Table Notes

Knee Replacement

Total Number of Cases includes all hospitalizations for patients 18 years and older who underwent a knee replacement prior to exclusion of clinically complex cases. The total number of cases includes inpatient hospital discharges from July 1, 2017 through June 30, 2018.

Complication represents patients who 1) developed a complication or died during the hospital stay in which the procedure was performed *or* 2) developed a complication that led to a readmission (within 7, 30 or 90 days depending on the complication), where the complication was the primary reason for the readmission.

Extended Postoperative Length of Stay represents patients whose length of stay following knee replacement 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. In almost all cases, hospitals typically receive actual payments from private insurers or government payers that are considerably less than the listed charge.

The knee joint consists of three parts: the lower end of the thigh bone (femur), the upper end of the shin bone (tibia) and the knee cap (patella). In a total knee replacement procedure, the damaged parts are removed and replaced with various artificial (e.g., metal or plastic) components or implants.

Understanding the Symbols

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

Using complications as an example:

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

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