

# 2024B 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:

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BMC2 Hospital Number:

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

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BMC2 ID Number:

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NCDR Patient ID Number:

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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

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If other, please explain:

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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

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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

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### 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

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

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

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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.

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### Lesion Assessment

7. Did the operator use/attempt to use embolic protection device?

- Yes
- No
- Attempted

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8. Based on the clinical data available, would you have used an embolic protection device?  
Based on the clinical data available, would you have treated this lesion in the same manner?

- Yes  
 No

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9. Based on the clinical data available, would you have treated this SVG lesion in the same manner?

- a. Yes  
 b. Yes-but I would have also used (select from list)  
 c. No-I would have used (select from list)

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9a. Please select

- Direct Stenting  
 Different Guide  
 Guide Extension  
 Native Coronary PCI  
 Larger Stent  
 Smaller Stent  
 Different type of stent  
 Drug coated balloon  
 Higher inflation pressure  
 Lower inflation pressure  
 Different lesion prep  
 Brachytherapy  
 Cutting balloon  
 Lithotripsy  
 Atherectomy  
 Thrombectomy  
 Laser  
 Other

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## Procedural Complications

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

- Yes  
 No

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10a. Perforation

- Yes  
 No

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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

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

- Yes  
 No
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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.
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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
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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.
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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

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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.

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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.))

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### Overall Procedural Results

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

- Yes
- No

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11a. 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.

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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.)

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

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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

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