

Percutaneous Coronary Intervention (PCI) without a Heart Attack

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). Patients who had a heart attack are not included.

Table Notes

Total Number of Cases represents all inpatient hospitalizations, after exclusions, for patients 18 years and older who underwent a PCI. Patients who had a heart attack are not included.

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 without 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.

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

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Understanding the Symbols

The symbols displayed in this report represent a comparison of actual 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.

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