

CathPCI



Dashboard NEWS.....

New QII Learning Center Publication

The QII Learning Center is happy to announce the publication of a new learning activity titled: CathPCI Metric 39 | PCI In-Hospital Risk Adjusted Acute Kidney Injury (All Patients) by content author, Melissa Nitta, MPH, BS, RN - (Category C)

AKI is a potential complication of PCI that in some cases progresses to the need for hemodialysis. Acute Kidney Injury is a serious complication after PCI and is associated with increased incidence of in-hospital Myocardial Infarction and death. Metric 39 is helpful in providing feedback on AKI, informing clinical decision-making, and directing the use of strategies to avoid AKI and improve the safety of PCI Procedures.

Category C includes learning activities with lessons for all NCDR participants. These lessons are focused on the interpretation and use of the data which has been entered, submitted, aggregated, and published to NCDR participants in Executive Summary Reports. Category C includes lessons with details about metric and measure performances and how participants can interpret and manage their results. NCDR recommends completing Category A and Category B before completion of Category C courses.

New CathPCI FAQs are Available!

FAQ 25172 | Seq. #6030 (Hemoglobin)

Question: Please clarify which lab result is coded when both a Point-of-Care (POC) test and traditional lab are drawn at the same time.

Answer: When the lab DRAW time is equal for both POC and Lab run specimens, the registry would have you code the laboratory processed specimen as the pre-procedure troponin.

FAQ 25172 | Seq. #6030 (Hemoglobin)

Question: A patient is diagnosed with STEMI by EMS and is immediately transported to the cath lab for emergent PCI upon arrival. The procedure start time is 0856 and labs are drawn immediately upon access at 0900. Please clarify if these labs can be used for 'Pre-Procedure' lab values.

Answer: When the patient condition/emergent presentation results in pre-procedure labs being drawn in the cath lab, it IS acceptable to code these results IF the specimens were obtained immediately upon access and prior to anticoagulation administration. Additional Information: Biomarkers obtained in this way would not influence coding for the Seq# 7400 (Indication for Cath Lab Visit) as they were obtained after the patient had arrived in the cath lab and thus would not have influenced decision making.

FAQ 25174 | Seq. #6991 (Pre-Procedure Medication Administered)

Question: Please clarify the target value of Seq# 6991 (Pre-Procedure Medication Administered) which is "any occurrence between 2 weeks prior to current procedure and current procedure."

Answer: Sequence #6991 captures medications that were prescribed OR administered to the patient within the 2 weeks prior to AND up to the start of current procedure. All medications the patient was prescribed prior to arrival (regardless of the patient's compliance) as well as medications the patient received at your facility prior to the cath lab procedure should be captured. Provider documentation of a medical reason as to why a medication was not prescribed supports coding 'Contraindicated' in Seq# 6991. Exception: In scenarios where a pre-procedure medication is ordered (prescribed) in the hospital BUT is not administered to the patient, please code 'No'.

