
OREGON HOSPITAL QUALITY INDICATOR PROJECT, 2004

CAROTID ARTERY PLAQUE REMOVAL (CAROTID ENDARTERECTOMY/CEA)

What is Carotid Endarterectomy?*

A **carotid endarterectomy** (CEA) is an operation on the **carotid arteries** in the neck. It is performed to clear out blockages that prevent blood from reaching the brain. During a carotid endarterectomy, the carotid artery is exposed through a small incision in the neck, the artery is opened, and the blockage is removed. A vein from the leg may be sewn (grafted) on the carotid artery to widen or repair the vessel. Additionally, the blood flow may be temporarily rerouted (shunted) during the procedure.

See Healthwise for additional information on [carotid endarterectomy](#).

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What does this indicator mean?

Volume. The **number of patients** admitted for carotid endarterectomy (CEA) is displayed as the **volume**. CEA is a specialized surgery, and staff at hospitals that perform more of these surgeries may be more familiar with possible complications that can occur. Therefore, **performing more of these surgeries may lead to better outcomes**. Volume is not a direct measure of the quality of care, but is useful in gauging how much experience a particular hospital has for this procedure.

Research indicates that performing **at least 101 surgeries per year** may lead to better patient outcomes. In Oregon, thirty-one hospitals performed at least one CEA in 2004, and three hospitals performed 101 or more.

Death Rate. The CEA death rate is the **percent of patients admitted for CEA who died in the hospital**.

Some patients are sicker or more difficult to treat, and some hospitals admit more of these complex patients than others. Each hospital's death rate is adjusted to help account for differences in these factors, but keep in mind that the adjustment is not perfect. The **adjusted death rate** is presented below.

In general, deaths from CEA are very rare, and Oregon's hospitals experienced very low death rates in 2004. For this reason, death rates for individual hospitals are not reported here. The average death rate for carotid endarterectomy in the United States was 0.7% in 2002. In Oregon, the average death rate was 0.8% in 2004.

Technology and Changing Practices

In recent years, standard clinical practices have changed due to advancements in surgical technology. As a result, it is expected that surgeons will perform fewer of carotid endarterectomies as they adopt new technologies.

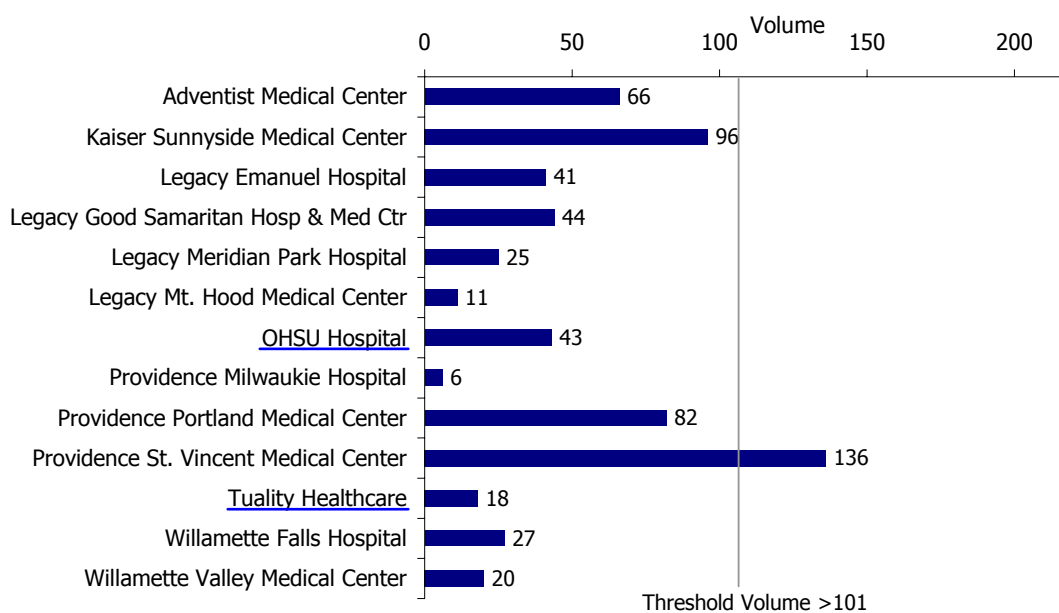
Carotid Endarterectomy (CEA) Volume Oregon, 2004

Notes

- Hospitals not shown had fewer than 5 of these procedures in 2004.
- Statewide Carotid Endarterectomy volume was 1,493 in 2004
- See [Technical Documentation](#) for more detail
- Hospitals that submitted additional information about their volume are underlined; click on the hospital name to access their comments.
- The Agency for Healthcare Research and Quality indicates that performing more than 101 cases per year may lead to better outcomes.

Portland Metropolitan Area

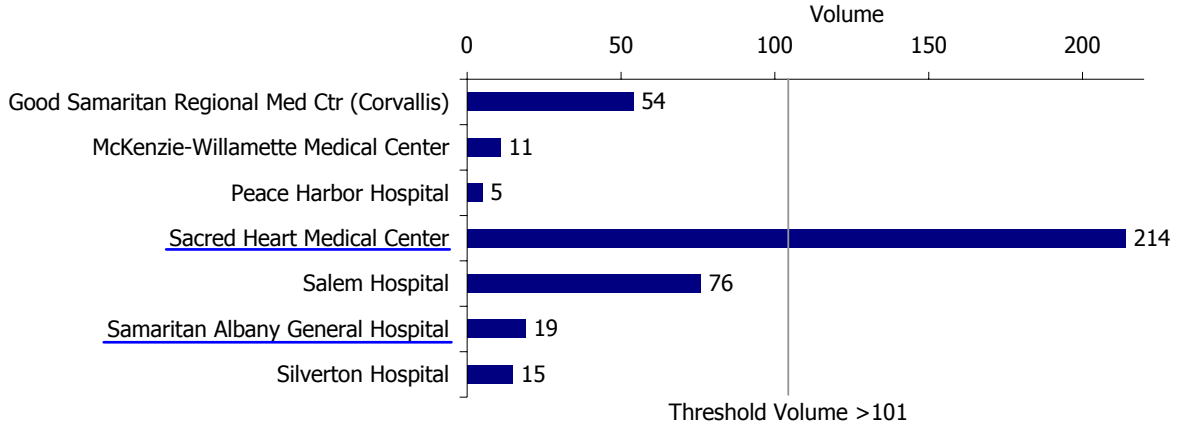
(Clackamas, Multnomah, Washington, and Yamhill Counties)



Underline indicates that hospital-submitted comments are available. Click on hospital name to access comments. Hospitals not shown had fewer than 5 cases in the reporting year.

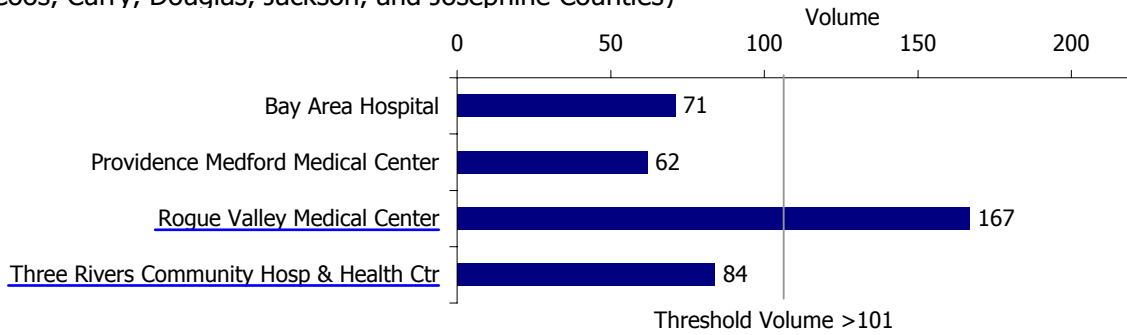
Carotid Endarterectomy (CEA) Volume Oregon, 2004

Valley (Benton, Lane, Linn, Marion, Polk Counties)



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South Coast/Southwest Oregon (Coos, Curry, Douglas, Jackson, and Josephine Counties)

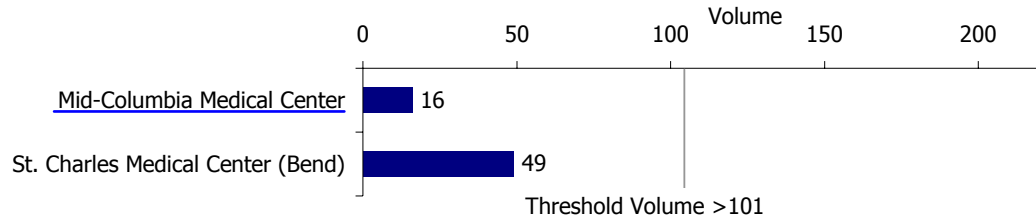


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Carotid Endarterectomy (CEA) Volume Oregon, 2004

Central Oregon/Gorge

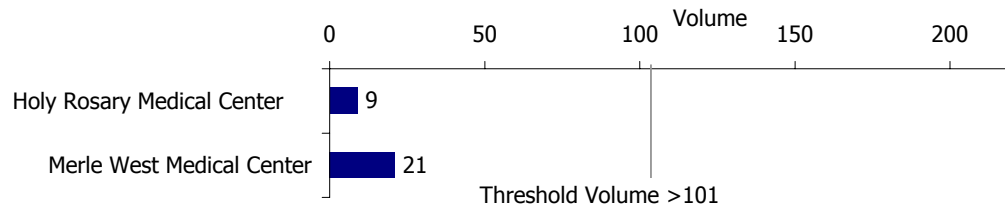
(Crook, Deschutes, Hood River, Jefferson, Morrow, Umatilla, Wasco Counties)



Underline indicates that hospital-submitted comments are available. Click on hospital name to access comments. Hospitals not shown had fewer than 5 cases in the reporting year.

Eastern/South Central Oregon

(Baker, Grant, Harney, Klamath, Lake, Malheur, Union, Wallowa Counties)



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