



A QUALITY ASSURANCE PROGRAM'S SUSTAINED SUCCESS: CONTINUOUS IMPACT OF LEVERAGING NCDR DATA

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BACKGROUND

Hospitals across the country continuously measure a wide range of quality and safety metrics which include physician performance review through ongoing professional practice evaluation (OPPE). Historically, broad metrics are utilized for evaluation, such as length of stay and mortality rates. Last year, we implemented a Quality Assurance Program at Hackensack University Medical Center (HUMC) utilizing physician-level data from the CathPCI registry, focusing on metrics specific to our cardiac catheterization laboratory patient population. This abstract highlights the sustained improvements in quality achieved through a program incorporating NCDR data beyond its initial launch.

METHODS

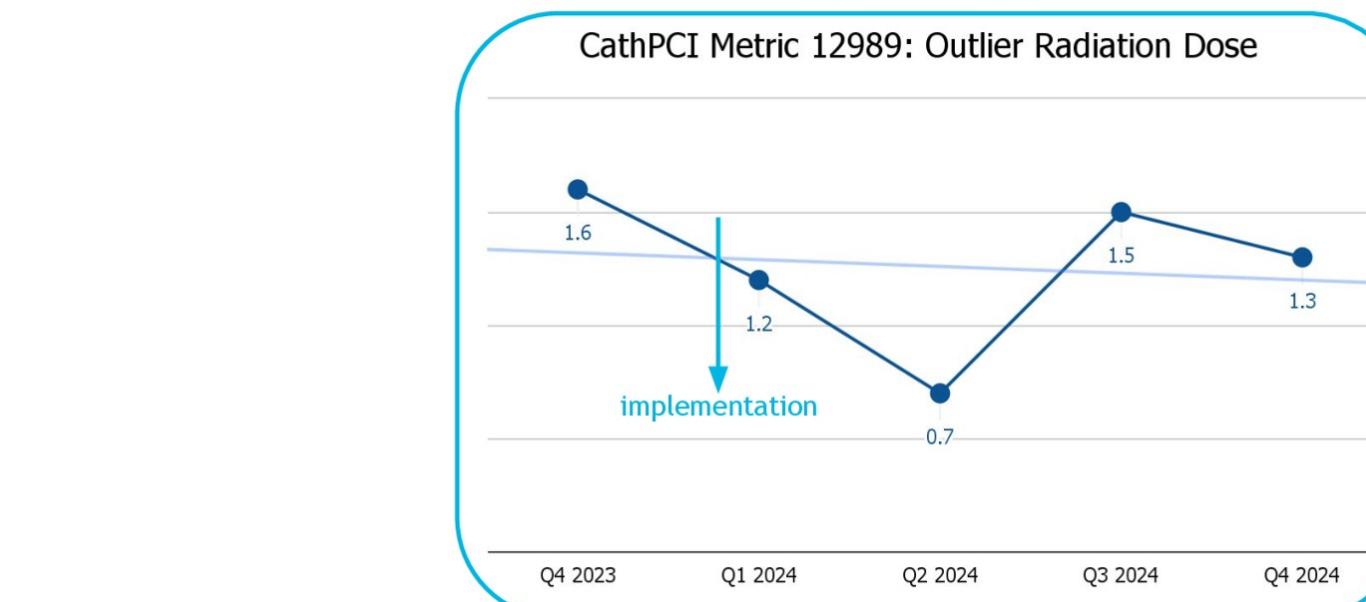
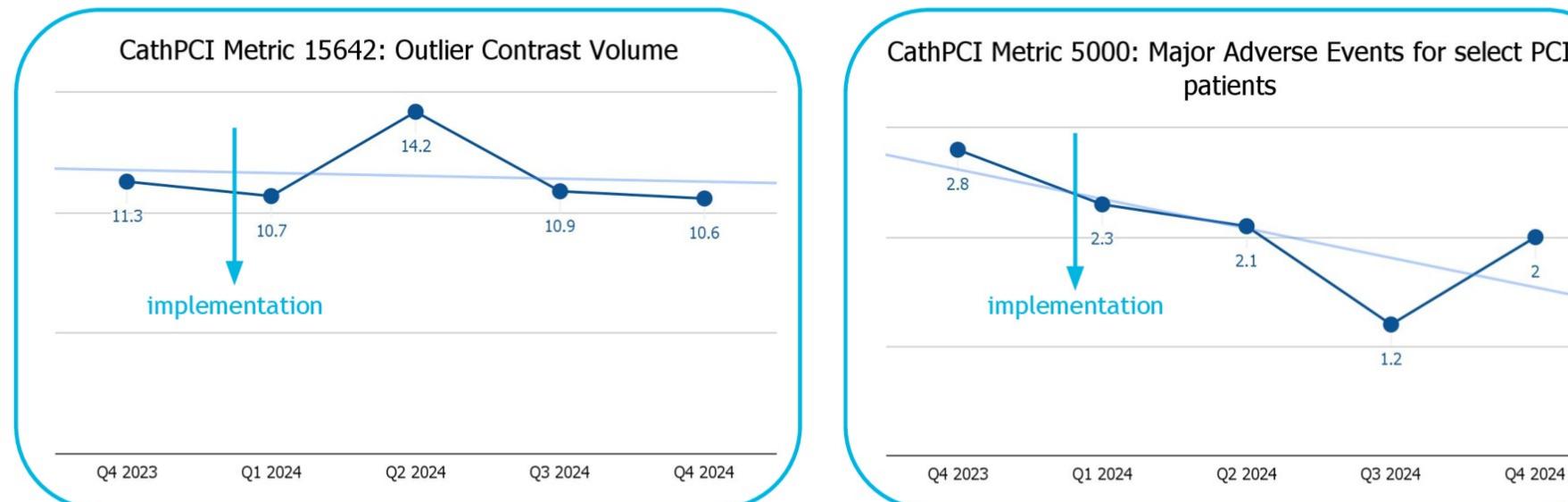
In 2023, our Quality Assurance Program aligned with ACC guidelines and incorporated three CathPCI metrics into the OPPE process for interventional cardiologists. In 2024, the program continued, utilizing four rolling quarters of physician-level data from the NCDR's Professional Dashboard. The three NCDR CathPCI metrics selected for evaluation of physician performance this year included: Outlier Contrast Volume, Outlier Radiation Dose and Major Adverse Events for select PCI patients. The catalyst for selecting these three metrics focused on aiding the standardization of care within our procedural area. Our historical data revealed opportunities for improvement in contrast volume management, radiation dose reduction, and the minimization of major adverse events. Adapting our Quality Assurance Program to focus on physician performance based on NCDR metrics has significantly impacted our program beyond our initial implementation.

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Can a **quality assurance program** leveraging **NCDR CathPCI physician-level** data demonstrate **sustained improvements** in targeted quality metrics **beyond** the initial implementation phase?

RESULTS



VALUE PROPOSITION

By aligning with clinical practice guidelines and elevating the standard of care, we have achieved measurable improvements in patient outcomes, as demonstrated by enhanced performance across NCDR quality and outcome metrics.

CONCLUSION

The sustained improvements observed in targeted quality metrics at HUMC demonstrate that a quality assurance program utilizing NCDR CathPCI data at the physician level can achieve success beyond the initial implementation phase. The NCDR's

Professional Level Dashboard provides valuable feedback that informs clinical practice and fosters physician engagement in continuous quality improvement. Leveraging NCDR metrics directly reflects the unique aspects of our service line and offers more relevant insights into the care provided to our cath lab patients by each of our interventionalists. Next steps include ongoing data analysis to identify areas of opportunity and guide the selection of impactful metrics for next year's Quality Assurance Program. We believe this model can be replicated in other institutions to enhance the quality of care delivered in cath labs, offering a valuable framework for improving patient outcomes.

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