INTEGRATING NATIONAL CARDIOVASCULAR DATA REGISTRY (NCDR®) INFORMATION INTO THE CARE OF PERCUTANEOUS CORONARY INTERVENTION PATIENTS: A QUALITATIVE PERSPECTIVE

Poster Contributions
Hall C
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Session Title: Stable Ischemic Heart Disease: Interventional Focus
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Background: Over 80% of hospitals that perform percutaneous coronary intervention (PCI) submit patient- and hospital-level data to the NCDR CathPCI Registry®. In return, hospitals receive quality benchmarking data reports that compare performance relative to similarly-sized hospitals and the national aggregate. While this data may be useful for quality improvement, little is known about how hospitals use this information. We sought to understand the processes and strategies that high- and low-performing hospitals use to integrate NCDR data into efforts to improve the care of PCI patients.

Methods: This was a qualitative study of high and low PCI-performing hospitals, as identified by 30-day risk-standardized readmission and mortality rates (RSRR and RSMR) calculated using CathPCI Registry data linked with administrative claims data. Among hospitals ranked in the top and bottom 10% of RSRR and 25% of RSMR, we conducted site visits and in-depth interviews with key clinical and administrative hospital staff at 9 high- and 4 low-performing hospitals (194 interviews). A multidisciplinary team analyzed the data using grounded theory and the constant comparative method to generate recurrent themes.

Results: Although both high- and low-performing hospitals reported CathPCI Registry data as integral to quality improvement efforts, several features of data utilization and integration were evident in high-performing hospitals and less evident in low-performing hospitals: 1) Investment in the quality of the collected data to improve face validity for key stakeholders; 2) Dissemination of benchmarking reports across multiple departments and hospital staff with varying roles and responsibilities; 3) Joint accountability among hospital staff to use data to drive quality improvement efforts; and 4) Use of registry data to address multiple dimensions of quality, expanding the focus beyond efforts to reduce door-to-balloon time.

Conclusion: Top-performing hospitals were characterized by a data-driven environment that supported multifaceted strategies to enhance NCDR data utilization and integration. These approaches may be useful for hospitals seeking to improve outcomes of PCI patients.