



12 November 2009

To all BCIS Members and Audit lead contacts

Dear all,

Re: Latest BCIS audit, dataset clarifications and reminders

I am pleased to say that the latest audit of PCI activity in the UK is now available for download at our website: <http://www.bcis.org.uk/resources/audit>

I would like to clarify a few issues in the dataset that relate to:

1. Emergency CABG
2. Date time fields
3. Definition of 'balloon' time
4. Definition of a PCI
5. The recording of IVUS only, and FFR only studies
6. Automated cumulative funnel plots

1. "Emergency CABG"

The complication "emergency CABG" should be used for any emergency cardiothoracic surgical procedure (whether or not this actually involves the placing of bypass grafts).

The surgery should be:

- a. Cardio-thoracic (rather than for peripheral vascular complications at access sites)
- b. Be prompted and indicated by a need to
 - Perform **emergency** revascularisation to a coronary distribution that has been the subject of a PCI or attempted PCI and/or
 - To correct **as an emergency** a complication of PCI such as abrupt vessel closure, cardiac or vessel perforation, dissection of a thoracic great vessel etc

2. Date time fields:

- 2.07 Date/time of symptom onset
- 5.27 Date/time of patient's first call for help (STEMI only)
- 2.08 Date/time of arrival at first hospital
- 5.26 Date/time of arrival at PCI hospital
- 3.26 Date/time of first balloon inflation (MINAP field 3.09)
- 4.04 Discharge date

Remember that the call for help field (5.27) has been a mandatory part of the BCIS dataset since Jan 2009, and will be needed for the assessment of call to balloon times for patients treated from Jan 2009 onwards.

If a patient self presents to A&E with STEMI, then the 'call for help' time should be the same as the 'arrival at first hospital' time.

If a patient arrives at the PCI centre (as first hospital), then either 2.08 or 5.26 need to be completed. If both 2.08 and 5.26 are completed, the values should be identical.

Please note that delay times can only be calculated if the admission route (2.09) has been correctly recorded. This field has been mandatory from the outset of the CCAD project, because in the original dataset all fields numbered 1 to 4 were mandatory, and those numbered 5, optional. Since then there has been additional focus on the risk stratification fields and date-time fields which are now also mandatory.

3. Definition of 'balloon time'

This is the time the first **device** is used in coronary artery (balloon, stent, or extraction catheter). It is not the time the angioplasty guide wire is first introduced, even if this restores flow.

4. Definition of a PCI

The definition of a PCI for the purposes of inclusion in the CCAD dataset is as follows:

"A percutaneous coronary intervention (PCI) is deemed to have taken place if any coronary device approaches, probes or crosses one or more coronary lesions, with the intention of performing a coronary intervention. Usually this device will be a guide wire. The only exception to this will be patients who have an adverse cardiac event (during an attempted PCI) that necessitates procedure termination prior to the introduction of a coronary device. This rare type of case will also be defined as a PCI and therefore this will classify as a complication."

5. FFR and IVUS only studies

With respect to the definition above, from January 2010, BCIS no longer requires data to be uploaded to CCAD where **only** intravascular ultrasound (IVUS) and / or fractional flow reserve (FFR) studies have been performed (with no accompanying coronary intervention).

We will still continue to collect total numbers of IVUS and FFR procedures via the annual returns. IVUS and FFR that occur during a PCI procedure will be recorded in the CCAD dataset in the usual way. Those that wish to upload IVUS and FFR only studies are welcome to continue doing so. As before they are not counted towards total PCI procedure numbers (and when entered the 'number of lesions attempted' and number of vessels attempted must = 0). MACCE from these procedures is also not counted in the overall MACCE of PCI (which uses as the denominator all cases where at least one lesion as attempted).

6. Cumulative Funnel plots

Automated cumulative funnel plots of PCI outcome MACCE will be sent to you soon on a regular basis, in the same way that we have been sending the PPCI delays reports. These reports can be generated from your own Lotus Notes front end, but I hope the automated reports will make it easier for you to see what the data you send to CCAD looks like in this format. These periodic plots will be accompanied by appropriate explanatory text.

Best wishes

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