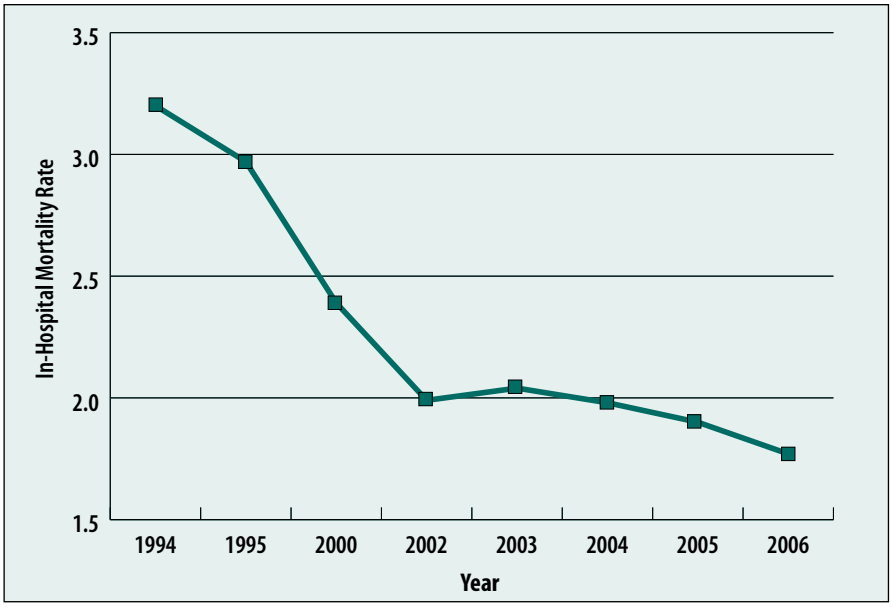
KEY FINDINGS

- In-hospital mortality rates have declined again for patients undergoing a coronary artery bypass graft (CABG) procedure (without a valve procedure), dropping from 1.90 percent in 2005 to 1.77 percent in 2006. CABG patient mortality rates in Pennsylvania have dropped 45.2 percent since 1994.

CABG In-Hospital Mortality Rate



Note: This graph includes data, beginning with 1994, for each year that PHC4 published analysis for CABG procedures.

- From 2000 through 2006, readmissions within 7 days of discharge have declined 13.3 percent, 6.18 to 5.36 percent, and those within 30 days of discharge have declined 10.7 percent, 14.52 to 12.97 percent, for patients who underwent a CABG procedure (without a valve procedure).
- From 2000 through 2006, infection has consistently been the top reason that patients have been readmitted within 30 days of CABG (without a valve procedure).
- For 7-day readmissions from 2000 through 2006, the top reason for readmissions has fluctuated between infections and heart failure for patients who underwent a CABG procedure (without a valve procedure).
- Between 2005 and 2006, the average number of open heart procedures performed by surgeons declined from 121 cases per surgeon to 114 cases per surgeon—down from 149 in 2000. The average number of open heart procedures per hospital declined from 346 cases per hospital to 330 cases per hospital between 2005 and 2006—down from 499 in 2000.

Statewide Figures by Reporting Group

Reporting Group	Number of Cases		In-Hospital Mortality Rate		30-Day Mortality Rate		7-Day Readmission Rate		30-Day Readmission Rate	
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
CABG without Valve	11,875	11,022	1.9%	1.8%	2.3%	2.4%	5.5%	5.4%	13.6%	13.0%
Valve without CABG	2,846	3,000	3.0%	3.3%	3.6%	4.1%	6.6%	7.2%	17.8%	17.0%
Valve with CABG	2,610	2,611	7.5%	6.2%	8.6%	7.1%	7.8%	7.8%	19.2%	18.1%
Total Valve	5,456	5,611	5.2%	4.7%	6.0%	5.5%	7.2%	7.5%	18.4%	17.5%

- In-hospital mortality and readmission rates declined or remained the same from 2005 to 2006 for the CABG without Valve and Valve with CABG reporting groups. For the Valve without CABG reporting group, in-hospital mortality, 30-day mortality, and 7-day readmissions increased.
- From 2005 to 2006, 30-day readmission rates declined for all reporting groups.
- Of the 16,633 patients who underwent CABG and/or valve surgery in 2006, hospitals reported that 1,048 (6.3 percent) contracted an infection[1] during their stay. Patients who underwent both CABG surgery and a valve procedure during the same hospitalization were the most likely to contract a hospital-acquired infection (11.0 percent), and patients who underwent CABG with no valve procedures were the least likely to contract a hospital-acquired infection (5.1 percent). The following table displays the differences in outcomes for patients who did and those who did not contract an infection during their hospital stay. The degree to which the presence of hospital-acquired infections influenced these numbers is not known.

Patients…	In-Hospital Mortality Rate	Average Post-Surgical Length of Stay		Average Hospital Charge[4]		Average Medicare Payment	
		Mean[2]	Median[3]	Mean[2]	Median[3]	Mean[2]	Median[3]
With a Hospital-Acquired Infection	13.3%	20.6 days	15.5 days	$336,265	$225,030	$59,469	$45,520
Without a Hospital-Acquired Infection	2.0%	7.0 days	6.0 days	$128,725	$95,047	$33,520	$30,912

[1] In 2006, hospitals submitted data on the following hospital-acquired infections: urinary tract, pneumonia, bloodstream, surgical site, gastrointestinal, bone and joint, central nervous system, cardiovascular system, lower respiratory system (other than pneumonia), reproductive system, and skin and soft tissue infections.
[2] This is an arithmetic mean, which is used to demonstrate the difference between actual averages for patients with and without hospital-acquired infections.
[3] The median demonstrates the difference between the actual mid-ranges for patients with and without hospital-acquired infections.
[4] In almost all cases, hospitals do not receive full charges from private insurance carriers or government payors; on an average basis, across all inpatient hospital cases statewide, hospitals are reimbursed or paid for approximately 27 percent of established charges.