



NCDR[®]
NATIONAL CARDIOVASCULAR DATA REGISTRY

CathPCI Registry[®]
Version 4.4

Institutional Outcomes Report
2014Q3

National Outcomes Report
999997

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National Cardiovascular Data Registry
CathPCI Registry[®]
800-257-4737

www.ncdr.com • ncdr@acc.org

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Executive Summary

CathPCI Registry®

National Outcomes Report(999997) compared to Rolling Four Quarters (R4Q) for US Hospitals ending 2014Q3

Section I: PCI Performance Measures

Endorsed by the National Quality Forum and appropriate for public reporting

PCI Performance Measures			Distribution of Hospital Performance	
			10th percentile	90th percentile
1	PCI in-hospital risk adjusted mortality (all patients)			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		1.80	0.99	
	Your hospital's PCI in-hospital risk adjusted mortality rate for all patients adjusted using the NCDR® risk adjustment model. [Detail Line:2036]			
				3.10 2.38 1.80 1.38 0.99
37	PCI in-hospital risk adjusted rate of bleeding events (all patients)			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		4.18	1.74	
	Your hospital's risk adjusted rate of bleeding events for patients with PCI procedures using the NCDR® PCI bleeding risk adjustment model. [Detail Line:1823]			
				7.08 5.58 4.18 2.91 1.74
38	Composite: Discharge Medications in Eligible PCI Patients			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		94.5%	99.1%	
	Patients with a PCI procedure who receive prescriptions for all medications (aspirin, P2Y12 inhibitor, and statin) for which they are eligible for at discharge. [Detail Line:2007]			
				83.5 89.7 94.5 97.4 99.1

Note

Performance measures in the CathPCI Registry® have been endorsed by the National Quality Forum. Such performance measures meeting the requirement for approval are intended not only for clinical quality improvement, but also may be considered for purposes of public reporting.

The "Registry Metrics" on the subsequent pages of this report are those measures that have been developed to support self assessment and quality improvement at the provider, hospital, and/or health care system level. While these metrics have not been formally developed by the American College of Cardiology/American Heart Association Task Force for Performance Measures Task Force, they may be identified as evolving measures worthy of consideration for further development into performance measures.

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Section II: Quality Metrics – to support self assessment and quality improvement at the provider, hospital, and/or health care system level.

PCI Process Metrics			Distribution of Hospital Performance	
			10th percentile	90th percentile
			Better →	
2	Proportion of elective PCIs with prior positive stress or imaging study			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		67.51%	90.02%	
	Proportion of elective PCI procedures (excluding patients with ACS) with an antecedent stress or imaging study with a positive result (suggestive of ischemia) or with a fractional flow reserve value of <=0.8 during the PCI procedure [Detail Line:1513]			
3	Median time to immediate PCI for STEMI patients (in minutes)			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
	60	60.0	48.0	
	Your hospital's median time from hospital arrival to immediate PCI for STEMI patients in minutes. Exclusions: Patients transferred in from another acute care facility; Reasons for delay does not equal none. [Detail Line:1502]			
4	Proportion of STEMI patients receiving immediate PCI w/in 90'			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
	94.93%	100.00%		
	Proportion of STEMI patients with a time from your hospital arrival (or subsequent ECG if ST elevation first noted on subsequent ECG) to immediate PCI <=90'. Exclusions: Patients transferred in from another acute care facility; Reasons for delay does not equal none. [Detail Line:1503]			
5	Median time from ED arrival at STEMI transferring facility to ED arrival at STEMI receiving facility among transferred patients.			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
	74	74.0	50.0	
	Your hospital's median time from arrival at transferring facility to ED arrival at STEMI receiving facility among transferred patients. [Detail Line:1505]			
6	Median time from ED arrival at STEMI transferring facility to immediate PCI at STEMI receiving facility among transferred patients (in minutes)			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
	108	108.0	80.0	
	Your hospital's median time from arrival at referring facility to immediate PCI at STEMI receiving facility among transferred patients. Exclusions: Reasons for delay does not equal none. [Detail Line:1506]			
7	Median fluoro time (in minutes)			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
	10	10.0	7.0	
	Inclusion criteria: PCI of one vessel/lesion. Exclusion criteria: Prior CABG, or "other" procedure during the same lab visit; PCI of >1 vessel/lesion. [Detail Line:1633]			
8	Proportion of patients with aspirin prescribed at discharge			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
	98.8%	97.2	99.7	
	Proportion of patients (without a documented contraindication) with aspirin prescribed at discharge. [Detail Line:1997]			
9	Proportion of patients with a P2Y12 inhibitor prescribed at discharge			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
	99.5%	98.6	99.5	
	Proportion of patients (without a documented contraindication) with a stent implanted that had a thienopyridine/P2Y12 inhibitor prescribed at discharge. [Detail Line:2006]			

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Section II: Quality Metrics – to support self assessment and quality improvement at the provider, hospital, and/or health care system level.

PCI Outcome Metrics			Distribution of Hospital Performance							
			10th percentile	90th percentile						
10	Statins prescribed at discharge	<table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>96.0%</td> <td>99.5%</td> </tr> </tbody> </table> <p>Proportion of patients (without a documented contraindication) prescribed a statin at discharge. [Detail Line:2002]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		96.0%	99.5%	87.6	99.5
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl								
	96.0%	99.5%								
12	Emergency CABG post PCI	<table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>0.0%</td> <td>0.0%</td> </tr> </tbody> </table> <p>Proportion of PCI patients with post procedure Emergency CABG. [Detail Line:1980]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		0.0%	0.0%	0.5	0.0
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl								
	0.0%	0.0%								
13	Proportion of PCI procedures with a post procedure MI (among hospitals routinely collecting post-PCI biomarkers)**	<table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>1.51%</td> <td>0.00%</td> </tr> </tbody> </table> <p>Your hospital's proportion of biomarker positive, post procedure myocardial infarction. Inclusions: Submissions with >= 90% of pts with biomarkers coded; LOS>=1; Elective patients [Detail Line:1803]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		1.51%	0.00%	7.72	0.00
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl								
	1.51%	0.00%								
14	Proportion of PCI procedures with post procedure MI (among hospitals who do not routinely collect post-PCI biomarkers)**	<table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>0.00%</td> <td>0.00%</td> </tr> </tbody> </table> <p>Your hospital's proportion of biomarker positive, post procedure myocardial infarction. Inclusions: Submissions with < 90% of pts with biomarkers coded; LOS>=1; Elective patients [Detail Line:1804]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		0.00%	0.00%	3.33	0.00
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl								
	0.00%	0.00%								
16	Proportion of PCI procedures with post procedure stroke	<table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>0.07%</td> <td>0.00%</td> </tr> </tbody> </table> <p>Your hospital's proportion of patients with stroke post procedure. [Detail Line:1811]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		0.07%	0.00%	0.62	0.00
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl								
	0.07%	0.00%								
17	Composite: Proportion of PCI patients with death, emergency CABG, stroke or repeat target vessel revascularization.	<table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>2.59%</td> <td>0.85%</td> </tr> </tbody> </table> <p>Your hospital's proportion of patients with death, emergency CABG, stroke or repeat target vessel revascularization post procedure up to hospital discharge. Excludes patients with stroke and an elective, urgent or salvage CABG during same admission. [Detail Line:1801]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		2.59%	0.85%	4.61	0.85
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl								
	2.59%	0.85%								
18	PCI in-hospital risk adjusted mortality (patients with STEMI)	<table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>6.50</td> <td>3.44</td> </tr> </tbody> </table> <p>Your hospital's PCI in-hospital risk adjusted mortality rate for patients with STEMI adjusted using the NCDR® risk adjustment model. [Detail Line:2045]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		6.50	3.44	11.75	3.44
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl								
	6.50	3.44								
19	PCI in-hospital risk adjusted mortality (STEMI patients excluded)	<table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>0.87</td> <td>0.41</td> </tr> </tbody> </table> <p>Your hospital's PCI in-hospital risk adjusted mortality rate for patients with other diagnoses (not STEMI) using the NCDR® risk adjustment model. [Detail Line:2054]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		0.87	0.41	1.89	0.41
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl								
	0.87	0.41								

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Section II: Quality Metrics – to support self assessment and quality improvement at the provider, hospital, and/or health care system level.

<p>25 Proportion of PCI procedures with transfusion of whole blood or RBCs</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>1.18%</td> <td>0.00%</td> </tr> </tbody> </table> <p>Proportion of patients who received a transfusion of whole blood or red blood cells after a PCI procedure. Inclusion: Patients with a pre-procedure hemoglobin >8 g/dL and patients with no CABG, and no other major surgery during the same admission. [Detail Line:1853]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		1.18%	0.00%	
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl					
	1.18%	0.00%					
<p>39 PCI in-hospital risk adjusted acute kidney injury (all patients)</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>6.13</td> <td>2.85</td> </tr> </tbody> </table> <p>Your hospital's PCI in-hospital risk adjusted AKI rate for all patients adjusted using the NCDR® risk adjustment model. [Detail Line:1960]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		6.13	2.85	
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl					
	6.13	2.85					
<p>Diagnostic Cath Process Metrics</p>		<p>Distribution of Hospital Performance</p> <p>10th percentile 90th percentile</p> <p style="text-align:center">Better →</p>					
<p>20 Incidence of non-obstructive CAD (elective patients only)</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>42.79%</td> <td>29.15%</td> </tr> </tbody> </table> <p>Patients with an 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". [Detail Line:1252]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		42.79%	29.15%	
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl					
	42.79%	29.15%					
<p>Diagnostic Cath Outcomes Metrics</p>		<p>Distribution of Hospital Performance</p> <p>10th percentile 90th percentile</p> <p style="text-align:center">Better →</p>					
<p>21 Proportion of Diagnostic Catheterization procedures with vascular access site injury requiring treatment or major bleeding*</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>0.09%</td> <td>0.00%</td> </tr> </tbody> </table> <p>Your hospital's proportion of patients with major access site related injury requiring treatment or major bleeding. [Detail Line:1301]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		0.09%	0.00%	
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl					
	0.09%	0.00%					
<p>Utilization Metrics</p>		<p>Distribution of Hospital Performance</p> <p>10th percentile 90th percentile</p> <p style="text-align:center">Better →</p>					
<p>22 Median post-procedure length of stay (in days) for PCI patients with STEMI</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>2.5</td> <td>1.6</td> </tr> </tbody> </table> <p>Your hospital's median post-procedure length of stay (in days) for PCI patients with STEMI. [Detail Line:2110]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		2.5	1.6	
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl					
	2.5	1.6					
<p>Data Quality Metrics</p>		<p>Distribution of Hospital Performance</p> <p>10th percentile 90th percentile</p> <p style="text-align:center">Better →</p>					
<p>24 Proportion of PCI procedures with creatinine assessed pre and post PCI</p> <table border="1"> <thead> <tr> <th>My Hospital</th> <th>US Hospitals 50th Pctl</th> <th>US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td></td> <td>90.05%</td> <td>97.64%</td> </tr> </tbody> </table> <p>Proportion of PCI patients with creatinine assessed pre and post procedure. Exclusions: LOS<1 day and death in lab. [Detail Line:1951]</p>	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		90.05%	97.64%	
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl					
	90.05%	97.64%					

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Section II: Quality Metrics – to support self assessment and quality improvement at the provider, hospital, and/or health care system level.

Test Metrics			Distribution of Hospital Performance							
			10th percentile	90th percentile						
			Better →							
26	Test Data Quality Metric: Proportion of PCI procedures with biomarkers assessed post-PCI for elective inpatients									
<table border="1"> <thead> <tr> <th data-bbox="152 506 370 531">My Hospital</th> <th data-bbox="370 506 586 531">US Hospitals 50th Pctl</th> <th data-bbox="586 506 808 531">US Hospitals 90th Pctl</th> </tr> </thead> <tbody> <tr> <td data-bbox="152 531 370 569"></td> <td data-bbox="370 531 586 569">25.7%</td> <td data-bbox="586 531 808 569">91.2%</td> </tr> </tbody> </table>					My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl		25.7%	91.2%
My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl								
	25.7%	91.2%								
Proportion of elective procedures with biomarkers assessed post PCI. Exclusions: LOS<1 day, or hospital status=outpatient, or death in lab. [Detail Line:1949]										

SAMPLE

Executive Summary

CathPCI Registry®
(999997) compared to Rolling Four Quarters (R4Q) for US Hospitals ending

Section III: PCI Appropriate Use Criteria (AUC) Metrics – These data are based upon the 2012 Appropriateness Criteria for Coronary Revascularization Focused Update (J Am Coll Cardiol 2012 59: 857-881) document developed by the ACC, Society for Cardiovascular Angiography and Interventions, Society of Thoracic Surgeons, American Heart Association, and other national societies. These metrics are designed to provide sites feedback on the appropriateness of percutaneous coronary intervention procedures at the hospital level. PCI AUC metrics are not appropriate for public/external reporting

PCI Appropriate Use Criteria (AUC) Metrics			Distribution of Hospital Performance	
			10th percentile	90th percentile
30	Proportion of PCI procedures not classifiable for AUC reporting			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		3.80%	0.31%	
	Proportion of PCI procedures that were not classifiable/evaluated for PCI AUC reporting due to incomplete or missing data. [Detail Line:1589]			
31	Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were appropriate			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		98.91%	100.00%	
	Proportion of PCI procedures that were evaluated as "Appropriate", among patients with ACS, meaning coronary revascularization is generally acceptable and is a reasonable approach for the indication and is likely to improve the patients' health outcomes or survival. [Detail Line:1581]			
32	Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were of uncertain appropriateness			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		0.72%	3.83%	
	Proportion of PCI procedures that were evaluated as "Uncertain", among patients with ACS, meaning coronary revascularization may be acceptable and may be a reasonable approach for the indication. However, some degree of uncertainty exists, implying that more research and/or patient information is needed to determine whether the procedure would improve patients' health outcomes or survival. [Detail Line:1582]			
33	Patients WITH Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were inappropriate			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		0.00%	0.00%	
	Proportion of PCI procedures that were evaluated as "Inappropriate", among patients with ACS, meaning coronary revascularization is not generally acceptable and is not a reasonable approach for the indication and is unlikely to improve the patients' health outcomes or survival. [Detail Line:1583]			
34	Patients WITHOUT Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were appropriate			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		50.17%	76.59%	
	Proportion of PCI procedures that were evaluated as "Appropriate", among patients without ACS, meaning coronary revascularization is generally acceptable and is a reasonable approach for the indication and is likely to improve the patients' health outcomes or survival. [Detail Line:1585]			
35	Patients WITHOUT Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were of uncertain appropriateness			
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl	
		32.79%	52.81%	
	Proportion of PCI procedures that were evaluated as "Uncertain", among patients without ACS, meaning coronary revascularization may be acceptable and may be a reasonable approach for the indication. However, some degree of uncertainty exists, implying that more research and/or patient information is needed to determine whether the procedure would improve patients' health outcomes or survival. [Detail Line:1586]			

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(999997) compared to Rolling Four Quarters (R4Q) for US Hospitals ending

Section III: PCI Appropriate Use Criteria (AUC) Metrics – These data are based upon the 2012 Appropriateness Criteria for Coronary Revascularization Focused Update (J Am Coll Cardiol 2012 59: 857-881) document developed by the ACC, Society for Cardiovascular Angiography and Interventions, Society of Thoracic Surgeons, American Heart Association, and other national societies. These metrics are designed to provide sites feedback on the appropriateness of percutaneous coronary intervention procedures at the hospital level. PCI AUC metrics are not appropriate for public/external reporting

36	Patients WITHOUT Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were inappropriate		
	My Hospital	US Hospitals 50th Pctl	US Hospitals 90th Pctl
		13.22%	0.00%

Proportion of PCI procedures that were evaluated as "Inappropriate", among patients without ACS, meaning coronary revascularization is not generally acceptable and is not a reasonable approach for the indication and is unlikely to improve the patients' health outcomes or survival. [Detail Line:1587]

Category	Value
My Hospital	13.22%
US Hospitals 50th Pctl	25.76%
US Hospitals 90th Pctl	0.00%

Executive Summary Footnotes

*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.

**Your rate of post procedure MI cannot be reported if you only collected cardiac biomarkers on $<90\%$ of your patients who were in the hospital ≥ 1 day.

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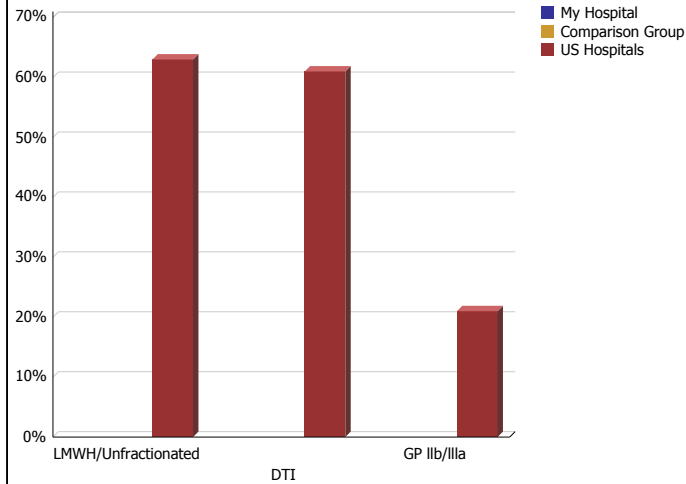
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Section IV: PCI Process Comparison Metrics

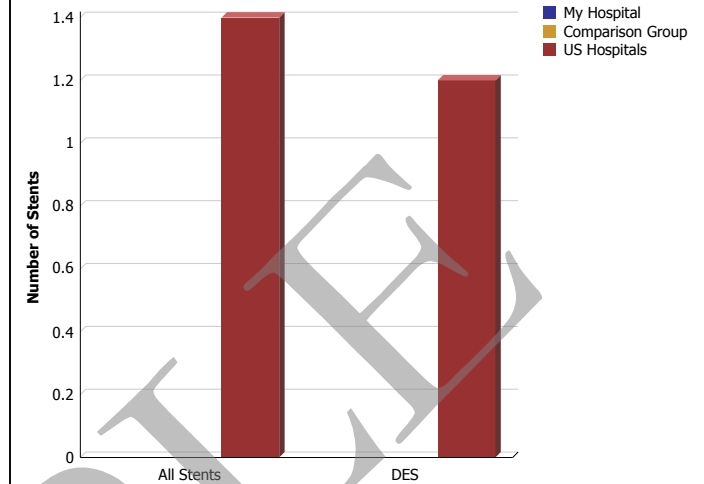
Anticoagulant Use: Any Low molecular weight/unfractionated heparin, direct thrombin inhibitors, GP IIb/IIIa inhibitor(pts with acute coronary syndrome).

[Detail Line:1600,1601,1606]



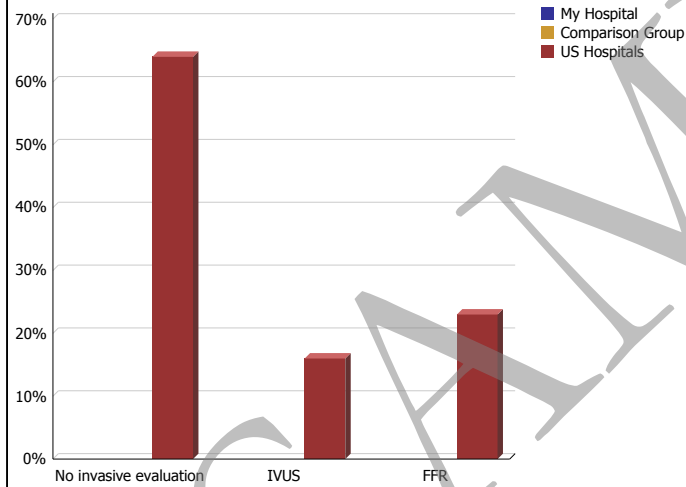
Stent Use: Average # of stents per PCI admission.

[Detail Line:1793,1794]



Intermediate stenosis lesions(40-70%): Further invasive evaluation performed (IVUS or FFR).

[Detail Line:1732,1733,1734]



Outpatients: Proportion of PCI patient admissions whose hospital status was coded as "outpatient".

[Detail Line:1390]

