

Heart and Stroke Care in Utah Hospitals Quality and Charges, 2005-2007

Table of Contents

Introduction	2
Key Findings	3
About the Report	5
About the Data	7
Hospitals in Utah	9
Become an Informed Health Care Consumer	11
Why Use These Indicators/Measures?	11
Heart and Stroke Resources for Consumers.....	12
General Terms Used in This Report	13
Heart and Stroke Terms Used in This Report.....	15
Hospital Tables.....	18

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Introduction

The main purpose of this report is to help patients compare Utah hospitals in heart and stroke care based on in-hospital deaths and charges. If you or someone you know is at risk for heart or stroke problems, you may find this report helpful when considering where to receive treatment. Health care facilities can vary, sometimes quite a bit, in terms of quality of care and patient charges.

To learn important information about heart and stroke care, see “Heart and Stroke Resources” later in this report.

Did you know?

- Heart disease is the leading cause of death in Utah and the U.S.
- ‘Silent’ strokes have no symptoms but your doctor can detect them
- Healthy diet and exercise are key to preventing heart and stroke problems

For information on preventing and living with heart disease or stroke, please visit the **Heart Disease and Stroke Prevention Program** and the **American Heart Association**.

Hospital Quality

See the tables in this report for information comparing Utah’s hospitals on the following quality indicators:

- ✓ Heart Bypass Surgery Deaths
- ✓ Balloon Angioplasty Deaths
- ✓ Heart Attack Deaths
- ✓ Heart Failure Deaths
- ✓ Stroke Deaths in Utah Hospitals

These measures show the percentage of in-hospital deaths among adult heart and stroke patients. A particular hospital’s percentage of deaths depends on its patients’ medical history and how ill its patients are. You should consult your health care professional for help in understanding the best treatment options for you.

Many factors affect a hospital’s performance on quality measures. Read the online report for more information.

Read more about methods and measures used for the hospital utilization section in this report in Methods and Measures.

More information about quality indicators can be found at the Agency for Healthcare Research and Quality (AHRQ) web site (<http://www.ahrq.gov>).

Hospital Charges

See the tables in this report for information on comparing Utah's hospitals for the following charge indicators:

- ✓ Heart Failure
- ✓ Heart Attack
- ✓ Coronary (Heart) Bypass (CABG) With Cardiac Catheterization
- ✓ Coronary (Heart) Bypass (CABG) Without Cardiac Catheterization
- ✓ Balloon Angioplasty With Heart Attack
- ✓ Balloon Angioplasty Without Heart Attack
- ✓ Heart Catheterization for Ischemic Disease
- ✓ Heart Catheterization Except Ischemic Disease
- ✓ Heart Valve Procedures With Heart Catheterization
- ✓ Heart Valve Procedures Without Heart Catheterization
- ✓ Stroke

Your charges may be higher or lower than the average charges shown in the above tables. It is important to remember that “charge” is not the same as “total cost” or “total payment” to the hospital.

Note: Many factors will affect the cost of your hospital stay. Read more in the “About the Report” section later in this report. You can also find more information about these factors at the Utah PricePoint web site (<http://www.utpricepoint.org>).

Read more about methods and measures used for the hospital utilization section in this report in Methods and Measures.

Please be aware that information in this report is neither intended nor implied to be a substitute for professional medical advice. Always ask questions and seek the advice of your physician or other qualified health provider prior to starting any new treatment.

Key Findings

How did Utah's quality of heart and stroke care in hospitals compare with the nation from 2005 through 2007?

For in-hospital deaths, Utah overall had a lower rate of heart failure deaths and heart bypass surgery deaths than expected compared to similar patients nationwide. Utah overall had about the same rate of deaths as expected for balloon angioplasty, heart attacks and strokes compared to similar patients nationwide. Utah overall means all Utah hospitals combined.

Measures used are in square brackets. For more details, see the [Technical Document](#).

In Utah hospitals that treated patients with this procedure or condition:

- 157 (3.3%) of 4,788 heart bypass surgery patients died
- 262 (1.7%) of 15,644 balloon angioplasty patients died
- 394 (5.9%) of 6,672 heart attack patients died
- 367 (3.7%) of 10,001 heart failure patients died
- 702 (10.5%) of 6,714 stroke patients died

When the patients at each Utah hospital are compared to similar patients nationwide (based on a statistical test, the Exact 95% Confidence Interval):

- Utah overall had a lower rate of in-hospital deaths among **heart bypass surgery** patients than expected. Of the 11 hospitals that treated at least 30 heart bypass surgery patients, one hospital had a lower rate of deaths than expected and one hospital had a higher rate of deaths than expected. The remaining nine hospitals had about the same rate of deaths as expected.
- Utah overall had about the same rate of in-hospital deaths for **balloon angioplasty** patients as expected. Each of the 17 hospitals that treated at least 30 balloon angioplasty patients had about the same rate of deaths as expected.
- Utah overall had about the same rate of in-hospital deaths for **heart attack** patients as expected. Of the 17 hospitals that treated at least 30 heart attack patients, one had a lower rate of deaths than expected, whereas the remaining 16 hospitals had about the same rate of deaths as expected.
- Utah overall had a lower rate of in-hospital deaths among **heart failure** patients than expected. Of the 32 hospitals that treated at least 30 heart failure patients, seven hospitals had a lower rate of deaths than expected and one hospital had a higher rate of deaths than expected. The remaining 24 hospitals had about the same rate of deaths as expected.
- Utah overall had about the same rate of in-hospital deaths for **stroke** patients as expected. Of the 26 hospitals that treated at least 30 stroke patients, two hospitals had a lower rate of deaths than expected and one hospital had a higher rate of deaths than expected.

There are several kinds of heart disease and strokes as well as several causes and risk factors. This report includes hospital tables for some of the more common kinds of heart disease and stroke among adults. [Read more in the Heart and Stroke Technical Document.](#)

Note that many factors can affect in-hospital heart and stroke deaths at a particular hospital. The measures in this report **include** stroke patients with do not resuscitate orders and other stroke patients near the end of their life. Read more in [About the Report](#).

How did hospital charge differ among Utah hospitals in 2007?

Average hospital charge among adult inpatients for the heart procedures and conditions in this report differed widely in 2007. [For more details, see the Technical Document.](#) For patients at the **minor/moderate illness level**, average hospital charge ranged from:

- \$1,998 to \$19,779 among 34 Utah hospitals that reported charges for **heart attack** patients (APR-DRG 190).

- \$2,952 to \$15,098 among 39 Utah hospitals that reported charges for **heart failure** patients (APR-DRG 194).
- \$10,027 to \$20,505 among 17 Utah hospitals that reported charges for **heart catheterization for ischemic disease** (APR-DRG 192).
- \$65,947 to \$125,360 among 10 Utah hospitals that reported charges for **heart valve procedures with heart catheterization** (APR-DRG 162).
- \$3,787 to \$17,995 among 39 Utah hospitals that reported charges for **stroke** (APR-DRG 045, Cerebrovascular Accident and Precerebral Occlusion With Infarction, Age 18 Years and Over).

As expected, average hospital charge for patients treated at the major/extreme severity of illness level tend to be higher than for minor/moderate severity of illness level.

Note that many factors will affect hospital charge. Read more in [About the Report](#).

About the Report

Please note this report is not intended to be anyone's sole source of information about hospital quality or charges in Utah. Rather, it is designed to provide helpful information that can play an important role in choosing a hospital, along with other sources including doctor recommendations.

Why are you producing this report?

- [Senate Bill 132](#) (2005) requires the [Health Data Committee](#) (HDC) and its staff to publish reader-friendly reports comparing Utah's hospitals based on nationally-recognized measures for quality, charges and patient safety.
- The HDC and [Utah Department of Health](#) are committed to providing useful health care information for all people in Utah. Providers can use these reports to improve the quality of care they give to their patients.

Why is this report important to me?

Hospitals can vary, sometimes quite a bit, in terms of quality of care and patient charges. Consumers are encouraged to use the information in this report to ask questions of their doctor or health care professional, hospital or insurance representative. Let them know you plan to take an active role in your health care decisions.

Who else helped shape this report?

- [Utah citizens](#) continually review our consumer reports to make sure they are understandable and easy to read. Since 2005, several focus groups have been held in both rural and urban locations. Public input helps us create user-friendly reports for people who are not medical experts yet need useful health care information.

- Utah Transparency Advisory Panel (formerly called “SB 132 Task Force) is an HDC advisory group represented by consumers, payers, hospitals, quality organizations and public health. Panel members have advised staff about methods and measures to use in the reports as well as reporting priorities.
- Health care facilities reviewed their data and overall report content before public release. For more information, see the “About the Data” section in this report.
- Statistical experts assisted in selecting the appropriate method for comparing hospital performance.
- Leading physicians and health educators reviewed medical information in the report where applicable.

What are consumers saying about these reports?

Feedback has been received from a variety of sources including our MyHealthCare website, consumer focus groups and newspaper articles. Below are some examples:

- “We have needed these reports for a long time”
- “Now we are more empowered and have tools to compare.”
- “This will help us to ask questions when we see our doctor.”
- “The consumer reports help people make better choices about their health care. People can use them as a basis for questions to ask their doctors.”
- “They [the reports] are not definitive—the end all in choosing one physician or hospital over another—but rather a valuable point of departure for people anticipating specific health care encounters.”
- “The more a person knows about the cost and quality of care, the more likely they are to receive the care they need and deserve.”

What is Telestroke in Utah?

Telestroke is a system where patients with stroke symptoms living in rural areas can be evaluated by a University of Utah Health Sciences Center stroke neurologist. Stroke patients throughout Utah are given the opportunity to be prescribed clot busting medication (an effective treatment for stroke), which rural areas are usually unable to administer.

The Stroke Center at University of Utah Hospital employs a 24/7 stroke response team, including neurologists trained in stroke treatment and other specialists. For more information about telestroke and which hospitals have telestroke capability, call the Heart Disease and Stroke Prevention Program at 1-866-88-STROKE.

{Text endorsed by the Heart Disease and Stroke Prevention Program, Utah Department of Health}

What is a certified stroke center?

A certified stroke facility (hospital) provides stroke-related care and services that meet the unique, specialized needs of stroke patients. For example, certified stroke centers are required to have health care experts (i.e. doctors, nurses) on hand who provide 24-hour rapid response for stroke care.

As of September 2008, there were four primary stroke centers in Utah: Intermountain Medical Center/LDS Hospital, McKay-Dee Medical Center, University Health Care, and Utah Valley Regional Medical Center. Primary stroke facilities are reviewed every two years by the Joint Commission (JCAHO). For an updated list of certified facilities in Utah, [see the JCAHO website](#).

{Text endorsed by the Heart Disease and Stroke Prevention Program, Utah Department of Health}

About the Data

Where do the data come from?

Most of the data in this report come from health care hospital claim records. Utah hospitals are required by law to submit a standard set of information about each inpatient who spends at least 24 hours in the hospital to the Office of Health Care Statistics, Utah Department of Health, for the Utah Hospital Discharge Database. The Agency for Healthcare Research and Quality (AHRQ), a federal agency in charge of quality of care, provided national information. For further information visit the AHRQ website <http://www.ahrq.gov/>

Have the data been verified by others?

Yes. Utah hospitals review the data for accuracy during a review period of at least 30 days while the report is being developed. They also review the completed report before it is released. Hospitals may submit comments to be posted online as part of the report.

Why use these indicators/measures?

SB 132 mandates that the comparison reports use nationally recognized quality standards. A federal agency charged with overseeing health care quality, the Agency for Healthcare Research and Quality (AHRQ), developed the Inpatient Quality Indicators (IQIs). The IQIs allow comparison among Utah hospitals with similar patients nationwide. This report shows four IQIs for heart conditions and procedures and one IQI for stroke. For more information on the AHRQ IQIs, see < http://www.qualityindicators.ahrq.gov/iqi_overview.htm>.

The measure for average charge is an All Patient Refined Diagnosis Related Group (APR-DRG) for similar, though not identical, conditions and procedures among inpatients. For this reason, the number of patients for the APR-DRG and the IQI is not the same. Also, keep in mind that for death rates, three

years of data are used, while a single year is used for charge.

What are the limitations of quality comparisons in the report?

Many factors affect a hospital's performance on quality measures. Such factors include the hospital's size, the number of heart and stroke patients treated, available specialists, teaching status and especially the medical history of the hospital's patients and how ill those patients are. Hospitals that treat high-risk (very ill) patients may have higher percentages of deaths than hospitals that transfer these patients. Hospitals that treat patients with do-not-resuscitate (DNR) orders or terminally ill patients receiving palliative care (comfort care) may have higher percentages of deaths. Hospitals may also report patient diagnosis codes differently, which could impact the comparison of utilization measurement among hospitals. Quality indicators adjust for how ill each hospital's patients are, but the adjustment may not capture the full complexity of the patient's condition. The Utah Hospital Discharge Database includes up to nine diagnoses and up to six procedures for each patient. Some patients have additional diagnoses and procedures that are not included in this database. As a result, the measures of inpatient illness may not be complete. See [Glossary](#) and [Technical Document](#).

What are the limitations of the charge comparisons in the report?

The average charge shown in this report differs from "costs," "reimbursement," "price" and "payment." Different payers have different arrangements with each hospital for payment. Many factors will affect the cost of your hospital stay, including whether you have health insurance, the type of insurance and the billing procedures at the hospital. This report excludes outlier (unusually high) charge cases and length of stay cases from the calculation of average charge for inpatients. It does not exclude outlier charge for outpatients (see [Glossary](#) and [Technical Document](#)). While APR-DRGs do consider levels for each inpatient's severity of illness, these levels may not completely reflect the complexity of the inpatient's condition. The indicators used in this report do not distinguish between patients expected to recover and patients with do-not-resuscitate (DNR) orders or patients receiving palliative care (comfort care).

Hospitals in Utah

County Name	Hospital Name	Location City, State, Zip	Phone Number
Beaver	Beaver Valley Hospital	Beaver, UT 84713	(435) 438-7100
Beaver	Milford Valley Memorial Hospital	Milford, UT 84751	(435) 387-2411
Box Elder	Bear River Valley Hospital	Tremonton, UT 84337	(435) 257-7441
Box Elder	Brigham City Community Hospital	Brigham City, UT 84302	(435) 734-9471
Cache	Cache Valley Specialty Hospital	North Logan, UT 84341	(435) 713-9700
Cache	Logan Regional Hospital	Logan, UT 84341	(435) 716-1000
Carbon	Castleview Hospital	Price, UT 84501	(435) 637-4800
Davis	Davis Hospital & Medical Center	Layton, UT 84041	(801) 807-1000
Davis	Lakeview Hospital	Bountiful, UT 84010	(801) 299-2200
Duchesne	Uintah Basin Medical Center	Roosevelt, UT 84066	(435) 722-4691
Garfield	Garfield Memorial Hospital	Panguitch, UT 84759	(435) 676-8811
Grand	Allen Memorial Hospital	Moab, UT 84532	(435) 259-7191
Iron	Valley View Medical Center	Cedar City, UT 84720	(435) 868-5000
Juab	Central Valley Medical Center	Nephi, UT 84648	(435) 623-3000
Kane	Kane County Hospital	Kanab, UT 84741	(435) 644-5811
Millard	Delta Community Medical Center	Delta, UT 84624	(435) 864-5591
Millard	Fillmore Community Medical Center	Fillmore, UT 84631	(435) 743-5591
Salt Lake	Alta View Hospital	Sandy, UT 84094	(801) 501-2600
Salt Lake	Intermountain Medical Center	Murray, UT 84157	(801)-507-7000
Salt Lake	Jordan Valley Medical Center	West Jordan, UT 84088	(801) 561-8888
Salt Lake	LDS Hospital	Salt Lake City, UT 84143	(801) 408-1100
Salt Lake	The Orthopedic Specialty Hospital	Salt Lake City, UT 84107	(801) 314-4100

Hospitals in Utah (continued)

County Name	Hospital Name	Location City, State, Zip	Phone Number
Salt Lake	Pioneer Valley Hospital	West Valley City, UT 84120	(801) 964-3100
Salt Lake	Primary Children's Medical Center	Salt Lake City, UT 84113	(801) 662-1000
Salt Lake	Salt Lake Regional Medical Center	Salt Lake City, UT 84102	(801) 350-4111
Salt Lake	St. Mark's Hospital	Salt Lake City, UT 84124	(801) 268-7111
Salt Lake	University Health Care/University Hospital	Salt Lake City, UT 84132	(801) 581-2121
Salt Lake	Veteran's Administration Medical Center	Salt Lake City, UT 84148	(801) 582-1565
San Juan	San Juan Hospital	Monticello, UT 84535	(435) 587-2116
Sanpete	Gunnison Valley Hospital	Gunnison, UT 84634	(435) 528-7246
Sanpete	Sanpete Valley Hospital	Mount Pleasant, UT 84647	(435) 462-2441
Sevier	Sevier Valley Medical Center	Richfield, UT 84701	(435) 893-4100
Tooele	Mountain West Medical Center	Tooele, UT 84074	(435) 843-3600
Uintah	Ashley Regional Medical Center	Vernal, UT 84078	(435) 789-3342
Utah	American Fork Hospital	American Fork, UT 84003	(801) 855-3300
Utah	Mountain View Hospital	Payson, UT 84651	(801) 465-7000
Utah	Orem Community Hospital	Orem, UT 84057	(801) 224-4080
Utah	Timpanogos Regional Hospital	Orem, UT 84057	(801) 714-6000
Utah	Utah Valley Regional Medical Center	Provo, UT 84603	(801) 357-7850
Wasatch	Heber Valley Medical Center	Heber City, UT 84032	(435) 654-2500
Washington	Dixie Regional Medical Center	St. George, UT 84790	(435) 251-1000
Weber	McKay-Dee Hospital	Ogden, UT 84403	(801) 387-2800
Weber	Ogden Regional Medical Center	Ogden, UT 84405	(801) 479-2111

Become an Informed Health Care Consumer

Choosing a hospital that is right for you or a family member might be one of the most important decisions you'll ever make. You can improve your care and the care of your loved ones by taking an active role in your treatment. Remember to ask questions and always consider yourself a partner in your care and treatment.

The following websites contain materials that will help patients choose wisely when making medical decisions:

Questions are the Answer: Get More Involved in Your Health Care

<http://www.ahrq.gov/questionsaretheanswer/index.html>

Guide to Health Quality: How to Know It When You See It

<http://www.ahrq.gov/consumer/guidetoq/>

Be an Active Health Care Consumer

<http://www.ahrq.gov/path/beactive.htm>

Navigating the Health Care System

<http://www.ahrq.gov/consumer/cc.htm>

Why use these indicators/measures?

AHRQ Inpatient Quality Indicators

The Agency for Healthcare Research and Quality (AHRQ), a federal agency charged with overseeing quality of care, developed the Inpatient Quality Indicators (IQIs). The IQIs allow comparison among Utah inpatients and similar inpatients nationwide based on the State Inpatient Databases 2005, the most recently available database, through the expected rate. These databases represent about 90% of all inpatients in the U.S. from participating states in 2005. The Healthcare Cost and Utilization Project (HCUP) collects these data every year.

The AHRQ IQIs are nationally recognized indicators and are used in this report in compliance with the mandates of Senate Bill 132, the Health Care Consumer's Report Bill, which was passed in 2005.

APR-DRGs

Measures for average hospital charge are All Patient Refined Diagnosis Related Groups (APR-DRGs) for similar, though not identical, kinds of heart and stroke care in this report's quality of care section. APR-DRG software, widely used in health care research, organizes about 20,000 clinical diagnoses and procedures into about 300 groups. Read this report's Technical Document to learn more.

Each APR-DRG has four levels for severity of illness. This report shows average hospital charge for minor and moderate severity of illness levels combined and average hospital charge for major and extreme severity of illness levels combined. This report uses APR-DRG version 20.0, because the Agency for Healthcare Research and Quality (AHRQ) uses it for expected rate in the Inpatient Quality Indicators (IQIs).

Please note that other Utah Department of Health reports that include average charge information use APR-DRG Version 15.0 for data from 2004 and earlier.

Also be aware that the number of patients in each IQI may not be the same as the number of patients for a similarly named APR-DRG. First, the APR-DRGs are hierarchical, mutually exclusive groups of conditions and procedures. A patient's APR-DRG reflects that patient's most resource-intensive condition and/or procedure. Second, each IQI has patient exclusion and inclusion criteria that may not be the same as those for a similar APR-DRG. Third, most IQIs are based on three years of data because the annual number of deaths per indicator is often small. For more information, see this report's Technical Document.

Heart and Stroke Resources for Consumers

If you would like to learn more about heart disease and stroke care, below is a list of reputable state and national websites that you may find helpful. Call the Utah Department of Health Stroke Hotline at 1-866-88-STROKE for more information.

American Heart Association <<http://www.americanheart.org/presenter.jhtml?identifier=3053>< – contains a brief summary of stroke warning signs and what to do if you or someone near you has a stroke.

American Lung Association - fights lung disease in all its forms, with special emphasis on asthma, tobacco control and environmental health. Research indicates that certain lung conditions can affect the heart too.

Heart Disease and Stroke Prevention Program <<http://www.hearhighway.org/stroke.html></ – offers important stroke information such as risk factors, treatment and rehabilitation. The image to the right has been used in a prior stroke awareness campaign (“Think of Stroke as a Time Bomb”) for Utahns. Sponsored by the Utah Department of Health.

MedlinePlus <<http://www.nlm.nih.gov/medlineplus/stroke.html></ – promotes numerous links to trusted resources about stroke including government agencies and health-related organizations. Sponsored by the Library of Medicine.

National Heart Lung and Blood Institute – informational web site designed as part of a campaign to increase awareness of the need to act fast when someone may be having a heart attack.

National Institute of Neurological Disorders and Stroke

<<http://www.ninds.nih.gov/disorders/stroke/knowstroke.htm><- features a wealth of consumer-friendly stroke material supporting one theme: know stroke, know the signs, act in time.

National Stroke Association <<http://www.stroke.org/site/PageNavigator/HOME/><- focuses 100% of its efforts on stroke. The website presents detailed information for patients, caregivers, health care providers and the general public about stroke prevention and stroke recovery.

General Terms Used in This Report

Actual death percentage: the actual number of deaths per 100 patients with a certain condition or procedure. Actual death percentage does not adjust for the hospital's case mix. Other name: observed death rate per 100 patients. Some measures exclude transfer patients.

Actual Rate: The actual rate is the number of events that occurred for every 100 patients for some indicators and for every 1,000 patients for other indicators. Some measures exclude transfer patients. This rate is not risk-adjusted.

Agency for Healthcare Research and Quality (AHRQ): a federal agency that develops indicators of patient safety and quality of care and engages in other related activities.

Allergic reaction: swollen glands, trouble breathing and other body reactions that can be life threatening.

APR-DRG: stands for All Patient Refined Diagnosis Related Group, software widely used in health services research. The APR-DRG software organizes about 20,000 clinical diagnoses and procedures into about 300 groups. Each APR-DRG has four levels for severity of illness. This report combines the Minor and Moderate levels and combines the Major and Extreme levels for the average hospital charge tables. This report uses APR-DRG version 20.0. Read more at http://solutions.3m.com/wps/portal/3M/en_US/3MHIS/HealthInformationSystems/products-services/product-list/apr-drg-classification.

Average charge: the average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs. The charge may differ from actual payment that the hospital receives. For this report high outlier charges were excluded from each hospital's average charge. A high outlier (unusually high) charge is over 2.5 standard deviations higher than the state mean for each of four subclasses of severity of illness per APR-DRG.

Expected death percentage: the number of deaths expected per 100 patients with a certain condition or procedure based on similar patients nationwide in the Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases for 2005. Expected death percentage adjusts for the hospital's case mix (patients' age, gender and how ill the patients are). Some measures exclude transfer patients. Read more at www.qualityindicators.ahrq.gov/downloads/iqi/iqi_guide_v31.pdf.

Expected Rate: the number of patients expected for every 100 patients for some indicators and for every 1,000 patients for other indicators with a certain condition or procedure based on similar patients nationwide in the Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases for 2005. Expected rate adjusts for the hospital's case mix (patients' age, gender and how ill the patients are). Some measures exclude transfer patients. Read more at www.qualityindicators.ahrq.gov/downloads/iqi/iqi_guide_v31.pdf.

Facility or facilities: hospitals that treat outpatients and inpatients and hospitals and ambulatory surgery centers that treat outpatients.

Inpatient: spends at least 24 hours in the hospital.

Inpatient Quality Indicators (IQI): were developed by the Agency for Healthcare Research and Quality (AHRQ), a federal agency, to be used on inpatient hospital discharge data. AHRQ IQI definitions and methods were used to calculate the actual and expected deaths rates conditions and procedures in this report. AHRQ IQI limitations include possible differences in hospital coding practices and possible inadequacy of the risk adjustment method for expected death percentage. In some reports AHRQ IQIs and APR-DRGs in Utah Hospital Comparison reports are similar but not identical, so the number of patients may not be the same. See the report specific Technical Document. Read more at www.qualityindicators.ahrq.gov/downloads/iqi/iqi_guide_v31.pdf.

Outlier charge: a charge by a specified hospital that is more than 2.5 standard deviations higher than the state average by APR-DRG and severity of illness level. This report excludes outlier charge cases. For more information see the report specific Technical Document.

Outpatient: usually spends less than 24 hours in the facility (hospital or freestanding ambulatory surgery center). Many outpatients have surgery and leave the facility the same day. Others have surgery and leave the next day. A few others may stay longer for observation. Some hospitals consider these patients to be outpatients.

Patient Safety Indicators (PSIs): Patient safety is quality improvement of health care to reduce medical injuries (e.g., injuries to patients in a health care setting such as a hospital). The Agency for Healthcare Research and Quality (AHRQ), a federal agency, has developed a set of indicators of patient safety based on the inpatient hospital discharge data. Although hospital discharge data do have some limitations, research shows that PSIs may serve as proxies for patient safety-related performance. Read more at www.qualityindicators.ahrq.gov/.

Severity of illness: Utah Hospital Comparison reports use two levels of illness based on the APR-DRG's four subclasses for severity of illness (SOI): Minor/Moderate and Major/Severe. For more information see the report specific Technical Document.

Star rating system: Utah Hospital Comparison reports use star rating based on a test of statistical significance, the exact 95% confidence interval. For the Heart Surgeries and Conditions Report and the Hip and Knee Surgeries and Conditions Report, this test shows whether the difference between a hospital's actual death percentage and expected death percentage is real (statistically significant, $p < 0.05$) or just due to chance. We calculated the upper and lower exact 95% confidence interval limits for

each hospital's actual death rate for each indicator. If the expected death percentage is between the lower and higher limits for the actual death percentage, then we are 95% confident that the actual death rate and the expected death rate are essentially the same. If the higher limit for the actual death percentage is lower than the expected death percentage, then we are 95% confident that the actual death percentage is really lower than the expected death rate. If the lower limit for the actual death percentage is higher than the expected death percentage, then we are 95% confident that the actual death rate is really higher than the expected death rate. For more information see the report specific Technical Document.

State Inpatient Databases (SID): a national sample that represents about 90% of all inpatients from 37 participating states in 2005. The Healthcare Cost and Utilization Project (HCUP) collects these data every year. For this report, the percentage of expected deaths for the quality indicators is adjusted using the SID 2005. Read more at www.hcup.ahrq.gov.

Statistically significant difference: the star ratings in the AHRQ IQI tables use exact 95% confidence intervals to show whether differences are statistically significant ($p < 0.05$). For more information see the report specific Technical Document.

Utah overall: for each specified condition or procedure and (if applicable) severity of illness group (Minor/Moderate or Major/Extreme), all adult cases treated at all Utah hospitals, except some specialty hospitals such as Primary Children's Medical Center. Utah overall average charge is the sum of all reported hospital charges billed to all patients treated at Utah hospitals divided by the number of Utah overall cases except the Veterans Administration. The AHRQ IQI tables include only Utah residents. The APR-DRGs tables include Utah resident and non-resident patients.

Indicator terms, such as expected rate, are based on Agency for Healthcare Research and Quality technical specifications documents.

Heart and Stroke Terms Used in This Report

Acute myocardial infarction, acute MI, AMI, myocardial infarction or MI: see heart attack.

Angioplasty: see balloon angioplasty.

Balloon angioplasty: a balloon catheter is used to open narrowed or blocked blood vessels of the heart. The balloon catheter is a thin flexible tube with a tiny balloon near its end. The balloon is filled and emptied to open the artery so blood can flow through it. Other names: angioplasty; coronary angioplasty; coronary artery angioplasty; cardiac angioplasty; percutaneous coronary intervention (PCI); percutaneous transluminal coronary angioplasty (PTCA); heart artery dilation, heart angioplasty, heart artery angioplasty. For the definition of the indicators used, see the Technical Document for this heart report.

Cardiac catheterization, heart catheterization: a doctor threads a catheter (thin flexible tube) from an artery or vein in the neck, arm or thigh into the heart arteries or inside the heart. For the definition of the indicators used, see the Technical Document for this heart report.

Cardiac valve procedure, heart valve procedure: repair or replacement of diseased or damaged heart valves. For the definition of the indicators used, see the Technical Document for this heart report.

Cerebral: of or related to the brain or cerebrum.

Cholesterol: a waxy fatty material that can build up in arteries and cause heart disease.

Clot: lump of coagulated blood.

Coronary angioplasty, coronary artery angioplasty: see balloon angioplasty.

Coronary artery bypass graft (CABG) surgery, coronary bypass surgery: see heart bypass surgery.

Cranial: of or related to the skull or cranium.

Diabetes: a long-term disease marked by high levels of sugar in the blood. It can cause permanent damage throughout the body and result in death if not treated properly. People with diabetes are at higher risk for heart disease than people without diabetes.

Heart artery dilation: see balloon angioplasty.

Heart attack: blood clots, plaques (fat deposits) or artery spasms block a heart artery. This causes tissue damage or death to the heart muscle. Other names: myocardial infarction; MI; acute MI. For the definition of the indicators used, see the Technical Document for this heart report.

Heart bypass: creates new routes around narrowed or blocked heart arteries. The doctor moves blood vessels from other parts of your body onto your heart. Other names: Heart artery bypass surgery, coronary artery bypass graft (CABG). For the definition of the indicators used, see the Technical Document for this heart report.

Heart failure: the heart cannot pump enough blood. This causes fluid to build up in your legs, arms, digestive tract, lungs and liver. Heart failure is usually a chronic condition (develops over time). Other names: congestive heart failure, ischemic heart disease, ischemic cardiomyopathy. For the definition of the indicators used, see the Technical Document for this heart report.

Hemorrhage: bleeding.

High blood pressure: usually 140 systolic over 90 diastolic blood pressure or higher. Systolic is the pressure when the heart beats (squeezes blood into the body). Diastolic is the pressure between heart beats. Other name: hypertension.

Infarct: an area of necrotic (dead) tissue caused by insufficient blood supply (not enough blood).

Infarction: the process of forming an infarct.

Intracranial: within the skull.

Ischemic: the heart muscle does not get enough blood and oxygen.

Ischemic stroke: stroke caused by blockage of a blood vessel carrying blood to the brain. A blood clot that stays in place in the brain is called a cerebral thrombus. A clot that forms some place other than the brain and which breaks loose and moves through the bloodstream to the brain is called a cerebral embolism.

Occlusion: blockage.

Percutaneous cardiovascular procedure: catheters threaded through arteries to the heart to look for and treat heart problems.

Percutaneous transluminal coronary angioplasty (PTCA): see balloon angioplasty.

Precerebral: before the brain, in front of the brain.

Stroke (brain attack, cerebral vascular disease, cerebrovascular disease, CVA, cerebral hemorrhage, ischemic stroke): an interruption of the blood supply to any part of the brain. A stroke can happen when a blood vessel carrying blood to the brain is blocked by a blood clot. A stroke can also happen when a blood vessel in the brain breaks. Interruption of the brain's blood supply can cause a sudden lessening or loss of consciousness, feeling or voluntary movement. Interruption of the brain's blood supply, even for a short time, can result in brain damage, permanent disabilities and death.

Read more at <http://www.nlm.nih.gov/medlineplus/ency/article/000726.htm#Definition>.

Medical terms for stroke are based on the National Stroke Association, <http://www.stroke.org>.

Note:

Medical terms for the heart surgeries and conditions are based on Healthfinder, <http://www.healthfinder.gov/library/> and MedlinePlus, <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>

Heart Bypass Surgery Deaths in Utah Hospitals

(IQI 12)

Adults 18 Years and Over: 2005-2007

Hospital	Patients (Denominator)	Actual Rate	Expected Rate	<u>Statistical Rating</u>
Utah Overall	4,788	3.3%	3.9%	***
Dixie Regional	804	2.5%	3.5%	**
Intermountain Medical Care	41	9.8%	5.1%	**
LDS Hospital	866	4.7%	5.4%	**
McKay-Dee Hospital	668	1.6%	3.2%	***
Ogden Regional	278	2.2%	2.7%	**
Salt Lake Regional	131	6.9%	2.9%	*
St. Mark's Hospital	733	3.4%	4.1%	**
Timpanogos Regional	106	0.9%	3.2%	**
University Health Care	382	3.9%	3.3%	**
Utah Valley Regional	594	3.7%	4.3%	**
Veterans Administration Medical Center	185	1.6%	2.6%	**

Most Utah hospitals in this table had about the same rate of deaths as expected compared to similar patients nationwide. One Utah hospital had a lower rate than expected. One hospital had a higher rate than expected.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Rating: based on the Exact 95% Confidence Interval test of statistical significance.

*** Lower % deaths than expected, ** same % deaths as expected, * higher % deaths than expected.

Actual deaths: percentage of patients who received care for this condition or procedure and died in this hospital.

Expected deaths: percentage of patients who were expected to die at this hospital adjusted for its patient mix (age, gender, how ill the patients were).

Balloon Angioplasty Deaths in Utah Hospitals

(IQI 30)

Adults 18 Years and Over: 2005-2007

Hospital	Patients (Denominator)	Actual Rate	Expected Rate	Statistical Rating
Utah Overall	15,644	1.7%	1.6%	**
Cottonwood Hospital	540	1.1%	1.6%	**
Davis Hospital	350	1.7%	1.1%	**
Dixie Regional	2,169	1.5%	1.5%	**
Intermountain Medical Care	179	1.1%	2.3%	**
Jordan Valley Hospital	231	3.0%	1.7%	**
LDS Hospital	3,042	1.8%	1.7%	**
Lakeview Hospital	190	3.2%	1.5%	**
McKay-Dee Hospital	1,702	1.2%	1.5%	**
Mountain View Hospital	250	1.2%	1.9%	**
Ogden Regional	381	1.3%	2.0%	**
Pioneer Valley Hospital	555	2.5%	2.0%	**
Salt Lake Regional	253	2.0%	1.7%	**
St. Mark's Hospital	1,528	1.6%	1.4%	**
Timpanogos Regional	617	1.0%	0.8%	**
University Health Care	731	2.2%	2.0%	**
Utah Valley Regional	2,455	2.0%	1.6%	**
Veterans Administration Medical Center	471	1.1%	1.5%	**

All Utah hospitals in this table had about same rate of deaths as expected compared to similar patients nationwide.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Rating: based on the Exact 95% Confidence Interval test of statistical significance.

*** Lower % deaths than expected, ** same % deaths as expected, * higher % deaths than expected.

Actual deaths: percentage of patients who received care for this condition or procedure and died in this hospital.

Expected deaths: percentage of patients who were expected to die at this hospital adjusted for its patient mix (age, gender, how ill the patients were).

Heart Attack Deaths in Utah Hospitals

(IQI 32, without transfers)

Adults 18 Years and Over: 2005-2007

Hospital	Patients (Denominator)	Actual Rate	Expected Rate	<u>Statistical Rating</u>
Utah Overall	6,672	5.9%	6.1%	**
Cottonwood Hospital	377	4.5%	6.6%	**
Davis Hospital	293	4.1%	2.7%	**
Dixie Regional	853	5.4%	5.9%	**
Intermountain Medical Care	66	3.0%	5.5%	**
Jordan Valley Hospital	121	4.1%	5.1%	**
LDS Hospital	1,047	4.8%	6.3%	***
Lakeview Hospital	204	7.8%	5.6%	**
Logan Regional	36	11.1%	11.8%	**
McKay-Dee Hospital	756	5.2%	6.6%	**
Mountain View Hospital	109	11.9%	8.4%	**
Ogden Regional	295	3.1%	5.2%	**
Pioneer Valley Hospital	343	6.7%	4.9%	**
Salt Lake Regional	157	5.7%	5.3%	**
St. Mark's	528	8.0%	7.5%	**
Timpanogos Regional	109	4.6%	7.8%	**
University Health Care	569	5.8%	5.7%	**
Utah Valley Regional	691	6.1%	4.9%	**

Most Utah hospitals in this table had about the same rate of deaths as expected compared to similar patients nationwide. One Utah hospital had a lower rate than expected. No hospital had a higher rate than expected.

[See additional hospitals that treated at least one patient but less than 30 patients.](#)

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Rating: based on the Exact 95% Confidence Interval test of statistical significance.

*** Lower % deaths than expected, ** same % deaths as expected, * higher % deaths than expected.

Actual deaths: percentage of patients who received care for this condition or procedure and died in this hospital.

Expected deaths: percentage of patients who were expected to die at this hospital adjusted for its patient mix (age, gender, how ill the patients were).

Heart Failure Deaths in Utah Hospitals

(IQI 16)

Adults 18 Years and Over: 2005-2007

Hospital	Patients (Denominator)	Actual Rate	Expected Rate	Statistical Rating
Utah Overall	10,001	3.7%	4.8%	***
Allen Memorial Hospital	45	8.9%	2.8%	**
Alta View Hospital	190	2.6%	5.5%	**
American Fork Hospital	239	2.9%	4.2%	**
Ashley Valley Hospital	74	1.4%	2.4%	**
Beaver Valley Hospital	56	3.6%	2.5%	**
Castleview Hospital	119	5.9%	4.9%	**
Central Valley Hospital	65	1.5%	3.4%	**
Cottonwood Hospital	369	3.0%	5.9%	***
Davis Hospital	245	7.8%	3.5%	*
Dixie Regional	726	3.7%	4.8%	**
Garfield Memorial	30	3.3%	4.6%	**
Gunnison Valley Hospital	69	2.9%	1.7%	**
Intermountain Medical Care	87	6.9%	5.2%	**
Jordan Valley Hospital	240	5.8%	4.9%	**
Kane County Hospital	30	0.0%	3.3%	**

Continued on Next Page

Most Utah hospitals in this table had about the same rate of deaths as expected compared to similar patients nationwide. Seven Utah hospitals had a lower rate than expected (*). One hospital had a higher rate than expected (*).**

[See additional hospitals that treated at least one patient but less than 30 patients.](#)

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Rating: based on the Exact 95% Confidence Interval test of statistical significance.

*** Lower % deaths than expected, ** same % deaths as expected, * higher % deaths than expected.

Actual deaths: percentage of patients who received care for this condition or procedure and died in this hospital.

Expected deaths: percentage of patients who were expected to die at this hospital adjusted for its patient mix (age, gender, how ill the patients were).

Heart Failure Deaths in Utah Hospitals

(IQI 16)

- CONTINUED -

Hospital	Patients (Denominator)	Actual Rate	Expected Rate	Statistical Rating
Utah Overall	10,001	3.7%	4.8%	***
LDS Hospital	1,262	3.2%	5.0%	***
Lakeview Hospital	213	6.6%	4.8%	**
Logan Regional	175	2.9%	3.9%	**
McKay-Dee Hospital	860	3.6%	5.1%	***
Mountain View Hospital	151	3.3%	4.9%	**
Mountain West Hospital	117	2.6%	4.0%	**
Ogden Regional	380	2.4%	5.5%	***
Pioneer Valley Hospital	281	1.8%	3.8%	**
Salt Lake Regional	260	1.9%	5.2%	***
Sevier Valley Hospital	76	10.5%	5.4%	**
St. Mark's Hospital	838	2.1%	5.5%	***
Timpanogos Regional	168	6.0%	4.7%	**
Uintah Basin Hospital	68	2.9%	2.1%	**
University Health Care	676	3.4%	3.9%	**

Continued on Next Page

Most Utah hospitals in this table had about the same rate of deaths as expected compared to similar patients nationwide. Seven Utah hospitals had a lower rate than expected (*). One hospital had a higher rate than expected (*).**

[See additional hospitals that treated at least one patient but less than 30 patients.](#)

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Rating: based on the Exact 95% Confidence Interval test of statistical significance.

*** Lower % deaths than expected, ** same % deaths as expected, * higher % deaths than expected.

Actual deaths: percentage of patients who received care for this condition or procedure and died in this hospital.

Expected deaths: percentage of patients who were expected to die at this hospital adjusted for its patient mix (age, gender, how ill the patients were).

Heart Failure Deaths in Utah Hospitals

(IQI 16)

- CONTINUED -

Hospital	Patients (Denominator)	Actual Rate	Expected Rate	Statistical Rating
Utah Overall	10,001	3.7%	4.8%	** *
Utah Valley Regional	945	5.4%	5.1%	* *
Valley View Hospital	90	4.4%	3.3%	* *
Veterans Administration Medical Center	700	2.3%	4.9%	* * *

Most Utah hospitals in this table had about the same rate of deaths as expected compared to similar patients nationwide. Seven Utah hospitals had a lower rate than expected (*). One hospital had a higher rate than expected (*).**

[See additional hospitals that treated at least one patient but less than 30 patients.](#)

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Rating: based on the Exact 95% Confidence Interval test of statistical significance.

*** Lower % deaths than expected, ** same % deaths as expected, * higher % deaths than expected.

Actual deaths: percentage of patients who received care for this condition or procedure and died in this hospital.

Expected deaths: percentage of patients who were expected to die at this hospital adjusted for its patient mix (age, gender, how ill the patients were).

Stroke Deaths in Utah Hospitals

(IQI 17)

Adults 18 Years and Over: 2005-2007

Hospital	Patients (Denominator)	Actual Rate	Expected Rate	Statistical Rating
Utah Overall	6,714	10.5%	11.0%	**
Alta View Hospital	121	9.1%	9.0%	**
American Fork Hospital	132	9.8%	7.2%	**
Brigham City Community	37	8.1%	5.8%	**
Castleview Hospital	60	11.7%	9.0%	**
Cottonwood Hospital	186	4.8%	6.7%	**
Davis Hospital	139	8.6%	6.8%	**
Dixie Regional	475	5.5%	7.1%	**
Gunnison Valley Hospital	31	3.2%	4.5%	**
Intermountain Medical Care	55	16.4%	18.8%	**
Jordan Valley Hospital	69	15.9%	9.9%	**
LDS Hospital	803	11.6%	15.5%	***
Lakeview Hospital	132	9.8%	10.2%	**
Logan Regional	130	9.2%	9.5%	**
McKay-Dee Hospital	740	11.4%	10.9%	**
Mountain View Hospital	85	7.1%	7.0%	**
Ogden Regional	201	7.5%	10.9%	**
Pioneer Valley Hospital	46	10.9%	10.0%	**
Salt Lake Regional	61	6.6%	7.2%	**

Continued on Next Page

Most Utah hospitals in this table had about the same rate of deaths as expected compared to similar patients nationwide. Two hospitals had a lower rate (*). One hospital had a higher rate (*).**

[See additional hospitals that treated at least one patient but less than 30 patients.](#)

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Rating: based on the Exact 95% Confidence Interval test of statistical significance.

*** Lower % deaths than expected, ** same % deaths as expected, * higher % deaths than expected.

Actual deaths: percentage of patients who received care for this condition or procedure and died in this hospital.

Expected deaths: percentage of patients who were expected to die at this hospital adjusted for its patient mix (age, gender, how ill the patients were).

Stroke Deaths in Utah Hospitals

(IQI 17)

- CONTINUED -

Hospital	Patients (Denominator)	Actual Rate	Expected Rate	Statistical Rating
Utah Overall	6,714	10.5%	11.0%	**
Sevier Valley Hospital	45	8.9%	5.7%	**
St. Mark's Hospital	398	5.5%	9.1%	***
Timpanogos Regional	80	10.0%	8.9%	**
Uintah Basin Hospital	30	20.0%	6.6%	*
University Health Care	1,530	12.8%	12.9%	**
Utah Valley Regional	702	12.8%	12.8%	**
Valley View Hospital	102	5.9%	7.1%	**
Veterans Administration Medical Center	152	7.9%	9.7%	**

Most Utah hospitals in this table had about the same rate of deaths as expected compared to similar patients nationwide. Two hospitals had a lower rate (*). One hospital had a higher rate (*).**

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[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

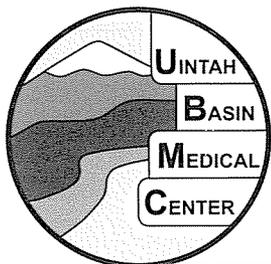
[View Data Limitations.](#)

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Actual deaths: percentage of patients who received care for this condition or procedure and died in this hospital.

Expected deaths: percentage of patients who were expected to die at this hospital adjusted for its patient mix (age, gender, how ill the patients were).



Uintah Basin Medical Center, Inc.

250 West 300 North 75-2
Roosevelt, Utah 84066

(435) 722-4691
Fax (435) 722-9291

Office of Health Care Statistics
Center for Health Data
PO Box 144004
Salt Lake City, Utah 84114

To Whom It May Concern:

Upon further review of the recent stroke mortality data submitted by Uintah Basin Medical Center it was discovered that five of the six patients that died from a stroke were admitted for comfort measures only. This means that standard aggressive protocols to treat this condition were withheld at the patients and/or families' request, and the patients were allowed to pass with dignity.

Only one patient of six received aggressive care for this condition and died during that hospitalization. That puts our actual rate at 3.33% and our expected rate at 6.6%.

Sincerely,

Bradley D. LeBaron
President/CEO
Uintah Basin Medical Center

Heart Failure (APR-DRG 194)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	Average Charge
Utah Overall	1,652	\$10,491	993	\$17,373
Allen Memorial Hospital	20	\$5,992	<5	\$15,305
Alta View Hospital	41	\$8,502	22	\$15,663
American Fork Hospital	51	\$9,498	24	\$13,555
Ashley Regional Medical Center	22	\$7,317	6	\$8,370
Bear River Valley Hospital	9	\$6,975	0	\$0
Beaver Valley Hospital	6	\$4,181	<5	\$5,962
Brigham City Community Hospital	<5	\$6,038	<5	\$10,342
Cache Valley Specialty Hospital	5	\$3,124	0	\$0
Castleview Hospital	21	\$8,768	13	\$13,100
Central Valley Medical Center-CAH	21	\$9,831	0	\$0
Cottonwood Hospital	48	\$9,359	53	\$13,569
Davis Hospital & Medical Center	39	\$12,179	18	\$20,196
Delta Community Medical Center-CAH	13	\$5,707	<5	\$4,975
Dixie Regional Medical Center	136	\$9,850	57	\$14,930
Fillmore Community Medical Center-CAH	6	\$6,165	<5	\$9,804

Continued on Next Page

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 3.1 days

Major/Extreme is 4.7 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Failure (APR-DRG 194)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

- CONTINUED -

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	Average Charge
Utah Overall	1,652	\$10,491	993	\$17,373
Garfield Memorial Hospital	<5	\$6,922	5	\$11,080
Gunnison Valley Hospital-CAH	14	\$5,237	<5	\$8,124
Heber Valley Medical Center-CAH	7	\$5,898	<5	\$7,925
Intermountain Medical Care	27	\$11,955	27	\$14,423
Jordan Valley Medical Center	51	\$13,837	33	\$20,322
Kane County Hospital	8	\$11,087	<5	\$11,655
Lakeview Hospital	37	\$13,330	17	\$21,084
LDS Hospital	113	\$11,037	100	\$17,627
Logan Regional Hospital	30	\$9,603	20	\$9,560
McKay-Dee Hospital	131	\$10,833	106	\$17,164
Mountain View Hospital	24	\$12,118	14	\$23,975
Mountain West Medical Center	26	\$15,098	15	\$22,708
Ogden Regional Medical Center	59	\$12,137	42	\$15,858
Pioneer Valley Hospital	46	\$13,452	24	\$22,982

Continued on Next Page

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 3.1 days

Major/Extreme is 4.7 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Failure (APR-DRG 194)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

- CONTINUED -

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	Average Charge
Utah Overall	1,652	\$10,491	993	\$17,373
Salt Lake Regional Medical Center	44	\$12,628	38	\$23,621
San Juan Hospital	6	\$4,538	<5	\$7,124
Sanpete Valley Hospital-CAH	<5	\$2,952	<5	\$11,732
Sevier Valley Medical Center	23	\$9,209	8	\$10,681
St. Mark's Hospital	124	\$11,243	83	\$19,740
Timpanogos Regional Hospital	28	\$12,182	15	\$20,845
Uintah Basin Medical Center	34	\$5,096	<5	\$5,781
University Health Care	94	\$8,950	64	\$17,065
Utah Valley Regional Medical Center	157	\$11,862	96	\$19,454
Valley View Medical Center	26	\$7,272	8	\$10,949
Veterans Administration Medical Center	96	Not Available	65	Not Available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 3.1 days

Major/Extreme is 4.7 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal

Heart Attack (APR-DRG 190)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	472	\$12,709	262	\$22,675
Allen Memorial Hospital	<5	\$4,693	<5	\$39,163
Alta View Hospital	6	\$9,697	0	\$0
American Fork Hospital	7	\$5,787	<5	\$10,304
Ashley Regional Medical Center	<5	\$12,564	<5	\$21,595
Bear River Valley Hospital	<5	\$2,630	<5	\$9,147
Beaver Valley Hospital	<5	\$3,277	0	\$0
Brigham City Community Hospital	<5	\$6,208	<5	\$14,046
Castleview Hospital	<5	\$5,642	<5	\$15,008
Cottonwood Hospital	24	\$10,091	18	\$19,827
Davis Hospital & Medical Center	17	\$18,608	10	\$19,484
Delta Community Medical Center-CAH	<5	\$5,264	0	\$0
Dixie Regional Medical Center	50	\$11,825	27	\$24,170
Garfield Memorial Hospital	<5	\$6,538	<5	\$2,883
Gunnison Valley Hospital-CAH	<5	\$1,998	0	\$0
Intermountain Medical Care	9	\$11,867	7	\$24,421

Continued on Next Page

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 2.2 days

Major/Extreme is 4.4 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Attack (APR-DRG 190)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

- CONTINUED -

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	472	\$12,709	262	\$22,675
Jordan Valley Medical Center	11	\$19,779	9	\$28,852
Lakeview Hospital	16	\$15,829	<5	\$33,932
LDS Hospital	44	\$12,397	36	\$25,382
Logan Regional Hospital	9	\$9,347	5	\$14,413
McKay-Dee Hospital	47	\$12,279	36	\$22,442
Mountain View Hospital	5	\$15,098	6	\$17,768
Mountain West Medical Center	8	\$10,301	0	\$0
Ogden Regional Medical Center	15	\$16,624	6	\$22,422
Pioneer Valley Hospital	8	\$18,508	6	\$26,947
Salt Lake Regional Medical Center	10	\$16,882	6	\$22,237
San Juan Hospital	<5	\$8,283	0	\$0
Sanpete Valley Hospital-CAH	<5	\$5,399	0	\$0
Sevier Valley Medical Center	<5	\$4,031	0	\$0
St. Mark's Hospital	22	\$19,588	15	\$22,425

Continued on Next Page

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 2.2 days

Major/Extreme is 4.4 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Attack (APR-DRG 190)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

- CONTINUED -

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	472	\$12,709	262	\$22,675
Timpanogos Regional Hospital	<5	\$16,278	<5	\$47,802
Uintah Basin Medical Center	7	\$3,588	<5	\$5,128
University Health Care	40	\$13,995	28	\$20,849
Utah Valley Regional Medical Center	45	\$11,827	14	\$24,552
Valley View Medical Center	12	\$6,731	0	\$0
Veterans Administration Medical Center	35	Not Available	17	Not Available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 2.2 days

Major/Extreme is 4.4 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal

Heart Bypass Surgery With Cardiac Catheterization

(APR-DRG 165)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	361	\$62,001	203	\$92,946
Dixie Regional Medical Center	96	\$51,544	48	\$73,191
Intermountain Medical Care	6	\$67,378	<5	\$99,218
LDS Hospital	36	\$63,326	29	\$105,374
McKay-Dee Hospital	69	\$57,999	34	\$83,597
Ogden Regional Medical Center	33	\$91,890	19	\$120,422
Salt Lake Regional Medical Center	9	\$102,890	5	\$128,872
St. Mark's Hospital	14	\$84,341	10	\$97,282
Timpanogos Regional Hospital	12	\$69,354	10	\$111,521
University Health Care	16	\$58,108	14	\$108,163
Utah Valley Regional Medical Center	65	\$54,415	26	\$82,819
Veterans Administration Medical Center	5	Not available	<5	Not available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 7.3 days

Major/Extreme is 11.4 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Bypass Surgery Without Cardiac Catheterization (APR-DRG 166)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	448	\$53,210	149	\$89,173
Dixie Regional Medical Center	54	\$39,804	8	\$49,176
Intermountain Medical Care	12	\$50,840	<5	\$74,471
LDS Hospital	63	\$50,197	36	\$106,386
McKay-Dee Hospital	43	\$46,948	15	\$71,444
Ogden Regional Medical Center	37	\$68,865	8	\$93,473
Salt Lake Regional Medical Center	19	\$79,652	6	\$113,924
St. Mark's Hospital	89	\$58,817	24	\$91,903
Timpanogos Regional Hospital	34	\$57,728	9	\$93,524
University Health Care	41	\$46,987	16	\$71,169
Utah Valley Regional Medical Center	32	\$44,852	15	\$90,874
Veterans Administration Medical Center	24	Not Available	8	Not Available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 5.3 days

Major/Extreme is 10.7 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Balloon Angioplasty With Heart Attack

(APR-DRG 174)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	1,286	\$34,520	382	\$53,852
Cottonwood Hospital	55	\$29,275	20	\$36,608
Davis Hospital & Medical Center	68	\$44,540	10	\$79,304
Dixie Regional Medical Center	153	\$34,072	45	\$46,702
Intermountain Medical Care	63	\$29,086	19	\$57,141
Jordan Valley Medical Center	49	\$42,849	13	\$78,451
Lakeview Hospital	35	\$30,678	<5	\$67,948
LDS Hospital	152	\$30,364	65	\$53,572
McKay-Dee Hospital	166	\$31,867	40	\$45,162
Mountain View Hospital	21	\$37,922	5	\$49,036
Ogden Regional Medical Center	43	\$49,438	12	\$79,253
Pioneer Valley Hospital	46	\$48,310	24	\$64,305
Salt Lake Regional Medical Center	15	\$39,626	<5	\$106,285
St. Mark's Hospital	66	\$48,377	18	\$68,547
Timpanogos Regional Hospital	19	\$35,827	7	\$52,627
University Health Care	95	\$30,506	29	\$45,695

Continued on Next Page

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 2.5 days

Major/Extreme is 5.7 days.

Learn about Primary Stroke Centers and Telestroke Facilities.

View Data Limitations.

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Balloon Angioplasty With Heart Attack

(APR-DRG 174)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

- CONTINUED -

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	1,286	\$34,520	382	\$53,852
Utah Valley Regional Medical Center	209	\$28,941	54	\$46,305
Veterans Administration Medical Center	31	Not Available	14	Not Available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 2.5 days

Major/Extreme is 5.7 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Balloon Angioplasty Without Heart Attack

(APR-DRG 175)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	Average Charge
Utah Overall	3,485	\$29,646	555	\$39,071
Cottonwood Hospital	74	\$23,231	15	\$31,653
Davis Hospital & Medical Center	32	\$42,260	8	\$65,494
Dixie Regional Medical Center	517	\$26,776	83	\$39,891
Intermountain Medical Care	81	\$23,304	25	\$33,701
Jordan Valley Medical Center	72	\$34,803	13	\$63,445
Lakeview Hospital	17	\$32,161	<5	\$30,903
LDS Hospital	950	\$27,803	134	\$33,725
McKay-Dee Hospital	298	\$28,777	49	\$34,009
Mountain View Hospital	39	\$28,460	11	\$38,845
Ogden Regional Medical Center	55	\$45,032	9	\$49,877
Pioneer Valley Hospital	52	\$44,106	17	\$57,333
Salt Lake Regional Medical Center	53	\$41,782	15	\$50,207
St. Mark's Hospital	265	\$40,036	19	\$52,292
Timpanogos Regional Hospital	115	\$29,546	11	\$34,946
University Health Care	335	\$31,830	45	\$43,692
Utah Valley Regional Medical Center	414	\$24,806	71	\$33,942
Veterans Administration Medical Center	116	Not Available	29	Not Available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 1.5 days

Major/Extreme is 3.4 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Catheterization For Ischemic Disease

(APR-DRG 192)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	1,140	\$13,269	146	\$17,807
Cottonwood Hospital	57	\$10,366	<5	\$15,926
Davis Hospital & Medical Center	21	\$18,544	<5	\$20,592
Dixie Regional Medical Center	190	\$10,027	19	\$13,395
Intermountain Medical Care	27	\$10,815	5	\$10,584
Jordan Valley Medical Center	90	\$17,690	10	\$19,192
Lakeview Hospital	9	\$15,721	<5	\$16,523
LDS Hospital	115	\$11,682	20	\$19,742
Logan Regional Hospital	31	\$10,538	<5	\$12,336
McKay-Dee Hospital	102	\$12,597	14	\$15,122
Mountain View Hospital	38	\$16,704	<5	\$19,023
Ogden Regional Medical Center	37	\$16,506	7	\$15,891
Pioneer Valley Hospital	59	\$20,505	10	\$25,177
Salt Lake Regional Medical Center	32	\$15,883	<5	\$29,396
St. Mark's Hospital	77	\$16,605	<5	\$23,057
Timpanogos Regional Hospital	23	\$14,187	<5	\$30,932

Continued on Next Page

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 1.5 days

Major/Extreme is 2.9 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Catheterization For Ischemic Disease

(APR-DRG 192)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

- CONTINUED -

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	1,140	\$13,269	146	\$17,807
University Health Care	60	\$11,873	12	\$17,705
Utah Valley Regional Medical Center	109	\$10,493	19	\$16,432
Veterans Administration Medical Center	63	Not Available	7	Not Available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 1.5 days

Major/Extreme is 2.9 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Catheterization Except For Ischemic Disease

(APR-DRG 191)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

Hospital	Level of Illness			
	Minor/Moderate		Major/Extreme	
	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	323	\$15,065	484	\$28,983
Cottonwood Hospital	16	\$11,056	31	\$17,640
Davis Hospital & Medical Center	10	\$22,168	10	\$38,740
Dixie Regional Medical Center	27	\$12,242	35	\$23,758
Intermountain Medical Care	7	\$12,802	24	\$33,894
Jordan Valley Medical Center	12	\$18,585	15	\$35,727
Lakeview Hospital	<5	\$21,300	5	\$24,907
LDS Hospital	44	\$15,065	96	\$28,996
Logan Regional Hospital	<5	\$9,121	9	\$14,548
McKay-Dee Hospital	35	\$12,077	35	\$26,299
Mountain View Hospital	10	\$21,769	6	\$38,374
Mountain West Medical Center	0	\$0	<5	\$25,949
Ogden Regional Medical Center	13	\$22,671	16	\$40,749
Pioneer Valley Hospital	22	\$20,846	25	\$36,222
Salt Lake Regional Medical Center	7	\$16,651	14	\$37,014
St. Mark's Hospital	18	\$19,932	20	\$33,127

Continued on Next Page

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 2.1 days

Major/Extreme is 5.6 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Catheterization Except For Ischemic Disease

(APR-DRG 191)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

- CONTINUED -

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	323	\$15,065	484	\$28,983
Timpanogos Regional Hospital	5	\$18,536	9	\$36,481
University Health Care	33	\$12,950	48	\$31,393
Utah Valley Regional Medical Center	48	\$10,920	45	\$21,421
Veterans Administration Medical Center	13	Not Available	41	Not Available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 2.1 days

Major/Extreme is 5.6 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Valve Procedures With Cardiac Catheterization (APR-DRG 162)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	63	\$72,164	127	\$117,349
Dixie Regional Medical Center	11	\$67,025	31	\$97,951
Intermountain Medical Care	<5	\$88,081	<5	\$127,020
LDS Hospital	21	\$70,758	39	\$127,608
McKay-Dee Hospital	12	\$65,947	7	\$88,171
Ogden Regional Medical Center	<5	\$95,379	6	\$170,150
Salt Lake Regional Medical Center	<5	\$125,360	<5	\$197,875
St. Mark's Hospital	<5	\$102,556	<5	\$184,762
University Health Care	<5	\$70,833	5	\$89,104
Utah Valley Regional Medical Center	10	\$67,547	31	\$112,533
Veterans Administration Medical Center	0	Not Available	<5	Not Available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 5.3 days

Major/Extreme is 10.7 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.

Heart Valve Procedures Without Cardiac Catheterization (APR-DRG 163)

Average Hospital Charges for Adults 18 Years and Older, Utah, 2007

	Level of Illness			
	Minor/Moderate		Major/Extreme	
Hospital	Patients	Average Charge	Patients	<u>Average Charge</u>
Utah Overall	288	\$65,198	271	\$107,651
Ogden Regional Medical Center	5	\$95,059	6	\$161,737
Timpanogos Regional Hospital	11	\$68,399	<5	\$99,372
McKay-Dee Hospital	26	\$59,533	22	\$85,617
Utah Valley Regional Medical Center	16	\$61,151	52	\$89,433
St. Mark's Hospital	68	\$75,231	39	\$115,528
Dixie Regional Medical Center	40	\$49,873	26	\$66,684
LDS Hospital	58	\$65,093	65	\$133,825
Salt Lake Regional Medical Center	7	\$99,712	6	\$154,998
University Health Care	38	\$60,837	23	\$98,221
Intermountain Medical Care	14	\$57,226	21	\$113,056
Veterans Administration Medical Center	5	Not Available	9	Not Available

Table Legend

< 5 = 1 to 4 patients

State average hospital length of stay

Minor/Moderate is 5.3 days

Major/Extreme is 10.7 days.

[Learn about Primary Stroke Centers and Telestroke Facilities.](#)

[View Data Limitations.](#)

Level of Illness: Compared to patients with minor/moderate level of illness, patients with major/extreme level of illness are likely to have more serious conditions that require more complex treatment.

Average Charge: The average dollars for hospital services for which patients were billed at a particular hospital. The charge does not include physicians' professional fees or patient personal costs.