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
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
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
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
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

<table>
<thead>
<tr>
<th>First Time Use</th>
<th>Subsequent Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Cardiovascular Data Registry (NCDR®)</td>
<td>NCDR</td>
</tr>
<tr>
<td>Chest Pain - MI Registry™</td>
<td>Chest Pain - MI Registry</td>
</tr>
<tr>
<td>AFib Ablation Registry™</td>
<td>AFib Ablation Registry</td>
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<tr>
<td>CathPCI Registry®</td>
<td>CathPCI Registry</td>
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<tr>
<td>ICD Registry™</td>
<td>ICD Registry</td>
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<tr>
<td>IMPACT Registry®</td>
<td>IMPACT Registry</td>
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<tr>
<td>LAAO Registry™</td>
<td>LAAO Registry</td>
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<tr>
<td>PVI Registry™</td>
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<tr>
<td>STS/ACC TVT Registry™</td>
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<tr>
<td>Diabetes Collaborative Registry®</td>
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<tr>
<td>PINNACLE Registry®</td>
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<tr>
<td>ACC Quality Campaign</td>
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<tr>
<td>Reduce the Risk: PCI Bleed</td>
<td>Reduce the Risk: PCI Bleed</td>
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<tr>
<td><strong>ACC Accreditation Services</strong></td>
<td>Accreditation Services</td>
</tr>
<tr>
<td>Atrial Fibrillation (AF) Accreditation</td>
<td>Atrial Fibrillation (AF) Accreditation</td>
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<td>Cardiac Cath Lab Accreditation</td>
<td>Cardiac Cath Lab Accreditation</td>
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<td>Chest Pain Center Accreditation</td>
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<td>Electrophysiology Accreditation</td>
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<td>C4 Certification</td>
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<tr>
<td>Transcatheter Valve Certification</td>
<td>Transcatheter Valve Certification</td>
</tr>
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</table>
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
Abstract Rejections

- Not relevant to ACC Quality Summit
- Not enough Information
- Low Score
- No citation or incorrect citation of ACC Quality Program
- Disclosures
DON’T FORGET!

Disclosure Link:
http://disclosures.acc.org/Library
KEEP CALM YOU CAN DO IT
Accessing the Campaign Dashboard

NCDR CathPCI Registry [https://ncdr.com/WebNCDR/CathPCI/Home/Announcements]
Accessing the Campaign Dashboard
Accessing the Campaign Dashboard

Quality Campaigns

Ending Timeframe: 2020Q2 (Not Published)
## Dashboard Display

### Your Hospital's Performance

### Benchmark Performance

<table>
<thead>
<tr>
<th>MetricKey</th>
<th>Line Text</th>
<th>My Hospital R/AQ (2019Q1) Baseline</th>
<th>2019Q3</th>
<th>2019Q4</th>
<th>2020Q1</th>
<th>2020Q2</th>
<th>My Hospital R/AQ</th>
<th>Participating Campaign Facilities 50th Percentile</th>
<th>Participating Campaign Facilities R/AQ # of Facilities 171</th>
<th>US Hospital 50th Percentile</th>
<th>US Registry R/AQ # of Hospitals 1766</th>
</tr>
</thead>
</table>

### Campaign Name: Reduce the Risk: PCI Bleed
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.
### Dashboard Display

**Campaign Name:** Reduce the Risk: PCI Bleed

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

Hospital performance is for demonstration purposes.
### Dashboard Display

**Campaign Name:** Reduce the Risk: PCI Bleed

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<th>US Registry R4Q # of Hospitals 1766</th>
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<tr>
<td>4928</td>
<td>Campaign Metric 3: Procedures with an observed bleeding event</td>
<td>14</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>16</td>
<td>N/A</td>
<td>9</td>
<td>20,629</td>
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<tr>
<td>MetricKey</td>
<td>Line Text</td>
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<td>2019Q1</td>
<td>2019Q2</td>
<td>2019Q3</td>
<td>My Hospital R4Q</td>
<td>Participating Campaign Facilities 50th Percentile</td>
<td>Participating Campaign Facilities R4Q # of Facilities 171</td>
<td>US Hospital 50th Percentile</td>
<td>US Registry R4Q # of Hospitals 1766</td>
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</tr>
<tr>
<td>1590</td>
<td><strong>Campaign Metric 4: Anticoagulation utilization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4466</td>
<td>All Anticoagulants</td>
<td>99.3% (446/447)</td>
<td>99.1% (98/99)</td>
<td>100% (97/97)</td>
<td>99.1% (97/98)</td>
<td>100% (99/102)</td>
<td>99.2% (393/396)</td>
<td>99.5%</td>
<td>99.2%</td>
<td>99.4%</td>
<td>98.6%</td>
</tr>
<tr>
<td>8905</td>
<td>Argatroban</td>
<td>0% (0/447)</td>
<td>0% (0/99)</td>
<td>0% (0/97)</td>
<td>0% (0/98)</td>
<td>0% (0/102)</td>
<td>0% (0/396)</td>
<td>0%</td>
<td>0.1%</td>
<td>0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>4471</td>
<td>Bivalirudin</td>
<td>24.2% (108/447)</td>
<td>16% (16/99)</td>
<td>5.2% (5/97)</td>
<td>0.5% (2/98)</td>
<td>0.2% (1/102)</td>
<td>6.0% (24/396)</td>
<td>6.4%</td>
<td>19.7%</td>
<td>14.2%</td>
<td>25.9%</td>
</tr>
<tr>
<td>4467</td>
<td>Fondaparinux</td>
<td>0% (0/447)</td>
<td>0% (0/99)</td>
<td>0% (0/97)</td>
<td>0% (0/98)</td>
<td>0% (0/102)</td>
<td>0% (0/396)</td>
<td>0%</td>
<td>0.3%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>8944</td>
<td>Heparin derivative</td>
<td>0.9% (4/447)</td>
<td>0% (0/99)</td>
<td>1.0% (1/97)</td>
<td>0% (0/98)</td>
<td>0% (0/102)</td>
<td>0.2% (1/396)</td>
<td>0.2%</td>
<td>0.5%</td>
<td>0.2%</td>
<td>0.8%</td>
</tr>
<tr>
<td>4468</td>
<td>Low molecular weight heparin</td>
<td>4% (18/447)</td>
<td>1% (1/99)</td>
<td>0% (0/97)</td>
<td>0% (0/98)</td>
<td>0.2% (1/102)</td>
<td>0.5% (2/396)</td>
<td>3.9%</td>
<td>4.6%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>4469</td>
<td>Unfractionated heparin</td>
<td>99.2% (438/447)</td>
<td>100% (99/99)</td>
<td>98.9% (96/97)</td>
<td>100% (98/98)</td>
<td>97% (99/102)</td>
<td>98.9% (392/396)</td>
<td>95.4%</td>
<td>88.3%</td>
<td>91.4%</td>
<td>82.9%</td>
</tr>
<tr>
<td>8848</td>
<td>Warfarin</td>
<td>2% (2/99)</td>
<td>0% (0/97)</td>
<td>0% (0/98)</td>
<td>0% (0/99)</td>
<td>0% (0/102)</td>
<td>0% (0/396)</td>
<td>0%</td>
<td>0%</td>
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</tr>
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<th>US Registry R4Q # of Hospitals 1766</th>
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<tbody>
<tr>
<td>1590</td>
<td><strong>Campaign Metric 5: Access site utilization</strong></td>
<td></td>
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<tr>
<td>4159</td>
<td>Femoral</td>
<td>51.2% (229/447)</td>
<td>40.4%</td>
<td>31.9%</td>
<td>16.3%</td>
<td>3.9%</td>
<td>22.9% (91/396)</td>
<td>43.57%</td>
<td>48.51%</td>
<td>48.96%</td>
<td>51.15%</td>
</tr>
<tr>
<td>4161</td>
<td>Brachial</td>
<td>0% (0/99)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0% (0/396)</td>
<td>0.16%</td>
<td>0.15%</td>
<td>0.03%</td>
<td>0.16%</td>
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<tr>
<td>4163</td>
<td>Radial</td>
<td>48.7% (218/447)</td>
<td>59.6%</td>
<td>68%</td>
<td>83.7%</td>
<td>96%</td>
<td>77% (305/396)</td>
<td>56.12%</td>
<td>51.15%</td>
<td>50.62%</td>
<td>48.5%</td>
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<tr>
<td>4165</td>
<td>Other</td>
<td>99.3% (0/447)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0% (0/396)</td>
<td>0.19%</td>
<td>0.19%</td>
<td>0.02%</td>
<td>0.16%</td>
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<tr>
<td>MetricKey</td>
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<td>2018Q4</td>
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<td>US Registry R4Q # of Hospitals 1766</td>
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</tr>
<tr>
<td>4167</td>
<td>Manual compression</td>
<td>39.4% (176/447)</td>
<td>26.3% 269/99)</td>
<td>20.6% (20/97)</td>
<td>10.2% (10/98)</td>
<td>1.9% (2/102)</td>
<td>14.6% (58/396)</td>
<td>12.5%</td>
<td>18.4%</td>
<td>11.6%</td>
<td>17.7%</td>
</tr>
<tr>
<td>4169</td>
<td>Mechanical compression</td>
<td>48.7% (218/447)</td>
<td>59.6% (59/99)</td>
<td>68% (66/97)</td>
<td>83.7% (82/98)</td>
<td>96% (98/102)</td>
<td>7.7% (305/396)</td>
<td>54.6%</td>
<td>48%</td>
<td>49.7%</td>
<td>47%</td>
</tr>
<tr>
<td>4171</td>
<td>Suture</td>
<td>8.3% (37/447)</td>
<td>8% (8/99)</td>
<td>6.2% (6/97)</td>
<td>4% (4/98)</td>
<td>1.9% (2/102)</td>
<td>5.1% (20/396)</td>
<td>5.3%</td>
<td>9.6%</td>
<td>4.4%</td>
<td>9.8%</td>
</tr>
<tr>
<td>4173</td>
<td>Staple</td>
<td>0% (0/447)</td>
<td>0% (0/99)</td>
<td>0% (0/97)</td>
<td>0% (0/98)</td>
<td>0% (0/102)</td>
<td>0% (0/396)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4175</td>
<td>Sealant</td>
<td>3.5% (16/447)</td>
<td>7% (7/99)</td>
<td>5.2% (5/97)</td>
<td>3% (3/98)</td>
<td>0% (0/102)</td>
<td>3.8% (15/396)</td>
<td>15.7%</td>
<td>18.6%</td>
<td>20.1%</td>
<td>21.9%</td>
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<tr>
<td>4177</td>
<td>Patch</td>
<td>0% (0/447)</td>
<td>0% (0/99)</td>
<td>0% (0/97)</td>
<td>0% (0/98)</td>
<td>0% (0/102)</td>
<td>0% (0/396)</td>
<td>0%</td>
<td>4.8%</td>
<td>0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>4179</td>
<td>Other, unspecified device</td>
<td>0% (0/447)</td>
<td>0% (0/99)</td>
<td>0% (0/97)</td>
<td>0% (0/98)</td>
<td>0% (0/102)</td>
<td>0% (0/396)</td>
<td>0%</td>
<td>0.7%</td>
<td>0%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
Troubleshooting

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

• All Webinars are archived and available for review
• Webinar #9 September 16, 2020
Reduce the Risk: PCI Bleed

A Campaign of the American College of Cardiology