
DELAWARE HOSPITAL
DISCHARGE SUMMARY
REPORT ♦ 2015

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DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Acknowledgments

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EXECUTIVE SUMMARY

This report describes:

Patient Characteristics

- Most Frequent Reason for Hospitalizations
- Patient Admission Source

Hospital Charges and Billing Patterns

Patient Discharge Status

Patient Distribution

Data in this report will present 2015 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 decreased slightly from 2014 to 2015 declining from 111,341 in 2014 to 110,784 in 2015. Total aggregate charges increased by 6.7 percent between 2014 and 2015. (see page 20).
- Women accounted for 57.0 percent of all discharges compared to 43.0 percent for men. In the 25 to 34-year age group, four out of every five discharges were women.
- Inpatient hospitalizations in 2015 generated total charges of \$3.20 billion; 45.9 percent of that total (\$1.47 billion) was billed to Medicare.
- In 2015, the average length of stay (ALOS) was 5.0 days and the mean charge for a hospitalization was \$28,918.
- The most frequent reasons for hospitalization fell under the category of diseases of the circulatory system, and included congestive heart failure, coronary artery disease, cardiac dysrhythmias (irregular heartbeat), and stroke.
- The point of origin for 23.1 percent of hospitalizations was a clinic or physician's office.
- Non-residents accounted for 12.6 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.

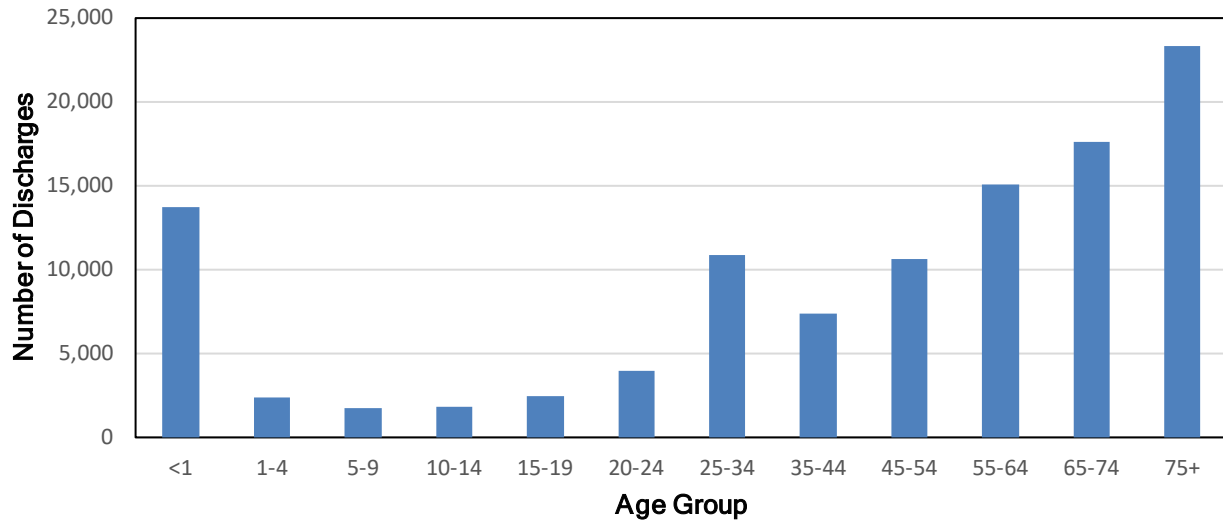
EXECUTIVE SUMMARY

- Hospital stays for previous C-sections represented 8.9 percent of pregnancy related discharges compared to 4.1 percent for normal deliveries.
- The average length of stay for premature and low birth weight babies was 31.4 days compared to 4.0 days for all deliveries.
- Over two-thirds of patients underwent a procedure while hospitalized; 25.6 percent had only one procedure, 17.1 had two procedures, and 24.2 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; 61.0 percent of uninsured patients and 66.1 percent of Medicare patients were classified as emergency/trauma at admission in 2015.
- Medicare and private insurers were the primary payers in 41.9 and 30.7 percent, respectively, of all hospital discharges in 2015. Medicaid was the primary payer in 23.1 percent of all hospital stays, and uninsured hospitalizations accounted for 1.1 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 12.4 percent of all discharges in 2015; the majority of these discharges were infants hospitalized by virtue of being born in the hospital. Patients 65 and older were responsible for 36.9 percent of all discharges in 2015.

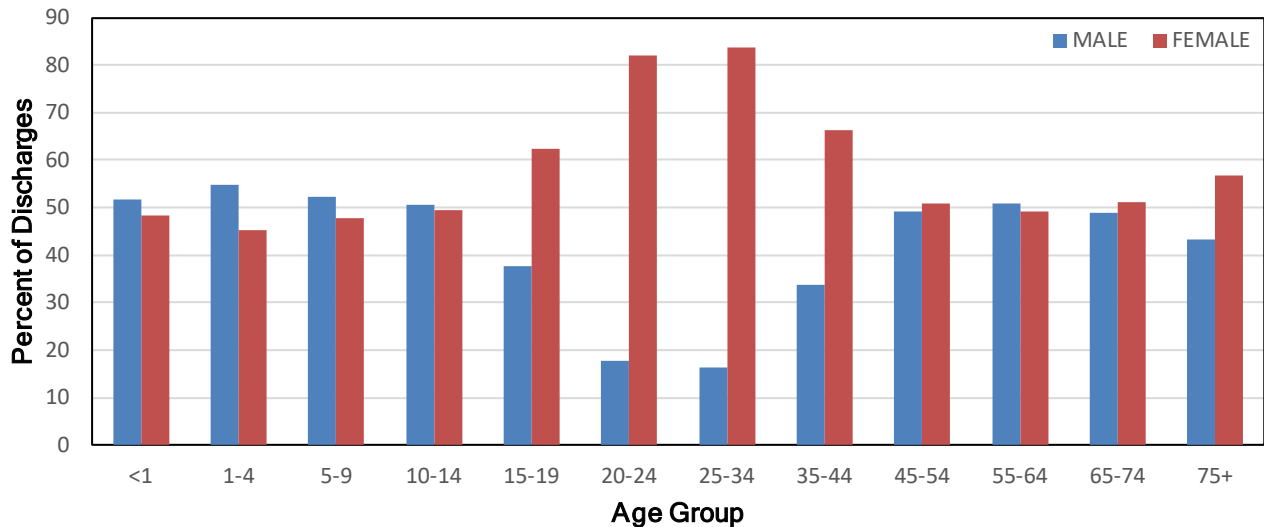
Figure 1. Hospital Discharges by Age Group, Delaware Hospitals, 2015



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 2015, 57.0 percent of total discharges were women.

Figure 2. Percentage of Discharges by Sex and Age Group, Delaware Hospitals, 2015

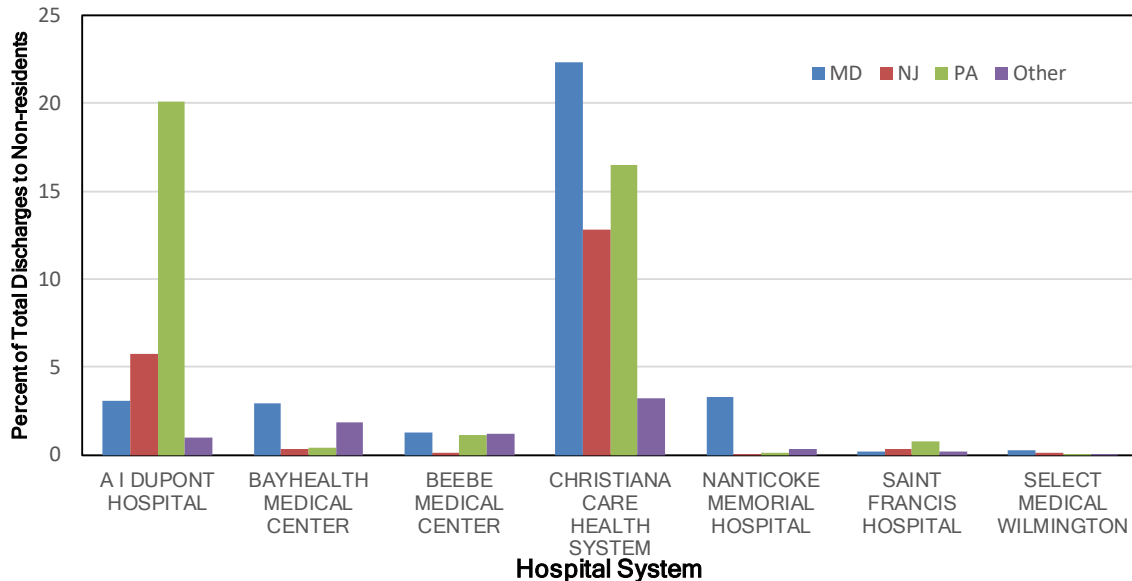


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

PATIENT CHARACTERISTICS

Non-residents accounted for 12.6 percent of all discharges from Delaware hospitals, most of whom came from Pennsylvania, Maryland, and New Jersey. Nearly half of the patients at A.I. duPont Hospital for Children were non-residents (46.0 percent).

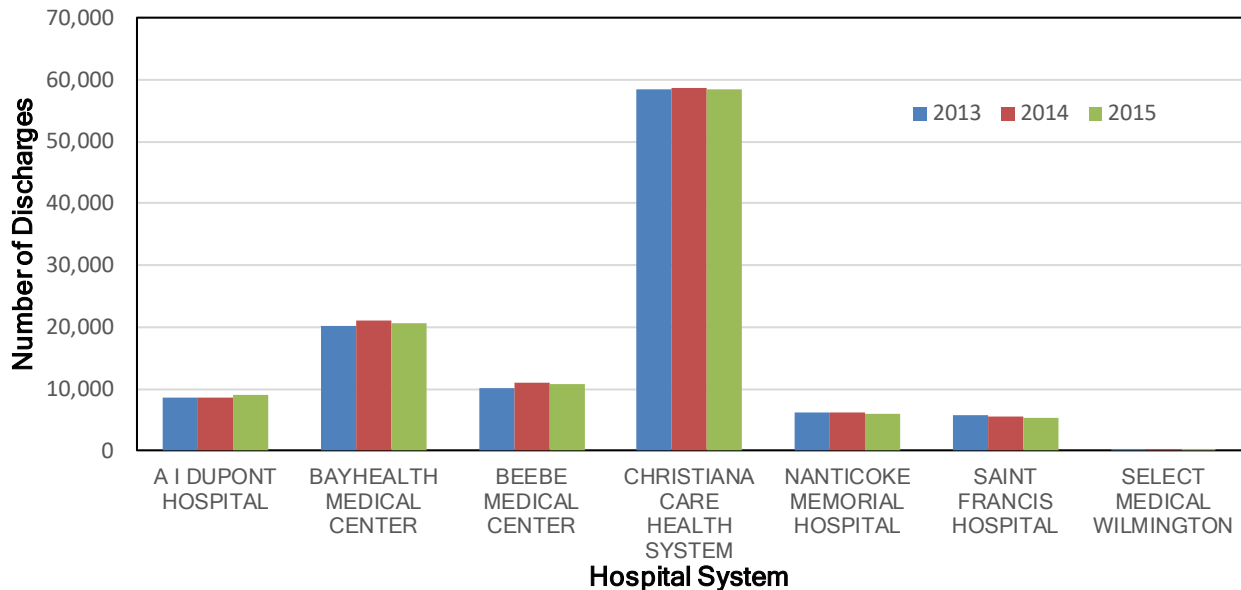
Figure 3. Percentage of Non-Resident Discharges by State, Delaware Hospitals, 2015



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

Hospital admissions increased slightly between 2013 and 2015. Total admissions rose 0.9 percent moving from 109,751 in 2013 to 110,784 in 2015. The two hospitals with the greatest percent change were Select Medical Wilmington, which increased 30.2 percent; and Saint Francis, which decreased 8.6 percent.

Figure 4. Number of Discharges by Hospital System, Delaware, 2013, 2014, and 2015

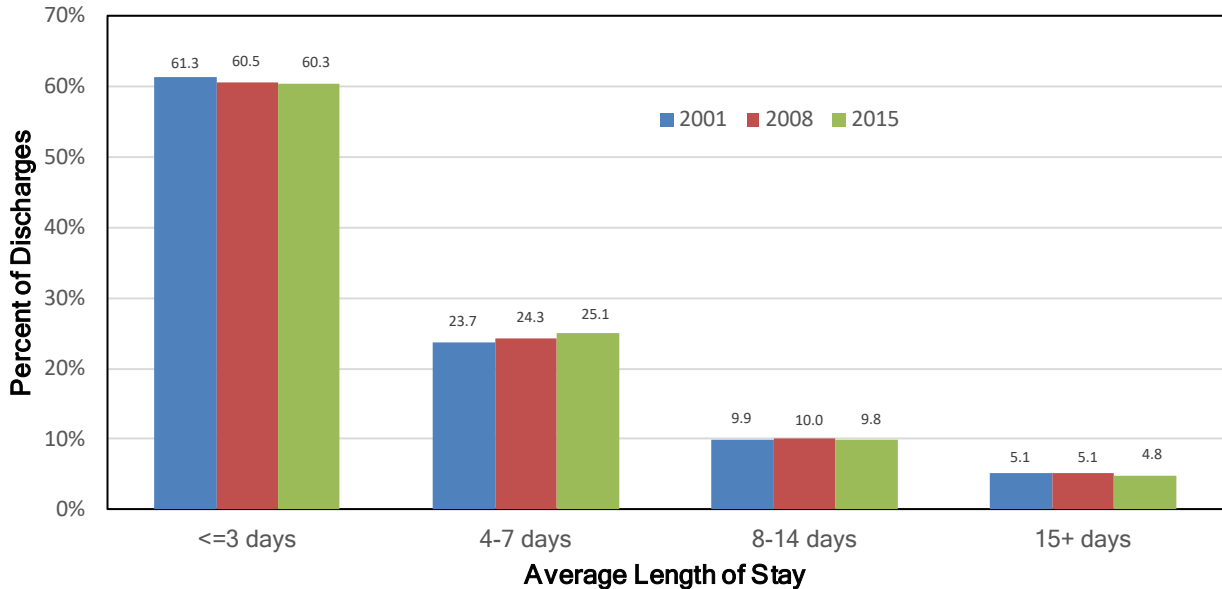


Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

PATIENT CHARACTERISTICS

Average length of stay (ALOS) increased slightly from 4.9 to 5.0 days between 2001 and 2015. There was a 6.0 increase in patients staying four to seven days that was balanced by a 6.8 percent decrease in patients staying more than fifteen days between 2001 and 2015. In 2015 60.3 percent of patients stayed three or fewer days in the hospital. The largest percentage decline in length of stay occurred for patients admitted for 15 or more days (6.8 percent).

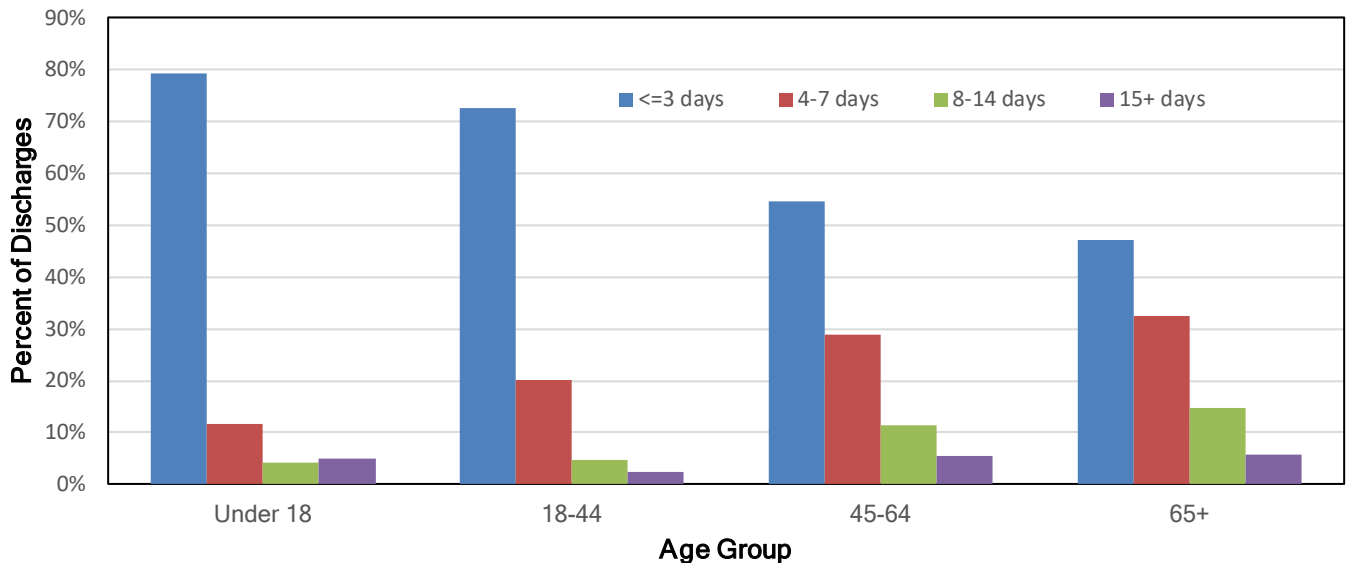
Figure 5. Percent of Hospital Discharges by Average Length of Stay Delaware, Selected Years 2001, 2008, and 2015



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 2015, 79.2 percent of patients under 18 had hospital stays of three days or less, compared to 47.1 percent for patients 65 and over. Patients aged 65 and over were almost 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. Percent of Hospital Discharges by Average Length of Stay and Age Group, Delaware Hospitals, 2015



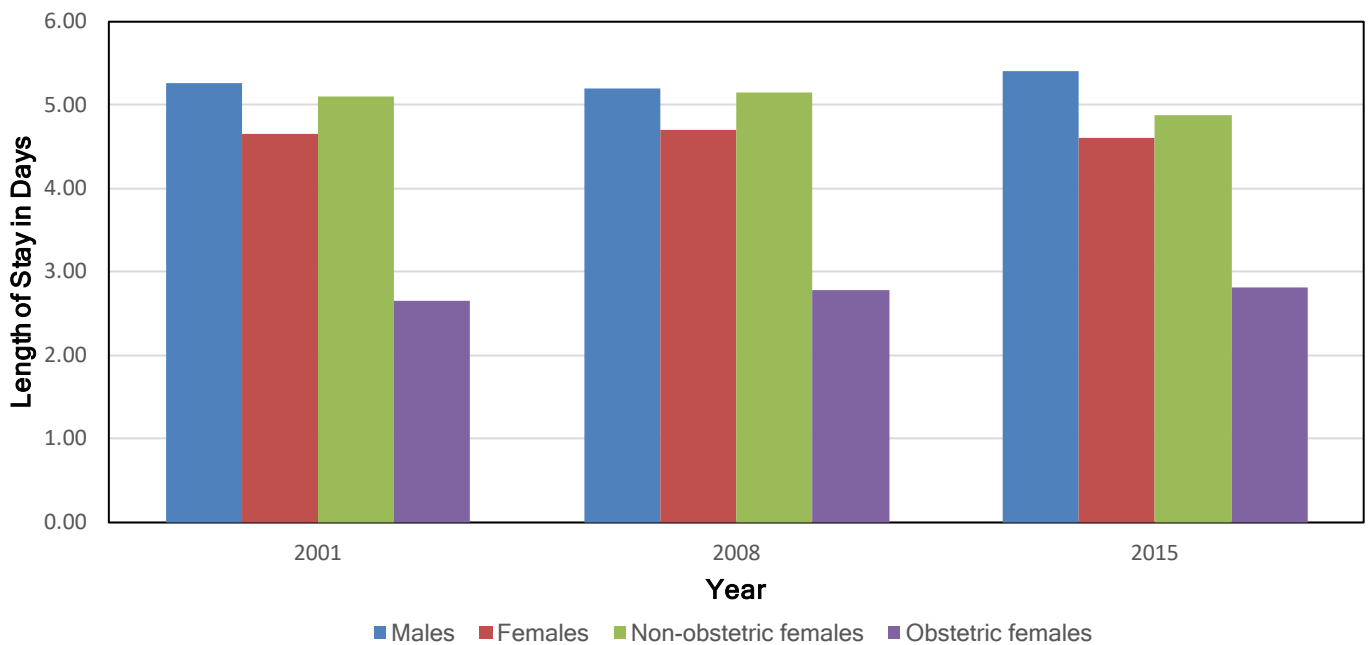
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

PATIENT CHARACTERISTICS

Gender

Between 2001 and 2015, the average length of stay (ALOS) increased 2.9 percent for male patients and decreased 0.9 percent for female patients. When female obstetrical patients were excluded from the calculation of average length of stay, female patients had slightly lower ALOS figures compared to males in all time periods. The largest increase in average length of stay from 2001 to 2015 was seen in female obstetrical patients, whose length of stay increased 6.3 percent.

Figure 7. Mean Length of Hospital Stay by Patient Type and Year, Delaware, 2001, 2008, and 2015



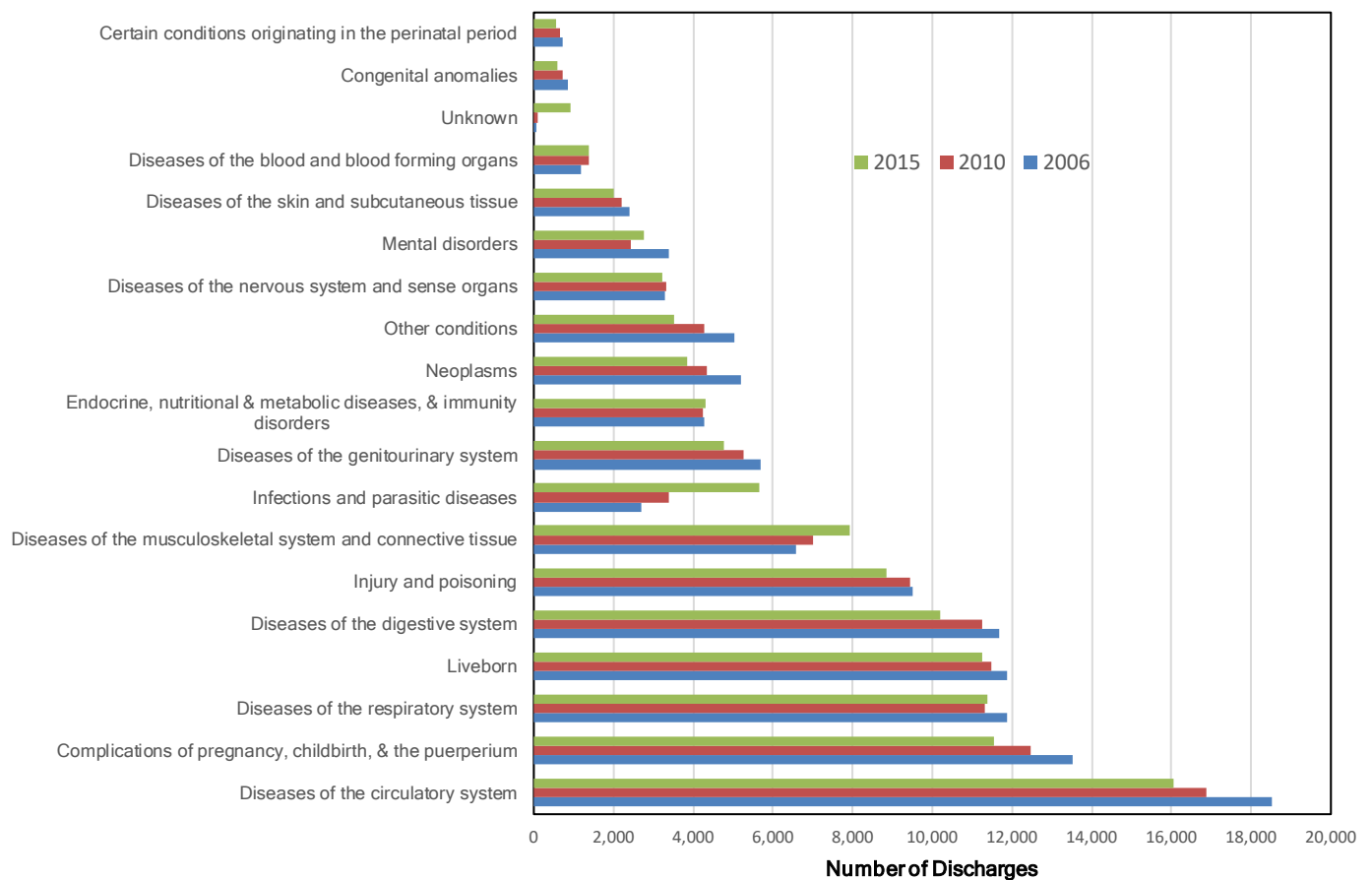
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

WHY PATIENTS WERE HOSPITALIZED

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

Diseases of the circulatory system accounted for 14.5 percent of the total discharges in 2015 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. Complications of pregnancy, childbirth, & the puerperium comprised 10.4 percent of the total discharges, while another 10.2 percent of discharges were related to live births, together these two diagnoses accounted for 20.6 percent of total discharges. The above three categories accounted for 35.1 percent of all hospitalizations.

Figure 8. Number of Hospital Discharges by Body System, Delaware, 2006, 2010, and 2015



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

The largest percent increase (109.1 percent) in hospitalizations from 2006 to 2015 occurred in infections and parasitic diseases. Diseases of the musculoskeletal system and connective tissue also demonstrated a large percentage increase (20.5 percent) from 2006 to 2015. At 16.9 percent, the third largest increase in hospitalizations was due to diseases of the blood and blood forming organs. Other conditions accounted for the largest decrease in hospitalizations (30.4 percent), followed by congenital anomalies (29.3 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; four 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 congestive heart failure. Table 1 shows the most frequent diagnoses for both men and women, by number, percent, and rank of discharges by gender.

Table 1. Most Frequent Diagnoses (CCS Defined) by Gender, Delaware Hospitals, 2015

CCS Principal Diagnosis	MALE			FEMALE		
	#	%	Rank	#	%	Rank
<i>All diagnoses</i>	47,610	100		63,174	100	
Pregnancy & childbirth	---	---	---	11,559	18.3	1
Liveborn Infant	5,645	11.9	1	5,601	8.9	2
Septicemia (except in labor)	2,430	5.1	2	2,547	4.0	3
Osteoarthritis	1,646	3.5	4	2,403	3.8	4
Congestive heart failure; nonhypertensive	1,689	3.5	3	1,488	2.4	6
Pneumonia (except that caused by tuberculosis or STD)	1,436	3.0	5	1,617	2.6	5
Acute cerebrovascular disease	1,237	2.6	6	1,305	2.1	7
Spondylosis; intervertebral disc disorders; other back problems	1,029	2.2	8	1,094	1.7	8
Chronic obstructive pulmonary disease and bronchiectasis	845	1.8	14	1,083	1.7	10
Complication of device; implant or graft	979	2.1	10	908	1.4	12
Acute and unspecified renal failure	984	2.1	9	873	1.4	14
Cardiac dysrhythmias	935	2.0	12	902	1.4	13
Respiratory failure; insufficiency; arrest (adult)	829	1.7	15	970	1.5	11
Acute myocardial infarction	1,084	2.3	7	700	1.1	21
Skin and subcutaneous tissue infections	921	1.9	13	834	1.3	15

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, pneumonia (except that caused by tuberculosis or a sexually transmitted disease), and intestinal infection made up the top three diagnoses.
- For those ages 18-44, all of the top 10 diagnoses were associated with pregnancy and childbirth. If pregnancy and childbirth were excluded, diabetes mellitus with complications, mood disorders, and skin and subcutaneous tissue infections became the three most common reasons for hospitalization.
- For those ages 45-64, osteoarthritis, septicemia (except in labor), and spondylosis; intervertebral disc disorders; other back problems comprised the top three diagnoses.
- For those over 65, septicemia (except in labor), osteoarthritis, and congestive heart failure; nonhypertensive were the top three diagnoses.

Though the most common reasons for hospitalization differed by age, pneumonia appeared in the 10 most frequent diagnoses for all five age groups. Septicemia (except in labor) was the single most frequent reason for hospitalization.

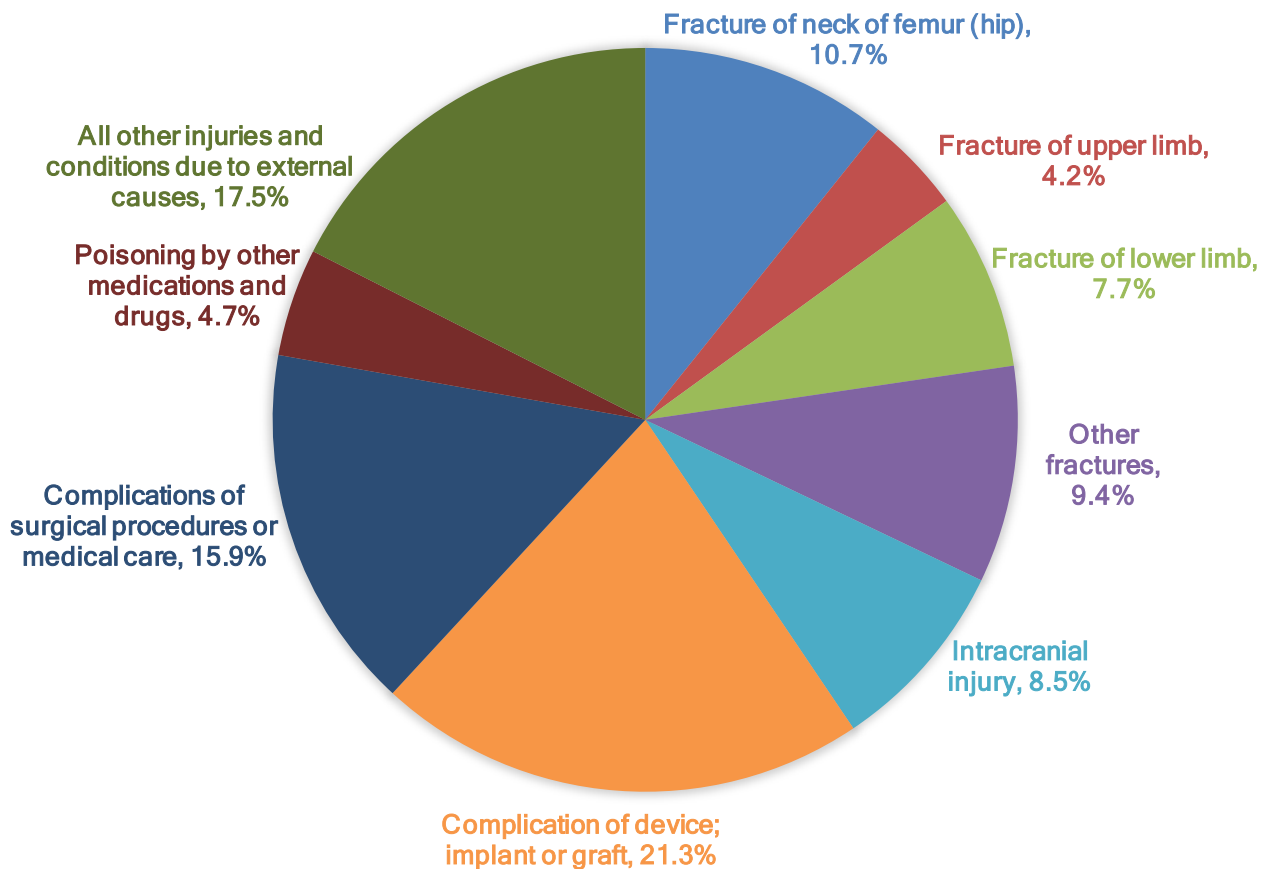
WHY PATIENTS WERE HOSPITALIZED - INJURIES

Injury hospitalizations:

Injury hospitalizations accounted for 8.1 percent of the total number of discharges and \$348 million in aggregate charges in 2015. The majority of patients were admitted through the emergency department, and the average charge for an injury stay ranged from \$21,293 for Superficial injury; contusion to \$111,236 for spinal cord injuries, with an overall average charge of \$39,261 (see Appendix A).

The most common primary diagnosis for an injury hospitalization in 2015 was complication of device; implant or graft, which accounted for 21.3 percent of injury hospitalizations. Complications of surgical procedures or medical care were responsible for another 15.9 percent of injury hospitalizations, followed by other fractures (9.4 percent), fracture of neck of femur (hip) (10.7 percent), and intracranial injury (8.5 percent).

Figure 9. Percentage Of The Most Frequent Injury Diagnoses, Delaware Hospitals, 2015



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

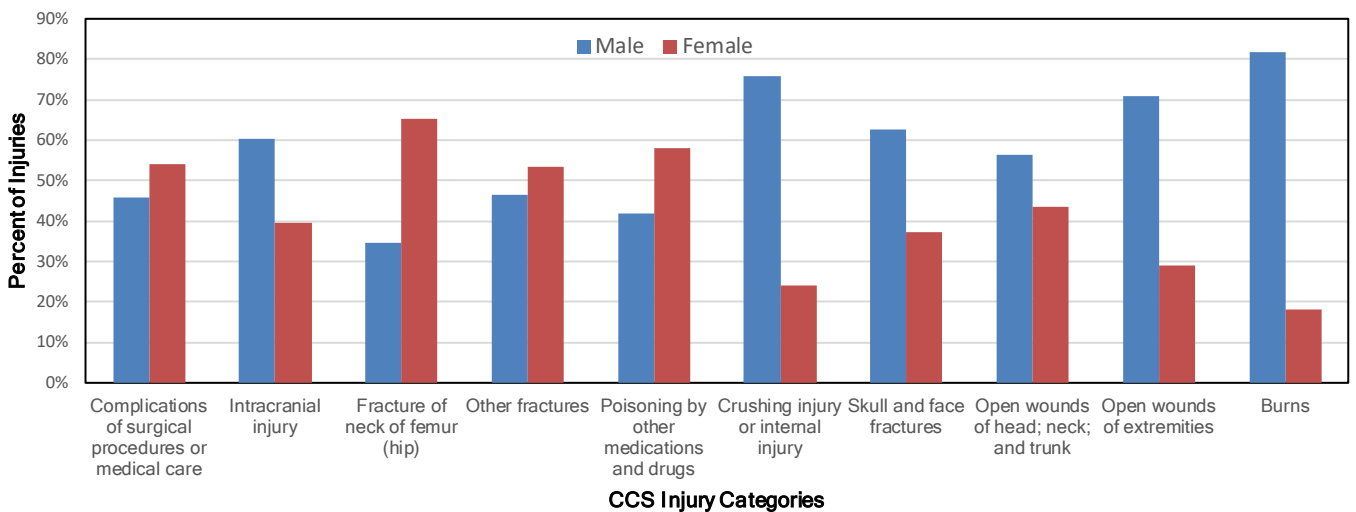
Falls were the most frequently specified external cause of injury (as defined by the Ecode listed on the discharge record). Falls accounted for 29.1 percent of hip fractures, 18.1 percent of upper limb fractures, 11.3 percent of intracranial injuries, and 4.4 percent of spinal cord injuries. Motor vehicle accidents were responsible for 3.2 percent of intracranial injuries and 2.9 percent of spinal cord injuries. Poisoning by psychotropic agents accounted for 2.5 percent of all injuries.

WHY PATIENTS WERE HOSPITALIZED - INJURIES

Gender

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

Figure 10. Percentage of Selected Primary Injury Diagnoses by Gender, Delaware, 2015



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 2015, 66.9 percent of discharges had at least one associated procedure. Of the 74,093 hospital stays with an accompanying procedure, 38.3 percent had only a principal procedure performed; the remaining 61.7 percent had two or more procedures. Each discharge can have up to six procedures; this report examines the number of procedures, or the all-listed procedures.

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

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

Table 2. Most Frequent All-listed Inpatient Procedures, Delaware Hospitals, 2015

CCS Procedure	# of All -listed Procedures			% of Discharges with a Procedure
	MALE	FEMALE	Total	
Other therapeutic procedures	6,980	9,945	16,925	11.9
Other procedures to assist delivery	0	7,968	7,968	5.6
Respiratory intubation and mechanical ventilation	3,765	3,554	7,319	5.1
Diagnostic cardiac catheterization; coronary arteriography	3,261	2,230	5,491	3.9
Blood transfusion	2,656	2,724	5,380	3.8
Prophylactic vaccinations and inoculations	2,626	2,654	5,280	3.7
Other vascular catheterization; not heart	2,623	2,464	5,087	3.6
Ophthalmologic and otologic diagnosis and treatment	2,231	2,088	4,319	3.0
Spinal fusion	2,034	2,205	4,239	3.0
Other OR procedures on vessels other than head and neck	2,182	1,492	3,674	2.6
Circumcision	3,346	0	3,346	2.4
Other diagnostic procedures (interview; evaluation; consultation)	1,496	1,580	3,076	2.2
Repair of current obstetric laceration	0	2,947	2,947	2.1
Cesarean section	0	2,587	2,587	1.8
Fetal monitoring	0	2,341	2,341	1.6

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.

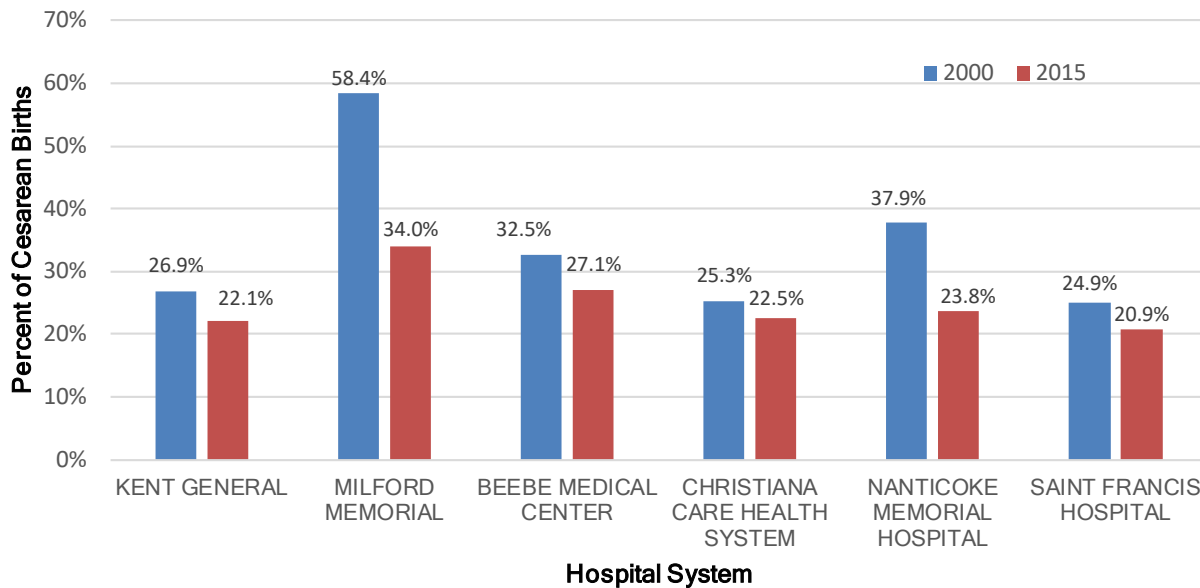
Males most frequently underwent other therapeutic procedures, respiratory intubation and mechanical ventilation; and circumcision. Females most frequently underwent other therapeutic procedures, other procedures to assist delivery, and respiratory intubation and mechanical ventilation. Four of the 10 most commonly performed procedures on females were related to pregnancy and childbirth.

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. Since 2000, annual cesarean delivery rates decreased for every hospital in Delaware; by 2015, 23.0 percent of all births were delivered by cesarean. Milford Memorial and Nanticoke Memorial Hospital showed the greatest decreases, falling -41.8 percent and -37.3 percent respectively. In 2015, Milford Memorial and Beebe Medical Center had the highest rates, with 34.0 and 27.1 percent of all births being delivered by cesareans. Saint Francis Hospital had the lowest percentage of births delivered by cesarean (20.9 percent).

Figure 11. Annual Cesarean Delivery Rates by Hospital, Delaware, 2000 and 2015



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

Gender

In 2015, obstetrical procedures accounted for one in four all-listed procedures performed on females and included other procedures to assist delivery, fetal monitoring, cesarean sections, repair of current obstetrical laceration, and artificial rupture of membranes to assist delivery.

For males, other therapeutic procedures accounted for 11.2% percent of the total procedures, followed by respiratory intubation and mechanical ventilation (6.0% percent), and circumcision (5.4% percent).

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

- other therapeutic procedures
- respiratory intubation and mechanical ventilation
- blood transfusion
- prophylactic vaccinations and inoculations
- other vascular catheterization; not heart
- diagnostic cardiac catheterization; coronary arteriography.

WHY PATIENTS WERE HOSPITALIZED - PROCEDURES

Age

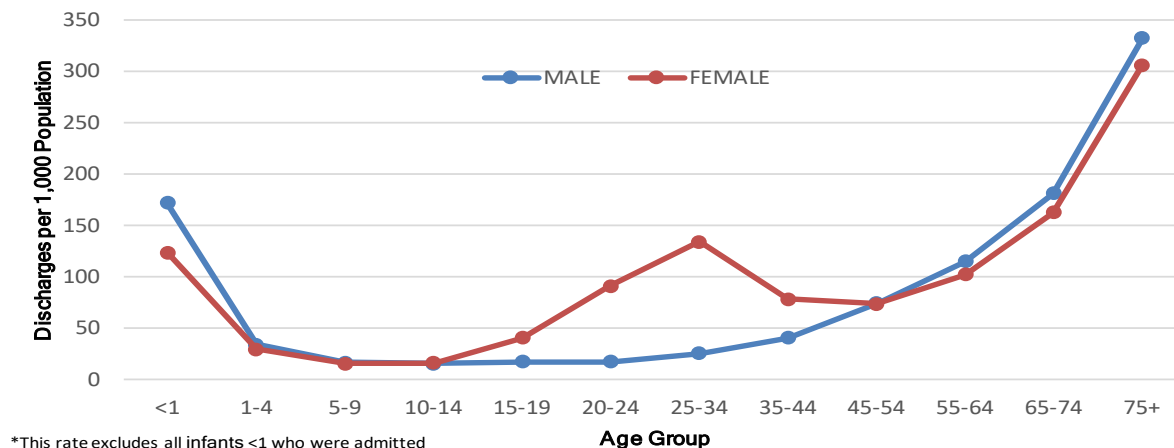
- For patients under 1 year, prophylactic vaccinations and inoculations, ophthalmologic and otologic diagnosis and treatment, and circumcision were the most common procedures.
- For patients ages 1 to 17, respiratory intubation and mechanical ventilation, blood transfusion, and other vascular catheterization; not heart were the most frequently performed procedures.
- Obstetric procedures, specifically other procedures to assist delivery, other therapeutic procedures, and repair of current obstetric laceration, were the most common procedures for those ages 18-44.
- Other therapeutic procedures, diagnostic cardiac catheterization; coronary arteriography, and respiratory intubation and mechanical ventilation were the most frequently performed procedures for those 45-64.
- The most commonly performed principal procedures on patients 65 and older were other therapeutic procedures, respiratory intubation and mechanical ventilation, and blood transfusion.

HOSPITALIZATIONS OF DELAWARE RESIDENTS

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

Discharge rates of Delaware residents under the age of 1 were higher than the rates of all other age groups except those 65 and older. Discharge rates decreased with each increase in age group between patients under 1 and those ages 10-14. The trend reversed at the 15-19 age group and other than a dip in the rates for females 35-44, rates rose steadily with each older age group. Male and female discharge rates were similar for age groups under 15 and over 44; females in 15-44 age groups had discharge rates 1.9 to 5.3 times that of males.

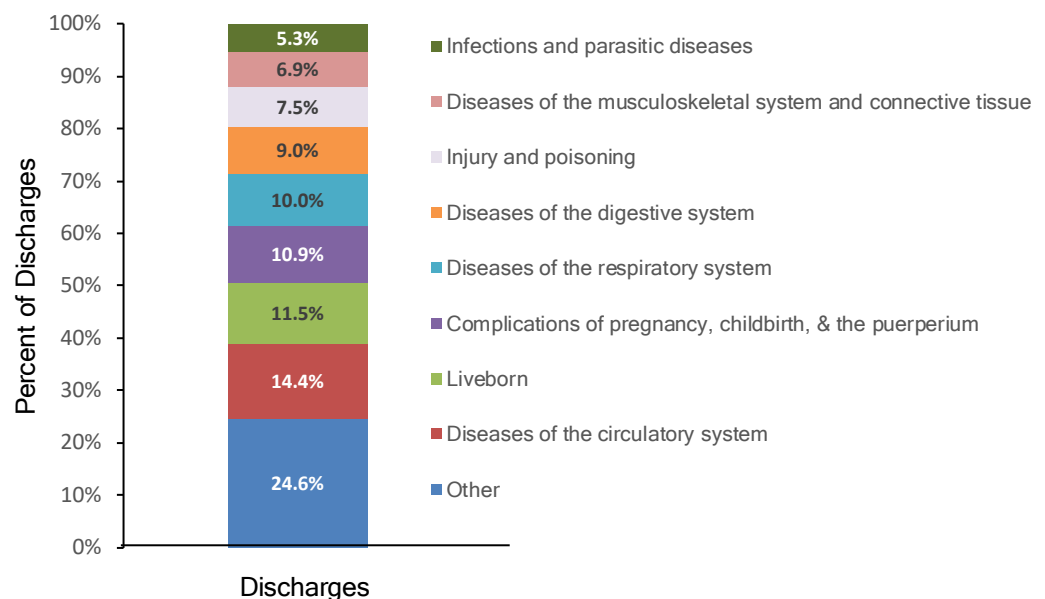
Figure 12. Resident Discharge Rates* by Sex and Age, Delaware Hospitals, 2015



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

In 2015, Delawareans were discharged most frequently for diseases of the circulatory system, accounting for 14.4 percent of resident hospital stays. The most common diagnoses for diseases of the circulatory system included heart failure, coronary artery disease, and irregular heartbeat. Pregnancy and childbirth; and newborn infants were the second and third most common reasons for resident hospital stays, followed by diseases of the respiratory system, including pneumonia, COPD (chronic obstructive pulmonary disease), and asthma, then diseases of the digestive system, which included biliary tract disease, gastrointestinal hemorrhage, and intestinal obstruction.

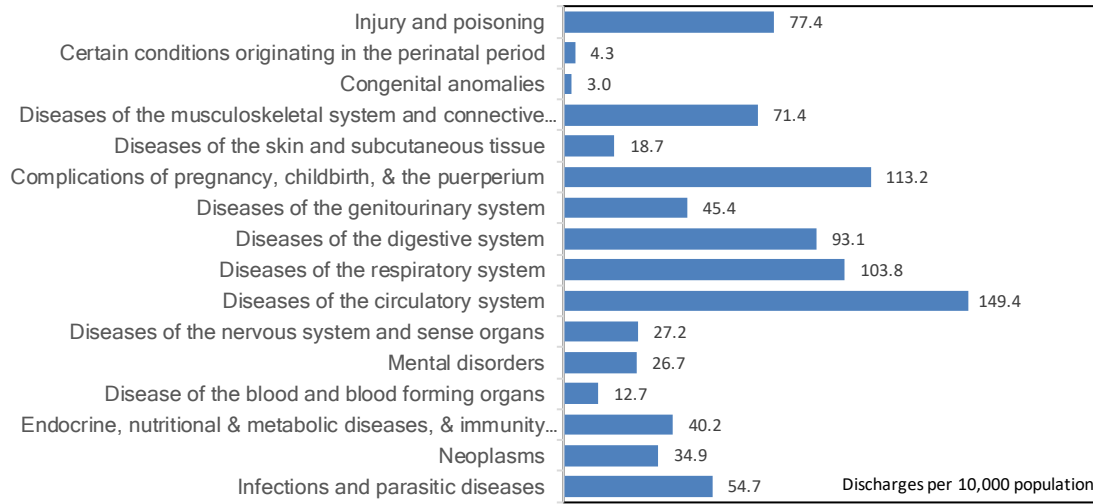
Figure 13. Percentage of Resident Hospital Discharges by Body System, Delaware, 2015



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, 2015

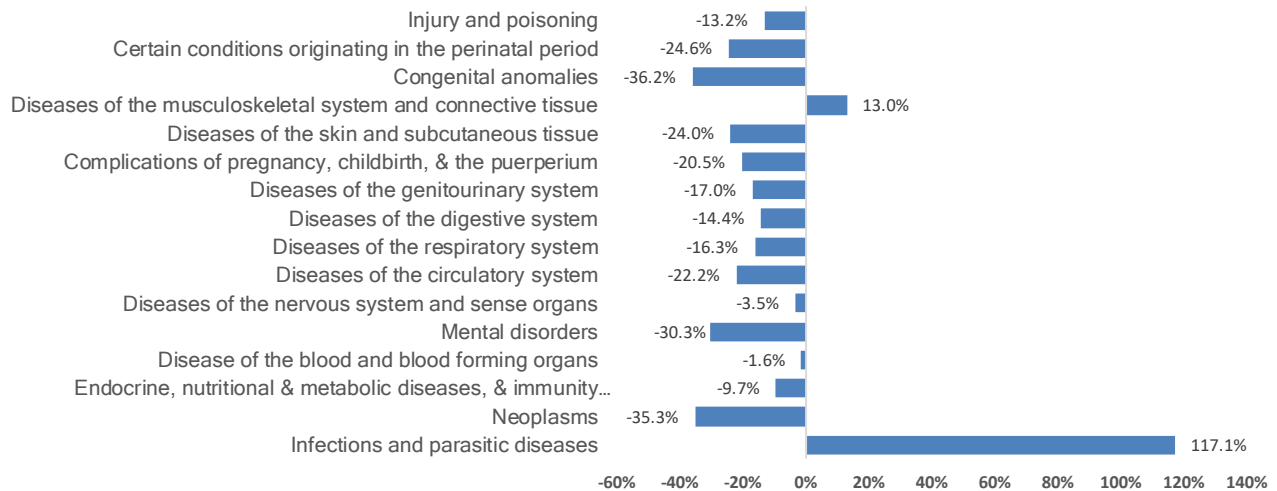


* Excluding hospitalizations related to pregnancy and liveborn infants.

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

High hospital discharge rates in 2015 were not necessarily indicative of large rate increases over the previous 10 years. In some categories, like diseases of the circulatory system, high 2015 rates were maintained in spite of declines over the prior 10 year period. In others, such as infectious and parasitic diseases, 2015 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, 2005 versus 2015



*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 2015.

Table 3. Top 25 CCS Diagnoses with the Highest Hospital Discharge Rates* for Residents, Delaware, 2005, 2010, and 2015

	2005		2010		2015		% Change from 2005 to 2015
	Number	Rate	Number	Rate	Number	Rate	
Septicemia (except in labor)	1,364	16.1	2,350	26.1	4,587	48.7	202.5%
Osteoarthritis	2,317	27.4	2,817	31.3	3,507	37.3	36.1%
Congestive heart failure; nonhypertensive	2,707	32.0	2,411	26.8	2,926	31.1	-2.8%
Pneumonia (except that caused by tuberculosis or STD)	3,125	37.0	2,909	32.3	2,728	29.0	-21.6%
Acute cerebrovascular disease	1,358	16.1	1,599	17.8	2,220	23.6	46.6%
Spondylosis; intervertebral disc disorders; other back problems	1,554	18.4	1,591	17.7	1,848	19.6	6.5%
Chronic obstructive pulmonary disease and bronchiectasis	1,716	20.3	1,970	21.9	1,830	19.4	-4.4%
Acute and unspecified renal failure	893	10.6	1,143	12.7	1,724	18.3	72.6%
Cardiac dysrhythmias	1,715	20.3	1,800	20.0	1,629	17.3	-14.8%
Complication of device; implant or graft	1,390	16.4	1,612	17.9	1,599	17.0	3.7%
Diabetes mellitus with complications	1,380	16.3	1,556	17.3	1,571	16.7	2.5%
Respiratory failure; insufficiency; arrest (adult)	1,325	15.7	1,295	14.4	1,559	16.6	5.7%
Skin and subcutaneous tissue infections	1,710	20.2	1,661	18.5	1,547	16.4	-18.8%
Acute myocardial infarction	1,613	19.1	1,433	15.9	1,430	15.2	-20.4%
Urinary tract infections	1,483	17.5	1,616	18.0	1,342	14.3	-18.3%
Complications of surgical procedures or medical care	1,324	15.7	1,202	13.4	1,205	12.8	-18.5%
Rehabilitation care; fitting of prostheses; and adjustment of devices	1,912	22.6	1,531	17.0	1,200	12.7	-43.8%
Asthma	1,406	16.6	1,295	14.4	1,193	12.7	-23.5%
Gastrointestinal hemorrhage	825	9.8	911	10.1	1,018	10.8	10.3%
Hypertension complicating pregnancy; childbirth and the puerperium	748	8.9	660	7.3	1,013	10.8	21.3%
Intestinal infection	543	6.4	811	9.0	960	10.2	59.4%
Diverticulosis and diverticulitis	863	10.2	949	10.5	926	9.8	-3.9%
Biliary tract disease	1,101	13.0	1,157	12.9	911	9.7	-25.4%
Intestinal obstruction without hernia	829	9.8	1,024	11.4	901	9.6	-2.0%
Coronary atherosclerosis and other heart disease	2,430	28.8	1,657	18.4	880	9.3	-67.7%

*Hospitalization rate per 10,000, ranked by 2015 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 five of the 25 conditions with the highest hospitalization rates; these included:

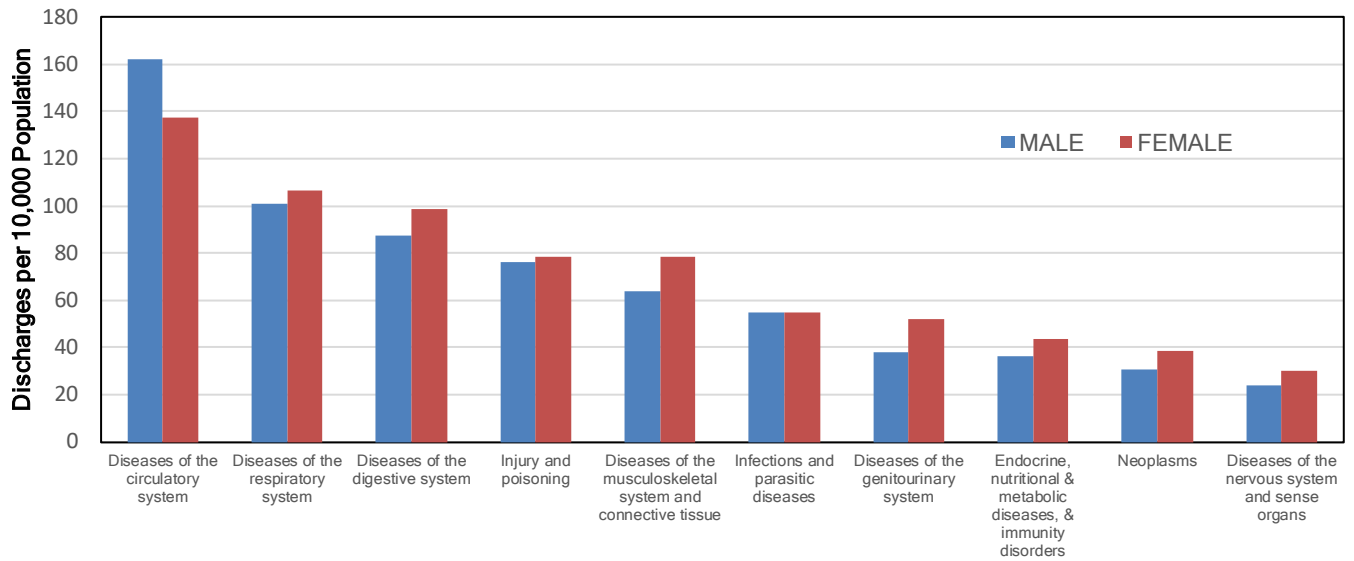
- congestive heart failure;
- coronary atherosclerosis and other heart disease (coronary artery disease);
- cardiac dysrhythmias (irregular heartbeat);
- acute cerebrovascular disease (stroke);
- acute myocardial infarction (heart attack).

Four of the circulatory conditions listed above showed decreases in their rates since 2005: heart failure, coronary artery disease, irregular heartbeat, and heart attack.

Hospitalization rates for septicemia (except in labor), acute and unspecified renal failure, and intestinal infection demonstrated the greatest increases between 2005 and 2015.

HOSPITALIZATIONS OF DELAWARE RESIDENTS

Figure 16. Hospital Discharge Rates for Residents by Body System and Gender, Delaware, 2015

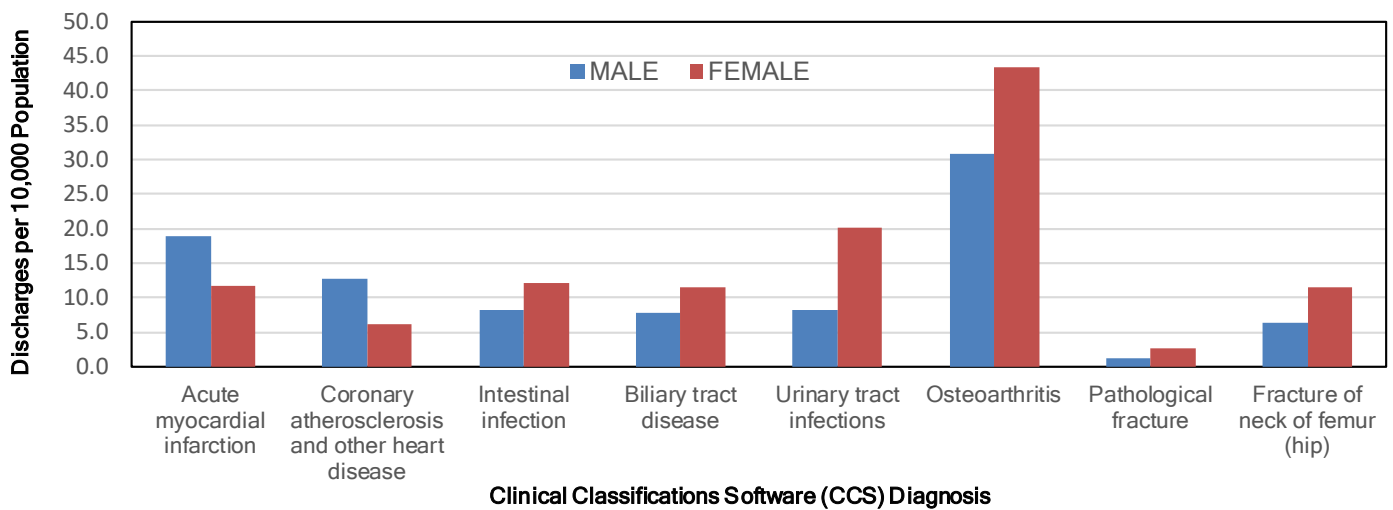


Clinical Classifications Software (CCS) Diagnosis

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.

Figure 17. Hospital Discharge Rates for Residents by Gender and Selected Primary Diagnoses, Delaware, 2015



Clinical Classifications Software (CCS) Diagnosis

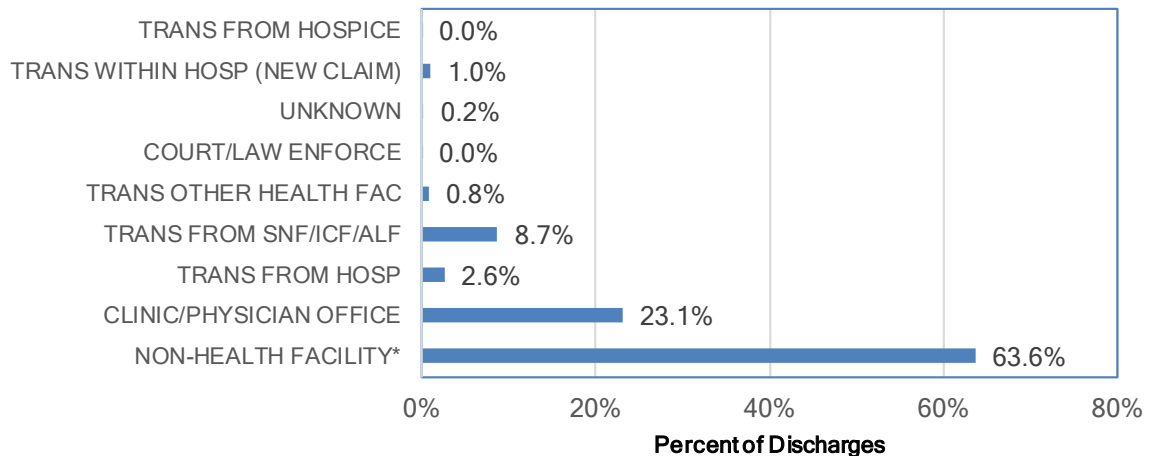
Source: Delaware Department of Health and Social Services, Division of Public Health, Delaware Health Statistics Center

HOW PATIENTS WERE ADMITTED

Point of Origin:

Non-health facilities and clinic/physician offices accounted for 86.7 percent of all hospital discharges in 2015. 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)) 8.7 percent, and other hospitals, 2.6 percent.

Figure 18. Point of Origin, Delaware Hospitals, 2015

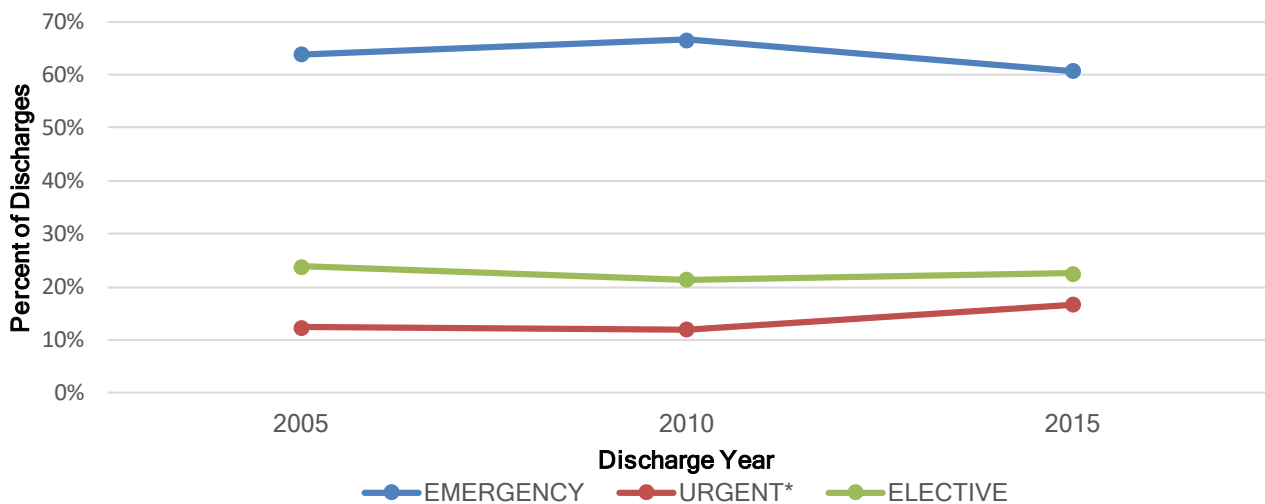


* Non-Health Care Facility includes walk-ins, auto accidents, and ambulance runs

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

Between 2005 and 2015, the majority of admissions continued to be classified as emergency in nature. In 2005, emergency admissions accounted for 63.8 percent of all admissions. By 2015, the proportion of emergency admissions had decreased slightly to 60.7 percent, while urgent admissions increased from 12.4 percent to 16.7 percent between 2005 and 2015.

Figure 19. Percentage of Hospital Discharges by Type of Admission, Delaware Hospitals, 2005, 2010, and 2015



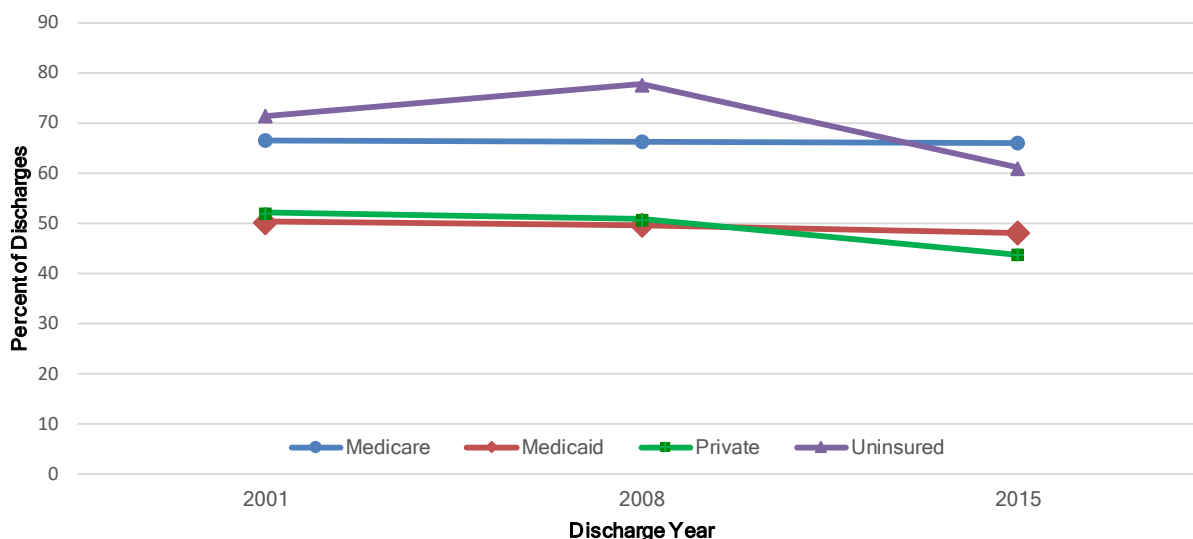
* Urgent encompasses situations that require immediate attention due to a physical or mental disorder but are not life threatening

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, uninsured patients dropped below Medicare for payors with the largest proportion of their discharges classified as emergency/trauma. In 2015, 61.0 percent of uninsured admissions, 66.1 percent of Medicare admissions, 43.7 percent of private admissions, and 48.1 percent of Medicaid admissions were classified as emergency/trauma.

Figure 20. Percentage of Hospitals Discharges classified as Emergency/Trauma at Admission by Payer, Delaware, 2001, 2008, and 2015



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 ED were septicemia, heart failure, and pneumonia.

Table 4. Most Common Diagnoses for Emergency Admissions, Delaware Hospitals, 2015

	Frequency	Percent *
Septicemia (except in labor)	4,173	6.9
Congestive heart failure; nonhypertensive	2,519	4.2
Pneumonia (except that caused by tuberculosis or STD)	2,489	4.1
Acute cerebrovascular disease	2,094	3.5
Chronic obstructive pulmonary disease and bronchiectasis	1,725	2.9
Acute and unspecified renal failure	1,467	2.4
Cardiac dysrhythmias	1,405	2.3
Diabetes mellitus with complications	1,366	2.3
Skin and subcutaneous tissue infections	1,347	2.2
Acute myocardial infarction	1,305	2.2
Asthma	1,272	2.1
Urinary tract infections	1,263	2.1
Respiratory failure; insufficiency; arrest (adult)	1,193	2.0

* 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 change in the most common diagnoses originating in the ED from 2014 to 2015 was respiratory failure dropping to last place.
- 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.

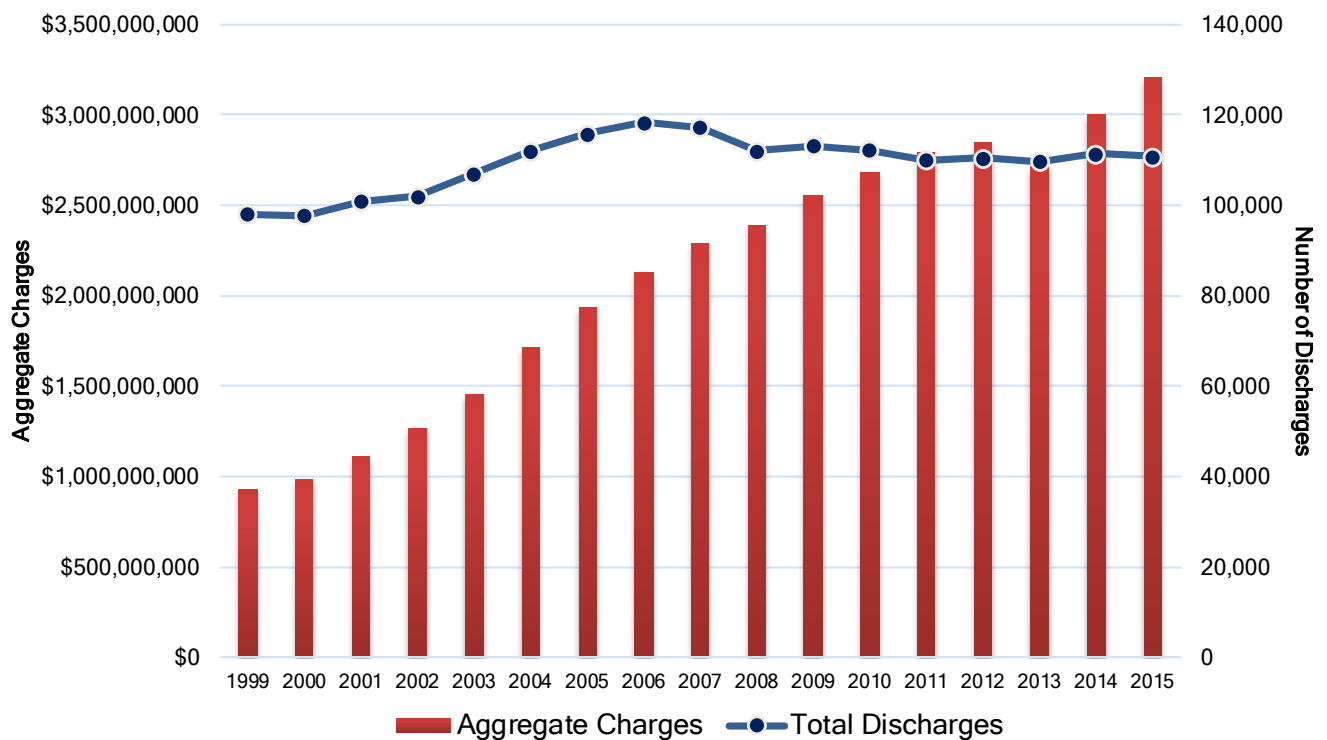
HOSPITAL CHARGES AND BILLING

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 2015, total aggregate charges for all hospitalizations in Delaware equaled \$3.20 billion, a 40.0 percent increase in aggregate charges from 2007. The number of discharges fell from 117,247 in 2007 to 110,784 in 2015, a 5.5 percent decrease. Total aggregate charges increased by \$201,958,859 between 2014 and 2015.

Figure 21. Number of Discharges and Total Aggregate Charges by Year, Delaware Hospitals, 1999 - 2015



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 2015 to \$28,918 compared to \$19,519 in 2007, while the median charge per stay was \$14,733 in 2015 compared to \$10,814 in 2007.

The diagnostic groups with the highest average charges per hospital stay were congenital anomalies, certain conditions originating in the perinatal period, and diseases of the musculoskeletal system and connective tissue, with average charges ranging from \$45,258 to \$159,897. The first two of these three diagnostic groups also had the longest average stays, ranging from 11.3 to 10.4 days.

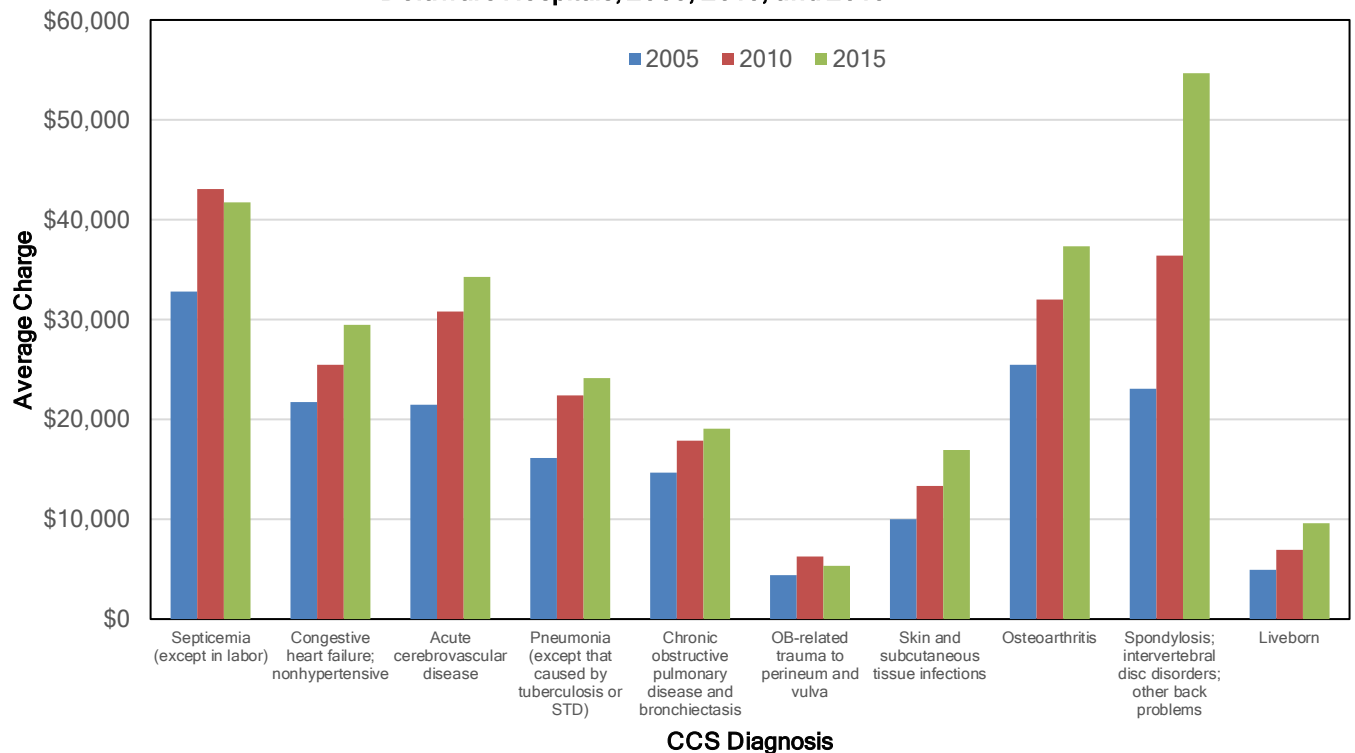
Looking at specific diagnoses within groups showed that the most expensive diagnoses were cardiac and circulatory congenital anomalies, respiratory distress syndrome, short gestation; low birth weight; and fetal growth retardation, and immunity disorders. However, the ten most expensive diagnoses occurred relatively rarely and accounted for just 1.0 percent of all discharges in 2015. In comparison, the 10 diagnoses that occurred most frequently accounted for 33.3 percent of the total discharges in 2015 (see Appendix E for more information).

HOSPITAL CHARGES AND BILLING

From 2005 to 2015, the average charges rose for each of the 10 highest volume diagnoses. The highest volume diagnoses whose average charges increased the most were:

- spondylosis; intervertebral disc disorders; other back problems (137 percent),
- liveborn (96 percent).
- skin and subcutaneous tissue infections (69 percent).

Figure 22. Average Hospital Charges for Highest* Volume CCS Diagnoses, Delaware Hospitals, 2005, 2010, and 2015



*Based on 10 most common diagnoses in 2015.

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 2005, the aggregate charges for 2015's highest volume diagnoses totaled \$464.1 million and accounted for 24.0 percent of the total aggregate charges for all diagnoses.
- By 2015, the aggregate charges for those same diagnoses had more than doubled to \$1,020.8 million, which accounted for 31.9 percent of the total aggregate charges.

In 2015, the 10 conditions with the highest total billed charges accounted for 37.0 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 \$207.5 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:

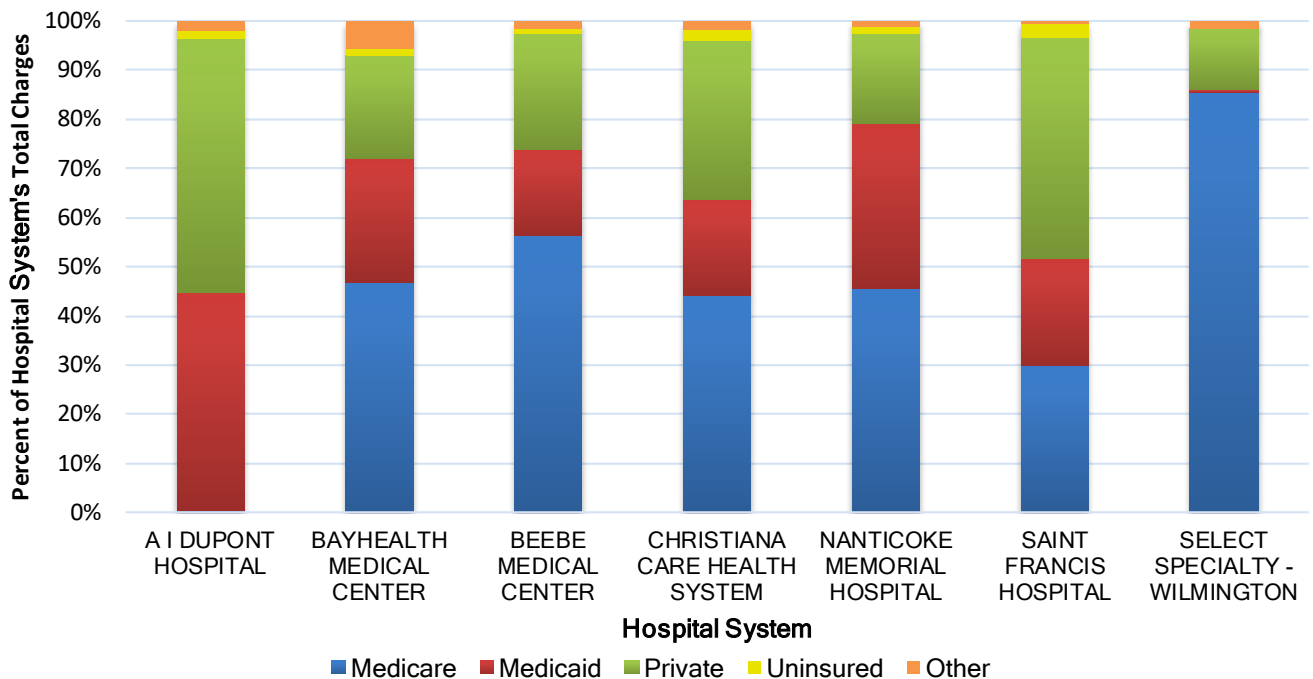
- Medicare
- Medicaid
- Private insurance carriers, such as:
 - Blue Cross Blue Shield
 - HMOs
 - Commercial insurance
- Uninsured
 - Patients who have no insurance and self-pay
- Other types of insurance, such as:
 - Workman’s compensation
 - CHAMPUS (Civilian Health and Medical Program of the Uniformed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

In 2015, 65.0 percent of hospitalizations were billed to Medicare (41.9 percent) and Medicaid (23.1 percent), 30.7 percent were billed to private insurance, and the remaining 4.3 percent was billed to other types of coverage (2.4 percent) or to the patient (1.9 percent uninsured).

Patients whose care was primarily billed to Medicare had both the highest average charges (\$31,642) and the greatest aggregate charges (\$1.5 billion).

In 2015, Select Specialty - Wilmington had the highest percent of charges billed to Medicare. A I Dupont Hospital had the highest percentage billed to both privately insured and Medicaid covered patients, and Saint Francis Hospital had the highest percent of charges with no coverage.

Figure 23. Distribution of Total Charges by Primary Payer Type and Hospital System, Delaware, 2015



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

HOSPITAL CHARGES AND BILLING

Medicare:

From 2005 to 2015, the percent of hospital stays whose primary payer was Medicare increased from 37.0 to 41.9 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 17.7 percent of Medicare hospitalizations. The three most frequent diagnoses for Medicare patients in 2015 were⁷:

- septicemia (except in labor);
- congestive heart failure; nonhypertensive;
- osteoarthritis.

Medicaid:

From 2005 to 2015, Medicaid covered hospitalizations increased from 21.4 to 23.1 percent. Over the same time period, the proportion of aggregate charges billed to Medicaid rose from 16.9 to 23.2 percent.

Five of the 10 most frequent diagnoses for Medicaid patients were related to pregnancy and childbirth. The three most frequent diagnoses accounted for 26.2 percent of Medicaid stays. The three most frequent diagnoses for Medicaid patients in 2015 were⁷:

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

Private Insurers:

From 2005 to 2015, privately insured stays decreased from 36.5 to 30.7 percent. Over the same time period, the proportion of aggregate charges billed to private insurance decreased from 32.0 to 27.0 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 2015 were⁷:

- liveborn infants;
- osteoarthritis;
- ob-related trauma to perineum and vulva.

Uninsured:

From 2005 to 2015, uninsured hospitalizations decreased from 3.0 to 1.9 percent. Over the same time period, the proportion of aggregate charges billed to uninsured patients decreased from 2.5 to 1.3 percent. The three most frequent diagnoses accounted for 21.9 percent of uninsured stays.

The three most frequent diagnoses for uninsured patients in 2015 were⁷:

- liveborn;
- septicemia (except in labor);
- skin and subcutaneous tissue infections.

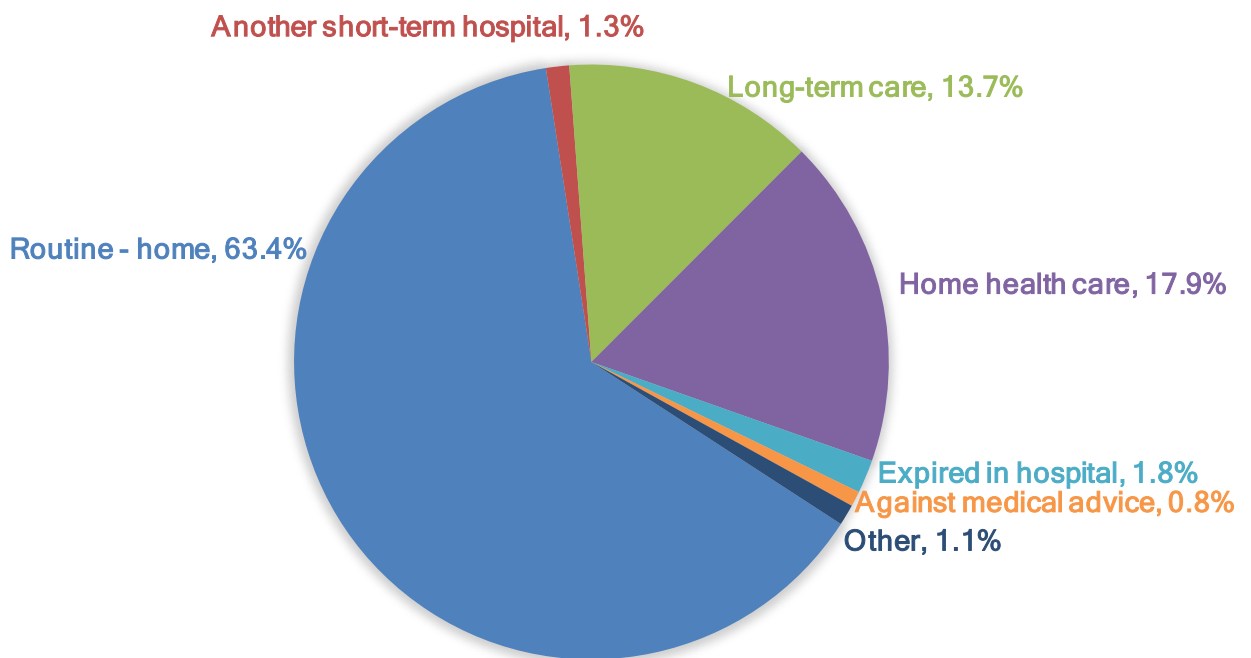
⁷ See Appendix F for the top 10 principal diagnoses by payer type.

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 2015 the majority of patients (63.4 percent) were discharged to their homes, less than two percent of patients died in the hospital, and less than one percent left against medical advice.

Figure 24. Percentage of Discharges by Discharge Status, Delaware Hospitals, 2015



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

HOW PATIENTS WERE DISCHARGED

Expired Patients:

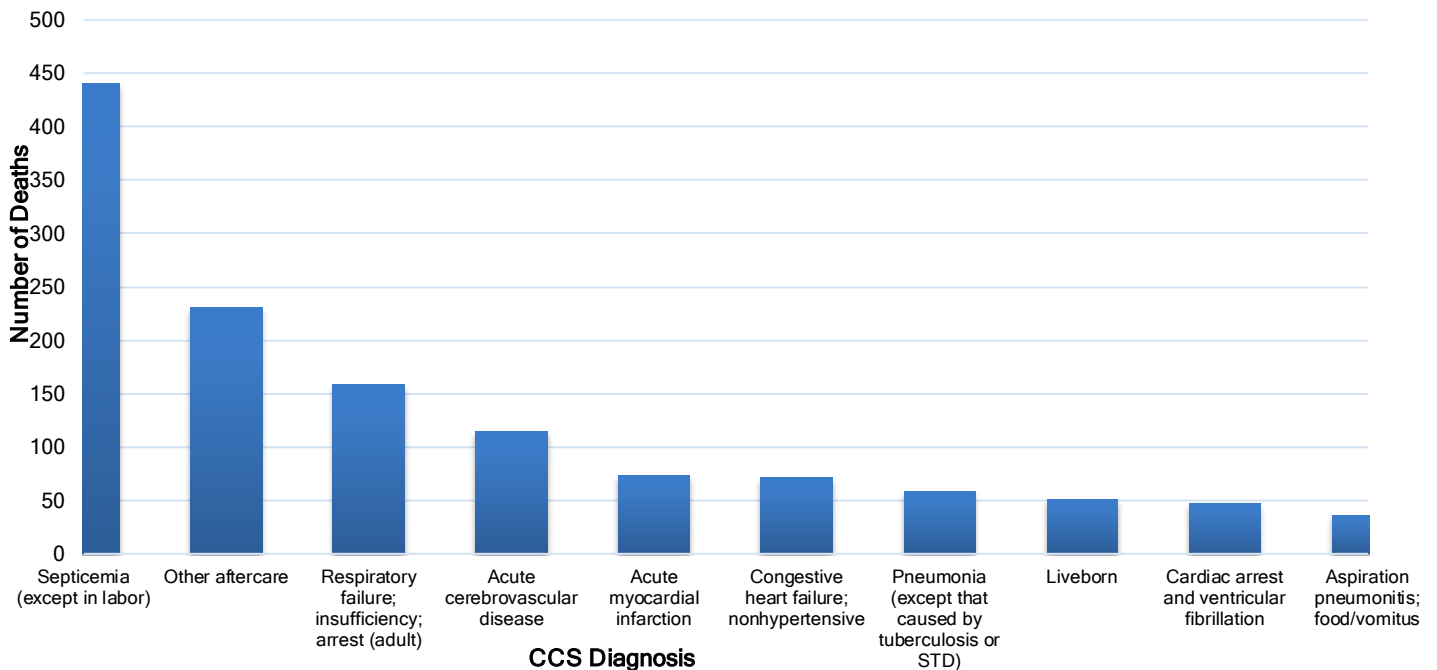
Patients who died during their hospital stay contributed to the “in-hospital mortality” figures. Data about in-hospital mortality are expressed as either numbers of deaths, or percentages of deaths. Both the frequencies and percentages are presented, as each statistic provides a different perspective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

Frequencies

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

- septicemia (except in labor);
- other aftercare;
- respiratory failure; insufficiency; arrest (adult).

Figure 25. Diagnoses with the Greatest Numbers of In-Hospital Deaths, Delaware Hospitals, 2015



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. No diagnosis 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. Septicemia (except in labor) was the most frequent cause of death for ages 18 and over.

Patients ages 65 and older accounted for 67.2 percent of all in-hospital mortality. For more information see Appendices G and H.

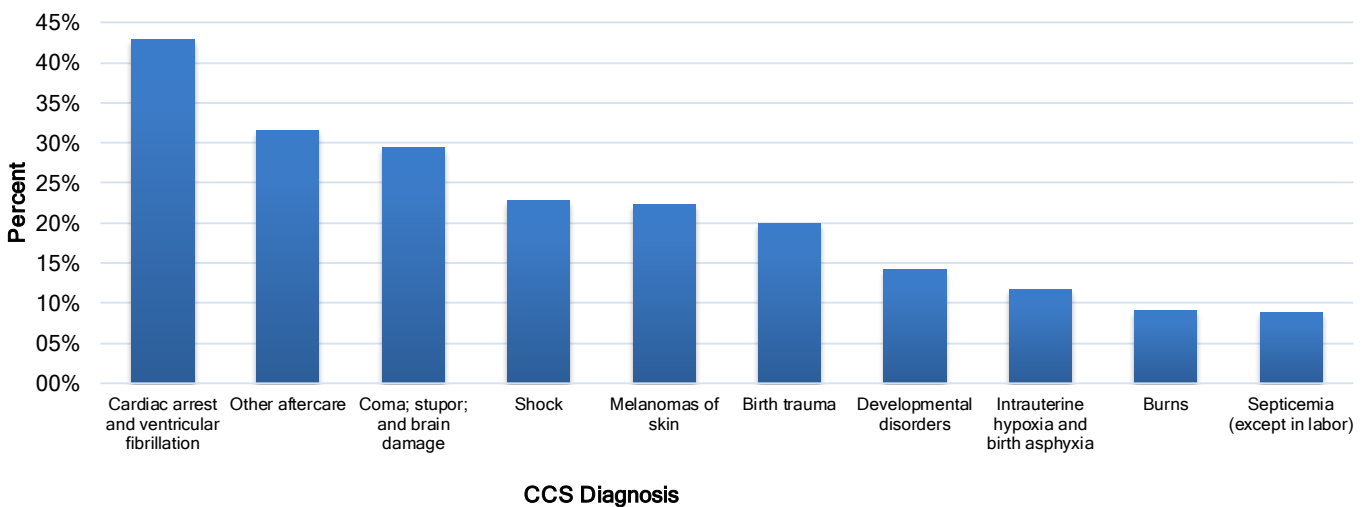
HOW PATIENTS WERE DISCHARGED

Percentages

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

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

Figure 26. CCS Diagnoses with the Greatest Percentage of In-Hospital Mortality, Delaware Hospitals, 2015



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 10 times as likely when compared to privately insured patients.

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

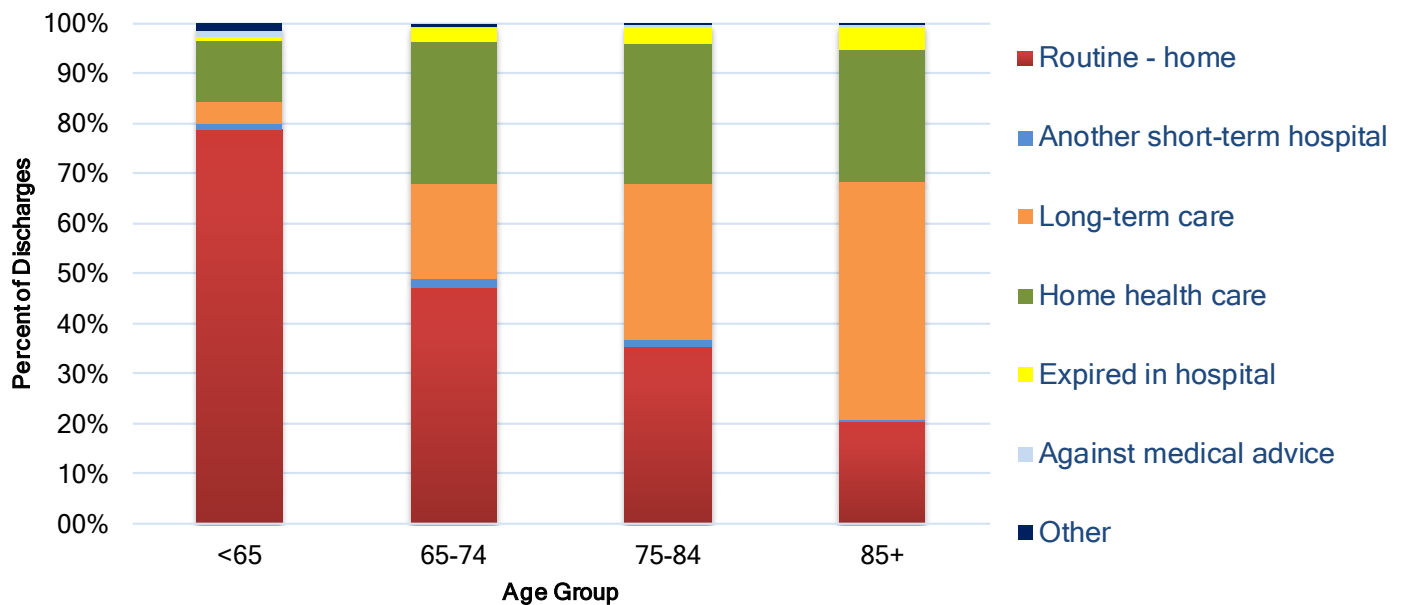
- For women, skin and subcutaneous tissue infections, septicemia (except in labor), and alcohol-related disorders made up the top three.
- For men, diabetes mellitus with complications, alcohol-related disorders, and congestive heart failure; nonhypertensive made up the top three.

HOW PATIENTS WERE DISCHARGED

Patients transferred to another facility:

The majority of patients discharged to another facility were transferred to a long-term care (LTC) facility. For those 65 and older, each 10-year increase in patient age saw at least a ten percent increase in the likelihood of being transferred to LTC facilities. In 2015, around 4 percent of those under 65 were discharged to long-term care facilities, compared to 19.2 percent of those ages 65-74, 31.4 percent of those ages 75-84, and 47.6 percent of those 85 and older.

Figure 27. Distribution of Discharge Status by Age Group, Delaware Hospitals, 2015



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

In 2015, the most common diagnoses for patients discharged to LTC facilities were; septicemia (except in labor), acute cerebrovascular disease, and fracture of neck of femur (hip).

- The three most common diagnoses for patients under 65 (excluding liveborn infants) were septicemia (except in labor), acute cerebrovascular disease, and osteoarthritis.
- For patients ages 65-74, septicemia (except in labor), acute cerebrovascular disease, and osteoarthritis were the three most common diagnoses.
- For patients ages 75-84, septicemia (except in labor), acute cerebrovascular disease, and fracture of neck of femur (hip) were the three most common diagnoses.
- For patients 85 and older, septicemia (except in labor), fracture of neck of femur (hip), and acute cerebrovascular disease were the three most common diagnoses.

HOSPITAL SPECIFIC DATA

A.I. duPont Hospital for Children

2015 Discharge Distribution

Zip / State	Number	%
PA	2,810	31.0%
NJ	801	8.8%
19720	458	5.0%
MD	429	4.7%
19805	408	4.5%
19702	386	4.3%
19802	269	3.0%
19709	234	2.6%
19701	233	2.6%
19713	223	2.5%
19801	211	2.3%
19711	206	2.3%
19808	184	2.0%
19901	156	1.7%
19804	147	1.6%
Other State	135	1.5%
19810	124	1.4%
19803	100	1.1%
19977	99	1.1%
19703	96	1.1%
19973	95	1.0%
19947	93	1.0%
19963	93	1.0%
19904	92	1.0%
19809	87	1.0%
19707	72	0.8%
19734	66	0.7%
19966	66	0.7%
19933	50	0.6%
19956	47	0.5%
19934	44	0.5%
19962	44	0.5%
19943	41	0.5%
19968	41	0.5%
19958	39	0.4%
19938	34	0.4%
19940	33	0.4%
19806	32	0.4%
19960	32	0.4%
19952	29	0.3%
19945	27	0.3%
19975	27	0.3%
19971	26	0.3%
19807	23	0.3%
19950	20	0.2%
19941	16	0.2%
19946	15	0.2%
19706	14	0.2%
19953	12	0.1%
19939	11	0.1%
Undisclosed*	43	0.5%
Total	9,073	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2013	2014	2015
Aggregate charges	\$471,255,479	\$538,716,405	\$574,833,593
Average charges	\$55,124	\$62,496	\$63,357
Average charge per day	\$9,660	\$10,769	\$11,116
Number of Discharges	8,549	8,620	9,073
Total All-listed Procedures¹	10,099	10,595	11,024
<i>Non-operating room procedures²</i>	5,597	6,174	7,739
<i>Valid operating room procedures²</i>	4,502	4,421	3,285
Average Length of Stay	5.3	5.6	5.5
Primary Payer Distribution			
<i>Medicare</i>	0.3%	0.6%	0.3%
<i>Medicaid</i>	43.3%	45.2%	44.4%
<i>Private Insurance</i>	52.1%	50.6%	51.7%
<i>Uninsured</i>	1.9%	0.2%	1.5%
<i>Other</i>	2.4%	3.3%	2.1%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	55.2%	54.4%	56.3%
<i>Clinic/Physician Office</i>	26.0%	24.0%	23.1%
<i>Transfers-Health Facility</i>	18.3%	21.0%	19.1%
<i>Newborn</i>	0.0%	0.0%	0.0%
<i>Other/Unknown</i>	0.5%	0.7%	1.5%
Discharge Status Distribution			
<i>Routine - home</i>	92.9%	93.1%	94.1%
<i>Another short-term hospital</i>	0.5%	0.7%	0.7%
<i>Long-term care facility</i>	1.2%	0.9%	1.1%
<i>Home health care</i>	3.8%	3.1%	2.6%
<i>Expired in hospital</i>	0.5%	0.6%	0.5%
<i>Left against medical advice</i>	0.0%	0.1%	0.0%
<i>Other/Unknown</i>	0.9%	1.5%	0.9%
Sex			
<i>Male</i>	52.6%	52.9%	53.4%
<i>Female</i>	47.4%	47.1%	46.6%
Age			
<1	21.5%	20.0%	22.2%
1-4	24.7%	23.6%	24.0%
5-9	17.8%	17.4%	18.4%
10-14	19.3%	21.4%	18.8%
15-19	15.7%	16.3%	15.7%
20-24	1.0%	1.2%	0.9%
25-34	0.0%	0.1%	0.0%
35-44	0.0%	0.0%	0.0%
45-54	0.0%	0.0%	0.0%
55-64	0.0%	0.0%	0.0%
65-74	0.0%	0.0%	0.0%
75+	0.0%	0.0%	0.0%
Unknown	0.0%	0.1%	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)

2015 Discharge Distribution

Zip / State	Number	%
19901	3,878	18.9%
19904	3,151	15.3%
19963	2,014	9.8%
19977	1,477	7.2%
19943	1,177	5.7%
19934	1,112	5.4%
19952	1,011	4.9%
19962	1,003	4.9%
19938	579	2.8%
19960	537	2.6%
19946	455	2.2%
19950	419	2.0%
19953	418	2.0%
MD	417	2.0%
19947	346	1.7%
Other State	259	1.3%
19968	225	1.1%
19941	190	0.9%
19966	183	0.9%
19734	179	0.9%
19973	173	0.8%
19709	133	0.6%
19933	119	0.6%
19954	115	0.6%
19964	107	0.5%
19958	102	0.5%
19936	70	0.3%
19971	65	0.3%
19956	61	0.3%
PA	61	0.3%
19979	53	0.3%
NJ	52	0.3%
19903	49	0.2%
19955	34	0.2%
19939	30	0.1%
19945	30	0.1%
19701	25	0.1%
19720	24	0.1%
19902	18	0.1%
19980	18	0.1%
19975	17	0.1%
19951	14	0.1%
19970	14	0.1%
19802	13	0.1%
19940	12	0.1%
19961	12	0.1%
19702	10	0.0%
19711	10	0.0%
Undisclosed*	75	0.4%
Total	20,546	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2013	2014	2015
Aggregate charges	\$482,847,351	\$548,672,174	\$588,617,400
Average charges	\$23,864	\$26,028	\$28,649
Average charge per day	\$6,145	\$6,545	\$7,349
Number of Discharges	20,233	21,080	20,546
Total All-listed Procedures¹	20,010	20,048	20,379
<i>Non-operating room procedures²</i>	13,364	12,969	14,929
<i>Valid operating room procedures²</i>	6,646	7,079	5,450
Average Length of Stay	4.9	5.1	5.1
Primary Payer Distribution			
<i>Medicare</i>	46.4%	47.7%	47.0%
<i>Medicaid</i>	24.2%	25.2%	25.1%
<i>Private Insurance</i>	20.7%	20.0%	20.8%
<i>Uninsured</i>	3.2%	1.7%	1.7%
<i>Other</i>	5.5%	5.4%	5.5%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	82.9%	83.3%	79.6%
<i>Clinic/Physician Office</i>	5.2%	3.9%	7.0%
<i>Transfers-Health Facility</i>	1.0%	1.9%	2.0%
<i>Newborn</i>	11.0%	11.0%	11.4%
<i>Other/Unknown</i>	.0%	.0%	.0%
Discharge Status Distribution			
<i>Routine - home</i>	65.1%	66.0%	62.4%
<i>Another short-term hospital</i>	3.0%	3.1%	2.5%
<i>Long-term care facility</i>	14.0%	11.0%	15.2%
<i>Home health care</i>	14.1%	12.5%	15.9%
<i>Expired in hospital</i>	2.0%	2.1%	2.2%
<i>Left against medical advice</i>	1.0%	1.1%	1.1%
<i>Other/Unknown</i>	0.8%	4.1%	0.7%
Sex			
<i>Male</i>	41.6%	42.2%	41.8%
<i>Female</i>	58.4%	57.8%	58.2%
Age			
<i><1</i>	12.0%	11.9%	12.3%
<i>1-4</i>	0.6%	0.5%	0.5%
<i>5-9</i>	0.4%	0.3%	0.2%
<i>10-14</i>	0.2%	0.2%	0.2%
<i>15-19</i>	1.5%	1.3%	1.1%
<i>20-24</i>	5.1%	4.6%	4.4%
<i>25-34</i>	9.8%	10.1%	10.1%
<i>35-44</i>	6.5%	6.1%	6.4%
<i>45-54</i>	10.8%	10.5%	9.8%
<i>55-64</i>	13.5%	13.7%	14.4%
<i>65-74</i>	16.8%	17.1%	16.7%
<i>75+</i>	22.9%	23.8%	23.8%

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

2015 Discharge Distribution

Zip / State	Number	%
19966	2,446	22.5%
19958	2,144	19.7%
19947	1,032	9.5%
19971	996	9.2%
19968	827	7.6%
19970	458	4.2%
19939	355	3.3%
19945	332	3.1%
19975	227	2.1%
19963	187	1.7%
MD	178	1.6%
Other State	172	1.6%
19960	164	1.5%
PA	159	1.5%
19930	149	1.4%
19973	147	1.4%
19951	136	1.3%
19956	127	1.2%
19941	78	0.7%
19950	67	0.6%
19933	63	0.6%
19952	50	0.5%
19967	41	0.4%
19943	27	0.2%
19901	25	0.2%
19940	25	0.2%
19904	21	0.2%
NJ	21	0.2%
19944	18	0.2%
19946	16	0.1%
19954	15	0.1%
19808	14	0.1%
19962	11	0.1%
19977	11	0.1%
19720	10	0.1%
Undisclosed*	108	1.0%
Total	10,857	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2013	2014	2015
Aggregate charges	\$343,490,741	\$398,595,606	\$419,853,505
Average charges	\$33,782	\$35,855	\$38,671
Average charge per day	\$9,948	\$10,710	\$11,729
Number of Discharges	10,168	11,117	10,857
Total All-listed Procedures¹	15,099	15,800	15,492
<i>Non-operating room procedures²</i>	9,728	10,192	11,366
<i>Valid operating room procedures²</i>	5,371	5,608	4,126
Average Length of Stay	3.9	4.1	4.3
Primary Payer Distribution			
<i>Medicare</i>	55.6%	57.4%	56.5%
<i>Medicaid</i>	17.2%	17.5%	17.2%
<i>Private Insurance</i>	23.6%	22.2%	23.6%
<i>Uninsured</i>	2.4%	1.8%	1.3%
<i>Other</i>	1.1%	1.1%	1.4%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	28.9%	27.0%	26.6%
<i>Clinic/Physician Office</i>	62.8%	65.2%	65.0%
<i>Transfers-Health Facility</i>	0.0%	0.0%	0.0%
<i>Newborn</i>	8.3%	7.8%	8.4%
<i>Other/Unknown</i>	0.1%	0.0%	0.1%
Discharge Status Distribution			
<i>Routine - home</i>	57.5%	55.0%	51.7%
<i>Another short-term hospital</i>	1.8%	1.6%	1.9%
<i>Long-term care facility</i>	17.7%	17.3%	18.0%
<i>Home health care</i>	19.6%	21.3%	24.6%
<i>Expired in hospital</i>	1.9%	1.9%	2.1%
<i>Left against medical advice</i>	0.6%	0.6%	0.9%
<i>Other/Unknown</i>	1.0%	2.2%	0.8%
Sex			
<i>Male</i>	45.8%	45.2%	45.8%
<i>Female</i>	54.2%	54.8%	54.2%
Age			
<i><1</i>	8.4%	8.1%	8.5%
<i>1-4</i>	0.1%	0.1%	0.1%
<i>5-9</i>	0.1%	0.1%	0.1%
<i>10-14</i>	0.1%	0.1%	0.0%
<i>15-19</i>	0.9%	0.8%	0.7%
<i>20-24</i>	2.7%	2.5%	2.5%
<i>25-34</i>	7.6%	6.5%	6.9%
<i>35-44</i>	4.6%	4.6%	5.1%
<i>45-54</i>	9.1%	9.2%	8.8%
<i>55-64</i>	14.4%	14.1%	13.9%
<i>65-74</i>	23.5%	23.8%	23.4%
<i>75+</i>	28.6%	30.1%	29.8%

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)

2015 Discharge Distribution

Zip / State	Number	%
19720	6,134	10.5%
19702	4,273	7.3%
19805	3,664	6.3%
19808	3,545	6.1%
19711	3,457	5.9%
19713	3,265	5.6%
19701	3,142	5.4%
MD	3,130	5.3%
19709	2,755	4.7%
19802	2,582	4.4%
PA	2,314	4.0%
19801	1,911	3.3%
19804	1,876	3.2%
19810	1,809	3.1%
NJ	1,798	3.1%
19803	1,767	3.0%
19703	1,224	2.1%
19809	1,167	2.0%
19707	1,115	1.9%
19806	990	1.7%
19977	895	1.5%
19734	839	1.4%
19807	567	1.0%
19904	389	0.7%
19901	388	0.7%
Other State	388	0.7%
19938	269	0.5%
19706	236	0.4%
19958	220	0.4%
19973	216	0.4%
19966	213	0.4%
19963	174	0.3%
19947	133	0.2%
19934	126	0.2%
19943	126	0.2%
19962	118	0.2%
19971	116	0.2%
19956	92	0.2%
19952	86	0.1%
19933	78	0.1%
19968	78	0.1%
19730	65	0.1%
19953	64	0.1%
19950	63	0.1%
19960	61	0.1%
19970	53	0.1%
19899	50	0.1%
19946	43	0.1%
19939	36	0.1%
19945	34	0.1%
19975	34	0.1%
19714	31	0.1%
19731	27	0.0%
19733	24	0.0%
19940	16	0.0%
19964	16	0.0%
19941	15	0.0%
19954	15	0.0%
19710	14	0.0%
19732	13	0.0%
19955	13	0.0%
19930	12	0.0%
19979	12	0.0%
19712	10	0.0%
19736	10	0.0%
19936	10	0.0%
Undisclosed*	118	0.2%
Total	58,524	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2013	2014	2015
Aggregate charges	\$1,126,291,531	\$1,214,327,405	\$1,317,194,106
Average charges	\$19,249	\$20,736	\$22,507
Average charge per day	\$4,506	\$4,880	\$5,372
Number of Discharges	58,512	58,561	58,524
Total All-listed Procedures¹	127,752	127,016	115,529
<i>Non-operating room procedures²</i>	96,643	95,859	91,977
<i>Valid operating room procedures²</i>	31,109	31,157	23,552
Average Length of Stay	4.9	5.0	5.0
Primary Payer Distribution			
<i>Medicare</i>	41.5%	42.9%	44.3%
<i>Medicaid</i>	18.7%	18.5%	19.3%
<i>Private Insurance</i>	29.3%	32.5%	32.4%
<i>Uninsured</i>	3.0%	1.1%	2.1%
<i>Other</i>	7.5%	5.0%	1.9%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	64.3%	63.1%	62.5%
<i>Clinic/Physician Office</i>	21.8%	21.9%	22.9%
<i>Transfers-Health Facility</i>	3.0%	3.6%	3.6%
<i>Newborn</i>	10.9%	11.4%	11.0%
<i>Other/Unknown</i>	.0%	.0%	.0%
Discharge Status Distribution			
<i>Routine - home</i>	62.3%	61.8%	61.4%
<i>Another short-term hospital</i>	0.5%	0.4%	0.4%
<i>Long-term care facility</i>	13.6%	12.0%	14.3%
<i>Home health care</i>	20.5%	20.9%	20.4%
<i>Expired in hospital</i>	1.5%	1.4%	1.4%
<i>Left against medical advice</i>	0.7%	0.6%	0.8%
<i>Other/Unknown</i>	1.1%	2.8%	1.3%
Sex			
<i>Male</i>	41.5%	42.0%	41.9%
<i>Female</i>	58.5%	58.0%	58.1%
Age			
<i><1</i>	11.1%	11.6%	11.2%
<i>1-4</i>	0.1%	0.0%	0.0%
<i>5-9</i>	0.0%	0.0%	0.0%
<i>10-14</i>	0.1%	0.1%	0.0%
<i>15-19</i>	1.3%	1.1%	1.0%
<i>20-24</i>	4.0%	3.7%	3.7%
<i>25-34</i>	11.3%	11.4%	11.3%
<i>35-44</i>	8.3%	8.0%	7.9%
<i>45-54</i>	11.7%	11.2%	11.0%
<i>55-64</i>	14.8%	15.0%	15.2%
<i>65-74</i>	15.5%	16.2%	16.7%
<i>75+</i>	21.7%	21.6%	21.8%

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

2015 Discharge Distribution

Zip / State	Number	%
19973	2,064	33.9%
19956	994	16.3%
19933	703	11.6%
19947	642	10.6%
MD	465	7.6%
19966	283	4.7%
19940	211	3.5%
19950	207	3.4%
19963	60	1.0%
19945	54	0.9%
19975	39	0.6%
OTHER	39	0.6%
19952	29	0.5%
19939	28	0.5%
19968	26	0.4%
19904	23	0.4%
19958	23	0.4%
19960	23	0.4%
19941	22	0.4%
19901	16	0.3%
19931	16	0.3%
PA	15	0.2%
19943	13	0.2%
19954	11	0.2%
19970	11	0.2%
19971	11	0.2%
NJ	10	0.2%
Undisclosed*	43	0.7%
Total	6,081	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2013	2014	2015
Aggregate charges	\$108,338,052	\$107,306,566	\$111,693,089
Average charges	\$17,384	\$17,488	\$18,368
Average charge per day	\$5,103	\$5,440	\$6,065
Number of Discharges	6,232	6,136	6,081
Total All-listed Procedures¹	11,958	12,057	10,455
<i>Non-operating room procedures²</i>	10,259	10,212	8,955
<i>Valid operating room procedures²</i>	1,699	1,845	1,500
Average Length of Stay	3.6	3.5	3.4
Primary Payer Distribution			
<i>Medicare</i>	45.6%	45.9%	45.7%
<i>Medicaid</i>	32.0%	33.1%	33.4%
<i>Private Insurance</i>	16.9%	17.3%	18.3%
<i>Uninsured</i>	3.5%	1.7%	1.4%
<i>Other</i>	1.9%	1.9%	1.2%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	64.9%	63.2%	60.7%
<i>Clinic/Physician Office</i>	22.3%	22.9%	25.1%
<i>Transfers-Health Facility</i>	0.0%	0.0%	0.0%
<i>Newborn</i>	12.8%	14.0%	14.1%
<i>Other/Unknown</i>	0.0%	0.0%	0.0%
Discharge Status Distribution			
<i>Routine - home</i>	62.9%	59.6%	62.6%
<i>Another short-term hospital</i>	2.9%	2.9%	3.2%
<i>Long-term care facility</i>	16.6%	16.2%	13.4%
<i>Home health care</i>	13.2%	16.5%	16.4%
<i>Expired in hospital</i>	1.9%	1.9%	1.8%
<i>Left against medical advice</i>	0.9%	0.9%	0.6%
<i>Other/Unknown</i>	1.6%	2.0%	1.9%
Sex			
<i>Male</i>	41.3%	42.4%	40.1%
<i>Female</i>	58.7%	57.6%	59.9%
Age			
<i><1</i>	14.8%	15.1%	15.2%
<i>1-4</i>	0.6%	0.6%	0.3%
<i>5-9</i>	0.4%	0.3%	0.3%
<i>10-14</i>	0.1%	0.3%	0.3%
<i>15-19</i>	2.0%	1.7%	1.6%
<i>20-24</i>	4.7%	4.7%	4.8%
<i>25-34</i>	10.5%	10.6%	10.4%
<i>35-44</i>	5.8%	5.9%	5.8%
<i>45-54</i>	8.8%	8.6%	7.9%
<i>55-64</i>	13.4%	12.8%	13.8%
<i>65-74</i>	15.1%	16.0%	18.1%
<i>75+</i>	23.8%	23.6%	21.4%

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/toolsssoftware/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

2015 Discharge Distribution

Zip / State	Number	%
19805	1,276	23.9%
19802	538	10.1%
19801	515	9.6%
19720	475	8.9%
19806	285	5.3%
19810	240	4.5%
19703	219	4.1%
19804	204	3.8%
19808	202	3.8%
19803	197	3.7%
19702	179	3.3%
19809	176	3.3%
19701	129	2.4%
19711	108	2.0%
PA	107	2.0%
19713	103	1.9%
19709	70	1.3%
19707	48	0.9%
NJ	46	0.9%
19807	32	0.6%
MD	32	0.6%
Other State	29	0.5%
19734	13	0.2%
19977	12	0.2%
19901	11	0.2%
19904	10	0.2%
Undisclosed*	89	1.7%
Total	5,345	100.0%

*Zip codes with less than 10 cases

Utilization Characteristics

	2013	2014	2015
Aggregate charges	\$153,277,399	\$149,319,914	\$140,237,431
Average charges	\$26,395	\$27,134	\$26,237
Average charge per day	\$7,604	\$8,004	\$7,899
Number of Discharges	5,807	5,503	5,345
Total All-listed Procedures¹	6,063	5,628	5,079
<i>Non-operating room procedures²</i>	4,021	3,636	3,677
<i>Valid operating room procedures²</i>	2,042	1,992	1,402
Average Length of Stay	4.3	4.2	4.2
Primary Payer Distribution			
<i>Medicare</i>	36.2%	34.3%	29.9%
<i>Medicaid</i>	31.2%	33.7%	21.9%
<i>Private Insurance</i>	27.0%	28.5%	44.6%
<i>Uninsured</i>	4.9%	2.6%	3.1%
<i>Other</i>	0.7%	1.0%	0.5%
Point of Origin Distribution			
<i>Home-Work-etc.</i>	82.5%	83.0%	79.5%
<i>Clinic/Physician Office</i>	0.6%	1.0%	1.2%
<i>Transfers-Health Facility</i>	3.4%	2.3%	4.1%
<i>Newborn</i>	12.1%	12.6%	13.7%
<i>Other/Unknown</i>	1.4%	1.2%	1.5%
Discharge Status Distribution			
<i>Routine - home</i>	60.6%	65.3%	65.0%
<i>Another short-term hospital</i>	2.1%	2.1%	2.1%
<i>Long-term care facility</i>	12.6%	11.1%	11.3%
<i>Home health care</i>	17.3%	13.1%	13.3%
<i>Expired in hospital</i>	3.7%	3.0%	5.6%
<i>Left against medical advice</i>	1.8%	2.2%	1.8%
<i>Other/Unknown</i>	1.9%	3.2%	1.0%
Sex			
<i>Male</i>	39.2%	39.6%	39.3%
<i>Female</i>	60.8%	60.4%	60.7%
Age			
<i><1</i>	12.3%	12.8%	14.1%
<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%	0.1%
<i>15-19</i>	1.6%	1.5%	1.1%
<i>20-24</i>	4.4%	4.7%	4.5%
<i>25-34</i>	12.7%	13.2%	13.9%
<i>35-44</i>	9.3%	10.4%	9.5%
<i>45-54</i>	13.8%	12.9%	12.1%
<i>55-64</i>	14.4%	14.3%	14.6%
<i>65-74</i>	12.5%	11.0%	11.6%
<i>75+</i>	19.0%	19.3%	18.6%

Notes:

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

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

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

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

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

2015 Discharge Distribution			Utilization Characteristics		
Zip / State	Number	%	2013	2014	2015
MD	40	11.2%			
19720	24	6.7%			
19808	20	5.6%			
19801	18	5.0%			
19805	18	5.0%			
NJ	17	4.7%			
19711	14	3.9%			
19958	14	3.9%			
19904	12	3.4%			
19973	12	3.4%			
19802	11	3.1%			
19966	11	3.1%			
19701	10	2.8%			
19702	10	2.8%			
Undisclosed*	127	35.5%			
Total	358	100.0%			
<i>*Zip codes with less than 10 cases</i>					
Aggregate charges			\$29,736,447	\$44,786,921	\$51,254,726
Average charges			\$118,946	\$138,231	\$143,170
Average charge per day			\$4,225	\$4,440	\$4,938
Number of Discharges			250	324	358
Total All-listed Procedures¹			566	801	576
<i>Non-operating room procedures²</i>			505	653	465
<i>Valid operating room procedures²</i>			61	148	111
Average Length of Stay			28.5	30.5	29.1
Primary Payer Distribution					
<i>Medicare</i>			78.8%	75.0%	85.5%
<i>Medicaid</i>			1.2%	0.3%	0.6%
<i>Private Insurance</i>			19.6%	23.8%	12.6%
<i>Uninsured</i>			0.0%	0.0%	0.0%
<i>Other</i>			0.4%	0.9%	1.4%
Point of Origin Distribution					
<i>Home-Work-etc.</i>			0.0%	0.0%	1.1%
<i>Clinic/Physician Office</i>			0.0%	0.0%	0.0%
<i>Transfers-Health Facility</i>			100.0%	100.0%	98.9%
<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>			6.4%	16.0%	5.6%
<i>Another short-term hospital</i>			10.4%	3.4%	8.9%
<i>Long-term care facility</i>			56.4%	50.6%	59.2%
<i>Home health care</i>			19.6%	14.2%	15.6%
<i>Expired in hospital</i>			6.0%	7.1%	7.3%
<i>Left against medical advice</i>			0.4%	1.2%	0.8%
<i>Other/Unknown</i>			0.8%	7.4%	2.5%
Sex					
<i>Male</i>			53.2%	51.2%	46.4%
<i>Female</i>			46.8%	48.8%	53.6%
<i>Unknown</i>			0.0%	0.0%	0.0%
Age					
<i><1</i>			0.0%	0.0%	0.0%
<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>			0.0%	0.0%	0.0%
<i>20-24</i>			0.4%	0.3%	0.3%
<i>25-34</i>			4.0%	5.2%	1.7%
<i>35-44</i>			3.2%	6.8%	6.4%
<i>45-54</i>			12.4%	13.6%	10.6%
<i>55-64</i>			25.2%	21.9%	19.0%
<i>65-74</i>			28.4%	25.9%	29.9%
<i>75+</i>			26.4%	26.2%	32.1%

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/toolssoftware/procedure/procedure.jsp>.

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

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

APPENDIX A

Clinical classification system:

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

Number and Percent of Discharges, Mean Length of Stay, Mean Charges, Percent Expired, and Percent with an Emergency Priority at Admission by Principal Diagnosis Delaware Hospitals, 2015

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	18	0.3%	5.8	\$30,000	0.0%	66.7%
	Septicemia (except in labor)	4,977	88.1%	8.1	\$41,695	8.8%	83.8%
	Bacterial infection; unspecified site	51	0.9%	7.8	\$36,316	0.0%	72.5%
	Mycoses	63	1.1%	9.6	\$44,847	1.6%	85.7%
	HIV infection	126	2.2%	10.9	\$45,977	7.9%	89.7%
	Hepatitis	77	1.4%	4.5	\$23,211	1.3%	79.2%
	Viral infection	248	4.4%	3.2	\$15,968	0.0%	81.0%
	Other infections; including parasitic	74	1.3%	5.1	\$37,074	0.0%	62.2%
	Sexually transmitted infections (not HIV or hepatitis)	13	0.2%	3.3	\$14,725	0.0%	76.9%
	Immunizations and screening for infectious disease	3	0.1%	2.3	\$9,734	0.0%	100.0%
	Total	5,650	100.0%	7.9	\$40,219	8.0%	83.4%
Neoplasms	Cancer of head and neck	61	1.6%	6.3	\$34,961	0.0%	19.7%
	Cancer of esophagus	33	0.9%	8.4	\$42,713	3.0%	51.5%
	Cancer of stomach	43	1.1%	9.3	\$52,342	7.0%	34.9%
	Cancer of colon	271	7.0%	8.0	\$46,995	2.2%	27.7%
	Cancer of rectum and anus	111	2.9%	8.2	\$52,637	0.9%	25.2%
	Cancer of liver and intrahepatic bile duct	45	1.2%	6.1	\$38,244	6.7%	57.8%
	Cancer of pancreas	106	2.7%	6.8	\$35,499	4.7%	59.4%
	Cancer of other GI organs; peritoneum	51	1.3%	9.0	\$61,756	2.0%	35.3%
	Cancer of bronchus; lung	377	9.8%	6.3	\$41,597	6.6%	52.5%
	Cancer; other respiratory and intrathoracic	4	0.1%	10.3	\$42,574	0.0%	50.0%
	Cancer of bone and connective tissue	32	0.8%	7.8	\$64,885	0.0%	40.6%
	Melanomas of skin	9	0.2%	6.9	\$23,144	22.2%	33.3%
	Other non-epithelial cancer of skin	10	0.3%	2.9	\$17,053	0.0%	20.0%
	Cancer of breast	92	2.4%	2.7	\$20,391	3.3%	18.5%
	Cancer of uterus	111	2.9%	4.6	\$29,315	2.7%	10.8%
	Cancer of cervix	32	0.8%	4.2	\$25,401	3.1%	37.5%
	Cancer of ovary	55	1.4%	7.8	\$40,697	0.0%	34.5%
	Cancer of other female genital organs	16	0.4%	4.8	\$23,192	0.0%	25.0%
	Cancer of prostate	79	2.0%	3.7	\$32,717	0.0%	17.7%
	Cancer of testis	4	0.1%	6.3	\$25,030	0.0%	50.0%
	Cancer of other male genital organs	3	0.1%	3.3	\$26,567	0.0%	33.3%
	Cancer of bladder	50	1.3%	6.9	\$38,478	2.0%	32.0%
	Cancer of kidney and renal pelvis	101	2.6%	4.5	\$28,911	0.0%	17.8%
	Cancer of other urinary organs	8	0.2%	5.8	\$32,314	0.0%	0.0%
	Cancer of brain and nervous system	79	2.0%	10.0	\$75,741	3.8%	50.6%
	Cancer of thyroid	21	0.5%	2.6	\$17,448	0.0%	4.8%
	Hodgkin's disease	13	0.3%	16.2	\$104,762	0.0%	38.5%

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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	97	2.5%	12.6	\$82,969	2.1%	57.7%
	Leukemias	139	3.6%	17.1	\$144,371	6.5%	48.2%
	Multiple myeloma	49	1.3%	10.7	\$72,006	4.1%	40.8%
	Cancer, other and unspecified primary	12	0.3%	8.5	\$67,910	8.3%	25.0%
	Secondary malignancies	546	14.1%	6.8	\$38,679	5.1%	61.5%
	Malignant neoplasm without specification of site	17	0.4%	6.4	\$30,483	0.0%	52.9%
	Neoplasms of unspecified nature or uncertain behavior	100	2.6%	6.6	\$61,053	3.0%	36.0%
	Maintenance chemotherapy; radiotherapy	376	9.7%	5.8	\$42,835	0.3%	0.8%
	Benign neoplasm of uterus	322	8.3%	2.4	\$17,769	0.0%	3.4%
	Other and unspecified benign neoplasm	388	10.0%	4.1	\$32,133	1.0%	14.2%
	Total	3,863	100.0%	6.5	\$43,992	2.8%	31.8%
Endocrine, nutritional & metabolic diseases, & immunity disorders	Thyroid disorders	92	2.1%	3.7	\$20,012	1.1%	62.0%
	Diabetes mellitus without complication	90	2.1%	2.8	\$14,222	1.1%	78.9%
	Diabetes mellitus with complications	1,735	40.2%	5.0	\$22,587	0.4%	78.7%
	Other endocrine disorders	210	4.9%	5.9	\$25,362	0.0%	75.2%
	Nutritional deficiencies	41	1.0%	6.8	\$32,091	0.0%	63.4%
	Disorders of lipid metabolism	11	0.3%	6.5	\$39,486	0.0%	72.7%
	Gout and other crystal arthropathies	71	1.6%	3.9	\$13,080	0.0%	83.1%
	Fluid and electrolyte disorders	990	23.0%	3.7	\$16,616	2.0%	85.5%
	Cystic fibrosis	43	1.0%	9.3	\$100,284	0.0%	27.9%
	Immunity disorders	4	0.1%	11.5	\$147,735	0.0%	50.0%
	Other nutritional; endocrine; and metabolic disorders	1,024	23.8%	2.9	\$32,946	0.1%	12.5%
	Total	4,311	100.0%	4.2	\$24,450	0.7%	63.4%
	Disease of the blood and blood forming organs	Deficiency and other anemia	522	38.0%	3.7	\$20,898	0.6%
Acute posthemorrhagic anemia		197	14.3%	3.6	\$19,490	0.5%	72.6%
Sickle cell anemia		361	26.3%	4.4	\$25,422	0.3%	80.6%
Coagulation and hemorrhagic disorders		134	9.7%	4.0	\$53,617	0.7%	59.0%
Diseases of white blood cells		148	10.8%	4.7	\$27,977	2.0%	63.5%
Other hematologic conditions		13	0.9%	4.8	\$25,409	0.0%	53.8%
Total		1,375	100.0%	4.0	\$25,877	0.7%	73.5%
Mental disorders	Adjustment disorders	9	0.3%	3.0	\$8,859	0.0%	88.9%
	Anxiety disorders	40	1.4%	3.3	\$12,330	0.0%	90.0%
	Attention-deficit	2	0.1%	3.0	\$10,024	0.0%	50.0%
	Delirium	153	5.5%	11.8	\$27,605	2.6%	85.0%
	Developmental disorders	7	0.3%	6.9	\$16,777	14.3%	85.7%
	Disorders usually diagnosed in infancy	1	0.0%	2.0	\$14,468	0.0%	0.0%
	Impulse control disorders	0	0.0%	N/A	N/A	N/A	N/A
	Mood disorders	884	31.9%	7.1	\$13,017	0.0%	76.7%
	Personality disorders	3	0.1%	3.7	\$10,963	0.0%	100.0%
	Schizophrenia and other psychotic disorders	170	6.1%	7.3	\$15,049	0.0%	85.3%
	Alcohol-related disorders	707	25.5%	5.7	\$21,094	0.0%	86.8%
	Substance-related disorders	443	16.0%	5.7	\$23,273	3.2%	73.1%
	Screening and history of mental health and substance abuse codes	208	7.5%	5.8	\$28,232	3.4%	86.5%
	Miscellaneous disorders	141	5.1%	3.6	\$15,509	0.0%	50.4%
Total	2,768	100.0%	6.4	\$18,905	0.9%	79.3%	
Diseases of the nervous system and sense organs	Meningitis (except that caused by tuberculosis or STD)	89	2.8%	4.6	\$31,371	1.1%	80.9%
	Encephalitis (except that caused by tuberculosis or STD)	84	2.6%	7.6	\$34,503	1.2%	65.5%
	Other CNS infection and poliomyelitis	44	1.4%	9.9	\$58,712	2.3%	63.6%
	Parkinson's disease	19	0.6%	8.4	\$22,078	0.0%	94.7%
	Multiple sclerosis	69	2.1%	3.6	\$15,077	0.0%	78.3%
	Other hereditary and degenerative nervous system conditions	139	4.3%	8.7	\$62,232	2.9%	56.1%
	Paralysis	108	3.3%	8.4	\$106,690	0.9%	25.9%
	Epilepsy; convulsions	912	28.2%	4.6	\$24,146	0.7%	77.3%
	Headache; including migraine	332	10.3%	2.3	\$11,993	0.0%	89.8%
	Coma; stupor; and brain damage	34	1.1%	4.9	\$29,302	29.4%	85.3%

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Clinical Classifications Software Categories and Chapter Headings	Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Emergency Priority	
Cataract	1	0.0%	1.0	\$2,698	0.0%	100.0%	
Retinal detachments; defects; vascular occlusion; and retinopathy	18	0.6%	4.0	\$15,469	0.0%	88.9%	
Glaucoma	3	0.1%	3.3	\$14,282	0.0%	100.0%	
Blindness and vision defects	33	1.0%	2.5	\$8,965	0.0%	93.9%	
Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease)	63	1.9%	3.9	\$19,524	0.0%	68.3%	
Other eye disorders	29	0.9%	2.4	\$13,596	0.0%	75.9%	
Otitis media and related conditions	50	1.5%	3.0	\$17,649	2.0%	72.0%	
Conditions associated with dizziness or vertigo	165	5.1%	2.1	\$9,085	0.0%	90.9%	
Other ear and sense organ disorders	34	1.1%	2.9	\$19,012	0.0%	76.5%	
Other nervous system disorders	1,005	31.1%	5.2	\$31,198	1.0%	61.6%	
Total	3,231	100.0%	4.7	\$28,948	1.1%	71.6%	
Diseases of the circulatory system	Heart valve disorders	334	2.1%	6.8	\$102,282	2.1%	16.5%
	Peri-, endo-, and myocarditis; cardiomyopathy (except that caused by tuberculosis or STD)	230	1.4%	7.1	\$47,743	2.6%	63.9%
	Essential hypertension	88	0.5%	2.3	\$11,321	0.0%	88.6%
	Hypertension with complications and secondary hypertension	661	4.1%	4.7	\$22,874	1.4%	88.0%
	Acute myocardial infarction	1,784	11.1%	4.4	\$53,762	4.1%	73.2%
	Coronary atherosclerosis and other heart disease	1,045	6.5%	4.5	\$58,769	1.0%	43.6%
	Nonspecific chest pain	458	2.9%	2.2	\$12,794	0.0%	90.0%
	Pulmonary heart disease	708	4.4%	5.6	\$27,629	3.2%	79.5%
	Other and ill-defined heart disease	46	0.3%	3.4	\$22,586	0.0%	76.1%
	Conduction disorders	191	1.2%	3.8	\$49,122	2.1%	72.8%
	Cardiac dysrhythmias	1,837	11.4%	4.2	\$30,126	1.3%	76.5%
	Cardiac arrest and ventricular fibrillation	112	0.7%	6.7	\$62,801	42.9%	83.9%
	Congestive heart failure; nonhypertensive	3,177	19.8%	5.8	\$29,418	2.2%	79.3%
	Acute cerebrovascular disease	2,542	15.8%	6.5	\$34,298	4.5%	82.4%
	Occlusion or stenosis of precerebral arteries	352	2.2%	2.0	\$24,236	0.3%	15.9%
	Other and ill-defined cerebrovascular disease	96	0.6%	3.8	\$27,432	0.0%	34.4%
	Transient cerebral ischemia	550	3.4%	2.3	\$11,698	0.2%	90.5%
	Late effects of cerebrovascular disease	103	0.6%	10.8	\$28,977	1.9%	38.8%
	Peripheral and visceral atherosclerosis	417	2.6%	4.8	\$41,629	3.4%	36.7%
	Aortic; peripheral; and visceral artery aneurysms	280	1.7%	4.9	\$81,991	6.8%	33.9%
	Aortic and peripheral arterial embolism or thrombosis	107	0.7%	5.6	\$51,883	1.9%	60.7%
	Other circulatory disease	384	2.4%	4.1	\$21,616	0.5%	84.9%
	Phlebitis; thrombophlebitis and thromboembolism	386	2.4%	5.1	\$27,417	1.3%	73.8%
	Varicose veins of lower extremity	9	0.1%	3.9	\$17,434	0.0%	77.8%
	Hemorrhoids	97	0.6%	3.6	\$16,405	0.0%	85.6%
	Other diseases of veins and lymphatics	57	0.4%	4.8	\$31,889	0.0%	63.2%
Total	16,051	100.0%	5.0	\$36,530	2.7%	72.0%	
Diseases of the respiratory system	Pneumonia (except that caused by tuberculosis or STD)	3,053	26.8%	5.0	\$24,079	1.9%	81.5%
	Influenza	338	3.0%	5.6	\$21,632	1.8%	86.1%
	Acute and chronic tonsillitis	129	1.1%	2.2	\$17,090	0.0%	63.6%
	Acute bronchitis	988	8.7%	3.1	\$20,189	0.0%	77.6%
	Other upper respiratory infections	320	2.8%	3.4	\$28,756	0.0%	79.7%
	Chronic obstructive pulmonary disease and bronchiectasis	1,928	16.9%	4.4	\$19,032	0.7%	89.5%
	Asthma	1,446	12.7%	2.6	\$16,455	0.2%	88.0%
	Aspiration pneumonitis; food/vomitus	462	4.1%	7.6	\$34,104	7.8%	67.1%
	Pleurisy; pneumothorax; pulmonary collapse	372	3.3%	6.5	\$33,959	2.7%	68.3%
	Respiratory failure; insufficiency; arrest (adult)	1,799	15.8%	10.1	\$81,241	8.8%	66.3%
	Lung disease due to external agents	31	0.3%	4.2	\$18,092	0.0%	71.0%
	Other lower respiratory disease	337	3.0%	4.5	\$26,807	1.2%	69.1%
	Other upper respiratory disease	172	1.5%	4.4	\$27,705	0.0%	72.1%
	Total	11,375	100.0%	5.3	\$31,786	2.6%	79.3%

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Clinical Classifications Software Categories and Chapter Headings		Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Emergency Priority
Diseases of the digestive system	Intestinal infection	1,177	11.6%	4.3	\$18,206	0.6%	80.0%
	Disorders of teeth and jaw	66	0.6%	3.6	\$34,099	0.0%	50.0%
	Diseases of mouth; excluding dental	75	0.7%	3.4	\$16,625	1.3%	64.0%
	Esophageal disorders	309	3.0%	4.3	\$22,935	0.0%	66.7%
	Gastroduodenal ulcer (except hemorrhage)	121	1.2%	6.1	\$32,878	0.8%	71.9%
	Gastritis and duodenitis	233	2.3%	3.6	\$18,260	0.0%	83.3%
	Other disorders of stomach and duodenum	254	2.5%	5.2	\$22,593	0.4%	80.7%
	Appendicitis and other appendiceal conditions	463	4.5%	3.9	\$30,919	0.0%	69.1%
	Abdominal hernia	657	6.4%	5.2	\$32,840	1.1%	33.2%
	Regional enteritis and ulcerative colitis	313	3.1%	5.5	\$28,763	0.0%	71.6%
	Intestinal obstruction without hernia	1,046	10.3%	6.2	\$30,915	1.4%	74.9%
	Diverticulosis and diverticulitis	1,048	10.3%	5.2	\$25,693	0.3%	60.3%
	Anal and rectal conditions	111	1.1%	3.9	\$18,892	0.0%	58.6%
	Peritonitis and intestinal abscess	111	1.1%	7.0	\$32,909	4.5%	70.3%
	Biliary tract disease	1,031	10.1%	3.9	\$25,159	0.4%	70.9%
	Other liver diseases	327	3.2%	6.9	\$44,748	3.4%	80.4%
	Pancreatic disorders (not diabetes)	716	7.0%	5.3	\$24,334	0.8%	81.4%
	Gastrointestinal hemorrhage	1,137	11.2%	4.7	\$24,131	1.6%	82.8%
	Noninfectious gastroenteritis	286	2.8%	3.4	\$14,260	0.3%	84.6%
	Other gastrointestinal disorders	709	7.0%	5.3	\$29,325	0.7%	54.0%
Total	10,190	100.0%	4.9	\$26,123	0.8%	70.4%	
Diseases of the genitourinary system	Nephritis; nephrosis; renal sclerosis	56	1.2%	3.8	\$20,938	0.0%	66.1%
	Acute and unspecified renal failure	1,857	38.8%	5.4	\$21,554	1.3%	79.0%
	Chronic renal failure	51	1.1%	5.1	\$72,144	2.0%	37.3%
	Urinary tract infections	1,506	31.5%	4.7	\$16,855	0.5%	83.9%
	Calculus of urinary tract	349	7.3%	2.4	\$14,881	0.0%	82.2%
	Other diseases of kidney and ureters	189	3.9%	3.1	\$24,701	0.0%	45.5%
	Other diseases of bladder and urethra	52	1.1%	4.5	\$30,836	0.0%	50.0%
	Genitourinary symptoms and ill-defined conditions	99	2.1%	3.5	\$16,757	1.0%	69.7%
	Hyperplasia of prostate	33	0.7%	3.4	\$16,520	0.0%	57.6%
	Inflammatory conditions of male genital organs	65	1.4%	4.7	\$17,927	0.0%	80.0%
	Other male genital disorders	28	0.6%	3.4	\$21,781	0.0%	57.1%
	Nonmalignant breast conditions	24	0.5%	4.2	\$19,430	0.0%	58.3%
	Inflammatory diseases of female pelvic organs	90	1.9%	3.9	\$19,320	0.0%	67.8%
	Endometriosis	49	1.0%	2.4	\$17,192	0.0%	12.2%
	Prolapse of female genital organs	98	2.0%	1.3	\$10,570	0.0%	1.0%
	Menstrual disorders	110	2.3%	2.7	\$23,648	0.0%	20.9%
	Ovarian cyst	51	1.1%	2.5	\$15,873	0.0%	37.3%
	Menopausal disorders	15	0.3%	2.8	\$26,957	0.0%	46.7%
	Female infertility	0	0.0%	N/A	N/A	N/A	N/A
	Other female genital disorders	64	1.3%	3.5	\$21,601	0.0%	26.6%
Total	4,786	100.0%	4.5	\$19,847	0.7%	72.9%	
Complications of pregnancy, childbirth, & the puerperium	Contraceptive and procreative management	0	0.0%	N/A	N/A	N/A	N/A
	Spontaneous abortion	21	0.2%	1.4	\$8,503	0.0%	57.1%
	Induced abortion	8	0.1%	1.5	\$7,869	0.0%	62.5%
	Postabortion complications	3	0.0%	2.3	\$7,137	0.0%	100.0%
	Ectopic pregnancy	14	0.1%	1.9	\$16,133	0.0%	78.6%
	Other complications of pregnancy	1,645	14.2%	2.5	\$8,055	0.0%	45.6%
	Hemorrhage during pregnancy; abruptio placenta; placenta previa	120	1.0%	4.9	\$14,150	0.0%	48.3%
	Hypertension complicating pregnancy; childbirth and the puerperium	1,092	9.4%	3.8	\$11,165	0.0%	37.5%
	Early or threatened labor	432	3.7%	3.3	\$8,405	0.0%	62.3%
	Prolonged pregnancy	852	7.4%	2.7	\$7,359	0.0%	17.7%
	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	359	3.1%	3.1	\$9,220	0.0%	20.9%

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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	365	3.2%	3.0	\$10,360	0.0%	23.8%
	Fetopelvic disproportion; obstruction	101	0.9%	2.7	\$10,049	0.0%	30.7%
	Previous C-section	1,033	8.9%	2.8	\$9,791	0.0%	13.6%
	Fetal distress and abnormal forces of labor	501	4.3%	2.9	\$8,000	0.0%	42.9%
	Polyhydramnios and other problems of amniotic cavity	798	6.9%	3.5	\$9,119	0.0%	53.0%
	Umbilical cord complication	433	3.7%	2.4	\$7,075	0.0%	40.0%
	OB-related trauma to perineum and vulva	1,590	13.8%	2.2	\$5,286	0.0%	53.9%
	Forceps delivery	6	0.1%	2.3	\$11,444	0.0%	0.0%
	Other complications of birth; puerperium affecting management of mother	1,714	14.8%	3.0	\$9,606	0.1%	32.8%
	Normal pregnancy and/or delivery	472	4.1%	2.2	\$7,816	0.0%	23.7%
	Total	11,559	100.0%	2.9	\$8,541	0.0%	37.6%
Diseases of the skin and subcutaneous tissue	Skin and subcutaneous tissue infections	1,755	88.1%	4.3	\$16,868	0.2%	76.8%
	Other inflammatory condition of skin	31	1.6%	3.8	\$14,640	0.0%	83.9%
	Chronic ulcer of skin	174	8.7%	14.9	\$63,464	2.3%	47.1%
	Other skin disorders	33	1.7%	5.8	\$25,528	0.0%	63.6%
	Total	1,993	100.0%	5.2	\$21,044	0.4%	74.1%
Diseases of the musculo-skeletal system and connective tissue	Infective arthritis and osteomyelitis (except that caused by tuberculosis or STD)	354	4.5%	10.4	\$49,408	0.6%	55.1%
	Rheumatoid arthritis and related disease	32	0.4%	4.4	\$48,561	0.0%	56.3%
	Osteoarthritis	4,049	51.0%	2.3	\$37,312	0.0%	0.5%
	Other non-traumatic joint disorders	133	1.7%	3.4	\$51,297	0.0%	39.8%
	Spondylosis; intervertebral disc disorders; other back problems	2,123	26.7%	2.8	\$54,650	0.0%	13.8%
	Osteoporosis	1	0.0%	2.0	\$35,140	0.0%	0.0%
	Pathological fracture	213	2.7%	5.4	\$36,265	1.4%	63.4%
	Acquired foot deformities	34	0.4%	2.5	\$45,168	0.0%	0.0%
	Other acquired deformities	254	3.2%	4.2	\$97,451	0.0%	2.0%
	Systemic lupus erythematosus and connective tissue disorders	59	0.7%	5.6	\$29,066	0.0%	71.2%
	Other connective tissue disease	451	5.7%	5.3	\$26,266	0.4%	67.6%
	Other bone disease and musculoskeletal deformities	236	3.0%	3.7	\$79,372	0.4%	17.8%
Total	7,939	100.0%	3.2	\$45,258	0.1%	13.9%	
Congenital anomalies	Cardiac and circulatory congenital anomalies	163	26.8%	18.3	\$306,897	0.0%	9.8%
	Digestive congenital anomalies	92	15.1%	10.5	\$102,146	0.0%	26.1%
	Genitourinary congenital anomalies	70	11.5%	3.8	\$49,467	1.4%	11.4%
	Nervous system congenital anomalies	32	5.3%	9.2	\$108,067	0.0%	6.3%
	Other congenital anomalies	251	41.3%	7.4	\$123,008	0.8%	6.0%
	Total	608	100.0%	10.4	\$159,897	0.5%	10.7%
Certain conditions originating in the perinatal period	Short gestation; low birth weight; and fetal growth retardation	38	6.9%	31.4	\$195,878	7.9%	7.9%
	Intrauterine hypoxia and birth asphyxia	17	3.1%	9.2	\$93,452	11.8%	5.9%
	Respiratory distress syndrome	31	5.6%	30.3	\$245,367	3.2%	3.2%
	Hemolytic jaundice and perinatal jaundice	160	29.1%	1.8	\$8,611	0.0%	25.6%
	Birth trauma	5	0.9%	6.8	\$98,844	20.0%	0.0%
	Other perinatal conditions	298	54.3%	12.1	\$116,130	2.3%	36.2%
	Total	549	100.0%	11.3	\$96,753	2.6%	28.1%
Injury and poisoning	Joint disorders and dislocations; trauma-related	73	0.8%	5.2	\$43,054	0.0%	42.5%
	Fracture of neck of femur (hip)	952	10.7%	6.0	\$39,391	1.5%	77.4%
	Spinal cord injury	68	0.8%	13.6	\$111,236	7.4%	86.8%
	Skull and face fractures	115	1.3%	4.9	\$30,079	0.9%	91.3%
	Fracture of upper limb	376	4.2%	4.2	\$33,197	0.3%	73.9%
	Fracture of lower limb	681	7.7%	5.4	\$41,660	0.4%	73.4%
	Other fractures	836	9.4%	5.1	\$27,268	1.0%	82.1%
	Sprains and strains	41	0.5%	3.6	\$19,000	0.0%	63.4%
	Intracranial injury	750	8.5%	7.7	\$38,688	4.7%	92.0%

APPENDIX A

Clinical Classifications Software Categories and Chapter Headings		Number of Discharges	Percent of Discharges	Length of Stay	Mean Total Charges	Percent Expired	Percent Emergency Priority
	Crushing injury or internal injury	342	3.9%	6.7	\$43,387	3.2%	86.3%
	Open wounds of head; neck; and trunk	103	1.2%	4.2	\$26,070	0.0%	93.2%
	Open wounds of extremities	103	1.2%	4.2	\$22,811	0.0%	89.3%
	Complication of device; implant or graft	1,887	21.3%	6.5	\$57,142	1.3%	44.1%
	Complications of surgical procedures or medical care	1,412	15.9%	6.4	\$32,653	1.1%	60.4%
	Superficial injury; contusion	116	1.3%	3.6	\$16,904	0.0%	86.2%
	Burns	11	0.1%	4.5	\$21,293	9.1%	90.9%
	Poisoning by psychotropic agents	225	2.5%	3.8	\$17,225	0.9%	85.3%
	Poisoning by other medications and drugs	416	4.7%	3.8	\$22,522	1.9%	71.2%
	Poisoning by nonmedicinal substances	56	0.6%	4.5	\$29,987	0.0%	66.1%
	Other injuries and conditions due to external causes	299	3.4%	6.5	\$39,794	3.7%	87.6%
	Total	8,862	100.0%	5.9	\$39,261	1.6%	69.7%
Liveborn	Liveborn	11,246	100.0%	4.0	\$9,554	0.5%	0.0%
	Total	11,246	100.0%	4.0	\$9,554	0.5%	0.0%
Other conditions	Syncope	370	10.5%	2.7	\$12,516	0.0%	91.1%
	Fever of unknown origin	111	3.2%	3.3	\$14,531	0.0%	66.7%
	Lymphadenitis	47	1.3%	2.7	\$17,032	0.0%	68.1%
	Gangrene	97	2.8%	9.3	\$57,592	6.2%	48.5%
	Shock	44	1.3%	8.3	\$55,006	22.7%	86.4%
	Nausea and vomiting	67	1.9%	4.4	\$17,123	0.0%	65.7%
	Abdominal pain	242	6.9%	3.2	\$13,254	0.0%	84.3%
	Malaise and fatigue	45	1.3%	5.1	\$17,310	0.0%	71.1%
	Allergic reactions	94	2.7%	2.2	\$12,770	0.0%	77.7%
	Rehabilitation care; fitting of prostheses; and adjustment of devices	1,279	36.4%	12.2	\$33,729	0.2%	2.1%
	Administrative/social admission	1	0.0%	4.0	\$9,488	0.0%	100.0%
	Medical examination/evaluation	46	1.3%	3.8	\$45,321	0.0%	8.7%
	Other aftercare	730	20.8%	7.5	\$16,951	31.6%	4.8%
	Other screening for suspected conditions (not mental disorders or infectious disease)	15	0.4%	5.2	\$29,302	0.0%	60.0%
	Residual codes; unclassified	324	9.2%	3.6	\$21,380	0.9%	72.8%
	Total	3,512	100.0%	7.6	\$24,590	7.2%	34.0%
Total All CCS Diagnostic Codes		109,871	100.0%	5.0	\$28,991	1.8%	54.6%

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

APPENDIX B

Clinical classification system for Ecodes:

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

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, 2015

Clinical Classifications Software Categories for Ecodes	Number of Discharges	Percent of Discharges	Mean LOS	Mean Total Charges	Percent Expired	Percent Emergency Admission
E Codes: Cut/pierce	27	0.5%	6.6	\$59,650	0.0	74.1
E Codes: Drowning/submersion	7	0.1%	2.3	\$43,800	42.9	71.4
E Codes: Fall	1,303	24.3%	5.3	\$35,172	1.5	54.5
E Codes: Fire/burn	7	0.1%	2.1	\$14,194	0.0	85.7
E Codes: Firearms	28	0.5%	9.0	\$112,176	3.6	89.3
E Codes: Machinery	8	0.1%	5.9	\$90,327	0.0	75.0
E Codes: Motor vehicle traffic (MVT)	164	3.1%	4.0	\$39,445	1.2	67.7
E Codes: Pedal cyclist; not MVT	18	0.3%	3.9	\$38,907	0.0	61.1
E Codes: Pedestrian; not MVT	5	0.1%	5.0	\$56,230	N/A	80.0
E Codes: Transport; not MVT	91	1.7%	4.4	\$34,962	1.1	82.4
E Codes: Natural/environment	102	1.9%	3.4	\$22,264	0.0	74.5
E Codes: Overexertion	32	0.6%	3.1	\$33,374	0.0	34.4
E Codes: Poisoning	342	6.4%	3.5	\$29,059	1.2	54.4
E Codes: Struck by; against	75	1.4%	2.9	\$25,943	0.0	65.3
E Codes: Suffocation	25	0.5%	8.8	\$89,606	16.0	20.0
E Codes: Adverse effects of medical care	1,296	24.2%	14.1	\$141,090	2.9	24.0
E Codes: Adverse effects of medical drugs	1,403	26.2%	8.3	\$69,662	3.1	42.4
E Codes: Other specified and classifiable	108	2.0%	8.6	\$52,423	0.0	49.1
E Codes: Other specified; NEC	130	2.4%	13.4	\$122,266	0.8	42.3
E Codes: Unspecified	158	3.0%	9.5	\$79,533	3.2	50.0
E Codes: Place of occurrence	23	0.4%	6.8	\$60,344	0.0	91.3
Total	5,352	100.0%	8.4	\$73,973	2.3	45.1

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

**C1. Number of All-listed Procedures Performed during the Inpatient Stay
by Procedure and Sex of Patient
Delaware Hospitals, 2015**

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
Operations on the nervous system	Incision and excision of CNS	280	181	461
	Insertion; replacement; or removal of extracranial ventricular shunt	61	51	112
	Laminectomy; excision intervertebral disc	959	1,012	1,971
	Diagnostic spinal tap	473	489	962
	Insertion of catheter or spinal stimulator and injection into spinal canal	95	108	203
	Decompression peripheral nerve	51	41	92
	Other diagnostic nervous system procedures	49	46	95
	Other non-OR or closed therapeutic nervous system procedures	103	131	234
	Other OR therapeutic nervous system procedures	347	308	655
Total	2,418	2,367	4,785	
Operations on the endocrine system	Thyroidectomy; partial or complete	17	43	60
	Diagnostic endocrine procedures	9	8	17
	Other therapeutic endocrine procedures	82	77	159
Total	108	128	236	
Operations on the eye	Corneal transplant	0	1	1
	Glaucoma procedures	0	2	2
	Lens and cataract procedures	0	4	4
	Repair of retinal tear; detachment	1	0	1
	Destruction of lesion of retina and choroid	0	2	2
	Diagnostic procedures on eye	6	10	16
	Other therapeutic procedures on eyelids; conjunctiva; cornea	47	32	79
	Other intraocular therapeutic procedures	5	4	9
	Other extraocular muscle and orbit therapeutic procedures	10	9	19
Total	69	64	133	
Operations on the ear	Tympanoplasty	1	0	1
	Myringotomy	47	33	80
	Mastoidectomy	4	3	7
	Diagnostic procedures on ear	9	7	16
	Other therapeutic ear procedures	36	25	61
Total	97	68	165	
Operations on the nose, mouth, and pharynx	Control of epistaxis	70	26	96
	Plastic procedures on nose	27	11	38
	Dental procedures	91	79	170
	Tonsillectomy and/or adenoidectomy	55	38	93
	Diagnostic procedures on nose; mouth and pharynx	70	46	116
	Other non-OR therapeutic procedures on nose; mouth and pharynx	138	81	219
	Other OR therapeutic procedures on nose; mouth and pharynx	157	117	274
Total	608	398	1,006	
Operations on the respiratory system	Tracheostomy; temporary and permanent	208	166	374
	Tracheoscopy and laryngoscopy with biopsy	173	121	294
	Lobectomy or pneumonectomy	124	124	248
	Diagnostic bronchoscopy and biopsy of bronchus	464	387	851
	Other diagnostic procedures on lung and bronchus	23	27	50
	Incision of pleura; thoracentesis; chest drainage	813	711	1,524
	Other diagnostic procedures of respiratory tract and mediastinum	136	110	246
	Other non-OR therapeutic procedures on respiratory system	127	148	275
	Other OR Rx procedures on respiratory system and mediastinum	270	305	575
Total	2,338	2,099	4,437	
Operations on the cardiovascular system	Heart valve procedures	234	167	401
	Coronary artery bypass graft (CABG)	889	348	1,237
	Percutaneous transluminal coronary angioplasty (PTCA)	761	395	1,156
	Coronary thrombolysis	1	0	1
	Diagnostic cardiac catheterization; coronary arteriography	4,431	2,977	7,408
	Insertion; revision; replacement; removal of cardiac pacemaker or cardioverter/defibrillator	723	597	1,320
	Other OR heart procedures	379	289	668
Extracorporeal circulation auxiliary to open heart procedures	556	305	861	

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Enderectomy; vessel of head and neck	123	104	227
	Aortic resection; replacement or anastomosis	137	41	178
	Varicose vein stripping; lower limb	0	1	1
	Other vascular catheterization; not heart	3,538	3,321	6,859
	Peripheral vascular bypass	170	74	244
	Other vascular bypass and shunt; not heart	19	16	35
	Creation; revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis	35	31	66
	Hemodialysis	1,348	910	2,258
	Other OR procedures on vessels of head and neck	114	152	266
	Embolectomy and endarterectomy of lower limbs	83	47	130
	Other OR procedures on vessels other than head and neck	3,109	2,139	5,248
	Other diagnostic cardiovascular procedures	158	138	296
	Other non-OR therapeutic cardiovascular procedures	1,020	605	1,625
	Total	17,829	12,657	30,486
Operations on the hemic and lymphatic system	Bone marrow transplant	33	12	45
	Bone marrow biopsy	116	88	204
	Procedures on spleen	33	32	65
	Other therapeutic procedures; hemic and lymphatic system	363	500	863
	Total	545	632	1,177
Operations on the digestive system	Injection or ligation of esophageal varices	0	1	1
	Esophageal dilatation	39	36	75
	Upper gastrointestinal endoscopy; biopsy	1,383	1,528	2,911
	Gastrostomy; temporary and permanent	276	287	563
	Colostomy; temporary and permanent	89	97	186
	Ileostomy and other enterostomy	103	71	174
	Gastrectomy; partial and total	137	529	666
	Small bowel resection	136	121	257
	Colonoscopy and biopsy	495	515	1,010
	Proctoscopy and anorectal biopsy	107	81	188
	Colorectal resection	537	548	1,085
	Local excision of large intestine lesion (not endoscopic)	46	31	77
	Appendectomy	281	263	544
	Hemorrhoid procedures	14	11	25
	Endoscopic retrograde cannulation of pancreas (ERCP)	44	53	97
	Biopsy of liver	81	87	168
	Cholecystectomy and common duct exploration	383	586	969
	Inguinal and femoral hernia repair	106	36	142
	Other hernia repair	290	597	887
	Laparoscopy (GI only)	30	49	79
	Abdominal paracentesis	493	427	920
	Exploratory laparotomy	47	43	90
	Excision; lysis peritoneal adhesions	322	691	1,013
	Peritoneal dialysis	84	61	145
	Other bowel diagnostic procedures	109	154	263
	Other non-OR upper GI therapeutic procedures	408	373	781
	Other OR upper GI therapeutic procedures	241	448	689
	Other non-OR lower GI therapeutic procedures	335	343	678
	Other OR lower GI therapeutic procedures	545	551	1,096
	Other gastrointestinal diagnostic procedures	299	368	667
	Other non-OR gastrointestinal therapeutic procedures	410	497	907
	Other OR gastrointestinal therapeutic procedures	474	602	1,076
	Total	8,344	10,085	18,429
Operations on the urinary system	Endoscopy and endoscopic biopsy of the urinary tract	144	220	364
	Transurethral excision; drainage; or removal urinary obstruction	199	115	314
	Ureteral catheterization	324	405	729
	Nephrotomy and nephrostomy	76	61	137

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Nephrectomy; partial or complete	94	64	158
	Kidney transplant	12	9	21
	Genitourinary incontinence procedures	2	40	42
	Extracorporeal lithotripsy; urinary	8	6	14
	Indwelling catheter	177	93	270
	Procedures on the urethra	54	16	70
	Other diagnostic procedures of urinary tract	60	46	106
	Other non-OR therapeutic procedures of urinary tract	156	186	342
	Other OR therapeutic procedures of urinary tract	186	193	379
	Total	1,492	1,454	2,946
Operations on the male genital organs	Transurethral resection of prostate (TURP)	30	0	30
	Open prostatectomy	65	0	65
	Circumcision	4,395	0	4,395
	Diagnostic procedures; male genital	13	0	13
	Other non-OR therapeutic procedures; male genital	39	0	39
	Other OR therapeutic procedures; male genital	81	0	81
	Total	4,623	0	4,623
Operations on the female genital organs	Oophorectomy; unilateral and bilateral	0	581	581
	Other operations on ovary	0	124	124
	Ligation or occlusion of fallopian tubes	0	668	668
	Other operations on fallopian tubes	0	534	534
	Hysterectomy; abdominal and vaginal	0	696	696
	Other excision of cervix and uterus	0	250	250
	Abortion (termination of pregnancy)	0	5	5
	Dilatation and curettage (D&C); aspiration after delivery or abortion	0	62	62
	Diagnostic dilatation and curettage (D&C)	0	28	28
	Repair of cystocele and rectocele; obliteration of vaginal vault	0	58	58
	Other diagnostic procedures; female organs	0	65	65
	Other non-OR therapeutic procedures; female organs	0	412	412
	Other OR therapeutic procedures; female organs	0	424	424
	Total	0	3,907	3,907
Obstetrical procedures	Removal of ectopic pregnancy	0	11	11
	Episiotomy	0	219	219
	Cesarean section	0	3,480	3,480
	Forceps; vacuum; and breech delivery	0	564	564
	Artificial rupture of membranes to assist delivery	0	2,860	2,860
	Other procedures to assist delivery	1	9,681	9,682
	Diagnostic amniocentesis	0	1	1
	Fetal monitoring	0	2,655	2,655
	Repair of current obstetric laceration	0	3,405	3,405
	Other therapeutic obstetrical procedures	0	241	241
	Total	0	23,117	23,117
Operations on the musculoskeletal system	Partial excision bone	801	657	1,458
	Bunionectomy or repair of toe deformities	6	10	16
	Treatment; facial fracture or dislocation	54	39	93
	Treatment; fracture or dislocation of radius and ulna	109	111	220
	Treatment; fracture or dislocation of hip and femur	467	701	1,168
	Treatment; fracture or dislocation of lower extremity (other than hip or femur)	374	437	811
	Other fracture and dislocation procedure	331	364	695
	Arthroscopy	13	11	24
	Division of joint capsule; ligament or cartilage	23	20	43
	Excision of semilunar cartilage of knee	19	18	37
	Arthroplasty knee	1,150	1,813	2,963
	Hip replacement; total and partial	1,099	1,465	2,564

APPENDIX C

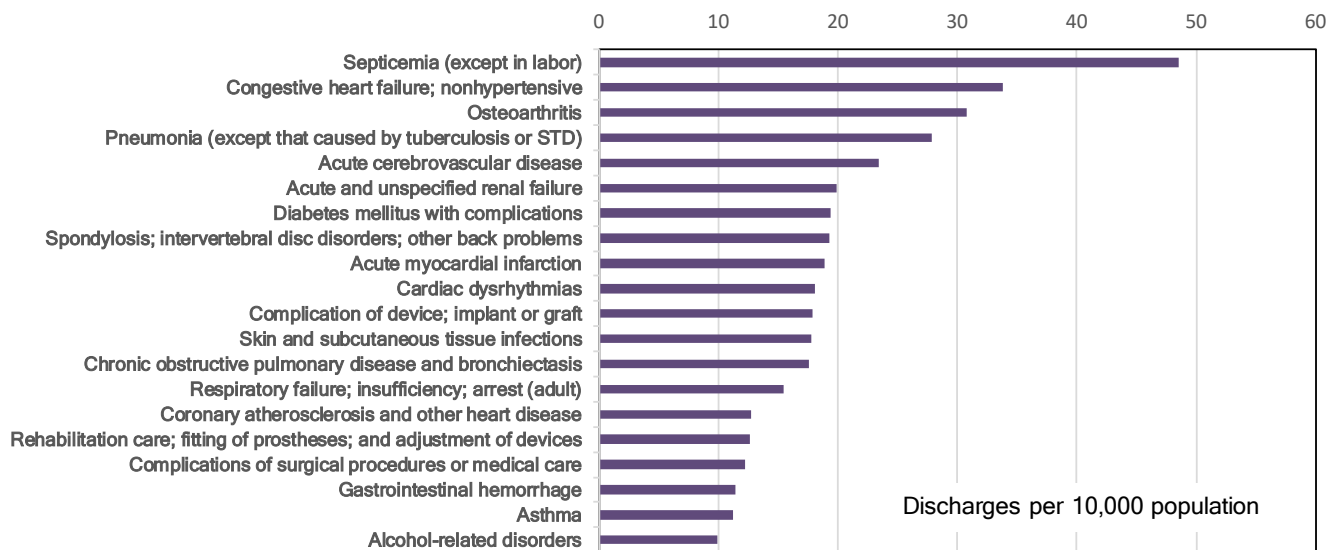
Single level CCS Procedure Categories and Chapter Headings		Male	Female	Total
	Arthroplasty other than hip or knee	101	144	245
	Arthrocentesis	124	86	210
	Injections and aspirations of muscles; tendons; bursa; joints and soft tissue	32	29	61
	Amputation of lower extremity	438	167	605
	Spinal fusion	2,468	2,677	5,145
	Other diagnostic procedures on musculoskeletal system	195	190	385
	Other therapeutic procedures on muscles and tendons	1,017	1,089	2,106
	Other OR therapeutic procedures on bone	418	360	778
	Other OR therapeutic procedures on joints	338	334	672
	Other non-OR therapeutic procedures on musculoskeletal system	576	812	1,388
	Other OR therapeutic procedures on musculoskeletal system	111	73	184
	Total	10,264	11,607	21,871
Operations on the integumentary system	Breast biopsy and other diagnostic procedures on breast	0	30	30
	Lumpectomy; quadrantectomy of breast	0	16	16
	Mastectomy	1	66	67
	Incision and drainage; skin and subcutaneous tissue	429	322	751
	Debridement of wound; infection or burn	444	359	803
	Excision of skin lesion	48	65	113
	Suture of skin and subcutaneous tissue	278	187	465
	Skin graft	123	101	224
	Other diagnostic procedures on skin and subcutaneous tissue	65	69	134
	Other non-OR therapeutic procedures on skin and breast	353	372	725
	Other OR therapeutic procedures on skin and breast	120	237	357
	Total	1,861	1,824	3,685
Miscellaneous diagnostic and therapeutic procedures	Other organ transplantation	3	2	5
	Computerized axial tomography (CT) scan head	3	1	4
	CT scan chest	17	7	24
	CT scan abdomen	6	8	14
	Other CT scan	40	27	67
	Myelogram	5	6	11
	Mammography	0	1	1
	Routine chest X-ray	0	1	1
	Intraoperative cholangiogram	17	25	42
	Upper gastrointestinal X-ray	5	1	6
	Intravenous pyelogram	21	13	34
	Cerebral arteriogram	98	153	251
	Contrast aortogram	262	158	420
	Contrast arteriogram of femoral and lower extremity arteries	326	216	542
	Arterio- or venogram (not heart and head)	662	456	1,118
	Diagnostic ultrasound of head and neck	12	7	19
	Diagnostic ultrasound of heart (echocardiogram)	701	543	1,244
	Diagnostic ultrasound of gastrointestinal tract	24	35	59
	Diagnostic ultrasound of urinary tract	10	8	18
	Diagnostic ultrasound of abdomen or retroperitoneum	17	10	27
	Other diagnostic ultrasound	132	199	331
	Magnetic resonance imaging	91	79	170
	Electroencephalogram (EEG)	61	63	124
	Nonoperative urinary system measurements	0	0	0
	Cardiac stress tests	5	6	11
	Electrocardiogram	29	25	54
	Electrographic cardiac monitoring	0	0	0

APPENDIX C

Single level CCS Procedure Categories and Chapter Headings	Male	Female	Total
Swan-Ganz catheterization for monitoring	17	10	27
Arterial blood gases	2	2	4
Microscopic examination (bacterial smear; culture; toxicology)	1	5	6
Radioisotope bone scan	1	4	5
Radioisotope pulmonary scan	0	1	1
Radioisotope scan and function studies	0	0	0
Other radioisotope scan	1	3	4
Therapeutic radiology for cancer treatment	43	67	110
Diagnostic physical therapy	1	1	2
Physical therapy exercises; manipulation; and other procedures	271	233	504
Traction; splints; and other wound care	154	147	301
Other physical therapy and rehabilitation	403	308	711
Respiratory intubation and mechanical ventilation	4,964	4,567	9,531
Other respiratory therapy	61	100	161
Psychological and psychiatric evaluation and therapy	12	36	48
Alcohol and drug rehabilitation/detoxification	45	18	63
Ophthalmologic and otologic diagnosis and treatment	2,348	2,231	4,579
Nasogastric tube	114	88	202
Blood transfusion	2,986	3,018	6,004
Enteral and parenteral nutrition	583	544	1,127
Cancer chemotherapy	293	245	538
Conversion of cardiac rhythm	517	363	880
Other diagnostic radiology and related techniques	361	443	804
Other diagnostic procedures (interview; evaluation; consultation)	1,612	1,657	3,269
Prophylactic vaccinations and inoculations	2,762	2,869	5,631
Nonoperative removal of foreign body	69	59	128
Other therapeutic procedures	7,353	10,934	18,287
Total	27,521	30,003	57,524

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

D1. Annual Hospitalization Rates for the 20 Most Frequent Diagnoses* of Male Residents, Delaware, 2015

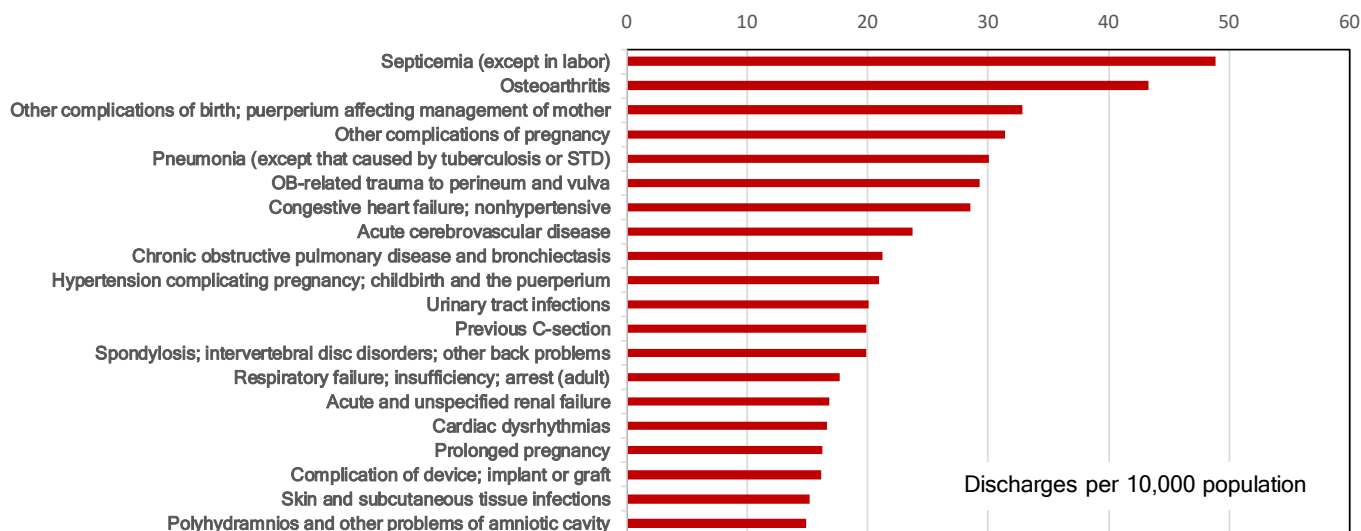


Note: Calculations based on total population.

*Excluding liveborn infants.

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

D2. Annual Hospitalization Rates for the 20 Most Frequent Diagnoses* of Female Residents, Delaware, 2015



Note: Calculations based on total population.

*Excluding liveborn infants.

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

APPENDIX E

E1. Conditions with the 10 Highest Total Charges, Delaware Hospitals, 2015

Rank	CCS Principal Diagnoses	Total Billed Charges	% of Total Charges	Number of Discharges
1	Septicemia (except in labor)	\$207,514,043	6.5%	4,977
2	Osteoarthritis	\$151,075,397	4.7%	4,049
3	Respiratory failure; insufficiency; arrest (adult)	\$146,152,829	4.6%	1,799
4	Spondylosis; intervertebral disc disorders; other back problems	\$116,021,377	3.6%	2,123
5	Complication of device; implant or graft	\$107,826,507	3.4%	1,887
6	Liveborn	\$107,440,684	3.4%	11,246
7	Acute myocardial infarction	\$95,911,649	3.0%	1,784
8	Congestive heart failure; nonhypertensive	\$93,462,035	2.9%	3,177
9	Acute cerebrovascular disease	\$87,186,579	2.7%	2,542
10	Pneumonia (except that caused by tuberculosis or STD)	\$73,511,671	2.3%	3,053
Total for 10 most expensive conditions		\$1,186,102,771	37.0%	36,637
Total aggregate charges for all discharges		\$3,203,683,850	100.0%	110,784

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

E2. Discharges with Highest Mean Charges, Delaware Hospitals, 2015

CCS Principal Diagnoses	Number Discharges			% of Total Discharges			Mean Charges		
	2005	2010	2015	2005	2010	2015	2005	2010	2015
Total All Discharges	115,831	112,130	110,784	100.0%	100.0%	100.0%	\$16,714	\$23,937	\$28,918
Cardiac and circulatory congenital anomalies	327	242	163	0.3%	0.2%	0.1%	\$97,764	\$196,169	\$306,897
Respiratory distress syndrome	62	38	31	0.1%	0.0%	0.0%	\$64,416	\$100,737	\$245,367
Short gestation; low birth weight; and fetal	84	83	38	0.1%	0.1%	0.0%	\$56,804	\$58,763	\$195,878
Immunity disorders	5	3	4	0.0%	0.0%	0.0%	\$4,937	\$14,291	\$147,735
Leukemias	170	98	139	0.1%	0.1%	0.1%	\$57,065	\$137,911	\$144,371
Other congenital anomalies	312	252	251	0.3%	0.2%	0.2%	\$30,537	\$84,448	\$123,008
Other perinatal conditions	316	314	298	0.3%	0.3%	0.3%	\$42,975	\$87,735	\$116,130
Spinal cord injury	70	54	68	0.1%	0.0%	0.1%	\$56,855	\$100,145	\$111,236
Nervous system congenital anomalies	28	53	32	0.0%	0.0%	0.0%	\$27,996	\$51,860	\$108,067
Paralysis	59	98	108	0.1%	0.1%	0.1%	\$24,083	\$35,138	\$106,690

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

E3. Number, Percentage and Mean Charges for the Highest Volume of Hospital Discharges, Delaware, 2015

CCS Principal Diagnoses	Number Discharges			% of Total Discharges			Mean Charges		
	2005	2010	2015	2005	2010	2015	2005	2010	2015
Total All Discharges	115,831	112,130	110,784	100.0%	100.0%	100.0%	\$16,714	\$23,937	\$28,918
Liveborn	11,402	11,474	11,246	9.8%	10.2%	10.2%	\$4,862	\$6,856	\$9,554
Septicemia (except in labor)	1,475	2,543	4,977	1.3%	2.3%	4.5%	\$32,824	\$43,152	\$41,695
Osteoarthritis	2,615	3,160	4,049	2.3%	2.8%	3.7%	\$25,510	\$31,985	\$37,312
Congestive heart failure; nonhypertensive	2,899	2,642	3,177	2.5%	2.4%	2.9%	\$21,760	\$25,465	\$29,418
Pneumonia (except that caused by tuberculosis or STD)	3,440	3,294	3,053	3.0%	2.9%	2.8%	\$16,114	\$22,360	\$24,079
Acute cerebrovascular disease	1,550	1,791	2,542	1.3%	1.6%	2.3%	\$21,482	\$30,789	\$34,298
Spondylosis; intervertebral disc disorders; other back	1,875	1,854	2,123	1.6%	1.7%	1.9%	\$23,069	\$36,398	\$54,650
Chronic obstructive pulmonary disease and bronchiectasis	1,807	2,076	1,928	1.6%	1.9%	1.7%	\$14,576	\$17,799	\$19,032
Complication of device; implant or graft	1,771	1,925	1,887	1.5%	1.7%	1.7%	\$30,404	\$39,973	\$57,142
Acute and unspecified renal failure	954	1,234	1,857	0.8%	1.1%	1.7%	\$19,118	\$24,257	\$21,554

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

APPENDIX F

2015 Delaware Hospitalizations

F1. Top 10 Most Frequent Diagnoses for Medicare, Delaware Hospitals, 2015

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Medicare</i>
Septicemia (except in labor)	3,351	7.2%
Congestive heart failure; nonhypertensive	2,516	5.4%
Osteoarthritis	2,319	5.0%
Pneumonia (except that caused by tuberculosis or STD)	1,904	4.1%
Acute cerebrovascular disease	1,711	3.7%
Chronic obstructive pulmonary disease and bronchiectasis	1,441	3.1%
Cardiac dysrhythmias	1,349	2.9%
Acute and unspecified renal failure	1,319	2.8%
Respiratory failure; insufficiency; arrest (adult)	1,177	2.5%
Complication of device; implant or graft	1,112	2.4%

F2. Top 10 Most Frequent Diagnoses for Medicaid, Delaware Hospitals, 2015

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Medicaid</i>
Liveborn	5,152	20.2%
Other complications of pregnancy	801	3.1%
Other complications of birth; puerperium affecting management of mother	728	2.9%
Septicemia (except in labor)	698	2.7%
Asthma	589	2.3%
OB-related trauma to perineum and vulva	545	2.1%
Diabetes mellitus with complications	490	1.9%
Acute bronchitis	482	1.9%
Pneumonia (except that caused by tuberculosis or STD)	474	1.9%
Skin and subcutaneous tissue infections	471	1.8%

F3. Top 10 Most Frequent Diagnoses for Privately Insured, Delaware Hospitals, 2015

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Private Insurers</i>
Liveborn	5,444	16.0%
Osteoarthritis	1,462	4.3%
OB-related trauma to perineum and vulva	1,000	2.9%
Other complications of birth; puerperium affecting management of mother	911	2.7%
Other complications of pregnancy	742	2.2%
Septicemia (except in labor)	741	2.2%
Spondylosis; intervertebral disc disorders; other back problems	623	1.8%
Other nutritional; endocrine; and metabolic disorders	619	1.8%
Hypertension complicating pregnancy; childbirth and the puerperium	614	1.8%
Pneumonia (except that caused by tuberculosis or STD)	569	1.7%

F4. Top 10 Most Frequent Diagnoses for Uninsured, Delaware Hospitals, 2015

<i>CCS Diagnosis</i>	<i>Number of Discharges</i>	<i>Percent of hospitalizations for this condition billed to Uninsured Patients</i>
Liveborn	296	14.1%
Septicemia (except in labor)	88	4.2%
Skin and subcutaneous tissue infections	75	3.6%
Acute cerebrovascular disease	61	2.9%
Alcohol-related disorders	52	2.5%
Diabetes mellitus with complications	51	2.4%
Pneumonia (except that caused by tuberculosis or STD)	46	2.2%
Mood disorders	43	2.1%
Asthma	41	2.0%
Intracranial injury	40	1.9%

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

G1. Conditions with the Highest Number of In-Hospital Deaths by Age Group¹, Delaware Hospitals, 2015

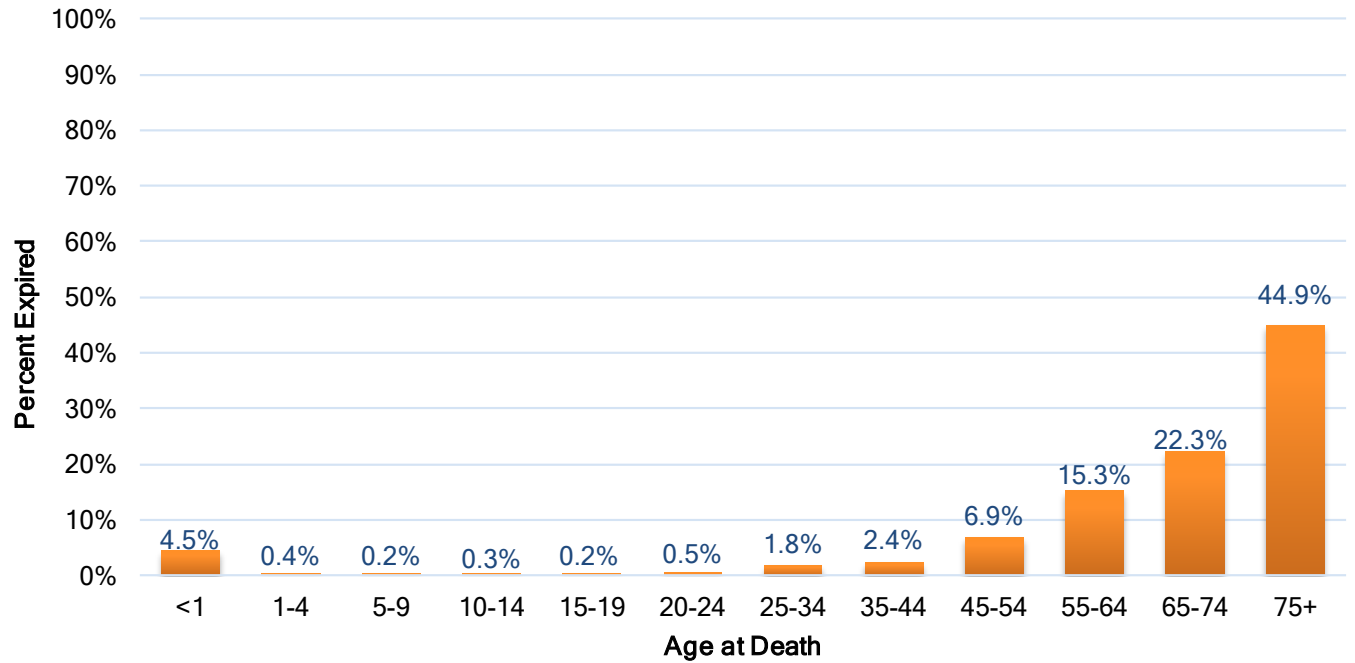
Diagnosis	Age Group in Years					TOTAL
	Under 1	0-17	18-44	45-64	65+	
Septicemia (except in labor)	3	1	19	95	322	440
Other aftercare	0	0	1	45	185	231
Respiratory failure; insufficiency; arrest (adult)	2	4	5	40	108	159
Acute cerebrovascular disease	0	0	1	30	84	115
Acute myocardial infarction	0	1	1	19	53	74
Congestive heart failure; nonhypertensive	0	3	0	7	61	71
Pneumonia (except that caused by tuberculosis or STD)	0	0	1	4	54	59
Liveborn	51	0	0	0	0	51
Cardiac arrest and ventricular fibrillation	0	0	2	16	30	48
Aspiration pneumonitis; food/vomitus	0	0	1	3	32	36
Intracranial injury	0	0	11	9	15	35
Secondary malignancies	0	0	0	17	11	28
Cancer of bronchus; lung	0	0	0	6	19	25
Complication of device; implant or graft	0	1	0	9	15	25
No diagnosis	16	0	1	3	3	23
Pulmonary heart disease	0	0	3	5	15	23
Complications of surgical procedures or medical care	0	1	1	7	7	16
Peripheral and visceral atherosclerosis	1	0	0	1	12	14
Substance-related disorders	0	0	8	5	1	14
Crushing injury or internal injury	0	0	4	0	7	11
Other injuries and conditions due to external causes	1	3	3	3	1	11
Coma; stupor; and brain damage	0	1	3	2	4	10
HIV infection	0	0	3	7	0	10
Other nervous system disorders	0	1	0	0	9	10
Poisoning by other medications and drugs	0	0	3	4	1	8
Other perinatal conditions	7	0	0	0	0	7
Epilepsy; convulsions	0	1	0	0	5	6
Cancer of brain and nervous system	0	2	0	1	0	3
Diseases of white blood cells	0	1	0	1	1	3
Short gestation; low birth weight; and fetal growth retardation	3	0	0	0	0	3
Intrauterine hypoxia and birth asphyxia	2	0	0	0	0	2
Birth trauma	1	0	0	0	0	1
All Discharges to Death	91	25	97	446	1,349	2,008

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

H1. Percentage of Patients who Died while Hospitalized by Age Group, Delaware Hospitals, 2015



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

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 2015 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.

TECHNICAL NOTES

- 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, Ninth Revision, Clinical Modification (ICD-9-CM) - The official system of assigning codes to diagnoses and procedures associated with hospital stays in the United States. The ICD-9-CM is based on and is compatible with the World Health Organization's International Classification of Diseases, Ninth Revision. ICD-9-CM is divided into 17 chapters and two supplemental classifications. Diagnoses are grouped under chapters arranged primarily by body system. In addition, there are chapters for infectious and parasitic diseases; neoplasms; endocrine, metabolic, and nutritional diseases; mental disorders; complications of pregnancy, childbirth and puerperium; certain conditions originating in the perinatal period; congenital anomalies; and symptoms, signs and ill-defined conditions. The two supplemental classifications are for factors influencing health status and contact with health services and classification of external causes of injury and poisoning. More information can be found online at: <https://www.cdc.gov/nchs/icd/icd9cm.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. This report uses the 2015 version of the classification system. More information can be found at: <http://www.hcup-us.ahrq.gov/toolssoftware/procedure/procedure.jsp>.

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

TECHNICAL NOTES

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

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

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

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

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