



Reduce the Risk: PCI Bleed

**A Campaign of the
American College of Cardiology**



Reduce the Risk: PCI Bleed

A Campaign of the
American College of Cardiology

How to Develop an Abstract Poster and How to Use the Reduce the Risk: PCI Bleed Quality Campaign Dashboard

June 17, 2020 12-1pm ET

Webinar #8



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Hosted by:

Andrea Price MS, CPHQ, RCIS, AACC

Reduce the Risk PCI Bleed Steering Committee Chair

Special Guests:

Emilia Adkins, BA

Team Leader Registry and BI Product Development

Maria Ortiz, CHCP

Team Leader Health Systems Learning

Betsy Wymer, DNP, RN, RN-BC, AACC

Program Manager Quality Campaigns



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Agenda

1. Welcome and Introductions
2. How to Develop an Abstract Poster
3. How to Use the Reduce the Risk: PCI Bleed Quality Campaign Dashboard
4. Q&A
5. Announcements



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ACC Quality Summit

NCDR and Accreditation
Annual Session & Expo

Develop Your Quality
Improvement Project Into an
Abstract

What is an Abstract?

- Written summary
 - Process overview
 - Highlight important results





Why Should You Submit an Abstract?

- Shed light on solutions for problems
- Share knowledge and experience
- Improve Cardiovascular care
- Get credit for your work



Choosing an Abstract Topic

Topics can include:

- Educational innovations
- Data collection process enhancements
- Quality and performance improvement and research
- Clinical data analysis, use of NCDR Dashboard reports





Choosing an Abstract Topic

Best projects are those that

- Original and important contribution
- Clear conclusion
- Substantiated by data
- Applicable





Your Abstract Outline



Title



Problem Statement or Scientific Question



Background/Project Intent



Methodology



Results



Value Proposition



Conclusion



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Title

- Concise
- Descriptive
- Clearly reflects the sentiment of your project
- May include your conclusion statement





Authors and Affiliations

- Title
- Institution
- Organization





Problem Statement

- Define the problem or scientific question





Background/ Project Intent

- Why?
- History?
- Goal?
- External motivations?





Methodology

- Steps of your work
- Explain your process
- Detail





Results

- Before and after results
- Data source, date ranges, n, percent change
- Statistical measures (if you have them)





Value Proposition

- **Patients** – Lower costs and better outcomes
- **Providers** – Higher patient satisfaction rates and better care efficiencies
- **Payers** – Stronger cost controls and reduced risks
- **Suppliers** – Alignment of prices with patient outcomes
- **Society** – Reduced Spending and better overall health





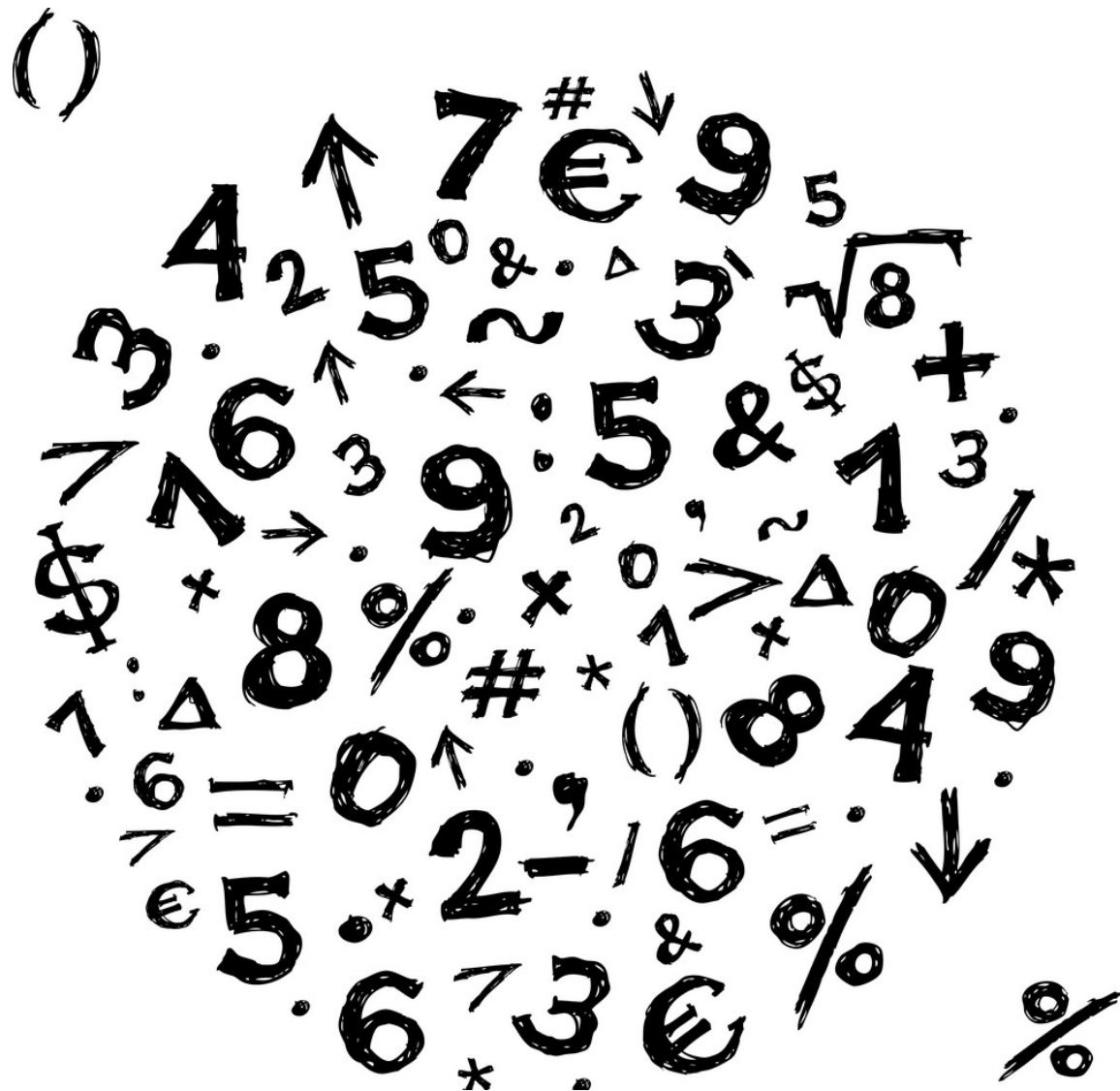
Conclusion

- Refer to the statement of intent
- Summarize the project
- Explain how your project solves a problem and could benefit others.
- Future considerations



Guidelines

- Numbers
- Symbols
- Table and Graphs
- Lab Values
- Abbreviations
- Terms



ACC Quality Programs Trademarks

First Time Use	Subsequent Use
National Cardiovascular Data Registry (NCDR®)	NCDR
Chest Pain - MI Registry™	Chest Pain - MI Registry
AFib Ablation Registry™	AFib Ablation Registry
CathPCI Registry®	CathPCI Registry
ICD Registry™	ICD Registry
IMPACT Registry®	IMPACT Registry
LAAO Registry™	LAAO Registry
PVI Registry™	PVI Registry
STS/ACC TVT Registry™	STS/ACC TVT Registry
Diabetes Collaborative Registry®	Diabetes Collaborative Registry
PINNACLE Registry®	PINNACLE Registry
ACC Quality Campaign	Quality Campaign
Patient Navigator Program Focus MI	Patient Navigator Program Focus MI
Reduce the Risk: PCI Bleed	Reduce the Risk: PCI Bleed
ACC Accreditation Services	Accreditation Services
Atrial Fibrillation (AF) Accreditation	Atrial Fibrillation (AF) Accreditation
Cardiac Cath Lab Accreditation	Cardiac Cath Lab Accreditation
Chest Pain Center Accreditation	Chest Pain Center Accreditation
Electrophysiology Accreditation	Electrophysiology Accreditation
Heart Failure Accreditation	Heart Failure Accreditation
C4 Certification	C4 Certification
Transcatheter Valve Certification	Transcatheter Valve Certification

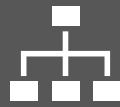




Common Pitfalls to Avoid



Not enough detail



Including too much information



Presenting inadequate results



Lack of originality





Tips for the Writing Process

- Read other manuscripts and abstracts
- Use writing skills resources
- Ask others to review your drafts
- Practice!





Selection Process



Originality



Significance



Relevance



Presentation Quality



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Abstract Rejections

- Not relevant to ACC Quality Summit
- Not enough Information
- Low Score
- No citation or incorrect citation of ACC Quality Program
- Disclosures

ACCEPTED

REJECTED



Disclosure Link:

<http://disclosures.acc.org/Library>



Disclosure System

American College of Cardiology

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Disclosure
REQUESTS ?

Disclosure
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Are Your Disclosures Missing?

If you don't see relationships that you entered previously, you may have multiple accounts. You can consolidate multiple disclosure accounts into one central place.

[Merge Accounts](#)

Your
Disclosure Library

Disclosures | [Personal Commercial](#) [Personal Non-Commercial](#) [Clinical Trial Enroller](#) [Institutional Financial Decision-Making Role](#)
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DON'T FORGET!



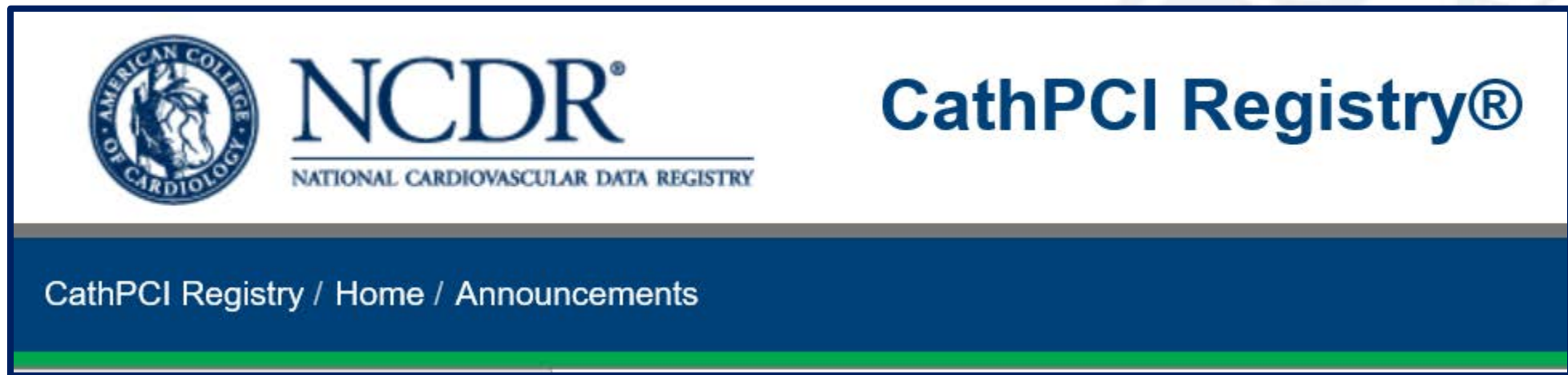
**KEEP
CALM
YOU
CAN
DO IT**



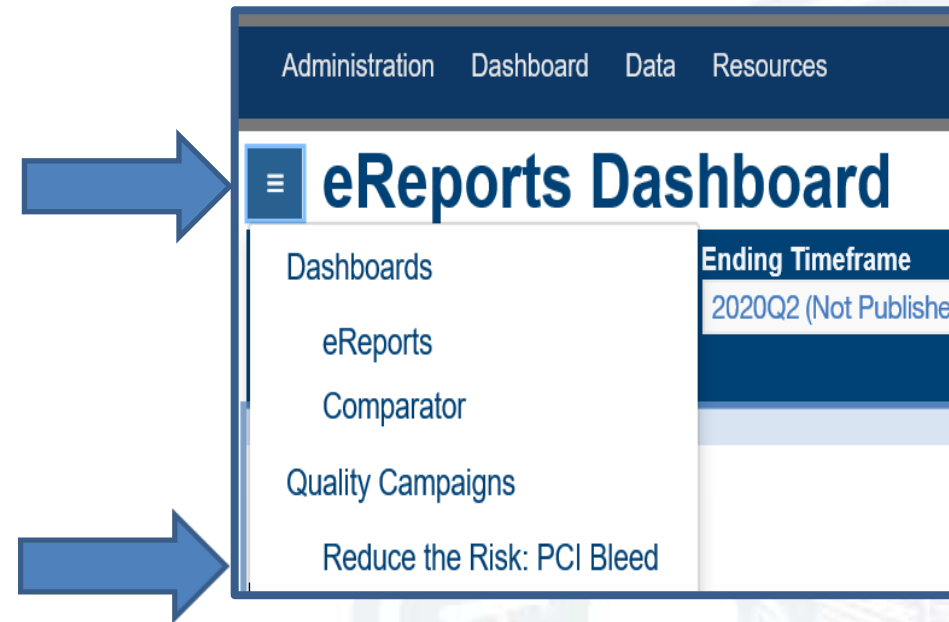
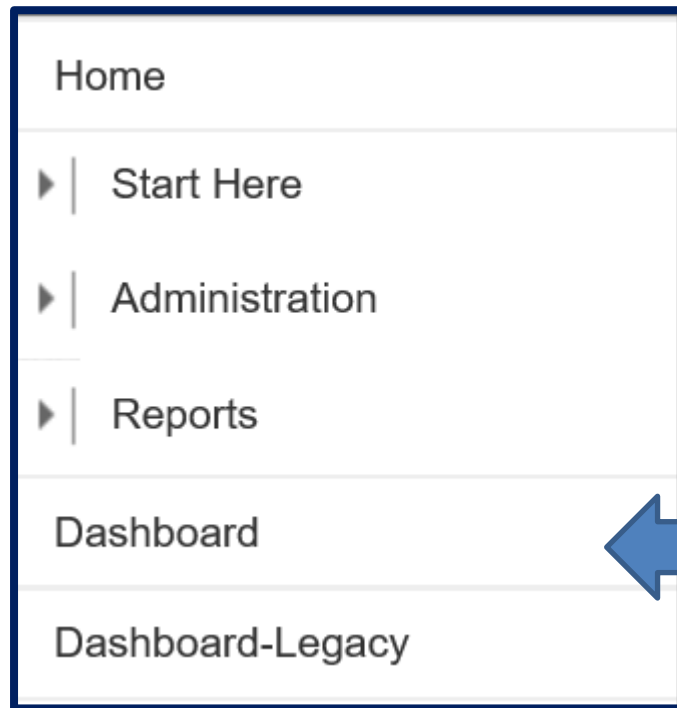
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Accessing the Campaign Dashboard

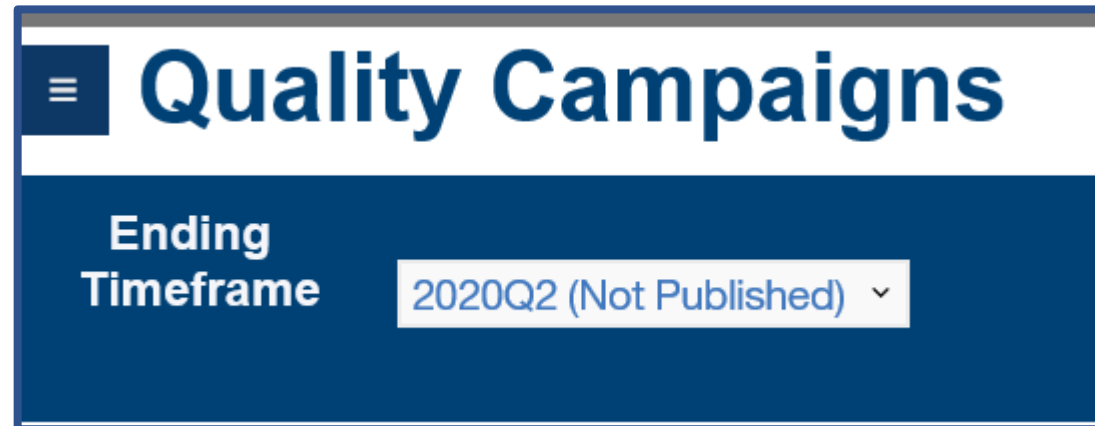
NCDR CathPCI Registry <https://ncdr.com/WebNCDR/CathPCI/Home/Announcements>



Accessing the Campaign Dashboard



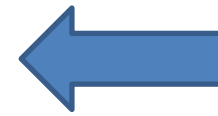
Accessing the Campaign Dashboard



A screenshot of a web dashboard titled "Quality Campaigns". The title is in a large, bold, dark blue font. To the left of the title is a dark blue square icon containing three white horizontal lines. Below the title bar is a dark blue section with the text "Ending Timeframe" in white. To the right of this text is a white dropdown menu with the text "2020Q2 (Not Published)" and a small downward arrow.

Quality Campaigns

Ending Timeframe 2020Q2 (Not Published) ▾





Dashboard Display

Your Hospital's Performance

Benchmark Performance

Campaign Name: Reduce the Risk: PCI Bleed

MetricKey	Line Text	My Hospital R4Q (2019Q1) Baseline	2019Q3	2019Q4	2020Q1	2020Q2	My Hospital R4Q	Participating Campaign Facilities 50th Percentile	Participating Campaign Facilities R4Q # of Facilities 171	US Hospital 50th Percentile	US Registry R4Q # of Hospitals 1766
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Interpreting the Dashboard

ACC Reduce the Risk: PCI Bleed Quality Campaign Goal

To provide CathPCI Registry participants the framework and tools to implement strategies to decrease associated bleeding adverse events and lessen the variance in the data.

Metric Specifications Explained

Numerator: Count of patients/episodes who meet the processes or outcomes expected for each patient, episode, or other unit of measurement defined.

Denominator: Count of patients/episodes who remain after denominator exceptions/exclusions are applied to the eligible metric population.

Denominator Exclusions: Patients/episodes that are removed from the eligible metric population.

Denominator Exceptions: Patients/episodes that have not met the metric numerator criteria and have acceptable rationale such as a medical reason or patient reason are removed from the eligible metric population. In this way, the metric is only considering “eligible” patients/episodes.

Median: The median is the 50th percentile (e.g. middle value for a set of data that was arranged in order of magnitude). It is less affected by outliers and skewed data.

Median population: Patients/episodes who remain after population exceptions/exclusions are applied to the eligible metric population.

Clinical Rationale/Guideline Recommendation: Executive summary metrics are selected based on supporting evidence, guideline recommendations or expert consensus. References to supporting documents (e.g. ACC/AHA Task Force citations) are provided for metrics as applicable.

Risk Adjusted: Indicates the measure is based on a non-hierarchical risk model, which only includes patient-level risk factors.

Risk Standardized: Indicates the measure is based on a hierarchical risk model, which includes both facility-level and patient-level risk factors.



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Dashboard Display

Campaign Name: Reduce the Risk: PCI Bleed											
MetricKey	Line Text	My Hospital R4Q (2019Q1) Baseline	2018Q4	2019Q1	2019Q2	2019Q3	My Hospital R4Q	Participating Campaign Facilities 50th Percentile	Participating Campaign Facilities R4Q # of Facilities 171	US Hospital 50th Percentile	US Registry R4Q # of Hospitals 1766
PCI Performance Measures - PCI Performance Measures											
4934	Campaign Metric 1: (40) - PCI in-hospital risk standardized rate of bleeding	2.37	2.09	1.49	1.42	1.4	1.47	2.38	N/A	2.13	2.47
4288	Campaign Metric 2: (25) - Proportion of PCI procedures with transfusion of whole red blood cells	11.7% (52/442)	23.8% (26/109)	12.8% (16/125)	4.7% (5/106)	0% (0/69)	0% (0/402)	0.94%	1.02%	%	0.97%





Dashboard Display

Campaign Name: Reduce the Risk: PCI Bleed

MetricKey	Line Text	My Hospital R4Q (2019Q1) Baseline	2018Q4	2019Q1	2019Q2	2019Q3	My Hospital R4Q	Participating Campaign Facilities 50th Percentile	Participating Campaign Facilities R4Q # of Facilities 171	US Hospital 50th Percentile	US Registry R4Q # of Hospitals 1766
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PCI Outcome Measures - PCI Outcome Metric



4928	Campaign Metric 3: Procedures with an observed bleeding event	14	4	1	2	0	7	16	N/A	9	20,629
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Campaign Name: Reduce the Risk: PCI Bleed												Hospital performance is for demonstration purposes											
MetricKey	Line Text			My Hospital R4Q (2019Q1) Baseline	2018Q4	2019Q1	2019Q2	2019Q3	My Hospital R4Q	Participating Campaign Facilities 50th Percentile	Participating Campaign Facilities R4Q # of Facilities 171	US Hospital 50th Percentile	US Registry R4Q # of Hospitals 1766										
PCI Process Measures - PCI Procedure Medication																							
1590	Campaign Metric 4: Anticoagulation utilization																						
4466	All Anticoagulants			99.3% (446/447)	99.1% (98/99)	100% (97/97)	99.1% (97/98)	100% (99/102)	99.2% (393/396)	99.5%	99.2%	99.4%	98.6%										
8905	Argatroban			0% (0/447)	0% (0/99)	0% (0/97)	0% (0/98)	0% (0/102)	0% (0/396)	0%	0.1%	0%	0.1%										
4471	Bivalirudin			24.2% 108/447	16% (16/99)	5.2% (5/97)	0.5% (2/98)	0.2% (1/102)	6.0% (24/396)	6.4%	19.7%	14.2%	25.9%										
4467	Fondaparinux			0% (0/447)	0% (0/99)	0% (0/97)	0% (0/98)	0% (0/102)	0% (0/396)	0%	0.3%	0%	0%										
8944	Heparin derivative			0.9% (4/447)	0% (0/99)	1.0% (1/97)	0% (0/98)	0% (0/102)	0.2% (1/396)	0.2%	0.5%	0.2%	0.8%										
4468	Low molecular weight heparin			4% (18/447)	1% (1/99)	0% (0/97)	0% (0/98)	0.2% (1/102)	0.5% (2/396)	3.9%	4.6%	4%	6%										
4469	Unfractionated heparin			99.2% (438/447)	100% (99/99)	98.9% (96/97)	100% (98/98)	97% (99/102)	98.9% (392/396)	95.4%	88.3%	91.4%	82.9%										
8928	Warfarin			2%	0%	0% (0/97)	0%	0%	0%	0%	0%	0%	0%										



Dashboard Display

Campaign Name: Reduce the Risk: PCI Bleed												
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PCI w/ w/o Dx Coronary Angio - Procedure Information												
1590	Campaign Metric 5: Access site utilization											
4159	Femoral		51.2% (229/447)	40.4% (40/99)	31.9% (31/97)	16.3% (16/98)	3.9% (4/102)	22.9% (91/396)	43.57%	48.51%	48.96%	51.15%
4161	Brachial		0% (0/447)	0% (0/99)	0% (0/97)	0% (0/98)	0% (0/102)	0% (0/396)	0.16%	0.15%	0.03%	0.16%
4163	Radial		48.7% (218/447)	59.6% (59/99)	68% (66/97)	83.7% (82/98)	96% (98/102)	77% (305/396)	56.12%	51.15%	50.62%	48.5%
4165	Other		99.3% (0/447)	0% (0/99)	0% (0/97)	0% (0/98)	0% (0/102)	0% (0/396)	0.19%	0.19%	0.02%	0.16%





Campaign Name: Reduce the Risk: PCI Bleed


MetricKey	Line Text	My Hospital R4Q (2019Q1) Baseline	2018Q4	2019Q1	2019Q2	2019Q3	My Hospital R4Q	Participating Campaign Facilities 50th Percentile	Participating Campaign Facilities R4Q # of Facilities 171	US Hospital 50th Percentile	US Registry R4Q # of Hospitals 1766
1590	Campaign Metric 6: Closure methods(s) for arterial access sites										
4167	Manual compression	39.4% (176/447)	26.3% (26/99)	20.6% (20/97)	10.2% (10/98)	1.9% (2/102)	14.6% (58/396)	12.5%	18.4%	11.6%	17.7%
4169	Mechanical compression	48.7% (218/447)	59.6% (59/99)	68% (66/97)	83.7% (82/98)	96% (98/102)	77% (305/396)	54.6%	48%	49.7%	47%
4171	Suture	8.3% (37/447)	8% (8/99)	6.2% (6/97)	4% (4/98)	1.9% (2/102)	5.1% (20/396)	5.3%	9.6%	4.4%	9.8%
4173	Staple	0% (0/447)	0% (0/99)	0% (0/97)	0% (0/98)	0% (0/102)	0% (0/396)	0%	0%	0%	0%
4175	Sealant	3.5% (16/447)	7% (7/99)	5.2% (5/97)	3% (3/98)	0% (0/102)	3.8% (15/396)	15.7%	18.6%	20.1%	21.9%
4177	Patch	0% (0/447)	0% (0/99)	0% (0/97)	0% (0/98)	0% (0/102)	0% (0/396)	0%	4.8%	0%	2.6%
4179	Other, unspecified device	0% (0/447)	0% (0/99)	0% (0/97)	0% (0/98)	0% (0/102)	0% (0/396)	0%	0.7%	0%	1.1%



Dashboard Display

 **Quality Campaigns**

 Excel

 PDF

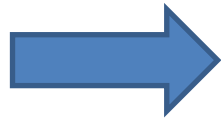
Ending
Timeframe

2020Q2 (Not Published) ▾



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Troubleshooting



eReports Dashboard

Dashboards

eReports

Comparator

Ending Timeframe

2019Q2

Data Submission Status

DQR Results

2020Q1		
2019Q4	G	Jan 29, 2020
2019Q3	G	Dec 09, 2019
2019Q2	G	Oct 01, 2019
2019Q1	G	Jun 19, 2019
2018Q4	G	Apr 15, 2019

File Delivery

Release Notes Report

PCI Performance Measures



Do you have access?
Are you using a compatible browser?

Pts w/ dx coronary angio and PCI in subsequent lab visit



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Troubleshooting

Dashboards

eReports

Comparator

Quality Campaigns

Reduce the Risk: PCI Bleed

Additional Reports

Historical Outcomes Report

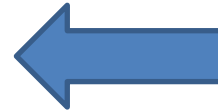
Hospital Public Reporting

30Day Mortality Metrics

Files and Downloads

File Delivery

Release Notes Report



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QUESTIONS?



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Webinars

- All Webinars are archived and available for review
- Webinar #9 September 16, 2020



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