

I. INTRODUCTION

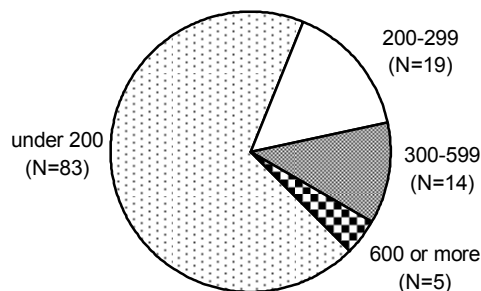
Each year, approximately 25,000 Californians with advanced heart disease undergo a major surgical procedure known as coronary artery bypass graft (CABG) surgery. A CABG surgery reroutes or “bypasses” blockages in the arteries and improves the supply of oxygenated blood to the heart. In California, 121 non-federal hospitals offer bypass surgery to adult patients. Prior to the establishment of the California CABG Mortality Reporting Program (CCMRP) and the release of its first report in July 2001, little was known about how well California hospitals performed this surgery. Such information is critical for hospital quality improvement efforts and assisting patients and their families in making informed decisions about where to receive the best care. Making quality performance information transparent is central to efforts to close the national quality gap.

In 1995, the Pacific Business Group on Health (PBGH) and the California Office of Statewide Health Planning and Development (OSHPD) established a voluntary statewide reporting program to collect mortality data from California hospitals and to publicly report the performance results on this key marker of clinical quality. The *CCMRP 2000-2002 Hospital Data Report* is the third and final report in the series of voluntary public reports showing comparative performance results for California hospitals that perform bypass surgery.

This report presents findings from analyses of data collected from 77 of California's 121 hospitals that regularly performed CABG surgery and uses in-hospital mortality as the key outcome measure. The report includes results for a total of 57,388 cases from hospitals that submitted data to CCMRP during the 2000-2002 period. The report also includes a graphical presentation of participating hospitals' performance over time during the 1997-2002 period and an analysis of the relationship between hospital CABG surgery volume and outcomes.

Figure 1 shows the number and percentage of California hospitals performing different levels of isolated CABG surgery volume in 2002. As seen in the pie chart, 83 out of 121 California hospitals (68.6%) performed 200 or fewer surgeries. Compared to other states, California has a large percentage of hospitals performing relatively low volumes of CABG surgery. Of the other states with public CABG quality reporting programs, New Jersey had one hospital (7%) with case volume under 200, New York had four hospitals (11%), Pennsylvania had 25 hospitals (41%), and Massachusetts had four hospitals (31%).

**Figure 1: California Hospital Isolated CABG Surgery Volumes,
2002 OSHPD Patient Discharge Data**



The total number of isolated CABG surgeries performed has also been declining over recent years, both at the national and state level. Between 2000 and 2002 the total number of isolated CABG surgeries performed in California dropped by 11.6% (from 27,830 cases in 2000 to 24,593 cases in 2002), while percutaneous coronary intervention (PCI) volume increased by 8.4% (from 50,110 in 2000 to 54,298 in 2002).⁵ PCIs include balloon angioplasty and (drug-coated) stents, which have replaced isolated CABG surgery in many less complex cases. As the total volume of CABG surgeries continues to fall, many small-volume hospitals may face tough questions regarding the viability of their heart bypass surgery programs.

⁵ OSHPD, Patient Discharge Data, 2000-2002.