

# Death rate decreases following hospitalization for heart attack

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From 1995 to 2006, hospital 30-day death rates decreased significantly for Medicare patients hospitalized for a heart attack, as did the variation in the rate between hospitals, according to a study in the August 19 issue of *JAMA*.

"Over the last 2 decades, health care professional, consumer, and payer organizations have sought to improve outcomes for [patients](#) hospitalized with [acute myocardial infarction](#) [AMI; [heart attack](#)]," the authors write. However, little has been known about whether hospitals have been achieving better short-term mortality rates for AMI or if there has been a reduction in between-hospital variation in short-term mortality rates, according to background information in the article.

Harlan M. Krumholz, M.D., S.M., of Yale University School of Medicine, New Haven, Conn., and colleagues examined 30-day risk-standardized mortality rates (RSMRs) for acute care hospitals in the United States in the period between 1995 and 2006 for Medicare patients, 65 years or older (average age, 78 years) who were hospitalized with an AMI. The study included data on 3,195,672 discharges in 2,755,370 patients.

The researchers found that the all-cause and in-hospital death rates decreased over the study period. "The 30-day mortality rate decreased from 18.9 percent in 1995 to 16.1 percent in 2006, and in-hospital mortality decreased from 14.6 percent to 10.1 percent. In contrast, the 30-day mortality rate for all other conditions was 9.0 percent in 1995

and 8.6 percent in 2006." The RSMR, which takes into account the differences in the types of patients across hospitals and is currently being used by the Centers for Medicare and Medicaid Services (CMS) to profile hospital performance, decreased from 18.8 percent in 1995 to 15.8 percent in 2006, and a reduction in between-hospital differences in [mortality rates](#) was also observed.

"Between 1995 and 2006, the RSMR for patients admitted with AMI showed a marked and significant decrease, as did between-hospital variation. Although the cause of the reduction cannot be determined with certainty, this finding may reflect the success of the many individuals and organizations dedicated to improving care during this period," the authors conclude.

More information: *JAMA*. 2009;302[7]:767-773.

Source: *JAMA* and Archives Journals ([news](#) : [web](#))

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