

# Cardiovascular Quality Indicators

**The Canadian Cardiovascular Society has facilitated the development of a set of 37 quality indicators that span six priority areas of cardiovascular care. These indicators are intended for pan-Canadian measurement and reporting for performance assurance and to drive improvements in patient outcomes.**

## **Background: Improving cardiovascular health outcomes**

In 2010, the responsibility of addressing the information gap identified by the Canadian Heart Health Strategy and Action Plan was delegated to the Canadian Cardiovascular Society (CCS). Supported by more than \$1.4 million in funding from the Public Health Agency of Canada (PHAC), CCS launched its Quality Project to identify data needed to assess cardiovascular quality care. PHAC provided a further \$300,000 in funding to expand the scope of the project and build on its success. With federal funding, matched by in-kind support from the cardiovascular community and \$250,000 from the CCS, **we have laid the groundwork** for a new approach to improving the quality and value of cardiovascular care in Canada, demonstrating that this can be done on a national scale.

## **Quality indicators: 37 indicators across six priority areas**

Quality indicators for pan-Canadian measurement and reporting have been selected across six priority areas of cardiovascular care. Through collaboration with the Canadian Institute for Health Information, provincial cardiovascular registries and hospitals, CCS is working to support patients' access to quality care and foster a national approach to optimize patient outcomes, health service utilization, and access to treatment.

### **Heart Failure**

1. Daily assessment blood chemistry: Electrolytes, BUN and Creatinine
2. Chest X-Ray
3. In-hospital use of ACE-I or ARB
4. Documentation of 30-day readmission rate
5. Patient education

### **Cardiac Rehabilitation & Secondary Prevention**

1. In-patients referred to a cardiac rehabilitation program
2. Cardiac rehabilitation wait time from referral to enrollment
3. Patient self-management education
4. Increase in exercise capacity
5. Emergency response strategy

### **Cardiac Surgery**

1. 30-day mortality for Coronary Artery Bypass Graft (CABG)
2. 30-day mortality for Aortic Valve Replacement (AVR)
3. 30-day risk-adjusted mortality for AVR + CABG
4. 30-day all cause readmission rate after CABG
5. 365-day readmission for cardiac diagnosis

### **Atrial Fibrillation & Flutter (AF/AFL)**

1. Diagnosis of nonvalvular AF/AFL and high risk of stroke receiving an oral anticoagulant
2. Rate of stroke in patients with nonvalvular AF/AFL
3. Rate of major hemorrhage in patients with nonvalvular AF/AFL for stroke
4. Risk stratification of patients with nonvalvular AF/AFL for stroke
5. Diagnosis of AF/AFL and echocardiographic assessment

### **Percutaneous Coronary Intervention (PCI)**

1. Annual PCI volume by provider
2. Annual PCI volume by centre
3. First medical contact to first device time for Primary PCI
4. 30-day mortality after PCI
5. Renal function assessment prior to non-emergent PCI
6. 30-day readmission rate after PCI
7. Peri-PCI blood transfusion
8. Peri-PCI stroke

### **Transcatheter Aortic Valve Implantation (TAVI)**

1. Heart team treatment recommendation
2. TAVI wait time
3. Evaluation of procedural risk
4. Evaluation of quality of life
5. 30-day mortality for TAVI
6. 365-day mortality for TAVI
7. In-hospital stroke post-TAVI
8. 30-day all cause hospital readmission
9. 365-day all cause hospital readmission