

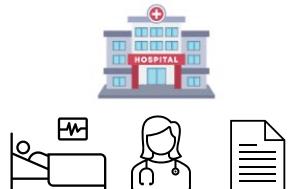
NCDR eReports States

ACC's Regional Reporting Dashboard

Strengthening Quality Through Data

Hospitals

- Hospital abstractors submit data from cardiac procedures to an ACC Registry (e.g., Chest Pain – MI Registry, CathPCI Registry, STS/ACC TVT Registry).
- Hospitals may choose to participate in different registries based on their patient mix, types of procedures performed, accreditation standards and state regulatory requirements.



ACC

- ACC's compiles and stores NCDR data submitted by hospitals on its servers with strict security.
- Data is verified for completeness and accuracy through a rigorous audit process.
- ACC calculates various clinical measures and metrics based on this data.



State Agencies

- State Departments of Health and similar organizations such as regional committees or Task Forces can request this data in ACC through a written agreement.
- Hospitals must then sign a Data Release Consent form for the ACC to share their data with their regional state agency.
- The data can then be used for hospital oversight and large-scale quality improvement programs.



NCDR eReports States

Reporting Solution for State Agencies and Regional Coalitions

Monitor



- Track outcomes and process metrics for hospitals participating in NCDR
- Identify regions for improvement

Compare



- Analyze NCDR data between hospitals in your region/state
- Assess regional performance against national benchmarks

Connect



- Use data to bring stakeholders together and help hospitals meet their performance targets
- Collaborate with hospitals to share new policies and best practices

Improve



- Inform your quality improvement programs and campaigns
- Work towards better patient outcomes and care quality in a scientific and methodical way

Monitor Cardiology Data

Metric Summary Metric Detail State Census Analysis Facility Comparison Follow-up Detail DQI Summary Switch Registry Log out

State Facility MyGroup Metric Category: All BENCHMARKS FROM: 202403 ENDING TIMEFRAME: 202502* INCLUSION: All Hospitals AGGREGATED: 4/20/2025 6:00

Benchmark Attainment by Facility

Facility Name	0-9th	10-24th	25-49th	50-74th	75-89th	>=90th	N/A
Hospital A	8	5	5	2	3	12	
Hospital B	3		2	1	16	7	
Hospital C		5	7	3	6	3	2
Hospital D	3	9	8	5	3	10	1
Hospital E	5	2	1	2	10	3	
Hospital F		4	4	7	5	9	5
Hospital G	8	2	1	1	9	3	
Hospital H	10	1	1	1	4	10	6

4855 - Composite: PCI guideline discharge meds

Metric **Market - MyGroup** My R4Q My Median R4Q Num Den 25-49th Pctl 50-74th Pctl 75-89th Pctl >=90th Pctl % Qtr

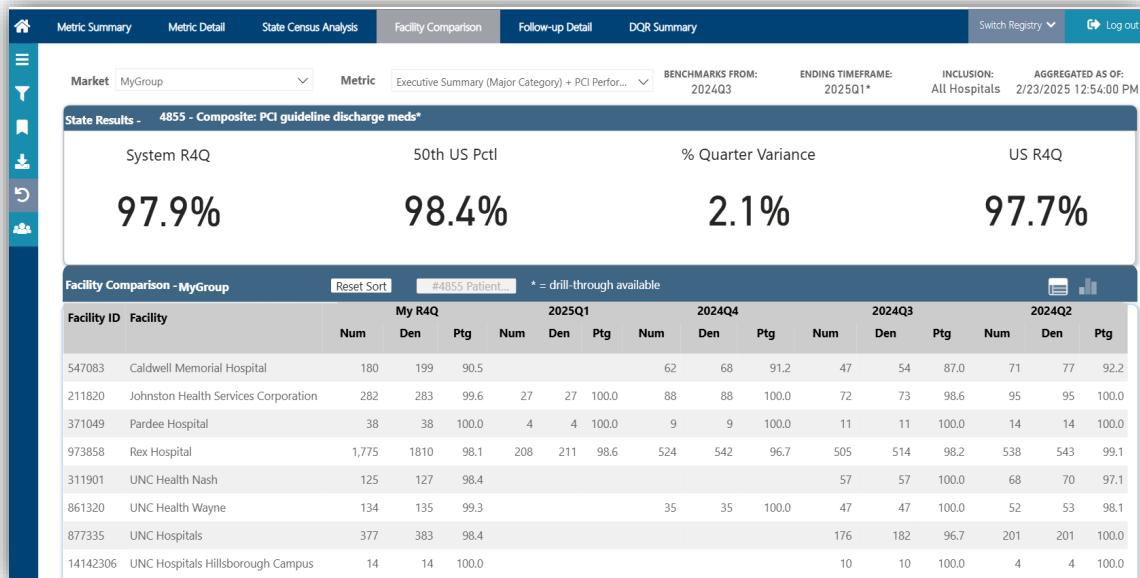
PCI Performance Measures

4855 - Composite: PCI guideline discharge meds	90%	94%	43,106	4626	91%	93%	94%	95%
4934 - Risk standardized bleeding (all pts)					2.54	2.00	1.56	1.24
13049 - Risk standardized mortality (pts w/out shock or CA)					0.81	0.68	0.60	0.52
Quality Metrics	54%	56%	451	779	38%	48%	59%	69%
4462 - PCI w/ positive stress or imaging study	61	61	44		65	60	53	48
4449 - Median time to PCI for STEMI pts	88%	89%	698	749	84%	89%	93%	95%
4449 - PCI for STEMI w/in 90 min	55	58	41		92	74	61	50
4451 - Median transfer time door to door for STEMI pts	99	99	82		127	106	94	84
4452 - Median time to PCI for transfer STEMI pts								
4702 - Aspirin at discharge	91%	94%	4,086	4241	94%	95%	95%	95%
4711 - P2Y12 at discharge	92%	95%	4,123	4265	94%	95%	95%	95%
4707 - Statin at discharge	91%	94%	4,227	4407	93%	94%	95%	95%
4682 - Creatinine pre/post-PCI	90%	89%	2,801	2951	84%	88%	91%	93%
5004 - Median time to PCI for in-hosp STEMI	60	60	43.0		79.6	67.4	53.0	40.9

- Monitor hospital performance, clinical outcomes, benchmarks and risk-adjusted metrics!
- An all in one, easy-to-use tool
- Customize your view to track specific data elements and drill-down into patient-level data
- Easily access online through the NCDR.com portal

Compare Hospital Outcomes

- Group together hospitals in specific markets for intra-regional comparisons
- Compare hospital performance to National and Regional benchmark targets
- View and download data tables



The screenshot shows a dashboard titled "State Results - 4855 - Composite: PCI guideline discharge meds*". The top navigation bar includes links for Metric Summary, Metric Detail, State Census Analysis, Facility Comparison, Follow-up Detail, DQR Summary, and a Log Out button. The main content area displays performance metrics for "System R4Q" and "50th US Pctl" across four categories: % Quarter Variance and US R4Q. The data is presented in a table format with columns for Facility ID, Facility name, and various performance metrics for different time periods (2024Q1, 2024Q4, 2024Q3, 2024Q2).

Facility ID	Facility	My R4Q			2025Q1			2024Q4			2024Q3			2024Q2		
		Num	Den	Ptg	Num	Den	Ptg	Num	Den	Ptg	Num	Den	Ptg	Num	Den	Ptg
547083	Caldwell Memorial Hospital	180	199	90.5				62	68	91.2	47	54	87.0	71	77	92.2
211820	Johnston Health Services Corporation	282	283	99.6	27	27	100.0	88	88	100.0	72	73	98.6	95	95	100.0
371049	Pardue Hospital	38	38	100.0	4	4	100.0	9	9	100.0	11	11	100.0	14	14	100.0
973858	Rex Hospital	1,775	1810	98.1	208	211	98.6	524	542	96.7	505	514	98.2	538	543	99.1
311901	UNC Health Nash	125	127	98.4							57	57	100.0	68	70	97.1
861320	UNC Health Wayne	134	135	99.3				35	35	100.0	47	47	100.0	52	53	98.1
877335	UNC Hospitals	377	383	98.4							176	182	96.7	201	201	100.0
14142306	UNC Hospitals Hillsborough Campus	14	14	100.0							10	10	100.0	4	4	100.0

Connect Regional Stakeholders



- Data export format allows for the sharing of data between stakeholder groups
- Translate your data into graphs and slides for distributing to hospitals
- Present the data to different stakeholders

Improve Patient Outcomes

- Access historical data to chart long-term trends and progress over time
- Inform regional and state-wide quality improvement initiatives with up-to-date data points
- Clearly and reliably demonstrate success



For more information contact:
NCDRstatesolutions@acc.org



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