

Reduce Costs and Demonstrate Quality

One System's Journey

Presenters:

**Mary Osborne, Director, National Cardiovascular Service Line
Catholic Health Initiatives (CHI)**

**Dana Park, Business Development
NCDR eReports Corporate**



NCDR[®]
NATIONAL CARDIOVASCULAR DATA REGISTRY

American College of Cardiology (ACC)

- **Trusted Cardiovascular Quality Leader**
 - Transparent & Impartial
 - Third Party Credibility
- **Preferred Source for Best-In-Class Cardiovascular Intelligence Data**
 - Clinical Relevance
 - Clinical Data Innovators



NCDR[®]
NATIONAL CARDIOVASCULAR DATA REGISTRY

NCDR

- **Preeminent Cardiovascular Data Repository**
 - Data Reviewed for Completeness, Consistency & Accuracy
 - Evidence-Based Quality Improvement Solutions
 - Standardized Data Elements and Definitions
 - Facilitate Performance Comparison and Communication
 - Comprehensive Network of Cardiovascular Care Providers
 - Ten Registries (inc: CMS approved ICD, TVT, LAAO, PVI)
 - 2,400+ Hospitals
 - 2,000+ Outpatient Providers
 - 25 million+ Patient Records

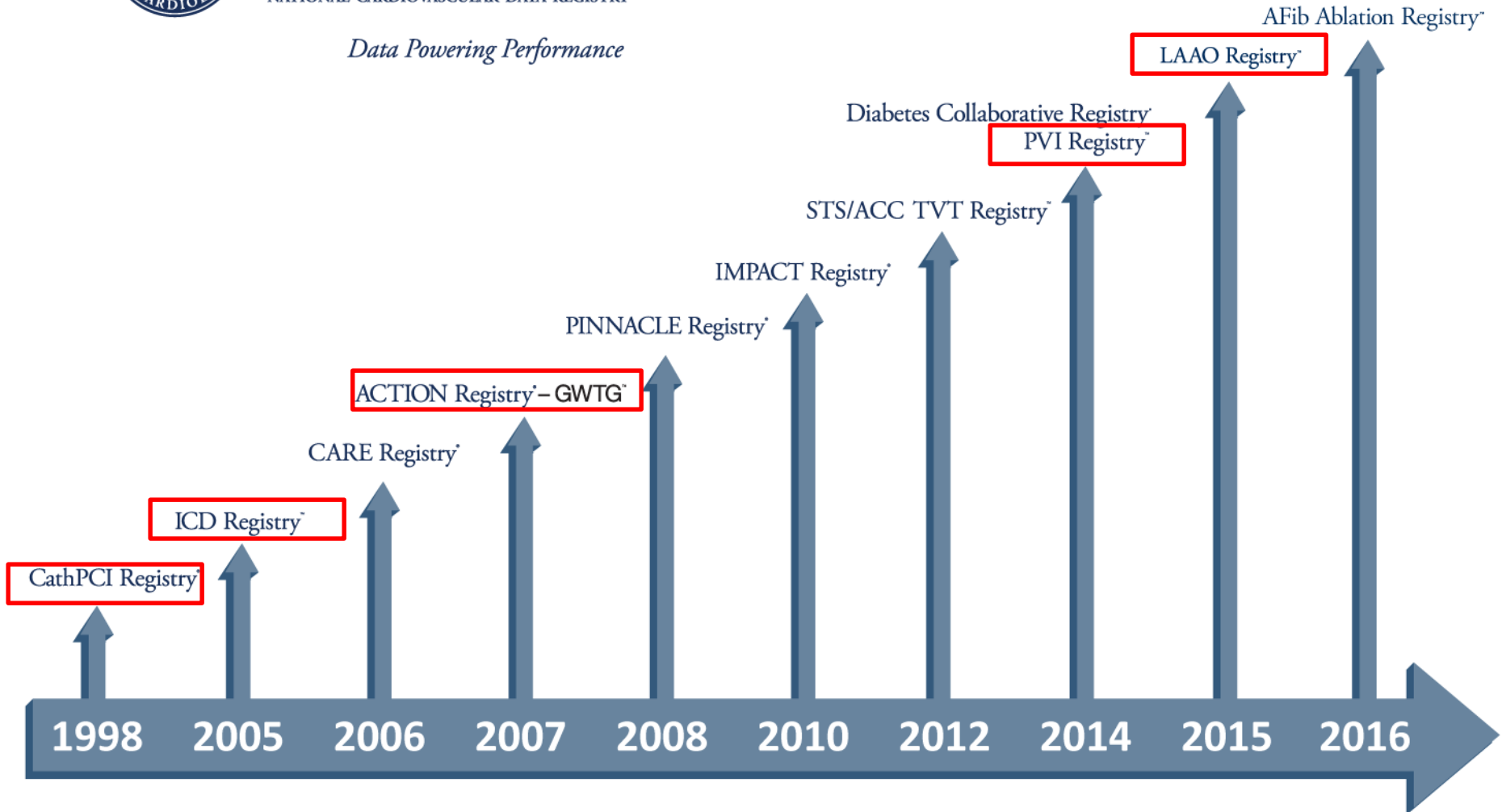




NCDR[®]

NATIONAL CARDIOVASCULAR DATA REGISTRY

Data Powering Performance



Value of Success Metrics

Market Need

Our Solution

Level Playing Field



- Standardized View Across the Health System
- Consistent Data Points and Elements

Change Leadership



- Facilitate Communication and Comparison
- Fosters Culture of Quality

Quality Care



- Improve Enterprise Wide Performance
- Monitor Credible, Impartial Performance Data

Ease of Use



- One Stop Dashboard to Easily Identify Trends
- User-Friendly Guide to Engage all Audiences





NCDR Corporate eReports

Mary Osborne, RN MBA MSN CPHQ
National Director CVSL
September 21, 2016

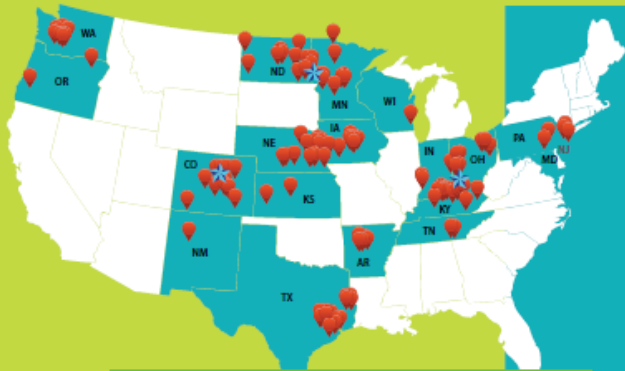
Learning Objective

Describe how a large healthcare enterprise uses the NCDR registry data through a quality improvement initiative:

- Discuss the benefits of a standardized approach for reducing the risk of bleeding in patients undergoing percutaneous coronary intervention (PCI)
- Quantify the potential benefit of using an evidenced-base tool at the point-of-care to guide treatment options
- Explain the benefits of having service lines work collaboratively on clinical initiatives

Catholic Health Initiatives Overview

OUR SCOPE



About 54 million people – or nearly 17% of the US population – live within a 60-mile radius of a CHI hospital.

OPERATIONS IN 19 STATES



105 HOSPITALS, INCLUDING:



4 ACADEMIC HEALTH CENTERS AND MAJOR TEACHING HOSPITALS



30 CRITICAL ACCESS HOSPITALS



13 CLINICALLY INTEGRATED NETWORKS



10 INSURANCE PLANS

Executive Sponsors

Clinical Leadership Council

National Cardiovascular Service Line

CVSL Senior Leadership Team

CV Surgery
Clinical Standards
Committee



Executive Council

Structural Heart
Clinical Standards
Committee



Clinical Cardiology
Clinical Standards
Committee



MBO Dyad Leadership

Electrophysiology
Clinical Standards
Committee



Data Challenges

- Large health care system
- No standard platform for CV registry data
- Acquisition mode
- Need to demonstrate quality of CV services as a system
- Ability to measure improvement with new initiatives

NCDR eReports provided an option for us!

Clinical Standards Committee

Cardiology Committee

- ✓ Appropriate use of Bivalirudin
- ✓ Increase radial access
- ✓ Increase same day discharge PCI
- ✓ Decrease contrast induced nephropathy

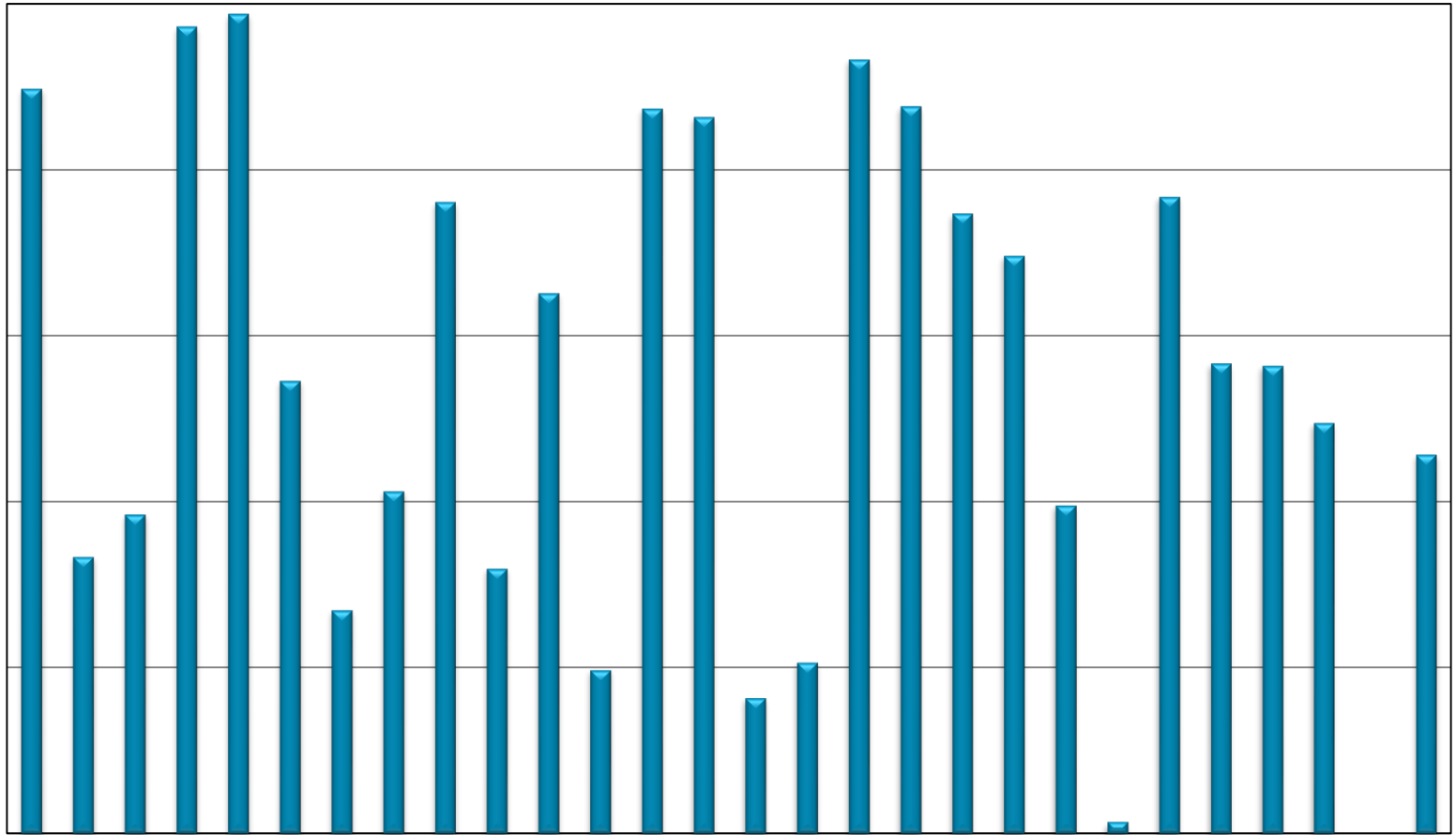
Electrophysiology Committee

- ✓ Improve ICD documentation
- ✓ Use of MRI conditional devices
- ✓ Evaluate AF Ablation Registry
- ✓ Increase same day discharge PPM

Opportunity for Improvement

- CHI Pharmacy and CHI Cardiovascular Service Line started discussion in 2013 based on high utilization of bivalirudin (\$8M spend)
- Reviewed utilization variation and questions were posed
- Lack of correlation in CHI between bivalirudin use and bleeding rates
- Work group established to review data and explore possibilities

Bivalirudin Use Variation in PCI



Example

Risk Adjusted Bleeding Rate 1.74% ACC 90th	Percent Bivalirudin Use 60% ACC 50th	Percent Radial 26% ACC 50th
4.58%	86%	3%
4.92%	27%	66%

- Large hospitals greater than 1000 PCIs annually
- No correlation of bivalirudin use and bleed rate

Data Source: NCDR CathPCI eReports

The New Era: Volume to Value

Volume	Value
Volume is volume	Volume is secondary
Quality is assumed	Quality must be proven
Let someone else worry about finance	Cost is everything
Individual patient transactions	Patient populations
Patient satisfaction	Patient experience

Value in the Cardiac Cath Lab

Hospital Drivers

- Medication cost
- Supply cost
- Two midnight rule
- Variation in care

Patient Drivers

- High deductibles
- Copays
- Hospital stay charges
- Quality

Opportunities to Reduce Cost per PCI Case and Quality

Medications - Bivalirudin



Transradial Access

Supplies

Same Day Discharge PCI

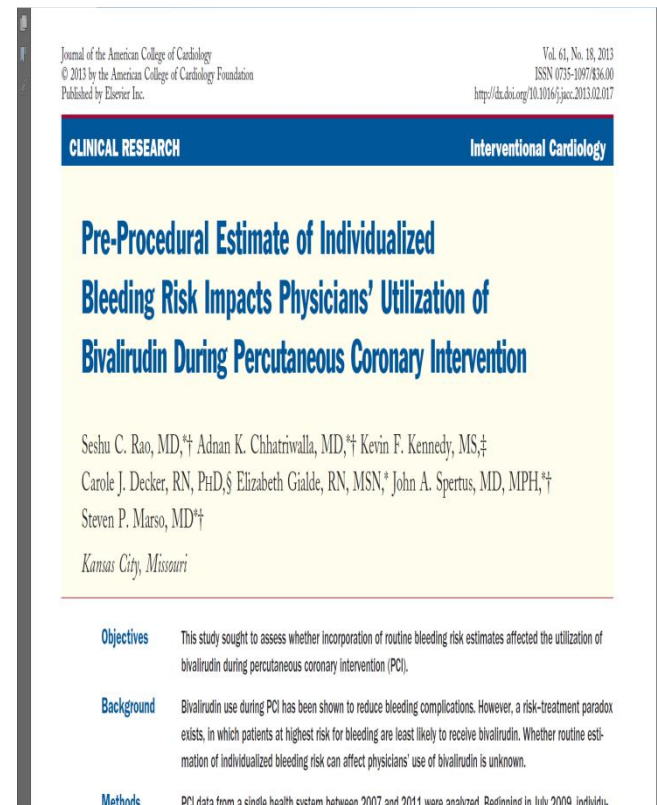
Bivalirudin Use and Bleeding Risk

Study:

- 1) Found patients at highest risk for bleeding did not receive bivalirudin
- 2) Through risk stratification and using the associated bleeding risk to guide decision making, bleeding complications were reduced

CHI:

- 1) Variation in use
- 2) Lack of correlation with bleeding events
- 3) Bleeding risk not always calculated
- 4) High cost



CVSL Goal – Established April 2014

Engaged the Cardiology Clinical Standards Committee

Goal

Develop a unified CVSL position regarding the optimal use of bivalirudin in percutaneous coronary intervention

Plan

- 1) Physician leader to provide evidence supporting bleeding avoidance strategies, which included identifying patients at risk for bleed
- 2) Formulate recommendation
- 3) Identify pilot sites to test the strategy
- 4) Pilot for three months
- 5) Share the pilot site data with committee
- 6) Roll-out

Cardiology Clinical Standard Committee Recommendation

1. Utilize the National Cardiovascular Data Registry (NCDR) CathPCI Bleeding Risk Score Estimator in **all** patients undergoing PCI
2. In **Low Bleed Risk** patients:
 - a. Heparin use is preferred
 - b. Bivalirudin is not recommended
3. In **Intermediate Bleed Risk** patients:
 - a. Radial artery access and use of heparin is encouraged
 - b. An alternate approach is femoral artery access and bivalirudin use
4. In **High Bleed Risk** patients:
 - a. Bivalirudin use is preferred
 - b. Radial artery access should be strongly considered
5. Discourage **routine** use of GP IIb/IIIa inhibitors

Process

- Develop a process at the point of care to calculate the risk for bleed
 - Timeout at the time of PCI
 - Pre-procedure area during nursing assessment
- Use the recommendation to guide decision-making

NCDR Bleeding Risk Calculator

NCDR CathPCI Bleeding Risk Score Estimator		
Variable	Response	Score
STEMI	No	0
Age, yrs	< 60	0
BMI	20 - 30	5
Previous PCI	No	10
Chronic Kidney Disease	No	0
Shock	No	0
Cardiac Arrest Within 24 h	No	0
Female	No	0
Hb	13 ≤ Hb < 15	0
PCI Status	Elective	0
Total Points	>>>>>>	15
Risk of Bleeding	LOW	1.50%

FIGURE 4 NCDR Bleeding Risk Model

NCDR CathPCI Bleeding Risk Score				
Variable	Score			
STEMI	No	Yes		
	0	15		
Age (yr)	<60	60-70	71-79	
	0	10	15	
	BMI	20	20-30	31-39
Previous PCI	No	Yes		
	10	0		
	Chronic kidney disease	No	Mild	Moderate
Shock	No	Yes		
	0	35		
	Cardiac arrest within 24 hr	No	Yes	
Female	No	Yes		
	0	20		
	Hb	Hb <13	13 ≤ Hb <15	Hb ≥15
PCI status	5	0	10	
	Elective	Urgent	Emergency/salvage	
	0	20	40	

Risk of Bleeding Based on Point Totals from the NCDR CathPCI Registry Bleeding Risk Score			
Total points	Risk of bleeding (%)	Total points	Risk of bleeding (%)
0	0.90	105	19.30
5	1.10	110	21.80
10	1.30	115	24.60
15	1.50	120	27.50
20	1.70	125	30.70
25	2.00	130	34.10
30	2.30	135	37.60
35	2.70	140	41.30
40	3.10	145	45.10
45	3.60	150	49.00
50	4.20	155	52.80
55	4.90	160	56.60
60	5.60	165	60.40
65	6.50	170	64.00
70	7.50	175	67.50
75	8.60	180	70.80
80	9.90	185	73.90
85	11.40	190	76.80
90	13.10	195	79.40
95	14.90	200	81.80
100	17.00	205	84.00
		210	86.00

This contemporary model is derived from the National Cardiovascular Data Registry (NCDR), is integer-based, and is parsimonious. Reprinted with permission from Rao et al. (11). BMI = body mass index; Hb = hemoglobin; other abbreviations as in Figure 3.

Adoption and Measures of Success

The CHI National CVSL bivalirudin use in PCI guidelines should be monitored for adherence as well as clinical outcomes

- Track adoption status
- Use standard scorecard and reporting template
- Collect data monthly
- Submit data to national CVSL

Adoption

Direct Thrombin Inhibitors Self-Assessment Tool

- 1.0 - Communication - Communication to cardiology team regarding the project; AIM determined and baseline measurement established.**
- 1.5 - Project Planning Started - Team is meeting, discussion is occurring, and information is being shared.**
- 2.0 - Activity but No Changes - Cardiology team is actively engaged in development of action plan, discussion but no changes have been tested.**
- 2.5 - Changes Tested but No Improvement - At least one provider is actively engaged and implementing changes.**
- 3.0 - Modest Improvement - One or more providers are actively engaged and implementing changes. Evidence of change is demonstrating decrease in use of DTIs in specific patient population.**
- 3.5 - Improvement - Most providers are actively engaged and implementing changes. Evidence of change is demonstrating decrease in use of DTIs in specific patient population.**
- 4.0 - Significant Improvement - Evidence of change is demonstrating significant decrease in use of DTIs in specific patient population.**
- 4.5 - Sustainable Improvement - Decrease in use of DTIs in specific patient population is sustained and moving toward achieving AIM.**
- 5.0 - Outstanding Sustainable Results - All providers are engaged and action plan is fully implemented. The AIM is met.**

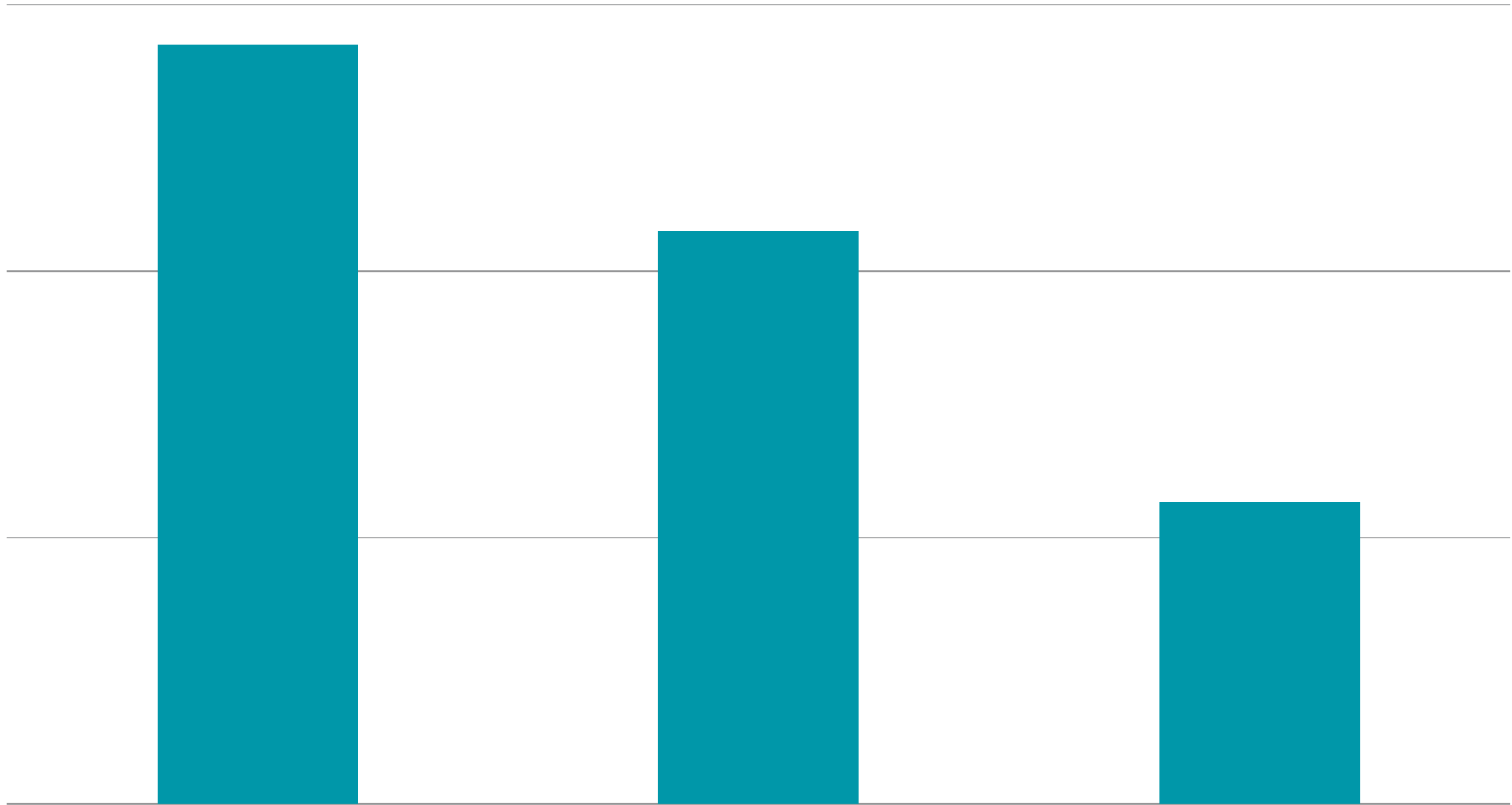
Measures of Success: Monthly Scorecard

Bleed Risk Calculator Use	Goal	July 2014	August
Number PCIs with Bleeding Risk Calculated		96	74
Total Number of PCIs per Month		96	74
Percent NCDR Bleed Risk Calculator Use	100%	100%	100%
Low Risk for Bleed			
Number PCIs Identified as Low Risk for Bleed		19	16
Percent Identified as Low Risk for Bleed		20%	22%
Number Received Bivalirudin		14	6
Number Did Not Receive Bivalirudin		5	10
Percent Received Bivalirudin	< 5%	74%	38%
Percent Did Not Receive Bivalirudin	> 95%	26%	63%
Intermediate Risk for Bleed			
Number PCIs Identified as Intermediate Risk for Bleed		44	33
Percent Identified as Intermediate Risk for Bleed		46%	45%
Number Received Bivalirudin		38	28
Number Did Not Receive Bivalirudin		6	5
Percent Received Bivalirudin	TBD	86%	85%
Percent Did Not Receive Bivalirudin	TBD	14%	15%
High Risk for Bleed			
Number PCIs Identified as High Risk for Bleed		33	25
Percent Identified as High Risk for Bleed		34%	34%
Number Received Bivalirudin		30	24
Number Did Not Receive Bivalirudin		3	1
Percent Received Bivalirudin	> 90%	91%	96%
Percent Did Not Receive Bivalirudin	< 10%	9%	4%

Measures of Success: Monthly Scorecard

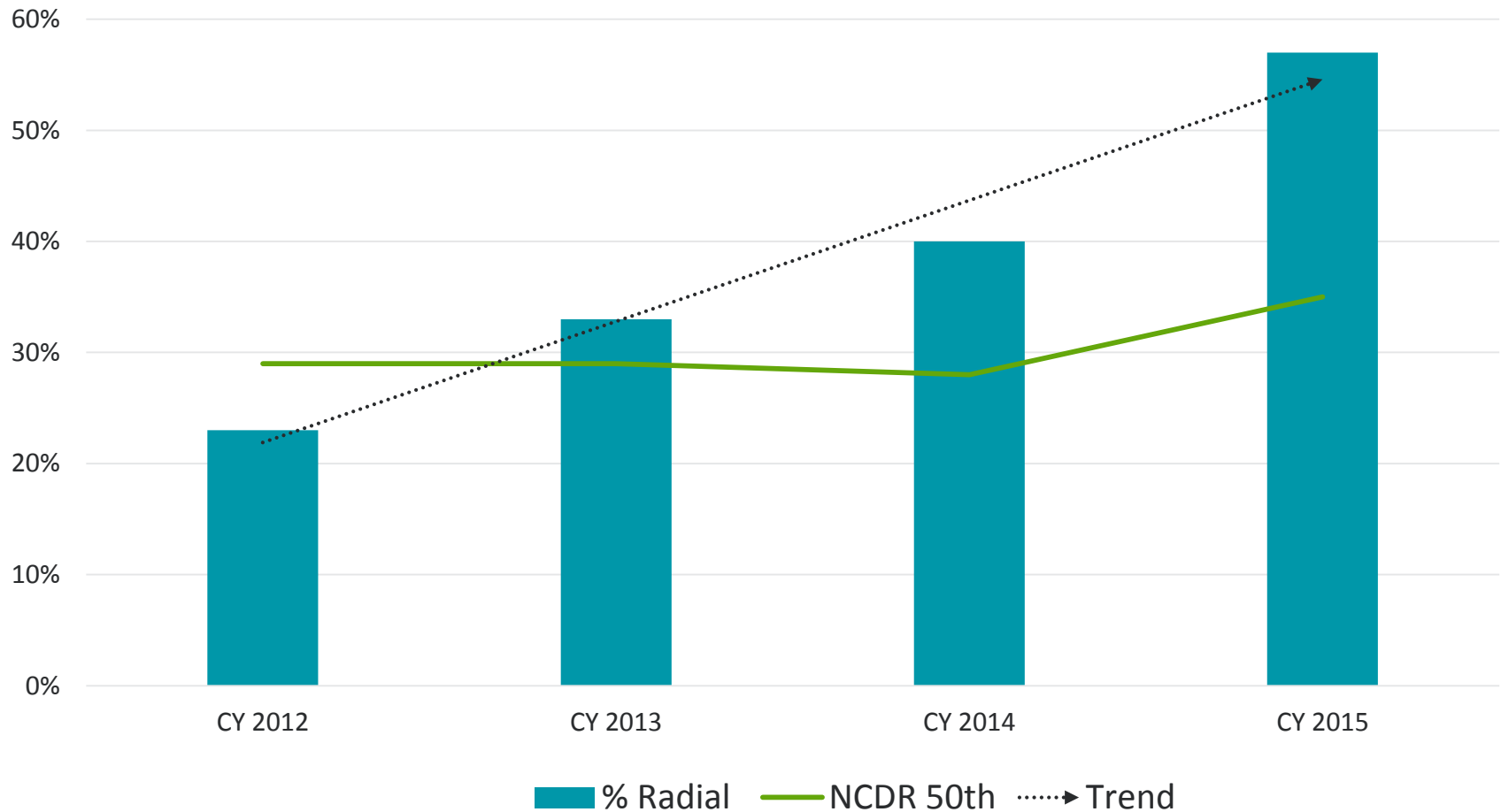
Low Risk for Bleed		July 2014	August
Percent Received Bivalirudin	< 5%	74%	 38%
Percent Did Not Receive Bivalirudin	> 95%	26%	 63%

Bivalirudin Use

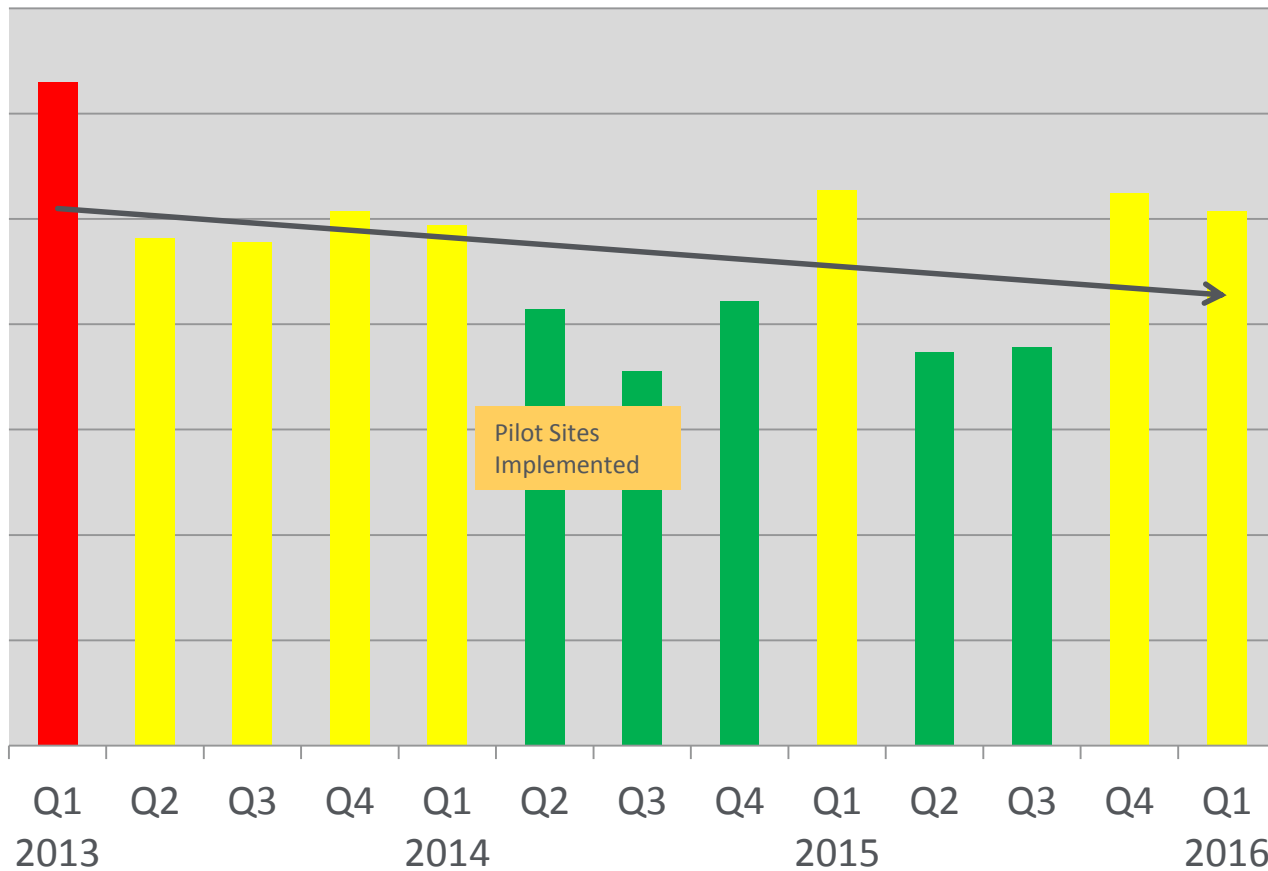


Data Source: NCDR CathPCI

Arterial Access Site: % Radial



PCI Risk Adjusted Bleeding Events



NCDR
 50th Percentile 4.16
 90th Percentile 1.68

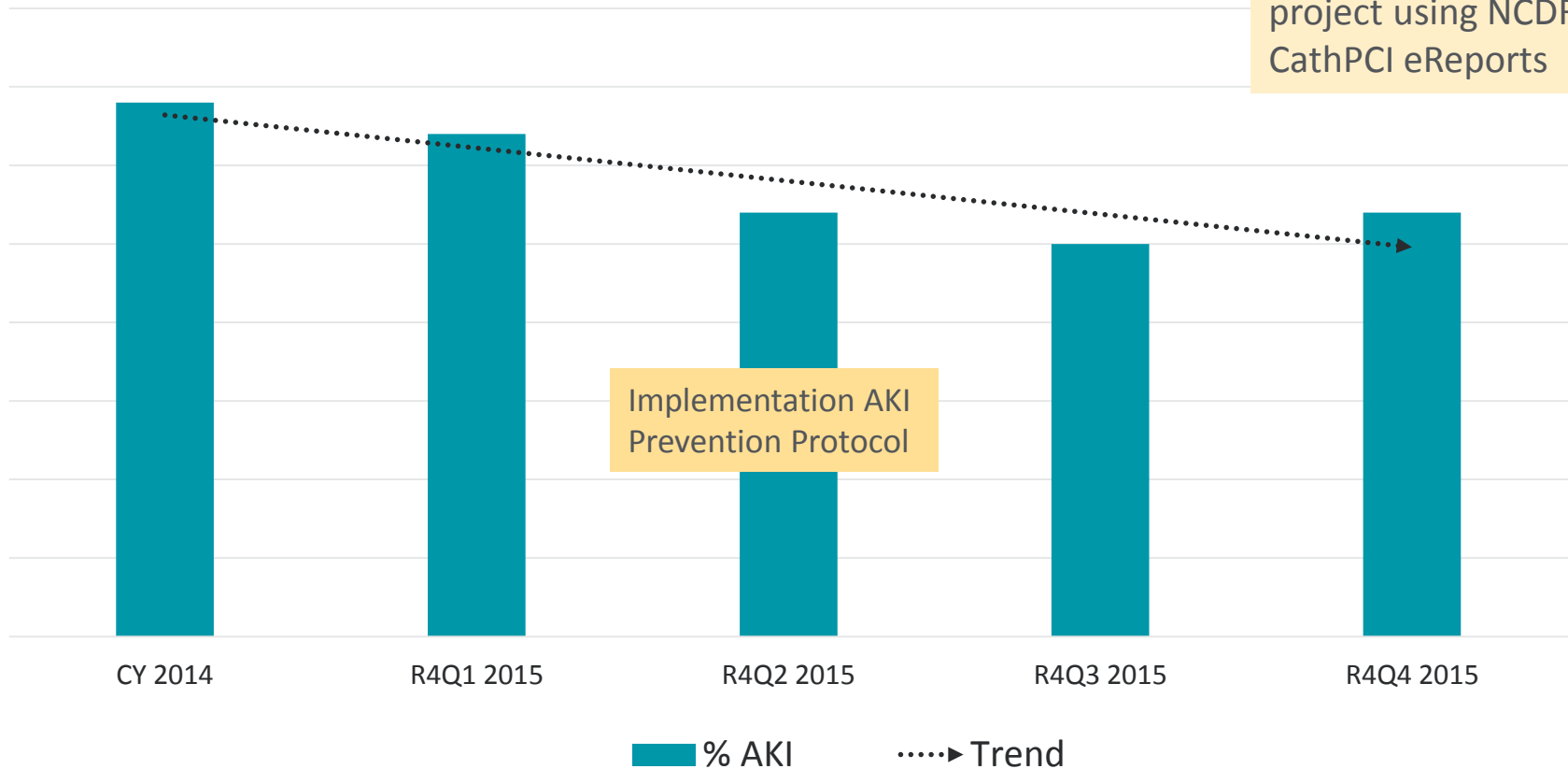
Definition

1. Bleeding event w/in 72 hours
2. Hemorrhagic stroke
3. Tamponade
4. Post-PCI transfusion
5. Absolute hgb decrease ≥ 3 g/dl

Proportion Acute Kidney Injury ($LOS > 1$)*

Proportion (%) AKI By Quarter

Another example of a project using NCDR CathPCI eReports



Data Source: NCDR CathPCI eReports

Key Points

Evidence to support

Engage physicians early

Develop process

Trial on small scale

Measure.....measure.....measure!

Conclusion

A patient's risk for bleed is an important factor in determining treatment

Bivalirudin impacts cost per PCI case

The largest savings is realized through cost avoidance by preventing a bleeding event

Collaboration between service lines helps to achieve the best organizational outcomes

eReports Corporate Overview



NCDR[®]
NATIONAL CARDIOVASCULAR DATA REGISTRY

From Single to Multi-Site Perspective

The screenshot displays the CathPCI Registry Corporate Dashboard (Beta) interface. The top navigation bar includes the NCDR logo and the text "CathPCI Registry switch registry". The main content area is titled "CathPCI eReports Dashboard" and features a filter for "Ending Timeframe: 2013Q3" and "Include: Green in All 4 Quarters". A red box highlights a row of regional filters: Pacific, Western, Northeastern, Southern, Midwest, Eastern, and Chicago. A red arrow points from this box to a data table below. The table is titled "PCI Outcome Metrics" and contains several rows of data, including "18 - PCI in-hospital risk adjusted mortality (patients with STEMI)" and "31 - Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were appropriate". A legend at the bottom indicates the "My Hospital Ranking Range" with color-coded boxes for <10, 10-25, 26-50, 51-75, 76-90, and >90.

Region	Pacific	Western	Northeastern	Southern	Midwest	Eastern	Chicago
18 - PCI in-hospital risk adjusted mortality (patients with STEMI)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19 - PCI in-hospital risk adjusted mortality (patients with NSTEMI/UA)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20 - PCI in-hospital risk adjusted mortality (all patients)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 - PCI in-hospital risk adjusted mortality (all patients) (not applicable for non-procedure hot cases)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31 - Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were appropriate	0.00	0.00	0.00	0.00	0.00	0.00	0.00


Multi-Site Perspective



Key eReports Corporate Concepts



Monitor Metrics



NCDR
NATIONAL CARDIOVASCULAR DATA REGISTRY

CathPCI Registry
switch registry

Callie Cagney | American College of Cardiology | Logout

CathPCI Registry / Corporate Dashboard (Beta)

NCDR Home / Corporate Dashboard (Beta)

eReports-ICD | eReports-CATHPCI | eReport-ACTION

DQR Submission Status

Current | Historical

Quarter ending 2013Q3	My Group		All US Hospitals	
	Count	%	Count	%
Green in All 4 Qtrs	###	###%	###	###%
Yellow or Red, or No Submissions in Any Qtrs	###	###%	###	###%
No Submission in All 4 Qtrs	###	###%	###	###%
Total Hospitals	###	100%	###	100%

Notify | Reports | Files

The CathPCI 2013Q2 Outcomes Report has been published and is available for review as of October 16th, 2013.
Test Notification_3 for CathPCI Registry.
This is a Notification for Payer System on CathPCI Registry.

Set Preferences

[My Metrics](#)
[My Markets](#)

CathPCI eReports Dashboard

Ending Time Series: 2013Q3 | Include: Green in All 4 Quarters

My Metrics | Executive Metrics | Market Analysis

(Aggregation Date: Jan 10, 2014 11:59:59 PM)

Metric Name	My Group	US Hospitals 90th Pct	US Hospitals Excl. My Group	Pacific	Western	Northeastern	Southern	Midwest	Eastern	Chicago
PCI Performance Measures										
1 - PCI In-hospital risk adjusted mortality (all patients)	###	51-75	###	###	###	###	###	###	###	###
PCI Process Metrics										
7 - Median fluoro time (in minutes)	##	26-50	##	##	##	##	##	##	##	##
10 - Statins prescribed at discharge	##	51-75	##	##	##	##	##	##	##	##
PCI Outcome Metrics										
18 - PCI In-hospital risk adjusted mortality (patients with STEMI)	###	51-75	###	###	###	###	###	###	###	###
19 - PCI In-hospital risk adjusted mortality (STEMI patients excluded)	###	51-75	###	###	###	###	###	###	###	###
PCI Appropriate Use Criteria (AUC) Metrics										
30 - Proportion of PCI procedures not classifiable for AUC reporting	###	26-50	###	###	###	###	###	###	###	###
31 - Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were appropriate	###	26-50	###	###	###	###	###	###	###	###
Detail Line Metrics										
10001 - Expected Mortality (among eligible) (LFHS) - all patients	####	##		####	####	####	####	####	####	####

My Hospital Ranking Range: <10 10-25 26-50 51-75 76-90 >90



Monitor Executive Summary Metrics

Home Administration Corporate Dashboard (Beta) Resources Logout User Name Evaluation Client 2 (Other Corp.)

NCDR Home / Corporate Dashboard (Beta)

eReports-ICD eReports-CATHPCI eReport-ACTION

DQR Submission Status

Current Historical

(As of current date/time)

Quarter ending 2013Q3	My Group		All US Hospitals	
	Count	%	Count	%
Green in All 4 Qtrs	###	##.##%	###	##.##%
Yellow or Red or No Submissions in Any Qtrs	###	##.##%	###	##.##%
No Submission in All 4 Qtrs	###	##.##%	###	##.##%
Total Hospitals	###	100%	###	100%

Notify Reports Files

The CathPCI 2013Q2 Outcomes Report has been published and is available for review as of October 16th, 2013.

Test Notification_3 for CathPCI Registry.

This is a Notification for Payer System on CathPCI Registry.

Set Preferences

[My Metrics](#)

[My Markets](#)

CathPCI eReports Dashboard

Ending Timeframe: 2013Q3 Include: Green in All 4 Quarters

My Metrics **Executive Metrics** Market Analysis

(Aggregation Date: Jan 10, 2014 11:59:59 PM)

Metric Name	My Group	US Hospitals 90th Pctl	US Hospitals Excl. My Group	Pacific	Western	Northeastern	Southern	Midwest	Eastern	Chicago
PCI Performance Measures										
1 - PCI in-hospital risk adjusted mortality (all patients)	###	51-75	###	###	###	###	###	###	###	###
38 - Composite: Discharge Medications in Eligible PCI Patients	###	51-75	###	###	###	###	###	###	###	###
PCI Process Metrics										
2 - Proportion of elective PCIs with prior positive stress or imaging study	###	26-50	###	###	###	###	###	###	###	###
3 - Median time to immediate PCI for STEMI patients (in minutes)	###	26-50	###	###	###	###	###	###	###	###
4 - Proportion of STEMI patients receiving immediate PCI w/in 90'	###	51-75	###	###	###	###	###	###	###	###
5 - Median time from ED arrival at STEMI transferring facility to ED arrival at STEMI receiving facility among transferred patients.	###	26-50	###	###	###	###	###	###	###	###
6 - Median time from ED arrival at STEMI transferring facility to immediate PCI at STEMI receiving facility among transferred patients (in minutes)	###	26-50	###	###	###	###	###	###	###	###
7 - Median fluoro time (in minutes)	###	26-50	###	###	###	###	###	###	###	###
8 - Proportion of patients	###	26-50	###	###	###	###	###	###	###	###

Full Metric List



Monitor Metrics

CathPCI eReports Dashboard

Ending Timeframe: 2013Q3 Include: Green in All 4 Quarters

My Metrics (My Group) (Hospitals in your program)

Export

Pre-Defined Groups
 "US Hospitals 90th Pctl (Registry Aggregate)"
 "US Hospitals Excluding My Group" (Aggregation Date: Jan 10, 2014 11:59:59 PM)

Metric Name	My Group	US Hospitals 90th Pctl	US Hospitals Excl. My Group	Pacific	Western	Northeastern	Southern	Midwest	Eastern	Chicago
PCI Performance Measures										
1 - PCI In-hospital risk adjusted mortality (all patients)	###	51-75	###	###	###	###	###	###	###	###
PCI Process Metrics										
7 - Median fluoro time (in minutes)										###
10 - Statins prescribed at discharge										###
PCI Outcome Metrics										
18 - PCI In-hospital risk adjusted mortality (patients with STEMI)										###
19 - PCI In-hospital risk adjusted mortality (STEMI patients excluded)										###
PCI Appropriate Use Criteria (AUC)										
30 - Proportion of PCI procedures not classifiable for AUC reporting										###
31 - Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were appropriate										###
Detail Line Metrics										
10001 - Expected Mortality (among eligible) (LFHS) - all patients										###

CathPCI Registry - My Metrics Setup

My Metrics set up screen allows you to create custom list of metrics to meet your organization's specific goals and objectives. Note, My Metric list is generally reflected in the dashboard by the next day. The my metric list is specific to your organization, not individual user logins, so any changes will be reflected in the dashboard when accessed by all authorized users. My Metric list may include only metrics from the list of metrics available to your organization.

Available Metrics:

- 2 - Proportion of elective PCIs with prior positive stress or imaging study
- 3 - Median time to immediate PCI for STEMI patients (in minutes)
- 4 - Proportion of STEMI patients receiving immediate PCI w/in 90"
- 5 - Median time from ED arrival at STEMI transferring facility to ED arrival at S
- 6 - Median time from ED arrival at STEMI transferring facility to immediate PC
- 8 - Proportion of patients with aspirin prescribed at discharge**
- 9 - Proportion of patients with a P2Y12 inhibitor prescribed at discharge
- 12 - Proportion of PCI patients with emergency CABG
- 13 - Proportion of PCI procedures with a post procedure MI (among hospitals ro
- 14 - Proportion of PCI procedures with post procedure MI (among hospitals who
- 15 - Proportion of PCI procedures with acute kidney injury***
- 16 - Proportion of PCI procedures with post procedure stroke
- 17 - Composite: Proportion of PCI patients with death, emergency CABG, stroke**
- 20 - Incidence of non-obstructive CAD (elective patients only)
- 21 - Proportion of Diagnostic Catheterization procedures with vasoular access si
- 22 - Median post-procedure length of stay (in days) for PCI patients with STEMI
- 24 - Proportion of PCI procedures with creatinine assessed pre and post PCI
- 25 - Proportion of PCI procedures with transfusion of whole blood or RBCs
- 26 - Test Data Quality Metric: Proportion of PCI procedures with biomarkers ass
- 32 - Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI pro
- 33 - Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI pro

My Metrics:

- 7 - Median fluoro time (in minutes)
- 10 - Statins prescribed at discharge
- 1 - PCI in-hospital risk adjusted mortality (all patients)
- 18 - PCI in-hospital risk adjusted mortality (patients with STEMI)
- 19 - PCI in-hospital risk adjusted mortality (STEMI patients excluded)
- 10001 - Expected Mortality (among eligible) (LFHS) - all patients**
- 31 - Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI pro
- 30 - Proportion of PCI procedures not classifiable for AUC reporting

ADD REMOVE Save Close

Client Targets for Registry Metrics

My Hospital Ranking Range: <10 10-25 26-50 51-75 76-90 >90

Monitor Metrics: “My Markets”

NCDR® NATIONAL CARDIOVASCULAR DATA REGISTRY CathPCI Registry® switch registry

CathPCI Registry / Corporate Dashboard (Beta)

NCDR Home / Corporate Dashboard (Beta)

eReports-ICD eReports-CATHPCI eReport-ACTION

DQR Submission Status

Current Historical (As of current date/time)

Quarter ending 2013Q3 My Group All US Hospitals

CathPCI eReports Dashboard

Ending Timeframe: 2013Q3 Inside: Green in All 4 Quarters

My Metrics Executive Metrics Market Analysis

Pacific Western Northeastern Southern Midwest Eastern Chicago

10 - Statins prescribed at discharge 51-75

PCI Outcome Metrics

18 - PCI In-hospital risk adjusted mortality (patients with STEMI) 51-75

19 - PCI In-hospital risk adjusted mortality (STEMI patients excluded) 51-75

PCI Appropriate Use Criteria (AUC) Metrics

30 - Proportion of PCI procedures not classifiable for AUC reporting 26-50

31 - Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were appropriate 26-50

Detail Line Metrics

10001 - Expected Mortality (among eligible) (LFHS) - all patients

My Hospital Ranking Range <10 10-25 26-50 51-75 76-90 >90

Set Preferences

My Metrics

My Markets

Client Defined Markets
Up to 30 visible client defined markets



Analyze Market – Result by Market

NCDR Home / Corporate Dashboard (Beta)

eReports-ICD eReports-CATHPCI eReport-ACTION

DQR Submission Status

Current Historical

(As of current date/time)

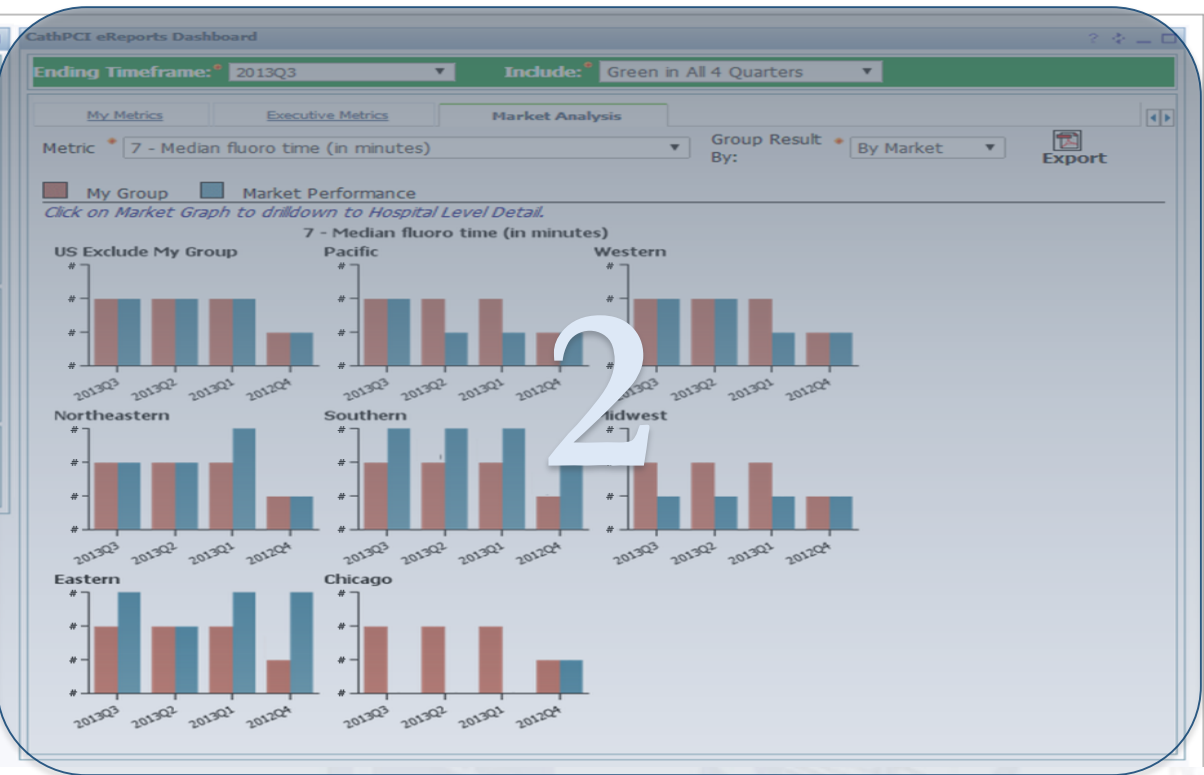
Quarter ending 2013Q3	My Group		All US Hospitals	
	Count	%	Count	%
Green in All 4 Qtrs	###	###%	###	###%
Yellow or Red, or No Submissions in Any Qtrs	###	###%	###	###%
No Submission in All 4 Qtrs	###	###%	###	###%
Total Hospitals	###	100%	###	100%

Notify Reports Files

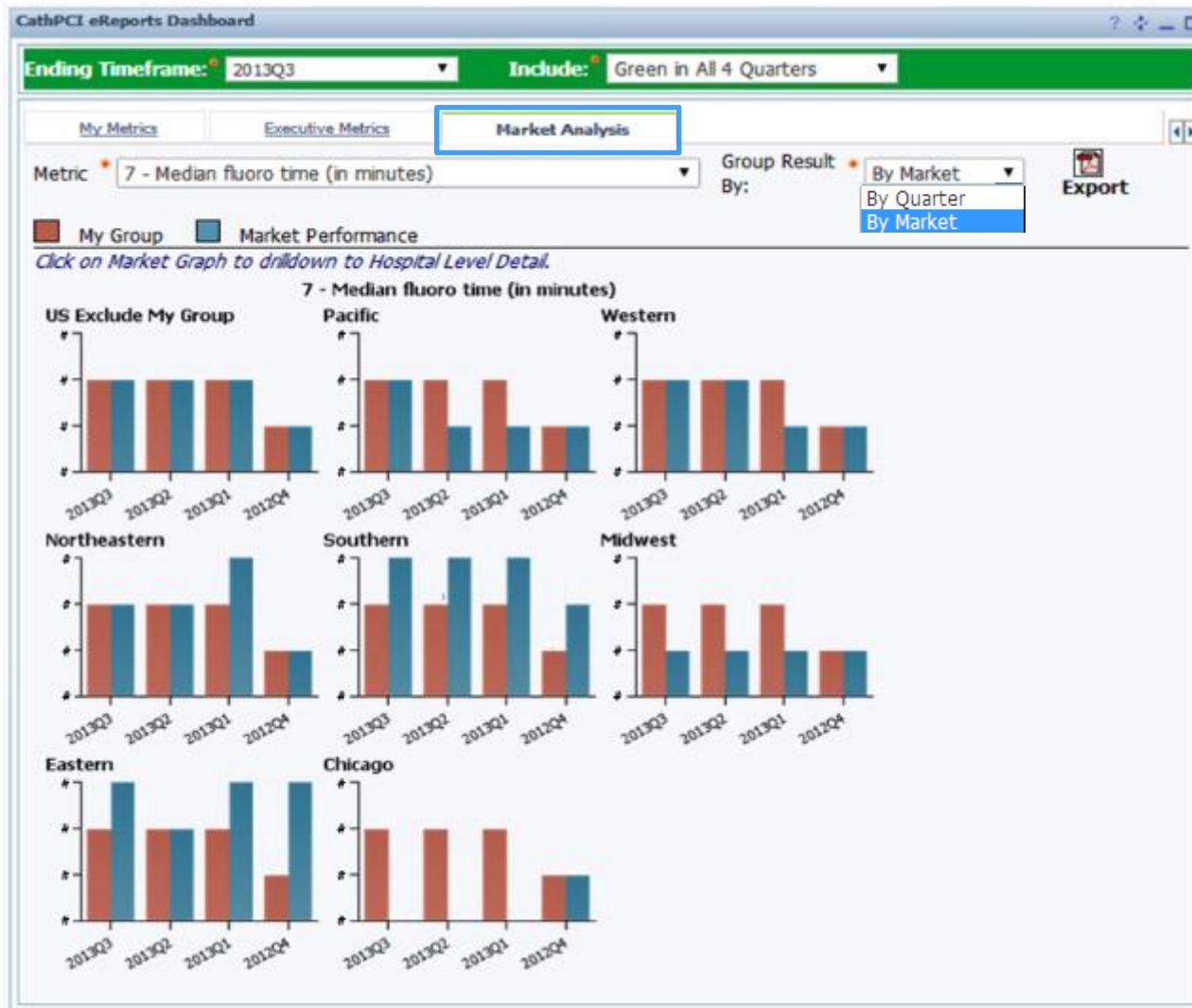
The CathPCI 2013Q2 Outcomes Report has been published and is available for review as of October 16th, 2013.
 Test Notification_3 for CathPCI Registry.
 This is a Notification for Payer System on CathPCI Registry.

Set Preferences

[My Metrics](#)
[My Markets](#)



Analyze Market – Result by Market



Drilldown to Hospital Level Detail

CathPCI Registry®
Hospital Summary Report
Pacific

Filter Panel

Ending Timeframe: 2013Q3 Metric: 14 - Proportion of PCI procedures with post procedure MI (amo

Include: All Hospitals Market: Pacific

Retrieve Export

Include

- * All Hospitals **v**
- Green in All 4 Quarters
- All Hospitals

			2013Q1			2013Q2			2013Q3		
Num	Den	%	Num	Den	%	Num	Den	%			
#	###	###	#	###	###	#	###	###			

		2013Q1			2013Q2			2013Q3			2013Q3 R4Q	
n	%	Num	Den	%	Num	Den	%	Num	Den	%	Num	%
111111 - Hospital Name		#	##	###	#	##	###	#	##	###	#	###
222222 - Hospital Name												
333333 - Hospital Name		#	##	###	#	##	###	#	##	###	#	###
444444 - Hospital Name		#	##	###	#	##	###	#	##	###	#	###
555555 - Hospital Name		#	##	###	#	##	###	#	##	###	#	###
666666 - Hospital Name												
777777 - Hospital Name												

■ Red Submissions ■ Yellow Submissions (Red or Yellow indicates that the hospital number has been excluded from the Market number.)

⌂ Top ⌂ Page up ⌂ Page down ⌂ Bottom



Monitor Data Quality

NCDR[®] NATIONAL CARDIOVASCULAR DATA REGISTRY
 CathPCI Registry[™] switch registry

CathPCI Registry / Corporate Dashboard (Beta)

NCDR Home / Corporate Dashboard (Beta)

eReports-ICD | eReports-CATHPCI | eReport-ACTION

DQR Submission Status (As of current date/time)

Quarter ending 2013Q3

	My Group	All US Hospitals
	Count	Count
Green In All 4 Qtrs	###	###
Yellow or Red, or No Submissions in Any Qtrs	###	###
No Submission in All 4 Qtrs	###	###
Total Hospitals	100%	###

3

CathPCI eReports Dashboard

Ending Timeframe: 2013Q3 Include: Green in All 4 Quarters

My Metrics Executive Metrics Market Analysis

(Aggregation Date: Jan 10, 2014 11:59:59 PM)

DQR Submission Status (As of current date/time)

Current Historical

Quarter ending 2013Q3

	My Group		All US Hospitals	
	Count	%	Count	%
Green In All 4 Qtrs	###	###	###	###
Yellow or Red, or No Submissions in Any Qtrs	###	###	###	###
No Submission in All 4 Qtrs	###	###	###	###
Total Hospitals	###	100%	###	100%

My Hospital Rank

AMERICAN COLLEGE OF CARDIOLOGY

NCDR[®] NATIONAL CARDIOVASCULAR DATA REGISTRY

Additional Features

NCDR Home / Corporate Dashboard (Beta)

eReports-ICD eReports-CATHPCI eReport-ACTION

DQR Submission Status

Current

Historical

(As of current date/time)

Quarter ending 2013Q3	My Group		All US Hospitals	
	Count	%	Count	%
Green in All 4 Qtrs	340	94.44%	1257	79.26%
Yellow or Red, or No Submissions in Any Qtrs	17	4.72%	175	11.03%
No Submission in All 4 Qtrs	3	0.83%	154	9.71%
Total Hospitals	360	100%	1586	100%

Notify

Reports

Files

The CathPCI 2013Q2 Outcomes Report has been published and is available for review as of October 16th, 2013.
Test Notification_3 for CathPCI Registry.
Test Notification for ICD Payers.
This is a Notification for Payer System on CathPCI Registry.

Set Preferences

[My Metrics](#)

[My Markets](#)



CathPCI eReports Dashboard

Ending Timeframe: 2013Q3

Include: Green in All 4 Quarters

My Metrics

Executive Metrics

Market Analysis

Export

(Aggregation Date: Jan 10, 2014 11:59:59 PM)

Metric Name	My Group	US Hospitals 90th Pctl	US Hospitals Excl. My Group	Pacific	Western	Northeastern	Southern	Midwest	Eastern	Chicago
-------------	----------	------------------------	-----------------------------	---------	---------	--------------	----------	---------	---------	---------

PCI Performance Measures

1 - PCI in-hospital risk adjusted mortality (all patients)	###	51-75	###	###	###	###	###	###	###	###
38 - Composite: Discharge Medications in Eligible PCI	###	51-75	###	###	###	###	###	###	###	###
3 - Median time to immediate PCI for STEMI patients (in minutes)	###	###	###	###	###	###	###	###	###	###
4 - Proportion of STEMI patients receiving immediate PCI w/in 90"	###	###	###	###	###	###	###	###	###	###
5 - Median time from ED arrival at STEMI transferring facility to ED arrival at STEMI receiving facility among transferred patients.	###	###	###	###	###	###	###	###	###	###
6 - Median time from ED arrival at STEMI transferring facility to immediate PCI at STEMI receiving facility among transferred patients (in minutes)	###	###	###	###	###	###	###	###	###	###
7 - Median fluoro time (in minutes)	###	###	###	###	###	###	###	###	###	###
8 - Proportion of patients	###	26-50	###	###	###	###	###	###	###	###

Notify

Reports

Files

Report Download

[CathPCiv4 Executive Summary](#)

[Facility Demographics](#)

Report Links

[Hospital Detail Report](#)

[Participating Programs](#)

[Participating Registries](#)

[Data Collection Vendor](#)

[Release Notes Report](#)

Individual Hospital Detail Access

CathPCI Registry®
Hospital Detail Report
- Hospital Name

Filter Panel

Ending Timeframe: 2013Q2 Hospital: ##### - Hospital Name [Retrieve](#) [Export](#)

Facility Demographic						
Address1	Address2	City	State	Zip	AHA	NPI
			VA			

Hospital Data Submission Status			
2012Q3	2012Q4	2013Q1	2013Q2
G	G	G	G

Metric Name	Hospital	US Hospitals 90th Pct
PCI Performance Measures		
1 - PCI in-hospital risk adjusted mortality (all patients)		
38 - Composite: Discharge Medications in Eligible PCI Patients		>90
PCI Process Metrics		
2 - Proportion of elective PCIs with prior positive stress or imaging study		
3 - Median time to immediate PCI for STEMI patients (in minutes)		51-75
4 - Proportion of STEMI patients receiving immediate PCI w/in 90'		>90
5 - Median time from ED arrival at STEMI transferring facility to ED arrival at STEMI receiving facility among transferred patients.		
6 - Median time from ED arrival at STEMI transferring facility to immediate PCI at STEMI receiving facility among transferred patients (in minutes)		
7 - Median fluoro time (in minutes)		26-50
8 - Proportion of patients with aspirin prescribed at discharge		>90
9 - Proportion of patients with a P2Y12 inhibitor prescribed at discharge		>90
10 - Statins prescribed at discharge		>90
PCI Outcome Metrics		
12 - Proportion of PCI patients with emergency CABG		>90
13 - Proportion of PCI procedures with a post procedure MI (among hospitals routinely collecting post-PCI biomarkers)		>90
14 - Proportion of PCI procedures with post procedure MI (among hospitals who do not routinely collect post-PCI biomarkers)		>90
16 - Proportion of PCI procedures with post procedure stroke		>90
17 - Composite: Proportion of PCI patients with death, emergency CABG, stroke or repeat target vessel revascularization.		>90
18 - PCI in-hospital risk adjusted mortality (patients with STEMI)		
19 - PCI in-hospital risk adjusted mortality (STEMI patients excluded)		
25 - Proportion of PCI procedures with transfusion of whole blood or RBCs		>90
37 - PCI in-hospital risk adjusted rate of bleeding events (all patients)		51-75
Hospital Ranking Range ≤10 10-25 26-50 51-75 76-90 >90		

Top Page up Page down Bottom



Current eReports Registries

The screenshot displays the NCDR Corporate Dashboard with the following elements:

- Header:** NCDR™ National Cardiovascular Data Registry, www.ncdr.com, and the slogan "Quality Improvement. Quantified.™".
- Navigation:** Home, Administration, Corporate Dashboard (Beta), Resources, and a user profile for "Evaluation Client 2 (Other Corp.)".
- Registries:** eReports-ICD, eReports-CATHPCI, eReport-ACTION, and eReport-PVI.
- Filters:** "Ending Timeframe" set to 2013Q3 and "Include" set to "Green in All 4 Quarters".
- Dropdowns:** "All Hospitals", "Premier in All 4 quarters", "Limited in All 4 quarters", and "All Hospitals".
- Metrics:** My Metrics, Executive Metrics, and Market Analysis.

Overlaid on the screenshot is a white rounded rectangle containing the following text:

- CathPCI Registry®
- ICD Registry™
- ACTION Registry® - GWTG™
- PVI Registry™



Upcoming Product Upgrades

Short Term: Q3 – Q4 2016

- **LAO Registry Dashboard**
(Dec 2016)

Monitor LAO outcomes via new system-wide view; complete with Data Quality Report, My Markets and My Metrics reports

- **Public Reporting Dashboard**
(Nov 2016)

Track your hospitals' public reporting efforts and preview publicly reported metrics

Medium Term: Q1 – Q2 2017

- **Physician Dashboard**

Track physicians' performance metrics across hospitals and at the hospital level

Long Term: Q3 – Q4 2017

- **AFib Ablation Registry Dashboard**

System-wide view for your AFib Ablation Registry. Will also include Data Quality Report, My Markets and My Metrics reporting capabilities.

- **Competitive Benchmarking**

Compare your system's performance against national leaders and local competitors



Client Satisfaction

“eReports Corporate has top quality, high-level data....to me it is one of the premier sources for getting good, executive summary metrics of your current performance versus the national performance.”

-- Director of Cardiovascular Services of a For-Profit System

“eReports Corporate gives us the data at our fingertips.” “Whenever we have a payer that wants to know how we perform as a national company, I can pull that information out readily because it’s an ideal place to get our health system’s national data.”

-- National Director of the Cardiovascular Service Line of a Not-for-Profit System

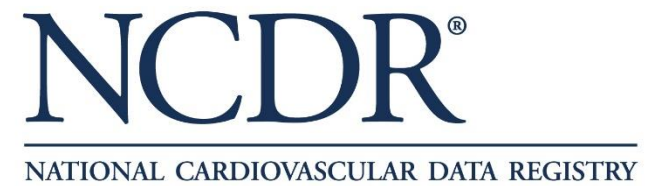
“I think eReports Corporate is incredibly powerful....I think it was a homerun when the ACC created this.”

-- Assistant Vice President of Cardiovascular Services of a For-Profit System



NCDR[®]
NATIONAL CARDIOVASCULAR DATA REGISTRY

Questions



Learn More

ncdr_corpsolutions@acc.org

NCDR Quality Reporting
The American College of Cardiology
2400 N Street, NW, Washington, DC 20037
(702) 236.2927

<http://cvquality.acc.org/NCDR-Home/Analytics>



NCDR[®]
NATIONAL CARDIOVASCULAR DATA REGISTRY