



Pennsylvania's Guide to Coronary Artery Bypass Graft (CABG) Surgery 2002 - Key Findings

- ⊕ Patient mortality following coronary artery bypass graft (CABG) surgery in Pennsylvania hospitals dropped 16.6 percent between 2000 and 2002. Thirty-day mortality dropped by 14.4 percent during the same period.
- ⊕ Readmission rates within seven days following bypass surgery decreased 10.4 percent between 2000 and 2002. Thirty-day readmission rates declined by 9.9 percent.
- ⊕ The number one cause of readmissions following bypass surgery was infection.
- ⊕ Despite an overall decline in readmissions, rates varied widely among hospitals and surgeons. Thirty-day readmission rates ranged from 7 percent to 25.7 percent for hospitals and from 2.4 percent to 26.7 percent for surgeons.
- ⊕ Readmissions within 7 days amounted to more than \$25 million in charges and 5,373 hospital days. Readmissions within 30 days amounted to over \$55 million in charges and 11,654 hospital days.
- ⊕ Patients with longer post-surgical lengths of stay were more likely to be readmitted within 7 or 30 days of CABG surgery.
- ⊕ The average charge for all CABG surgeries increased by 32 percent in the last five years, while the average charge for all inpatient discharges increased by 43 percent.
- ⊕ Overall, the number of CABG surgeries decreased by 12 percent in the last five years, while another treatment for heart disease known as angioplasty or "balloon" procedure increased by 21 percent during the same time period.
- ⊕ When examining all open heart surgeries (CABG included) the average number of cases per hospital decreased from 499 in 2000 to 408 in 2002 (a decline of 18.2 percent). The average number per surgeon decreased from 149 in 2000 to 130 cases in 2002 (a decline of 12.8 percent).

Surgeon Volume

- ⊕ Surgeon volume and mortality. Surgeons who performed higher numbers of procedures (200-250 procedures) tended to have better results; i.e. lower patient mortality rates. Patients treated by surgeons who performed 200 to 250 surgeries were twice as likely to survive in the hospital as patients of surgeons with less than 100 procedures per year.
- ⊕ Surgeon volume and readmissions. In general, surgeons with higher numbers of surgeries had lower 30-day readmission rates than surgeons with lower volume.
- ⊕ Surgeon volume and length of stay. In general, patients treated by surgeons with higher volume had shorter post-surgical lengths of stay.