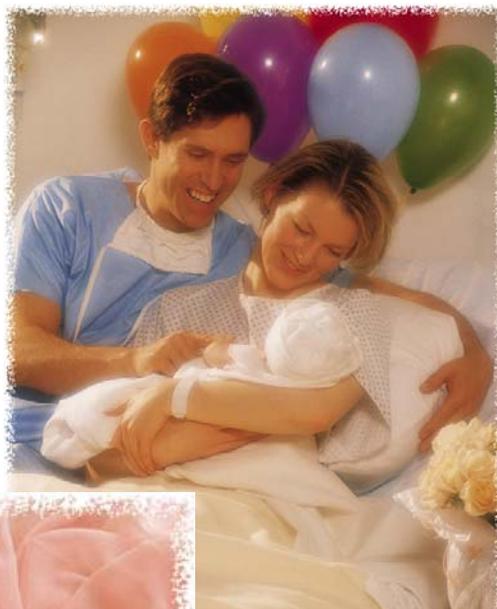


2005 Utah Hospital Comparison

Charges, Quality and Patient Safety



Maternity and Newborns

For more information, contact:

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This report is available online at:

<http://health.utah.gov/myhealthcare/maternity2004.pdf>

“Utah has traditionally been one of the healthiest states in the nation. That is due to our quality health care system and our own accountability for making good decisions that affect our individual health care. Consumer reports, such as this one, provide Utah’s residents with the knowledge they need to make informed choices about their health care. Providers can use these reports to improve the quality of care they provide for people in Utah as well.”

Jon M. Huntsman Jr.
Governor of Utah

“The Utah Department of Health’s vision for Utah is ‘A place where all people can enjoy possible, where all can live, grow and prosper in clean and safe communities.’ Informed health care consumers are an essential component of our efforts to improve health care and develop healthy communities for our state. The Department is committed to publishing reports that will enable patients and families to become more actively involved in their health care.”



David N. Sundwall, M.D.
Director, Utah Department of Health

Senate Bill 132

itled “Health Care Consumer’s Report,” was unanimously passed by the Utah Senate and House of Representatives during the 2005 Legislative session.

Senate sponsor:

House sponsor: Representative Kerry W. Gibson

Below are the key excerpts from Senate Bill 132:

This bill:

requires the Health Data Authority to publish reports at least annually that compare and identify health care facilities;

requires the reports comparing health care facilities to be based on at least the following factors:

nationally recognized quality standards;

charges; and

nationally recognized patient safety standards.

The comparative analysis shall be available free of charge and easily accessible to the public.

Dear Fellow Utahns:

Utah has traditionally been known as a state with a high birth rate. Because quality of life is at stake for each mother and newborn, the decisions made before and during pregnancy affect those concerned for many years to come.

To help make those choices easier, I am pleased to present the 2004 Utah Hospital Report on Maternity and Newborn Charges, Quality and Patient Safety.

There are three main sections to this report.

- In the first, you can compare average hospital charges for certain delivery methods that may occur during delivery of your baby. You might be interested in any one or all of the measures including Normal Newborn, Vaginal Delivery and Cesarean Section.
- In the second, you can review how often hospitals perform certain procedures such as cesarean deliveries and vaginal births after cesareans (VBACs).
- In the third, hospital-level quality and safety ratings can be found for conditions including injuries to the mother or the baby during delivery.

Even if you have decided where to deliver your baby, this report tells you the quality and safety of the care your hospital provides for certain maternity and newborn procedures. The Utah Health Data Committee is committed to providing useful health care information for all people in Utah. Our consumer reports can help you make better choices about the health care you receive before selecting a hospital or when evaluating a current provider.

We encourage you to use this information to ask questions of your provider, hospital or insurance representative. Let them know that you plan to take an active role in your health care decisions.

Thank you for taking time to read this important report.

Sincerely,



Clark B. Hinckley, Chairperson
Utah Health Data Committee

You might be asking.....

- ⇒ **Why is this report important to me?** If you are planning to have a baby here in Utah, you will find this report to be very helpful as you consider where to give birth. Hospitals can vary, sometimes quite a bit, in terms of what they charge, their quality and their safety for patients.
- ⇒ **Who is the Utah Health Data Committee?** The Utah Health Data Committee was established by the Utah Legislature in 1990 to collect, analyze and distribute state health care data.
- ⇒ **Why are you producing this report?** The 2005 Utah Legislature passed a bill called Senate Bill 132 requiring the Committee to publish annual reports that compare hospitals based on charges, quality and patient safety.

- ⇒ **Where does the information come from?** Most of the information in this report comes from hospital claim records. Utah hospitals are required by law to submit a standard set of information about each patient who has an overnight stay in their hospital to the Office of Health Care Statistics on a yearly basis.
- ⇒ **Can I trust the data?** Yes, the data has been checked and verified by researchers and statisticians. Utah hospitals have also reviewed the report for accuracy. National averages were obtained from the federal government's agency in charge of health care quality, the Agency of Healthcare Research and Quality (AHRQ).
- ⇒ **Who else helped to shape how this report looks?** Two focus groups were held at prenatal classes in Salt Lake County. A total of 34 Utah citizens provided feedback that was used to help shape this report and make it as user friendly as possible for people who are not medical experts, but who still need useful health care information.

Support from Director of the federal Agency for Healthcare Research and Quality (AHRQ)



Carolyn M. Clancy, M.D., Director of the federal Agency for Healthcare Research and Quality (AHRQ), saluted Utah's efforts. "AHRQ views

public reporting as one important strategy to advance the quality improvement agenda in health care," Dr. Clancy said. "Evidence shows that publicly reporting performance by specific hospitals is a key element that promotes enhanced patient care."

A document entitled "Guidance for Using the AHRQ Quality Indicators for Hospital-level Public Reporting or Payment" is available at:

<http://www.qualityindicators.ahrq.gov/documentation.htm>

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Become an Informed Health Consumer



Take Responsibility

No one knows more about you than you do! Visit your provider (e.g., doctor or certified nurse midwife) before you get pregnant or early in pregnancy and then regularly during pregnancy. Talk to your doctor about what you are experiencing and any other medical conditions that you may have. Take an active part in health care for you and your baby.

Reduce The Chances of Complications

You can reduce the chances of complications occurring during pregnancy and childbirth by getting early and regular prenatal care. Utah's Baby Your Baby program says that 13 is the lucky number when it comes to a healthy pregnancy. Visit your health care provider before the 13th week of pregnancy and then go back at least 13 times throughout pregnancy.

You can also reduce your chances of complications by avoiding things like smoking, drinking alcohol, or taking non-prescribed drugs during your pregnancy. Follow your doctor's or midwife's instructions about issues such as diet, exercise, and weight gain. In addition to longer hospital stays, discomfort, and worry for you and your baby, complications are expensive.

Know Your Insurance Plan

If possible, learn about your health insurance plan or medical benefits before you become pregnant. Many companies offer several insurance plans such as preferred provider organizations (PPOs) or health maintenance organizations (HMOs). Each plan differs in what it covers, its limits of coverage, and the rules that apply to the plan.

Explore Options

Your first priority, of course, is a safe and healthy delivery of your baby. There are many options in delivery and childbirth. Take a tour of some selected hospitals to see what birth options they provide. For example, some women want to have a delivery without any medication to reduce pain or "put them to sleep." If you are considering that option, explore how a hospital can support your choice. Your baby can be delivered by a doctor or by a certified nurse midwife. Find a child birthing class in your area to get more information about childbirth and delivery options.

Know Your Hospital

Many factors come into play when you are trying to select a hospital. You may want a hospital close to home, one recommended by a family member, or one that you have been to before. Sometimes your insurance policy only covers care at certain hospitals. Whether you are choosing from among many hospitals, or only a couple, this guide can give you information about the average charges and safety at Utah's hospitals. When reviewing the following pages, ***keep in mind that many factors will affect a hospital's average charges, utilization rates, and performance on quality and patient safety measures. Such factors include the size of the hospital, available staff, teaching status, and whether how often the hospital cares for women with high-risk pregnancies. Ask your hospital, if you have any questions about them.***

Keep in mind that the charges shown in this report are different from "costs," "reimbursement," "price," or "payment." Many factors will affect your costs for a delivery including whether you have insurance, the type of insurance, and the billing procedures at a given hospital.

Part 1 Hospital Charges

Understanding the Tables

The tables in this section show the average hospital charges for different kinds of maternity care. You can use these tables to see what the average charges are at Utah hospitals. Keep in mind that these are average charges. Your charges may be higher or lower. For example, you may have additional services that add to your charges, such as a longer hospital stay or medical care from a specialist.

Number of people who received care.

Situations where everything went as expected. No extra medical services were needed.

Situations where problems developed and extra medical services were needed. This was not because of poor quality of care, but because of special needs of the mother or baby.

Average Hospital Charges				
Hospital (County)	No Complication		Complication	
	Cases	Average Charge	Cases	Average Charge
The State of Utah	41,254	\$2,453	1,984	\$5,543
Hospital A (County 23)	55	2,789	10	3,215
Hospital B (County 1)	2,342	1,657	26	2,895
Hospital C (County 10)	1,151	4,312	49	5,621
Hospital D (County 16)	<5	2,894	6	3,989

When a hospital reported fewer than 5 cases for a given indicator, the actual number is not reported. This is done to protect patient confidentiality.

This dollar amount is the calculated average for all the services for which patients were billed at a particular hospital for a given condition or procedure. The average was calculated by adding up the charges for all the services billed at that hospital for a given condition or procedure and then dividing by the total number of patients who were treated for that condition or procedure.

Alphabetical list of hospitals and hospital county location.

Normal Newborns

This table shows the average charges, by hospital, for all babies born when they were due and without any health problems. (APR-DRG 640)

Table Legend

< 5 Fewer than 5 cases

To learn how to read the table, please see page 1

Definitions

No Complication: Treatment normal, as expected. No extra medical services needed.

Complication: Problems during treatment. Extra medical services needed. Does not reflect poor quality of care.

Average Charge: Keep in mind that the charges shown in this report are different from “costs,” “reimbursement,” “price,” or “payment.” Many factors will affect your costs for a delivery including whether you have insurance, the type of insurance, and the billing procedures at a given hospital.

Average Hospital Charges, 2004

Hospital (County)	No Complication		Complication	
	Cases	Average Charge	Cases	Average Charge
The State of Utah Average	42,708	\$1,320	791	\$5,264
Allen Memorial (Grand)	68	952	0	
Alta View (Salt Lake)	1,749	1,616	57	3,456
American Fork (Utah)	2,181	1,488	37	4,096
Ashley Valley (Uintah)	275	792	0	
Bear River Valley (Box Elder)	89	1,104	0	
Beaver Valley (Beaver)	97	728	< 5	720
Brigham City (Box Elder)	380	1,064	< 5	1,392
Castleview (Carbon)	284	1,376	13	5,848
Central Valley (Juab)	102	1,088	0	
Cottonwood (Salt Lake)	3,144	1,600	34	3,344
Davis (Davis)	2,380	1,240	14	6,296
Delta Community (Millard)	90	1,456	< 5	2,168
Dixie Regional (Washington)	2,061	1,296	55	5,488
Fillmore Community (Millard)	54	1,632	0	
Garfield Memorial (Garfield)	28	976	0	
Gunnison Valley (Sanpete)	178	872	0	
Heber Valley (Wasatch)	227	800	0	
Jordan Valley (Salt Lake)	1,711	1,672	33	5,144
Kane County (Kane)	51	896	0	
LDS (Salt Lake)	3,682	1,168	49	6,424
Lakeview (Davis)	278	1,488	< 5	4,576
Logan Regional (Cache)	2,279	1,208	65	4,920
McKay-Dee (Weber)	2,910	1,200	64	9,064
Mountain View (Utah)	852	1,328	15	5,536
Mountain West (Tooele)	268	1,976	< 5	6,280
Ogden Regional (Weber)	1,909	912	9	6,152
Orem Community (Utah)	1,233	1,464	23	3,752
Pioneer Valley (Salt Lake)	869	1,408	28	4,248
Salt Lake Regional (Salt Lake)	1,472	1,112	7	5,704
San Juan (San Juan)	142	968	0	
Sanpete Valley (Sanpete)	104	1,392	< 5	4,416
Sevier Valley (Sevier)	241	1,144	5	3,216
St. Mark's (Salt Lake)	2,684	1,688	150	6,528
Timpanogos Regional (Utah)	1,367	928	14	3,456
Uintah Basin (Duchesne)	487	992	< 5	1,560
University of Utah (Salt Lake)	2,480	1,120	52	3,200
Utah Valley Regional (Utah)	3,638	1,488	54	4,096
Valley View (Iron)	664	1,072	5	2,320

Vaginal Delivery

This table shows average charges, by hospital, for all normal vaginal deliveries that did not involve any surgery. (APR-DRG 560)

See the glossary on page 15 to learn more about terms used in this report

Table Legend

< 5 Fewer than 5 cases

Definitions

No Complication: Treatment normal, as expected. No extra medical services needed.

Complication: Problems during treatment. Extra medical services needed. Does not reflect poor quality of care.

Average Charge: This dollar amount is the calculated average for all the services for which patients were billed at a particular hospital for a given condition or procedure. The average was calculated by adding up the charges for all the services billed at that hospital for a given condition or procedure and then dividing by the total number of patients who were treated for that condition or procedure.

Average Hospital Charges, 2004

Hospital (County)	No Complication		Complication	
	Cases	Average Charge	Cases	Average Charge
The State of Utah Average	35,265	\$3,864	2,116	\$6,064
Allen Memorial (Grand)	38	2,840	13	4,424
Alta View (Salt Lake)	1,540	3,576	37	4,360
American Fork (Utah)	2,024	3,448	57	4,952
Ashley Valley (Uintah)	215	3,336	7	4,296
Bear River Valley (Box Elder)	71	3,536	< 5	3,416
Beaver Valley (Beaver)	79	1,824	8	2,864
Brigham City (Box Elder)	289	3,208	14	4,272
Castleview (Carbon)	268	3,640	12	5,856
Central Valley (Juab)	70	3,360	6	4,776
Cottonwood (Salt Lake)	2,560	3,576	76	4,888
Davis (Davis)	1,850	5,112	85	6,584
Delta Community (Millard)	69	3,728	5	4,728
Dixie Regional (Washington)	1,866	2,520	82	4,216
Fillmore Community (Millard)	45	4,816	< 5	5,504
Garfield Memorial (Garfield)	23	3,024	< 5	4,024
Gunnison Valley (Sanpete)	112	2,760	0	
Heber Valley (Wasatch)	166	3,088	6	4,272
Jordan Valley (Salt Lake)	1,474	4,616	135	5,808
Kane County (Kane)	39	2,920	0	
LDS (Salt Lake)	2,953	4,184	251	7,104
Lakeview (Davis)	228	3,920	12	6,344
Logan Regional (Cache)	1,916	3,432	141	5,016
McKay-Dee (Weber)	2,353	3,624	147	5,336
Mountain View (Utah)	691	4,088	36	5,320
Mountain West (Tooele)	194	5,048	27	7,744
Ogden Regional (Weber)	1,514	3,672	36	4,640
Orem Community (Utah)	1,087	3,712	44	4,832
Pioneer Valley (Salt Lake)	671	4,680	65	6,320
Salt Lake Regional (Salt Lake)	1,211	4,568	121	6,528
San Juan (San Juan)	90	3,352	8	6,608
Sanpete Valley (Sanpete)	98	3,904	< 5	3,472
Sevier Valley (Sevier)	189	3,136	12	3,976
St. Mark's (Salt Lake)	2,232	4,376	116	6,088
Timpanogos Regional (Utah)	1,099	4,264	39	6,472
Uintah Basin (Duchesne)	312	3,120	10	4,864
University of Utah (Salt Lake)	1,956	4,616	342	7,792
Utah Valley Regional (Utah)	3,076	3,608	129	5,952
Valley View (Iron)	597	2,680	31	3,688

Vaginal Delivery With Sterilization and/or Dilation & Curettage (D&C)

This table shows average charges, by hospital, for vaginal deliveries that also included a tubal ligation and/or a D&C.

(APR-DRG 541)

To learn how to read the table, please see page 1

Table Legend

< 5 Fewer than 5 cases

Definitions

No Complication: Treatment normal, as expected. No extra medical services needed.

Complication: Difficulty during treatment. Extra medical services needed. Does not reflect poor quality of care.

Average Charge: Keep in mind that the charges shown in this report are different from “costs,” or “reimbursement,” “price,” or “payment.” Many factors will affect your costs for a delivery including whether you have insurance, the type of insurance, and the billing procedures at a given hospital.

Average Hospital Charges, 2004

Hospital (County)	No Complication		Complication	
	Cases	Average Charge	Cases	Average Charge
The State of Utah Average	1,239	\$5,184	100	\$9,952
Allen Memorial (Grand)	< 5	6,888	0	
Alta View (Salt Lake)	40	4,216	6	9,016
American Fork (Utah)	72	4,184	< 5	7,688
Ashley Valley (Uintah)	10	6,664	0	
Bear River Valley (Box Elder)	7	4,456	0	
Beaver Valley (Beaver)	7	3,784	0	
Brigham City (Box Elder)	24	5,160	< 5	4,248
Castleview (Carbon)	15	6,904	0	
Central Valley (Juab)	8	5,760	0	
Cottonwood (Salt Lake)	64	4,368	< 5	5,296
Davis (Davis)	58	6,608	6	13,912
Delta Community (Millard)	< 5	5,680	0	
Dixie Regional (Washington)	46	3,184	< 5	3,472
Fillmore Community (Millard)	0		0	
Garfield Memorial (Garfield)	< 5	6,296	0	
Gunnison Valley (Sanpete)	10	5,016	0	
Heber Valley (Wasatch)	< 5	6,168	0	
Jordan Valley (Salt Lake)	62	7,176	< 5	8,296
Kane County (Kane)	6	5,672	0	
LDS (Salt Lake)	110	5,160	12	16,184
Lakeview (Davis)	9	5,408	0	
Logan Regional (Cache)	94	3,984	6	5,488
McKay-Dee (Weber)	112	4,480	7	5,296
Mountain View (Utah)	17	5,376	< 5	9,216
Mountain West (Tooele)	5	9,952	< 5	18,248
Ogden Regional (Weber)	62	4,448	< 5	7,800
Orem Community (Utah)	13	4,592	< 5	5,328
Pioneer Valley (Salt Lake)	29	7,312	< 5	11,832
Salt Lake Regional (Salt Lake)	40	6,672	< 5	9,352
San Juan (San Juan)	9	7,080	< 5	9,104
Sanpete Valley (Sanpete)	< 5	7,680	0	
Sevier Valley (Sevier)	13	5,560	< 5	4,632
St. Mark's (Salt Lake)	37	6,296	8	8,648
Timpanogos Regional (Utah)	39	5,472	< 5	11,608
Uintah Basin (Duchesne)	43	4,456	< 5	7,256
University of Utah (Salt Lake)	75	6,952	18	11,016
Utah Valley Regional (Utah)	77	4,320	< 5	7,336
Valley View (Iron)	15	4,448	0	

Cesarean Section

This table shows average charges, by hospital, for deliveries by cesarean section, which involves abdominal surgery.

(APR-DRG 540)

Table Legend

< 5	Fewer than 5 cases
*	No Charge Reported

See the glossary on page 23 to learn more about terms used in this report

Definitions

No Complication: Treatment normal, as expected. No extra medical services needed.

Complication: Difficulty during treatment. Extra medical services needed. Does not reflect poor quality of care.

Average Charge: This dollar amount is the calculated average for all the services for which patients were billed at a particular hospital for a given condition or procedure. The average was calculated by adding up the charges for all the services billed at that hospital for a given condition or procedure and then dividing by the total number of patients who were treated for that condition or procedure.

Average Hospital Charges, 2004

Hospital (County)	No Complication		Complication	
	Cases	Average Charge	Cases	Average Charge
The State of Utah Average	8,762	\$6,640	1,502	\$10,552
Allen Memorial (Grand)	17	6,840	4	10,128
Alta View (Salt Lake)	350	5,592	37	8,016
American Fork (Utah)	376	6,240	39	8,232
Ashley Valley (Uintah)	57	7,936	< 5	9,920
Bear River Valley (Box Elder)	16	5,096	0	
Beaver Valley (Beaver)	25	3,864	< 5	*
Brigham City (Box Elder)	66	6,272	5	6,688
Castleview (Carbon)	94	8,016	13	11,496
Central Valley (Juab)	32	6,360	< 5	8,688
Cottonwood (Salt Lake)	650	6,024	68	8,048
Davis (Davis)	460	6,104	66	9,432
Delta Community (Millard)	24	5,296	< 5	7,144
Dixie Regional (Washington)	383	4,336	52	7,408
Fillmore Community (Millard)	11	8,176	< 5	4,488
Garfield Memorial (Garfield)	< 5	5,056	< 5	7,328
Gunnison Valley (Sanpete)	57	5,440	< 5	5,320
Heber Valley (Wasatch)	63	6,584	7	8,144
Jordan Valley (Salt Lake)	276	10,696	56	14,064
Kane County (Kane)	8	5,848	< 5	8,976
LDS (Salt Lake)	697	6,920	169	12,640
Lakeview (Davis)	54	6,304	9	8,992
Logan Regional (Cache)	402	5,368	76	8,056
McKay-Dee (Weber)	737	5,992	132	9,248
Mountain View (Utah)	174	6,984	9	9,136
Mountain West (Tooele)	31	13,384	17	18,504
Ogden Regional (Weber)	456	7,632	41	9,552
Orem Community (Utah)	215	7,184	30	8,560
Pioneer Valley (Salt Lake)	193	9,024	24	10,808
Salt Lake Regional (Salt Lake)	189	7,616	52	12,320
San Juan (San Juan)	35	8,144	8	8,952
Sanpete Valley (Sanpete)	25	7,752	< 5	10,520
Sevier Valley (Sevier)	44	8,232	< 5	9,400
St. Mark's (Salt Lake)	761	6,368	122	8,456
Timpanogos Regional (Utah)	237	6,336	27	9,040
Uintah Basin (Duchesne)	135	5,328	9	7,504
University of Utah (Salt Lake)	588	7,720	245	12,680
Utah Valley Regional (Utah)	731	6,728	141	12,440
Valley View (Iron)	89	5,552	20	7,064

For more information please visit: <http://health.utah.gov/myhealthcare>

Part 2

Utilization Rates

Understanding the Tables

The tables in this section show how frequently patients in each hospital had two different types of deliveries. The first table shows the rate of delivery by cesarean section (c-section), which involves abdominal surgery, among women who have never had this operation before. This includes women having a baby for the first time and women who have previously had babies by vaginal delivery. The second table shows the rate of vaginal delivery for women who have had a cesarean delivery in the past.

The first table also shows whether a hospital had an obstetrician (a doctor who specializes in pregnancy and birth) on staff and whether a hospital has an anesthesiologist (a doctor who specializes in pain management) on staff. Hospitals that do not have an obstetrician on staff and/or do not have an anesthesiologist on staff tend to have higher rates of cesarean section and lower rates of vaginal birth among women who had a cesarean section in the past.

The rate is the number of c-sections or vaginal births after c-section (VBAC) that occurred for every 100 deliveries.

✓ = Hospital has an obstetrician on staff.

Utilization Rates			
Hospital (County)	Rate per 100	Obstetrician on Staff	Anesthesiologist on Staff
The State of Utah	82		
Hospital A (County 13)	63		
Hospital B (County 5)	33		
Hospital C (County 10)	112		
Hospital D (County 22)	56		

Alphabetical list of hospitals and hospital county location.

✓ = Hospital has an anesthesiologist on staff.

First-Time Cesarean Rate

The rate of first-time cesarean sections (cesareans for women who have never had one before) among all deliveries. (IQI 33)

Although a cesarean section can save the life of a mother or a baby, this delivery method does have a higher risk of complications, has a longer recovery time, and costs more. The U.S. Department of Health and Human Services (DHHS) has recommended in the Healthy People 2010 Report that efforts should be made to reduce the rate of first-time cesarean deliveries in the U.S. to the rate recommended by World Health Organization (WHO) which is 15%, or 15 cesarean section deliveries per 100 women giving birth for the first time. However, hospitals that care for more high-risk pregnancies will tend to have higher cesarean section rates.

In 2003, Utah's first time cesarean section rate (9%) was significantly lower than the U.S. rate (16%).

Utilization Rates per 100 Deliveries, 2004			
Hospital (County)	Rate per 100	Obstetrician on Staff	Anesthesiologist on Staff
The State of Utah Average	9.4		
Allen Memorial (Grand)	19.7		✓
Alta View (Salt Lake)	7.7	✓	✓
American Fork (Utah)	7.1	✓	✓
Ashley Valley (Uintah)	12.4	✓	✓
Bear River Valley (Box Elder)	5.1	✓	✓
Beaver Valley (Beaver)	10.9		✓
Brigham City (Box Elder)	9.0	✓	✓
Castleview (Carbon)	11.7	✓	✓
Central Valley (Juab)	19.6		✓
Cottonwood (Salt Lake)	9.7	✓	✓
Davis (Davis)	7.7	✓	✓
Delta Community (Millard)	6.3		
Dixie Regional (Washington)	5.1	✓	✓
Fillmore Community (Millard)	8.2		
Garfield Memorial (Garfield)	4.0		✓
Gunnison Valley (Sanpete)	19.6		✓
Heber Valley (Wasatch)	17.4		✓
Jordan Valley (Salt Lake)	6.7	✓	✓
Kane County (Kane)	8.0	✓	✓
LDS (Salt Lake)	8.0	✓	✓
Lakeview (Davis)	7.7	✓	✓
Logan Regional (Cache)	7.6	✓	✓
McKay-Dee (Weber)	10.4	✓	✓
Mountain View (Utah)	10.2	✓	✓
Mountain West (Tooele)	14.6	✓	✓
Ogden Regional (Weber)	11.7	✓	✓
Orem Community (Utah)	8.7	✓	✓
Pioneer Valley (Salt Lake)	10.7	✓	✓
Salt Lake Regional (Salt Lake)	6.9	✓	✓
San Juan (San Juan)	15.0		✓
Sanpete Valley (Sanpete)	10.5		✓
Sevier Valley (Sevier)	7.1		✓
St. Mark's (Salt Lake)	14.4	✓	✓
Timpanogos Regional (Utah)	7.9	✓	✓
Uintah Basin (Duchesne)	14.9	✓	✓
University of Utah (Salt Lake)	13.3	✓	✓
Utah Valley Regional (Utah)	8.8	✓	✓
Valley View (Iron)	6.7	✓	✓

Vaginal Birth After C-section (VBAC) Rate

The rate of vaginal deliveries among women with a previous cesarean delivery. (IQI 34)

In 2003, Utah's VBAC rate (19%) was significantly higher than the U.S. rate (14%).

For some women, it is possible to have a vaginal delivery after having had a previous C-section. This is called vaginal birth after c-section, or VBAC. There are many benefits of VBAC, including lower risk of complications from surgery, faster recovery, and fewer days in the hospital. However, VBAC does increase the risk of a rupture of the mother's uterus during labor which requires immediate surgery. The American College of Obstetricians and Gynecologists (ACOG) has guidelines stating that when a woman is trying for a VBAC, the hospital must have staff available during her labor. This staff must be capable of performing an emergency cesarean delivery if the mother's uterus ruptures. Hospitals should not offer VBACs if they are not able to meet these requirements. Talk to your doctor or certified midwife about which delivery method is best for you and your baby.

Utilization Rates Per 100 Deliveries with a Previous C-Section, 2004

Hospital (County)	Rate Per 100
The State of Utah Average	19.4
Allen Memorial (Grand)	0.0
Alta View (Salt Lake)	18.0
American Fork (Utah)	29.5
Ashley Valley (Uintah)	16.0
Bear River Valley (Box Elder)	30.8
Beaver Valley (Beaver)	13.3
Brigham City (Box Elder)	26.2
Castleview (Carbon)	0.0
Central Valley (Juab)	7.7
Cottonwood (Salt Lake)	17.5
Davis (Davis)	16.7
Delta Community (Millard)	10.5
Dixie Regional (Washington)	25.9
Fillmore Community (Millard)	0.0
Garfield Memorial (Garfield)	16.7
Gunnison Valley (Sanpete)	0.0
Heber Valley (Wasatch)	5.9
Jordan Valley (Salt Lake)	13.5
Kane County (Kane)	0.0
LDS (Salt Lake)	21.0
Lakeview (Davis)	10.3
Logan Regional (Cache)	19.3
McKay-Dee (Weber)	9.6
Mountain View (Utah)	26.9
Mountain West (Tooele)	20.6
Ogden Regional (Weber)	10.5
Orem Community (Utah)	25.2
Pioneer Valley (Salt Lake)	17.1
Salt Lake Regional (Salt Lake)	27.7
San Juan (San Juan)	0.0
Sanpete Valley (Sanpete)	0.0
Sevier Valley (Sevier)	0.0
St. Mark's (Salt Lake)	14.3
Timpanogos Regional (Utah)	31.5
Uintah Basin (Duchesne)	6.3
University of Utah (Salt Lake)	28.0
Utah Valley Regional (Utah)	22.4
Valley View (Iron)	41.1

Part 3

Quality and Safety of Hospital Care

Understanding the Tables

The tables in this section give information on patient safety during childbirth in Utah hospitals. Although childbirth today is much safer for the mother and the baby than it was many years ago, injuries do still happen. The Agency for Healthcare Research and Quality (AHRQ) has developed a set of measures that indicate the safety of the care that hospitals provide to their patients. These measures show how often certain events happen that harm mothers or babies. Many of these events can be avoided.

The adjusted rate is the statistically-adjusted number of events that occurred for every 1,000 patients. Many factors influence the likelihood that patients will experience the events shown. For example, high-risk pregnancies are more likely to experience these events than low-risk pregnancies. The rates shown in Part 3 have been adjusted for those factors using a special method developed by the Agency of Healthcare Research and Quality (AHRQ)

List of hospitals sorted by star rating, a rate per 1,000 and hospital county location

Quality and Safety Ratings		
Hospital (County)	Adjusted Rate	Compared to State
The State of Utah	57	★★★
Hospital A (County 22)	101	★★
Hospital B (County 11)	35	★★
Hospital C (County 9)	62	★
Hospital D (County 13)	33	★

How the hospitals compared to the state average

In this section, lower rates are better.

- ★★★ The rate at this hospital is significantly lower (better) than the state average
- ★★ The rate at this hospital is the same as the state average
- ★ The rate at this hospital is significantly higher than the state average

Obstetric Injuries With Instruments: Vaginal Delivery With Severe Tears (Lacerations)

The rate of lacerations, or tears, in the tissue of the mother's body during a vaginal delivery.

(PSI 27)

Rating System

- ★ ★ ★ Lower (better) than the state average
- ★ ★ Similar to the state average
- ★ Higher than the state average

Lower rates of obstetric injuries are better

In 2003, Utah's adjusted rate for obstetric injuries with instruments (250 per 1,000) was significantly higher than the U.S. rate (235 per 1,000).

Quality and Safety Ratings per 1,000 Vaginal Deliveries, 2004

Hospital (County)	With Instruments	
	Adjusted Rate per 1,000	Compared to State
Ogden Regional (Weber)	102	★★★
Brigham City (Box Elder)	127	★★★
McKay-Dee (Weber)	138	★★★
Davis (Davis)	186	★★★
Bear River Valley (Box Elder)	180	★★
Gunnison Valley (Sanpete)	199	★★
Orem Community (Utah)	202	★★
Pioneer Valley (Salt Lake)	204	★★
Salt Lake Regional (Salt Lake)	207	★★
Ashley Valley (Uintah)	213	★★
Garfield Memorial (Garfield)	218	★★
Delta Community (Millard)	233	★★
Central Valley (Juab)	234	★★
The State of Utah Average	237	
Utah Valley Regional (Utah)	238	★★
Mountain View (Utah)	241	★★
Allen Memorial (Grand)	242	★★
St. Mark's (Salt Lake)	242	★★
Timpanogos Regional (Utah)	246	★★
Logan Regional (Cache)	248	★★
Kane County (Kane)	250	★★
Alta View (Salt Lake)	259	★★
Dixie Regional (Washington)	270	★★
Mountain West (Tooele)	270	★★
University of Utah (Salt Lake)	270	★★
Sanpete Valley (Sanpete)	271	★★
Lakeview (Davis)	272	★★
Valley View (Iron)	274	★★
American Fork (Utah)	275	★★
Fillmore Community (Millard)	289	★★
Castleview (Carbon)	291	★★
Sevier Valley (Sevier)	302	★★
Heber Valley (Wasatch)	302	★★
San Juan (San Juan)	322	★★
Beaver Valley (Beaver)	323	★★
LDS (Salt Lake)	291	★
Cottonwood (Salt Lake)	299	★
Jordan Valley (Salt Lake)	327	★
Uintah Basin (Duchesne)	381	★

Obstetric Injuries Without Instruments: Vaginal Delivery With Severe Tears (Lacerations)

The rate of lacerations, or tears, in the tissue of the mother's body during a vaginal delivery.

(PSI 28)

Rating System

- ★ ★ ★ Lower (better) than the state average
- ★ ★ Similar to the state average
- ★ Higher than the state average

Lower rates of obstetric injuries are better

Utah's adjusted rate for obstetric injuries without instruments (75 per 1,000) was significantly lower than the U.S. rate (87 per 1,000) in 2003.

Quality and Safety Ratings per 1,000 Vaginal Deliveries, 2004		
Hospital (County)	Without Instruments	
	Adjusted Rate per 1,000	Compared to State
Ogden Regional (Weber)	32	★ ★ ★
Ashley Valley (Uintah)	36	★ ★ ★
Mountain View (Utah)	40	★ ★ ★
Dixie Regional (Washington)	46	★ ★ ★
Davis (Davis)	50	★ ★ ★
McKay-Dee (Weber)	54	★ ★ ★
Utah Valley Regional (Utah)	58	★ ★ ★
Mountain West (Tooele)	46	★ ★
Gunnison Valley (Sanpete)	47	★ ★
Bear River Valley (Box Elder)	49	★ ★
Brigham City (Box Elder)	54	★ ★
San Juan (San Juan)	57	★ ★
Garfield Memorial (Garfield)	62	★ ★
Kane County (Kane)	66	★ ★
Pioneer Valley (Salt Lake)	68	★ ★
Logan Regional (Cache)	69	★ ★
Castleview (Carbon)	74	★ ★
St. Mark's (Salt Lake)	77	★ ★
Fillmore Community (Millard)	77	★ ★
The State of Utah Average	78	
LDS (Salt Lake)	80	★ ★
University of Utah (Salt Lake)	82	★ ★
Beaver Valley (Beaver)	83	★ ★
Timpanogos Regional (Utah)	87	★ ★
Sevier Valley (Sevier)	87	★ ★
Heber Valley (Wasatch)	94	★ ★
Delta Community (Millard)	96	★ ★
Sanpete Valley (Sanpete)	110	★ ★
Allen Memorial (Grand)	116	★ ★
Central Valley (Juab)	119	★ ★
American Fork (Utah)	91	★
Orem Community (Utah)	95	★
Cottonwood (Salt Lake)	100	★
Salt Lake Regional (Salt Lake)	103	★
Valley View (Iron)	118	★
Lakeview (Davis)	124	★
Jordan Valley (Salt Lake)	125	★
Alta View (Salt Lake)	127	★
Uintah Basin (Duchesne)	161	★

Obstetric Injuries With Cesarean Section

The rate of lacerations (tears or cuts) in the tissue of the mother's body during a cesarean delivery. (PSI 29)

Rating System

- ★ ★ ★ Lower (better) than the state average
- ★ ★ Similar to the state average
- ★ Higher than the state average

Lower rates of obstetric injuries are better.

In 2003, Utah's adjusted rate for obstetric injuries with c-section (5.5 per 1,000) was similar to the U.S. rate (5.7 per 1,000).

Quality and Safety Ratings Per 1000 C-Sections, 2004

Hospital (County)	Adjusted Rate Per 1000	Compared to State
Ogden Regional (Weber)	2.4	★★
Alta View (Salt Lake)	2.6	★★
Pioneer Valley (Salt Lake)	3.6	★★
Dixie Regional (Washington)	3.9	★★
Uintah Basin (Duchesne)	4.1	★★
Valley View (Iron)	4.3	★★
Castleview (Carbon)	4.4	★★
Mountain West (Tooele)	4.6	★★
Brigham City (Box Elder)	4.7	★★
Davis (Davis)	4.7	★★
Cottonwood (Salt Lake)	4.7	★★
Lakeview (Davis)	4.7	★★
Gunnison Valley (Sanpete)	4.8	★★
Logan Regional (Cache)	4.9	★★
St. Mark's (Salt Lake)	4.9	★★
San Juan (San Juan)	5.0	★★
McKay-Dee (Weber)	5.1	★★
Orem Community (Utah)	5.1	★★
Sanpete Valley (Sanpete)	5.2	★★
Beaver Valley (Beaver)	5.2	★★
Delta Community (Millard)	5.2	★★
Allen Memorial (Grand)	5.3	★★
American Fork (Utah)	5.3	★★
Bear River Valley (Box Elder)	5.4	★★
Fillmore Community (Millard)	5.4	★★
Kane County (Kane)	5.5	★★
Garfield Memorial (Garfield)	5.5	★★
Jordan Valley (Salt Lake)	5.6	★★
Mountain View (Utah)	5.7	★★
The State of Utah Average	6.2	
Heber Valley (Wasatch)	7.2	★★
LDS (Salt Lake)	7.2	★★
Ashley Valley (Uintah)	7.5	★★
Sevier Valley (Sevier)	7.7	★★
Central Valley (Juab)	7.9	★★
Timpanogos Regional (Utah)	8.4	★★
Salt Lake Regional (Salt Lake)	8.4	★★
University of Utah (Salt Lake)	10.2	★★
Utah Valley Regional (Utah)	12.3	★

Birth Injuries - Injury to Newborn

Injuries that happen to babies during birth, such as a local infection, broken collar bone or a head injury. (PSI 17)

Lower rates of birth injuries are better.

In 2003, Utah's rate for birth injuries (6.8 per 1,000) was similar to the U.S. rate (6.5 per 1,000).

Rating System

- ★ ★ ★ Lower (better) than the state average
- ★ ★ Similar to the state average
- ★ Higher than the state average

* The University of Utah Hospital receives a number of babies that are transferred after delivery. Injuries from the original delivery are reported here.

Quality and Safety Ratings per 1,000 Births, 2004		
Hospital (County)	Adjusted Rate per 1,000	Compared to State
Uintah Basin (Duchesne)	0.5	★★
Castleview (Carbon)	0.5	★★
Brigham City (Box Elder)	0.5	★★
Mountain West (Tooele)	0.5	★★
Ogden Regional (Weber)	0.7	★★
Lakeview (Davis)	0.7	★★
Salt Lake Regional (Salt Lake)	0.7	★★
Heber Valley (Wasatch)	0.8	★★
Dixie Regional (Washington)	0.9	★★
Cottonwood (Salt Lake)	0.9	★★
McKay-Dee (Weber)	1.1	★★
Logan Regional (Cache)	1.2	★★
Davis (Davis)	1.2	★★
American Fork (Utah)	1.2	★★
Timpanogos Regional (Utah)	1.4	★★
Jordan Valley (Salt Lake)	1.5	★★
Mountain View (Utah)	1.5	★★
Valley View (Iron)	1.5	★★
St. Mark's (Salt Lake)	1.5	★★
Delta Community (Millard)	1.6	★★
Bear River Valley (Box Elder)	1.6	★★
Beaver Valley (Beaver)	1.7	★★
Utah Valley Regional (Utah)	1.9	★★
Allen Memorial (Grand)	2.0	★★
Pioneer Valley (Salt Lake)	2.1	★★
The State of Utah Average	2.1	
Fillmore Community (Millard)	2.3	★★
Alta View (Salt Lake)	2.9	★★
LDS (Salt Lake)	3.0	★★
Garfield Memorial (Garfield)	3.1	★★
Ashley Valley (Uintah)	3.9	★★
Sevier Valley (Sevier)	4.0	★★
Gunnison Valley (Sanpete)	5.7	★★
Sanpete Valley (Sanpete)	7.4	★★
Central Valley (Juab)	7.9	★★
Kane County (Kane)	18.1	★★
University of Utah* (Salt Lake)	5.5	★
Orem Community (Utah)	9.3	★
San Juan (San Juan)	17.6	★

Additional Resources



GLOSSARY



Adjusted Rate: The adjusted rate is the adjusted number of events that occurred for every 1,000 patients. Many factors impact the care that a patient receives and the statistical rate used to measure that care. The factors include patient age, level of severity/sickness, type of hospitals, time, and other factors. The rates showed in “Part 3: Quality and Safety” have been adjusted for these factors in comparison with the national benchmark. The technical name for the rates used here is called “risk-adjusted smoothed rate.” The Agency for Healthcare Research and Quality (AHRQ) developed the method to calculate the risk-adjusted smoothed rate. The smoothed rates are weighted averages of the patient population and the risk-adjusted rate, where the weight reflects the reliability of the state and a hospital’s risk-adjusted rate. For more detailed go to “Refinement of the HCUP Quality Indicators”. Technical Review Number 4. AHRQ Publication No. 01-0035 at www.qualityindicators.ahrq.gov/hcup_archive.htm

APR-DRG: This acronym 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 400 larger groups. For details on APR-DRG go to: <http://health.utah.gov/hda/manual/PDS2004MAN.pdf>

Average Charge: This is the calculated average for all the services for which patients were billed at a particular hospital for a given condition or procedure. The average was calculated by adding up the charges for all the services billed at that hospital for a given condition or procedure and then dividing by the total number of patients who were treated for that condition or procedure.

Birth Injuries: Injuries that happen to the newborn baby during birth. These could include a local infection, broken collar bone, or a head injury. Most birth injuries are minor and heal without complications, but in rare cases some serious injuries can cause permanent harm or death. Some birth injury may be related to emergency cesarean section deliveries. If an injured newborn baby is transferred to another hospital, that injury may be counted toward the receiving hospital’s injury rate.

Cesarean Delivery: A procedure in which the newborn is delivered through a surgical cut in the mother’s abdomen. It can be a lifesaving procedure for mothers and babies when a vaginal delivery is not possible. For example, cesarean delivery can be effective when the baby is in distress or in the wrong position for birth. There is concern, however, that more cesarean sections are being performed than are really necessary, which increases health care costs and puts the mother at higher risk for complications and involves a longer recovery time.

Complication: The term “complication” used in the report does not reflect quality of the care. Patients whose care is complicated are those who have multiple conditions, diseases, or illnesses or patients who are much sicker than other patients having the same procedure. In this report, we use a commonly-used method to group the patients into two groups in Part 1 of the report. This method is called “Patient Severity Level” in the 3M APRDRG software. Patients who are assigned a Level 1 or 2 of patient severity are in the “no complication” group, and patients who are assigned a Level 3 or 4 are in the “complications” group.

Dilation and Curettage (D&C): This is a procedure that is sometimes used to control unusually high amounts of bleeding after a delivery. In this procedure, the cervix (the opening to the uterus) is dilated (opened up) in order to remove any tissue that should have been delivered (e.g., the placenta). This is done using a curet or a suction curettage.

First-Time cesarean delivery: A first-time cesarean is one performed for a woman who has never had a cesarean delivery before. For some women, once they have had a cesarean delivery, they will need to have another one with their next baby. If the number of first time cesarean is reduced, then fewer women will need to have additional cesarean. This will result in lower health care costs and lower risk of complications. For this indicator, women with certain conditions (for example, women having twins) were excluded.

Inpatient Quality Indicators (IQIs): These indicators were developed by the Agency for Healthcare Research and Quality (AHRQ) based on inpatient hospital discharge data. Although hospital discharge data does have some limitations, research has shown that IQIs may serve as proxies for utilization, quality, or patient outcomes. AHRQ IQI definitions and analytical methods were used to calculate the two utilization rates in Part 2, Pages 6-8. For more detailed information, go to www.qualityindicators.ahrq.gov/

Instruments [Used in Delivery]: This term refers to surgical instruments that help to get the baby out of the birth canal. Forceps and vacuum extractors are two instruments that are used to gently grasp or pull the baby's head to help in delivery. There are some increased risks to using instruments during a delivery and they are typically only used when there is difficulty in getting the baby delivered.

Normal Newborns: Babies in this category were born at full term (37 weeks of pregnancy or more) and without any significant health problems. This category accounted for approximately 84% of Utah newborns in 2004. Normal newborns usually stay in the hospital for two days, on average. Charges for a normal newborn only include those that are for the baby after he or she is born, and not any of the charges for the mother or the delivery.

Obstetric Injuries: Lacerations, or tears, in the tissue of the vagina (birth canal), perineum (the tissue between the vagina and the rectum) and rectum (the anal opening) during a vaginal delivery. These tears are classified into different degrees depending on how serious they are. Lacerations classified as 3rd or 4th degree are tracked as patient safety indicators because they can cause long-term complications for women who have them. A third degree laceration is a tear that goes from the vagina and through the perineum to the outer edge of the rectum. A fourth degree laceration extends into the rectum and is the most severe. One factor that can increase the chance that a woman will have a laceration is the use of instruments to help get the baby out of the birth canal. Instruments like forceps and vacuum extractors are used when there is difficulty in getting the baby delivered.

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) has developed a set of indicators of patient safety based on the inpatient hospital discharge data. Although hospital discharge data does have some limitations, research showed that PSIs may serve as proxies for patient safety-related performance. AHRQ PSI definitions and analytical methods were used to calculate the four indicators in Part 3, Pages 9-13. For more detailed information, go to www.qualityindicators.ahrq.gov/

Rating System: The star rating system in Part 3 is based on a test of statistical significance. This is a test that shows whether the difference between hospital's rate and the state rate is a real difference or due just to chance. For each indicator, the upper and lower 95% confidence intervals were calculated for each hospital's rate. The 95% confidence interval is the interval that one can be 95% certain contains the "true" hospital average. The 95% confidence interval for each hospital was then compared to the state rate. Because the quality and safety indicators measure unwanted outcomes, lower rates of quality and safety indicators are better. If the lower limit of 95% confidence interval of a hospital rate is higher than the state rate, that means the hospital rate is significantly higher than the state rate. It is rated as one star, "★". If the higher limit of 95% confidence interval of a hospital rate is lower than the state rate, that means the hospital rate is significantly lower than the state rate. It is rated as three stars, "★★★". If a hospital's 95% confidence intervals are overlapped with the state rate, the hospital rate is not significantly different from the state rate, and is rated as two stars, "★★". Keep in mind, however, that many factors affect the hospital's rates of these events. For example, a hospital that cares for a lot of high-risk pregnancies may have a higher rate of a safety indicator, but that does not mean that the hospital delivers poor quality care.

Tubal Ligation: This is a surgical operation that is used when a woman does not want to have any more children. During the operation, the fallopian tubes are cut which stops an egg from traveling from the ovaries to the uterus.

Vaginal Birth After C-Section (VBAC): This is a vaginal delivery for a woman who has had a previous cesarean section delivery. Since a VBAC does have a risk of complications, it is important that a hospital have the right staff available for the delivery. Some hospitals have decided not to offer VBAC as an option because the staff needed in the event of an emergency (such as a ruptured uterus) are not available 24 hours a day, seven days a week. For details on professional practice guidelines from the American College of Obstetricians and Gynecologists (ACOG) or the American Academy of Family Practice (AAFP) go to www.acog.org or www.aafp.org.

Vaginal Delivery: Deliveries in this category had no complications and no operating room procedures (e.g., tubal ligation or dilation and curettage) were performed. This is the largest category of deliveries and accounted for 71% of deliveries in Utah in 2004.

National Indicators Used in This Report

All Patient Refined Diagnosis Related Group (APR-DRGs)

540	Cesarean delivery
541	Vaginal delivery with sterilization and/or dilation and curettage
560	Vaginal delivery
640	Neonate, birth weight larger than 2499 grams, born here, normal newborn and newborn with other problem

** Developed by 3M Health Information Systems. For details on APR-DRG categories:

<http://health.utah.gov/hda/manual/PDS2004MAN.pdf>

Inpatient Hospital Indicators (IQIs)

IQI 33	Primary (first time) cesarean delivery rate
IQI 34	Vaginal birth after cesarean (VBAC) rate, all

** Developed by the Agency for Healthcare Research and Quality (AHRQ). For details on IQIs: <http://www.qualityindicators.ahrq.gov/>

Patient Safety Indicators (PSIs)

PSI 17	Birth trauma - injury to neonate
PSI 27	Obstetric trauma with 3rd or 4th degree lacerations - vaginal delivery with instrument
PSI 28	Obstetric trauma with 3rd or 4th degree lacerations - vaginal delivery without instrument
PSI 29	Obstetric trauma with 3rd or 4th degree lacerations - cesarean delivery

** Developed by the Agency for Healthcare Research and Quality (AHRQ). For details on PSIs: <http://www.qualityindicators.ahrq.gov/>

Financial Assistance for Maternity Hospital Care

- ✦ Most hospitals provide financial assistance for patients who are unable to pay their hospital bills.
- ✦ Contact the billing office at the hospital you are considering and ask if you qualify.

Where to Get Help

- For a list of sites providing low cost or sliding scale prenatal care, please contact the Utah Department of Health, Reproductive Health Program at (801) 538-9970 or <http://health.utah.gov/rhp>
- Below is a list of resources for you and your family during and after pregnancy. Prenatal care can help lower your hospital costs and ensure a healthy delivery.

Baby Your Baby Hotline

1-800-826-9662

A resource to answer your questions and locate the services you and your family may need before, during, and after pregnancy.

Catholic Community Services

1-800-839-7444

Adoption and pregnancy counseling, immigration, and refugee resettlement and other family services.

Children's Service Society

1-800-839-7444

Pregnancy counseling, parenting advocacy, infant and special needs adoption; child care resource, referral, and provider training. Fee based on ability to pay.

LDS Family Services

1-800-537-2229

Free pregnancy counseling, adoption services, and foster care for mothers and fathers of all denominations.

Pregnancy Risk Line

1-800-822-2229

Provides accurate and current information about the effects of environmental exposure, including medications and herbs on pregnancy and breastfeeding.

Information on Utah Hospitals in This Report

County	Hospital	Address	City, State, Zip	Phone*
Beaver	Beaver Valley Hospital	1109 North 100 West	Beaver, UT 84713	(435) 438-7100
Box Elder	Bear River Valley Hospital	440 West 600 North	Tremonton, UT 84337	(435) 257-7441
Box Elder	Brigham City Community Hospital	950 South Medical Drive	Brigham City, UT 84302	(435) 734-9471
Cache	Logan Regional Hospital	1400 North 500 East	Logan, UT 84341	(435) 752-2050
Carbon	Castleview Hospital	300 North Hospital Drive	Price, UT 84501	(435) 637-4800
Davis	Davis Hospital & Medical Center	1600 West Antelope Drive	Layton, UT 84041	(801) 774-7001
Davis	Lakeview Hospital	630 East Medical Drive	Bountiful, UT 84010	(801) 299-2132
Duchesne	Uintah Basin Medical Center	250 West 300 North 75-2	Roosevelt, UT 84066	(435) 722-4691
Garfield	Garfield Memorial Hospital	200 North 400 East	Panguitch, UT 84759	(435) 676-8811
Grand	Allen Memorial Hospital	719 W 400 N	Moab, UT 84532	(435) 259-7191
Iron	Valley View Medical Center	1303 North Main Street	Cedar City, UT 84720	(435) 868-5000
Juab	Central Valley Medical Center	48 W. 1500 N.	Nephi, UT 84648	(435) 623-3000
Kane	Kane County Hospital	355 North Main	Kanab, UT 84741	(435) 644-5811
Millard	Delta Community Medical Center	126 S White Sage Ave	Delta, UT 84624	(435) 864-5591
Millard	Fillmore Community Medical Center	674 North Highway 99	Fillmore, UT 84631	(435) 743-5591
Salt Lake	Alta View Hospital	9660 South 1300 East	Sandy, UT 84094	(801) 501-2600
Salt Lake	Cottonwood Hospital	5770 South 300 East	Murray, UT 84107	(801) 314-5300
Salt Lake	Jordan Valley Hospital	3580 West 9000 South	West Jordan, UT 84088	(801) 561-8888
Salt Lake	LDS Hospital	8th Avenue & C Street	Salt Lake City, UT 84143	(801) 408-1100
Salt Lake	Pioneer Valley Hospital	3460 South Pioneer Parkway	West Valley City, UT 84120	(801) 964-3100
Salt Lake	Salt Lake Regional Medical Center	1050 East South Temple	Salt Lake City, UT 84102	(801) 350-4007
Salt Lake	St. Mark's Hospital	1200 East 3900 South	Salt Lake City, UT 84124	(801) 268-7700
Salt Lake	University of Utah Hospital	50 North Medical Drive	Salt Lake City, UT 84132	(801) 581-2121
San Juan	San Juan Hospital	364 West 100 North	Monticello, UT 84535	(435) 587-2116
Sanpete	Gunnison Valley Hospital	64 East 100 North	Gunnison, UT 84634	(435) 528-7246
Sanpete	Sanpete Valley Hospital	1100 South Medical Drive	Mount Pleasant, UT 84647	(435) 462-2441
Sevier	Sevier Valley Hospital	1000 North Main Street	Richfield, UT 84701	(435) 896-8271
Tooele	Mountain West Medical Center	2055 North Main Street	Tooele, UT 84074	(435) 843-3600
Uintah	Ashley Valley Medical Center	151 West 200 North	Vernal, UT 84078	(435) 789-3342
Utah	American Fork Hospital	170 North 1100 East	American Fork, UT 84003	(801) 763-3300
Utah	Mountain View Hospital	1000 East 100 North	Payson, UT 84651	(801) 465-7100
Utah	Orem Community Hospital	331 North 400 West	Orem, UT 84057	(801) 224-4080
Utah	Timpanogos Regional Hospital	750 West 800 North	Orem, UT 84057	(801) 714-6000
Utah	Utah Valley Regional Medical Center	1034 North 500 West	Provo, UT 84603	(801) 373-7850
Wasatch	Heber Valley Medical Center	1485 South Highway 40	Heber City, UT 84032	(435) 654-2500
Washington	Dixie Regional Medical Center	1380 East Medical Center Drive	St. George, UT 84790	(435) 688-4000
Weber	McKay-Dee Hospital Center	4401 Harrison Boulevard	Ogden, UT 84403	(801) 627-2800
Weber	Ogden Regional Medical Center	5475 South 500 East	Ogden, UT 84405	(801) 479-2111

* **Note:** Phone numbers are for the hospital front desk.

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