

# CorHealth Ontario: Overview of Changes to Cardiac Measurement and Reporting

## Key Drivers of Change



- The development of CorHealth Ontario's **Information and Digital Strategy** where we heard from you the importance of decreasing our data burden, improving data quality and increasing the value and impact of our reporting.
- A call to action from leaders in the health care system to **"stop excessive measurement and prioritize what matters"**.
- Government and patient priorities around connecting care and the need to move towards population-based system improvements across the continuum of care.



## What We Completed in 2018/19

- ✓ We fulfilled our commitment to clearly define the purpose of the data we collect and to decommission data collection that is not essential for provincial-level planning & reporting.
- ✓ We established a Cardiac Surgery Reporting Task Group, made up of surgeons, administrators and subject matter experts, to define critical indicators for cardiac surgery reporting at a provincial level that resulted in 5 metrics being recommended with sound risk adjustment.
- ✓ We identified approximately 200 data elements that are essential for provincial-level planning and reporting, and will retire approximately 1500 data elements in the CorHealth Cardiac Registry.
- ✓ We are ending our provincial role in the Society of Thoracic Surgery (STS) database and are supporting hospitals who wish to continue to participate to move to a direct submission process.
- ✓ We developed recommended indicators for the MOHLTC to report and monitor as part of the CABG bundled care.
- ✓ We produced our Cardiac Outcome Reports (on Cardiac Surgery, TAVI, PCI, Ablations, and Mitral Clip), held quarterly discussions with hospitals and the MOHLTC on volumes, STEMI and Cardiac Catheterization performance, and publicly reported monthly on Wait Times.

## What you can expect in 2019/20 and beyond

- Enhanced risk adjustment models for cardiac surgery indicators developed through ICES with clinical input from our provider hospitals.
- Enhanced regular reporting and engagement of key performance metrics for your cardiac program to support health system improvement. *See next page for metrics*
- Reduced data collection requirements in the CorHealth Cardiac Registry.
- Targeted engagement with hospitals to improve data quality for critical data elements in the Cardiac Registry.
- Centralized MOHLTC reporting on CABG bundled care with CorHealth engagement and support.



# Our Reported Metrics

## Cardiac Surgery Outcome Report for CABG, AVR, and Combined CABG+AVR:

- Wait times (Wait 1, Wait 2, Percentage of patients treated within target time)
- 30-Day all-cause mortality
- 365-Day readmission for cardiac diagnosis

## TAVI Outcome Report

- 30-Day and 1-Year all-cause mortality
- 30-Day and 1-Year all-cause hospital readmission rates
- In-hospital stroke rates
- In-hospital permanent pacemaker implantation rates
- Wait times
- Length of stay (LOS)
- TAVI records with a documented heart team recommendation

## PCI Outcome Report

- 30-day and 1-year all-cause mortality
- All cause readmission at 30-days and 1- year post-procedure

## Ablations Outcome Report

- 30-Day and 1-Year All-Cause Mortality
- All-Cause Hospital Admissions
- All-Cause ED Visits
- ED Visits for Atrial Fibrillation or Cardioversion
- 30-day and 1-Year Stroke Hospitalization
- 30-Day and 1-Year ED Visit Stroke Rate
- 30-Day, 90-Day, and 1-Year Repeat Ablation Rate

## Mitral Valve Clip Outcome Report

- Minimum Volume Requirement Indicators
- Wait Times (Wait 1, Wait 2)
- 30-Day and 1-Year Mortality
- 30-Day and 1-Year Repeat Mitral Valve Procedure Rate

## Quality Performance Measurement and Monitoring (QPMM) Cycle and Quality Scorecard:

- Elective CATHs where Coronary Artery Disease was Identified
- Elective CATHs with Pre-CATH Functional Testing
- Percentage of STEMI Cases Presenting Directly to a PCI Hospital Achieving Time  $\leq 90$  Minutes from First Medical Contact to First Balloon Inflation/ Device Deployment
- Percentage of STEMI Cases Achieving Time  $\leq 120$  Minutes from Non-PCI Hospital ED Triage/ Registration (Hospital Arrival) to First Balloon Inflation/Device Deployment
- Percentage of STEMI Cases Achieving Time  $\leq 30$  Minutes to Fibrinolytic Administration

## STEMI Quarterly Performance Measurement Report

- Percentage of STEMI Cases Achieving Time  $\leq 10$  Minutes to ECG Acquisition
- Percentage of STEMI Cases Achieving Time  $\leq 30$  Minutes to Fibrinolytic Administration
- Percentage of STEMI Cases Presenting Directly to a PCI Hospital Achieving Time  $\leq 90$  Minutes from First Medical Contact to First Balloon Inflation/ Device Deployment
- Percentage of STEMI Cases Achieving Time  $\leq 120$  Minutes from Non-PCI Hospital ED Triage/ Registration (hospital arrival) to First Balloon Inflation/Device Deployment
- \*Sub-Indicator: Percentage of STEMI Cases Presenting via Paramedic Services Achieving Time  $\leq 90$  Minutes from Qualifying ECG to First Balloon Inflation/Device Deployment
- \*Sub-Indicator: Median Time from Paramedic First Medical Contact to PCI Hospital Arrival
- \*Sub-Indicator: Median Time for STEMI Cases Presenting to a Non-PCI Hospital from Paramedic First Medical Contact to Balloon Inflation/Device Deployment

## Additional Wait Times Reporting

- CATH and PCI (Wait 1, Wait 2, Percentage of patients treated within target time)