

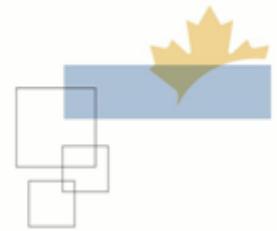


**Canadian Cardiovascular Society**

*Leadership. Knowledge. Community.*

**Société canadienne de cardiologie**

*Communauté. Connaissances. Leadership.*



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Linda Palmer

May 31, 2018

**RE: CCQI Clinician Commentary**

Dear Colleagues:

The Canadian Institute for Health Information (CIHI) and the Canadian Cardiovascular Society (CCS) have dedicated significant effort to the development of cardiac care quality indicator reports. The yearly reporting of pan-Canadian outcomes with comparable information on patients treated with PCI provides a great opportunity for administrators, thought leaders, and practicing clinicians to review and contemplate the outcomes in their own patients and region in comparison to patients treated across Canada.

These reports are aligned with the overriding CCS quality project which was established to bring together key stakeholders for national reporting on cardiovascular care to encourage evidence based practice. It is acknowledged that cardiac care is delivered by many different health professionals. The results presented in these reports reflect the care provided by the healthcare system as a whole rather than being attributable to a particular physician within an individual center. Quality outcomes depend not only on a physician's technical skills but are also influenced by the cardiovascular team as well as the structure and care processes that are found within the healthcare system where the patient is treated.

The CCS and CIHI have received constructive comments from the Canadian Cardiovascular Community regarding aspects of the data presented including concerns regarding adjustments and identification of like-populations across the country in data currently presented and requests for additional information and data points in these quality reports.

The CCS, CIHI, and Canadian Association of Interventional Cardiology take these suggestions seriously and have listened carefully to the feedback. There has been significant discussion around the models reported with confidence that they provide the best available mechanism of fair and transparent reporting of outcomes across the country. There is active engagement to have additional quality metrics in the future which will be dependent on their availability in existing datasets and resources to allow reporting.

The overall goal of the Cardiac Care Quality Indicator Report is to increase transparency regarding performance of the cardiovascular health system within which we work, to expand access to data to stakeholders including practicing interventional cardiologists to help them identify areas for quality improvement and to facilitate discussions around quality in each of our healthcare systems.

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Following the public release of information of quality indicators in 2017, there was a survey conducted to assess the impact of the public release of this data. With responses from 23 different organizations in eight provinces, it is important to acknowledge that the public reporting stimulated action in nearly every organization. The majority use the data to inform and stimulate internal discussions but in other centres it was used for formal internal discussion and formal action plans to address quality within their healthcare system.

Please use these reports as a starting point for discussion and help foster learning and sharing of best practices in the Canadian interventional cardiology community.

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)