

# Table Notes

## Abnormal Heartbeat

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

**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.

*Includes abnormalities in the heart rate (how fast or slow the heart beats) and/or the heart rhythm (how regular/steady the heart beats). Common examples include tachycardia (too fast), bradycardia (too slow) and atrial fibrillation (too fast and irregular).*

### 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.