

Clinical Outcomes Assessment Program

Inter-Rater Reliability PCI Test Module

Supplemental Notes to Questions Scored < 80%

December 2004

Q6.0 History of COPD: Yes

Discharge diagnoses include mild emphysema. The definition for Q6.0 notes a “documented history of chronic lung disease,” including chronic obstructive pulmonary disease.

Q7.0 History of Cerebrovascular Disease: Yes

Discharge diagnoses include ‘history of transient ischemic attack.’ The definition for Q7.0 includes TIA.

Q14.1 Acute MI before procedure? Yes, Hospitalized with AMI.

Patient experienced substernal chest pain with radiation to left arm and diaphoresis for one hour. Nitroglycerin did assist with reducing symptoms; however, the patient only became pain free after administration of aspirin, additional nitroglycerin and morphine. EKG in the ER revealed ST depression. Within 24 hours of hospital admission cardiac enzymes were Troponin 15.1 ng/ml and MB 16.6 ng/ml, both significant for Myocardial Infarction.

Q14.12 Time from onset to procedure: >6-24 Hours.

The ER Record indicated the patient was in route to the hospital by ambulance after one hour of pain. Admission to the ER was July 26, 2003 at 10:33 p.m. Per the Cath Log, the start of the PCI Procedure was July 27, 2003 at 10:29:59 am. Time of MI onset to the procedure fits into the time interval of greater than six hrs, but less than or equal to 24 hours.

Q20.0 Most Recent LV Ejection Fraction: Leave Blank

This question asks for the most recent LVEF before the procedure. The LVEF was not documented as having been performed prior to the attempted PCI.

Q20.1 Method of LVEF Measurement: Leave Blank

As above.

Q21 Prox LAD Stenosis: Not Measured

Indicate the highest degree of stenosis before the procedure (CABG). The Cath Note states that "The left anterior descending artery gave off a first diagonal vessel, which had a 60% origin narrowing. There was then a 50% to 60% stenosis in the mid portion

of the LAD just after the takeoff of a second small diagonal vessel. There was normal flow..."

In this case, no explicit and clear mention of the Proximal LAD is given - and at this time, abstractors are not encouraged to extrapolate missing data or non-mentioned data as indication of no disease. Thus, the correct answer is "Not measured."

Q21 Other LAD Stenosis: 60%

The Cath Note states that "The left anterior descending artery gave off a first diagonal vessel, which had a 60% origin narrowing. There was then a 50% to 60% stenosis in the mid portion of the LAD just after the takeoff of a second small diagonal vessel. There was normal flow..."

In this case, a diagonal is mentioned specifically at 60%. When a precise value is available, as in this case, it should be recorded, rather than a Best Category. An additional mention of a 50% to 60% stenosis of a second small diagonal vessel is mentioned; however, "small" here indicates a < 2.0mm in diameter vessel, which should not be abstracted.

Q21 CFX Stenosis: 90%

Per the Cath Note, "The circumflex vessel had a greater than 90% very eccentric and tortuous focal narrowing in its mid portion just prior to a trifurcation into two large marginal vessels and then the small continuation of the circumflex. The origin of the first marginal had a 40% narrowing, and the origin of the second marginal had a 40% to 50% narrowing at its origin. The second marginal vessel gave off a superior branch, which had a 99% narrowing, and there was slow flow into this distal branch. There was no change in this small diameter branch compared ..."

In this case, very careful reading is required. The only clear and recordable value given is the 90% in its mid portion - the correct answer. When a precise value is available, as in this case, it should be recorded, rather than a Best Category. Continuation and description of the marginals leads us to find the 99% in a smaller diameter branch (indicating < 2.0mm in diameter) measurement - and again, this size of vessel is not to be abstracted at this time.

Q29: % Stenosis Pre-Procedure: 90%

The attempted intervention was in the Circumflex, noted above to have 90% stenosis.

Q29: % Stenosis Post-Procedure: 90%

Per the Cath Report, the angioplasty was attempted but not completed due to concerns about dissecting the vessel. There was "no significant change in the lesion's angiographic appearance" when procedure was stopped.

Q29. Lesion Risk: High

The lesion meets the criteria of excessive tortuosity and extreme angulation per description in the Cath Report: “very eccentric and tortuous” and “very irregular with an unusual angle.”

Q30. Procedure performed for AMI: Yes

Based on questions answered in 14.1 and 14.12, the patient sustained a NSTEMI; therefore, procedure was performed for Acute MI.

Q30.1 ER arrival time: Leave blank.

This question is reserved for patient presenting to the ER with a STEMI. Since this case sustained a NSTEMI, the question is left blank.

Q33.0. Intra- or Post-Procedure EKG: No

The intent of this question is to capture 12-lead EKG in the intra- or post-procedure period. The patient was on the telemetry floor post-op but there is no documentation of a 12-lead EKG.

Q34. Intra-or Post-procedure enzymes: Neither

This question refers to enzymes obtained any time during or after the PCI, which was performed (attempted) On 7/27 at approximately 10:30. The Laboratory Record notes enzyme results on 7/27 at 05:55, prior to the procedure, and none after that.

Q35. Intra- or Post-procedure MI: Leave blank.

The instructions state that for PCI patients, Q 35 should be answered only if Q30.0 is NO. The correct answer for Q30.0 is YES. Therefore, Q35 should be left blank.

43.1 To OR for any of the Following Reasons: Leave blank.

The patient did go to the OR following the PCI but none of the choices applies. The possibility of CABG was discussed in the Recommendations of the Cath Report: “...bypass surgery will be considered on this admission.” Per the Discharge Summary, the CABG was performed “because of her anatomy with an inability to perform angioplasty or stenting...she was admitted to the cardiothoracic service for coronary revascularization.” This does not meet the description of an unplanned CABG.