
CBE ID

0536

Title

30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock

Endorsement Status

Endorsement Removed

E&M Committee Rationale/Justification

No longer pursuing endorsement.

Is Under Review

No

Previous Endorsement Cycle

Fall 2017

Removal Date

Sun, 08/31/2025 - 10:49

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 with STEMI or 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 cohort was derived in a Medicare fee-for-service (FFS) population of patients 65 years of age or older with a PCI. For the purpose of maintenance,

the measure used a cohort of patients whose vital status was determined from the National Death Index (which 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 with STEMI or 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, with STEMI or cardiogenic shock at the time of procedure, including outpatient and observation stay patients who have undergone PCI but have not been admitted. It is unlikely that patients in this cohort would not be admitted to the hospital, but we keep this criterion to be consistent with the complementary non-STEMI, non-cardiogenic shock PCI cohort.

1.20 Types of Data Sources

Claims Data, Other

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

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

ACC realizes the various NCDR endorsed measures are not readily available on their own main webpage. However, ACCF plans to update their main webpage (cardiosource.org) to include the macro-specifications of the NQF endorsed measures. ACC hopes to work collaboratively with NQF to create a consistent and standard format would be helpful for various end users. In the interim, the supplemental materials include the details needed to understand this model.

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

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