



Quality Performance Measurement and Monitoring Cycle Summary Document

Cardiac CATH Indicators: Key Themes

Q4 2018/19 Discussions
August 2019

Quality Performance Measurement & Monitoring (QPMM) Cycle

The QPMM Cycle is a platform for regular measurement and monitoring of key quality metrics for cardiac services and to support dialogue and share learnings across the province. The QPMM Quality Scorecard is used as a tool to drive quality improvement (QI) across the province by supporting the QPMM Cycle discussions. The Scorecard currently features two clinical areas of focus: *Timely Access to Reperfusion Therapy for ST-Elevation Myocardial Infarction (STEMI)*, and *Effective Use of Diagnostic Cardiac Catheterization (CATH)*. These services were selected because they have been identified as provincial priorities or areas where system improvement is possible. The selection of these two cardiac quality indicators were developed in consultation with CorHealth's clinical working groups and the Ministry of Health.

Decisions and Developments from Last Year Quarterly Meeting Q4 2017/18

Transitioning the Pre-CATH Functional Testing Indicator to an Appendix Indicator

CorHealth has been working on determining the best approach to evolve the reporting of the CATH Indicators to advance QI initiatives. To support this work, a group of stakeholders were convened to discuss next steps. With the direction of this group, in combination with the feedback from our last quarterly discussion in May 2018, CorHealth has decided to transition the *Elective CATHs with Pre-CATH Functional Testing* indicator to an appendix/supporting indicator. The reason for this change was to prevent the increased use of pre-CATH functional testing solely for the purpose of increasing performance on an indicator. Moving forward, this indicator will be used to guide discussions on how pre-CATH functional testing affects the rate of CAD found at the CATH programs in this province.

Development of Decision Flow Chart and Providing Access to Record Level Data File

The group of stakeholders requested the development of a decision flow chart that focused on ideas for digging deeper into a program's CorHealth data to explore what may be driving the results of the *Percentage of Elective Diagnostic Cardiac CATH Where Significant CAD was Found* indicator, and to identify areas to focus QI efforts. Additionally, CorHealth has provided every program with the record level data file used to populate each program's scorecard, which contains 18 months of records that can be used to perform additional analyses. This Decision Flow Chart was reviewed during the Q4 Quarterly Calls and is included within this document on page 5.

Development of a "WHY CATH" Infographic

Additionally, under advisement from our stakeholders and from the quarterly calls, CorHealth was requested to provide more information as to the significance of monitoring and reporting on elective diagnostic cardiac CATH rates, from a program and

provincial perspective. CorHealth under this advisement has developed a “WHY CATH” Infographic which aims to highlight why CorHealth feels these CATH indicators are important to monitor, including identifying risks and costs associated with invasive CATH procedures as well as summarizing challenges which affect the rate of CATHs with Significant CAD Found and could serve as areas for QI initiatives. Programs can find this Infographic attached to the email sent alongside this summary document.

Summary of Q4 Quarterly Calls: May 2019

Through the Q4 Quarterly meetings, common QI initiatives were brought forward, and have been summarized below.

Quality Improvement Initiatives

- **Programs working on streamlining/improving triage:** some programs are working to address patient appropriateness for CATH by streamlining/improving triage processes at their institutions. The aim is to identify patients that could bypass non-invasive or pre-CATH testing as well as using pre-CATH testing to identify low risk patients who could potentially avoid a CATH altogether.
- **Programs reporting rates by individual physician:** some programs are continuing or have begun to report back physician level data to individual CATHing physicians, which has resulted in significant shifts in physician practice
- **Programs hoping to start new QI initiatives:** some hospitals are reaching out to high performers in the province to have conversations around their processes and QI initiatives at their sites

The Establishment of a Target for the *Rate of CAD Identified* Indicator

The establishment of a target for the *Percentage of Elective Diagnostic Cardiac CATH Where Significant CAD was Found* indicator has been challenging due to the lack of evidence based clinical benchmarks nationally or in other jurisdictions, though there is support for the establishment of a target in Ontario.

In order to develop a target, CorHealth has engaged stakeholders for feedback through a survey distributed to the CATH Lab Medical Directors and Hospital Administrators, as well as a discussion during the Q4 Quarterly Calls. The survey received 27 responses from 15/20 cardiac programs.

Key Theme: Chose an Achievable, Modest Target

- There was support for the establishment of an achievable provincial target across most programs, contingent on a thoughtful and meaningful approach to implementation
- Most programs supported a modest target, based on percentiles of provincial performance. The most popular targets were in the range of 50-55% disease found
- Some programs believe that a stretch target would be beneficial to drive improvement, though there was acknowledgment of the difficulty in making changes to this indicator

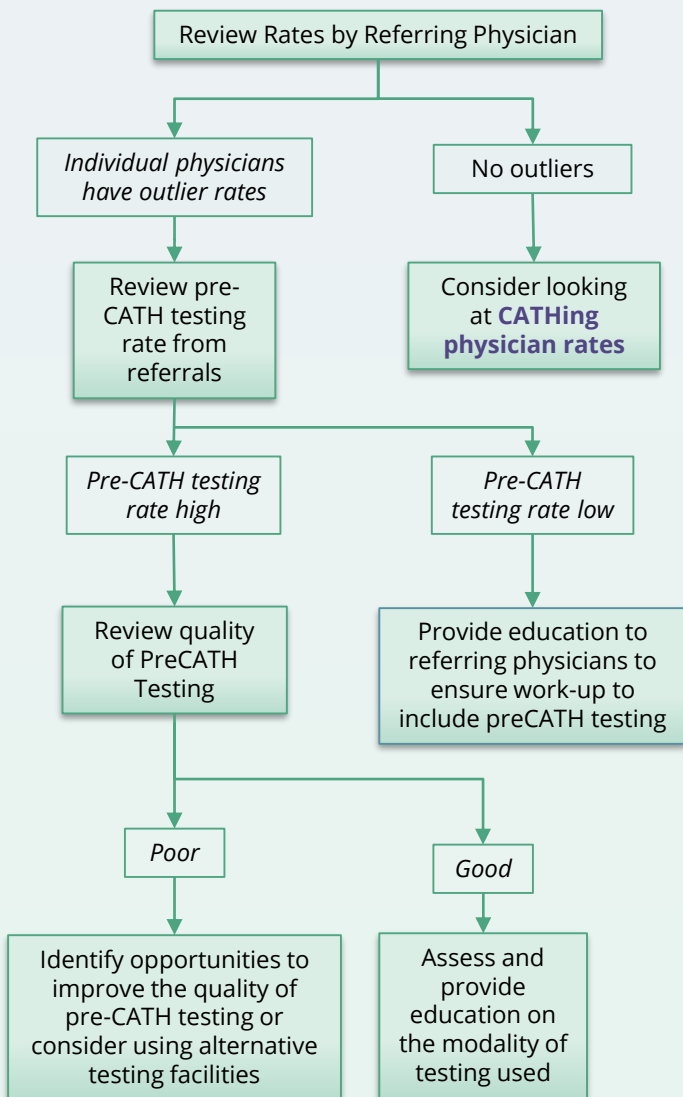
Key Theme: Thoughtful Implementation

- The application of the target should be done in a way that encourages lower performers to improve, does not demoralize teams, and does not penalize high performers
- The establishment of a target for this indicator should be for the purpose of supporting QI, and for continuing to support conversations and dialogue with programs on learnings, achievements, activities, and challenges rather than for the purpose of punitive evaluation
- While there was uncertainty on whether a target should be chosen, it was identified that without a target the indicator would not provide enough incentive for programs to dedicate resources to QI initiatives

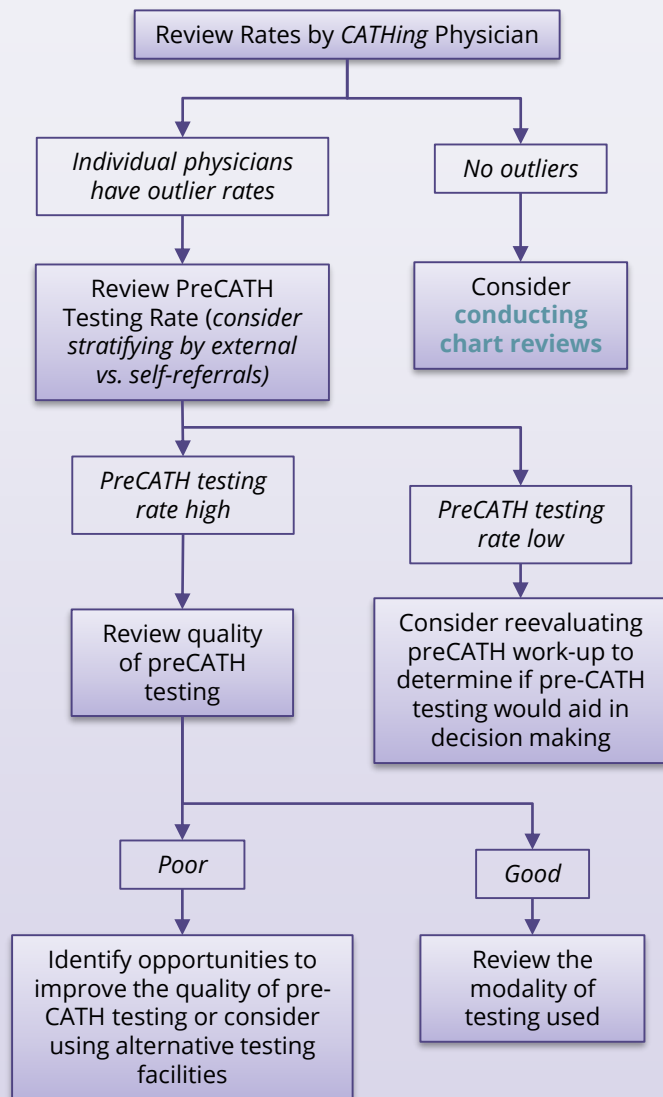
Next Steps

CorHealth will be taking the results of the survey and the feedback from the Quarterly Calls back to the provincial group focusing on these indicators for further discussions and decision making. CorHealth will provide an update to this work in the coming months during our next round of Quarterly Calls in the Fall of 2019.

Strategy 1: Referring Physician



Strategy 2: CATHing Physician



Strategy 3: Chart Review

If rates by CATHing and referring physicians have been reviewed, and there are no apparent issues or outliers to address, conducting chart reviews on all patients who received a cardiac CATH procedure (or a subset of those patients) can provide a deeper understanding of patient characteristics and indications procedure by procedure.

Review Individual Charts of Patients where Normal Anatomy or Non-Significant CAD was Found

Determine next steps from this review depending on results

Considerations: were there common elements that contributed to normal outcomes where QI activities could be applied, did the normal/non-significant CATHs lead to treatment decision (i.e. medical management)?