

APPENDIX 1

SRG to DRG Conversion Table

The table indicates allocation into SRG categories by AR-DRG according to whether the allocation is in whole or part. Where all AR-DRGs in an adjacent set (ie DRGs generally defined by the same diagnosis or procedure code) are allocated to the same SRG, the three-digit adjacent DRG code is shown rather than all AR-DRGs in the set (eg J66 rather than J66A and J66B). Where DRGs in an adjacent set are split, the actual AR-DRG codes are shown. Unallocated (ie 'error' DRGs) are not shown.

SRG	DRG Composition – Full	DRG composition – part
Cardiology	F40 F60 F61 F62 F66 F68 F69 F70 F71 F72 F74 F75	
Dermatology	J61 J66	J67
Endocrinology	I69 K60 K63 K64	
Gastroenterology	G40 G41 G42 G61 G62 G63 G64 G67 H40 H41 H42 H60 H63 K40 K61	
Haematology	A04 B40 B62 Q61 Q62 R03 R60 R61	Q60
Immunology & Infections	J64 S60 S61 S62 S63 S64 T60 T62 T63A T64	Q60
Medical Oncology	B66 D60 E71 G60 H61 I65 J62 L62 M60 N60 R62 R64	
Neurology	B41 B65 B67 B68 B69 B70 B72 B73 B76 B77 B81 C61 D61	B71
Renal Medicine	F67 L02 L09 L60 L67	
Respiratory Medicine	A40 A41 E02 E40 E60 E61 E62 E63 E64 E65 E67 E68 E69 E73 E74 E75	U65
Rheumatology	I66 I70 I72	
Pain Management	I68C I71	B71
Non-Subspecialty Medicine	B63 B64 B74 B75 D64 E70 F63 F73 G68 G69 K62 L63 T63 X61 X64 Z61 Z62 Z63 Z65	D63 Z64
Breast Surgery	J06A J07 J63	
Cardiothoracic Surgery	E01 E66 F03 F04 F05 F06 F07 F09 P02	
Colorectal Surgery	G01 G02 G05 G11 G43 J09	
Upper GIT Surgery	G03 G06 H01 H02 H03 H04 H05 H06 H62 H64 K04 Q01 W03	
Head & Neck Surgery	D02 D05 D07 D08 K05 K06 K08	
Neurosurgery	B01 B02 B03 B06 B61 B78 B79 B80 I09 I10 I15 I68A I68B K02 W01 W60	
Non-Subspecialty Surgery	G04 G07 G08 G09 G10 G65 G66 G70 I76 J65 K09 M05 Q02 R01 R02 R04 T01 T61 W04 W61 X04 X06 X60 X63 Z01	G12 J67
Gynaecology	N01 N02 N03 N04 N05 N06 N07 N08 N09 N10 N11 N61 N62 O03 O04 O40 O62 O63	G12
Obstetrics	962 001 002 060 061 064 065	
Dentistry	D40	
ENT	D01 D06 D09 D10 D11 D12 D13 D62 D65 D66	D63
Orthopaedics	B05 I01 I03 I04 I05 I06 I07 I08 I11 I12 I13 I14 I16 I18 I19 I20 I21 I22 I23 I24 I25 I26 I27 I28 I60 I61 I62 I63 I64 I67 I73 I74 I75 W02 X05	
Ophthalmology	C01 C02 C03 C04 C05 C06 C07 C08 C09 C10 C11 C12 C13 C14 C60 C62 C63	
Plastic Surgery	B07 D03 D04 D67 I02 I17 J01 J02 J03 J05 J06B J08 J10 J11 K07 X01 X02 X03 Y60 Y62	
Urology	903 K03 L03 L04 L05 L06 L07 L08 L40 L41 L42 L64 L65 L66 M01 M02 M03 M04 M06 M40 M61 M62 M63 M64	Z40
Vascular Surgery	B04 F08 F11 F13 F14 F20 F21 F64 F65 J04 J60 K01	
Drug & Alcohol	V60 V61 V62 V63 V64 X62	
Psychiatry	U40 U60 U61 U62 U63 U64 U66 U67 U68	U65
Rehabilitation	B60 Z60	
Renal Dialysis	L61	
Transplantation	A01 A02 A03 A05 L01	
Extensive Burns	Y01 Y02 Y03 61	
Interventional Cardiology	F01 F02 F10 F12 F15 F16 F17 F18 F19 F41 F42	961
Chemotherapy	R63	
Diagnostic GI Endoscopy	G44 G45	Z40
Tracheostomy	A06	
Perinatology	963 E72 P01 P03 P05 P06 P60 P61 P62 P63 P64 P65A P65B P66A P66B P67A P67B	P65C P65D P66C P65C P65D P66C
Qualified Neonate	P66D P67C P67D	
Unqualified Neonate	P67Z	

APPENDIX 2

Cost Group Definitions – Inclusions and Exclusions

Clinical Department Cost Group

The cost group includes expenditure directly related to the operation of medical and surgical clinical departments with the exception of the anaesthetics department, ED and ICU. This includes medical salaries and wages, VMO payments, secretarial and other administrative support related to the functioning of clinical departments.

Inclusions

- Medical salary costs and VMO payments of all clinical department services including:
 - respiratory function testing
 - cardiology laboratories
 - neurology laboratory
 - services closely aligned with individual clinical departments
 - medical salary and VMO costs associated with the clinical department activities of haematology and clinical immunology
 - medical salary and VMO costs reported in ward cost centres.
- All other costs of cost centres which directly relate to the activities of clinical departments. This may include nursing and other salaries, goods & services, administration support etc if these relate to clinical departments and cannot sensibly be associated with one of the other cost groups (eg specialty based clinical nurse consultants).
- Pain Management or other non-theatre activities of anaesthetics department.

Exclusions

- Non-medical costs associated with specialised procedure suites or operating room services.
- All medical salaries and VMO payment costs of the anaesthetics department that relate to the operating room and specialised procedure suite cost groups.
- All costs associated with the anaesthetics department that relate to operating room and specialised procedure suite cost group.
- Any medical salary and VMO payments that are included in the following cost groups: imaging, pathology, ICU and Emergency Departments.
- Any nursing salaries expenditure that relates directly to ward activities (include in ward cost group).
- Any Allied Health staff costs.
- Prostheses, depreciation, employee related oncosts, pathology, imaging and drugs (include in their respective cost group).
- Haematology and clinical immunology laboratories. Costs associated with these services should be included in the pathology cost group with the exception of specific clinical department functions of these departments which should be included in this cost group.

Invasive Procedure Cost Groups

The cost group comprises two sub-groups: 'operating suites' and 'other invasive procedure suites'. Ideally, costs for each of these sub-groups will be reported in separate cost groups. However, it is recognised that some sites will not be able to identify activity separately and the costs associated with other invasive procedure suites.

The protocol for this data collection is that other invasive procedure suites should be reported in a separate cost group only where data are routinely available. The cost group definitions, inclusions and exclusions provided below refer to each sub-group for sites that are able to report separately.

Sites not able to report each sub-group separately should report all invasive procedure costs as a single group using the definitions, inclusions and exclusions provided under operating suites.

Operating Suite

This sub-group includes all expenses related to the running of the operating room, recovery, day surgery and surgical delivery suite.

Inclusions

- Nursing and other non-medical salaries, goods and services (including medical surgical supplies) and RMR associated with the operating suite.
- Anaesthetics department costs associated with operating suite.

Exclusions

- Pain management or other non-operating room activities of anaesthetics department (eg anaesthetists attending patients in the delivery suite or for imaging procedures).
- Non-anaesthetics department medical salary and VMO costs (include in the Clinical Departments Cost Group).
- Peri-operative wards (include in the Wards Cost Group).
- Prostheses, depreciation, employee related on-costs, imaging, pathology, drugs, and allied health (include in their respective cost groups).

Other invasive procedure suites

This sub-group includes all costs centres associated with the following invasive procedure suites only where the costs and activity associated with these services can be separated from operating suite services: cardiac catheter suite, endoscopy, bronchoscopy and vascular angiography.

Note that all other angiography services should be reported under the Imaging Cost Group.

Inclusions

- Nursing and other non-medical salaries, goods and services (including medical and surgical supplies) and RMR associated with the specialised procedure suites.
- Anaesthetic costs associated with specialised procedure suites.

Exclusions

- Pain management or other non specialised procedure suite activities of anaesthetics department.
- Non-anaesthetics department medical salary and VMO costs (include in the Clinical Departments Cost Group).

- Peri-operative wards (include in the Wards Cost Group).
- Prostheses, depreciation, employee related oncosts, imaging, pathology, drugs, and allied health (include in their respective cost groups).

Pathology Cost Group

Pathology costs are to be reported in three separate cost groups:

- Pathology ICU
- Pathology ED
- Pathology DRG

This is to facilitate the development and implementation of the episode funding. Sites not able to report each subgroup separately should report all pathology costs under the pathology DRG cost group using the definitions of the inclusions and exclusions of that group.

These cost groups comprises costs associated with pathology laboratory services including but not limited to:

- biochemistry (or clinical chemistry)
- haematology
- anatomical pathology (or histopathology)
- microbiology
- immunology
- cytology
- Blood Bank (including associated cost centres such as blood collections)

Costs associated with the administration of pathology laboratory services should also be included in this cost group.

Note: All direct patient care services such as clinical haematology and clinical immunology should be separated and reported in the relevant Clinical Department Cost Group.

In some cases, such as where an external pathology service is provided, expenditure may be recorded as a charge to individual clinical areas. These costs should be included in a separate pathology cost component (as described in Section 4.2), or rolled up into a 'pathology' cost centre to allow costs to be reported in these groups.

Pathology ICU

Inclusions

- All salaries and wages, VMO payments and goods and services costs in pathology cost centres (where in-house services exist) or charges relating to pathology tests ordered for patients in Level 5 or 6 ICU (see Appendix B).

Exclusions

- Prostheses, depreciation, employee related on-costs, imaging, drugs and Allied Health (include in their respective cost group).

Pathology ED

Inclusions

- All salaries and wages, VMO payments and goods and services costs in pathology cost centres (where in house services exist) or charges relating to pathology tests ordered for patients admitted and discharged from Level 4 and above Emergency Departments (see Appendix B).

Exclusions

- Prostheses, depreciation, employee related on-costs, imaging, drugs and Allied Health (include in their respective cost group).

Pathology DRG

Inclusions

- All salaries and wages, VMO payments and goods and services costs in pathology cost centres (where in house services exist) or charges relating to pathology tests ordered for all patients not included in pathology ED or pathology ICU.
- Where ED and ICU pathology costs are unable to be identified, all pathology expenses should be reported in this cost group.

Exclusions

- Prostheses, depreciation, employee related on-costs, imaging, drugs and Allied Health (include in their respective cost group).

Imaging cost group

Imaging costs are to be reported in three separate cost groups:

- imaging ICU
- imaging ED
- imaging DRG

This is to facilitate the development and implementation of the episode funding. Sites not able to report each subgroup separately should report all imaging costs under the imaging DRG cost groups using the definitions of the inclusions and exclusions of that group.

These cost groups comprises costs associated with diagnostic imaging including but not limited to:

- general radiology
- CT scanning
- angiography
- nuclear medicine
- ultrasound
- MRI services
- PET services

Costs associated with the administration of diagnostic imaging services should also be included in this cost group.

In some cases, such as where an external imaging service is provided, expenditure may be recorded as a charge to individual clinical areas. These costs should be included in a separate imaging cost component (as described in Section 4.2) or rolled up into an ‘imaging ‘ cost centre, to allow the costs to be reported in these cost groups.

Imaging ICU

Inclusions

- All salaries and wages, VMO payments and goods and services costs in Imaging cost centres (where in-house services exist) or charges relating to imaging tests ordered for patients in Level 5 or 6 ICU (see Appendix B).

Exclusions

- Prostheses, depreciation, employee related on-costs, pathology, drugs and Allied Health (include in their respective cost group).

Imaging ED

Inclusions

- All salaries and wages, VMO payments and goods and services costs in Imaging cost centres (where in-house services exist) or charges relating to imaging tests ordered for patients admitted and discharged from Level 4 and above Emergency Departments (see Appendix B).

Exclusions

- Prostheses, depreciation, employee related on-costs, pathology, drugs and Allied Health (include in their respective cost group).

Imaging DRG

Inclusions

- All salaries and wages, VMO payments and goods and services costs in imaging cost centres (where in-house services exist) or charges relating to imaging tests ordered for all patients not included in imaging ED or imaging ICU.
- Where ED and ICU imaging costs are unable to be identified, all imaging expenses should be reported in this cost group.

Exclusions

- Prostheses, depreciation, employee related on-costs, pathology, drugs and allied health (include in their respective cost group).
- Invasive Imaging procedures performed in a specialised procedure suite (include in specialised procedure suite cost group).

Ward cost group

This cost group can be defined as areas to which a hospital's patient administration system can admit patients to beds. It includes high dependency units, step down wards, dialysis units, radiotherapy and chemotherapy wards, day stay and perioperative wards, Level 3 and below Emergency Departments, Level 4 and below ICU and CCU (see Appendix B).

Inclusions

- Salary and wages of nursing and other non-medical staff.
- Goods and services costs associated with Ward Cost Centres including medical supplies.
- Costs from Level 3 and below Emergency Departments.
- Costs from level four and below ICUs.
- Costs associated with high dependency units.

Exclusions

- Day surgery areas that are part of an operating suite (should be included in operating room or specialised procedure cost groups).
- Imaging day stay procedure areas, bronchoscopy and endoscopy day stay areas and other areas that undertake invasive procedures (should be included in the Specialised Procedure Suite Cost Group).
- Medical and VMO payment costs (include in Clinical Department Cost Groups).
- Salary and wage costs of Allied Health staff (include in Allied Health Cost Groups).
- Prostheses, depreciation, employee related on-costs, diagnostics, drugs and Allied Health (include in their respective cost group).

Emergency Department cost group

This cost group includes all costs associated with designated Level 4 and above Emergency Departments. Other Emergency Departments are considered wards for the purposes of this study.

Appendix B shows the role delineation level for all hospitals in scope for the collection. Sites listed in Appendix B should report costs associated with the Emergency Department to this cost group. Hospitals listed as having an Emergency Department of Level 3 or below should not report any costs in the Emergency Department Cost Group.

Inclusions

- All costs recorded in Emergency Department cost centres including medical salaries and wages, VMO payments, nursing and other salary and wage costs.
- An appropriate share of medical costs estimated as belonging to the Emergency Department where medical salary and/or VMO payments are held in centralised cost centres (refer to section 5.1).
- Costs for goods and services associated with Emergency Departments.

Exclusions

- Level 3 and below Emergency Departments; medical costs for Level 3 and below Emergency Departments will be included in the clinical departments cost group. Other costs related to Level 2 and below Emergency Departments will be included in the Ward Cost Group
- Imaging expenses charged to Intensive Care (include in ICU).

- Imaging expenses charged to Emergency Departments where patients are admitted and discharged from ED or not admitted (include in ED).
- Prostheses, depreciation, employee related oncosts, drugs and Allied Health (include in their respective cost group).

Intensive care cost group

This cost group includes all costs associated with designated level five and six Intensive Care Units. Lower level Intensive Care Units are considered wards for the purposes of this study.

Appendix B shows the role delineation level for Intensive Care Units for all hospitals inscope for this study. Sites listed in Appendix B with lower level ICU or CCUs should not record costs in the Intensive Care Cost Group. These costs should be allocated to the Wards CostGroup.

Inclusions

- All costs recorded in intensive care cost centres (for units at level five or above) including medical salaries and wages, VMO payments, nursing and other salary and wage costs.
- All costs for goods and services associated with ICU.
- Include pathology and drugs used in ICU.

Exclusions

- ICUs with a role delineation of Level 4 and below, High dependency units, coronary care units (include in Ward Cost Group).
- Prostheses, depreciation, employee related on-costs, drugs and Allied Health (include in their respective cost group).

Allied Health Cost Group

Allied Health costs are to be reported in three separate cost groups.

- Allied Health ICU
- Allied Health ED
- Allied Health DRG

This is to facilitate the development and implementation of the episode funding. Sites not able to report each subgroups separately should report all Allied Health costs under the Allied Health DRG cost groups using the definitions of the inclusions and exclusions of that group.

These cost groups include all costs associated with providing Allied Health services where these services can be separately identified.

Allied Health ICU

Inclusions

- All salaries and wages and goods and services costs in Allied Health cost centres relating to services provided to patients in Level 5 or 6 ICU (see Appendix B).
- Allied Health salaries and wages held within an ICU Cost Centre.

Exclusions

- Prostheses, depreciation, employee related oncosts, imaging, pathology and drugs.

Allied Health ED

Inclusions

- All salaries and wages and goods and services costs in Allied Health Cost Centres relating to services provided to patients admitted and discharged from Level 4 and above Emergency Departments (see Appendix B).
- Allied Health salaries and wages held within an ED Cost Centre (this includes services where patients are admitted and discharged from ED, or admitted and transferred to a General Ward).

Exclusions

- Prostheses, depreciation, employee related oncosts, imaging, pathology and drugs.

Allied Health DRG

Inclusions

- All salaries and wages and goods and services costs in Allied Health cost centres not included in columns 16 and 17.
- Allied Health salaries and wages held within cost centres other than ED and ICU.

Exclusions

- Prostheses, depreciation, employee related on-costs, imaging, pathology and drugs (include in the respective cost group).

Pharmacy/drugs cost group

Pharmacy/drug costs are to be reported in three separate cost groups:

- Drugs ICU
- Drugs ED
- Pharmacy/drugs DRG

This is to facilitate the development and implementation of the episode funding. Sites not able to report each subgroups separately should report all pharmacy/drugs costs under the Pharmacy/Drugs DRG Cost Groups using the definitions of the inclusions and exclusions of that group.

These groups will include all costs associated with drugs and pharmacy services.

Drugs ICU

Inclusions

- All imprest and dispensed drug costs ordered for patients in Level 5 or 6 ICU (see Appendix B).

Drugs ED

Inclusions

- All imprest drug costs for patients treated within Level 4 and above Emergency Departments (see Appendix B).
- All dispensed drug costs for patients admitted and discharged from Level 4 and above Emergency Departments (see Appendix B).

Pharmacy / drugs DRG

Includes all costs not included in Drugs ED or ICU that is:

- All salaries and wages of pharmacy department staff.
- Costs of goods and services within pharmacy departments.
- All imprest and dispensed drug costs for general inpatient wards.
- All dispensed drug costs for patients admitted to ED and transferred to a general inpatient ward.

Exclusions

- Prostheses, depreciation, employee related on-costs, imaging, and pathology
(include in the respective cost group).

Prostheses cost group

This cost group includes all costs associated with inpatient prostheses recorded in study cost centres. The term study cost centre includes cost component level expenditure.

Depreciation cost group

This cost group includes all costs associated with depreciation recorded in study cost centres.

Employee related on costs cost group

This cost group includes all superannuation and workers compensation expenditure.

GLOSSARY OF TERMS

Abbreviations

AAPP	Average Absolute Peer Group Performance
AHS	Area Health Service
ALOS	Average Length of Stay
AR-DRG	Australian Refined Diagnosis Related Groups
DRG	Diagnosis Related Groups
HCDC	Hospital Cost Data Collection
ISC	Inpatient Statistics Collection
PAPP	Population Absolute Peer group Performance
SRG	Service Related Groups
UAR	Unaudited Annual Return

Acute Bed Days (ISC)

The total number of bed days of patients who completed an acute episode of care (see Acute separations) during the reporting period.

Acute AR-DRG Weighted Separations (ISC)

A measure of the total resource consumption of acute inpatients. It is calculated by summing the weight contributed by each acute separation (see Acute separations) based on their AR-DRG and other factors (that is, private, same day, transfer, long stay outlier and indigenous status). The cost weights are from the *NSW Costs of Care Standards 2001/02* (NSW Department of Health, 2000b). Unqualified baby separations are also included. A separate weight is available for these episodes in the NSW cost weights.

Acute Average Length of Stay (ALOS) (ISC)

All bed days accumulated by each completed patient episode (less leave days) were used to calculate the average length of stay. Same day separations are also included, contributing a length of stay of one day. The formula is:

$$\frac{\text{Acute Bed Days}}{\text{Acute Separations}}$$

Acute Inpatient Expenses (HCDC/UAR)

The cost of the acute inpatient component of the acute programs (NSW Department of Health, 1999b), ie:

- 2.1.02.1 Emergency Departments: admitted and transferred to a ward
- 2.2.00.1 Overnight acute admitted patients
- 2.3.00.1 Same day acute admitted patients

Acute Separations (Seps) (ISC/HCDC)

Completed acute episodes of care during the reporting period. This publication excludes acute episodes relating to 'error' and rehabilitation AR-DRGs and same day episodes where the source of referral was the Emergency Department in hospitals with an Emergency Department delineated as level four or higher (see *NSW Role Delineation Guidelines, NSW Health 1999b*).

Where information was available from the 1999/00 NSW HCDC, acute care is care funded under the acute programs, ie:

- 2.1.02.1 Emergency Departments: admitted and transferred to a ward
- 2.2.00.1 overnight acute admitted patients
- 2.3.00.1 same day acute admitted patients

Where the data were not available from the HCDC, cases flagged as acute using the service category on admission were selected, excluding cases where any time was spent in a designated psychiatric unit.

Adjusted Acute AR-DRG Weighted Separations (seps) (UAR/HCDC)

Adjustment of Acute AR-DRG Weighted Separations applying an inflation/deflation factor based on the Peer Hospital Groups contributing the cases. The factor is the proportional difference between the Peer Hospital Group average casemix weight to the NSW acute summary average weight. The measure is used to adjust the acute AR-DRG weighted separations of AHS to account for the mix of hospitals within the area.

Adjusted Acute Average Cost (\$) (UAR/HCDC)

As for adjusted acute AR-DRG weighted separations, however, adjusting the average cost to account for expected differences based on Peer Hospital Group.

Average Absolute Peer group Performance (AAPP)

The AAPP (Bridges and Hanson, 1999) is a measure of absolute cost performance of a hospital/peer group for a particular DRG or SRG. For example, an AAPP of -6.90 for a DRG indicates that the hospital has used more resources than the average in delivering the service indicated by the DRG/SRG, and that these resources would have treated an additional 6.9 average patients in that DRG/SRG. The formula for the hospital-level AAPP for a particular DRG/SRG is as follows:

$$AAPP = \frac{\text{Average Cost per Acute Separation for the DRG/SRG for the Peer Group} - \text{Average Cost per Acute Separation for the DRG/SRG for the Hospital}}{\text{Average cost per acute AR-DRG separation for the peer group}}$$

The peer group-level AAPP is calculated as follows:

$$AAPP = \frac{\text{Average Cost per Acute Separation for the DRG/SRG for NSW Acute Summary} - \text{Average Cost per Acute Separation for the DRG/SRG for the Peer Group}}{\text{Average cost per acute AR-DRG separation for NSW Acute summary}}$$

Average Cost Per Acute Separation (Sep) (UAR/HCDC)

The total expenditure associated with acute separations divided by the number of acute separations. It is calculated as:

$$\frac{\text{Acute Inpatient Expenses}}{\text{Acute Separations}}$$

Average Cost Per Acute AR-DRG Weighted Separation (sep) (UAR/HCDC)

This measure shows the average cost per casemix weighted separation for a hospital/Area Health Service or peer group using cost and activity data derived either from the NSW HCDC or the UAR. For hospitals where the NSW HCDC cost were used, the formula is as follows:

$$\frac{(\text{Average Cost by AR-DRG} * \text{Total Acute Separations for the AR-DRG})}{\text{Total Acute AR-DRG Weighted Separations}}$$

For hospitals where cost data was sourced from the UAR, the following formula was used:

$$\frac{\text{Total Acute Inpatient Expenses}}{\text{Total Acute AR-DRG Weighted Separations}}$$

Population Absolute Peer Group Performance (PAPP)

The PAPP (Bridges and Hanson, 1999) gives the impact of a hospital's/peer group's cost performance, taking into consideration the number of cases treated in the DRG or SRG. That is, a hospital may be delivering a particular treatment at a more costly rate relative to the peer group. However, the overall impact of this may be small if there are a small number of cases treated. On the other hand, the cost of delivering a particular treatment may be only slightly higher than the peer group average, however, the impact may be large if a large number of cases were treated.

The PAPP for a single DRG / SRG is calculated as follows:

$$PAPP = AAPP * \text{Acute Separations in the DRG/SRG}$$

For example, if the AAPP for a particular DRG for a hospital is -0.16, this indicates that the hospital is more costly than the peer group in providing this service and uses extra resources that would treat 0.16 extra patients. If there are 735 cases, the impact of this, the PAPP is -115.90. This means that this DRG is using resources that would treat 115.90 average patients relative to the peer group.

Where more than one DRG is included, the PAPP is calculated as:

$$PAPP = \sum(AAPP(DRGi) * \text{Acute Separations in DRGi})$$

This measure represents the hospital's/peer's overall cost performance. That is, a hospital may be more expensive in producing some services, but less expensive in producing others. A negative value overall indicates that the hospital is generally more costly relative to the peer group average in providing services to its patients, and a positive value indicates that the hospital is generally less costly than the peer.

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