2021 BMC2 Collaborative Quality Initiative Performance Index
Supporting Documentation

Measure 1: PCI and Vascular Surgery 2021 Physician Champion Meeting Participation

The PCI physician champion must attend 3 of the BMC2 PCI meeting opportunities and the BMC2 Vascular Surgery physician champion must attend 2 of the BMC2 Vascular Surgery meeting opportunities in 2021 for full P4P points. If the physician champion is unable to attend, the site may send a participating Interventional Cardiologist or Vascular Surgeon in their place to receive credit. Some sites participate in both PCI and Vascular Surgery and some participate in only one. Physician Champion meeting opportunities include:

PCI
January 21, 2021 – PCI Physician Zoom Webinar (6-7pm)
March 11, 2021 – PCI Physician Zoom Meeting (6-7pm)
June 10, 2021 – PCI Collaborative Zoom Webinar (6-8pm)
September 23, 2021 – PCI Physician Zoom Meeting (6-7pm)
November 18, 2021 – PCI Physician Zoom Meeting (6-7:30pm)
Vascular Surgery
May 14, 2021 – BMC2/MVS Vascular Surgery Physician Zoom Meeting (1-4pm)
July 15, 2021 – BMC2 Vascular Surgery Physician Zoom Meeting (7-9pm)
November 4, 2021 – BMC2/MVS Vascular Surgery Collaborative Meeting; location TBD (in-person or webinar)

Measure 2: PCI and Vascular Surgery 2021 Data Coordinator Expectations

Data coordinators are required to meet expectations in the following areas, corresponding to their registry participation. Some sites participate in both PCI and Vascular Surgery and some participate in only one.

- **PCI & VS: Attendance at 75% of meetings and calls**. If a coordinator is unable to attend, they may send someone in their place to receive credit. Data Coordinator meeting opportunities include:

PCI
June 10, 2021 – PCI Collaborative Webinar
October 14, 2021 – PCI Coordinator Meeting (9-11am)
2nd Thursday of each month – Monthly Coordinator Meeting; 10-11am
Vascular Surgery
June 9, 2021 – Vascular Surgery Coordinator Meeting (10am-12pm)
November 4, 2021 – BMC2/MVS Vascular Surgery Collaborative Meeting; location TBD (in-person or webinar)
3rd Wednesday of each month – Monthly Coordinator Meeting; 11am-12pm

- **PCI & VS: All consecutive cases entered/on time and accurately (based on available data entry).** P4P points will be deducted for evidence that these expectations of data timeliness and accuracy are not being met. If an entire quarter (or more) is missed, it will not be possible to score P4P data dependent performance goals so associated P4P points will also be deducted.

- **PCI & VS: Demonstration of data use/quality improvement.** Submission of documentation demonstrating use of registry data for at least 2 registry-related, quality improvement projects, in the BMC2 provided template.
    - ****New in 2021**** Sites will be provided with a "snapshot" QI report by August 1, 2021, that shows measures on which the site is performing well, and measures on which the site is not meeting CQI goals, or is well below the Collaborative average. Sites are required to select one of their QI

projects from the group of measures described in this report in which they are not meeting CQI goals or are well below the Collaborative average.
- Required documentation will include 1) description of progress made on 2021 QI projects, and 2) identification/description of 2022 QI projects.
  i. There will be no deduction of points for not meeting QI goals described in the quality improvement project plan.
- <u>If sites fail to submit at least 2 quality projects for each registry they participate in, 2.5 points shall be deducted from this measure.</u> P4P Points will be deducted if 2 documented QI projects are not uploaded to the BMC2.org website by 12/1/21.
- ***Upload Deadline for QI projects:*** **December 1, 2021**

- **PCI & VS: Data Coordinator Upload of Case Documentation for Web-based Peer Review.** Coordinators must upload clinical documentation to the designated documentation upload repository for the cases provided by the BMC2 Coordinating Center
  - Coordinators must upload case review materials for 100% of the provided cases.
  - Coordinators must notify the Coordinating Center of any issues they encounter that may prevent them from providing documentation so a new case can be assigned in a timely manner. Updated Peer Review Upload Guidelines are provided for each phase that provide detailed information about how to redact, upload and convert files (provided by BMC2 Coordinating Center).
  - All documentation must be completely redacted of PHI and Hospital/site identification. Full and complete redaction will be necessary to receive all P4P points for this measure.

  PCI & VS: Details for required case documentation will be provided for peer review when case lists are distributed. The required documentation is updated based on the types of cases being reviewed.
  - ***NEW VS: Upload Deadline for Review Period VS-2021:*** **April 16, 2021**
  - ***PCI: Upload Deadline for Review Period PCI-2021:*** **August 4, 2021**

- **For Vascular Surgery Coordinators**: **Completion of 30-day and 1-year follow-up.** Percentages for 30-day follow-up will be calculated based on Q1-Q3 2021 discharges (or whatever data is available when draft P4P scores are due) with a goal of ≥80%. Percentages for 1-year follow-up will be calculated based on 2019/2020 discharges (with 1-year follow-up visits occurring in Q1-Q3 2021, and depending on data availability) with a goal of ≥80%.

Measure 3: PCI and Vascular Surgery – Internal Case Reviews
Internal physician level reviews are to be conducted on the same cases that are submitted for the web-based peer review. The internal reviews must be entered into the REDCap Internal Review Form which is located on BMC2.org. A pdf and an electronic version of the Internal Review Form will be posted on BMC2.org with each set of case reviews. Reviews must be submitted through REDCap for ≥90% of assigned cases to receive full points. No points will be awarded for < 90% submitted reviews.
- ***NEW Vascular Surgery Internal Case Review Deadline VS-2021:*** **July 9, 2021**
- ***PCI Physician Internal Case Review Deadline PCI-2021A:*** **October 30, 2021**

Measure 4: PCI and Vascular Surgery – Physicians Complete Web-based Cross Site Peer Review of Assigned Cases
Sites must designate a physician to review cases sent through REDCap from across the collaborative. Case information sent through REDCap by the BMC2 Coordinating Center via email must be reviewed by the designated physician case reviewers at each site. Reviews must be submitted through REDCap for 100% of assigned cases to receive full points. No points will be awarded for < 100% submitted reviews.

The Vascular Surgery Physician Review will occur once in 2021 during the following timeframe:
- **May 10, 2021 – June 7, 2021**

PCI Physician Review will occur once in 2021 during the following timeframe:
- **August 23, 2021 – ~~September 24, 2021~~ Due to system being down, this was extended to 10/1/21**

Measure 5: <u>Vascular Surgery Only</u> – <u>COLLABORATIVE GOAL</u>: Statin at Discharge for Open Bypass, CEA and CAS Discharges ≥ 95%
> *Numerator*:   Number of Open Bypass, CEA and CAS discharges with a statin prescribed at discharge.
> *Denominator*: Number of Open Bypass, CEA and CAS discharges.
> *Exclusions:*
> - The procedure was performed for the indication of peripheral aneurysm repair or trauma.
> - The patient was discharged to an Other Acute Care Hospital or left AMA.
> - A death occurred during the procedure or after the procedure.

Measure 6: MODIFIED <u>Vascular Surgery Only</u> – Performance Goal: Prescription of a maximum of 10 opioid pills for opioid naïve patients with EVAR ≥ 80%
> *Numerator:* Number of opioid naïve EVAR discharges with an opioid prescription at discharge of ≤ 10 pills.
> *Denominator:* Number of opioid naïve EVAR discharges.
> *Exclusion:* EVAR performed concurrently with another procedure.

Measure 7: MODIFIED <u>Vascular Surgery Only</u> – Performance Goal: Prescription of a maximum of 10 opioid pills for opioid naïve patients with CEA ≥ 80%
> *Numerator:*   Number of opioid naïve CEA discharges with an opioid prescription at discharge of ≤ 10 pills.
> *Denominator:*   Number of opioid naïve CEA discharges.
> *Exclusion:* Cases concurrent with CABG

Measure 8: <u>PCI Only</u> – Performance Goal: Peak Intra-Procedure ACT recorded ≥ 90%
> *Numerator:* Number of procedures in which the Peak Activated Clotting Time (ACT) was recorded (BMC2 Procedure Information Intra-procedure ACT =" Yes")
> *Denominator*: Total number of PCI procedures with unfractionated heparin was administered (NCDR #7990 =" Unfractionated Heparin and #7995=" Yes")
> *Exclusion*: Procedures with bivalirudin administered (NCDR #7990= "Bivalirudin" and #7995 =" Yes")

Measure 9: <u>PCI Only</u> – Performance Goal: Percent of cases with peak ACT ≥ 350 seconds for Heparin-only cases ≤ 15%
> *Numerator:* Number of procedures with peak intra procedure ≥350 seconds (BMC2 Procedure Information-Intra-procedure ACT ="yes")
> *Denominator:* Procedures with unfractionated heparin administered (NCDR #7990="unfractionated heparin" and #7995="Yes")
> *Exclusion(s):*
> - Procedures with no peak ACT calculation entered in BMC2 (BMC2 Procedure Information-Intra-procedure ACT="Not documented" or value is missing)
> - Procedures with glycoprotein IIb/IIIa inhibitors administered (NCDR #7990= "GP IIb/IIIa Inhibitor (Any)" and #7995="Yes")
> - Procedures with bivalirudin administered (NCDR #7990=Bivalirudin" and #7995="Yes")
> - Procedures with BMC2 Outcomes in Lab "Rescue IIb/IIIa"="Yes"
> - Procedures with Chronic Total Occlusion lesion (NCDR #8004="100%" and NCDR#8005="Yes")

Measure 10: NEW <u>PCI Only</u> – Performance Goal: Percent of cases with Air Kerma dose <u>></u>5Gy <u><</u>2%

Numerator: Number of cases in which Air Kerma dose entered is ≥5Gy (NCDR#7210)
Denominator: Total number of procedures
Exclusion(s): None

Measure 11: NEW <u>PCI Only</u> – <u>COLLABORATIVE GOAL</u>: Pre-PCI hydration (oral and/or IV) (volume/3ML/Kg) in patients with eGFR < 60 <u>></u>50%

Numerator: Number of procedures noted to have BMC2 Hydration-Intravenous and/or Oral Pre fluid volume/kg ≥3ml (BMC2 PCI Hydration Intravenous Given="Yes" and/or BMC2 PCI Hydration Oral Given="Yes" and number of ml's entered divided by weight entered in "kg" (NCDR#6005) =≥3ml) Formula: PO+IV hydration/Kg=Xml
Denominator: Total number of procedures where patient is noted to have eGFR < 60.
Exclusion(s):
- Currently on Dialysis (NCDR Sequence # 4560)
- Cardiac Arrest Out of Healthcare Facility=yes (NCDR #4630)
- Cardiac Arrest at Transferring Healthcare facility=yes (NCDR #4635)
- Cardiac Arrest at this facility=yes (NCDR #7340)
- Cardiovascular instability=yes (NCDR #7410)
- PCI status=salvage (NCDR #7800)
- Cardiac Arrest within 24 hours (BMC2 Pt Hx and Comorbidity)
- Symptomatic Heart Failure=yes (NCDR #4001) with NYHA=II, III, IV (NCDR #4011)
- PCI Indication= STEMI – Immediate PCI for Acute STEMI (NCDR #7825)