30-Day In-Hospital Mortality After Percutaneous Coronary Intervention (PCI)

Name: 30-Day In-Hospital Mortality After Percutaneous Coronary Intervention (PCI)
Short/Other Names: PCI Mortality
Description: Risk-adjusted rate of all-cause in-hospital deaths occurring within 30 days for patients undergoing a percutaneous coronary intervention (PCI). For further details, please see the Cardiac Care Quality Indicators (CCQI) General Methodology Notes.
Interpretation: Lower rates are desirable.
HSP Framework Dimension: Health System Outputs: Appropriate and effective
Areas of Need: Getting Better
Geographic Coverage: All provinces/territories except Quebec
Reporting Level/Disaggregation: National, Province/Territory, Facility
Indicator Results: https://www.cihi.ca/en/cardiac-care

Background, Interpretation and Benchmarks

Calculation: Description
The risk-adjusted rate for a facility is calculated by dividing the observed number of in-hospital deaths for each facility by the expected number of in-hospital deaths for the facility and multiplying by the Canadian average in-hospital death rate.

Calculation: Unit of analysis: Episode of care
An episode of care refers to all contiguous inpatient hospitalizations and same-day surgery visits. For episodes with transfers within or between facilities, transactions were linked regardless of diagnoses. For further details, please see the CCQI General Methodology Notes.

Calculation: Type of Measurement
Rate - Rate, per 100

Calculation: Adjustment Applied
The following covariates are used in risk adjustment:
- Age, sex, cerebrovascular disease, peripheral vascular disease, coronary syndrome status, shock, cardiac dysrhythmias, multiple cardiac interventions, pneumonia, previous acute myocardial infarction, previous cardiac interventions, multivessel PCI, acute renal failure, Charlson Index, acute care transfer
For detailed definitions of covariates and the risk-adjustment method, please refer to the CCQI General Methodology Notes.

Denominator
3. PCI date on or before March 1 of the fiscal year (to allow for a 30-day follow-up to capture deaths occurring in the same fiscal year). PCIs performed prior to the fiscal year may be included if the discharge date at the end of the episode of care was in the following fiscal year.
4. First PCI within 30 days (i.e., repeat PCIs within 30 days are excluded)

Numerator
1. In-hospital death (Discharge Disposition = 07)
Rationale

Considering that about 2.4 million Canadians are living with heart disease and that Canada’s population is increasingly at risk, it’s important to examine the quality of cardiac care in order to support improvements in care and ultimately in the health of Canadians.

Percutaneous coronary intervention (PCI) is a well-established procedure to treat coronary artery stenosis. As the number of PCIs has increased in recent years, there is a high potential for variation in quality of care. Short-term mortality after PCI has been identified as a key quality indicator for PCI care by the Canadian Cardiovascular Society. PCI can be performed as a day procedure or as part of an inpatient hospitalization to treat many different types of patients.

The indicator can provide direction for quality improvement and can help hospitals identify peers to facilitate knowledge sharing around best practices of care.

Interpretation

Lower rates are desirable.

HSP Framework Dimension

Health System Outputs: Appropriate and effective

Areas of Need

Getting Better

Targets/Benchmarks

Not applicable

References


Availability of Data Sources and Results

Data Sources: DAD, NACRS

Type of Year: Fiscal

Available Data Years

First Available Year: 2013

Last Available Year: 2017

Geographic Coverage: All provinces/territories except Quebec

Reporting Level/Disaggregation: National, Province/Territory, Facility

Result Updates

Update Frequency: Every year

Web Tool: Cardiac Care Quality Indicators Report

URL: https://www.cihi.ca/en/cardiac-care

Updates: Please refer to the CCQI General Methodology Notes.

Quality Statement

– Cardiac care is delivered by many different health care professionals, and the resulting outcomes are a reflection of the whole system of care, rather than being attributable to a particular physician in a centre. Quality outcomes depend not only on a physician's technical skills, but also on the structure and care processes that are found in the environment in which health care is delivered.

– Some cardiac care centres are more specialized, perform interventions on more complex patients or accept higher-risk patients than average. CIHI is able to adjust for some of these differences across patient populations; however, the administrative data submitted is limited in its ability to capture and adjust for all differences associated with patient populations. Centres with more complex patients may have increased mortality and/or readmission rates because not all aspects of complexity can be adjusted for in the administrative data.

– Transferring patients to a different hospital following a cardiac intervention is normal practice for many cardiac care centres. As such, there are potential learning opportunities beyond the centres included in this indicator.

– Rates with wide confidence intervals should be interpreted with caution as they reflect a less-precise estimate.

– Direct comparisons between cardiac care centres or provinces are discouraged. Comparisons with the Canadian average provide more meaningful information.

– Indicator results do not provide a final conclusion about cardiac care performance and can be used as a first step in an improvement process to identify areas for follow-up and potential improvements.

– There is no comprehensive capture of PCI data in Quebec, so data from Quebec cannot be included in analyses.

– Out-of-hospital deaths are not captured in CIHI’s administrative databases.

Caveats and Limitations

Trending Issues

Not applicable

Not applicable
This indicator belongs to a suite of Cardiac Care quality indicators (CCQI) that provide pan-Canadian comparable information on outcomes related to selected cardiac interventions. The goal is to support monitoring and quality improvement in cardiac care.

More information on the CCQI Report is available on our Cardiac Care web page.

Publicly available indicator results are based on 3 years of pooled data.

Indicator results based on 1 year of data are also available

- By request.