2024A Internal Case Review Form

Please use this form to submit your site's assigned internal peer reviews.

If you have any questions or experience difficulties completing the form, please contact:

Kathleen Frazier BSN, RN at: frazieka@med.umich.edu

Telephone: (734) 752-0927

BMC2 Hospital Number:

_____
(Enter only 2 digits (i.e. 01, 15, 42))

BMC2 ID Number:

_____

NCDR Patient ID Number:

_____

NCDR Other ID Number (optional):

_____

Appropriateness of the Angiogram

1. Decision to proceed with angiography: Based on the clinical data provided, how would you rate the decision to proceed to diagnostic angiography?
((We are seeking your assessment of appropriateness. While it is expected that you would consider guidelines and appropriate use criteria, these do not cover all scenarios. Given the level of data provided, if you would almost always recommend angiography, please mark "appropriate." On the other hand, if you would almost never recommend angiography, please mark "rarely appropriate." If you would sometimes consider angiography, please mark "may be appropriate."))

◯ a. Appropriate
◯ b. May be appropriate
◯ c. Rarely appropriate

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2. Clinical Presentation: Based on the clinical information provided, how would you classify the patient's clinical presentation?

◯ a. CAD (without ischemic Sx)
◯ b. Stable Angina
◯ c. NSTE - ACS
◯ d. New Onset Angina < = 2 months
◯ e. STEMI
◯ f. Other
◯ g. Could not be assessed

If other, please explain:

3. Anginal Classification: Based on the clinical information provided, how would you classify the patient's angina?

◯ a. Asymptomatic
◯ b. CCS Class 1
◯ c. CCS Class 2
◯ d. CCS Class 3
◯ e. CCS Class 4
◯ f. Could not be determined

4. Stress Test Findings: How would you rate the stress test findings?

◯ a. Stress data are not available/ Not applicable
◯ b. Low risk
◯ c. Intermediate risk
◯ d. High risk, corresponds to PCI lesion
◯ e. High risk, does not correspond to PCI lesion
◯ f. Inadequate information

Appropriateness of PCI:

5. Lesion Severity: Based on your review of the clinical information and angiogram, the lesion severity is:

◯ a. Significant: PCI is justifiable without further interrogation
◯ b. Significant: PCI is not justifiable given the clinical scenario
◯ c. Lesion severity is intermediate: PCI is only justifiable if positive physiologic assessment (FFR/iFR/dFR/etc.) or corresponding ischemia on stress test
◯ d. Lesion severity is intermediate: PCI is not justifiable given the clinical scenario

6. Decision to proceed to PCI: Based on the clinical data provided and the angiographic severity, how would you rate the decision to proceed to PCI?
((We are seeking your assessment of appropriateness. While it is expected that you would consider guidelines and appropriate use criteria, these do not cover all scenarios. Given the level of data provided, if you would almost always recommend PCI, please mark "appropriate." On the other hand if you would almost never recommend PCI, please mark "rarely appropriate." If you would sometimes consider PCI, please mark "may be appropriate."))

◯ a. Appropriate
◯ b. May be appropriate
◯ c. Rarely appropriate

If you chose C, please consider providing some feedback to the operator as to why you feel it was not appropriate to perform PCI in this setting.

Quality of the Angiogram

7. Quality of angiogram: Please rate the overall quality of the angiogram based on your review.

◯ a. Excellent - The angiographic projections chosen, arterial opacification, panning, and use of filters and shields are excellent. All coronary segments are well visualized (while one or more cine runs may not be perfect, the overall angiogram is of a high enough quality).
◯ b. Adequate - The angiogram is suboptimal in one or more aspects, but is adequate for diagnostic purposes and to support revascularization decisions.
◯ c. Suboptimal (likely patient related) - The quality of the angiogram is less than adequate, but is mostly related to patient level factors (obesity, presence of hardware etc.) and most operators would not have performed more injections.
◯ d. Suboptimal (likely related to technique) - The quality of the angiogram is less than adequate and is not totally explained by the clinical scenario (e.g. morbid obesity); most operators would have performed further injections.

8. Baseline percent diameter stenosis: Please give your assessment of the baseline stenosis severity.

(Place a mark on the scale above)

9. Final percent diameter stenosis: Please give your assessment of the final stenosis severity of the treated lesions.

(Place a mark on the scale above)

Procedural Complications

10. Was there a procedural complication (perforation, dissection, side branch occlusion, no reflow, slow flow)?

◯ Yes
◯ No

10a. Perforation

◯ Yes
◯ No

10a.1 Of the options below, what do you consider the perforation was most related to?

◯ a. The complication was related to the operator's technique and was something that most operators could have avoided
◯ b. The complication was related to patient factors but was something that most operators could have avoided
◯ c. The complication was related to patient factors and not avoidable

10a.2 Was the perforation appropriately treated? (please pick one)

◯ a. Yes, the complication was appropriately recognized and treated.
◯ b. No, the treatment was delayed or inadequate and could have resulted in patient harm.
◯ c. No, the complication was inadequately treated and resulted in patient harm.

10b Dissection (please mark "yes" if the dissection could not be treated or required use of additional stents)

◯ Yes
◯ No

10b.1 Of the options below, what do you consider the dissection was most related to?

◯ a. The complication was related to the operator's technique and was something that most operators could have avoided
◯ b. The complication was related to patient factors but was something that most operators could have avoided
◯ c. The complication was related to patient factors and was not avoidable

10b.2 Was the dissection appropriately treated? (please pick one)

◯ a. Yes, the complication was appropriately recognized and treated.
◯ b. No, the treatment was delayed or inadequate and could have resulted in patient harm.
◯ c. No, the complication was inadequately treated and resulted in patient harm.

10c Side branch loss (of a vessel more than 1.5 mm):

◯ Yes
◯ No

10c.1 Of the options below, what do you consider the side branch loss was most related to?

◯ a. The complication was related to the operator's technique and was something that most operators could have avoided
◯ b. The complication was related to patient factors but was something that most operators could have avoided
◯ c. The complication was related to patient factors and not avoidable

10c.2 Was the complication appropriately treated? (please pick one)

◯ a. Yes, the complication was appropriately recognized and treated.
◯ b. No, the treatment was delayed or inadequate and could have resulted in patient harm.
◯ c. No, the complication was inadequately treated and resulted in patient harm.

10d No reflow/slow flow:

◯ Yes
◯ No

10d.1 Of the options below, what do you consider the no reflow/slow reflow was most related to?

◯ a. The complication was related to the operator's technique and was something that most operators could have avoided
◯ b. The complication was related to patient factors but was something that most operators could have avoided
◯ c. The complication was related to patient factors and not avoidable

10d.2 Was the complication appropriately treated? (please pick one)

◯ a. Yes, the complication was appropriately recognized and treated.
◯ b. No, the treatment was delayed or inadequate and could have resulted in patient harm.
◯ c. No, the complication was inadequately treated and resulted in patient harm.

Comments:
(Please provide some comments on what you think caused the complication or what the operator could have done to prevent or better treat the complication (e.g. use of an EPD in a SVG, using a smaller stent, etc.)))

Overall Procedural Results

11. Was the procedure result suboptimal and/or unsuccessful?

◯ Yes
◯ No

If "Yes," please mark if any or all of these factors apply
(Mark if any of these contributed or apply (select as many of the factors that you believe contributed to the suboptimal result))

☐ a. Anticoagulation strategy - The operators anticoagulation strategy (drug, drug dose, or both) was wrong and contributed to the patients complication.
☐ b.Guide catheter - The operator's guide catheter choice was wrong and contributed to the patient's complication/poor result.
☐ c. Guide wire - The operator's wire choice/positioning was not appropriate and resulted in complications or procedure failure.
☐ d. Lesion preparation - The lesion was not adequately pre-dilated or prepared and contributed to a bad result that probably exposed the patient to significant risk of stent thrombosis or restenosis.
☐ e. Stent too short - The stent length was too short and there was geographic miss that potentially exposed the patient to risk of restenosis. Most operators would have elected to use a longer stent given the circumstances.
☐ f. Stent too long - The stent length was too long. Most operators would have elected to use a shorter stent given the circumstances.
☐ g. Stent too small - The stent was undersized or not appropriately post-dilated and this exposed the patient to risk of stent thrombosis or restenosis. Most operators would have elected to use a larger stent or post-dilated further given the circumstances.
☐ h. Stent too large - The stent was oversized and most operators would have elected to use a smaller stent given the circumstances.

Please provide some feedback to the operator or the institution on what you feel should have been done differently in this setting (e.g. specific guiding catheter choices that might work, use of a more or less potent anticoagulant, etc.)

12. Please rate the overall intervention on a scale of 1-5:

◯ 1. The procedure performance and outcome are great and I would be delighted with this if it was my patient, my family member, or myself.
◯ 2. The procedure result is acceptable and while some operators might have performed the procedure differently, the overall results are acceptable
◯ 3. The procedure result is adequate but most operators would have performed the procedure differently
◯ 4. The procedure is suboptimal and should be discussed at M and M
◯ 5. The procedure needs peer review

If you chose 3-5, please consider providing some feedback: