Transcatheter Aortic Valve Replacement (TAVR)

Transcatheter aortic valve replacement (TAVR) is used to treat aortic stenosis (narrowing of the aortic valve caused by stiffness and thickening) in order to restore blood flow from the heart to the body. A catheter (thin tube) is inserted into a large blood vessel of the upper thigh and threaded to the heart where a biological valve (cow or pig heart tissue) is pressed or expanded into the area of the diseased aortic heart valve.

Table Notes

Total Number of Cases represents all inpatient hospitalizations, after exclusions, for patients 18 years and older who underwent a TAVR procedure.

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 TAVR procedure 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.

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