

Table Notes

Spinal Fusion

Number of Cases represents all inpatient hospitalizations, after exclusions, for patients 18 years and older who underwent a spinal fusion procedure.

In-Hospital Complication represents patients who developed a complication or died during the hospital stay in which the spinal fusion was performed.

Readmission for Complication represents patients who were readmitted to a Pennsylvania acute care hospital for a complication within 7, 30 or 90 days (depending on the complication) of being discharged from the hospitalization during which the procedure was performed. A complication is only counted when the complication is the principal reason for the readmission.

Extended Postoperative Length of Stay represents patients whose length of stay in the hospital following a spinal fusion 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.

A spinal fusion is the joining of two or more vertebrae (bones of the spine) using various artificial components (e.g., metal screws, rods, and plates) and bone graft material to fixate (stabilize) the spine while allowing time for the vertebrae to fuse together.

Understanding the Symbols

The symbols displayed in this report represent a comparison of actual *in-hospital complication, readmission for complication* and *extended postoperative length of stay* rates to what is expected, after accounting for patient risk.

Using in-hospital complication as an example:

- **Rate was significantly lower than expected.** Fewer patients experienced an in-hospital complication than could be attributed to patient risk and random variation.
- ◉ **Rate was not significantly different than expected.** The number of patients who experienced an in-hospital complication was within the range anticipated based on patient risk and random variation.
- **Rate was significantly higher than expected.** More patients experienced an in-hospital complication than could be attributed to patient risk and random variation.

See [About the Report](#) section or [Technical Notes](#) for further details.