

Catheterization Laboratory Accreditation

Performance Metrics

As part of the ACE application, performance metrics from the NCDR CathPCI Registry, NCDR ACTION Registry (if available) and the Hospital compare website will be reviewed. (www.hospitalcompare.hhs.gov) The specific performance metrics examined and their source are shown in the table below.

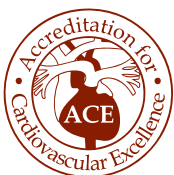
PCI Performance Metrics	Source	Line
PCI in-hospital risk adjusted mortality (all patients)	NCDR CathPCI	1
Composite: Discharge Medications in Eligible PCI Patients	NCDR CathPCI	38
PCI Process Metrics		
Proportion of elective PCIs with prior positive stress or imaging study	NCDR CathPCI	2
Median time to immediate PCI for STEMI patients (in minutes)	NCDR CathPCI	3
Proportion of STEMI patients receiving immediate PCI within 90 minutes	NCDR CathPCI	4
Median time from ED arrival at STEMI transferring facility to ED arrival at STEMI receiving facility among transferred patients (in minutes)	NCDR CathPCI	5
Median time from ED arrival at STEMI transferring facility to Immediate PCI at STEMI receiving facility among transferred patients (in minutes)	NCDR CathPCI	6
PCI Outcome Metrics		
Proportion of PCI patients with emergency CABG	NCDR CathPCI	12
Proportion of PCI procedures with post-procedure stroke	NCDR CathPCI	16
Composite :Proportion of PCI patients with death, emergency CABG stroke or repeat target lesion revascularization	NCDR CathPCI	17
PCI in-hospital risk adjusted mortality (patients with STEMI)	NCDR CathPCI	18
PCI in-hospital risk adjusted mortality (STEMI patients excluded)	NCDR CathPCI	19
Proportion of PCI procedures with transfusion of whole blood or RBCs post PCI*	NCDR CathPCI	25
PCI in-hospital risk adjusted rate of bleeding events (all patients)	NCDR CathPCI	37
PCI in hospital risk adjusted acute kidney injury (all patients)	NCDR CathPCI	39
PCI Appropriate Use Criteria (AUC)		
Proportion of PCI procedures not classifiable for AUC reporting	NCDR CathPCI	30
Proportion of evaluated PCI procedures that were appropriate (WITHOUT Acute Coronary Syndrome)	NCDR CathPCI	34
Proportion of evaluated PCI procedures that were of uncertain appropriateness (WITHOUT Acute Coronary Syndrome)	NCDR CathPCI	35
Proportion of evaluated PCI procedures that were inappropriate. (WITHOUT Acute Coronary Syndrome)	NCDR CathPCI	36
Patients WITH ACS Proportion of evaluated PCI procedures that were appropriate	NCDR CathPCI	31
Patients WITH ACS Proportion of evaluated PCI procedures that were uncertain	NCDR CathPCI	32
Patients WITH ACS Proportion of evaluated PCI procedures that were inappropriate	NCDR CathPCI	33

Diagnostic Cath Process & Outcome Metrics	Source	Line
Incidence of non-obstructive disease (elective patients only) †	NCDR CathPCI	20
Proportion of Diagnostic Catheterization procedures with vascular access injury requiring treatment or major bleeding**	NCDR CathPCI	21
STEMI/NSTEMI Performance Measures		
Overall AMI performance composite	ACTION Registry	1
Overall defect free care	ACTION Registry	2
STEMI performance composite	ACTION Registry	3
NSTEMI performance composite	ACTION Registry	4
ACUTE AMI performance composite	ACTION Registry	5
Discharge AMI performance composite	ACTION Registry	6
Evaluation of LV systolic function	ACTION Registry	11
Time in minutes from ED arrival at STEMI referral facility to ED discharge from STEMI referral facility in patients transferred for PCI	ACTION Registry	18
Cardiac Rehabilitation patient referral from an inpatient setting	ACTION Registry	21
Medicare Hospital Compare Outcome Metrics		
Rate of unplanned readmission for heart attack patients. (ACC Pilot Readmission Measure)	Hospital Compare	
Heart attack patients given PCI within 90 minutes of arrival (Medicare patients)	Hospital Compare	
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (Medicare patients)	Hospital Compare	

*Patients who received a transfusion of whole blood or red blood cells after a PCI procedure. Exclusions: Patients having CABG or other major surgery during the same admission.

**Vascular access site injury requiring treatment or major bleeding is defined as: 1) Bleeding at access site, hematoma at access site, or retroperitoneal bleed that occur within 72 hours of the procedure. To qualify, the event must be associated with a hemoglobin drop of >3 g/dL; transfusion of whole or packed red blood cells, or a procedural intervention/surgery at the bleeding site to reverse/stop or correct the bleeding. This excludes "GI", "GU" and "Other" bleeds. 2) Major access site related injury requiring treatment includes access site occlusion, peripheral embolization, dissection, pseudoaneurysm, AV fistula requiring treatment anytime from the procedure until discharge.

† Defined as patients with undergoing elective diagnostic cath and coronary angiography with all native coronary territories <50%. Exclusions: Patients with prior CABG, cardiac transplant evaluation; pre-op evaluation for non-cardiac surgery and diagnostic cath treatment recommendation of "other cardiac therapy without CABG or PCI".



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