

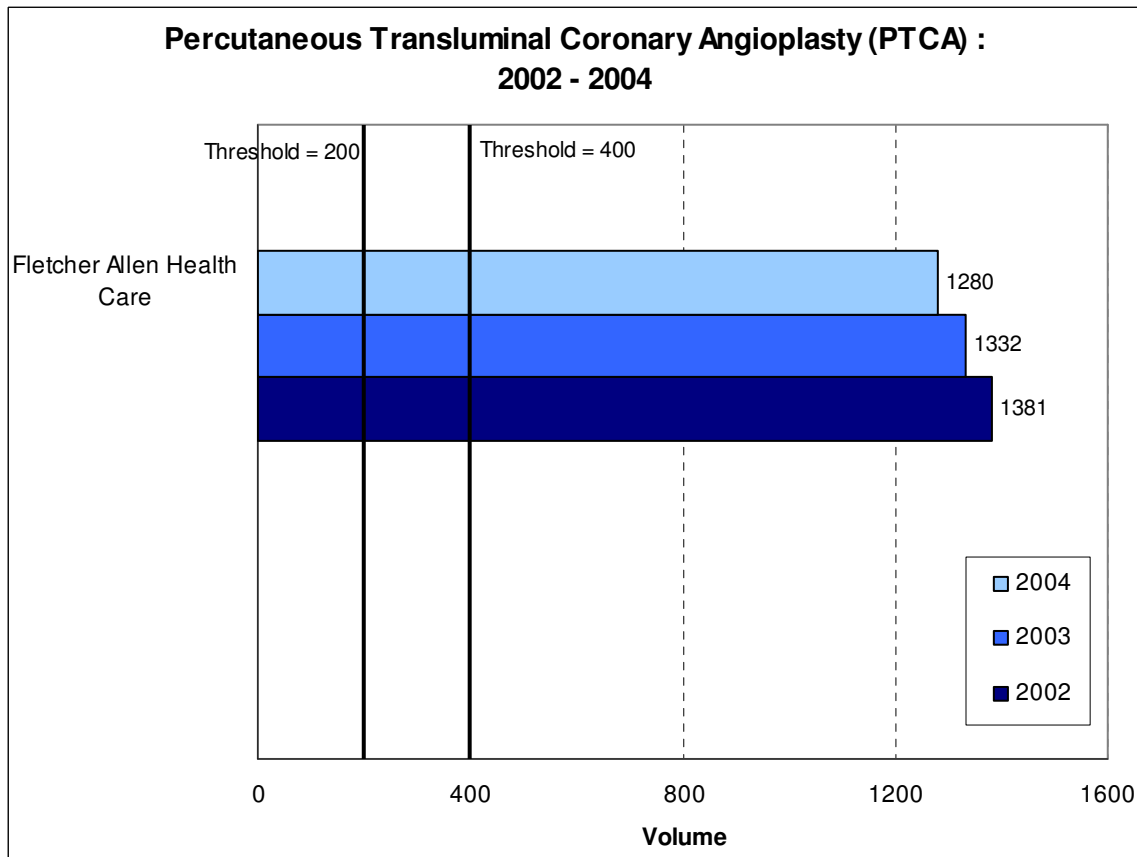
PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (PTCA)

A percutaneous transluminal coronary angioplasty, also known as a balloon angioplasty, is a non-surgical procedure to open blockages in arteries that supply blood to the heart. PTCA may be done to reduce chest pain, prevent or treat heart attacks, or to treat other heart problems caused by blockages in the coronary arteries.

Percutaneous Transluminal Coronary Angioplasty: Volume

Volume is measured as the number of patients who underwent PTCA. Scientific research indicates that higher volumes (that is, doing more of the procedures) are connected with better outcomes, and medical experts have recommended thresholds establishing the minimum number of procedures a facility should perform in order to assure safety and better outcomes. For PTCA, the lowest minimum threshold recommended in scientific literature is 200 procedures per year, and the highest minimum threshold recommended by any scientific study is 400 procedures per year. (See Technical Guide for more information)

- Hospitals not shown had no cases in the reporting years.
- Hospital comments about this measure are listed below the mortality table.



Percutaneous Transluminal Coronary Angioplasty: Mortality

Mortality refers to the number of patients who underwent the procedure at a hospital and died at the same hospital (excludes hospital to hospital transfers).

- Lower rates may represent better quality.
- These measures lack reliability and are influenced by random variation when the number of procedures is small. Small numbers of reported cases are often not sufficient for establishing a pattern of care. For this reason, mortality rates are not calculated for hospitals with fewer than 30 cases in a reporting year. Even when there are more than 30 cases, caution should be used when interpreting rates.
- Hospitals not shown had no cases in any of the reporting years.
- Hospital comments about this measure are listed below the table.

Hospitals performing procedure in 2002, 2003, and/or 2004	Number of Procedures			Number of Deaths			Mortality Rate						
							Observed Rate			Risk-Adjusted Rate			
	2002	2003	2004	2002	2003	2004	2002	2003	2004	2002	2003	2004	
Fletcher Allen Health Care	1381	1330	1279	11	16	18	1%	1%	1%	1%	1%	1%	
Vermont Total	1381	1330	1279	11	16	18	1%	1%	1%	1%	1%	1%	
National Total											1%	na	na

na - National mortality rates are not yet available for 2003 and 2004

Definitions	
Number of Procedures	The number of patients who underwent this procedure at the hospital (does not include transfers).
Number of Deaths	The number of patients who underwent this procedure at a hospital and died at the same hospital.
Mortality Rate	The percentage of patients who underwent this procedure who died at the hospital. Two ways of measuring this rate are Observed Rate and Risk-Adjusted Rate.
Observed Rate	The Number of Deaths divided by the Number of Procedures. This does not take into account age, gender, or the complexity of particular cases.
Risk-Adjusted Rate	Mortality rate adjusted for age, gender, and complexity. This rate allows for better comparisons between hospitals. It is important to note, however, that it is difficult to draw firm conclusions from rates based on a small number of procedures.

The following hospitals provided additional comments about PTCA:

Fletcher Allen Health Care: For more than 50 years, the heart care team at Fletcher Allen has been providing people with cutting edge heart care and is committed to excellence. Fletcher Allen has extensive experience in all of the major subspecialties within heart care including PTCA.

As an academic institution, our goal is to provide the best patient care possible by bringing research and education to the bedside. As one of the founding members (1987) of the Northern New England Cardiovascular Disease Study Group (NNECDSG), Fletcher Allen Health Care cardiac team meets periodically with other NNECDSG consortium counterparts to compare data and information concerning the treatment of cardiovascular disease for the purpose of improving quality outcomes (cost, effectiveness, safety).

The combination of appropriate pharmacologic therapy, timely intervention and expertise in percutaneous transluminal coronary angioplasty (PTCA) procedures has contributed to the low overall mortality rate for PTCA procedures shown.

For more recent statistics and an in depth description of Fletcher Allen's heart care program, please see the Quality of Care Report at <http://www.fahc.org>