

Percutaneous Coronary Intervention (PCI) without a Heart Attack

PCI procedures (e.g., coronary angioplasty/stent insertion) are used to open a narrowed or blocked coronary (heart) artery in order 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 is 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 used to prevent restenosis (narrowing in the same area of the artery). Patients who had a heart attack are not included.

Table Notes

Total Number of Cases represents all inpatient hospitalizations, after exclusions, for patients 18 years and older who underwent a PCI. Patients who had a heart attack are not included.

Mortality represents patients who died during the hospital stay.

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 PCI without a heart attack 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. In almost all cases, hospitals typically receive actual payments from private insurers or government payers that are considerably less than the listed charge.

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

Cardiac Procedures Report January 1, 2022 through December 31, 2023 Data

Understanding the Symbols

The symbols displayed in 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 readmission 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.

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