Hospital Results
Procedure Descriptions & Table Notes

Procedure Descriptions

Coronary artery bypass graft (**CABG**) surgery is used to treat a blockage in a coronary artery by creating an alternate pathway for the blood to flow to vital heart muscle. CABG is typically recommended for severe or complex blockages that are not treatable by other methods. *Patients who underwent a CABG procedure (without a heart valve procedure) are counted in the "CABG" category.*

Percutaneous coronary intervention (**PCI**) procedures are used to open a narrowed or blocked coronary (heart) artery to restore blood flow to the heart muscle. A catheter (thin tube) is inserted into a large blood vessel of the upper thigh or arm and threaded to the heart where a small balloon at the end of the catheter is inflated at the area of disease. A stent (permanent metallic mesh tube) is often placed at the site to prevent restenosis (re-narrowing of the same area of the artery). *Patients who were admitted for a heart attack and underwent a PCI are counted in the "PCI for a Heart Attack" category. Patients who were admitted for a reason other than a heart attack and underwent a PCI are counted in the "PCI without a Heart Attack" category.*

Surgical aortic valve replacement (**SAVR**) is used to treat aortic valve stenosis (narrowing or stiffening) or regurgitation (abnormal backflow or leaking of blood) and restore blood flow from the heart to the body. The aortic valve is replaced with an artificial (mechanical) or biological tissue (animal or human) valve. *Patients who underwent a SAVR procedure (without a CABG or other heart valve procedure) are counted in the "SAVR" category. Patients who underwent a SAVR procedure and a CABG procedure on the same calendar date are counted in the "SAVR with CABG" category.*

Transcatheter aortic valve replacement (**TAVR**) is used to treat aortic valve stenosis (narrowing of the aortic valve caused by stiffness and thickening) and restore blood flow from the heart to the body. A catheter (thin tube) is inserted into a large blood vessel, most often in the upper thigh, and threaded to the heart where a biological tissue (animal) valve is pressed or expanded into the area of the diseased aortic heart valve. *Patients who underwent a TAVR procedure (without a CABG or other heart valve procedure) are counted in the "TAVR" category.*

Table Notes

Measures Reported in the Hospital Results

Number of Cases represents inpatient acute care cases, after exclusions, for patients 18 years and older who underwent the procedure. The number of cases represents separate hospitalizations, not individual patients. Note that because of the excluded cases, the number of cases reported in the **Hospital Results** section of the report is typically lower than the "Total Number of Cases" displayed in the **Volume Results** section of the report.

Mortality represents patients who died during the hospital stay in which the procedure was performed.

Readmission represents patients who were readmitted to a Pennsylvania acute care hospital within 7, 30 and 90 days of the discharge date of the original hospitalization. Out-of-state residents were excluded because readmission data was not available for patients readmitted to a non-Pennsylvania hospital. Planned readmissions were not counted.

Extended Postoperative Length of Stay represents patients whose length of stay in the hospital following a procedure of interest was significantly longer than expected, after accounting for patient risk.

Average Hospital Charge represents the entire length of stay and is trimmed and case-mix adjusted. Professional fees were not included. While charges are what the hospital reports on the billing form, hospitals typically receive actual payments from private insurers and government payers that are considerably less than the listed charge.

Understanding the Symbols

The symbols displayed in the **Hospital Results** section of this report represent a comparison of actual mortality, readmission and extended postoperative length of stay rates to what is expected, after accounting for patient risk.

Using the risk-adjusted unplanned readmission measure as an example:

- ○ **Rate was significantly lower than expected.** Fewer patients were readmitted than could be attributed to patient risk and random variation.
- ⊙ **Rate was not significantly different than expected.** The number of patients who were readmitted was within the range anticipated based on patient risk and random variation.
- ● **Rate was significantly higher than expected.** More patients were readmitted than could be attributed to patient risk and random variation.

*See **About the Report** and **Technical Notes** for further details.*