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Clinician Commentary: CCQI report release signals major milestone towards cardiovascular care quality improvement

Dear Colleagues,

On behalf of the Canadian Cardiovascular Society's (CCS) Quality Project, we are pleased and proud to publicly release a pan-Canadian [Cardiac Care Quality Indicators \(CCQI\) Report](#). This comprehensive report, developed in conjunction with the Canadian Institute for Health Information (CIHI), compares information on mortality and readmission outcomes for Cardiac Surgery and Percutaneous Coronary Intervention (PCI). Results are reported at the national, provincial and cardiac care centre levels.

CCS is strongly committed to measuring and reporting the quality of cardiovascular care across Canada. To advance our quality improvement agenda, CCS is collaborating with CIHI, who collects and maintains administrative data from all cardiac care centres in the country. Over the last two years, the cardiovascular community (including the Canadian Association of Interventional Cardiology and Canadian Society of Cardiac Surgeons) has worked extensively with CIHI to revise and refine a set of quality indicators that are clinically-relevant and methodologically sound. The CCQI report is the result of these consultations.

Its release is a major milestone on our journey to improve transparency and quality of cardiovascular care. As a snapshot of cardiac care across Canada, we hope and expect that this iterative process of quality reporting will lead to a national conversation between healthcare professionals, hospitals, provincial cardiac agencies, and government bodies - all of whom have an interest in improving the quality of care we provide to our patients.

Quality reporting has many demonstrable benefits; but we also recognize it has limitations:

- Using CIHI's administrative data allows us to measure some – but not all – of the priority quality indicators as defined by the CCS Quality Project. Many of the nuances relevant in the assessment of patient outcomes, which would be of interest to the cardiovascular community, cannot be measured using administrative data. We are working to expand the scope of collection to include more granular data, which would enable further refinement and measurement of quality indicators in the future.
- Risk-adjusted outcomes need to be interpreted with care. We recognize that risk adjustment is imperfect and cannot account for all possible morbidity and pre-procedural variables which may impact outcomes. It is worthwhile to note that the risk adjustment used in the CCQI report is applied consistently

across all cardiac care centres in Canada, so the risk-adjusted outcomes are comparable.

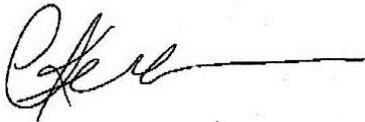
- Crude, or unadjusted, rates must also be interpreted with care. While this data reflects what has *actually* happened in the delivery of care, the outcomes will vary as a function of case selection as well as intra- and post-procedural care.

The CCS and its partners believe that the benefits of open and transparent reporting far outweigh the potential risks. The release of this report is an important first step towards measuring and improving cardiovascular care in Canada. Both the CCQI report and its results will evolve in the coming years as we improve the methodology and data collection, and refine risk adjustment.

Continued feedback from the cardiovascular community is essential to move this process forward. We ask that you review the report, engage in discussions with your colleagues about the results, and send your comments to QualityProject@ccs.ca. All feedback will be carefully reviewed and considered by the Quality Project's Steering Committee.

We are grateful to all who have contributed to this process and look forward to expanded and improved cardiovascular quality reporting in the future.

Sincerely,



Catherine Kells
President
Canadian Cardiovascular Society



Paul Dorian
Chair, Quality Project
Canadian Cardiovascular Society