Top Ten Things To Know
Impact of Percutaneous Coronary Intervention Performance Reporting on Cardiac Resuscitation Centers

1. Approximately 20% to 30% of out-of-hospital cardiac arrest (OHCA) patients who survive to hospital admission have evidence of ST-segment elevation myocardial infarction (STEMI).

2. Since acute coronary ischemia is a dominant mechanism in OHCA, the 2010 AHA Guidelines for CPR and ECC recommend that aggressive treatment of STEMI in OHCA should begin as in non-cardiac arrest patients, and may be reasonable even in the absence of STEMI.

3. Immediate coronary angiography followed by successful coronary intervention has been shown to predict survival and improved neurological outcomes in OHCA patients.

4. The purpose of this Scientific Statement is to describe the potential impact of including OHCA patients with STEMI in the public reporting of percutaneous coronary intervention (PCI) mortality and to make recommendations for modifications in the current outcomes reporting procedures in this population.

5. Data on outcomes from PCI performed in the setting of a STEMI have been collected in numerous databases with the purpose of monitoring the quality of invasive cardiac procedures. One of the main purposes of PCI performance reporting is to identify systems that provide “good-quality” or “poor-quality” PCI.

6. Physicians have expressed an increased reluctance to intervene in critically ill patients with high expected mortality rates, saying that “patients who might benefit from PCI may not receive the procedure as a result of public reporting of physician-specific patients’ mortality rates.”

7. The majority of patients hospitalized after arrest that do not survive to hospital discharge die from causes not related to cardiovascular complications of the PCI, but these deaths are included in reporting registries.

8. Even under the current best US practices, only about 50% of patients with OHCA who are admitted to the hospital survive to hospital discharge. Although small in number, these additional deaths are enough in many reporting systems to drop the hospital and provider from the highest to the lowest bracket for performance outcomes.

9. Performance ranking registries are tied to awards, reimbursement, performance recognition, and public reporting of hospital performance. The current approach used for measuring quality of PCI care of patients may misrepresent the quality of care actually provided.

10. It is recommended that OHCA cases should be tracked but not publicly reported or used for overall PCI performance ranking, allowing accountability for their management but not penalizing high-volume cardiac resuscitation centers for following the 2010 AHA Guidelines for CPR and ECC.


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