CBE ID

0535

Title

30-day all-cause risk-standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock

Endorsement Status

Endorsed

Is Under Review

No

Next Maintenance Cycle

Spring 2028

Previous Endorsement Cycle

Spring 2022

Initial Endorsement

Tue, 08/04/2009 - 20:00

Steward

American College of Cardiology

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

This measure estimates hospital risk-standardized 30-day all-cause mortality rate following percutaneous coronary intervention (PCI) among patients who are 18 years of age or older without STEMI and without cardiogenic shock at the time of procedure. The measure uses clinical data available in the National Cardiovascular Data Registry (NCDR) CathPCI Registry for risk adjustment. For the purpose of development and testing, the measure used a Medicare fee-for-service (FFS) population of patients 65 years of age or older with a PCI. For the purpose of maintenance, we tested the performance of the measure in a cohort of patients whose vital status was determined from the National Death Index. As such it reflects an all-payor sample as opposed to only the Medicare population. This is consistent with the measure’s intent to be applicable to the full population of PCI patients.

1.7 Measure Type

Outcome

1.8 Level of Analysis

Facility, Other

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

The outcome for this measure is all–cause death within 30 days following a PCI procedure in patients without STEMI and without cardiogenic shock at the time of the procedure.

1.15 Denominator

The target population for this measure includes inpatient and outpatient hospital stays with a PCI procedure for patients at least 18 years of age, without STEMI and without cardiogenic shock at the time of procedure.

1.20 Types of Data Sources

Claims Data, Other

6.1.2 Current or Planned Use(s)

Public Reporting

Exclusions

Hospital stays are excluded from the cohort if they meet any of the following criteria:
(1) PCIs that follow a prior PCI in the same admission (either at the same hospital or a PCI performed at another hospital prior to transfer).
This exclusion is applied in order to avoid assigning the death to two separate admissions.
(2) For patients with inconsistent or unknown vital status or other unreliable data (e.g. date of death precedes date of PCI);
(3) Subsequent PCIs within 30-days. The 30-day outcome period for patients with more than one PCI may overlap. In order to avoid attributing the same death to more than one PCI (i.e. double counting a single patient death), additional PCI procedures within 30 days of the death are not counted as new index procedures.
(4) PCIs for patients with more than 10 days between date of admission and date of PCI. Patients who have a PCI after having been in the hospital for a prolonged period of time are rare and represent a distinct population that likely has risk factors related to the hospitalization that are not well quantified in the registry.

Measure Disclaimer

N/A

Planned Use

Public Reporting

Risk Adjustment

Statistical risk model

Target Population

Elderly, Populations at Risk

The measure developer is different from the measure steward

No

Steward Organization

American College of Cardiology

Steward POC email

comment@acc.org