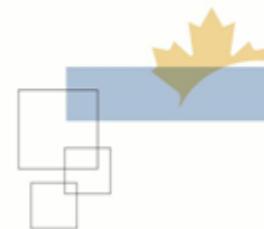




**Canadian Cardiovascular Society**  
*Leadership. Knowledge. Community.*

**Société canadienne de cardiologie**  
*Communauté. Connaissances. Leadership.*



**President/Président**

Andrew Krahn

May 30, 2019

**Vice-President /**

**Vice-président**

Marc Ruel

**RE: CCQI Clinician Commentary**

Dear Colleagues:

**Past President /**

**Présidente sortante**

Catherine Kells

The Canadian Cardiovascular Society (CCS) and the Canadian Institute for Health Information (CIHI) continue to collaborate to promote quality in cardiovascular care by reporting detailed site-specific quality metrics. The annual data update offers pan-Canadian comparable outcomes for patients treated with percutaneous coronary intervention (PCI).

**Secretary/Secrétaire**

Peter Guerra

The annual release of Cardiac Care Quality Indicator (CCQI) data is aligned with the principle objectives of the CCS Quality Project, which was established to facilitate evidence-based improvement efforts by bringing together key stakeholders and reporting on pan-Canadian cardiovascular care.

**Treasurer/Trésorier**

Rodney Zimmermann

This annual data update is meant to:

**Member at large /**

**Membre d'office**

Martin Gardner

- Increase transparency of cardiovascular health system performance;
- Encourage national discussion, collaboration, and sharing of best practices; and
- Support targeted, evidence-based quality improvement efforts.

**Chief Executive Officer/**

**Chef de la direction**

Carolyn Pullen

We encourage administrators, thought leaders, practicing clinicians and all other healthcare stakeholders to use these reports as a starting point for discussion on successes and opportunities for improvement. Such discussions will help to foster a culture of learning and sharing of best practices that we hope to embed in the Canadian cardiovascular community.

It is important to recognize that cardiac care is delivered by inter-disciplinary teams of health professionals. Beyond medical expertise and technical skills, clinical outcomes are influenced by the cardiovascular team, the structure and care processes that are found within each of the thirteen Canadian healthcare systems, as well as where the patient is treated. Thus, the data reflects the care provided by the healthcare system as a whole and cannot be attributed to a particular physician or an individual centre.

Each year, the CCS and CIHI receive constructive comments from the Canadian cardiovascular community regarding aspects of the quality metrics and the reported outcomes. The CCS, CIHI, and Canadian Association of Interventional Cardiology take these suggestions seriously and listen carefully.

In response to previous feedback, data for high risk PCI patients has been segmented in this year's data update and data specific to STEMI patients is now reported, recognizing that STEMI identification may have itself limitations. While this change is an improvement, it is acknowledged that the sub-cohort of 'high risk' patients may not be representative of all patients at increased risk.

While there is active engagement to report additional quality metrics in the future, such efforts depend on the availability of information in existing datasets and resources to allow for reporting. Moving forward, we encourage all stakeholders to strive to improve the quality of the recorded data that positions centres to be successful in making targeted improvements.

Sincerely,

A handwritten signature in black ink, appearing to read "RC Welsh". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Robert C. Welsh, MD, FRCPC, FESC, FAHA, FACC  
Vice-Chair, CCS/CAIC PCI Quality Working Group  
Professor of Medicine, Department of Medicine, University of Alberta  
Zone Clinical Department Head, Cardiac Sciences, Alberta Health Services (Edmonton Zone)