Quality Indicators - Definition and Assessment

Why assess Quality of Care (QoC)?

- QoC closely linked to clinical outcome of patients admitted for acute myocardial infarction (AMI)
- Health authorities, public, patients and doctors need to know if centers admitting patients have reached expected level of quality
- Measuring QoC is part of modern healthcare with a view of improving quality

How to assess QoC?

- QoC is multifactorial and cannot be estimated solely on patient outcomes
- Measuring process of care is more accurate and can cover different aspects of quality
- Quality Indicators (QIs) are metrics specifically defined for this purpose
- ESC-ACCA QIs for AMI cover 7 domains of care

What’s the difference between Guidelines and Quality Indicators?

- Guidelines propose recommendations based on scientific evidence
- QIs are based on class A recommendations, but take into account all domains of care, potential room for improvement, feasibility of assessment
- Guidelines and QIs are complementary
- QoC cannot be estimated based on compliance with guidelines alone
- A composite indicator can be defined to summarize quality across different domains
- ESC-ACCA QIs for AMI endorsed by ESC STEMI guidelines 2017

Domain 1: Centre Organisation
- Domain 7: Composite Quality Indicator and 30-day adjusted mortality
- Main 7.1: Opportunity composite score
- Secondary 7.2a: Secondary Composite QI for patients without Hf of EF<40
- Secondary 7.2b: Secondary Composite QI for patients with Hf of EF<40
- Outcome: 30-day adjusted mortality

Domain 2: Reperfusion/Invasive Strategy
- Main (STEMI) 2.5: Proportion eligible patients reperfused
- Main (STEMI) 2.2: Proportion of patients with timely reperfusion
- Main (STEMI) 2.8: Proportion of patients receiving angiography (<72hrs)
- Secondary (STEMI) 2.4: Diagnosis to wire passage time

Domain 3: In Hospital Risk Assessment
- Main 3.1: GRACE risk score for NSTEMI recorded
- Main 5.2: CRUSADE risk score for NSTEMI recorded
- Main 3.3.1: LVEF assessed and recorded

Domain 4: Antithrombotic Treatment
- Main 4.3: Adequate P2Y12 inhibition on discharge if eligible
- Main 4.2: NSTEMI, not for immediate revascularisation receiving fondaparinux
- Secondary 4.3: DAPT on discharge if eligible

Domain 5: Secondary Prevention
- Main 5.1: Prescription of high intensity statins if eligible
- Secondary 5.2: Prescription of ACEI or ARBS in those with evidence of Hf or EF ≤40%
- Secondary 5.3: Prescription of β-blockers in those with evidence of Hf or EF ≤40%

Domain 6: Patient Satisfaction
- Main 6.1: Feedback regarding patient experience covering
- Pain control
- Explanations about patient’s condition
- Opportunity for rehab
- Smoking cessation
- Dietary advice

Domain 8: Other Domains