Summary of NJDHSS Prevention Quality Indicators Report for Cape May County – 2005 Data, based on NJDHSS July 2008 Report

Cape May County Update – February 2010

Introduction

Prevention Quality Indicators (PQIs) are a set of measures derived from UB-92 data to identify "ambulatory care sensitive conditions" (ACSCs) or conditions for which hospitalization could be prevented with good outpatient care or for which early intervention could prevent complications or more severe diseases. PQIs measure the outcomes of preventive care for both acute illnesses and chronic conditions, reflecting two important components of the quality of preventive care - effectiveness and timeliness. PQIs are valuable tools that help flag potential health care quality problem areas that need further investigation. Even though these indicators are based on hospital inpatient data, they provide insight into the quality of the health care system *outside* the hospital setting.

For example, with effective drug therapy in the outpatient setting, hospital admissions for hypertension can be prevented. Likewise, accurate diagnosis and timely access to surgical treatment will help reduce the incidence of a perforated appendix. PQIs are used to assess the quality of a health care system as a whole, and especially the quality of ambulatory care, in preventing medical complications. In particular, policy makers and health care providers can use PQIs to answer questions such as: *Does the admission rate for diabetes complications in my community suggest a problem in the provision of appropriate outpatient care to this population?;How does the admission rate for congestive heart failure vary over time and from one county to another?, etc.*

The PQI module contains 14 indicators that measure hospital admissions for ambulatory care sensitive conditions (ACSC) across geographic areas. The 14 indicators included in the PQI module are:

- Diabetes Short-term Complication Admission Rate
- Perforated Appendix Admission Rate
- Diabetes Long-term Complication Admission Rate
- Chronic Obstructive Pulmonary Disease (COPD) Admission Rate
- Hypertension Admission Rate
- Congestive Heart Failure Admission Rate
- Low Birth Weight Rate
- Dehydration Admission Rate
- Bacterial Pneumonia Admission Rate
- Urinary Tract Infection Admission Rate
- Angina without Procedure Admission Rate
- Uncontrolled Diabetes Admission Rate
- Adult Asthma Admission Rate
- Rate of Lower-extremity Amputation Among Patients with Diabetes

This report presents the volume of hospital admissions by county along with the observed, expected, and risk-adjusted rates. There are no “right admission rates” for these conditions. ‘Very low’ rates could signal

inappropriate underutilization of health care resources while ‘very high’ rates could indicate potential overuse of inpatient care. Therefore, hospital admission for ACSCs is not a measure of hospital quality but a potential indicator of outpatient and community health care need at the county level.

Observed and expected rates The *observed rate* is the raw rate generated directly from the data the hospitals provided. Counties or communities needing improvement can be identified by the magnitude of the observed rate by comparing the rate to available benchmarks and/or by the number of patients impacted. In this case, the national and statewide observed rates would be benchmarks for comparison. Another approach to identify areas that need more attention for focus is to compare the *observed and expected rates*. The *expected rate* is the rate the county would have if it had the same patient case-mix (i.e. by age, gender, DRG, and co-morbidity categories) as the reference population. If the observed rate is higher than the expected rate (i.e., the ratio of observed/expected is greater than 1.0), then the implication is that the county performed worse than expected for that particular indicator. If the observed rate is lower than the expected rate (i.e., the ratio of observed/expected is less than 1.0), then the implication is that the county performed better than the reference population.

Risk-adjusted rates Risk-adjusted rates are derived from applying to the observed rates, the average case-mix of a baseline HCUP State Inpatient Data (SID) that represents national average patient mix for that year. County-level risk-adjusted admission rates reflect the age and sex distribution as well as the ‘All Patient Refined - Diagnosis Related Groups’ (APR-DRG) distribution of the data in the baseline file. Alternatively, a risk-adjusted rate is defined as the estimated performance of a county on the PQI assuming that the county has the case-mix of the reference population. Readers may use the statewide risk-adjusted rate as a benchmark to compare county-level risk-adjusted admission rates.

Since there are no “*right admission rates”* established for most indicators, it is often better to compare county-level rates with other similar areas. These “peer groups” would ideally be as similar as possible in potentially important factors, such as socioeconomic status of the population, and urban or rural location. However, the most commonly applied approach is to compare a county’s risk-adjusted rate with the statewide risk-adjusted rate. A county's performance is measured by comparing its confidence interval to the statewide risk-adjusted rate to see if the 95% confidence interval for its risk-adjusted estimate contains the statewide risk-adjusted estimate for a particular indicator. If a county's confidence interval contains the statewide risk-adjusted rate, then the county's risk-adjusted rate is not statistically significantly different from the statewide rate. If a county's confidence interval falls entirely below the statewide risk-adjusted rate, then the county's risk-adjusted rate is significantly lower than the statewide rate. In the tables, these rates are marked by single asterisk (*). If a county's confidence interval falls entirely above the statewide risk-adjusted rate, then the county's risk-adjusted rate is significantly higher than the statewide rate. In the tables, these rates are marked by two asterisks (**).

There are several issues that should be considered when using these indicators. For some PQIs, differences in socioeconomic status have been shown to explain a substantial part of the variation in rates across counties. The complexity of the relationship between socioeconomic status and PQI rates makes it difficult to delineate how much of the observed relationships are due to true access to care in potentially underserved populations, or due to other patient characteristics, unrelated to quality of care. In addition, environmental conditions that are not under the direct control of the health care system can substantially influence some of the PQIs. For example, COPD and asthma admission rates are likely to be higher in areas with poorer air quality.

The other issue is that not many studies have directly addressed the question of whether effective treatments in outpatient settings would reduce the overall incidence of hospitalizations. Moreover, the extent to which the reporting of admission rates for ambulatory care sensitive conditions (ACSC) may lead to changes in ambulatory care practices and admission rates is still unknown. Providers may admit patients who do not clinically require inpatient care or they may do the opposite - fail to hospitalize patients who would benefit from inpatient care.

Diabetes with Short-Term Complications

Short-term complications of diabetes mellitus include diabetic ketoacidosis, hyperosmolarity, and coma. These life-threatening emergencies arise when a patient experiences an excess of glucose (hyperglycemia) or insulin (hypoglycemia). The assumption is that proper outpatient treatment and adherence to care may reduce the incidence of diabetic short-term complications resulting in lower admission rates, which implies better quality of care.

The statewide risk-adjusted hospital admission rate for *diabetes with short-term complications* is 48.5 per 100,000 adult population. New Jersey performed better compared to the national average of 54.7 per 100,000.

In Cape May County there were 47 hospital admissions for *diabetes with short-term complications* in 2005.The observed case rate (58.2) is higher than the expected case rate (49.2). The risk-adjusted rate for Cape May County is 54.6 per 100,000, higher than the State, but not statistically significant. In comparison to neighboring/similar Counties, Cape May County's rate is higher than Ocean County, but not statistically significantly different, but is statistically significantly lower than Atlantic and Cumberland Counties.

Table 1. Hospital Admissions for Diabetes with Short-term Complications (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***54.7***	***54.7***	***54.7***	
Statewide	**3,544**	**53.2**	**50.6**	**48.5**	**47.0 -50.1**
Atlantic	199	96.7	50.7	88.1 **	79.2 -97.0
Bergen	165	23.3	49.9	21.5 *	16.7 -26.3
Burlington	155	44.7	50.7	40.8 *	33.9 -47.6
Camden	299	77.0	50.8	70.0 **	63.6 -76.5
Cape May	**47**	**58.2**	**49.2**	**54.6**	**40.3 -69.0**
Cumberland	97	84.3	51.1	76.1 **	64.4 -87.9
Essex	535	90.0	50.9	81.7 **	76.5 -86.9
Gloucester	111	53.2	51.1	48.1	39.4 -56.9
Hudson	268	56.8	51.2	51.2	45.4 -57.0
Hunterdon	15	15.0	50.2	13.8 *	01.0 -26.6
Mercer	187	66.2	51.2	59.6 **	52.1 -67.2
Middlesex	265	43.7	51.1	39.5 *	34.4 -44.7
Monmouth	213	44.0	50.4	40.3 *	34.5 -46.1
Morris	78	20.9	50.2	19.2 *	12.6 -25.8
Ocean	191	44.1	49.5	41.2 *	35.0 -47.3
Passaic	220	59.1	51.0	53.5	47.0 -60.1
Salem	37	73.2	50.4	67.1 **	49.2 -85.0
Somerset	99	41.5	50.5	38.0 *	29.7 -46.3
Sussex	34	29.6	50.8	26.9 *	15.1 -38.7
Union	189	46.9	50.6	42.8	36.5 -49.2
Warren	47	56.1	50.6	51.3	37.3 -65.2

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Perforated Appendix

Perforated appendix may occur when appropriate treatment for acute appendicitis is delayed for a number of reasons, including problems with access to ambulatory care, failure by the patient to consider symptoms as important, or misdiagnosis and other delays in obtaining surgery. With prompt and appropriate care, acute appendicitis should not progress to perforation or rupture. The assumption is that timely diagnosis and treatment may reduce the incidence of perforated appendix and this represents better quality of care.

The statewide risk-adjusted hospital admission rate for *perforated appendix* is 27.4 per 100,000 adult population. New Jersey performed better compared to the national average of 30.2 per 100,000.

In Cape May County there were 29 hospital admissions for *perforated appendix* in 2005. The observed case rate (30.2) is similar to the expected case rate (33.1). The risk-adjusted rate for Cape May County is 27.9 per 100,000, consistent with the State and neighboring/similar Counties of Ocean, Atlantic, and Cumberland.

Table 2. Perforated Appendix Admission Rate (per 100 admissions, age 18+ with appendicitis)

County	Perforated appendix admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***30.2***	***30.2***	***30.2***	
Statewide	**2,193**	**27.4**	**30.5**	**27.4**	**26.4 - 28.4**
Atlantic	66	28.7	29.9	29.3	23.2 - 35.3
Bergen	203	24.9	30.9	24.6	21.6 - 27.7
Burlington	100	29.4	30.3	29.6	24.8 - 34.5
Camden	118	28.0	30.1	28.4	24.0 - 32.8
Cape May	29	30.2	33.1	27.9	19.4 - 36.3
Cumberland	37	31.1	29.7	32.0	23.8 - 40.2
Essex	183	26.8	30.3	26.9	23.5 - 30.3
Gloucester	51	21.0	30.5	21.0 *	15.3 - 26.7
Hudson	142	25.2	29.5	26.1	22.2 - 29.9
Hunterdon	30	26.1	30.4	26.2	17.9 - 34.5
Mercer	115	38.7	31.1	38.1 **	33.0 - 43.1
Middlesex	165	26.6	30.8	26.4	22.9 - 29.9
Monmouth	158	25.9	30.1	26.2	22.6 - 29.9
Morris	134	28.8	29.9	29.3	25.2 - 33.5
Ocean	177	32.5	32.7	30.3	26.8 - 33.9
Passaic	130	24.6	30.4	24.7	20.8 - 28.6
Salem	20	40.8	29.6	42.1 **	29.1 - 55.2
Somerset	73	22.8	30.4	22.9	17.9 - 27.9
Sussex	53	37.6	28.9	39.6 **	31.8 - 47.4
Union	99	23.0	29.6	23.7	19.4 - 28.1
Warren	35	35.7	30.1	36.2	27.2 - 45.3
Unknown	75	26.6	30.5	26.6	21.3 - 31.9

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Diabetes with Long-term Complications

Long-term complications of diabetes mellitus include renal, eye, neurological, and circulatory disorders. Long-term diabetes complications are thought to arise from sustained long-term poor control of diabetes. Intensive treatment programs have been shown to decrease the incidence of long-term complications in both Type 1 and Type 2 diabetes. The indicator relates to quality because research shows that proper outpatient treatment and adherence to care reduces the incidence of diabetic long-term complications, and that lower rates suggest better quality of care.

The statewide risk-adjusted hospital admission rate for *diabetes with long-term complications* is 148.6 per 100,000 adult population. New Jersey performed worse compared to the national average of 126.8 per 100,000.

In Cape May County there were 192 hospital admissions for *diabetes with long-term complications* in 2005. The observed case rate (238.8) is higher than the expected case rate (149.1). The risk-adjusted rate for Cape May County is 165.7 per 100,000, higher than the State, but not statistically significant. In comparison to neighboring/similar Counties, Cape May County's rate is statistically significantly higher than Ocean County, but statistically significantly lower than Atlantic and Cumberland Counties.

Table 3. Hospital Admissions for Diabetes with Long-term Complications (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***126.8***	***126.8***	***126.8***	
Statewide	**11,581**	**173.8**	**121.0**	**148.6**	**146.3 - 150.8**
Atlantic	506	247.1	121.3	210.6 **	197.8 -223.5
Bergen	892	125.6	130.0	100.0 *	93.3 -106.6
Burlington	540	155.7	119.9	134.4 *	124.5 -144.4
Camden	721	185.8	118.5	162.2 **	152.7 -171.6
Cape May	**192**	**238.8**	**149.1**	**165.7**	**147.2 -184.1**
Cumberland	261	226.0	116.8	200.2 **	182.7 -217.7
Essex	1,529	257.2	114.8	231.8 **	224.2 -239.6
Gloucester	261	125.6	114.9	113.1 *	100.0 -126.2
Hudson	1,150	243.7	107.2	235.1 **	226.1 -244.1
Hunterdon	81	82.0	122.0	69.5 *	51.2 -87.9
Mercer	577	204.5	115.2	183.6 **	172.4 -194.8
Middlesex	945	155.8	114.1	141.2	133.6 -148.9
Monmouth	728	150.5	123.2	126.3 *	118.0 -134.6
Morris	358	96.0	123.2	80.6 *	71.2 -90.0
Ocean	625	144.4	147.7	101.1 *	93.1 -109.1
Passaic	704	189.3	115.6	169.4 **	159.6 -179.2
Salem	78	156.2	127.3	127.0	101.7 -152.2
Somerset	316	132.1	117.6	116.2 *	104.1 -128.3
Sussex	119	103.5	114.8	93.3 *	75.7 -110.9
Union	672	166.8	121.5	142.0	132.8 -151.2
Warren	100	119.4	121.7	105.5 *	81.5 -121.6

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) comprises three primary diseases that cause respiratory dysfunction - asthma, emphysema, and chronic bronchitis - each with distinct etiologies, treatments, and outcomes. This indicator examines emphysema and bronchitis; asthma is discussed separately for children and adults. COPD can often be controlled in an outpatient setting. Admissions for COPD include exacerbations of COPD, respiratory failure, and (rarely) lung volume reduction surgery or lung transplantation. With appropriate outpatient treatment and compliance, hospitalizations for exacerbations of COPD and decline in lung function should be minimized.

The statewide risk-adjusted hospital admission rate for *COPD* is 173.5 per 100,000 adult population. New Jersey performed better compared to the national average of 230.4 per 100,000.

In Cape May County there were 195 hospital admissions for *COPD* in 2005. The observed case rate (241.3) was less than the expected rate (359.4). The risk-adjusted rate for Cape May County is 149.1 per 100,000, lower than the State, but not statistically significant. In comparison to neighboring/similar Counties, Cape May County's rate is lower than Atlantic and Cumberland Counties (not statistically significantly different), but is statistically significantly lower than Ocean County.

Table 4. Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***230.4***	***230.4***	***230.4***	
Statewide	**13,657**	**205.0**	**262.5**	**173.5**	**170.2 -176.8**
Atlantic	393	191.9	265.1	160.8	142.2 -179.4
Bergen	1,206	170.2	289.0	130.8 *	121.2 -140.4
Burlington	664	191.5	257.4	165.2	150.7 -179.7
Camden	963	248.1	254.6	216.5 **	202.9 -230.5
Cape May	**195**	**241.3**	**359.4**	**149.1**	**123.7 -174.5**
Cumberland	220	191.2	252.6	168.2	142.7 -193.6
Essex	1,315	221.2	244.9	200.7 **	189.3 -212.0
Gloucester	497	238.3	241.5	219.2 **	199.5 -238.1
Hudson	1,277	270.6	223.1	269.4 **	256.0 -282.8
Hunterdon	129	129.0	249.4	114.9 *	87.4 -142.4
Mercer	515	182.2	246.4	164.2	147.8 -180.6
Middlesex	922	152.0	241.8	139.6 *	128.3 -150.9
Monmouth	987	204.0	263.2	172.1	160.0 -184.3
Morris	572	152.9	259.9	130.7 *	116.8 -144.6
Ocean	1,359	313.9	364.4	191.3 **	180.8 -202.7
Passaic	781	210.0	247.3	188.6 **	174.3 -202.9
Salem	104	205.7	282.3	161.8	125.5 -198.1
Somerset	268	112.4	241.3	103.4 *	85.8 -121.9
Sussex	176	153.2	226.9	149.9	123.1 -176.8
Union	660	163.8	264.4	137.6 *	124.4 -150.9
Warren	233	278.2	259.2	238.4 **	209.0 -267.8

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Hypertension

Hypertension is a chronic condition that is often controllable in an outpatient setting with appropriate use of drug therapy. Providers may reduce admission rates without actually improving quality by shifting care to an outpatient setting. Proper outpatient treatment may reduce admissions for hypertension, and lower admission rates represent better quality of care.

The statewide risk-adjusted hospital admission rate for *hypertension* is 54.1 per 100,000 adult population. New Jersey performed worse compared to the national average of 49.7 per 100,000.

In Cape May County there were 57 hospital admissions for *hypertension* in 2005. The observed case rate (70.5) is higher than the expected rate (58.1). The risk-adjusted rate for Cape May County is 49.1 per 100,000, lower than the State, but not statistically significantly different. In comparison to neighboring/similar Counties, Cape May County's rate is statistically significantly lower than Atlantic County, is slightly higher than Cumberland County, and is statistically significantly higher than Ocean County.

Table 5. Hospital Admissions for Hypertension (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***49.7***	***49.7***	***49.7***	
Statewide	**4,243**	**63.7**	**47.7**	**54.1**	**52.7 -55.5**
Atlantic	150	73.2	47.7	62.2	54.1 -70.2
Bergen	353	49.8	51.1	39.5 *	35.3 -43.6
Burlington	138	39.8	46.8	34.5 *	28.2 -40.7
Camden	384	98.9	46.8	85.5 **	79.6 -91.4
Cape May	**57**	**70.5**	**58.1**	**49.1**	**37.6 -60.7**
Cumberland	53	46.1	45.9	40.6 *	29.7 -51.5
Essex	630	106.0	45.6	94.1 **	89.3 -99.0
Gloucester	105	50.4	44.9	45.4	37.2 -54.6
Hudson	552	117.0	42.6	111.1 **	105.5 - 116.7
Hunterdon	21	21.0	47.0	18.1 *	6.5 -29.7
Mercer	193	68.3	45.5	60.8	53.8 -67.7
Middlesex	278	45.8	44.9	41.4 *	36.5 -46.2
Monmouth	184	38.0	48.5	31.7 *	26.6 -36.9
Morris	136	36.4	47.8	30.8 *	24.9 -36.7
Ocean	189	43.7	59.0	29.9 *	25.0 -34.9
Passaic	311	83.6	45.6	74.2 **	68.1 -80.3
Salem	25	49.4	49.6	40.4	24.5 -56.2
Somerset	99	41.5	46.3	36.3 *	28.8 -43.9
Sussex	44	38.3	44.5	34.8 *	23.8 -45.9
Union	181	44.9	48.3	37.6 *	31.9 -43.3
Warren	70	83.6	48.1	70.3 **	57.8 -82.8

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Congestive Heart Failure

Usually congestive heart failure (CHF) can be controlled in an outpatient setting. However, the disease is a chronic progressive disorder for which some hospitalizations are appropriate. Congestive heart failure relates to quality because research shows that proper outpatient treatment reduces admissions for CHF, which in turn lowers admission rates, suggesting a better quality of care.

The statewide risk-adjusted hospital admission rate for *congestive heart failure* is 466.1 per 100,000 adult population. New Jersey performed better compared to the national average of 488.6 per 100,000.

In Cape May County there were 599 hospital admissions for *congestive heart failure* in 2005. The observed case rate (741.2) is higher than the expected rate (716.3). The risk-adjusted rate for Cape May County is 432.5 per 100,000, lower than the State, but not statistically significant. In comparison to neighboring/similar Counties, Cape May County's rate is lower than Ocean County (not statistically significant), but is statistically significantly lower than Atlantic and Cumberland Counties.

Table 6. Hospital Admissions for Congestive Heart Failure (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***488.6***	***488.6***	***488.6***	
Statewide	**37,505**	**563.0**	**504.8**	**466.1**	**461.7 -470.5**
Atlantic	1,446	706.0	506.5	582.6 **	557.4 -607.7
Bergen	3,262	460.4	560.8	343.1 *	330.2 -355.9
Burlington	1,452	418.8	479.1	365.3 *	345.4 -385.2
Camden	2,256	581.3	485.9	500.0 **	481.3 -518.6
Cape May	**599**	**741.2**	**716.3**	**432.5**	**398.9 -466.1**
Cumberland	773	672.0	485.3	578.6 **	544.4 -612.9
Essex	4,772	802.8	466.5	719.3 **	703.9 -734.7
Gloucester	1,151	552.0	446.0	517.3 **	490.7 -543.9
Hudson	2,803	593.9	426.2	582.4 **	564.4 -600.5
Hunterdon	201	201.0	449.4	187.0 *	148.7 -225.2
Mercer	1,652	584.4	475.2	514.0 **	491.9 -536.0
Middlesex	2,780	458.3	460.6	415.9 *	400.5 -431.2
Monmouth	2,319	479.3	499.3	401.1 *	384.7 -417.6
Morris	1,297	346.7	476.4	304.2 *	285.0 -323.4
Ocean	3,460	799.2	770.0	433.8 *	419.8 -447.8
Passaic	2,017	542.3	473.3	478.9	459.6 -498.2
Salem	335	662.4	547.0	506.1	457.4 -554.8
Somerset	1,027	430.7	447.6	402.2 *	377.4 -427.0
Sussex	389	338.6	410.7	344.6 *	307.2 -381.9
Union	2,356	584.7	519.2	470.6	452.9 -488.3
Warren	492	587.4	502.1	488.9	449.4 -528.4

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Low Birth Weight

Low birth weight (LBW) is the single most important factor affecting death among newborns and is a significant determining factor in infant deaths (1 to 12 months of age). Infants may be low birth weight because of inadequate inter-uterine growth or premature birth. Risk factors include nutritional status and behavioral risk factors such as tobacco use during pregnancy. Proper preventive care may reduce incidence of low birth weight, and this represents better quality of care. Risk factors for low birth weight may be addressed with adequate prenatal care and education. Prenatal education and care programs have been established to help reduce low birth weight and other complications in high-risk populations.

The statewide risk-adjusted hospital admission rate for *low birth weight* is 6.3 per 100,000 adult population. New Jersey performed on par with the national average of 6.3 per 100,000.

In Cape May County there were 52 hospital admissions for *low birth weight* in 2005. The observed case rate (5.6) was consistent with the expected case rate (5.8). The risk-adjusted rate for Cape May County is 5.6 per 100,000, lower than the State, but not statistically significant. In comparison to neighboring/similar Counties, Cape May County's rate is statistically significantly lower than Cumberland County and is higher than Atlantic and Ocean Counties, although not statistically significant.

Table 7. Low Birth Weight Infants per 100 Admissions of Newborn Babies (i.e. 0 - 28 days old)**

County	Newborns (<2500 Grams)	Observed rate	Expected rate	Risk-adjusted rate	95% Confidence interval
National		***6.3***	***6.3***	***6.3***	
Statewide	**6,875**	**6.3**	**5.8**	**6.3**	**6.2 -6.5**
Atlantic	191	5.5	5.8	5.5	4.7 -6.3
Bergen	486	5.4	5.8	5.4 *	4.9 -5.9
Burlington	297	6.0	5.8	6.0	5.4 -6.7
Camden	492	7.2	5.8	7.2 **	6.7 -7.8
Cape May	**52**	**5.6**	**5.8**	**5.6**	**4.1 -7.2**
Cumberland	167	7.8	5.8	7.8 **	6.8 -8.8
Essex	919	8.3	5.8	8.3 **	7.9 -8.8
Gloucester	179	6.2	5.8	6.2	5.4 -7.1
Hudson	514	6.4	5.8	6.4	5.9 -6.9
Hunterdon	70	5.7	5.8	5.7	4.4 -7.0
Mercer	315	6.9	5.8	7.0	6.3 -7.6
Middlesex	590	5.9	5.8	5.9	5.4 -6.4
Monmouth	416	5.7	5.8	5.7 *	5.1 -6.2
Morris	296	5.5	5.8	5.5 *	4.9 -6.1
Ocean	345	4.6	5.8	4.6 *	4.1 -5.2
Passaic	485	6.5	5.8	6.5	6.0 -7.0
Salem	23	4.0	5.8	4.1 *	2.1 -6.0
Somerset	222	5.5	5.8	5.5 *	4.8 -6.2
Sussex	89	5.7	5.8	5.7	4.6 -6.9
Union	475	7.0	5.8	7.0 **	6.4 -7.7
Warren	66	5.6	5.8	5.6	4.3 -6.9

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.
** Premature deliveries and sick babies are excluded from the denominator.
^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Dehydration

Dehydration is a serious acute condition that occurs in frail patients and patients with other underlying illnesses following insufficient attention and support for fluid intake. Dehydration can for the most part be treated in an outpatient setting, but it is potentially fatal for the elderly, very young children, frail patients, or patients with serious co-morbidity conditions. Proper outpatient treatment may result in lower admission rates, suggesting a better quality of care.

The statewide risk-adjusted hospital admission rate for *dehydration* is 117.7 per 100,000 adult population. New Jersey performed better compared to the national average of 127.4 per 100,000.

In Cape May County there were 107 hospital admissions for *dehydration* in 2005. The observed case rate (132.4) is less than the expected rate (201.2). The risk-adjusted rate for Cape May County is 80.4 per 100,000, which is statistically significantly lower than the State. In comparison to neighboring/similar Counties, Cape May County's rate is higher than Ocean County (not statistically significant) and is statistically significantly lower than Atlantic and Cumberland Counties.

Table 8. Hospital Admissions for Dehydration (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate	Risk-adjusted rate	95% Confidence interval
		127.4	**127.4**	**127.4**	
Statewide	**9,439**	**141.7**	**147.0**	**117.7**	**115.2 - 120.0**
Atlantic	280	136.7	147.1	113.5	99.8 -127.3
Bergen	971	137.0	161.4	103.7 *	96.5 -110.6
Burlington	378	109.0	138.8	95.9 *	85.0 -106.8
Camden	578	148.9	142.3	127.9	117.7 -138.0
Cape May	**107**	**132.4**	**201.2**	**80.4 ***	**61.7 -99.1**
Cumberland	289	251.2	141.6	216.8 **	198.0 -235.5
Essex	999	168.1	138.0	148.8 **	140.5 -157.1
Gloucester	271	130.0	130.7	121.5	107.0 -135.9
Hudson	654	138.6	127.6	132.6 **	122.7 -142.2
Hunterdon	78	78.0	129.8	73.4 *	52.4 -94.3
Mercer	364	128.8	139.8	112.5	100.2 -124.2
Middlesex	784	129.2	135.4	116.6	108.5 -125.1
Monmouth	727	150.2	145.1	126.5	117.6 -135.6
Morris	420	112.3	137.7	99.6 *	89.6 -110.6
Ocean	515	119.0	218.7	66.4 *	58.7 -74.2
Passaic	515	138.5	139.2	121.5	111.0 -132.0
Salem	154	304.5	157.3	236.4 **	209.7 -263.2
Somerset	382	160.2	131.3	149.1 **	135.2 -162.2
Sussex	108	94.0	120.8	95.1 *	74.8 -115.3
Union	593	147.2	151.9	118.4	108.7 -128.0
Warren	102	121.8	146.6	101.5	79.9 -123.0

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Bacterial Pneumonia

Bacterial pneumonia is a relatively common acute condition, treatable for the most part with antibiotics. If left untreated in susceptible individuals - such as the elderly - pneumonia can lead to death. Proper outpatient treatment may reduce admissions for bacterial pneumonia in non-susceptible individuals, and lower admission rates represent better quality of care. High admission rates may reflect a large number of inappropriate admissions or low-quality treatment with antibiotics.

The statewide risk-adjusted hospital admission rate for *bacterial pneumonia* is 358.0 per 100,000 adult population. New Jersey performed better compared to the national average of 418.2 per 100,000.

In Cape May County there were 566 hospital admissions for *bacterial pneumonia* in 2005. The observed case rate (700.4) is higher than the expected case rate (615.1). The risk-adjusted rate for Cape May County is 427.3 per 100,000, which is statistically significantly higher than the State. In comparison to neighboring/similar Counties, Cape May County's rate is lower than Atlantic County, but not statistically different and is statistically significantly higher than Cumberland and Ocean Counties.

Table 9. Hospital Admissions for Bacterial Pneumonia (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***418.2***	***418.2***	***418.2***	
Statewide	**28,575**	**428.9**	**449.6**	**358.0**	**353.8 -362.3**
Atlantic	1,082	528.3	450.5	440.1 **	416.1 -464.1
Bergen	2,693	380.1	494.4	288.5 *	276.2 -300.8
Burlington	1,250	360.5	428.7	315.6 *	296.7 -334.5
Camden	1,835	472.8	434.2	408.7 **	390.9 -426.5
Cape May	**566**	**700.4**	**615.1**	**427.3 ** **	**394.6 -460.0**
Cumberland	401	348.6	431.8	303.0 *	270.2 -335.7
Essex	2,919	491.1	419.7	439.1 **	424.5 -453.7
Gloucester	785	376.5	402.5	351.0	325.8 -376.2
Hudson	1,883	399.0	387.2	386.7 **	369.7 -403.8
Hunterdon	287	287.0	406.6	264.9 *	228.7 -301.1
Mercer	1,245	440.4	426.0	388.0 **	367.0 -409.0
Middlesex	2,188	360.7	414.7	326.4 *	311.9 -340.9
Monmouth	1,944	401.8	445.1	338.7 *	323.0 -354.5
Morris	1,398	373.7	426.9	328.5 *	310.2 -346.8
Ocean	2,226	514.2	659.4	292.7 *	279.0 -306.3
Passaic	1,476	396.8	424.5	350.8	332.5 -369.2
Salem	320	632.8	483.2	491.5 **	444.9 -538.1
Somerset	1,039	435.8	405.6	403.2 **	379.7 -426.7
Sussex	502	436.9	376.4	435.6 **	400.5 -470.8
Union	1,553	385.4	461.5	313.4 *	296.5 -330.3
Warren	332	396.4	447.9	332.1	294.5 -369.8

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Urinary Tract Infection

Urinary tract infection is a common acute condition that can, for the most part, be treated with antibiotics in an outpatient setting. However, this condition can progress to more clinically significant infections, such as pyelonephritis, in vulnerable individuals with inadequate treatment. Proper outpatient treatment is believed to reduce admissions for urinary tract infection, and lower rates represent better quality of care.

The statewide risk-adjusted hospital admission rate for *urinary tract infection* is 174.1 per 100,000 adult population. New Jersey performed better compared to the national average of 177.3 per 100,000.

In Cape May County there were 287 hospital admissions for *urinary tract infection* in 2005. The observed case rate (355.1) is higher than the expected rate (238.4). The risk-adjusted rate for Cape May County is 221.6 per 100,000, which is statistically significantly higher than the State. In comparison to neighboring/similar Counties, Cape May County's rate is statistically significantly higher than Atlantic and Ocean Counties and higher than Cumberland County, but is not statistically significant.

Table 10. Hospital Admissions for Urinary Tract Infection (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***177.3***	***177.3***	***177.3***	
Statewide	**13,845**	**207.8**	**177.5**	**174.1**	**171.4 -176.8**
Atlantic	474	231.4	177.9	193.6 **	178.3 -208.8
Bergen	1,198	169.1	192.8	130.4 *	122.6 -138.3
Burlington	685	197.6	166.8	176.2	164.1 -188.3
Camden	966	248.9	172.8	214.3 **	203.1 -225.5
Cape May	**287**	**355.1**	**238.4**	**221.6 ** **	**200.7 -242.5**
Cumberland	276	239.9	171.0	208.7 **	188.0 -229.4
Essex	1,458	245.3	168.5	216.6 **	207.4 -225.8
Gloucester	405	194.2	159.1	181.6	165.7 -197.6
Hudson	967	204.9	157.1	194.0 **	183.3 -204.7
Hunterdon	126	126.0	154.1	121.6 *	98.2 -145.0
Mercer	580	205.2	170.3	179.2	166.0 -192.4
Middlesex	1,107	182.5	164.8	164.7	155.5 -174.9
Monmouth	757	156.4	174.2	133.6 *	123.6 -143.6
Morris	710	189.8	164.5	171.6	159.9 -183.3
Ocean	1,165	269.1	261.5	153.1 *	144.4 -161.7
Passaic	850	228.5	169.6	200.4 **	188.9 -212.0
Salem	161	318.4	188.8	250.9 **	221.2 -280.6
Somerset	399	167.4	157.8	157.8 *	142.8 -172.7
Sussex	140	121.8	145.0	125.0 *	102.4 -147.5
Union	758	188.1	183.8	152.3 *	141.6 -162.9
Warren	132	157.6	176.8	132.6 *	108.7 -156.5

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Angina without Procedure

Both stable and unstable *anginas* are symptoms of potential coronary artery diseases. Effective management of coronary disease reduces the occurrence of major cardiac events such as heart attacks, and may also reduce admission rates for *angina*. Admission for *angina* is relatively common, suggesting that the indicator will be measured with good precision.

The statewide risk-adjusted hospital admission rate for *angina (without procedure)* is 47.4 per 100,000 adult population. New Jersey performed worse compared to the national average of 45.9 per 100,000.

In Cape May County there were 78 hospital admissions for *angina (without procedure)* in 2005. The observed case rate (96.5) is higher than the expected rate (66.6). The risk-adjusted rate for Cape May County is 65.9 per 100,000, which is statistically significantly higher than the State. In comparison to neighboring/similar Counties, Cape May County's rate is statistically significantly higher than Atlantic, Cumberland, and Ocean Counties.

Table 11. Hospital Admissions for Angina without Procedure (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***45.9***	***45.9***	***45.9***	
Statewide	**3,737**	**56.1**	**53.9**	**47.4**	**45.9 -48.9**
Atlantic	98	47.8	53.9	40.5	32.0 -48.9
Bergen	250	35.3	58.2	27.6 *	23.2 -32.0
Burlington	128	36.9	53.1	31.6 *	25.1 -38.2
Camden	159	41.0	52.8	35.3 *	29.1 -41.5
Cape May	**78**	**96.5**	**66.6**	**65.9 ****	**53.8 -78.1**
Cumberland	55	47.8	51.7	42.1	30.5 -53.7
Essex	463	77.9	51.1	69.4 **	64.3 -74.5
Gloucester	119	57.1	51.0	51.0	42.3 -59.6
Hudson	336	71.2	47.1	68.9 **	62.9 -74.9
Hunterdon	20	20.0	54.7	16.6 *	4.6 -28.7
Mercer	93	32.9	51.3	29.2 *	21.8 -36.6
Middlesex	362	59.7	50.4	53.9	48.8 -59.0
Monmouth	195	40.3	55.3	33.2 *	27.7 -38.6
Morris	83	22.2	55.0	18.4 *	12.2 -24.6
Ocean	336	77.6	66.1	53.5 **	48.2 -58.7
Passaic	396	106.5	51.3	94.5 **	88.0 - 100.9
Salem	37	73.2	56.8	58.7	42.0 -75.3
Somerset	54	22.6	52.6	19.6 *	11.6 -27.6
Sussex	83	72.2	51.5	63.9 **	52.3 -75.5
Union	205	50.9	54.3	42.6	36.6 -48.6
Warren	58	69.2	54.5	57.9	44.7 -71.1
Unknown	129	NA	NA	NA	NA

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Uncontrolled Diabetes

Uncontrolled diabetes should be used in conjunction with short-term complications of diabetes, which include diabetic ketoacidosis, hyperosmolarity, and coma. Proper outpatient treatment and adherence to care may reduce the incidence of uncontrolled diabetes, and lower admission rates represent better quality of care.

The statewide risk-adjusted hospital admission rate for *uncontrolled diabetes* is 26.6 per 100,000 adult population. New Jersey performed worse compared to the national average of 22.2 per 100,000.

In Cape May County there were 24 hospital admissions for *uncontrolled diabetes* in 2005. The observed case rate (29.7) is higher than the expected rate (26.4). The risk-adjusted rate for Cape May County is 22.3 per 100,000, lower than the State, but not statistically significant. In comparison to neighboring/similar Counties, Cape May County's rate is lower than Atlantic and Cumberland Counties, and higher than Ocean County, but none of the rates are statistically significant.

Table 12. Hospital Admissions for Uncontrolled Diabetes (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***22.2***	***22.2***	***22.2***	
Statewide	**2,054**	**30.8**	**23.0**	**26.6**	**25.6 -27.6**
Atlantic	58	28.3	23.0	24.5	18.8 -30.1
Bergen	122	17.2	24.2	14.1 *	11.2 -17.1
Burlington	44	12.7	22.8	11.0 *	6.7 -15.4
Camden	112	28.9	22.7	25.3	21.1 -29.4
Cape May	**24**	**29.7**	**26.4**	**22.3**	**13.9 -30.8**
Cumberland	37	32.2	22.4	28.6	20.9 -36.3
Essex	346	58.2	22.2	52.1 **	48.7 -55.5
Gloucester	58	27.8	22.2	24.9	19.2 -30.6
Hudson	345	73.1	21.1	68.7 **	64.8 -72.6
Hunterdon	2	2.0	23.3	1.7 *	0.0 -9.8
Mercer	62	21.9	22.2	19.6 *	14.7 -24.7
Middlesex	190	31.3	22.0	28.2	24.9 -31.6
Monmouth	119	24.6	23.4	20.9 *	17.2 -24.5
Morris	32	8.6	23.4	7.3 *	3.1 -11.4
Ocean	95	21.9	26.3	16.6 *	12.9 - 20.3
Passaic	194	52.2	22.2	46.6 **	42.3 -50.9
Salem	15	29.7	23.7	24.9	13.6 -36.1
Somerset	46	19.3	22.8	16.8 *	11.5 -22.1
Sussex	16	13.9	22.3	12.4 *	4.7 -20.1
Union	89	22.1	23.1	19.0 *	15.0 -23.0
Warren	17	20.3	23.2	17.4	8.6 -26.7

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Adult Asthma

Asthma is one of the most common reasons for hospital admission and emergency room care. Most cases of asthma can be managed with proper ongoing therapy on an outpatient basis. The assumption is that proper outpatient treatment may reduce the incidence or exacerbation of asthma requiring hospitalization, and that lower admission rates suggest better quality of care. Environmental factors such as air pollution, occupational exposure to irritants, or other exposure to allergens have been shown to increase hospitalization rates or exacerbate asthma symptoms.

The statewide risk-adjusted hospital admission rate for *adult asthma* is 145.7 per 100,000 adult population. New Jersey performed worse compared to the national average of 120.6 per 100,000.

In Cape May County there were 114 hospital admissions for *adult asthma* in 2005. The observed case rate (141.1) is higher than the expected rate (133.7). The risk-adjusted rate for Cape May County is 112.4 per 100,000, which is statistically significantly lower than the State. In comparison to neighboring/similar Counties, Cape May County's rate is lower than Ocean County and statistically significantly lower than Atlantic and Cumberland Counties.

Table 13. Hospital Admissions for Adult Asthma (per 100,000 county population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***120.6***	***120.6***	***120.6***	
Statewide	**11,149**	**167.4**	**122.4**	**145.7**	**143.4 -148.0**
Atlantic	345	168.4	122.3	146.7	133.5 -159.9
Bergen	739	104.3	126.9	87.6 *	80.6 -94.5
Burlington	521	150.3	121.1	132.2 *	122.0 -142.4
Camden	930	239.6	121.8	209.6 **	200.0 -219.2
Cape May	**114**	**141.1**	**133.7**	**112.4 ***	**92.4 -132.5**
Cumberland	208	180.8	117.3	164.2 **	146.2 -182.2
Essex	1,681	282.8	120.9	249.3 **	241.5 -257.0
Gloucester	299	143.4	119.6	127.8 *	114.5 -141.0
Hudson	1,269	268.9	115.5	248.0 **	239.1 -257.0
Hunterdon	43	43.0	122.9	37.3 *	18.5 -56.1
Mercer	552	195.3	119.1	174.7 **	163.3 -186.0
Middlesex	792	130.6	118.4	117.5 *	109.7 -125.3
Monmouth	585	120.9	123.9	103.9 *	95.4 -112.1
Morris	225	60.1	123.5	51.9 *	42.2 -61.6
Ocean	643	148.5	133.7	118.4 *	109.7 -127.0
Passaic	881	236.9	119.7	210.7 **	200.8 -220.6
Salem	104	205.7	124.3	176.3 **	150.0 -202.6
Somerset	222	93.1	122.0	81.3 *	69.1 -93.5
Sussex	109	94.9	119.4	84.7 *	66.8 -102.5
Union	537	133.3	123.3	115.1 *	105.8 -124.5
Warren	148	176.7	123.1	152.9	132.3 -173.4

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Lower-extremity Amputation among Patients with Diabetes

Diabetes is a major risk factor for *lower-extremity amputation*, which can be caused by infection, neuropathy, and microvascular disease. Proper long-term glucose control, diabetes education, and foot care are some of the interventions that can reduce the incidence of infection, neuropathy, and microvascular diseases. Proper and continued treatment and glucose control may reduce the incidence of *lower-extremity amputation*, and lower rates represent better quality of care.

The statewide risk-adjusted hospital admission rate for *lower-extremity amputation* is 35.6 per 100,000 adult population. New Jersey performed better compared to the national average of 39.1 per 100,000.

In Cape May County there were 29 hospital admissions for *lower-extremity amputation* in 2005. The observed case rate (35.9) was less than the expected rate (50.0). The risk-adjusted rate for Cape May County is 23.7 per 100,000, which is statistically significantly lower than the State. In comparison to neighboring/similar Counties, Cape May County's rate is lower than Ocean County and statistically significantly lower than Atlantic and Cumberland Counties.

Table 14. Hospital Admissions for Lower-extremity Amputation among Patients with Diabetes (per 100,000 population, age 18+)

County	Hospital admissions	Observed rate	Expected rate^	Risk-adjusted rate	95% Confidence interval
National		***39.1***	***39.1***	***39.1***	
Statewide	**2,792**	**41.9**	**38.9**	**35.6**	**34.4 -36.9**
Atlantic	130	63.5	39.1	53.7 **	46.5 -61.0
Bergen	209	29.5	42.3	23.1 *	19.3 -26.8
Burlington	127	36.6	38.6	31.4	25.8 -37.0
Camden	155	39.9	37.9	34.8	29.5 -40.2
Cape May	**29**	**35.9**	**50.0**	**23.7 ***	**13.5 -33.9**
Cumberland	77	66.9	37.5	59.2 **	49.3 -69.1
Essex	359	60.4	36.4	55.0 **	50.6 -59.4
Gloucester	86	41.2	36.8	37.1	29.7 -44.5
Hudson	210	44.5	33.5	44.0 **	38.9 -49.2
Hunterdon	26	26.0	39.8	21.6 *	11.4 -31.9
Mercer	139	49.2	36.8	44.2 **	37.9 -50.6
Middlesex	227	37.4	36.3	34.1	29.8 -38.5
Monmouth	187	38.6	39.9	32.1	27.4 -36.8
Morris	99	26.5	40.0	21.9 *	16.6 -27.2
Ocean	181	41.8	48.9	28.3 *	23.8 -32.8
Passaic	186	50.0	36.9	44.9 **	39.4 -50.4
Salem	9	17.8	41.7	14.1 *	0.0 -28.3
Somerset	72	30.2	37.6	26.6 *	19.8 -33.5
Sussex	29	25.2	37.0	22.6 *	12.7 -32.6
Union	174	43.2	39.0	36.7	31.5 -41.9
Warren	38	45.4	39.2	38.3	27.0 -49.7

* = Statistically significantly below the state average, ** = Statistically significantly above the state average.

^ Expected rate is the rate the county would have if it had the same case-mix (e.g., age, gender, DRG, and co-morbidity categories) as the national population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the county performed worse than the reference population on that indicator.

Figure 1. Diabetes-Related Hospital Admission Rates by County New Jersey, 2005

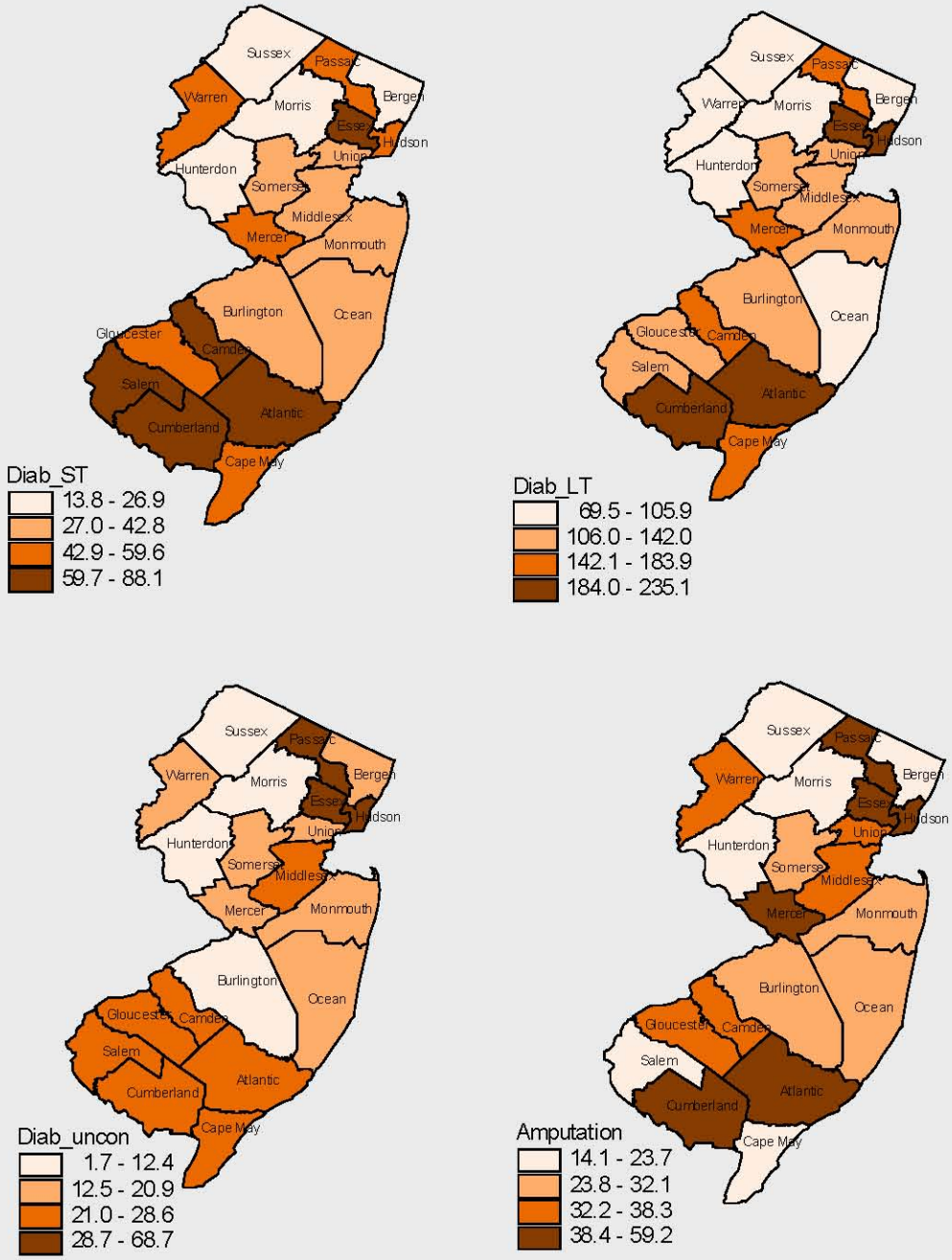

Figure 2 Hypertention, Angina, and Congestive Heart Disease Hospital Admission Rates by County, New Jersey 2005

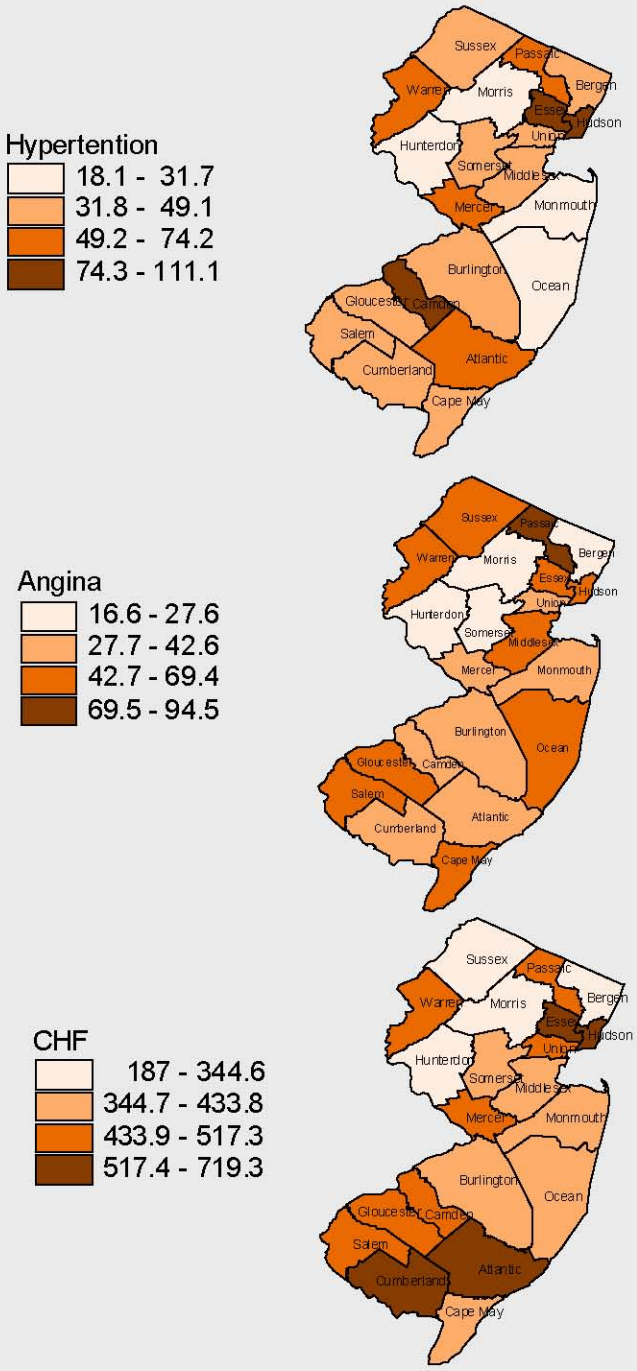

Figure 3. Asthma, Chronic Obstructive Pulmonary Disease, Dehydration, and Low Birth Weight Hospital Admission Rates by County, New Jeresey 2005

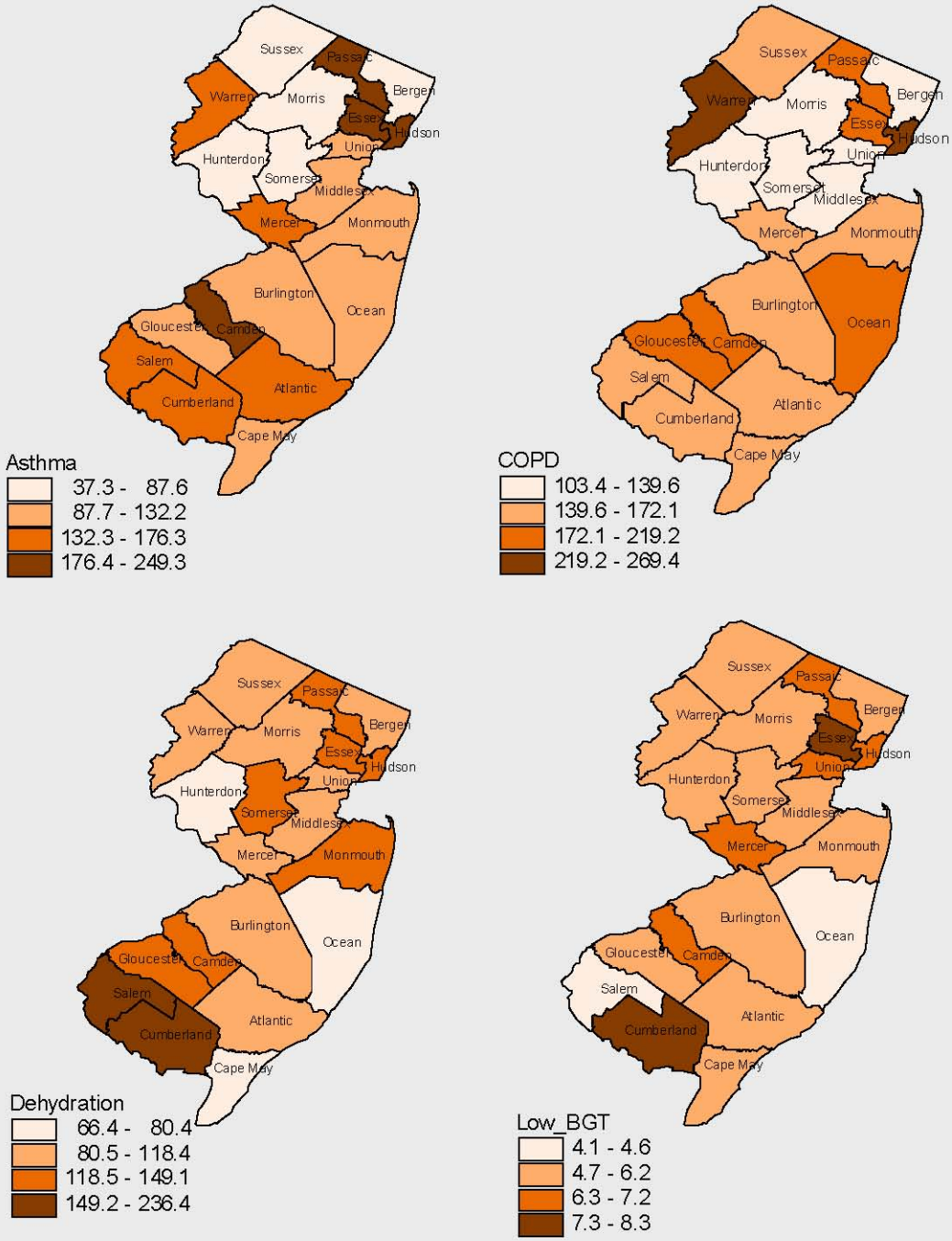

Figure 4. Other Prevention Quality Indicators by County New Jersey, 2005

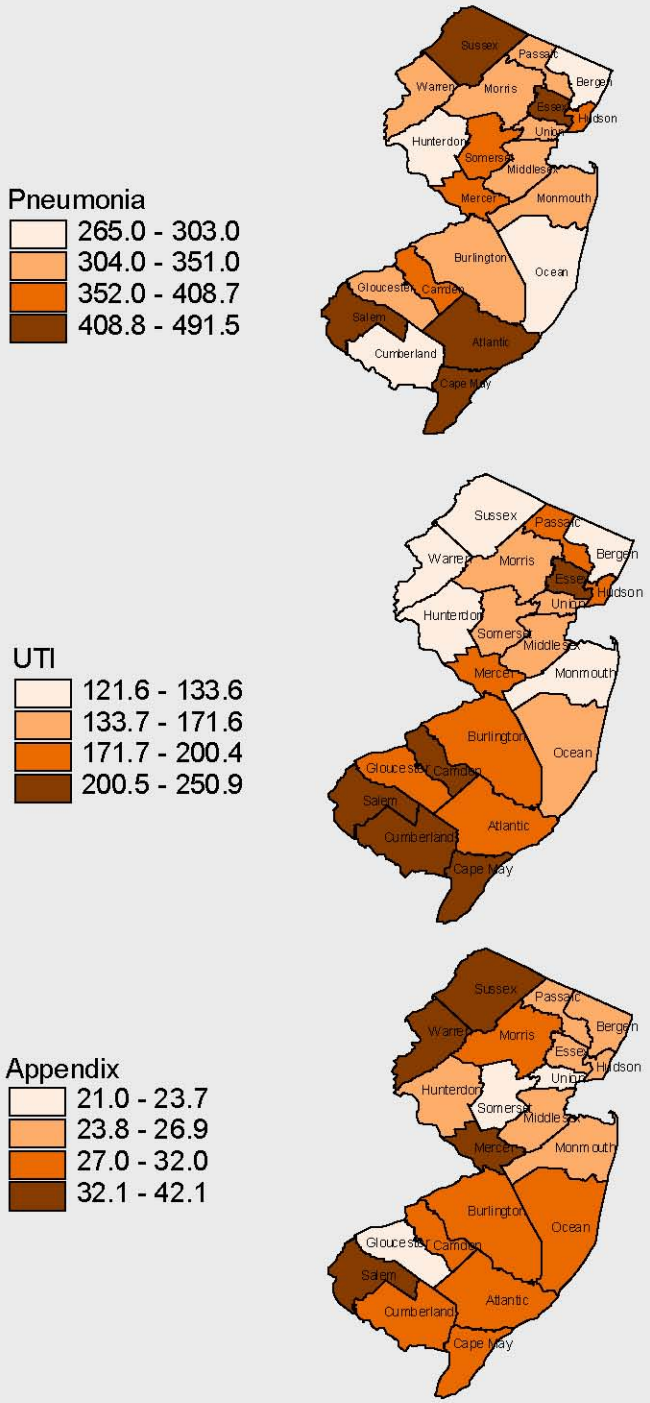

Table 15. Comparing Cape May County's PQI Rates with New Jersey and National Rates

PQIs	Cape May County 2005	New Jersey 2005	National 2004
Diabetes with Short Term Complications	54.6	48.5	54.7
Perforated Appendix	27.9	27.4	30.2
Diabetes with Long Term Complication	165.7	148.6	126.8
Chronic Obstructive Pulmonary Disease	149.1	173.5	230.4
Hypertension	49.1	54.1	49.7
Congestive Heart Failure	432.5	466.1	488.6
Low Birth Weight	5.6	6.3	6.3
Dehydration	80.4	117.7	127.4
Bacterial Pneumonia	427.3	358.0	418.2
Urinary Tract Infection	221.6	174.1	177.3
Angina Without Procedure	65.9	47.4	45.9
Uncontrolled Diabetes	22.3	26.6	22.2
Adult Asthma	112.4	145.7	120.6
Lower Extremity Amputation	23.7	35.6	39.1

Rates per 100,000 except for Perforated Appendix and Low Birth Weight (per 100).

Strengths/Consistent with State:

- Perforated Appendix
- Chronic Obstructive Pulmonary Disease
- Hypertension
- Congestive Heart Failure
- Low Birth Weight
- **Dehydration**
- Uncontrolled Diabetes
- **Adult Asthma**
- **Lower Extremity Amputation**

Dehydration, adult asthma, and lower extremity amputation are statistically significantly better than New Jersey rates.

Areas in need of improvement:

- Diabetes with Short Term Complications
- Diabetes with Long Term Complication
- **Bacterial Pneumonia**
- **Urinary Tract Infection**
- **Angina Without Procedure**

Bacterial pneumonia, urinary tract infection, and angina without procedure are statistically significantly worse than New Jersey rates.