TENNESSEE HOSPITAL CHARGE REPORTS 2010

Introduction

Hospitalizations are a major component in the cost of health care. Information on hospitalizations is important to researchers, analysts and to the public for making informed decisions about health care.

The Tennessee Department of Health, Division of Health Statistics has created this series of charge reports which examine the fifty (50) most costly diagnostic categories and compares them among hospitals. These reports are based on approximately 888,000 inpatient records.

The five most expensive APR-DRGs in terms of total charge to Tennesseans are in order: Knee Joint Replacement (DRG 302); Septicemia and Disseminated Infections (DRG 720); Dorsal and Lumbar Fusion Proc Except for Curvature of Back (DRG 304); Percutaneous Cardiovascular Procedures w/o AMI (DRG 175); and Hip Joint Replacement (DRG 301). The high total charge for these procedures reflects both the cost of an individual procedure and the number of procedures performed.

Description of the Charge Report

The reports give data for patients discharged in 2010. The charge listed in the reports is the base charge for a hospitalization. It is not necessarily the actual charge made to the patient or his insurer. Nevertheless, the hospital's base charge is useful for comparison and is the only generally available figure for making case by case comparisons.

The inpatient discharge records are analyzed based on primary diagnosis, other diagnoses and on procedures used in patient treatment. The records are then assigned to diagnostic categories by use of All Patient Refined-Diagnosis Related Groups or APR-DRG*.

Next, the records are assigned to one of four severity of illness groups for which similar types and amounts of treatment are needed. This allows for better comparisons of similar cases in terms of cost. In addition, because hospitals differ by the proportion of difficult and complex cases they see, the severity level grouping compensates for differences in the amount of needed treatment and resources, which affect the cost of treating the patient.

The data are presented for Tennessee hospitals having six or more cases falling into a particular DRG severity group. In certain reports some hospitals will not be listed because there was no DRG severity group with six or more cases reported from that facility. Also, certain DRGs that contained ungroupable records or were of a residual or "catch-all" definition were omitted from these reports.

For the purpose of comparability certain discharges were deleted from the reports. This included those patients with no charge or with a zero or negative charge. Also deleted were patients that transferred from an acute care or critical care hospital, patients that were discharged to a general or critical care hospital, and those patients that left against medical advice or that discontinued care.

Discharge records to the Department of Health are limited in the number of diagnoses and procedures that can be reported. An occasional severe case may exceed these limits and certain diagnoses and/or procedures might not be reported. This could result in an under-estimation of the severity of that discharge.

To see the hospital data for one of the fifty (50) DRGs in this report, go to page 3 and click anywhere on the line containing the selected DRG. Hospitals reporting that DRG are listed in county order and sorted by hospital ID number within each county. Each hospital's data is on one row of the report. The last line in each report is the state total giving information based on all the discharges in Tennessee for that APR-DRG.

Using the Charge Report

To explain the use of these data look at the report below for "Pulmonary Edema & Respiratory Failure (DRG133)". In this example only one hospital is shown for illustration purposes. The first row provides information for Anderson County's Methodist Medical Center of Oak Ridge. In 2010, 61 cases of pulmonary edema were reported at this facility in the moderate severity group. These 61 cases had a median charge of $10,126 (rounded to the nearest dollar amount). A total of 138 cases were reported in the major severity level, having a median charge of $16,825 and 109 cases fell into the severe group, having a median charge of $31,428. Fewer than six cases fell into the minor severity group and as a result, this information was not reported.

Conclusion

The purpose of these reports is to show comparative charges among Tennessee hospitals for performing comparable treatments at similar levels of difficulty and complexity. This information, while not an exact representation of the actual cost per patient, provides useful information to public health researchers, business analysts, and the general public.

For more information, contact the Tennessee Department of Health, Division of Health Statistics at 615-741-4939 or at HealthStatistics.Health@state.tn.us.

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2010 TENNESSEE HOSPITAL DISCHARGE DATA
Number of Cases and Median Charges ($) Based on APR-DRGs*
By Hospital Name and County Location

PULMONARY EDEMA & RESPIRATORY FAILURE (DRG 133)

County	Hospital Name	Minor Number	Charge	Moderate Number	Charge	Major Number	Charge	Severe Number	Charge
Anderson	**0120 Methodist Medical Ctr. Oak Ridge**	.	.	61	10,126	138	16,825	109	31,428
State	**All Hospitals**	43	12,623	1,652	14,654	3,388	20,816	3,018	38,474

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Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Hospital Discharge Data System.

The mission of the Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.