i>Another short-term hospital</i>	0.5%	0.5%	0.5%
<i>Long-term care facility</i>	14.2%	14.6%	15.4%
<i>Home health care</i>	19.7%	19.8%	20.3%
<i>Expired in hospital</i>	1.4%	1.5%	1.5%
<i>Left against medical advice</i>	0.8%	1.0%	1.1%
<i>Other/Unknown</i>	1.3%	1.2%	1.3%
Sex			
<i>Male</i>	42.4%	42.2%	42.5%
<i>Female</i>	57.6%	57.8%	57.5%
Age			
<i><1</i>	11.2%	11.1%	10.7%
<i>1-4</i>	0.0%	0.0%	0.0%
<i>5-9</i>	0.0%	0.0%	0.0%
<i>10-14</i>	0.0%	0.0%	0.0%
<i>15-19</i>	1.0%	0.9%	1.0%
<i>20-24</i>	3.4%	3.3%	3.0%
<i>25-34</i>	11.4%	11.3%	11.1%
<i>35-44</i>	7.7%	7.8%	7.8%
<i>45-54</i>	10.7%	10.2%	10.1%
<i>55-64</i>	16.1%	15.7%	16.0%
<i>65-74</i>	17.4%	17.9%	17.9%
<i>75+</i>	21.1%	21.6%	22.4%

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

2018 Discharge Distribution

Zip / State	Number	%
19973	2,263	34.1%
19956	1,120	16.9%
19933	721	10.9%
19947	692	10.4%
MD	437	6.6%
19966	306	4.6%
19950	247	3.7%
19940	203	3.1%
19945	96	1.4%
19963	72	1.1%
19975	64	1.0%
19939	57	0.9%
19960	36	0.5%
19958	33	0.5%
19941	32	0.5%
19968	29	0.4%
19943	28	0.4%
19952	28	0.4%
Other State	26	0.4%
19971	20	0.3%
19904	17	0.3%
19931	14	0.2%
19970	14	0.2%
19951	12	0.2%
19962	11	0.2%
19934	10	0.2%
Undisclosed*	48	0.7%
Total	6,636	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2016	2017	2018
Aggregate charges	\$115,157,155	\$122,934,715	\$125,980,307
Average charges	\$18,601	\$19,206	\$18,984
Average charge per day	\$6,654	\$6,977	\$6,772
Number of Discharges	6,191	6,401	6,636
Total All-listed Procedures¹	7,300	7,992	8,749
<i>Non-operating room procedures²</i>	5,006	5,563	6,433
<i>Valid operating room procedures²</i>	2,294	2,429	2,316
Average Length of Stay	3.3	3.3	3.5
Primary Payer Distribution			
<i>Medicare</i>	43.5%	42.7%	41.7%
<i>Medicaid</i>	34.3%	34.5%	35.1%
<i>Private Insurance</i>	19.1%	20.0%	20.0%
<i>Uninsured</i>	1.8%	1.6%	1.8%
<i>Other</i>	1.2%	1.2%	1.4%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	59.9%	59.0%	59.7%
<i>Clinic/Physician Office</i>	26.1%	27.2%	26.1%
<i>Transfers-Health Facility</i>	0.0%	0.0%	0.0%
<i>Newborn</i>	14.0%	13.8%	14.1%
<i>Other/Unknown</i>	0.0%	0.0%	0.0%
Discharge Status Distribution			
<i>Routine - home</i>	62.1%	63.5%	65.2%
<i>Another short-term hospital</i>	2.7%	2.5%	3.1%
<i>Long-term care facility</i>	14.5%	12.5%	12.2%
<i>Home health care</i>	17.2%	17.7%	15.5%
<i>Expired in hospital</i>	1.6%	1.6%	2.0%
<i>Left against medical advice</i>	1.0%	1.3%	1.0%
<i>Other/Unknown</i>	0.9%	0.8%	0.9%
Sex			
<i>Male</i>	39.8%	39.0%	40.4%
<i>Female</i>	60.2%	61.0%	59.6%
Age			
<1	15.1%	14.8%	15.3%
1-4	0.4%	0.5%	0.7%
5-9	0.4%	0.2%	0.4%
10-14	0.2%	0.3%	0.3%
15-19	1.7%	1.7%	1.4%
20-24	4.3%	4.6%	4.6%
25-34	10.9%	10.2%	11.5%
35-44	6.7%	6.9%	6.7%
45-54	9.2%	8.9%	8.8%
55-64	13.0%	14.2%	13.4%
65-74	17.1%	17.3%	16.3%
75+	20.9%	20.5%	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

2018 Discharge Distribution

Zip / State	Number	%
19805	1,460	24.2%
19720	610	10.1%
19801	567	9.4%
19802	553	9.2%
19806	336	5.6%
19808	230	3.8%
19810	228	3.8%
19703	227	3.8%
19803	214	3.5%
19804	211	3.5%
19702	210	3.5%
19809	165	2.7%
19701	124	2.1%
19711	124	2.1%
MD	122	2.0%
PA	114	1.9%
19713	108	1.8%
19709	75	1.2%
NJ	47	0.8%
19707	39	0.6%
19807	36	0.6%
Other State	36	0.6%
19904	25	0.4%
19977	25	0.4%
19901	23	0.4%
19734	22	0.4%
Undisclosed*	98	1.6%
Total	6,029	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2016	2017	2018
Aggregate charges	\$140,240,492	\$156,152,244	\$186,585,855
Average charges	\$26,677	\$27,594	\$30,948
Average charge per day	\$8,187	\$9,696	\$10,746
Number of Discharges	5,257	5,659	6,029
Total All-listed Procedures¹	4,475	5,871	6,560
<i>Non-operating room procedures²</i>	2,660	3,654	4,171
<i>Valid operating room procedures²</i>	1,815	2,217	2,389
Average Length of Stay	4.2	3.7	3.8
Primary Payer Distribution			
<i>Medicare</i>	31.0%	30.7%	35.0%
<i>Medicaid</i>	20.0%	32.7%	35.8%
<i>Private Insurance</i>	45.3%	32.8%	25.6%
<i>Uninsured</i>	2.6%	3.3%	2.4%
<i>Other</i>	1.1%	0.4%	1.2%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	81.4%	68.8%	67.6%
<i>Clinic/Physician Office</i>	0.5%	11.3%	14.7%
<i>Transfers-Health Facility</i>	4.8%	2.6%	1.5%
<i>Newborn</i>	12.4%	13.3%	12.3%
<i>Other/Unknown</i>	.9%	4.0%	3.9%
Discharge Status Distribution			
<i>Routine - home</i>	67.1%	72.3%	69.7%
<i>Another short-term hospital</i>	1.8%	2.3%	2.2%
<i>Long-term care facility</i>	12.5%	10.9%	10.6%
<i>Home health care</i>	9.2%	7.8%	11.4%
<i>Expired in hospital</i>	6.8%	3.0%	1.5%
<i>Left against medical advice</i>	1.7%	2.1%	3.3%
<i>Other/Unknown</i>	1.0%	1.6%	1.4%
Sex			
<i>Male</i>	38.8%	38.4%	40.0%
<i>Female</i>	61.2%	61.6%	60.0%
Age			
<1	12.6%	13.5%	12.4%
1-4	0.0%	0.0%	0.0%
5-9	0.0%	0.0%	0.0%
10-14	0.1%	0.0%	0.0%
15-19	1.2%	1.4%	1.2%
20-24	4.0%	4.3%	4.2%
25-34	12.3%	13.4%	13.1%
35-44	9.8%	11.3%	10.9%
45-54	11.8%	13.1%	12.5%
55-64	15.8%	15.5%	17.3%
65-74	12.8%	11.6%	13.2%
75+	19.7%	15.9%	15.1%

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 Al Dupont.

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

HOSPITAL SPECIFIC DATA

Select Specialty Hospital - Wilmington

2018 Discharge Distribution

Zip / State	Number	%
MD	65	20.2%
19805	21	6.5%
19720	19	5.9%
NJ	17	5.3%
19701	10	3.1%
19713	10	3.1%
19802	10	3.1%
PA	10	3.1%
Undisclosed*	160	49.7%
Total	322	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2016	2017	2018
Aggregate charges	\$68,624,955	\$65,090,391	\$67,615,962
Average charges	\$196,633	\$187,041	\$209,987
Average charge per day	\$5,727	\$6,306	\$6,880
Number of Discharges	349	348	322
Total All-listed Procedures¹	544	466	705
<i>Non-operating room procedures²</i>	374	374	578
<i>Valid operating room procedures²</i>	170	92	127
Average Length of Stay	32.9	29.3	30.4
Primary Payer Distribution			
<i>Medicare</i>	84.2%	81.6%	68.6%
<i>Medicaid</i>	1.4%	0.6%	9.9%
<i>Private Insurance</i>	13.2%	16.4%	19.9%
<i>Uninsured</i>	0.0%	0.0%	0.0%
<i>Other</i>	1.1%	1.4%	1.6%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	0.6%	0.0%	0.0%
<i>Clinic/Physician Office</i>	0.0%	0.0%	0.0%
<i>Transfers-Health Facility</i>	99.4%	100.0%	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>	6.9%	2.9%	2.5%
<i>Another short-term hospital</i>	6.6%	14.4%	10.9%
<i>Long-term care facility</i>	61.0%	58.6%	57.1%
<i>Home health care</i>	12.3%	13.2%	14.0%
<i>Expired in hospital</i>	9.2%	9.5%	10.2%
<i>Left against medical advice</i>	0.6%	0.6%	1.9%
<i>Other/Unknown</i>	3.4%	0.9%	3.4%
Sex			
<i>Male</i>	55.0%	51.1%	59.0%
<i>Female</i>	45.0%	48.9%	41.0%
<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	0.6%	0.0%	0.0%
20-24	0.6%	0.3%	1.6%
25-34	0.9%	0.9%	2.5%
35-44	1.7%	1.4%	4.3%
45-54	12.6%	12.6%	15.8%
55-64	23.8%	24.7%	23.9%
65-74	35.0%	32.2%	26.4%
75+	24.9%	27.9%	25.5%

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

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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.

Table A1. 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, 2018

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	14	0.3%	14.9	\$69,460	7.1%	78.6%
	Septicemia (except in labor)	4,196	88.2%	8.5	\$54,522	9.6%	82.0%
	Bacterial infection; unspecified site	111	2.3%	9.2	\$51,392	2.7%	67.6%
	Mycoses	47	1.0%	8.6	\$47,141	2.1%	89.4%
	HIV infection	118	2.5%	10.2	\$60,329	4.2%	92.4%
	Hepatitis	43	0.9%	4.1	\$37,011	2.3%	79.1%
	Viral infection	183	3.8%	3.6	\$25,375	0.5%	84.2%
	Other infections; including parasitic	28	0.6%	3.9	\$22,623	3.6%	75.0%
	Sexually transmitted infections (not HIV or hepatitis)	17	0.4%	2.9	\$17,621	0.0%	76.5%
	Immunizations and screening for infectious disease	2	0.0%	5.0	\$22,810	0.0%	50.0%
	Total	4,759	100.0%	8.3	\$52,952	8.7%	81.9%
Neoplasms	Cancer of head and neck	73	1.8%	10.0	\$49,927	0.0%	34.2%
	Cancer of esophagus	30	0.8%	8.4	\$44,435	3.3%	73.3%
	Cancer of stomach	73	1.8%	8.9	\$55,041	8.2%	56.2%
	Cancer of colon	286	7.2%	7.1	\$50,681	1.7%	30.8%
	Cancer of rectum and anus	109	2.7%	6.6	\$52,088	1.8%	29.4%
	Cancer of liver and intrahepatic bile duct	59	1.5%	7.2	\$43,560	5.1%	78.0%
	Cancer of pancreas	96	2.4%	6.4	\$35,149	5.2%	63.5%
	Cancer of other GI organs; peritoneum	50	1.3%	8.3	\$53,350	6.0%	46.0%
	Cancer of bronchus; lung	368	9.2%	5.4	\$43,403	4.6%	53.0%
	Cancer; other respiratory and intrathoracic	8	0.2%	7.3	\$27,875	0.0%	62.5%
	Cancer of bone and connective tissue	31	0.8%	6.7	\$89,801	3.2%	22.6%
	Melanomas of skin	4	0.1%	3.5	\$11,678	0.0%	75.0%
	Other non-epithelial cancer of skin	25	0.6%	3.6	\$16,533	0.0%	24.0%
	Cancer of breast	72	1.8%	4.6	\$26,474	2.8%	51.4%
	Cancer of uterus	87	2.2%	2.8	\$24,160	0.0%	13.8%
	Cancer of cervix	18	0.5%	4.5	\$34,389	0.0%	27.8%
	Cancer of ovary	47	1.2%	8.5	\$51,901	2.1%	25.5%
	Cancer of other female genital organs	14	0.4%	2.9	\$20,833	0.0%	7.1%
	Cancer of prostate	115	2.9%	2.6	\$26,419	0.0%	18.3%
	Cancer of testis	3	0.1%	4.0	\$61,805	0.0%	33.3%
	Cancer of other male genital organs	1	0.0%	3.0	\$12,861	0.0%	100.0%
	Cancer of bladder	84	2.1%	6.5	\$40,109	3.6%	47.6%
	Cancer of kidney and renal pelvis	114	2.9%	3.7	\$33,202	0.0%	17.5%
	Cancer of other urinary organs	13	0.3%	4.6	\$36,653	0.0%	7.7%
	Cancer of brain and nervous system	83	2.1%	11.2	\$76,860	2.4%	57.8%
	Cancer of thyroid	23	0.6%	1.9	\$16,465	0.0%	4.3%
	Hodgkin's disease	13	0.3%	8.1	\$73,284	0.0%	23.1%

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Clinical Classifications Software Categories and Chapter Headings		Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Emergency Priority
	Non-Hodgkin's lymphoma	103	2.6%	11.6	\$93,861	5.8%	68.0%
	Leukemias	140	3.5%	18.2	\$194,520	7.1%	62.9%
	Multiple myeloma	46	1.2%	10.0	\$67,977	4.3%	60.9%
	Cancer; other and unspecified primary	23	0.6%	10.8	\$93,559	4.3%	39.1%
	Secondary malignancies	525	13.2%	6.6	\$37,935	5.1%	69.1%
	Malignant neoplasm without specification of site	38	1.0%	7.3	\$46,790	10.5%	65.8%
	Neoplasms of unspecified nature or uncertain behavior	118	3.0%	5.5	\$50,703	0.8%	44.9%
	Maintenance chemotherapy; radiotherapy	463	11.6%	6.2	\$53,648	0.4%	0.4%
	Benign neoplasm of uterus	224	5.6%	2.4	\$26,725	0.0%	6.3%
	Other and unspecified benign neoplasm	413	10.3%	5.0	\$46,481	0.7%	18.4%
	Total	3,992	100.0%	6.5	\$50,860	2.7%	37.2%
Endocrine, nutritional & metabolic diseases, & immunity disorders	Thyroid disorders	72	1.4%	4.2	\$28,995	1.4%	66.7%
	Diabetes mellitus without complication	23	0.4%	2.9	\$19,046	0.0%	73.9%
	Diabetes mellitus with complications	2,196	41.8%	6.1	\$37,194	0.6%	80.1%
	Other endocrine disorders	275	5.2%	5.3	\$27,841	1.5%	68.7%
	Nutritional deficiencies	67	1.3%	10.9	\$48,051	1.5%	64.2%
	Disorders of lipid metabolism	3	0.1%	5.0	\$34,469	0.0%	100.0%
	Gout and other crystal arthropathies	47	0.9%	4.8	\$19,668	0.0%	95.7%
	Fluid and electrolyte disorders	1,149	21.9%	4.1	\$20,661	1.3%	87.2%
	Cystic fibrosis	50	1.0%	10.2	\$140,589	0.0%	34.0%
	Immunity disorders	33	0.6%	9.3	\$89,538	0.0%	81.8%
	Other nutritional; endocrine; and metabolic disorders	1,334	25.4%	2.6	\$32,091	0.1%	14.2%
	Total	5,249	100.0%	4.8	\$32,890	0.7%	63.6%
Disease of the blood and blood forming organs	Deficiency and other anemia	454	32.2%	4.5	\$34,426	0.0%	82.4%
	Acute posthemorrhagic anemia	192	13.6%	4.2	\$24,093	1.6%	81.3%
	Sickle cell anemia	389	27.6%	4.0	\$26,917	0.0%	83.8%
	Coagulation and hemorrhagic disorders	205	14.5%	4.4	\$54,502	1.0%	72.2%
	Diseases of white blood cells	145	10.3%	5.2	\$35,701	0.7%	66.9%
	Other hematologic conditions	25	1.8%	4.6	\$32,658	4.0%	76.0%
	Total	1,410	100.0%	4.4	\$33,966	0.5%	79.4%
Mental disorders	Adjustment disorders	9	0.3%	2.6	\$18,103	0.0%	100.0%
	Anxiety disorders	34	1.0%	3.7	\$14,459	0.0%	91.2%
	Attention-deficit	3	0.1%	2.3	\$3,772	0.0%	100.0%
	Delirium	152	4.5%	13.9	\$29,870	0.7%	92.8%
	Developmental disorders	0	0.0%	N/A	N/A	N/A	N/A
	Disorders usually diagnosed in infancy	6	0.2%	5.3	\$28,429	0.0%	50.0%
	Impulse control disorders	0	0.0%	N/A	N/A	N/A	N/A
	Mood disorders	894	26.3%	7.3	\$15,491	0.1%	77.7%
	Personality disorders	2	0.1%	3.0	\$7,730	0.0%	100.0%
	Schizophrenia and other psychotic disorders	128	3.8%	9.0	\$21,986	0.0%	83.6%
	Alcohol-related disorders	1,183	34.8%	5.7	\$22,671	0.8%	90.3%
	Substance-related disorders	486	14.3%	4.8	\$22,665	5.6%	82.3%
	Screening and history of mental health and substance abuse codes	382	11.2%	4.4	\$24,448	1.0%	77.5%
	Miscellaneous disorders	119	3.5%	5.3	\$23,907	0.0%	73.1%
Total	3,398	100.0%	6.3	\$21,211	1.2%	83.6%	
Diseases of the nervous system and sense organs	Meningitis (except that caused by tuberculosis or STD)	79	1.8%	6.1	\$41,743	0.0%	68.4%
	Encephalitis (except that caused by tuberculosis or STD)	39	0.9%	12.0	\$155,983	5.1%	76.9%
	Other CNS infection and poliomyelitis	49	1.1%	19.8	\$82,401	4.1%	67.3%
	Parkinson's disease	46	1.1%	7.7	\$20,864	2.2%	65.2%
	Multiple sclerosis	107	2.5%	6.2	\$32,935	0.0%	73.8%
	Other hereditary and degenerative nervous system conditions	78	1.8%	6.7	\$33,111	2.6%	62.8%
	Paralysis	111	2.6%	11.9	\$83,344	0.0%	30.6%
	Epilepsy; convulsions	1,238	28.5%	5.0	\$32,486	0.7%	70.6%
	Headache; including migraine	294	6.8%	2.6	\$14,652	0.0%	90.8%
	Coma; stupor; and brain damage	24	0.6%	3.0	\$34,976	79.2%	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	0	0.0%	N/A	N/A	N/A	N/A	
	Retinal detachments; defects; vascular occlusion; and retinopathy	18	0.4%	12.7	\$130,219	0.0%	66.7%	
	Glaucoma	2	0.0%	3.0	\$7,452	0.0%	100.0%	
	Blindness and vision defects	30	0.7%	2.6	\$15,793	0.0%	83.3%	
	Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease)	47	1.1%	5.3	\$35,879	0.0%	68.1%	
	Other eye disorders	31	0.7%	4.0	\$22,489	0.0%	77.4%	
	Otitis media and related conditions	58	1.3%	2.8	\$19,903	0.0%	82.8%	
	Conditions associated with dizziness or vertigo	193	4.4%	2.2	\$9,049	0.0%	94.8%	
	Other ear and sense organ disorders	38	0.9%	3.9	\$27,619	0.0%	78.9%	
	Other nervous system disorders	1,868	42.9%	7.6	\$44,050	0.9%	39.8%	
	Total	4,350	100.0%	6.3	\$38,288	1.2%	58.8%	
Diseases of the circulatory system	Heart valve disorders	413	2.4%	6.5	\$136,701	2.4%	15.7%	
	Peri-, endo-, and myocarditis; cardiomyopathy (except that caused by tuberculosis or STD)	262	1.5%	12.6	\$81,045	3.1%	66.4%	
	Essential hypertension	28	0.2%	2.1	\$13,100	0.0%	96.4%	
	Hypertension with complications and secondary hypertension	4,368	25.2%	5.9	\$40,658	1.9%	80.9%	
	Acute myocardial infarction	1,699	9.8%	4.7	\$62,574	4.7%	72.5%	
	Coronary atherosclerosis and other heart disease	996	5.7%	4.8	\$65,647	0.8%	42.4%	
	Nonspecific chest pain	319	1.8%	2.2	\$15,382	0.0%	87.1%	
	Pulmonary heart disease	757	4.4%	4.8	\$29,696	2.9%	82.2%	
	Other and ill-defined heart disease	42	0.2%	4.6	\$28,956	7.1%	73.8%	
	Conduction disorders	257	1.5%	4.4	\$60,807	0.8%	71.6%	
	Cardiac dysrhythmias	1,832	10.6%	3.9	\$34,381	1.4%	72.7%	
	Cardiac arrest and ventricular fibrillation	137	0.8%	8.3	\$74,665	51.8%	75.2%	
	Congestive heart failure; nonhypertensive	663	3.8%	6.5	\$70,038	5.3%	79.8%	
	Acute cerebrovascular disease	2,595	15.0%	6.8	\$37,086	5.2%	83.6%	
	Occlusion or stenosis of precerebral arteries	384	2.2%	1.8	\$25,814	0.3%	10.2%	
	Other and ill-defined cerebrovascular disease	105	0.6%	5.9	\$61,947	0.0%	48.6%	
	Transient cerebral ischemia	364	2.1%	2.4	\$14,866	0.0%	90.9%	
	Late effects of cerebrovascular disease	530	3.1%	13.3	\$39,120	0.6%	15.8%	
	Peripheral and visceral atherosclerosis	387	2.2%	6.1	\$49,533	3.9%	51.4%	
	Aortic; peripheral; and visceral artery aneurysms	231	1.3%	5.7	\$100,915	5.6%	40.3%	
	Aortic and peripheral arterial embolism or thrombosis	88	0.5%	6.9	\$69,380	5.7%	69.3%	
	Other circulatory disease	409	2.4%	4.3	\$22,912	1.0%	86.3%	
	Phlebitis; thrombophlebitis and thromboembolism	347	2.0%	4.6	\$42,248	1.2%	79.5%	
	Varicose veins of lower extremity	14	0.1%	3.4	\$29,267	0.0%	57.1%	
	Hemorrhoids	58	0.3%	3.7	\$15,207	0.0%	84.5%	
	Other diseases of veins and lymphatics	64	0.4%	14.2	\$186,560	1.6%	78.1%	
		Total	17,349	100.0%	5.7	\$47,028	3.0%	70.9%
Diseases of the respiratory system	Pneumonia (except that caused by tuberculosis or STD)	3,001	24.1%	5.3	\$27,777	1.9%	85.5%	
	Influenza	942	7.6%	4.5	\$20,563	1.2%	86.6%	
	Acute and chronic tonsillitis	88	0.7%	1.9	\$16,308	0.0%	64.8%	
	Acute bronchitis	1,158	9.3%	2.8	\$20,445	0.1%	85.1%	
	Other upper respiratory infections	384	3.1%	3.3	\$24,947	0.0%	78.1%	
	Chronic obstructive pulmonary disease and bronchiectasis	2,270	18.2%	4.6	\$23,939	0.9%	83.9%	
	Asthma	1,119	9.0%	2.2	\$20,822	0.3%	88.6%	
	Aspiration pneumonitis; food/vomitus	608	4.9%	6.6	\$38,231	4.1%	69.6%	
	Pleurisy; pneumothorax; pulmonary collapse	380	3.0%	6.5	\$36,810	2.6%	72.9%	
	Respiratory failure; insufficiency; arrest (adult)	2,003	16.1%	9.8	\$90,810	9.2%	66.1%	
	Lung disease due to external agents	27	0.2%	6.3	\$40,759	7.4%	88.9%	
	Other lower respiratory disease	333	2.7%	4.2	\$25,688	1.2%	73.9%	
	Other upper respiratory disease	156	1.3%	5.4	\$108,494	0.0%	72.4%	
		Total	12,469	100.0%	5.3	\$36,953	2.5%	80.4%

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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	900	8.8%	4.6	\$24,001	0.6%	81.0%
	Disorders of teeth and jaw	84	0.8%	3.4	\$31,920	0.0%	59.5%
	Diseases of mouth; excluding dental	97	1.0%	4.6	\$26,124	1.0%	75.3%
	Esophageal disorders	347	3.4%	5.3	\$27,727	0.9%	77.5%
	Gastroduodenal ulcer (except hemorrhage)	115	1.1%	5.4	\$32,799	0.9%	80.9%
	Gastritis and duodenitis	254	2.5%	4.4	\$22,712	0.4%	90.2%
	Other disorders of stomach and duodenum	221	2.2%	5.9	\$29,630	0.9%	85.1%
	Appendicitis and other appendiceal conditions	443	4.3%	3.9	\$31,019	0.2%	70.9%
	Abdominal hernia	534	5.2%	4.9	\$34,374	0.7%	41.6%
	Regional enteritis and ulcerative colitis	335	3.3%	6.5	\$39,009	0.3%	73.4%
	Intestinal obstruction without hernia	1,024	10.0%	5.8	\$29,511	1.5%	80.2%
	Diverticulosis and diverticulitis	1,136	11.1%	5.2	\$28,583	0.3%	66.0%
	Anal and rectal conditions	110	1.1%	5.2	\$26,982	0.0%	52.7%
	Peritonitis and intestinal abscess	95	0.9%	6.4	\$34,018	0.0%	75.8%
	Biliary tract disease	909	8.9%	3.9	\$28,593	0.6%	71.9%
	Other liver diseases	339	3.3%	7.5	\$41,091	4.1%	78.5%
	Pancreatic disorders (not diabetes)	980	9.6%	4.9	\$24,989	0.2%	80.8%
	Gastrointestinal hemorrhage	1,243	12.2%	4.5	\$27,806	2.0%	79.2%
	Noninfectious gastroenteritis	322	3.2%	4.0	\$19,634	0.0%	82.0%
	Other gastrointestinal disorders	719	7.0%	5.7	\$38,681	1.4%	57.4%
Total	10,207	100.0%	5.0	\$29,361	0.9%	73.4%	
Diseases of the genitourinary system	Nephritis; nephrosis; renal sclerosis	57	1.2%	5.1	\$40,614	0.0%	61.4%
	Acute and unspecified renal failure	1,835	38.0%	5.6	\$25,595	1.7%	79.6%
	Chronic renal failure	40	0.8%	5.8	\$108,168	2.5%	35.0%
	Urinary tract infections	1,904	39.4%	5.0	\$21,165	0.5%	88.6%
	Calculus of urinary tract	105	2.2%	3.0	\$23,321	1.0%	67.6%
	Other diseases of kidney and ureters	271	5.6%	3.2	\$25,626	0.4%	67.9%
	Other diseases of bladder and urethra	61	1.3%	5.7	\$40,340	0.0%	54.1%
	Genitourinary symptoms and ill-defined conditions	73	1.5%	4.9	\$22,114	1.4%	84.9%
	Hyperplasia of prostate	43	0.9%	4.1	\$17,748	0.0%	60.5%
	Inflammatory conditions of male genital organs	71	1.5%	5.0	\$22,027	0.0%	85.9%
	Other male genital disorders	13	0.3%	6.1	\$24,499	0.0%	92.3%
	Nonmalignant breast conditions	50	1.0%	3.8	\$20,214	0.0%	66.0%
	Inflammatory diseases of female pelvic organs	70	1.4%	3.8	\$22,673	0.0%	74.3%
	Endometriosis	25	0.5%	2.8	\$23,760	0.0%	16.0%
	Prolapse of female genital organs	63	1.3%	1.4	\$13,314	0.0%	3.2%
	Menstrual disorders	20	0.4%	2.2	\$27,256	0.0%	35.0%
	Ovarian cyst	47	1.0%	2.1	\$21,620	0.0%	46.8%
	Menopausal disorders	8	0.2%	3.0	\$22,637	0.0%	62.5%
	Female infertility	0	0.0%	N/A	N/A	N/A	N/A
	Other female genital disorders	73	1.5%	3.0	\$26,920	0.0%	53.4%
Total	4,829	100.0%	4.9	\$24,386	0.9%	78.9%	
Complications of pregnancy, childbirth, & the puerperium	Contraceptive and procreative management	1	0.0%	2.0	\$16,519	0.0%	0.0%
	Spontaneous abortion	23	0.2%	2.3	\$14,312	0.0%	78.3%
	Induced abortion	6	0.1%	2.7	\$12,108	0.0%	33.3%
	Postabortion complications	2	0.0%	4.0	\$15,727	0.0%	50.0%
	Ectopic pregnancy	14	0.1%	1.5	\$11,255	0.0%	100.0%
	Other complications of pregnancy	1,105	9.7%	3.1	\$10,832	0.0%	43.1%
	Hemorrhage during pregnancy; abruptio placenta; placenta previa	121	1.1%	4.5	\$14,495	0.0%	52.9%
	Hypertension complicating pregnancy; childbirth and the puerperium	1,345	11.8%	3.6	\$12,517	0.0%	40.0%
	Early or threatened labor	336	3.0%	2.9	\$9,684	0.0%	64.9%
	Prolonged pregnancy	708	6.2%	2.8	\$8,888	0.0%	10.7%
	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	596	5.2%	2.8	\$10,157	0.0%	22.8%

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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	284	2.5%	2.8	\$12,171	0.0%	20.4%
	Fetopelvic disproportion; obstruction	53	0.5%	2.8	\$12,696	0.0%	24.5%
	Previous C-section	1,334	11.7%	2.7	\$10,595	0.0%	15.9%
	Fetal distress and abnormal forces of labor	314	2.8%	2.4	\$8,884	0.0%	59.9%
	Polyhydramnios and other problems of amniotic cavity	1,045	9.2%	3.4	\$10,596	0.0%	55.0%
	Umbilical cord complication	458	4.0%	2.4	\$8,644	0.0%	38.0%
	OB-related trauma to perineum and vulva	823	7.2%	2.2	\$8,620	0.0%	35.6%
	Forceps delivery	1	0.0%	3.0	\$23,636	0.0%	0.0%
	Other complications of birth; puerperium affecting management of mother	2,393	21.0%	2.5	\$9,069	0.0%	46.1%
	Normal pregnancy and/or delivery	425	3.7%	2.0	\$7,543	0.0%	37.6%
	Total	11,387	100.0%	2.8	\$10,088	0.0%	37.9%
Diseases of the skin and subcutaneous tissue	Skin and subcutaneous tissue infections	1,829	88.3%	4.7	\$19,401	0.3%	80.9%
	Other inflammatory condition of skin	42	2.0%	3.8	\$23,008	0.0%	66.7%
	Chronic ulcer of skin	163	7.9%	15.1	\$65,791	2.5%	64.4%
	Other skin disorders	37	1.8%	5.1	\$29,326	0.0%	64.9%
	Total	2,071	100.0%	5.5	\$23,302	0.4%	79.0%
Diseases of the musculo-skeletal system and connective tissue	Infective arthritis and osteomyelitis (except that caused by tuberculosis or STD)	417	5.0%	12.8	\$59,603	0.2%	71.5%
	Rheumatoid arthritis and related disease	44	0.5%	5.3	\$55,735	2.3%	54.5%
	Osteoarthritis	4,322	52.3%	1.4	\$36,278	0.0%	0.4%
	Other non-traumatic joint disorders	126	1.5%	3.7	\$44,793	0.0%	34.1%
	Spondylosis; intervertebral disc disorders; other back problems	1,923	23.3%	3.3	\$63,712	0.0%	17.6%
	Osteoporosis	0	0.0%	N/A	N/A	N/A	N/A
	Pathological fracture	282	3.4%	6.8	\$38,017	1.4%	83.3%
	Acquired foot deformities	36	0.4%	10.0	\$85,405	0.0%	5.6%
	Other acquired deformities	282	3.4%	7.0	\$148,218	0.4%	3.5%
	Systemic lupus erythematosus and connective tissue disorders	99	1.2%	8.8	\$58,538	2.0%	74.7%
	Other connective tissue disease	504	6.1%	5.2	\$35,407	0.4%	68.3%
	Other bone disease and musculoskeletal deformities	224	2.7%	3.6	\$91,580	0.0%	9.4%
Total	8,259	100.0%	3.2	\$49,886	0.1%	17.1%	
Congenital anomalies	Cardiac and circulatory congenital anomalies	238	39.9%	19.6	\$407,890	2.1%	13.0%
	Digestive congenital anomalies	69	11.6%	7.9	\$93,686	0.0%	30.4%
	Genitourinary congenital anomalies	26	4.4%	4.5	\$57,501	0.0%	19.2%
	Nervous system congenital anomalies	57	9.6%	10.3	\$126,678	0.0%	7.0%
	Other congenital anomalies	206	34.6%	6.7	\$143,248	1.9%	8.7%
	Total	596	100.0%	12.3	237,864	1.5%	13.3%
Certain conditions originating in the perinatal period	Liveborn	10,722	94.9%	3.9	\$11,190	0.3%	0.0%
	Short gestation; low birth weight; and fetal growth retardation	48	0.4%	31.9	\$259,371	10.4%	2.1%
	Intrauterine hypoxia and birth asphyxia	22	0.2%	16.2	\$180,237	9.1%	4.5%
	Respiratory distress syndrome	34	0.3%	29.5	\$250,858	8.8%	2.9%
	Hemolytic jaundice and perinatal jaundice	191	1.7%	1.7	\$9,466	0.0%	31.4%
	Birth trauma	3	0.0%	2.0	\$24,161	0.0%	33.3%
	Other perinatal conditions	280	2.5%	12.1	\$162,427	1.4%	34.3%
	Total	11,300	100.0%	4.3	\$17,016	0.4%	1.5%
Injury and poisoning	Joint disorders and dislocations; trauma-related	71	0.7%	7.6	\$91,068	1.4%	64.8%
	Fracture of neck of femur (hip)	940	9.7%	6.4	\$44,654	1.7%	73.4%
	Spinal cord injury	50	0.5%	14.6	\$64,404	2.0%	58.0%
	Skull and face fractures	125	1.3%	5.7	\$40,037	2.4%	90.4%
	Fracture of upper limb	406	4.2%	4.1	\$35,211	0.5%	75.6%
	Fracture of lower limb	761	7.9%	5.9	\$50,174	0.5%	74.6%
	Other fractures	1,004	10.4%	5.8	\$30,321	0.6%	82.7%
	Sprains and strains	45	0.5%	3.3	\$27,819	0.0%	55.6%

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	792	8.2%	9.2	\$51,256	6.7%	88.6%
	Crushing injury or internal injury	364	3.8%	6.7	\$43,322	2.5%	84.6%
	Open wounds of head; neck; and trunk	120	1.2%	4.8	\$35,703	0.8%	94.2%
	Open wounds of extremities	92	1.0%	5.0	\$29,655	0.0%	84.8%
	Complication of device; implant or graft	2,016	20.9%	6.3	\$52,378	1.5%	53.4%
	Complications of surgical procedures or medical care	1,863	19.3%	7.3	\$44,072	1.1%	63.8%
	Superficial injury; contusion	110	1.1%	4.1	\$19,458	0.0%	88.2%
	Burns	14	0.1%	3.0	\$20,853	0.0%	71.4%
	Poisoning by psychotropic agents	82	0.8%	4.2	\$22,584	2.4%	82.9%
	Poisoning by other medications and drugs	353	3.7%	4.8	\$28,807	5.1%	83.9%
	Poisoning by nonmedicinal substances	71	0.7%	4.4	\$20,892	0.0%	97.2%
	Other injuries and conditions due to external causes	369	3.8%	5.8	\$33,790	1.9%	88.1%
	Total	9,648	100.0%	6.4	\$43,565	1.8%	71.9%
Other conditions	Syncope	298	22.2%	2.7	\$14,646	0.0%	86.9%
	Fever of unknown origin	84	6.3%	3.8	\$18,582	1.2%	66.7%
	Lymphadenitis	51	3.8%	2.8	\$18,425	0.0%	76.5%
	Gangrene	96	7.1%	9.4	\$63,737	0.0%	54.2%
	Shock	32	2.4%	5.4	\$49,647	25.0%	71.9%
	Nausea and vomiting	66	4.9%	3.6	\$19,217	0.0%	77.3%
	Abdominal pain	155	11.5%	3.7	\$19,289	0.6%	81.9%
	Malaise and fatigue	90	6.7%	4.5	\$18,641	2.2%	74.4%
	Allergic reactions	80	6.0%	2.4	\$13,574	0.0%	85.0%
	Rehabilitation care; fitting of prostheses; and adjustment of	30	2.2%	10.5	\$44,775	0.0%	0.0%
	Administrative/social admission	0	0.0%	N/A	N/A	N/A	N/A
	Medical examination/evaluation	1	0.1%	1.0	\$1,686	0.0%	0.0%
	Other aftercare	304	22.6%	9.4	\$35,975	2.0%	3.0%
	Other screening for suspected conditions (not mental disorders or infectious disease)	57	4.2%	3.4	\$14,099	0.0%	54.4%
		Total	1,344	100.0%	5.3	\$25,803	1.3%
Total All CCS Diagnostic Codes		112,865	100.0%	5.2	\$35,238	1.7%	57.0%

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, Tenth Revision, Clinical Modification (ICD-10-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, 2018

Clinical Classifications Software Categories for Ecodes	Number of Discharges	Percent of Discharges	Mean LOS	Mean Total Charges	Percent Expired	Percent Emergency Admission
Cut/pierce	67	1.0%	4.0	\$16,813	0.0	94.0
Drowning/submersion	1	0.0%	11.0	\$115,656	0.0	100.0
Fall	978	14.4%	4.5	\$22,979	0.5	89.9
Fire/burn	7	0.1%	6.9	\$39,308	0.0	85.7
Firearm	45	0.7%	4.3	\$26,848	2.2	93.3
Machinery	9	0.1%	4.2	\$18,927	0.0	88.9
Motor vehicle traffic (MVT)	352	5.2%	4.1	\$26,317	0.3	88.4
Pedal cyclist; not MVT	14	0.2%	3.2	\$24,240	7.1	85.7
Pedestrian; not MVT	9	0.1%	3.0	\$19,094	N/A	88.9
Transport; not MVT	51	0.8%	2.7	\$16,426	0.0	94.1
Natural/environment	90	1.3%	3.6	\$18,688	0.0	76.7
Overexertion	4	0.1%	4.3	\$18,301	0.0	100.0
Struck by; against	114	1.7%	3.8	\$18,770	0.9	93.0
Adverse effects of medical care	534	7.9%	3.7	\$31,881	0.0	39.9
Adverse effects of medical drugs	2,440	36.0%	4.9	\$33,752	0.2	60.7
Other specified and classifiable	25	0.4%	5.5	\$22,906	0.0	80.0
Other specified; NEC	2	0.0%	6.5	\$11,055	0.0	100.0
Unspecified	1,213	17.9%	4.4	\$20,107	0.2	91.3
Total	6,778	100.0%	4.4	\$27,027	0.3	75.9

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

APPENDIX C

Table C1. Number of All-listed Procedures Performed during the Inpatient Stay by Procedure and Sex of Patient Delaware Hospitals, 2018

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
Operations on the nervous system	Incision and excision of CNS	182	171	353
	Insertion; replacement; or removal of extracranial ventricular shunt	63	73	136
	Laminectomy; excision intervertebral disc	652	700	1,352
	Diagnostic spinal tap	430	426	856
	Insertion of catheter or spinal stimulator and injection into spinal canal	53	101	154
	Decompression peripheral nerve	533	541	1,074
	Other diagnostic nervous system procedures	83	106	189
	Other non-OR or closed therapeutic nervous system procedures	81	115	196
	Other OR therapeutic nervous system procedures	682	584	1,266
	Total	2,759	2,817	5,576
Operations on the endocrine system	Thyroidectomy; partial or complete	17	40	57
	Diagnostic endocrine procedures	10	15	25
	Other therapeutic endocrine procedures	49	62	111
	Total	76	117	193
Operations on the eye	Corneal transplant	0	0	0
	Glaucoma procedures	2	1	3
	Lens and cataract procedures	0	0	0
	Repair of retinal tear; detachment	7	4	11
	Destruction of lesion of retina and choroid	0	0	0
	Diagnostic procedures on eye	11	14	25
	Other therapeutic procedures on eyelids; conjunctiva; cornea	37	29	66
	Other intraocular therapeutic procedures	3	1	4
	Other extraocular muscle and orbit therapeutic procedures	6	8	14
	Total	66	57	123
Operations on the ear	Tympanoplasty	1	1	2
	Myringotomy	37	40	77
	Mastoidectomy	2	5	7
	Diagnostic procedures on ear	29	26	55
	Other therapeutic ear procedures	108	104	212
	Total	177	176	353
Operations on the nose, mouth, and pharynx	Control of epistaxis	36	38	74
	Plastic procedures on nose	1	1	2
	Dental procedures	105	66	171
	Tonsillectomy and/or adenoidectomy	29	27	56
	Diagnostic procedures on nose; mouth and pharynx	213	151	364
	Other non-OR therapeutic procedures on nose; mouth and pharynx	157	107	264
	Other OR therapeutic procedures on nose; mouth and pharynx	165	123	288
	Total	706	513	1,219
Operations on the respiratory system	Tracheostomy; temporary and permanent	210	135	345
	Tracheoscopy and laryngoscopy with biopsy	39	25	64
	Lobectomy or pneumonectomy	114	126	240
	Diagnostic bronchoscopy and biopsy of bronchus	709	566	1,275
	Other diagnostic procedures on lung and bronchus	6	4	10
	Incision of pleura; thoracentesis; chest drainage	931	873	1,804
	Other diagnostic procedures of respiratory tract and mediastinum	68	35	103
	Other non-OR therapeutic procedures on respiratory system	306	244	550
	Other OR Rx procedures on respiratory system and mediastinum	281	432	713
	Total	2,664	2,440	5,104
Operations on the cardiovascular system	Heart valve procedures	309	228	537
	Coronary artery bypass graft (CABG)	851	266	1,117
	Percutaneous transluminal coronary angioplasty (PTCA)	1,136	558	1,694
	Coronary thrombolysis	1	0	1
	Diagnostic cardiac catheterization; coronary arteriography	4,254	2,507	6,761
	Insertion; revision; replacement; removal of cardiac pacemaker or cardioverter/defibrillator	1,235	809	2,044
	Other OR heart procedures	480	290	770
	Extracorporeal circulation auxiliary to open heart procedures	544	267	811

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Enderectomy; vessel of head and neck	354	230	584
	Aortic resection; replacement or anastomosis	5	6	11
	Varicose vein stripping; lower limb	0	0	0
	Other vascular catheterization; not heart	3,127	3,087	6,214
	Peripheral vascular bypass	179	90	269
	Other vascular bypass and shunt; not heart	18	22	40
	Creation; revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis	0	0	0
	Hemodialysis	1,257	949	2,206
	Other OR procedures on vessels of head and neck	329	262	591
	Embolectomy and endarterectomy of lower limbs	294	237	531
	Other OR procedures on vessels other than head and neck	1,921	1,265	3,186
	Other diagnostic cardiovascular procedures	480	418	898
	Other non-OR therapeutic cardiovascular procedures	587	507	1,094
	Total	17,361	11,998	29,359
Operations on the hemic and lymphatic system	Bone marrow transplant	14	23	37
	Bone marrow biopsy	105	102	207
	Procedures on spleen	29	47	76
	Other therapeutic procedures; hemic and lymphatic system	550	570	1,120
	Total	698	742	1,440
Operations on the digestive system	Injection or ligation of esophageal varices	0	0	0
	Esophageal dilatation	42	63	105
	Upper gastrointestinal endoscopy; biopsy	1,731	1,948	3,679
	Gastrostomy; temporary and permanent	237	185	422
	Colostomy; temporary and permanent	112	117	229
	Ileostomy and other enterostomy	97	102	199
	Gastrectomy; partial and total	183	685	868
	Small bowel resection	22	28	50
	Colonoscopy and biopsy	319	346	665
	Proctoscopy and anorectal biopsy	97	80	177
	Colorectal resection	341	459	800
	Local excision of large intestine lesion (not endoscopic)	160	182	342
	Appendectomy	255	243	498
	Hemorrhoid procedures	4	2	6
	Endoscopic retrograde cannulation of pancreas (ERCP)	33	41	74
	Biopsy of liver	98	99	197
	Cholecystectomy and common duct exploration	335	490	825
	Inguinal and femoral hernia repair	90	23	113
	Other hernia repair	129	182	311
	Laparoscopy (GI only)	84	84	168
	Abdominal paracentesis	479	380	859
	Exploratory laparotomy	14	4	18
	Excision; lysis peritoneal adhesions	322	615	937
	Peritoneal dialysis	63	84	147
	Other bowel diagnostic procedures	340	432	772
	Other non-OR upper GI therapeutic procedures	324	273	597
	Other OR upper GI therapeutic procedures	229	530	759
	Other non-OR lower GI therapeutic procedures	281	275	556
	Other OR lower GI therapeutic procedures	566	899	1,465
	Other gastrointestinal diagnostic procedures	338	346	684
	Other non-OR gastrointestinal therapeutic procedures	757	712	1,469
	Other OR gastrointestinal therapeutic procedures	500	630	1,130
	Total	8,582	10,539	19,121
Operations on the urinary system	Endoscopy and endoscopic biopsy of the urinary tract	98	94	192
	Transurethral excision; drainage; or removal urinary obstruction	241	110	351
	Ureteral catheterization	24	42	66
	Nephrotomy and nephrostomy	7	12	19

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Nephrectomy; partial or complete	92	67	159
	Kidney transplant	26	10	36
	Genitourinary incontinence procedures	0	7	7
	Extracorporeal lithotripsy; urinary	17	9	26
	Indwelling catheter	261	109	370
	Procedures on the urethra	72	37	109
	Other diagnostic procedures of urinary tract	66	70	136
	Other non-OR therapeutic procedures of urinary tract	286	267	553
	Other OR therapeutic procedures of urinary tract	445	553	998
	Total	1,635	1,387	3,022
Operations on the male genital organs	Transurethral resection of prostate (TURP)	47	0	47
	Open prostatectomy	104	0	104
	Circumcision	4,217	0	4,217
	Diagnostic procedures; male genital	40	0	40
	Other non-OR therapeutic procedures; male genital	38	0	38
	Other OR therapeutic procedures; male genital	107	0	107
	Total	4,553	0	4,553
Operations on the female genital organs	Oophorectomy; unilateral and bilateral	0	373	373
	Other operations on ovary	0	72	72
	Ligation or occlusion of fallopian tubes	0	81	81
	Other operations on fallopian tubes	0	1,160	1,160
	Hysterectomy; abdominal and vaginal	0	460	460
	Other excision of cervix and uterus	0	322	322
	Abortion (termination of pregnancy)	0	9	9
	Dilatation and curettage (D&C); aspiration after delivery or abortion	0	32	32
	Diagnostic dilatation and curettage (D&C)	0	24	24
	Repair of cystocele and rectocele; obliteration of vaginal vault	0	5	5
	Other diagnostic procedures; female organs	0	78	78
	Other non-OR therapeutic procedures; female organs	0	3,059	3,059
	Other OR therapeutic procedures; female organs	0	246	246
	Total	0	5,921	5,921
Obstetrical procedures	Removal of ectopic pregnancy	0	11	11
	Episiotomy	0	151	151
	Cesarean section	0	3,361	3,361
	Forceps; vacuum; and breech delivery	0	356	356
	Artificial rupture of membranes to assist delivery	0	2,950	2,950
	Other procedures to assist delivery	0	6,926	6,926
	Diagnostic amniocentesis	0	4	4
	Fetal monitoring	0	164	164
	Repair of current obstetric laceration	0	0	0
	Other therapeutic obstetrical procedures	0	222	222
	Total	0	14,145	14,145
Operations on the musculoskeletal system	Partial excision bone	565	343	908
	Bunionectomy or repair of toe deformities	0	0	0
	Treatment; facial fracture or dislocation	67	29	96
	Treatment; fracture or dislocation of radius and ulna	116	144	260
	Treatment; fracture or dislocation of hip and femur	516	811	1,327
	Treatment; fracture or dislocation of lower extremity (other than hip or femur)	546	637	1,183
	Other fracture and dislocation procedure	370	400	770
	Arthroscopy	2	1	3
	Division of joint capsule; ligament or cartilage	19	23	42
	Excision of semilunar cartilage of knee	0	0	0
	Arthroplasty knee	1,108	1,823	2,931
	Hip replacement; total and partial	906	1,159	2,065

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Arthroplasty other than hip or knee	178	296	474
	Arthrocentesis	108	65	173
	Injections and aspirations of muscles; tendons; bursa; joints and soft tissue	136	218	354
	Amputation of lower extremity	675	271	946
	Spinal fusion	1,704	1,906	3,610
	Other diagnostic procedures on musculoskeletal system	479	329	808
	Other therapeutic procedures on muscles and tendons	821	2,475	3,296
	Other OR therapeutic procedures on bone	365	403	768
	Other OR therapeutic procedures on joints	796	825	1,621
	Other non-OR therapeutic procedures on musculoskeletal system	102	97	199
	Other OR therapeutic procedures on musculoskeletal system	109	54	163
	Total	9,688	12,309	21,997
Operations on the integumentary system	Breast biopsy and other diagnostic procedures on breast	2	34	36
	Lumpectomy; quadrantectomy of breast	0	24	24
	Mastectomy	1	25	26
	Incision and drainage; skin and subcutaneous tissue	461	347	808
	Debridement of wound; infection or burn	0	0	0
	Excision of skin lesion	112	77	189
	Suture of skin and subcutaneous tissue	440	1,809	2,249
	Skin graft	105	48	153
	Other diagnostic procedures on skin and subcutaneous tissue	130	148	278
	Other non-OR therapeutic procedures on skin and breast	1,081	1,232	2,313
	Other OR therapeutic procedures on skin and breast	651	567	1,218
	Total	2,983	4,311	7,294
Miscellaneous diagnostic and therapeutic procedures	Other organ transplantation	2	0	2
	Computerized axial tomography (CT) scan head	5	9	14
	CT scan head and neck	0	0	0
	CT scan abdomen	4	5	9
	Other CT scan	14	5	19
	Myelogram	15	15	30
	Mammography	0	0	0
	Routine chest X-ray	0	1	1
	Intraoperative cholangiogram	1	3	4
	Upper gastrointestinal X-ray	12	5	17
	Lower gastrointestinal X-ray	0	0	0
	Intravenous pyelogram	68	99	167
	Cerebral arteriogram	285	244	529
	Contrast aortogram	145	100	245
	Contrast arteriogram of femoral and lower extremity arteries	174	114	288
	Arterio- or venogram (not heart and head)	427	374	801
	Diagnostic ultrasound of head and neck	54	56	110
	Diagnostic ultrasound of heart (echocardiogram)	374	217	591
	Diagnostic ultrasound of gastrointestinal tract	5	5	10
	Diagnostic ultrasound of urinary tract	1	4	5
	Diagnostic ultrasound of abdomen or retroperitoneum	6	2	8
	Other diagnostic ultrasound	183	134	317
	Magnetic resonance imaging	151	166	317
	Electroencephalogram (EEG)	81	97	178
Nonoperative urinary system measurements and monitoring	0	0	0	
Cardiac stress tests	0	0	0	
Electrocardiogram	111	82	193	

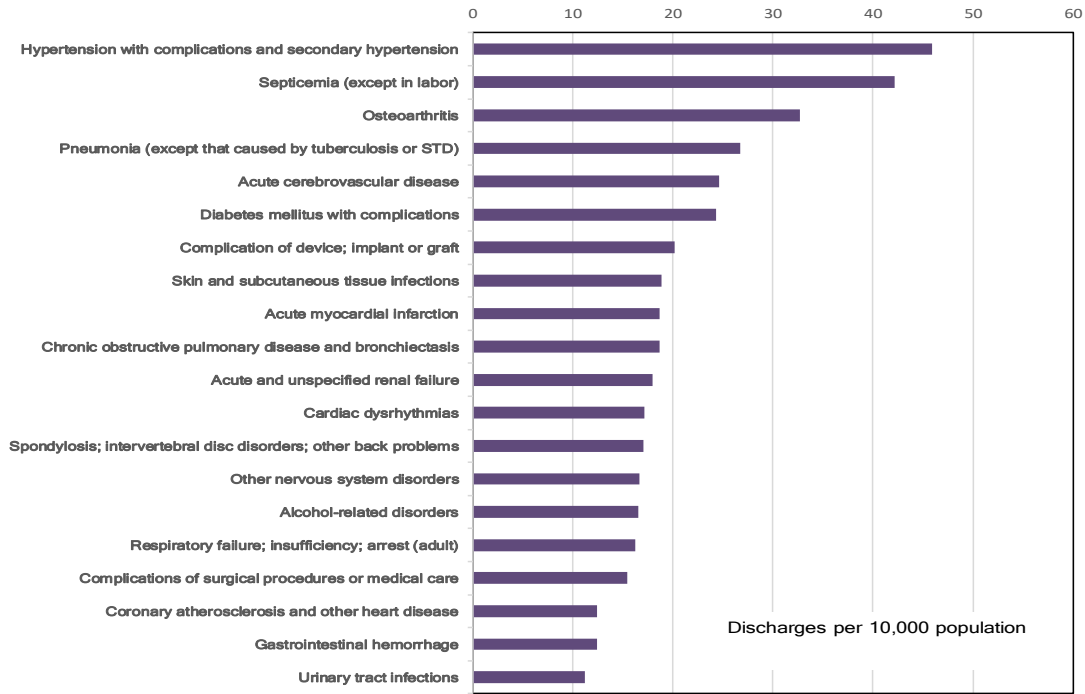
APPENDIX C

Single level CCS Procedure Categories and Chapter Headings	Male	Female	Total
Electrographic cardiac monitoring	7	2	9
Swan-Ganz catheterization for monitoring	83	70	153
Arterial blood gases	0	0	0
Radioisotope scan and function studies	0	1	1
Nuclear medicine imaging bone	0	0	0
Other radioisotope scan	2	1	3
Other nuclear medicine imaging	0	0	0
Therapeutic radiology for cancer treatment	5	9	14
Diagnostic physical therapy	0	0	0
Physical therapy exercises; manipulation; and other procedures	2	4	6
Traction; splints; and other wound care	100	159	259
Other physical therapy and rehabilitation	0	1	1
Respiratory intubation and mechanical ventilation	5,937	5,186	11,123
Other respiratory therapy	110	97	207
Psychological and psychiatric evaluation and therapy	11	27	38
Ophthalmologic and otologic diagnosis and treatment	22	16	38
Alcohol and drug rehabilitation/detoxification	0	0	0
Nasogastric tube	71	62	133
Blood transfusion	1,420	1,367	2,787
Enteral and parenteral nutrition	313	399	712
Cancer chemotherapy	259	217	476
Conversion of cardiac rhythm	531	391	922
Other diagnostic radiology and related techniques	194	223	417
Other diagnostic procedures (interview; evaluation; consultation)	290	266	556
Prophylactic vaccinations and inoculations	395	484	879
Nonoperative removal of foreign body	115	96	211
Other therapeutic procedures	964	3,570	4,534
Total	12,949	14,385	27,334

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

APPENDIX D

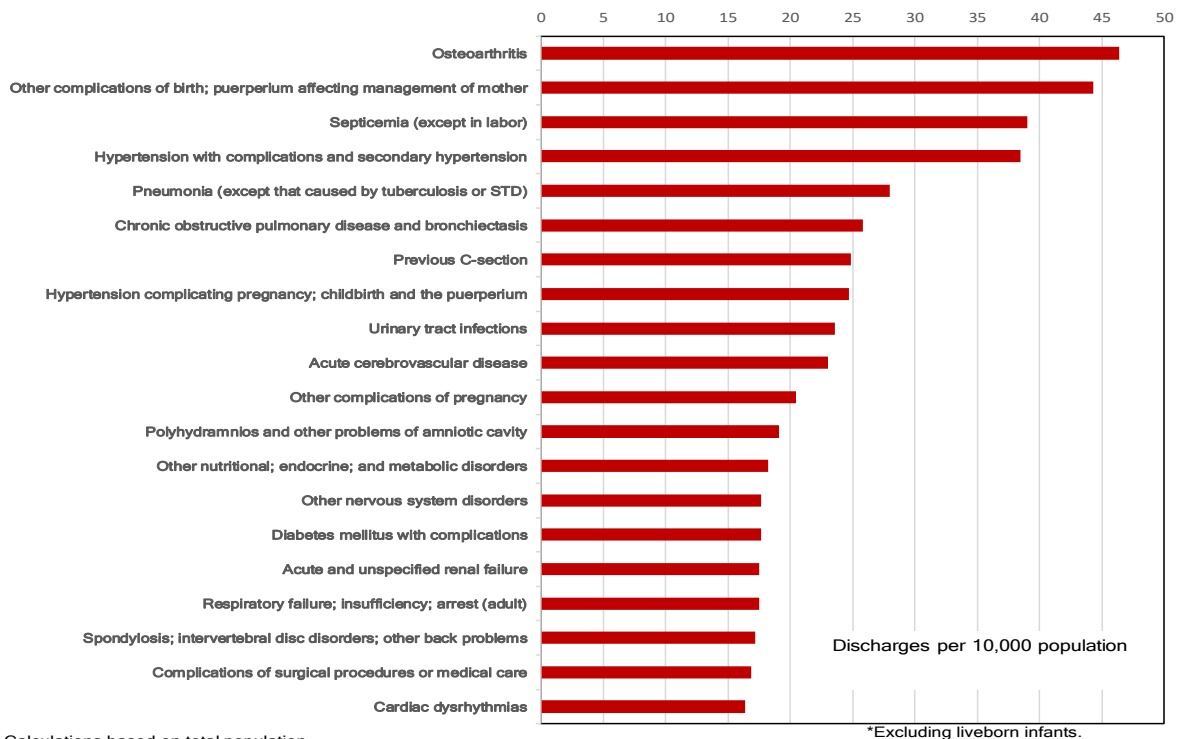
Figure D1. Annual Hospitalization Rates for the 20 Most Frequent Diagnoses* of Male Residents, Delaware, 2018



Note: Calculations based on total population.

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

Figure D2. Annual Hospitalization Rates for the 20 Most Frequent Diagnoses* of Female Residents, Delaware, 2018



Note: Calculations based on total population.

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

APPENDIX E

Table E1. Number and Percentage of Conditions with the 10 Highest Total Charges, Delaware Hospitals, 2018

Rank	CCS Principal Diagnoses	Total Billed Charges	% of Total Charges	Number of Discharges
1	Septicemia (except in labor)	\$228,773,275	5.8%	4,196
2	Respiratory failure; insufficiency; arrest (adult)	\$181,891,836	4.6%	2,003
3	Hypertension with complications and secondary hypertension	\$177,596,027	4.5%	4,368
4	Osteoarthritis	\$156,794,674	3.9%	4,322
5	Spondylosis; intervertebral disc disorders; other back problems	\$122,518,358	3.1%	1,923
6	Liveborn	\$119,981,761	3.0%	10,722
7	Acute myocardial infarction	\$106,313,952	2.7%	1,699
8	Complication of device; implant or graft	\$105,594,507	2.7%	2,016
9	Cardiac and circulatory congenital anomalies	\$97,077,709	2.4%	238
10	Acute cerebrovascular disease	\$96,238,699	2.4%	2,595
Total for 10 most expensive conditions		\$1,392,780,797	35.0%	34,082
Total aggregate charges for all discharges		\$3,977,109,194	100.0%	112,865

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

Table E2. Number and Percentage of Discharges with Highest Mean Charges, Delaware Hospitals, 2018

CCS Principal Diagnoses	Number Discharges			% of Total Discharges			Mean Charges		
	2008	2013	2018	2008	2013	2018	2008	2013	2018
Total All Discharges	112,107	109,751	112,865	100.0%	100.0%	100.0%	\$21,289	\$24,740	\$35,238
Cardiac and circulatory congenital anomalies	235	192	238	0.2%	0.2%	0.2%	\$159,516	\$370,634	\$407,890
Short gestation; low birth weight; and fetal	87	37	48	0.1%	0.0%	0.0%	\$74,688	\$134,252	\$259,371
Respiratory distress syndrome	37	41	34	0.0%	0.0%	0.0%	\$46,753	\$247,618	\$250,858
Leukemias	132	122	140	0.1%	0.1%	0.1%	\$124,844	\$143,480	\$194,520
Other diseases of veins and lymphatics	67	76	64	0.1%	0.1%	0.1%	\$24,922	\$25,405	\$186,560
Intrauterine hypoxia and birth asphyxia	4	19	22	0.0%	0.0%	0.0%	\$14,640	\$120,999	\$180,237
Other perinatal conditions	284	317	280	0.3%	0.3%	0.2%	\$59,981	\$71,366	\$162,427
Encephalitis (except that caused by	25	39	39	0.0%	0.0%	0.0%	\$41,571	\$32,454	\$155,983
Other acquired deformities	286	242	282	0.3%	0.2%	0.2%	\$73,957	\$72,970	\$148,218
Other congenital anomalies	315	222	206	0.3%	0.2%	0.2%	\$56,803	\$74,885	\$143,248

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

Table E3. Number, Percentage and Mean Charges for the Highest Volume of Hospital Discharges, Delaware, 2018

CCS Principal Diagnoses	Number Discharges			% of Total Discharges			Mean Charges		
	2008	2013	2018	2008	2013	2018	2008	2013	2018
Total All Discharges	112,107	109,751	112,865	100.0%	100.0%	100.0%	\$21,289	\$24,740	\$35,238
Liveborn	12,218	10,916	10,722	10.9%	9.9%	9.5%	\$5,574	\$8,224	\$11,190
Hypertension with complications and secondary hypertension	634	689	4,368	0.6%	0.6%	3.9%	\$21,911	\$26,559	\$40,658
Osteoarthritis	2,857	3,280	4,322	2.5%	3.0%	3.8%	\$30,369	\$34,504	\$36,278
Septicemia (except in labor)	1,910	3,409	4,196	1.7%	3.1%	3.7%	\$45,309	\$44,139	\$54,522
Pneumonia (except that caused by tuberculosis or STD)	2,854	3,296	3,001	2.5%	3.0%	2.7%	\$21,408	\$22,553	\$27,777
Acute cerebrovascular disease	1,756	2,144	2,595	1.6%	2.0%	2.3%	\$27,029	\$27,626	\$37,086
Other complications of birth; puerperium affecting	1,883	1,635	2,393	1.7%	1.5%	2.1%	\$7,936	\$8,658	\$9,069
Chronic obstructive pulmonary disease and bronchiectasis	1,879	2,183	2,270	1.7%	2.0%	2.0%	\$16,574	\$16,111	\$23,939
Diabetes mellitus with complications	1,636	1,793	2,196	1.5%	1.6%	1.9%	\$19,110	\$21,389	\$37,194
Complication of device; implant or graft	1,777	1,833	2,016	1.6%	1.7%	1.8%	\$34,974	\$44,823	\$52,378

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

2018 Delaware Hospitalizations

Table F1. Number and Percentage of Top 10 Most Frequent Diagnoses for Medicare, Delaware Hospitals, 2018

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Medicare</i>
Hypertension with complications and secondary hypertension	3,302	6.7%
Septicemia (except in labor)	2,788	5.7%
Osteoarthritis	2,656	5.4%
Pneumonia (except that caused by tuberculosis or STD)	1,887	3.9%
Acute cerebrovascular disease	1,767	3.6%
Chronic obstructive pulmonary disease and bronchiectasis	1,646	3.4%
Cardiac dysrhythmias	1,361	2.8%
Urinary tract infections	1,324	2.7%
Acute and unspecified renal failure	1,302	2.7%
Complication of device; implant or graft	1,274	2.6%

Table F2. Number and Percentage of Top 10 Most Frequent Diagnoses for Medicaid, Delaware Hospitals, 2018

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Medicaid</i>
Liveborn	5,173	18.5%
Other complications of birth; puerperium affecting management of mother	1,107	4.0%
Septicemia (except in labor)	685	2.4%
Diabetes mellitus with complications	676	2.4%
Alcohol-related disorders	656	2.3%
Acute bronchitis	620	2.2%
Asthma	609	2.2%
Previous C-section	603	2.2%
Hypertension complicating pregnancy; childbirth and the puerperium	546	2.0%
Other complications of pregnancy	543	1.9%

Table F3. Number and Percentage of Top 10 Most Frequent Diagnoses for Privately Insured, Delaware Hospitals, 2018

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Private Insurers</i>
Liveborn	5,001	16.0%
Osteoarthritis	1,349	4.3%
Other complications of birth; puerperium affecting management of mother	1,188	3.8%
Other nutritional; endocrine; and metabolic disorders	755	2.4%
Hypertension complicating pregnancy; childbirth and the puerperium	727	2.3%
Previous C-section	689	2.2%
Septicemia (except in labor)	578	1.8%
Pneumonia (except that caused by tuberculosis or STD)	537	1.7%
Polyhydramnios and other problems of amniotic cavity	530	1.7%
Complications of surgical procedures or medical care	519	1.7%

Table F4. Number and Percentage of Top 10 Most Frequent Diagnoses for Uninsured, Delaware Hospitals, 2018

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Uninsured Patients</i>
Liveborn	239	11.9%
Alcohol-related disorders	77	3.8%
Diabetes mellitus with complications	74	3.7%
Hypertension with complications and secondary hypertension	73	3.6%
Septicemia (except in labor)	70	3.5%
Pancreatic disorders (not diabetes)	60	3.0%
Skin and subcutaneous tissue infections	59	2.9%
Acute cerebrovascular disease	48	2.4%
Pneumonia (except that caused by tuberculosis or STD)	47	2.3%
Acute myocardial infarction	42	2.1%

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

APPENDIX G

Table G1. Conditions with the Highest Number of In-Hospital Deaths by Age Group¹, Delaware Hospitals, 2018

Diagnosis	Age Group in Years					TOTAL
	Under 1	0-17	18-44	45-64	65+	
Septicemia (except in labor)	1	5	10	87	299	402
Respiratory failure; insufficiency; arrest (adult)	1	7	11	42	123	184
Acute cerebrovascular disease	0	0	2	28	105	135
Hypertension with complications and secondary hypertension	0	0	0	10	71	81
Acute myocardial infarction	0	0	0	24	56	80
Cardiac arrest and ventricular fibrillation	0	1	7	16	47	71
Pneumonia (except that caused by tuberculosis or STD)	0	0	2	6	48	56
Intracranial injury	1	4	10	11	27	53
Congestive heart failure; nonhypertensive	1	1	1	6	26	35
Acute and unspecified renal failure	0	0	0	7	25	32
Complication of device; implant or graft	0	1	1	12	17	31
Liveborn	30	0	0	0	0	30
Secondary malignancies	0	0	2	10	15	27
Substance-related disorders	0	0	17	9	1	27
Coma; stupor; and brain damage	1	3	5	5	5	19
Poisoning by other medications and drugs	0	0	11	7	0	18
Other nervous system disorders	0	0	4	2	10	16
Diabetes mellitus with complications	0	0	4	4	6	14
Leukemias	0	1	0	2	7	10
Epilepsy; convulsions	0	3	2	1	3	9
Other injuries and conditions due to external causes	0	2	3	2	0	7
Cardiac and circulatory congenital anomalies	5	0	0	0	0	5
Short gestation; low birth weight; and fetal growth retardation	5	0	0	0	0	5
Other congenital anomalies	4	0	0	0	0	4
Other perinatal conditions	4	0	0	0	0	4
Respiratory distress syndrome	3	0	0	0	0	3
Skull and face fractures	0	1	2	0	0	3
Encephalitis (except that caused by tuberculosis or STD)	0	1	0	0	1	2
Intrauterine hypoxia and birth asphyxia	2	0	0	0	0	2
All Discharges to Death	58	36	121	409	1,286	1,910

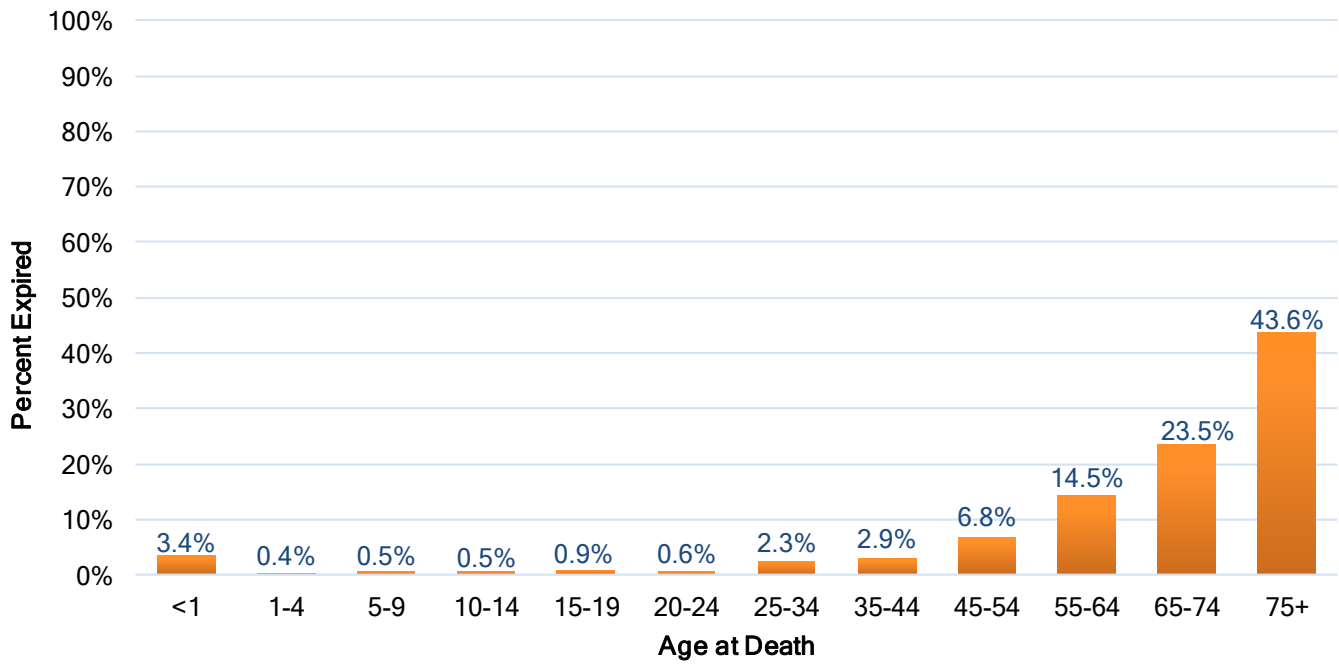
Notes:

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

Figure H1. Percentage of Patients who Died while Hospitalized by Age Group, Delaware Hospitals, 2018



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

Table I1. Number of Discharges by ZIP Code and Delaware Hospital, 2018

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
19701	228	35	*	3,345	*	124	10
19702	353	27	*	4,100	0	210	*
19703	117	*	*	1,057	0	227	*
19706	*	0	0	202	*	*	*
19707	63	0	*	1,168	0	39	*
19708	*	0	0	*	0	*	0
19709	248	146	*	3,049	*	75	*
19710	0	0	*	14	0	0	0
19711	172	11	10	3,084	*	124	*
19712	0	0	0	14	0	*	0
19713	237	17	*	3,379	0	108	10
19714	*	0	0	33	0	*	0
19715	0	0	0	*	0	0	0
19716	0	0	0	*	0	0	0
19717	0	0	0	*	0	0	0
19718	0	0	0	10	0	0	0
19720	514	29	13	5,758	0	611	19
19730	*	*	0	54	0	*	0
19731	0	*	0	13	0	*	0
19732	0	0	0	14	0	0	*
19733	*	0	0	42	0	0	0
19734	72	141	*	928	*	22	*
19735	0	0	0	0	0	*	0
19736	0	0	0	12	0	0	0
19760	0	0	0	0	0	*	0
19801	219	*	0	1,871	0	567	*
19802	280	*	0	2,617	0	554	10
19803	97	*	*	1,696	0	214	*
19804	162	*	*	1,859	*	211	*
19805	500	14	*	3,340	*	1,460	21
19806	18	*	*	880	0	336	*
19807	23	*	*	569	*	36	*
19808	199	*	*	3,432	0	230	*

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
19809	100	*	*	1,144	0	165	*
19810	103	*	*	1,651	0	228	*
19823	0	0	0	*	0	0	0
19850	*	*	0	10	0	0	0
19899	*	0	0	29	0	*	0
19901	186	3,964	25	372	*	23	*
19902	0	*	0	*	0	0	0
19903	*	48	*	12	0	*	*
19904	131	3,441	16	478	17	25	*
19905	0	0	0	*	0	0	0
19930	0	*	141	21	*	0	*
19931	*	0	0	*	14	0	0
19933	39	168	62	110	721	0	0
19934	48	1,236	10	151	10	*	*
19936	*	59	*	*	*	0	0
19938	67	578	*	303	0	*	*
19939	11	27	359	49	57	0	*
19940	18	18	14	24	203	0	*
19941	13	282	48	25	32	*	*
19943	44	1,344	24	141	28	*	*
19944	0	0	20	0	*	0	0
19945	*	31	342	42	96	*	*
19946	18	443	13	52	*	*	*
19947	77	286	941	154	692	*	*
19950	15	440	47	44	247	*	*
19951	*	19	134	11	12	0	*
19952	43	1,181	33	102	28	*	*
19953	26	405	*	68	0	*	*
19954	*	177	*	10	*	0	*
19955	0	36	0	*	0	0	0
19956	53	112	107	112	1,120	*	0
19958	33	155	2,150	218	33	*	*
19960	37	550	150	70	36	*	*
19961	0	*	0	0	0	0	0
19962	71	1,127	15	105	11	*	0
19963	86	1,952	191	160	72	*	*
19964	*	161	0	21	*	*	*

APPENDIX I

ZIP CODE	A I DUPONT HOSPITAL	BAYHEALTH MEDICAL CENTER	BEEBE MEDICAL CENTER	CHRISTIANA CARE HEALTH SYSTEM	NANTICOKE MEMORIAL HOSPITAL	SAIN T FRANCIS HOSPITAL	SELECT MEDICAL WILIMINGTON
19966	80	247	2,511	303	306	*	*
19967	0	*	77	18	*	0	0
19968	29	273	857	128	29	*	*
19969	0	*	16	*	*	0	0
19970	*	21	496	48	14	0	*
19971	12	89	1,192	163	20	*	*
19973	96	180	144	245	2,263	*	*
19975	14	19	235	36	64	0	*
19976	0	0	0	0	*	0	0
19977	120	1,622	10	878	*	25	*
19979	*	58	0	*	*	0	0
19980	*	20	0	0	0	0	0
MD	445	466	194	3,292	437	122	65
NJ	799	31	35	1,506	*	47	17
Other State	134	141	169	370	26	36	*
PA	2,769	66	146	2,319	*	114	10
Unknown	11	*	*	50	0	*	0
Total	9,272	21,973	11,037	57,627	6,636	6,031	322

*Zip codes with less than 10 cases

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

Table J1. Selected Accident Events, Delaware Hospitals, 2018

Selected Accident Events, 2018	
	Number
Adverse effect of antineoplastic and immunosup drugs, init	409
Adverse effect of glucocort/synth analog, init	344
Other external cause status	301
Prosth/oth implnt/mtrls orthopedic devices assoc w incdt	256
Unspecified fall, initial encounter	160
Nosocomial condition	157
Fall same lev from slip/trip w/o strike against object, init	147
Adverse effect of other opioids, initial encounter	130
Advrs eff of crbnc-anhydr inhibtr, benzo/oth diuretc, init	118
Adverse effect of anticoagulants, initial encounter	104
Blood alcohol level of 240 mg/100 ml or more	102
Activity, walking, marching and hiking	80
Fall (on) (from) other stairs and steps, initial encounter	68
Adverse effect of angiotens-convert-enzyme inhibitors, init	68
Adverse effect of nonsteroidal anti-inflammatory drugs, init	66
Fall (on) (from) unspecified stairs and steps, init encntr	62
Adverse effect of other systemic antibiotics, init encntr	61
Adverse effect of antineopl and immunosup drugs, sequela	59
Adverse effect of loop diuretics, initial encounter	58
Fall on same level, unspecified, initial encounter	57
Prosth/oth implnt/mtrls cardiovascular devices assoc w incdt	57
Adverse effect of unspecified narcotics, initial encounter	56
Car driver injured in collision w car in traf, init	52
Adverse effect of beta-adrenoreceptor antagonists, init	48
Fall same lev from slip/trip w strike agnst oth object, init	45
Fall on and from ladder, initial encounter	44
Adverse effect of antiepileptic and sed-hypntc drugs, init	43
Adverse effect of diagnostic agents, initial encounter	43
Other fall from one level to another, initial encounter	40
Adverse effect of benzodiazepines, initial encounter	36
Fall from bed, initial encounter	35
Car driver injured in clsn with statnry object in traf, init	35
Adverse effect of antiasthmatics, initial encounter	35
Adverse effect of sulfonamides, initial encounter	34
Adverse effect of penicillins, initial encounter	32
Fall on same level due to ice and snow, initial encounter	31
Driver injured in collision w unsp mv in traf, init	31
Implnt of artif int dev cause abn react/compl, w/o misadvnt	31
Oth surgical procedures cause abn react/compl, w/o misadvnt	31
Adverse effect of other antihypertensive drugs, init encntr	31
Prosth/oth implnt/mtrls gastroent and urol dev assoc w incdt	30
Adverse effect of cephalospor/oth beta-lactm antibiot, init	29
Blood alcohol level of 120-199 mg/100 ml	29
Adverse effect of unsp systemic antibiotic, init encntr	28
Adverse effect of insulin and oral hypoglycemic drugs, init	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**



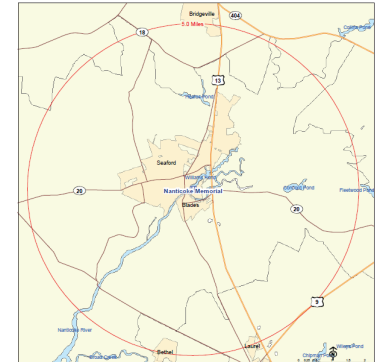
**Milford Memorial Hospital
BayHealth Medical Center**



Beebe Medical Center



Nanticoke Memorial Hospital



Select Specialty Hospital



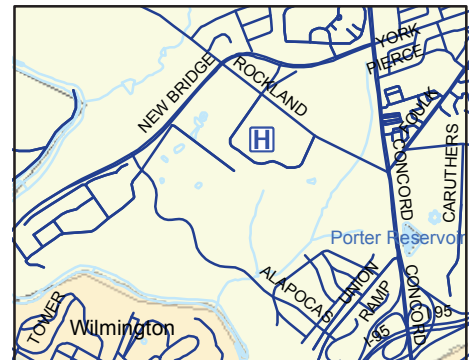
Alfred I. duPont Hospital for Children



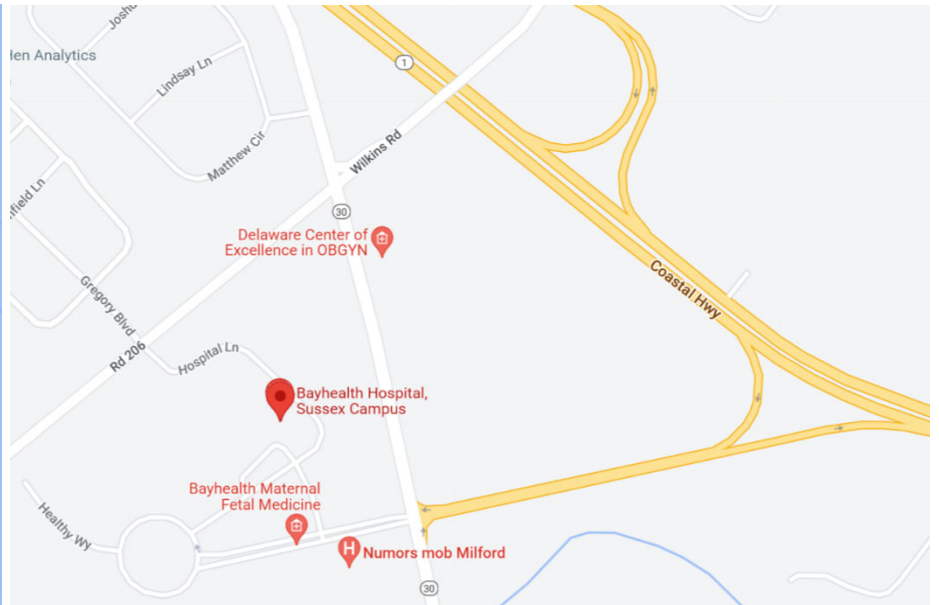
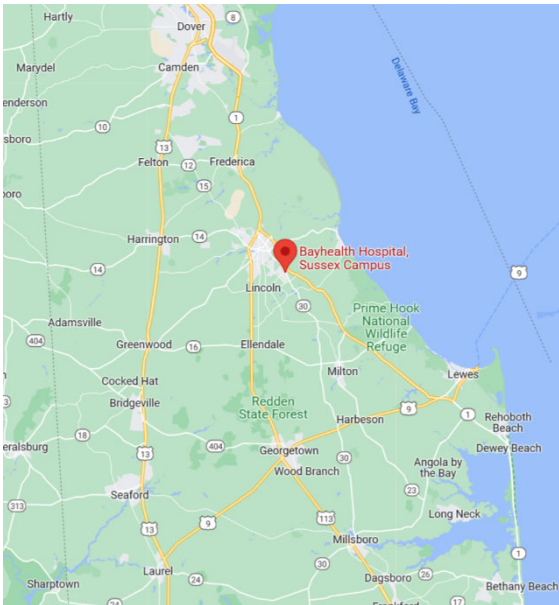
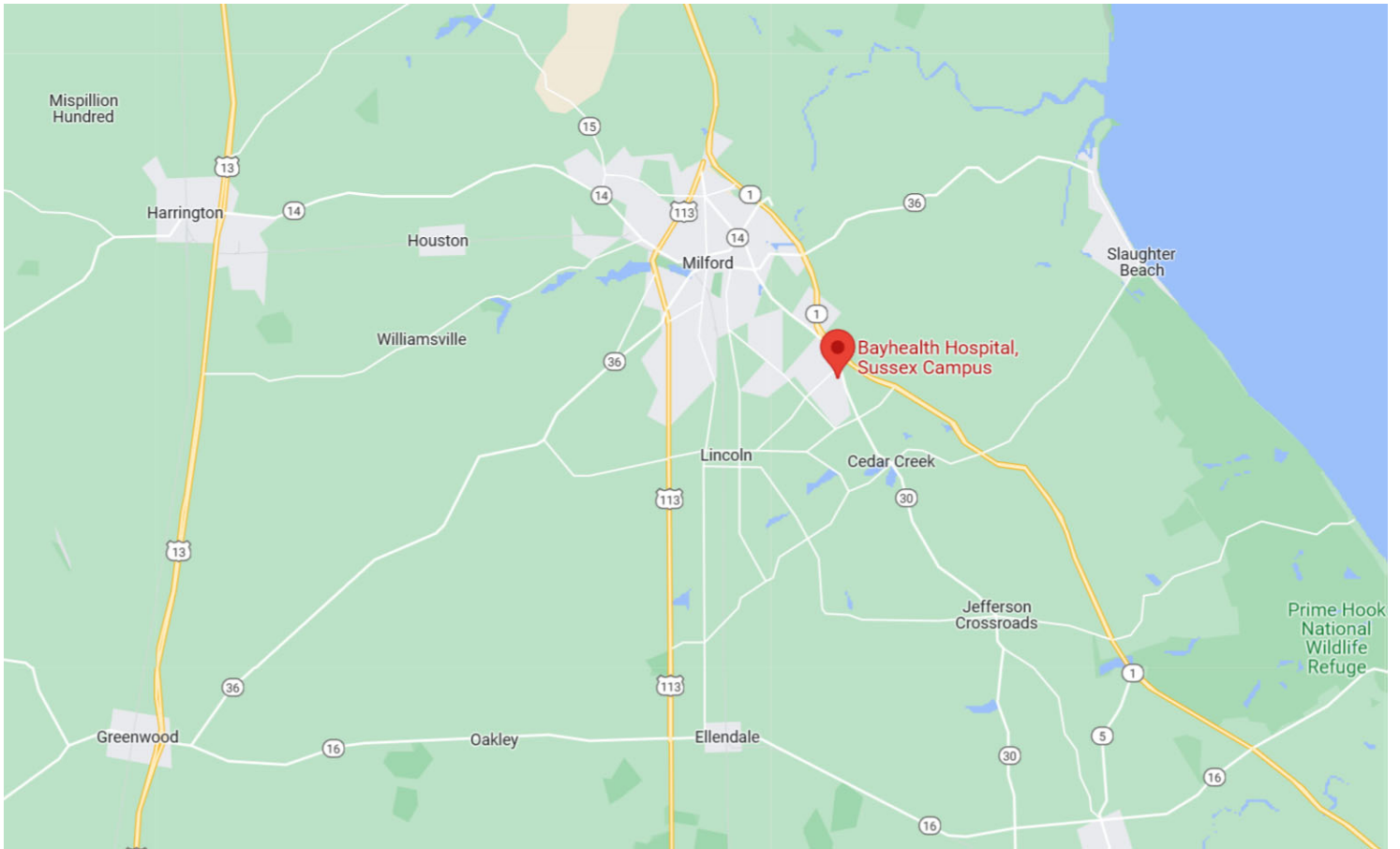
Contact Information:

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

[Website](#)



Bayhealth Hospital, Sussex Campus



Contact Information:

100 Wellness Way
Milford, DE 19963

(302) 422-3311

[Website](#)

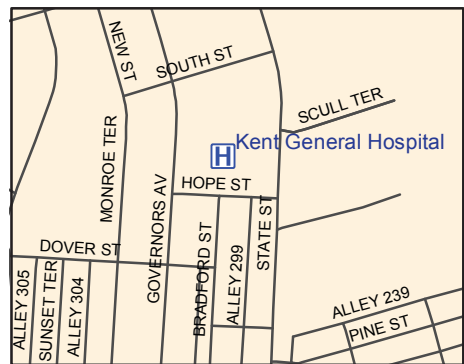
Kent General Hospital Bayhealth Medical Center



Contact Information:

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

[Website](#)



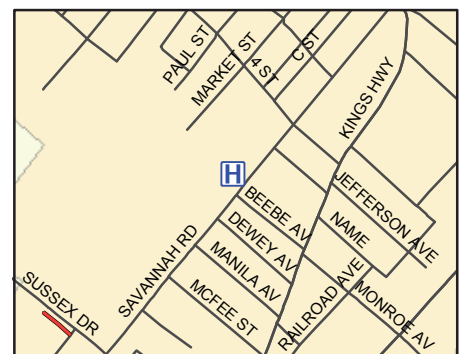
Beebe Medical Center



Contact Information:

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

[Website](#)



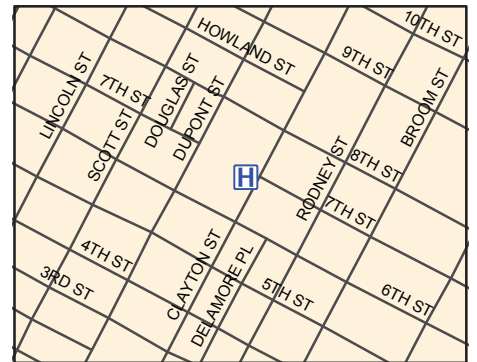
St. Francis Hospital



Contact Information:

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

[Website](#)



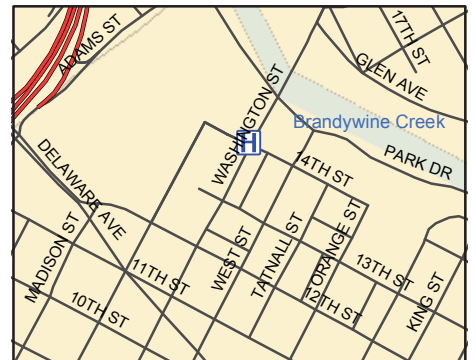
Wilmington Hospital Christiana Care Health System



Contact Information:

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

[Website](#)



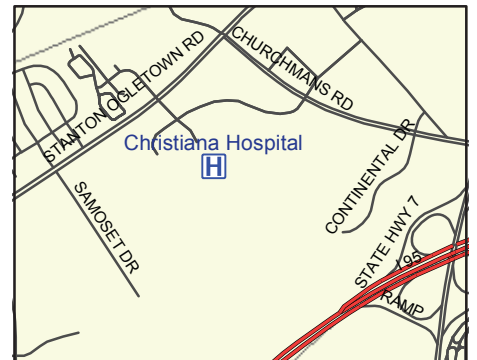
Christiana Hospital Christiana Care Health System



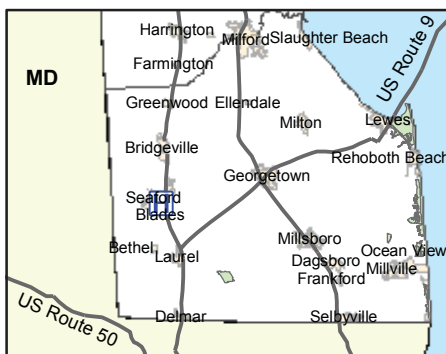
Contact Information:

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

[Website](#)



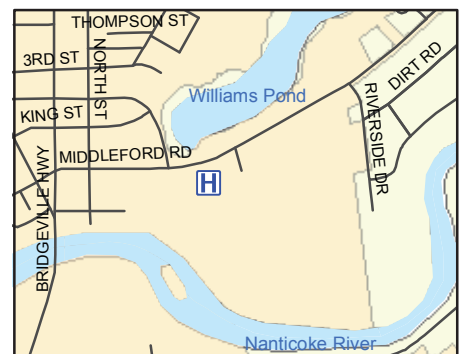
Nanticoke Memorial Hospital



Contact Information:

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

[Website](#)



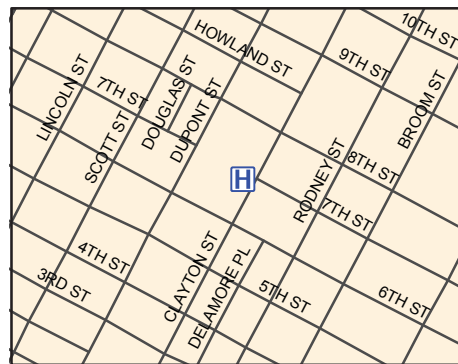
Select Specialty Hospital



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 2018 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/icd-10-cm.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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