



FOUNDATION FOR Health Care Quality

A Valentine for Cardiac Care

Hearts are a big deal. It is no wonder that the organ we've relied on to pump our blood since before we are born was once seen as the center of our emotional life. We change our diets to keep our hearts healthy, we take up running, we quit smoking, work to manage our alcohol intake, try to manage stress, meditate, medicate – we work hard to avoid harming our hearts. Still heart disease remains the [leading cause of death in the US](#) – impacting our life expectancy (women [can expect to live](#) to 81, men to 76) and our quality of life as we deal with this [range of conditions](#) that make up heart disease.

Our [Cardiac Care Outcomes Assessment Program](#) (COAP) has been working diligently since the late 1990s to improve cardiac care across and within all our hospitals. We collect clinical data on percutaneous cardiac intervention and adult cardiac surgery to develop local knowledge, identify local expertise and promising practice, and share these through the region. Data is available on our [public portal here](#).

One of our largest wins has been in [helping our hospitals reduce blood use in cardiac surgery](#). Our state has the lowest blood use rates in our country thanks to more than fifteen years of focused efforts around data collection, reporting, and facilitating collaborations that share expertise and best practices in blood management across the region. [A comprehensive PBM best practice tool is available here](#). More recent efforts, launched in October 2021 as a new regional initiative, focus on reducing transfusions and bleeding events associated with percutaneous cardiac intervention (PCI).

Evidence has shown that patients who experience a major bleeding event are three times more likely to die following PCI. Bleeding is also associated with higher costs of care. While bleeding rates have somewhat decreased over the last few years, both across our region and across the country, risk adjusted intra- and post-PCI bleeding rates are still higher amongst COAP hospitals than the national average. In 2020, the average COAP risk adjusted bleeding rate was 3.8%, compared with 2.2% nationally. Transfusions within 72 hours of PCI were 1.2% for COAP, compared to 0.7% nationally. What's more, there is significant variation in bleeding rates between hospitals and amongst physicians. Hospital bleeding rates range from 0% - 6.5%; PCI Operator rates range from 0% - over 10% with no correlation to *expected* bleeding rates. COAP is producing and distributing individual physician and hospital level reports aimed at highlighting this variance, together with evidence-based strategies to reduce bleeding risk. To learn more about the COAP PCI Bleeding Reduction Initiative and best practices to reduce bleeding, [go here](#).