

# Table Notes

## Percutaneous Coronary Intervention (PCI) for a Heart Attack

**Total Number of Cases** represents all inpatient hospitalizations, after exclusions, for patients 18 years and older who underwent a PCI for a heart attack (acute myocardial infarction).

**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 for 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.

*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). Only patients who had a heart attack are included.*

### 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.

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