THE 4-YEAR PERCUTANEOUS CORONARY INTERVENTION CALIFORNIA AUDIT MONITORED PILOT WITH OFFSITE SURGERY (PCI-CAMPOS) OUTCOMES IN 205,052 PATIENTS IN HOSPITALS WITH AND WITHOUT ONSITE CARDIAC SURGERY

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Background: In 2011, guideline recommendations for primary and elective PCI at hospitals without onsite cardiac surgery were expanded to Classes IIa and IIb.

Methods: To evaluate the introduction of PCI without Onsite Surgery (Offsite) in the largest state, California (CA) began a pilot PCI program in 6 hospitals with Offsite cardiac surgery and then compared the PCI results in the Offsite hospitals with results in 122 Onsite hospitals. The Offsite program qualification incorporated appropriate planning and rigorous hospital, operator, patient, and lesion selection criteria.

Results: A total of 5,052 PCI procedures in the Offsite hospitals and 200,000 PCI procedures in Onsite hospitals were performed from July 2011 to July 2014. Bivariate and multivariate analysis were used to construct risk models for composite outcomes. Risk-adjusted composite (death, stroke, emergency surgery) and individual adverse outcome rates were compared for STEMI-excluded and all PCIs from pilot and non-pilot hospitals for 4 years and displayed in Table 1.

Conclusion: The 4-year risk-adjusted total composite event (death, stroke and emergency surgery) rates showed improved safety for Offsite vs Onsite PCI. Thus, elective and non-elective PCI at qualified CA Offsite hospitals can be performed safely with outcomes similar to Onsite CA hospitals. This pilot program led to the passage of Senate Bill 906 in California authorizing the permanent approval of PCI's at certified Offsite hospitals beginning in 2015.