

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Cram P, Rosenthal GE, Vaughan-Sarrazin MS. Cardiac revascularization in specialty and general hospitals. *N Engl J Med* 2005;352:1454-62.

WEB ONLY APPENDIX 1: Specialty cardiac hospitals

Hospital Name	City, State
Lutheran Heart Hospital	Mesa, AZ
Arizona Heart Hospital	Phoenix, AZ
Tucson Heart Hospital	Tucson, AZ
The Heart Hospital	Rancho Mirage, CA
Bakersfield Heart Hospital	Bakersfield, CA
Heart Hospital of Austin	Austin, TX
MC Allen Heart Hospital	Mc Allen, TX
Arkansas Heart Hospital	Little Rock, AR
The Miami Heart Institute*	Miami, FL
Kansas Heart Hospital	Wichita, KS
Deborah Heart and Lung Center	Browns Mills, NJ
Heart Hospital of New Mexico	Albuquerque, NM

* Merged with Mount Sinai Medical Center in 2001

St. Francis Hospital/ The Heart Center	Roslyn, NY
Dayton Heart Hospital	Dayton, OH
Heart Hospital of South Dakota, LLC	Sioux Falls, SD

WEB ONLY APPENDIX 2: Independent predictors of 30-day or hospital mortality for

percutaneous coronary interventions (PCI), identified using stepwise logistic regression *

Risk Factor	Odds Ratio (95% CI)	P value
Demographics		
Age		
70-74	1.18 (0.99-1.41)	.06
75-79	1.27 (1.07-1.50)	.007
80-84	1.76 (1.47-2.12)	<.001
85-89	2.60 (2.04-3.30)	<.001
>90	3.00 (2.06-4.38)	<.001
Race		

* In the risk adjustment model, age was expressed as five indicator variables (70-74, 75-79, 80-84, 85-89, 90 years and older), with a referent category of 65-69 years. Race was expressed using two indicator variables for patients who were classified in the database as either "black" or "other non-white race." Surgical priority was expressed using two indicator variables for emergent and urgent admissions, relative to elective admissions. Admission source was expressed as indicator variables for patients transferred to the hospital from another acute-care facility and patients admitted through the emergency department, with a referent category that primarily included patients referred by a physician.

Black	0.84 (0.60-1.18)	.32
Other nonwhite	0.92 (0.75-1.13)	.45
Female sex	1.10 (0.95-1.26)	.20
Median Income	0.99 (0.99-0.99)	<.001
Comorbid conditions		
Congestive heart failure	2.80 (2.40-3.27)	<.001
Neurologic disease	3.08 (2.32-4.10)	<.001
Chronic renal failure	2.58 (2.06-3.24)	<.001
Chronic obstructive pulmonary disease	1.54 (1.29-1.84)	<.001
Cerebro-vascular disease	1.98 (1.56-2.51)	<.001
Coagulopathy	3.34 (2.40-4.67)	<.001
Weight loss	4.64 (2.70-7.99)	<.001
Valvular heart disease	1.26 (1.06-1.50)	.01

Liver Disease	2.53 (1.12-5.74)	.03
Metastatic disease	4.12 (2.30-7.31)	<.001
Surgical priority		
Urgent	1.15 (1.93-1.44)	.18
Emergent	1.36 (1.07-1.82)	.37
High-risk clinical conditions		
Primary Diagnosis MI	2.90 (2.50-3.38)	<.001
Aortic balloon pump	2.62 (1.36-5.08)	.008
Previous CABG	0.68 (0.52-0.87)	.003
Year of discharge (compared w/ 2000)	0.90 (0.80-1.02)	.10
Admission as transfer from another acute care facility	1.05 (0.87-1.27)	.61

Admission from emergency department	1.08 (0.83-1.42)	.53
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WEB ONLY APPENDIX 3: Independent predictors of 30-day or hospital mortality for coronary artery bypass graft surgery (CABG), identified using stepwise logistic regression *

Risk Factor	Odds Ratio(95% CI)	P value
Demographics		
Age		
70-74	1.24 (1.05-1.47)	.01
75-79	1.43 (1.22-1.68)	<.001
80-84	1.89 (1.61-2.23)	<.001
85-89	2.88 (2.33-3.56)	<.001
>90	2.59 (1.60-4.18)	<.001
Race		

* In the risk adjustment model, age was expressed as five indicator variables (70-74, 75-79, 80-84, 85-89, 90 years and older), with a referent category of 65-69 years. Race was expressed using two indicator variables for patients who were classified in the database as either "black" or "other non-white race." Surgical priority was expressed using two indicator variables for emergent and urgent admissions, relative to elective admissions. Admission source was expressed as indicator variables for patients transferred to the hospital from another acute-care facility and patients admitted through the emergency department, with a referent category that primarily included patients referred by a physician.

Black	1.42 (0.72—1.00)	.05
Other non-white	0.99 (0.72-1.37)	.93
Female sex	1.41 (1.26-1.59)	<.001
Median Income	0.99 (0.99-0.99)	<.001
Comorbid conditions		
Congestive heart failure	1.81 (1.58-2.08)	<.001
Neurologic disease	3.17 (2.46-4.09)	<.001
Chronic renal failure	2.43 (2.01-2.93)	<.001
Chronic obstructive pulmonary disease	1.27 (1.10-1.47)	.001
Cerebro-vascular disease	1.66 (1.43-1.92)	<.001
Coagulopathy	2.60 (2.10-3.21)	<.001
Weight loss	2.47 (1.70-3.59)	<.001
Valvular heart disease	1.46 (1.20-1.77)	<.001

Liver Disease	4.21 (2.50-7.09)	<.001
Peripheral vascular disease	1.28 (1.08-1.50)	.003
Surgical priority		
Urgent	1.19 (1.04-1.39)	.02
Emergent	1.17 (1.96-1.43)	.13
High-risk clinical conditions		
Primary diagnosis MI	1.57 (1.40-1.78)	<.001
PCI on the same day as CABG	2.47 (1.45-4.24)	.001
Valve replacement during CABG	1.34 (1.08-1.67)	.009
Cardiac catheterization on the same day as CABG	1.45 (1.19-1.77)	<.001
Year of discharge compared with 2000	0.99 (0.88-1.13)	.98

Admission as transfer from another acute care facility	1.17 (0.97-1.42)	.10
Admission from emergency department	1.13 (0.89-1.43)	.33