

Total Hip Replacement

The hip joint consists of two parts: the upper end of the thigh bone (femur/femoral head) and a socket (acetabulum) located in the pelvis. In a total hip replacement procedure, both damaged parts are removed and replaced with various artificial (e.g., metal or plastic) components or implants.

Table Notes

Number of Cases represents all inpatient hospitalizations, after exclusions, for patients 18 years and older who underwent a total hip replacement.

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 principal reason for the readmission.

Extended Postoperative Length of Stay represents patients whose length of stay in the hospital following a total hip 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. 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 *complication* and *extended postoperative length of stay* rates to what is expected, after accounting for patient risk.

Using complication 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.

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