General

Title
Cardiac care: percentage of patients discharged from the critical care department with a main diagnosis of ST-segment elevation acute coronary syndrome (STE-ACS) who died.

Source(s)

Measure Domain

Primary Measure Domain
Clinical Quality Measures: Outcome

Secondary Measure Domain
Does not apply to this measure

Brief Abstract

Description
This measure is used to assess the percentage of patients discharged from the critical care department with a main diagnosis of ST-segment elevation acute coronary syndrome (STE-ACS) who died.

Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to distribute resources equitably are more important, scant scientific evidence is available, and the efficiency is limited.
Although mortality from acute coronary syndrome (ACS) depends on many factors, it is associated with the levels of treatment that the patient receives, so we continue to consider this an indicator of the quality of care.

Evidence for Rationale


Primary Health Components

Cardiac care; ST-segment elevation acute coronary syndrome (STE-ACS); hospital mortality

Denominator Description

Number of patients discharged from the intensive care unit (ICU) with a main diagnosis of ST-segment elevation acute coronary syndrome (STE-ACS) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients discharged from the critical care department with a main diagnosis of ST-segment elevation acute coronary syndrome (STE-ACS) who died (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified
State of Use of the Measure

State of Use
Current routine use

Current Use
not defined yet

Application of the Measure in its Current Use

Measurement Setting
Hospital Inpatient
Intensive Care Units

Professionals Involved in Delivery of Health Services
not defined yet

Least Aggregated Level of Services Delivery Addressed
Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size
Unspecified

Target Population Age
Age greater than or equal to 18 years

Target Population Gender
Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim
Better Care

National Quality Strategy Priority
Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need
Getting Better

IOM Domain
Effectiveness

Data Collection for the Measure

Case Finding Period
Unspecified

Denominator Sampling Frame
Patients associated with provider

Denominator (Index) Event or Characteristic
Clinical Condition
Institutionalization

Denominator Time Window
not defined yet

Denominator Inclusions/Exclusions

Inclusions
Number of patients discharged from the intensive care unit (ICU) with a main diagnosis of ST-segment elevation acute coronary syndrome (STE-ACS)

Population: All patients with a main diagnosis of STE-ACS discharged from the critical care department (to another ward, to their homes, or due to death) during the period reviewed.

Exclusions
- Patients transferred to another hospital (due to difficulties in follow-up)
- Patients with STE-ACS identified as a secondary diagnosis because the literature underlying the standard considers only patients with a main diagnosis of STE-ACS

Exclusions/Exceptions
Numerator Inclusions/Exclusions

Inclusions
Number of patients discharged from the critical care department with a main diagnosis of ST-segment elevation acute coronary syndrome (STE-ACS) who died

Note: Death should be considered in-hospital whether it occurs in the intensive care unit (ICU) or in any other department after discharge from the ICU.

Exclusions
Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Electronic health/medical record
Paper medical record

Type of Health State

Death

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation
Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet
Standard of Comparison
not defined yet

Prescriptive Standard

Standard: less than 10%*

*If the standard is surpassed, the results must be re-evaluated using the risk-adjusted rate.

Evidence for Prescriptive Standard


Identifying Information

Original Title
Hospital mortality in acute coronary syndrome (ACS).

Measure Collection Name
Quality Indicators in Critically Ill Patients

Measure Set Name
Cardiac Care and Cardiopulmonary Resuscitation (CPR)

Submitter
Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Developer
Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Funding Source(s)
Boehringer Laboratories

Composition of the Group that Developed the Measure

Work Group for Cardiac Care and Cardiopulmonary Resuscitation (CPR)

- Mª Paz Fuset Cabanes
- Miguel Ruano Marco
- Josep Mª Alcoverro Pedrola
Financial Disclosures/Other Potential Conflicts of Interest
Unspecified

Adaptation
This measure was not adapted from another source.

Date of Most Current Version in NQMC
2011 Mar

Measure Maintenance
Unspecified

Date of Next Anticipated Revision
2016 Jul

Measure Status
This is the current release of the measure.
The measure developer reaffirmed the currency of this measure in May 2016.

Measure Availability
Source available in English and Spanish from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

For more information, contact SEMICYUC at Paseo de la Reina Cristina, 36, 4o D, Madrid, Spain; Phone: +34-91-502-12-13; Fax: +34-91-502-12-14; Web site: www.semicyuc.org; E-mail: secretaria@semicyuc.org.
NQMC Status

This NQMC summary was completed by ECRI Institute on November 18, 2013. The information was verified by the measure developer on February 6, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

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Production

Source(s)


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