



Pennsylvania's Guide to Coronary Artery Bypass Graft (CABG) Surgery 2000 - Key Findings

- ⊞ Patient mortality following coronary artery bypass graft (CABG) surgery in Pennsylvania hospitals was 13% lower in calendar year 2000 than in 1995, the last year of PHC4-reported CABG data.
- ⊞ The likelihood of in-hospital mortality was lower for patients treated by surgeons who performed over 115 open heart procedures per year. A hospital's volume of cases was not a significant factor in mortality.
- ⊞ Fifty-five Pennsylvania hospitals performed CABG surgery in 2000 - 14 began performing this type of surgery after 1995. There were no statistically significant differences in outcomes (in-hospital mortality, 30-day mortality, 7-day or 30-day readmissions, or post-surgical length of stay) between these 14 hospitals and those with more experience.
- ⊞ 27,446 open heart procedures were performed in 2000 - only a slight increase over 1995 figures. The average hospital volume decreased from 634 to 499 procedures during that same period. The average number of procedures per surgeon was the same (149) in both 1995 and 2000.
- ⊞ There was wide variation in readmission rates for both hospitals and surgeons. 7-day readmission rates for hospitals ranged from 2.7% to 14.0%. For surgeons, the range was 1.2% to 18.2%. For 30-day readmission rates, the range for hospitals was 9.7% to 26.5%, and the range for surgeons was 4.7% to 27.5%.
- ⊞ The top two reasons for patient readmissions were infection and heart failure.
- ⊞ Since 1995, the average post-surgical lengths of stay decreased by 12.3%. In general, patients treated by surgeons with higher volumes of procedures had shorter lengths of stay.

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