Women's mortality rates for cardiovascular disease differ widely among hospitals

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Women treated for cardiovascular disease at the nation's best-performing hospitals have a 39 percent lower risk-adjusted mortality rate when compared with women at the nation's poorest-performing hospitals, according to the fourth annual HealthGrades Women's Health Outcomes in U.S. Hospitals study, released today.

The study also found that, for women, the largest quality gaps between the best-performing and poorest-performing hospitals were in heart failure and interventional cardiology procedures. Compared to poorly performing hospitals, the best-performing hospitals had a 46 percent lower risk-adjusted mortality for heart failure and a 44 percent lower risk-adjusted mortality for interventional cardiology procedures.

Overall, risk-adjusted mortality for cardiovascular disease for women improved an average of 8.7 percent from 2003 through 2005.

"Cardiovascular disease is the nation's number one killer of women in the U.S., so while we are gratified to see an overall improvement in mortality rates, we are concerned that there still exists such a wide gap in hospitals' treatment of CVD when comparing the top performers and others," said Samantha Collier, MD, HealthGrades chief medical officer. "We know we can do better, especially for women hospitalized for stroke or a heart attack, which make up 60 percent of the potentially preventable deaths in the study."

In addition to identifying trends in cardiovascular care, the annual

HealthGrades Women's Health Outcomes in U.S. Hospitals study provides women's health and maternity care quality ratings for 2,100 hospitals in the 19 states that publish hospital outcomes data, which are available free to consumers at www.healthgrades.com.

Today's HealthGrades study analyzed the following six procedures and diagnoses for each hospital's female patients:

-- Coronary bypass surgery
-- Valve replacement surgery
-- Interventional cardiology procedures (Angioplasty)
-- Acute myocardial infarction (Heart Attack)
-- Heart failure
-- Stroke

Nineteen states make available the outcomes data necessary for this study. Those states include: Arizona, California, Florida, Iowa, Maine, Maryland, Massachusetts, Nevada, New Jersey, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Virginia, Washington and Wisconsin.

The study also found that:
-- All performance categories of hospitals – best, average and poor – showed improvement over the study period, but the greatest improvement was among the poorly performing hospitals, whose risk-adjusted mortality rates improved 10 percent from 2003 through 2005. While these hospitals showed the most improvement over the course of the study, their overall performance still lags considerably behind the best-performing hospitals.
-- If all of the 513 study hospitals in the 19 states studied performed at the level of the best-performing hospitals during the years 2003 through 2005, 15,925 deaths among women hospitalized for cardiovascular disease could have been potentially prevented. The national number

would be much higher.
-- The greatest opportunity to reduce mortality is among women hospitalized for stroke and heart attack, which combined represented 60 percent of the potentially preventable deaths.
-- Wide variations were found across the 19 states evaluated. For example, Arizona had an overall risk-adjusted mortality that was 31 percent lower than Iowa during the years 2003 through 2005, across the six procedures and diagnoses studied.

The study, including the full methodology, can be found on http://www.healthgrades.com.

Source: HealthGrades