



NCDR[®]
NATIONAL CARDIOVASCULAR DATA REGISTRY

PVI Registry[™]
Version 1.0

Institutional Outcomes Report
2014Q3

**AMERICAN COLLEGE OF CARDIOLOGY
999999**

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**National Cardiovascular Data Registry
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Inclusion Summary

Quarters included in this report:

Timeframe	Benchmark Inclusion Status	Submission Type	Included in Executive Summary
2013Q4			No
2014Q1			No
2014Q2		Base	Yes
2014Q3		Base	No


Frequently used terminology:


R4Q (Rolling Four Quarters)


The four (4) consecutive quarters included in this report. (Example: The 2012Q4 report includes 2012Q1, 2012Q2, 2012Q3 and 2012Q4. The "Q" in "R4Q" indicates the last quarter of the rolling four quarters).

Benchmark Inclusion Status

Indicates whether a submission will be included in the R4Q aggregated data (benchmark) statistics. "Green," "Yellow" and "Red" stoplights denote the status.


 A "Green" status indicates the submission (one quarter/timeframe) is included in the benchmark statistics. The data has successfully passed all data assessment and completeness checks.

 A "Yellow" status indicates the submission (one quarter/timeframe) is not included in the benchmark statistics. Data is displayed in the quarterly column, but is not included in the "My Hospital R4Q" summary. The data has not passed the overall completeness assessment checks.

 A "Red" status indicates the submission (one quarter/timeframe) is not included in the benchmark statistics. Data is not displayed in the quarterly column.

A null or blank status indicates no submission has been received for that quarter/timeframe. Data is not displayed in the quarterly column.

My Hospital R4Q

The values for a metric/measure (over R4Q) of data submitted by your facility with a Benchmark Inclusion Status of "Green" .


US Hospital 50th Pctl

The median (or midpoint or 50th percentile) of all US participant aggregated data for the metric or measure. Half of all participants will be above the median, and half will be below. This value will correspond to the midpoint of the box/whisker plot.

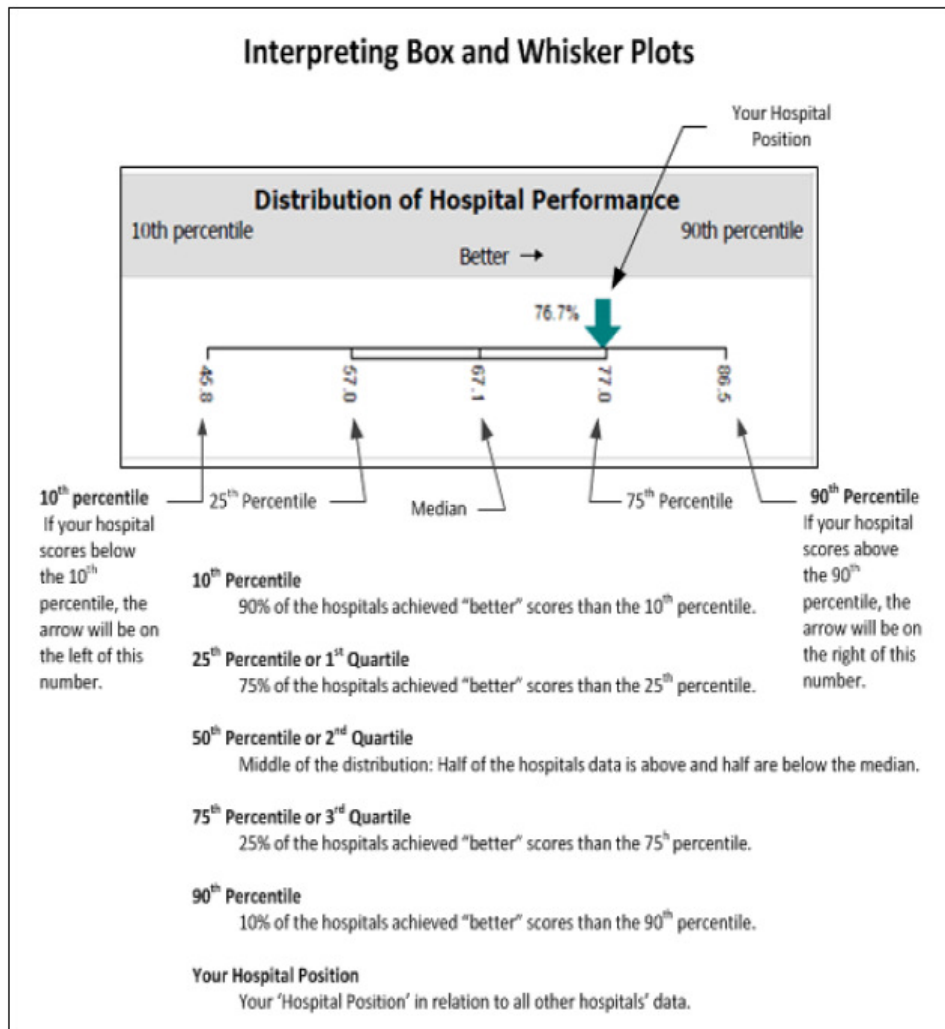
US Hospital 90th Pctl

The 90th percentile of all US participant aggregated data for the metric or measure. 10% of all participants will be above the 90th percentile value, and 90% will be below. This value will correspond to the right-most endpoint of the box/whisker plot.

US Registry Pts R4Q

The aggregated value for the measure/metric across all US patients (over R4Q). To be included, data must have a Benchmark Inclusion Status of "Green" .

Box and Whisker Plots



Executive Summary

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AMERICAN COLLEGE OF CARDIOLOGY(999999) compared to Rolling Four Quarters (R4Q) for All Hospitals ending 2014Q3

Section I: Carotid Artery Stenting Procedure

Outcome Metrics		Distribution of Hospital Performance							
		10th percentile	90th percentile						
1 Proportion of patients who are alive at discharge in all CAS Locations. <table border="1"> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> <tr> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </table> <p>Your hospital's proportion of patients who are alive at discharge [Detail Line:1027]</p> <p>Low Volume Alert</p>		My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	100%	100%	100%		
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl							
100%	100%	100%							
2 Patients with a prior history of stroke or TIA who experience a new stroke intra- or post- procedure and before discharge in all CAS Locations. <table border="1"> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> <tr> <td>100%</td> <td>2%</td> <td>12%</td> </tr> </table> <p>Your hospital's proportion of patients with a prior history of stroke or TIA who experience a new stroke intra- or post- procedure and before discharge in all CAS locations. [Detail Line:1029]</p> <p>Low Volume Alert</p>		My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	100%	2%	12%		
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl							
100%	2%	12%							
3 Patients with a prior history of stroke or TIA who experience a new stroke intra- or post- procedure and before discharge in Cathlab. <table border="1"> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> <tr> <td></td> <td>2%</td> <td>4%</td> </tr> </table> <p>Your hospital's proportion of patients with a prior history of stroke or TIA who experience a new stroke intra- or post- procedure and before discharge in Cathlab. [Detail Line:1036]</p>		My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl		2%	4%		
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl							
	2%	4%							
4 Patients with a prior history of stroke or TIA who experience a new stroke intra- or post- procedure and before discharge in IR. <table border="1"> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> <tr> <td>100%</td> <td>6%</td> <td>14%</td> </tr> </table> <p>Your hospital's proportion of patients with a prior history of stroke or TIA who experience a new stroke intra- or post- procedure and before discharge in IR. [Detail Line:1043]</p> <p>Low Volume Alert</p>		My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	100%	6%	14%		
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl							
100%	6%	14%							
5 Patients with a prior history of stroke or TIA who experience a new stroke intra- or post- procedure and before discharge in OR. <table border="1"> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> <tr> <td></td> <td>8%</td> <td>14%</td> </tr> </table> <p>Your hospital's proportion of patients with a prior history of stroke or TIA who experience a new stroke intra- or post- procedure and before discharge in OR. [Detail Line:1050]</p>		My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl		8%	14%		
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl							
	8%	14%							
6 Patients with a prior history of stroke or TIA who experience a new stroke or die intra- or post- procedure and before discharge in all CAS Locations. <table border="1"> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> <tr> <td>100%</td> <td>2%</td> <td>12%</td> </tr> </table> <p>Your hospital's proportion of patients with a prior history of stroke or TIA who experience a new stroke or die intra- or post- procedure and before discharge in all CAS locations. [Detail Line:1030]</p> <p>Low Volume Alert</p>		My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	100%	2%	12%		
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl							
100%	2%	12%							
7 Patients with a prior history of stroke or TIA who experience a new stroke or die intra- or post- procedure and before discharge in Cathlab. <table border="1"> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> <tr> <td></td> <td>2%</td> <td>4%</td> </tr> </table> <p>Your hospital's proportion of patients with a prior history of stroke or TIA who experience a new stroke or die intra- or post- procedure and before</p>		My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl		2%	4%		
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl							
	2%	4%							

Executive Summary

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AMERICAN COLLEGE OF CARDIOLOGY(999999) compared to Rolling Four Quarters (R4Q) for All Hospitals ending 2014Q3

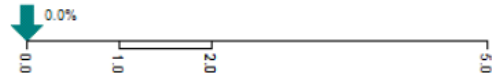
Section I: Carotid Endarterectomy Procedure

63 Patients with no prior history of stroke or TIA who experience a new stroke or MI or die intra- or post- procedure and before discharge in All CEA Locations.

My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl
0%	2%	5%

Patients with no prior history of stroke or TIA who experience a new stroke or MI or die intra- or post- procedure and before discharge in All CEA Locations. [Detail Line:1134]

Low Volume Alert



Distribution of Hospital Performance

10th percentile

Better →

90th percentile

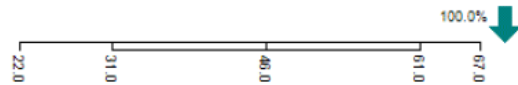
Process Metrics

64 Proportion of CEA interventions performed upon patients at high surgical risk in All CEA Locations.

My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl
100%	46%	67%

Your hospital's proportion of CEA interventions performed upon patients at high surgical risk in All CEA Locations. [Detail Line:1136]

Low Volume Alert



Executive Summary

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AMERICAN COLLEGE OF CARDIOLOGY(999999) compared to Rolling Four Quarters (R4Q) for All Hospitals ending 2014Q3

Section I: Lower Extremity Procedure

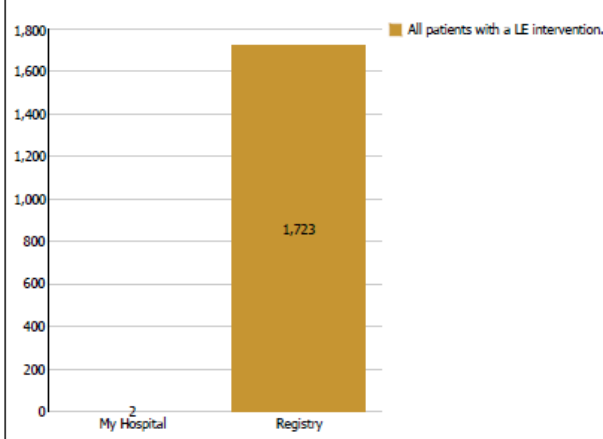
<p>100 Proportion of patients with an ankle brachial index (ABI) measurement prior to the lower extremity procedure in all LE Locations.</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>46%</td> <td>84%</td> </tr> </tbody> </table> <p>Your hospital's proportion of patients with a measurement of ABI Prior to Procedure [Detail Line:1214]</p> <p>Low Volume Alert</p>	My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	100%	46%	84%	
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl					
100%	46%	84%					
<p>101 Proportion of patients with an ankle brachial index (ABI) measurement prior to the lower extremity procedure in Cath Lab.</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>42%</td> <td>83%</td> </tr> </tbody> </table> <p>Your hospital's proportion of patients with a measurement of ABI prior to the cath lab LE procedure [Detail Line:1216]</p> <p>Low Volume Alert</p>	My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	100%	42%	83%	
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl					
100%	42%	83%					
<p>102 Proportion of patients with an ankle brachial index (ABI) measurement prior to the lower extremity procedure in IR.</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>50%</td> <td>91%</td> </tr> </tbody> </table> <p>Your hospital's proportion of patients with a measurement of ABI prior to the interventional radiology LE procedure [Detail Line:1218]</p> <p>Low Volume Alert</p>	My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	100%	50%	91%	
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl					
100%	50%	91%					
<p>103 Proportion of patients with an ankle brachial index (ABI) measurement prior to the lower extremity procedure in OR.</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>56%</td> <td>83%</td> </tr> </tbody> </table> <p>Your hospital's proportion of patients with a measurement of ABI prior to the operating room LE procedure [Detail Line:1220]</p>	My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl		56%	83%	
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl					
	56%	83%					
<p>Distribution of Hospital Performance</p> <p>10th percentile 90th percentile</p> <p style="text-align: center;">Better →</p>							
<p>104 Proportion of patients experiencing at least one intra or post procedure event prior to discharge in all LE Location.</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td>50%</td> <td>12%</td> <td>19%</td> </tr> </tbody> </table> <p>Your hospital's proportion of patients with a LE procedure that experienced a minimum of one intra or post procedure event prior to discharge. [Detail Line:1222]</p> <p>Low Volume Alert</p>	My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	50%	12%	19%	
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl					
50%	12%	19%					
<p>Distribution of Hospital Performance</p> <p>10th percentile 90th percentile</p> <p style="text-align: center;">Better →</p>							
<p>105 Median Length of Stay: arrival to discharge in all LE Location</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td>7</td> <td>2</td> <td>6</td> </tr> </tbody> </table> <p>Your hospital's average length of stay from arrival to discharge for patients with a LE procedure during the episode of care. [Detail Line:1224]</p> <p>Low Volume Alert</p>	My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	7	2	6	
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl					
7	2	6					
<p>106 Length of stay: arrival to discharge standard deviation in all LE Locations</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>All Hospitals 50th Pctl</th> <th>All Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>3</td> <td>6</td> </tr> </tbody> </table> <p>The standard deviation associated with your hospital's average length of stay from arrival to discharge for patients with a LE procedure during the episode of care. [Detail Line:1225]</p>	My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl	4	3	6	
My Hospital	All Hospitals 50th Pctl	All Hospitals 90th Pctl					
4	3	6					

Executive Summary

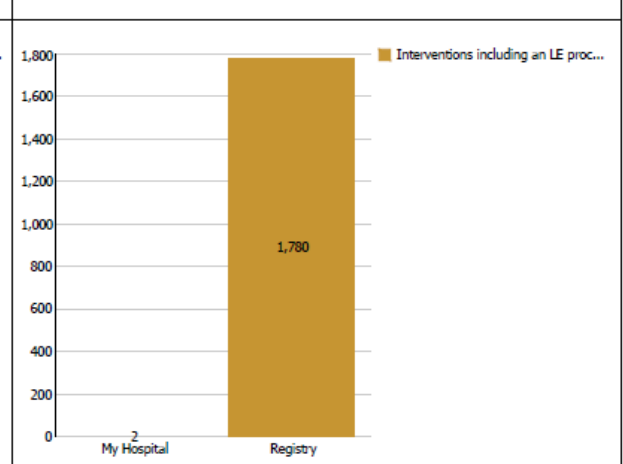
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American College of Cardiology(999999) compared to Rolling Four Quarters (R4Q) for All Hospitals ending 2014Q3

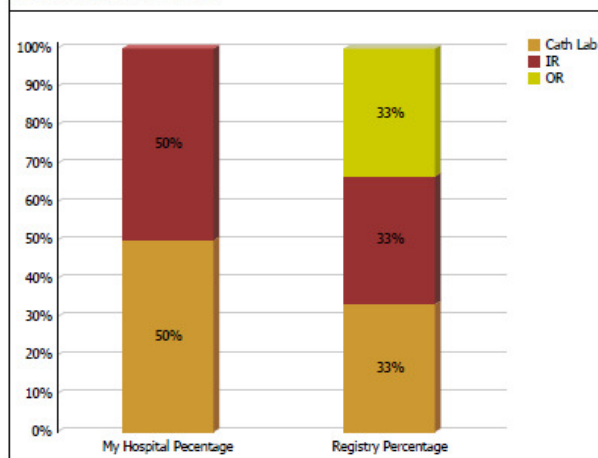
Count of Patients experiencing a LE Procedure at your hospital
[Detail Line:1137]



Count of LE Procedures performed at your Hospital
[Detail Line:1138]



Proportion of LE Interventions per Location
[Detail Line:1139,1140,1141]



Proportion of Patients with Lesion treatment incomplete or aborted
[Detail Line:1142]

