ACC.14
TCT@ACC-i2 | innovation in intervention

A1427
JACC April 1, 2014
Volume 63, Issue 12

Prevention

ACUTE MYOCARDIAL INFARCTION HOSPITAL PERFORMANCE REPORTS AND RECURRENCE OF MYOCARDIAL INFARCTION AFTER DISCHARGE IN A STATEWIDE STUDY OF 64 HOSPITALS

Poster Contributions
Hall C
Sunday, March 30, 2014, 3:45 p.m.-4:30 p.m.

Session Title: Prevention: Gender, Race/Ethnicity, and Preventive Interventions
Abstract Category: 20. Prevention: Clinical
Presentation Number: 1219-149

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Background: Emphasis has been placed on hospital quality improvement performance measures aimed at preventing recurrent hospitalizations. However, proof of long term benefit to patients is not available.

Methods: We studied whether Health Performance Reports (HPR) for acute myocardial infarction (MI) are associated with lower rates of fatal or non-fatal MI within 2 years of the index admission. HPR data for the years 2004-2008 obtained from the New Jersey (NJ) Department of Health and Senior Services were matched to patient data from the Myocardial Infarction Data Acquisition System (MIDAS), a statewide database that includes all admissions for cardiovascular disease in NJ. Year to year change in HPR as well as rates fatal or non-fatal MI were calculated for 64 NJ hospitals. Survival analysis and Cox Models adjusted for age, race, gender, diabetes, atrial fibrillation, anemia, heart failure, cancer, chronic obstructive pulmonary disease, chronic kidney disease, hypertension and hypercholesterolemia were used to examine the association of HPR with outcomes.

Results: The rates of fatal or non-fatal MI improved ($p<0.05$) in 3, worsened in 3 and remained stable in the remaining 58 hospitals. There was no relationship between hospital change in HPR and improvement in outcomes (R=-0.07, 95% CI -0.31 to 0.18, p=0.5722).

Conclusions: Although there was a significant improvement in HPR, there was no improvement in the 2 year rates of fatal or non-fatal MI and there was no relationship between HPR change and outcomes.