IMPROVEMENTS IN HEART BYPASS SURGERY OUTCOMES HOLDING STEADY
OPERATIVE MORTALITY RATE DOWN 31% SINCE 2003

SACRAMENTO – Since 2003, the first year of mandated public reporting, California’s operative mortality rates have decreased 31% for patients undergoing coronary artery bypass graft (CABG) surgery, according to a new report released today by the Office of Statewide Health Planning and Development (OSHPD).

“California’s outstanding doctors, nurses and hospitals should be commended for these significant drops in patient mortality,” said OSHPD Director Robert P. David. “Through these reports, the healthcare system becomes more accountable and transparent to consumers, payers and employers as well as encouraging providers to improve their quality of care.”

OSHPD’s latest report the “California Report on Coronary Artery Bypass Graft Surgery, 2009-2010,” includes data collected from 120 California-licensed hospitals where 271 surgeons performed 12,548 adult isolated CABG surgeries in 2010.

2010 Hospital Mortality Highlights:

- There were 251 operative deaths among 12,548 isolated non-salvage (not on CPR on the way to operating room) CABG surgeries performed in 2010.
- The operative mortality rate for isolated CABG surgery in California was 2.00% for 2010 compared to 1.90% for 2009 and 2.24% for 2008. Despite a slight increase from 2009, this represents a 31% reduction in the operative mortality rate since 2003 (2.91%), the first year of mandated public reporting.
- One hospital performed statistically significantly “Better” than the state average in terms of risk-adjusted operative mortality, while four hospitals performed “Worse” than the state average.

2009-2010 Hospital Post-Operative Stroke Highlights:

- 337 of the 25,808 patients (1.31%) who underwent isolated CABG surgery in 2009-2010 experienced a post-operative stroke.
- No hospital performed “Better” than the state average, but four hospitals performed “Worse” than the state average.

2010 Hospital Readmission Highlights:

- 1,487 of 11,304 patients (13.15%) who underwent isolated CABG surgery in 2010 and were discharged alive experienced a hospital readmission within 30 days of the surgery.
• Two hospitals performed “Better” than the state average on hospital readmissions, and two hospitals performed “Worse” than the state average.

**2009-2010 Surgeon Mortality Highlights:**

• Surgeons performed 25,808 isolated non-salvage CABG surgeries in 2009-2010. There were 502 operative deaths during that time for an operative mortality rate of 1.95%.
• No surgeon performed “Better” than the state average and eight surgeons performed “Worse” than the state average.

Performance ratings for the hospitals are based on three risk-adjusted outcomes: operative mortality, operative stroke, and unplanned hospital readmission. Risk-adjustment is a statistical technique that allows for fair comparison of hospital outcomes since some hospitals may serve sicker than average patients. Additionally, utilization of the internal mammary artery during CABG surgery is provided as a measurement of surgical quality.

Performance ratings for mortality, readmission and internal mammary artery utilization are based only on 2010 data. In order to provide more stable estimates, hospital results for post-operative stroke and surgeon results for mortality are based on combined 2009 and 2010 data.

Operative mortality includes all deaths that occur during the hospitalization in which the CABG surgery was performed (regardless of length of stay) and any deaths within 30 days after the surgery, no matter where they occur. Post-operative stroke is defined as a central neurologic deficit persisting more than 24 hours, or that did not resolve within 24 hours after surgery. A readmission was counted only if the patient, within 30 days of being discharged from the hospital where the CABG was performed, was readmitted with a principal diagnosis that indicated a heart-related condition, an infection, or complication related to the CABG surgery.

The Office of Statewide Health Planning and Development’s mission is to advance safe, quality healthcare environments through innovative services and information that: Finances emerging needs, ensures safe facilities, supports informed decisions and cultivates a dynamic workforce. The “California Report on Coronary Artery Bypass Graft Surgery, 2009-2010” can be accessed at [www.oshpd.ca.gov](http://www.oshpd.ca.gov).