

Table Notes

Heart Attack – Medical Management

Total Number of Cases includes all inpatient hospitalizations, after exclusions, for patients 18 years and older who were treated medically for a principal diagnosis of a heart attack. Patients who were transferred to another acute care hospital or left against medical advice were excluded.

Transfer to Acute Care represents the percent of patients who were transferred to another acute care hospital. This information is provided since there can be wide variation in this rate across hospitals. This rate may be higher in hospitals that do not provide advanced cardiac services (such as percutaneous coronary intervention, PCI) because patients treated at these hospitals may be transferred to another hospital for further diagnosis and treatment.

Mortality represents patients who died during the hospital stay.

Readmission represents patients who were readmitted to a Pennsylvania general or specialty general acute care hospital within 30 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.

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 heart attack occurs when there is blockage or obstruction in a blood vessel (coronary artery) causing damage or death to an area of the heart (myocardial infarction). Patients who are treated with a balloon (angioplasty)/stent procedure or open heart surgery are not included.

Understanding the Symbols

The symbols displayed in this report represent a comparison of a hospital's actual *mortality* (or *readmission*) rate to what is expected, after accounting for patient risk.

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

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